Health financing March 2014

Key facts\(^1\)

- 100 million people are pushed into poverty every year because they have to pay directly for their health care.
- WHO recommends moving away from direct, out-of-pocket payments to using prepaid mechanisms to raise funds for health.
- In 2011, US$ 6.9 trillion was spent on health.
- Typically between 20–40% of health spending is wasted.

A minimum of US$ 44 is needed per person per year to provide basic, life-saving health services: 26 WHO Member States spend less than this in 2011\(^2\)

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Health financing is concerned with how financial resources are generated, allocated and used in health systems. Millions of people suffer and die because they do not have the money to pay for health care. Others suffer because they do pay: every year, 100 million people are pushed into poverty because they have had to pay directly for their health care.

WHO Member States have set themselves the target of developing their health financing systems to ensure and sustain universal health coverage. Universal coverage means that all people can use health services, while being protected against financial hardship associated with paying for them.

Issues in health financing include:
- raising sufficient funds for health
- protecting people from the financial consequences of ill health
- making optimum use of resources
- ensuring that health coverage is equitable.

Raising funds for health\(^3\)

Raising sufficient funds for health can be achieved in several ways.

1. Making health a higher priority in government budgets
   If 49 of the world’s poorest countries allocated 15% of their government spending to health, this would represent an additional US$ 15 billion per year for health.

2. Making revenue collection more efficient
   In Indonesia for example, clear and consistent regulations and a policy of zero-tolerance for corruption increased tax yield from 9.9% to 11% over four years; health spending benefited more than other sectors.

\(^1\) All the figures in the factsheet refer to 2011.
\(^2\) Democratic People’s Republic of Korea, Somalia and Zimbabwe are excluded because of weak or no data.
\(^3\) This section is written from http://www.who.int/whr/2010/media_centre/keymessages.pdf and http://www.who.int/features/factfiles/health_financing/en/index.html
3. Diversifying sources of revenue

A 50% increase in tobacco tax would yield an additional US$ 1.42 billion in 22 low-income countries, for example. A currency transaction levy is also feasible in many countries – India, for example, could raise $US 370 million per year by implementing a 0.005% levy on foreign exchange transactions.

4. Increasing external support

If all donor countries were to immediately honor their overseas development assistance pledges, more than three million lives would be saved by 2015.

Protecting people from the financial consequences of ill health

WHO recommends moving away from direct, out-of-pocket payments to using prepaid mechanisms to raise funds. In this way, people make compulsory contributions – through taxation and/or insurance contributions – to a pool of funds. They can then draw on these funds in case of illness, regardless of how much they have contributed. This approach helps to ensure access to health services and spread the financial risks across the population.

Spending on health

Globally, US$ 6.9 trillion was spent on health in 2011. There is wide variation between countries in the total spending on health per person per year, ranging from US$ 9908 in Norway to US$ 12 in Eritrea (see Table).

WHO estimates that a minimum of US$ 44 is needed per person per year to provide basic, life-saving health services: 26 WHO Member States spend less than this (see Table).
The total spending on health per person for 2011 is positively correlated to the wealth of a country. The higher the country’s gross domestic product, the higher the health expenditure (see Graph 1). There is also a positive correlation between the total health expenditure and health outcomes such as life expectancy (see Graph 2).

4 Democratic People’s Republic of Korea, Somalia, Zimbabwe and Tuvalu (OOPs only), Kiribati (OOPs only) are excluded because of weak or no data.

5 For more data and indicators on health expenditure, please visit the Global Health Expenditure Database (GHED) http://apps.who.int/nha/database/DataExplorerRegime.aspx.

6 Source: Constraints to scaling up the health Millennium Development Goals: costing and financial gap analysis (http://www.who.int/choice/publications/d_ScalingUp_MDGs_WHO_finalreport.pdf) Note that recent yearly increases in US$ expenditure levels partially result from recent variations in US$ exchange rates.
Graph 1: The relationship between wealth and health expenditure (2011)

![Graph 1: Wealth and health expenditure are correlated](image)

Source: Global Health Expenditure Database (GHED)

Graph 2: The relationship between health expenditure and life expectancy (2011)

![Graph 2: Correlation between expenditure on health and life expectancy](image)

Source: Global Health Expenditure Database (GHED)

Making optimum use of resources

Spending money more efficiently and equitably will increase health coverage, increase financial protection and improve health outcomes. Typically between 20–40% of health spending is wasted, depriving many people of badly needed care.
Overpaying is one form of waste. For example, in some places medicine prices are up to 67 times the international average price, leading to less money being available for other health services.

Better use of medicines could save countries up to 5% of their health expenditure. France’s strategy of using generic medicines instead of brand name ones, for example, led to savings equivalent to US$ 1.94 billion in 2008.

Half to two-thirds of total government spending on health is used for hospital care. Globally, almost US$ 300 billion is lost annually to hospital-related inefficiencies. By being more efficient, hospitals could achieve 15% more than they do now without spending any more.

**WHO response**

WHO supports countries seeking to strengthen their health financing systems. It works with countries to devise ways of raising more funds for health equitably, to use the available funds efficiently and equitably, and to monitor the use of funds. It works with the international community to try to raise more, and more predictable funds for health.

WHO’s work is guided by a 2005 World Health Assembly resolution that urges countries to develop health financing systems that allow all people access to needed services while avoiding catastrophic expenditure and impoverishment. This work consists of technical and policy support to countries, the provision and sharing of information, data and country experiences, capacity building and partnership.

**Related links**

- Global Health Expenditure Database [link to http://apps.who.int/nha/database/DataExplorerRegime.aspx]
- Health financing [link to http://www.who.int/topics/health_economics/en/ ]
Do health expenditures meet health needs?

In 2011, the world spent a total of US$ 6.9 trillion on health at exchange rates or IS 7.2 trillion (International dollars taking into account the purchasing power of different national currencies). The geographical distribution of financial resources for health is uneven. There is a 20/80 syndrome in which 34 OECD countries make up less than 20% of the world’s population but spend over 80% of the world’s resources on health.

OECD countries spend a larger share of their GDP on health (12.33%), as compared to 6.15% in the African (AFR) and 3.64% in South East Asian (SEAR) regions of WHO. This translates to per capita spending of IS$4306 (US$ 4584) in OECD countries compared to IS$142 (US$ 68) in SEAR region. Linking this to epidemiology, the figure shows that though the poorer WHO regions like AFR and SEAR account for the largest share of the global burden of disease (over 50% of global disability-adjusted life years lost) and only 38% of the world’s population, they spend 3% of global health resources. The Western Pacific (WPR) region without the four OECD Member States, Australia, Japan, New Zealand, and Republic of Korea, accounts for 23.5% of the world’s population (dominated by China), about 16% of the global burden of disease but only 6% of the world’s health resources. The region of the Americas (AMR) and Europe (EUR), excluding the OECD countries, account for about 11.5% of the world’s population, 11% of the global burden of disease and spend only 7.49% of health resources.

Richer countries with smaller populations and lower disease burden use more health resources than poorer countries with larger populations and higher disease burden. This highlights the absolute need for additional resources for many poor countries and raises questions of efficiency in health spending in richer countries.

Percentage distribution of Population, DALYs, and Total health expenditure by WHO regions and OECD, 2011 data

Disability Adjusted Life Years (DALYs) are from 2004
WHO regions exclude OECD countries
Heavy reliance on out of pocket expenditures leads to financial barriers for poor.

The target for the first goal of the Millennium Declaration is to halve (between 1990 and 2015) the proportion of people with incomes less than one dollar a day. Out of pocket payments lead to financial barriers to access for the poor and for households purchasing medical goods and services result in fall below the poverty line (impoverishment) or suffer severe financial difficulties (i.e. they incur catastrophic expenditures). Household surveys have shown that on average, 100 million individuals are impoverished, and another 150 million individuals face severe financial difficulties during any given year because of these direct health expenditures.

In 2011, the world spent US$6.9 trillion or IS$7.2 trillion (international dollars adjusting for differences in purchasing power between national currencies) on health. Low income countries with annual per capita incomes of less than US$1,025 relied most heavily on out of pocket payments to finance health care. In these countries, the share of out-of-pocket payments in total health expenditures measured in US$ terms was 48% compared to only 14% in countries with incomes higher than US$12,476 per capita. Health expenses in most high income countries are raised largely through pre-payment mechanisms such as taxes or health insurance premiums, with potential for cross subsidizing and protecting households from financial catastrophe. These funds are channelled through private insurance, social security and government agencies who purchase or provide health services (see figure below).

Components of health expenditure measured in US$

<table>
<thead>
<tr>
<th></th>
<th>Hi</th>
<th>Low</th>
<th>Low-mid</th>
<th>Up-mid</th>
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<tbody>
<tr>
<td>Other private expenditure</td>
<td>90%</td>
<td>70%</td>
<td>40%</td>
<td>10%</td>
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<tr>
<td>Other government expenditure</td>
<td>10%</td>
<td>30%</td>
<td>60%</td>
<td>90%</td>
</tr>
<tr>
<td>Out-of-pocket expenditure</td>
<td>0%</td>
<td>20%</td>
<td>50%</td>
<td>70%</td>
</tr>
<tr>
<td>Private prepaid plans</td>
<td>0%</td>
<td>0%</td>
<td>10%</td>
<td>20%</td>
</tr>
<tr>
<td>Social health insurance</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Territorial government expenditure</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

World Bank country classification by according to 2011 GNI/capita:
- High income: US$12,476 or more; Upper middle income: US$4,036 - $12,475;
- Low middle income: US$1,026 - US$4,035; Low income: US$1,025 or less

HO/HA Policy Highlight No.3/ March 2014 (based on 2011 data)

External Aid for health remains insufficient in low income countries

It has long been recognized that many countries lack sufficient funds to ensure universal access to critical health interventions and services. In response, the international community has increased their financial support to low and low-middle income countries, particularly related to the Millennium Development Goals (MDGs). Have these funds helped increase overall expenditures on health in poor countries? Are they sufficient?

Trends between 2001-2005 show significant increases in total expenditures on health in the group of low-income countries. Taken as a group, these countries spent $11 (in 2005 US$) per capita health in 2001, a figure that includes contributions from external sources such as bilateral and multilateral partners and foundations. This had increased to $15 in 2005, and $21 in 2011. This represents an increase of 85% over the period.

At the same time, financial contributions from outside these countries for health also increased. External aid per capita received by the low-income countries have increased from US$ 1.8 (2005 constant) in 2001 to $6.1 in 2011, which is an increase of 25% per year. The relative contribution of these external resources to total expenditure on health has increased from 15.3% in 2001 to 29.4% in 2011 during the period concerned however remains relatively low. In individual countries, however, the contributions can be considerably higher, rising as high as 80% of total health expenditures.

The 2001 Report of the Commission on Macroeconomics and Health estimated that a minimum set of essential preventive and curative interventions, focusing largely on communicable diseases, would cost approximately $34 per person. Despite the increase in aid, per capita expenditure on health across the group of low-income countries in 2011 was only $21, of which only $6.1 was financed through external aid.

External Resources per capita by year (US$ 2005 prices), excluding Somalia, South Sudan and Zimbabwe


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WHO/HA Policy Highlight No. 4/ March 2014 (based on 2011 data)

Wealth, health and health expenditure

The level of a nation's wealth, as measured by its gross domestic product, is linked very closely to what it spends on health. The larger the per capita income, the larger the expenditure is on health. Some countries, however, spend appreciably more than would be expected by their income levels, and some appreciably less. There is no “recommended” level of spending on health. But the graph below shows that increasing health expenditures are associated with better health outcomes especially for low income countries.

<table>
<thead>
<tr>
<th>Income level</th>
<th>Average* Gross Domestic Product (Per capita US$)</th>
<th>Average* Total Health Expenditure (Per capita US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>38,192</td>
<td>4,583</td>
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<tr>
<td>Upper middle</td>
<td>6,821</td>
<td>408</td>
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<tr>
<td>Lower middle</td>
<td>1,900</td>
<td>82</td>
</tr>
<tr>
<td>Low</td>
<td>603</td>
<td>30</td>
</tr>
<tr>
<td>World</td>
<td>10,065</td>
<td>1,008</td>
</tr>
</tbody>
</table>
WHO African Region

Algeria
Angola
Benin
Botswana
Burkina Faso
Burundi
Cameroon
Republic of Cabo Verde
Central African Republic
Chad
Comoros
Democratic Republic of Congo
Congo
Côte d'Ivoire (Ivory Coast)
Equatorial Guinea
Eritrea
Ethiopia
Gabon
Gambia
Ghana
Guinea
Guinea-Bissau
Kenya

Lesotho
Liberia
Madagascar
Malawi
Mali
Mauritania
Mauritius
Mozambique
Namibia
Niger
Nigeria
Rwanda
Sao Tome and Principe
Senegal
Seychelles
Sierra Leone
South Africa
Swaziland
Togo
Uganda
United Republic of Tanzania
Zambia
Zimbabwe
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Algeria, 2012

Algeria spent $11 billion on health care:
- $279 per capita
- 15% spent by households

**Per capita expenditure in US$ (constant 2012 US$)**

- **2012 average of up-mid AFR income countries**: $247
- **Algeria**: $227

**GDP per capita**
- **Algeria**: $5,310/capita
- **AFR up-mid income countries**: $6,402/capita

**Life expectancy**
- **Algeria**: 72 years
- **AFR up-mid income countries**: 63 years

**Maternal mortality rate**
- **Algeria**: 120 per 100,000 live births
- **AFR up-mid income countries**: 258 per 100,000 live births

**Government resources allocated to health**

- **Algeria**: 72 years
- **AFR up-mid income countries**: 63 years

**General government expenditure (GGE) % GDP**
- **Algeria**
- **Seychelles**
- **Angola**
- **Botswana**
- **Namibia**
- **South Africa**
- **Gabon**
- **Mauritius**

**General government expenditure on health % GGE**
- **Algeria**
- **Seychelles**
- **Namibia**
- **South Africa**
- **Botswana**
- **Mauritius**
- **Angola**
- **Gabon**

**Government’s health spending as compared to other countries of the region**
- **Among up-mid AFR countries**: Total government expenditure is high as a % of GDP (45%)
- **Share of government spending allocated to health is in the median range (10%)**
- **Government expenditure on health as a % of GDP is high (4%)**

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Angola, 2012

Angola spent 4.0 billion US$ on health care:
- $190 per capita
- 27% spent by households

Angola: $5,482/capita
AFR up-mid income countries: $6,402/capita

GDP per capita

Life expectancy 2009 data

Life expectancy
2009 data

Angola: 52 years
AFR up-mid income countries: 63 years

Per capita expenditure in US$ (constant 2012 US$)

Government expenditure on health

Households out of pocket spending on health

Per capita expenditure in US$ (constant 2012 US$)

General government expenditure (GGE) % GDP

General government expenditure on health % GDP

General government expenditure on health % GDP

Government's health spending as compared to other countries of the region

Among up-mid AFR countries:
Total government expenditure is high as a % of GDP (39%)

Share of government spending allocated to health is low (6%)

Government expenditure on health as a % of GDP is low (2%)
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Benin, 2012

Benin spent $332 million on health care:
- $33 per capita
- 44% spent by households

**Government resources allocated to health**

- Benin: 410 per 100,000 live births
- AFR low income countries: 655 per 100,000 live births

**Life expectancy**

- Benin: 57 years
- AFR low income countries: 54 years

**Per capita expenditure in US$ (constant 2012 US$)**

- Benin: $737/capita
- AFR low income countries: $527/capita

**General government expenditure (GGE) % GDP**

- Benin: 4% of GDP
- AFR low income countries: 51% of GDP

**General government expenditure on health % GGE**

- Benin: 51% of GGE
- AFR low income countries: 44% of GGE

**General government expenditure on health % GDP**

- Benin: 4% of GDP
- AFR low income countries: 51% of GDP

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
**Botswana, 2012**

- **Botswana spent** 770 million US$ on health care:
  - $384 per capita
  - 6% spent by households

**GDP per capita**
- **Botswana**: $7,238/capita
- AFR up-mid income countries: $6,402/capita

**Life expectancy**
- Botswana: 190 per 100,000 live births
- AFR up-mid income countries: 258 per 100,000 live births

**Maternal mortality rate**
- 2008 data
- Botswana: 106 per 100,000 live births

**Per capita expenditure in US$ (constant 2012 US$)**
- 2012 average of up-mid AFR income countries

**Government resources allocated to health**

Source: global health expenditure database

Footnote: For Glossary of Terms, visit the Documentation Center on GHED http://who.int/nha/database. When the number is smaller than 0.05%, the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database).
Burkina Faso spent 622 million US$ on health care:
- $38 per capita
- 36% spent by households

Government resources allocated to health

General government expenditure (GGE) % GDP

- Malawi
- Burundi
- Eritrea
- Ghana
- Gambia
- Togo
- BURKINA FASO
- Bangladesh
- Benin
- Democratic Republic of the Congo
- Sierra Leone
- Uganda
- Haiti
- Guinea-Bissau
- Ethiopia
- Central African Republic
- Zimbabwe

General government expenditure on health % GGE

- Rwanda
- Liberia
- Malawi
- Burundi
- Democratic Republic of the Congo
- Madagascar
- Mali
- Sierra Leone
- BURKINA FASO
- Gambia
- Central African Republic
- Ethiopia
- Niger
- Benin
- United Republic of Tanzania
- Comoros
- Madagascar
- Togo
- Chad
- Kenya
- Eritrea

General government expenditure on health % GDP

- Malawi
- Rwanda
- Burundi
- Eritrea
- Togo
- BURKINA FASO
- Gambia
- Democratic Republic of the Congo
- Mali
- Comoros
- Togo
- United Republic of Tanzania
-Comoros
- Sierra Leone
- Madagascar
- Benin
- Chad
- Kenya
- Ethiopia
- Zimbabwe

WHO Global Health Expenditure Atlas

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
**HEALTH SYSTEM FINANCING COUNTRY PROFILE: Burundi, 2012**

Burundi spent:
- **197 million US$** on health care:
  - **$20 per capita**
  - **28% spent by households**

**GDP per capita**
- **$246/capita**
- **AFR low income countries: $527/capita**

**Life expectancy**
- **2009 data**
  - **Burundi: 970 per 100,000 live births**
  - **AFR low income countries: 655 per 100,000 live births**

**Maternal mortality rate**
- **2008 data**
  - **Burundi: 50 years**
  - **AFR low income countries: 54 years**

**Government resources allocated to health**
- **General government expenditure (GGE) % GDP**
- **General government expenditure on health % GGE**
- **General government expenditure on health % GDP**

**Per capita expenditure in US$ (constant 2012 US$)**
- **2012 average of low AFR income countries**
  - **$12**
  - **$31**

**Source:** global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED [http://who.int/nha/database/]. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED [http://who.int/nha/database/]).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Cabo Verde Republic of, 2012

Cabo Verde Republic of spent
71 million US$ on health care:
- $144 per capita
- 21% spent by households

Domestic funding
72%
Funding from abroad
28%

Spending by households
21%
Expenditure by government
77%
Other
1%

Cabo Verde Republic of:
$3,700/capita 71 years 2012 average of low-mid AFR income countries

AFR low-mid income countries: $1,482/capita 56 years

GDP per capita

Life expectancy
2009 data

Maternal mortality rate
2008 data

Per capita expenditure in US$ (constant 2012 US$)

Government resources allocated to health

General government expenditure (GGE) % GDP

Lesotho
Sao Tome and Principe
Mauritania
Congo
Swaziland
Cabo Verde Republic of
Ghana
Senegal
Nigeria
Zambia
South Sudan
Côte d’Ivoire
Cameroon

0% 10% 20% 30% 40% 50% 60% 70% 80%

General government expenditure on health % GGE

Swaziland
Zambia
Mauritania
Côte d’Ivoire
Ghana
Senegal
Cabo Verde Republic of
Nigeria
Cameroon
Côte d’Ivoire
Cabo Verde Republic of

0% 5% 10% 15% 20% 25% 30% 35% 40% 45%

General government expenditure on health % GDP

Lesotho
Swaziland
Zambia
Mauritania
Cabo Verde Republic of
Ghana
Senegal
Côte d’Ivoire
Nigeria
Cameroon
Côte d’Ivoire
Cabo Verde Republic of

0% 2% 4% 6% 8% 10% 12% 14% 16%

Government’s health spending as compared to other countries of the region

Among low-mid AFR countries:
Total government expenditure is in the median range as a % of GDP (34%)
Share of government spending allocated to health is in the median range (5%)
Government expenditure on health as a % of GDP is in the median range (3%)

Source: global health expenditure database
Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Cameroon, 2012

Cameroon spent 1.3 billion US$ on health care:
- $59 per capita
- 63% spent by households

**GDP per capita**
- Cameroon: $1,151/capita
- AFR low-mid income countries: $1,482/capita

**Life expectancy**
- Cameroon: 600 per 100,000 live births
- AFR low-mid income countries: 483 per 100,000 live births

**Government resources allocated to health**

Per capita expenditure in US$ (constant 2012 US$)

- 2012 average of low-mid AFR income countries

**General government expenditure (GGE) % GDP**
- Lesotho
- São Tomé and Príncipe
- Mauritania
- Congo
- Swaziland
- Cabo Verde Republic of
- Ghana
- Senegal
- Nigeria
- Zambia
- South Sudan
- Côte d’Ivoire
- Cameroon

**General government expenditure on health % GGE**
- Lesotho
- Zambia
- Mauritania
- Ghana
- Senegal
- Cabo Verde Republic of
- Côte d’Ivoire
- Nigeria
- Congo
- São Tomé and Príncipe

**General government expenditure on health % GDP**
- Lesotho
- Zambia
- Mauritania
- Ghana
- Senegal
- Cabo Verde Republic of
- Côte d’Ivoire
- Nigeria
- Congo
- São Tomé and Príncipe

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
**HEALTH SYSTEM FINANCING COUNTRY PROFILE: Central African Republic, 2012**

- **Central African Republic spent**: 80 million US$ on health care:
  - $18 per capita
  - 46% spent by households

- **GDP per capita**: $473/capita
- **Life expectancy**: 54 years
- **Per capita expenditure in US$ (constant 2012 US$)**: $31

**Government resources allocated to health**

- **General government expenditure (GGE) % GDP**
- **General government expenditure on health % GGE**
- **General government expenditure on health % GDP**

**Government's health spending as compared to other countries of the region**

- Among low AFR countries:
  - Total government expenditure is low as a % of GDP ((17%))
  - Share of government spending allocated to health is in the median range ((11%))
  - Government expenditure on health as a % of GDP is low (2%)

**Source**: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHE http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Chad, 2012

Chad spent 388 million US$ on health care:
- $31 per capita
- 53% spent by households

WHO FUNDS HEALTH CARE?
88% Domestic funding
12% Funding from abroad

WHO BUYS HEALTH CARE?
53% Spending by households
45% Expenditure by government
2% Other

Chad: 
- $885/capita
- AFR low income countries: $527/capita

GDP per capita

Chad: 
- 48 years
- AFR low income countries: 54 years

Life expectancy

Chad: 1,200 per 100,000 live births
AFR low income countries: 655 per 100,000 live births

Maternal mortality rate

Chad: 10,000 live births
AFR low income countries: 655 per 100,000 live births

Total expenditure on health

General government expenditure (GGE) % GDP

- Malawi
- Burundi
- Eritrea
- Mozambique
- Kenya
- Gambia
- Togo
- Burundi-Faso
- Niger
- Benin
- Chad
- United Republic of Tanzania
- Guinea
- Comoros
- Burundi
- Democratic Republic of the Congo
- Sierra Leone
- Burkina Faso-Burkina Faso
- Congo
- Central African Republic
- Ethiopia
- Niger
- Benin
- United Republic of Tanzania
- Cameroon
- Democratic Republic of the Congo
- Madagascar
- Niger
- Mozambique
- United Republic of Tanzania
- Comoros
- Sierra Leone
- Madagascar
- Benin
- Mali
- Uganda
- Central African Republic
- Ethiopia
- Kenya
- Chad
- Guinea-Bissau
- Benin
- Guine-Bissau
- Guinea
- Nigeria
- Ghana
- Kenya
- Botswana
- Zimbabwe

General government expenditure on health % GGE

- Malawi
- Burundi
- Eritrea
- Mozambique
- Kenya
- Gambia
- Togo
- Burundi-Faso
- Niger
- Benin
- Chad
- United Republic of Tanzania
- Guinea
- Comoros
- Burundi
- Democratic Republic of the Congo
- Sierra Leone
- Burkina Faso-Burkina Faso
- Congo
- Central African Republic
- Ethiopia
- Niger
- Benin
- United Republic of Tanzania
- Cameroon
- Democratic Republic of the Congo
- Madagascar
- Niger
- Mozambique
- United Republic of Tanzania
- Comoros
- Sierra Leone
- Madagascar
- Benin
- Mali
- Uganda
- Central African Republic
- Ethiopia
- Kenya
- Chad
- Guinea-Bissau
- Benin
- Guine-Bissau
- Guinea
- Nigeria
- Ghana
- Kenya
- Botswana
- Zimbabwe

General government expenditure on health % GDP

- Malawi
- Burundi
- Eritrea
- Mozambique
- Kenya
- Gambia
- Togo
- Burundi-Faso
- Niger
- Benin
- Chad
- United Republic of Tanzania
- Guinea
- Comoros
- Burundi
- Democratic Republic of the Congo
- Sierra Leone
- Burkina Faso-Burkina Faso
- Congo
- Central African Republic
- Ethiopia
- Niger
- Benin
- United Republic of Tanzania
- Cameroon
- Democratic Republic of the Congo
- Madagascar
- Niger
- Mozambique
- United Republic of Tanzania
- Comoros
- Sierra Leone
- Madagascar
- Benin
- Mali
- Uganda
- Central African Republic
- Ethiopia
- Kenya
- Chad
- Guinea-Bissau
- Benin
- Guine-Bissau
- Guinea
- Nigeria
- Ghana
- Kenya
- Botswana
- Zimbabwe

Government's health spending as a % of GDP of the region

Among low AFR countries:
- Total government expenditure is in the median range as a % of GDP ((27%))
- Share of government spending allocated to health is low ((6%))
- Government expenditure on health as a % of GDP is low ((2%))

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
Comoros spent $27 million US$ on health care:
- $38 per capita
- 44% spent by households

Comoros:
- $831/capita
- AFR low income countries: $527/capita

GDP per capita

Life expectancy

Maternal mortality rate

Per capita expenditure in US$ (constant 2012 US$)

Government resources allocated to health

General government expenditure (GGE) % GDP

General government expenditure on health % GGE

General government expenditure on health % GDP

Government’s health spending as compared to other countries of the region

Among low AFR countries:
- Total government expenditure is in the median range as a % of GDP ((26%))
- Share of government spending allocated to health is low ((19%))
- Government expenditure on health as a % of GDP is in the median range ((3%))

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
Congo spent 433 million US$ on health care:
- $100 per capita
- 25% spent by households

*WHO Funds Health Care?*
- 92% Domestic funding
- 8% Funding from abroad

*WHO Buys Health?*
- 20% Spending by households
- 74% Expenditure by government
- 1% Other

**WHO Global Health Expenditure Atlas**

**Country profile by region 2012**

**World Health Statistics 2012 tables**

**Health expenditures and universal coverage**

**Policy highlights**

**Factsheet**

**Foreword**

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**Health System Financing Country Profile: Congo, 2012**

Congo: $3,154/capita
- AFR low-mid income countries: $1,482/capita

**GDP per capita**

- Congo: 580 per 100,000 live births
- AFR low-mid income countries: 483 per 100,000 live births

**Life expectancy**

- Congo: 580 per 100,000 live births
- AFR low-mid income countries: 483 per 100,000 live births

**Maternal mortality rate**

- Congo: 580 per 100,000 live births
- AFR low-mid income countries: 483 per 100,000 live births

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**Per capita expenditure in US$ (constant 2012 US$)**

**Total expenditure on health**

- 2012 average of low-mid AFR income countries

**Households out of pocket spending on health**

- Congo: 20% of all government resources going to health
- Congo: 74% of government resources going to health

**General government expenditure (GGE) % GDP**

<table>
<thead>
<tr>
<th>Country</th>
<th>General government expenditure (GGE) % GDP</th>
<th>General government expenditure on health % GGE</th>
<th>General government expenditure on health % GDP</th>
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<tbody>
<tr>
<td>Lesotho</td>
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<td>Cameroon</td>
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</table>

**Source:** global health expenditure database

Footnote: For Glossary of Terms visit the Documentation Center on GHEAn http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHEAn http://who.int/nha/database/).
Côte d’Ivoire spent 1.7 billion US$ on health care:
- $88 per capita
- 56% spent by households

Côte d’Ivoire:
- GDP per capita: $1,244/capita
- AFR low-mid income countries: $1,482/capita

AFR low-mid income countries:
- 56% spent by households
- GDP per capita: $1,482/capita
- Life expectancy: 56 years

2009 data

Per capita expenditure in US$ (constant 2012 US$)

Government resources allocated to health

General government expenditure (GGE) % GDP

Government’s health spending as compared to other countries of the region

Among low-mid AFR countries:
- Total government expenditure is low as a % of GDP ((24%))
- Share of government spending allocated to health is in the median range ((8%))
- Government expenditure on health as a % of GDP is low ((2%))

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHEAd http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHEAd http://who.int/nha/database/).
**HEALTH SYSTEM FINANCING COUNTRY PROFILE: Democratic Republic of the Congo, 2012**

- Democratic Republic of the Congo spent 998 million US$ on health care:
  - $15 per capita
  - 32% spent by households

**GDP per capita**

- Democratic Republic of the Congo: $272/capita
- AFR low income countries: $527/capita

**Life expectancy**

- 2009 data

**Demographic Republic of the Congo**
- 670 per 100,000 live births
- AFR low income countries: 655 per 100,000 live births

**Maternal mortality rate**

- 2008 data

**Government’s health expenditure as a % of GDP (2010)**

- Democratic Republic of the Congo: 16%
- AFR low income countries: 12%

**Government expenditure on health as a % of GDP (2010)**

- Democratic Republic of the Congo: 51%
- AFR low income countries: 32%

**Per capita expenditure in US$ (constant 2012 US$)**

- 2012 average of low AFR income countries: $31
- Democratic Republic of the Congo: $13

**Government’s health spending as compared to other countries of the region**

- Among low AFR countries:
  - Total government expenditure is in the median range as a % of GDP (22%)
  - Share of government spending allocated to health is high (13%)

**Government expenditure on health as a % of GDP is high (3%)**

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://www.who.int/nha/database. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure.
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Equatorial Guinea, 2012

Equatorial Guinea spent $838 million USD on health care:
- $1,138 per capita
- 44% spent by households

Funding from abroad:
- $24,036/capita

Spending by households:
- 44%

Expenditure by government:
- 54%

Other:
- 2%

Per capita expenditure in USD (constant 2012 USD)

Per capita expenditure indicators:
- 2009 data
- 2012 average of hi AFR income countries

Life expectancy:
- 53 years

Government resources allocated to health

General government expenditure (GGE) % GDP

Equatorial Guinea: 1%

General government expenditure on health % GGE

Equatorial Guinea: 7%

General government expenditure on health % GDP

Equatorial Guinea: 3%

Government’s health spending as compared to other countries of the region

Among hi AFR countries:
- Total government expenditure is in the median range as a % of GDP ((37%))
- Share of government spending allocated to health is in the median range ((7%))
- Government expenditure on health as a % of GDP is in the median range ((3%))

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
Eritrea spent
90 million US$ on health care:
- $15 per capita
- 53% spent by households

Eritrea: 280 per
100,000 live births
AFR low income countries: 655 per 100,000 live births

Maternal mortality rate
2008 data

Government resources allocated to health

Per capita expenditure in US$ (constant 2012 US$)

Source: global health expenditure database
Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health accounting study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Ethiopia, 2012

Ethiopia spent 1.6 billion US$ on health care:
- $18 per capita
- 41% spent by households

- Ethiopia: $458/capita
- AFR low income countries: $527/capita

GDP per capita

- Ethiopia: 470 per 100,000 live births
- AFR low income countries: 655 per 100,000 live births

Life expectancy

- Ethiopia: 54 years
- AFR low income countries: 54 years

Maternal mortality rate

- 2008 data
- Ethiopia: 470 per 100,000 live births
- AFR low income countries: 655 per 100,000 live births

Government resources allocated to health

- % of all government resources going to health
- % of domestic government resources going to health

General government expenditure (GGE) % GDP

Government's health spending as compared to other countries of the region

Among low AFR countries:
Total government expenditure is low as a % of GDP (17%)
Share of government spending allocated to health is in the median range (11%)
Government expenditure on health as a % of GDP is low (2%)

Per capita expenditure in US$ (constant 2012 US$)

2012 average of low AFR income countries

Government expenditure on health

Households out of pocket spending on health

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHE http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
GDP per capita:
- Gabon: $11,431/capita
- AFR up-mid income countries: $6,402/capita

Life expectancy:
- Gabon: 62 years
- AFR up-mid income countries: 63 years

Maternal mortality rate:
- Gabon: 260 per 100,000 live births
- AFR up-mid income countries: 258 per 100,000 live births

Per capita expenditure in US$ (constant 2012 US$): $247

Government resources allocated to health:
- % of all government resources going to health
- % of domestic government resources going to health

General government expenditure (GGE) % GDP:
- Algeria
- Seychelles
- Angola
- Botswana
- Namibia
- South Africa
- Gabon
- Mauritius

General government expenditure on health % GGE:
- Algeria
- Seychelles
- Angola
- Botswana
- Gabon
- Mauritius

General government expenditure on health % GDP:
- Algeria
- Seychelles
- Angola
- Gabon

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
**HEALTH SYSTEM FINANCING COUNTRY PROFILE: Gambia, 2012**

Gambia spent 46 million US$ on health care:
- $26 per capita
- 16% spent by households

- Gambia: $512/capita
- AFR low income countries: $527/capita

**Per capita expenditure in US$ (constant 2012 US$)**

**Government expenditure on health**

- 2012 average of low AFR income countries
- $527/capita
- 60 years

**GDP per capita**

- Gambia: 400 per 100,000 live births
- AFR low income countries: 655 per 100,000 live births

**Life expectancy**

- Gambia: 400 per 100,000 live births
- AFR low income countries: 655 per 100,000 live births

**Government resources allocated to health**

- Gambia: 60 years
- AFR low income countries: 54 years

**WHO Global Health Expenditure Atlas**

**WHO*****
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Ghana, 2012

Ghana spent 2.1 billion US$ on health care:
- $83 per capita
- 29% spent by households

Ghana: $1,605/capita
AFR low-mid income countries: $1,482/capita

Life expectancy
2009 data
Ghana: 350 per 100,000 live births
AFR low-mid income countries: 483 per 100,000 live births

Government resources allocated to health

Maternal mortality rate
2008 data
Ghana: 60 years
AFR low-mid income countries: 56 years

Global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Guinea, 2012

Guinea spent 367 million US$ on health care:
- $32 per capita
- 67% spent by households

GDP per capita
- Guinea: $508/capita
- AFR low income countries: $527/capita

Life expectancy
- Guinea: 680 per 100,000 live births
- AFR low income countries: 655 per 100,000 live births

Maternal mortality rate
- Guinea: 52 years
- AFR low income countries: 54 years

Government resources allocated to health
- % of all government resources going to health
- % of domestic government resources going to health

Per capita expenditure in US$ (constant 2012 US$)

Government expenditure on health (% of GDP)

General government expenditure (GGE) % GDP

Source: global health expenditure database
Footnote: For Glossary of Terms: visit the Documentation Center on GHE http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHE http://who.int/nha/database/).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Guinea-Bissau, 2012

Guinea-Bissau spent

50 million US$ on health care:
- $30 per capita
- 43% spent by households

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

Per capita expenditure in US$ (constant 2012 US$)

Government resources allocated to health

General government expenditure (GGE) % GDP

General government expenditure on health % GGE

General government expenditure on health % GDP

Government’s health spending as compared to other countries of the region

Among low AFR countries:
Total government expenditure is low as a % of GDP (17%)

Share of government spending allocated to health is low (8%)

Government expenditure on health as a % of GDP is low (11%)

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Kenya, 2012

Kenya spent 1.9 billion US$ on health care:
- $45 per capita
- 48% spent by households

Kenya:
- $940/capita
- AFR low income countries: $527/capita

GDP per capita

Life expectancy
2009 data

Per capita expenditure in US$ (constant 2012 US$)

Maternal mortality rate
2008 data

Government resources allocated to health

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
Lesotho spent $283 million on health care:
- $138 per capita
- 15% spent by households

Lesotho: $1,193/capita
AFR low-mid income countries: $1,482/capita

2009 data
Lesotho: 530 per 100,000 live births
AFR low-mid income countries: 483 per 100,000 live births

Government resources allocated to health

Per capita expenditure in US$ (constant 2012 US$)

source : global health expenditure database
footnote: For Glossary of Terms : visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
Liberia spent 274 million US$ on health care:
- $65 per capita
- 21% spent by households

WHO Global Health Expenditure Atlas

HEALTH SYSTEM FINANCING COUNTRY PROFILE: Liberia, 2012

Liberia: 56 years
AFR low income countries: 54 years

GDP per capita:
- Liberia: $422/capita
- AFR low income countries: $527/capita

Life expectancy: 2009 data
- Liberia: 990 per 100,000 live births
- AFR low income countries: 655 per 100,000 live births

Maternal mortality rate:
- Liberia: 655 per 100,000 live births
- AFR low income countries: 655 per 100,000 live births

Per capita expenditure in US$ (constant 2012 US$)

Government expenditure on health
- 2012 average of low AFR income countries

General government expenditure (% GDP)
- General government expenditure on health (% GGE)
- General government expenditure on health (% GDP)

Government’s health spending as compared to other countries of the region
- Among low AFR countries:
  - Total government expenditure is in the median range as a % of GDP (24%)
  - Share of government spending allocated to health is high (19%)
  - Government expenditure on health as a % of GDP is high (5%)

Source: global health expenditure database

Footnote: For Glossary of Terms, visit the Documentation Center on GHECD [link]. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHECD [link]).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Madagascar, 2012

Madagascar spent $406 million US$ on health care:
- $18 per capita
- 31% spent by households

Per capita expenditure in US$ (constant 2012 US$)

Government’s health spending as compared to other countries of the region

Among low AFR countries:
Total government expenditure is low as a % of GDP (20%)
Share of government spending allocated to health is high (11%)
Government expenditure on health as a % of GDP is in the median range (23%)

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://www.who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. Per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://www.who.int/nha/database/).

Source: global health expenditure database
**HEALTH SYSTEM FINANCING COUNTRY PROFILE: Malawi, 2012**

Malawi spent **390 million US$** on health care:
- **$25 per capita**
- **13% spent by households**

**Domestic funding**
- 46%

**Funding from abroad**
- 54%

**WHO FUNDS HEALTH CARE?**
- 46%
- 54%
- 13%
- 77%
- 11%
- Other

**WHO BUYS HEALTH CARE?**
- Malawi: 46%
- Other: 54%

**GDP per capita**
- Malawi: $268/capita
- AFR low income countries: $527/capita

**Life expectancy**
- 2009 data
- Malawi: 510 per 100,000 live births
- AFR low income countries: 655 per 100,000 live births

**Maternal mortality rate**
- 2008 data
- Malawi: 510 per 100,000 live births
- AFR low income countries: 54 years

**General government expenditure (GGE) % GDP**
- Malawi: 11%
- Rwanda: 2%
- Liberia: 4%
- Burundi: 6%
- Togo: 8%
- Honduras: 10%
- Guinea: 12%
- Benin: 14%
- Democratic Republic of the Congo: 16%
- Madagascar: 18%
- Malawi: 20%
- Sierra Leone: 22%
- Uganda: 24%
- Senegal: 26%
- Gambia: 28%
- United Republic of Tanzania: 30%
- Comoros: 32%
- Guinea: 34%
- Burundi: 36%
- Democratic Republic of the Congo: 38%
- Madagascar: 40%
- Malawi: 42%
- Kenya: 44%
- Nigeria: 46%
- Zimbabwe: 48%

**General government expenditure on health % GDP**
- Malawi: 16%
- Rwanda: 3%
- Liberia: 5%
- Burundi: 7%
- Togo: 9%
- Guinea: 11%
- Benin: 13%
- Democratic Republic of the Congo: 15%
- Mali: 17%
- Guinea: 19%
- Somalia: 21%
- United Republic of Tanzania: 23%
- Comoros: 25%
- Guinea: 27%
- Burundi: 29%
- Democratic Republic of the Congo: 31%
- Madagascar: 33%
- Malawi: 35%
- Kenya: 37%
- Nigeria: 39%
- Zimbabwe: 41%

**General government expenditure on health % GGE**
- Malawi: 77%
- Rwanda: 100%
- Liberia: 100%
- Burundi: 100%
- Togo: 100%
- Guinea: 100%
- Benin: 100%
- Democratic Republic of the Congo: 100%
- Mali: 100%
- Somalia: 100%
- United Republic of Tanzania: 100%
- Comoros: 100%
- Guinea: 100%
- Burundi: 100%
- Democratic Republic of the Congo: 100%
- Madagascar: 100%
- Malawi: 100%
- Kenya: 100%
- Nigeria: 100%
- Zimbabwe: 100%

**Per capita expenditure in US$ (constant 2012 US$)**
- 2012 average of low AFR income countries
- Households out of pocket spending on health
- Government expenditure on health

**Government’s health spending as compared to other countries of the region**
- Among low AFR countries: Total government expenditure is high as a % of GDP (39%)
- Share of government spending allocated to health is high (16%)
- Government expenditure on health as a % of GDP is high (77%)

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED [http://who.int/nha/database/](http://who.int/nha/database/). When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999-2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED [http://who.int/nha/database/](http://who.int/nha/database/)).
Mali spent 626 million US$ on health care:
- $42 per capita
- 61% spent by households

WHO FUNDS HEALTH CARE?
- 69% Domestic funding
- 31% Funding from abroad

WHO BUYS HEALTH CARE?
- 61% Spending by households
- 39% Expenditure by government
- 0% Other

Per capita expenditure in US$ (constant 2012 US$)
Government expenditure on health

General government expenditure (GGE) % GDP
- Mali: 13%
- Rwanda: 16%
- Burundi: 12%
- Tanzania: 10%
- Uganda: 9%
- Malawi: 9%
- Tanzania: 9%
- Zimbabwe: 8%
- Benin: 8%
- Democratic Republic of the Congo: 8%
- Guinea-Bissau: 8%
- Guinea: 7%
- Chad: 7%
- Burundi: 7%
- Democratic Republic of the Congo: 7%
- Niger: 7%
- Comoros: 7%
- Madagascar: 7%
- Benin: 7%
- Leading 20 countries

Source: global health expenditure database
Footnote: For Glossary of Terms: visit the Documentation Center on GHE D http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health accounting study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHE D http://who.int/nha/database/).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Mauritania, 2012

Mauritania spent
196 million US$ on health care:
- $52 per capita
- 34% spent by households

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

Domestic funding
Funding from abroad
Spending by households
Expenditure by government
Other

Mauritania:
- $809/capita
- AFR low-mid income countries: $1,482/capita

GDP per capita

Life expectancy

2009 data

Mauritania: 550 per 100,000 live births
- AFR low-mid income countries: 463 per 100,000 live births

Maternal mortality rate

2008 data

Per capita expenditure in US$ (constant 2012 US$)

Government resources allocated to health

General government expenditure (GGE) % GDP

Lesotho
Sao Tome and Principe
Mauritania
Congo
Swaziland
Cabo Verde Republic of
Senegal
Nigeria
Zambia
South Sudan
Côte d’Ivoire
Côte d’Ivoire

2005
2010
% of all government resources going to health
% of domestic government resources going to health

Swaziland
Zambia
Lesotho
Mauritania
Ghana
Senegal
Cabo Verde Republic of
Cameroon
Côte d’Ivoire
Nigeria
Congo
Sao Tome and Principe
South Sudan

Lesotho
Swaziland
Zambia
Mauritania
Ghana
Senegal
Cabo Verde Republic of
Cameroon
Côte d’Ivoire
Nigeria
Congo
Sao Tome and Principe
South Sudan

Government’s health spending as compared to other countries of the region

Among low-mid AFR countries:
Total government expenditure is high as a % of GDP (41%)
Share of government spending allocated to health is high (10%)
Government expenditure on health as a % of GDP is high (44%)

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://www.who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (Latest updates are available on GHED http://www.who.int/nha/database/)
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Mauritius, 2012

Mauritius spent 551 million US$ on health care:
- $444 per capita
- 47% spent by households

GDP per capita
- Mauritius: $9,238/capita
- AFR up-mid income countries: $6,402/capita

Life expectancy
- 2009 data
- Mauritius: 73 years
- AFR up-mid income countries: 63 years

Maternal mortality rate
- 2008 data
- Mauritius: 36 per 100,000 live births
- AFR up-mid income countries: 258 per 100,000 live births

Government resources allocated to health

Per capita expenditure in US$ (constant 2012 US$)

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Mozambique, 2012

Mozambique spent 937 million US$ on health care:
- $37 per capita
- 5% spent by households

GDP per capita
- Mozambique: $579/capita
- AFR low income countries: $527/capita

Life expectancy
- Mozambique: 49 years
- AFR low income countries: 54 years

Maternal mortality rate
- Mozambique: 550 per 100,000 live births
- AFR low income countries: 655 per 100,000 live births

Government resources allocated to health

Per capita expenditure in US$ (constant 2012 US$)

General government expenditure (GGE) % GDP

General government expenditure on health % GGE

General government expenditure on health % GDP

Government’s health spending as compared to other countries of the region

Among low AFR countries:
Total government expenditure is high as a % of GDP ((32%))
Share of government spending allocated to health is low ((19%))
Government expenditure on health as a % of GDP is in the median range ((3%))

Source: global health expenditure database
Footnote: For Glossary of Terms, visit the Documentation Center on GHE http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHE http://who.int/nha/database/).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Namibia, 2012

Namibia spent
- 1.1 billion US$ on health care:
  - $473 per capita
- 7% spent by households

Namibia:
- GDP per capita: $5,668/capita
- AFR up-mid income countries: $6,402/capita

Government resources allocated to health

Per capita expenditure in US$ (constant 2012 US$)

Life expectancy
- 2009 data
- Namibia: 57 years
- AFR up-mid income countries: 63 years

Maternal mortality rate
- 2008 data
- Namibia: 180 per 100,000 live births
- AFR up-mid income countries: 256 per 100,000 live births

General government expenditure (GGE) % GDP

General government expenditure on health % GGE

General government expenditure on health % GDP

Namibia
South Africa
Mauritius
Angola
Botswana
Namibia
Algeria
Seychelles
Mauritius
South Africa
Namibia
Algeria
Seychelles
Mauritius
South Africa
Namibia
Algeria
Seychelles
Mauritius
South Africa

0% 10% 20% 30% 40% 50% 60% 0% 5% 10% 15% 0% 2% 4% 6%

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Niger, 2012

Niger spent 437 million US$ on health care:
- $25 per capita
- 53% spent by households

Per capita expenditure in US$ (constant 2012 US$)

WHO Global Health Expenditure Atlas
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Nigeria, 2012

Nigeria spent 16 billion US$ on health care:
- $94 per capita
- 66% spent by households

Nigeria spent: $1,555/capita
AFR low-mid income countries: $1,482/capita

Life expectancy: 2009 data
Nigeria: 840 per 100,000 live births
AFR low-mid income countries: 483 per 100,000 live births

Government resources allocated to health

General government expenditure (GGE) % GDP
Lesotho
Sao Tome and Principe
Mauritania
Congo
Swaziland
Cabo Verde Republic of
Ghana
Senegal
Nigeria
Zambia
South Sudan
Côte d’Ivoire
Cameroon

General government expenditure on health % GGE
Swaziland
Zambia
Mauritania
Ghana
Senegal
Cabo Verde Republic of
Cameroun
Côte d’Ivoire
Nigeria
Congo
Sao Tome and Principe
South Sudan
Cameroon

General government expenditure on health % GDP
Lesotho
Swaziland
Zambia
Mauritania
Cabo Verde Republic of
Senegal
Cameroun
Côte d’Ivoire
Nigeria
Congo
Sao Tome and Principe
South Sudan
Cameroon

Per capita expenditure in US$ (constant 2012 US$)

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHE http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHE http://who.int/nha/database/).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Rwanda, 2012

Rwanda spent
757 million US$
on health care:
- $66 per capita
- 21% spent by households

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO Global Health Expenditure Atlas
**HEALTH SYSTEM FINANCING COUNTRY PROFILE: Sao Tome and Principe, 2012**

**WHO FUNDS HEALTH CARE?**
- Domestic funding: 57%
- Funding from abroad: 43%

**WHO BUYS HEALTH CARE?**
- Spending by households: 52%
- Expenditure by government: 32%
- Other: 17%

**Sao Tome and Principe spent**
- 21 million US$ on health care:
  - $109 per capita
  - 52% spent by households

**Life expectancy**
- Sao Tome and Principe: 68 years
- AFR low-mid income countries: 56 years

**GDP per capita**
- Sao Tome and Principe: $1,386/capita
- AFR low-mid income countries: $1,482/capita

**Expenditure by government**
- Sao Tome and Principe: $48 per 100,000 live births
- AFR low-mid income countries: 483 per 100,000 live births

**Maternal mortality rate**
- Sao Tome and Principe: 0 per 100,000 live births
- AFR low-mid income countries: 483 per 100,000 live births

**Government resources allocated to health**
- General government expenditure (% GDP)
- General government expenditure on health (% GDP)
- Households out of pocket spending on health

**Per capita expenditure in US$ (constant 2012 US$)**
- Sao Tome and Principe: $110
- AFR low-mid income countries: $57

**Source:** global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Senegal, 2012

Senegal spent 703 million US$ on health care:
- $51 per capita
- 34% spent by households

WHO FUNDS HEALTH CARE?
81% 19%
Domestic funding
Funding from abroad
WHO BuYS HEALTH CARE?
34% 56% 10%
Spending by households
Expenditure by government
Other

Senegal: $1,032/capita
AFR low-mid income countries: $1,482/capita

Senegal: 410 per 100,000 live births
AFR low-mid income countries: 483 per 100,000 live births

Government resources allocated to health

Per capita expenditure in US$ (constant 2012 US$)

Government’s health spending as compared to other countries of the region

Among low-mid AFR countries:
Total government expenditure is in the median range as a % of GDP ((29%))
Share of government spending allocated to health is in the median range ((11%))
Government expenditure on health as a % of GDP is in the median range ((3%))
**Health System Financing Country Profile: Seychelles, 2012**

Seychelles spent 48 million US$ on health care:
- $521 per capita
- 2% spent by households

**GDP per capita**
- Seychelles: $11,178/capita
- AFR up-mid income countries: $6,402/capita

**GDP per capita**
- Seychelles: 73 years
- AFR up-mid income countries: 63 years

**Life expectancy**
- Seychelles: 2009 data
- 0% per 100,000 live births
- AFR up-mid income countries: 256 per 100,000 live births

**Maternal Mortality Rate**
- 2008 data
- 0% for Seychelles
- 258 per 100,000 live births for AFR up-mid income countries

**Per capita expenditure in US$ (constant 2012 US$)**
- 2012 average of up-mid AFR income countries
- Seychelles: $48
- Namibia: $495
- South Africa: $531
- Mauritius: $433
- Angola: $247

**Government resources allocated to health**
- % of all government resources going to health: 4%
- % of domestic government resources going to health: 93%

**General government expenditure (GGE) % GDP**
- Algeria
- Seychelles
- Angola
- Botswana
- Namibia
- South Africa
- Gabon
- Mauritius
- Namibia
- South Africa
- Seychelles
- Mauritius
- Botswana
- Gabon
- Angola
- Mauritius
- Namibia
- South Africa
- Botswana
- Gabon
- Angola
- Mauritius

**Government’s health spending as compared to other countries of the region**
- Among up-mid AFR countries:
  - Total government expenditure is high as a % of GDP (40%)
  - Share of government spending allocated to health is high (11%)
  - Government expenditure on health as a % of GDP is high (14%)

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHE [http://www.who.int/nha/database/](http://www.who.int/nha/database/). When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHE [http://www.who.int/nha/database/](http://www.who.int/nha/database/).)
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Sierra Leone, 2012

Sierra Leone spent 572 million US$ on health care:
- $96 per capita
- 76% spent by households

- Sierra Leone: $635/capita
- AFR low income countries: $527/capita

GDP per capita
Life expectancy
2009 data

- Sierra Leone: 970 per 100,000 live births
- AFR low income countries: 655 per 100,000 live births

Maternal mortality rate
2008 data

WHO Global Health Expenditure Atlas
South Africa spent 34 billion US$ on health care:
- $645 per capita
- 7% spent by households

South Africa:
- GDP per capita: $7,336/capita
- AFR up-mid income countries: $6,402/capita

South Africa: 54 years
AFR up-mid income countries: 63 years

2009 data
South Africa: 410 per 100,000 live births
AFR up-mid income countries: 258 per 100,000 live births

WHO FUNDS HEALTH CARE?
WHO BUYS HEALTH CARE?
98% 2%
48% 45%

government expenditure on health
from abroad
spending by households
expenditure by government
other

WHO Global Health Expenditure Atlas
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Swaziland, 2012

Swaziland spent $319 million US$ on health care:
- $259 per capita
- 11% spent by households

GDP per capita
Swaziland: $1,042/capita
AFR low-mid income countries: $1,482/capita

Life expectancy
2009 data
Swaziland: 420 per 100,000 live births
AFR low-mid income countries: 483 per 100,000 live births

Government resources allocated to health

government expenditure as % GDP

General government expenditure (GGE) % GDP
Lesotho
Sao Tome and Principe
Mauritania
Congo
Cameroon
Côte d'Ivoire
Nigeria
Zambia
Senegal
Congo
Cameroon

government expenditure on health % GGE
Swaziland
Zambia
Lesotho
Mauritania
Ghana
Senegal
Cabo Verde Republic of
Côte d'Ivoire
Nigeria
Congo
Sao Tome and Principe

General government expenditure on health % GDP

Lesotho
Swaziland
Zambia
Mauritania
Cabo Verde Republic of
Senegal
Sao Tome and Principe
Congo
Côte d'Ivoire
Nigeria
Cameroon
South Sudan

Per capita expenditure in US$ (constant 2012 US$)

2012 average of low-mid AFR income countries

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
Togo spent 271 million US$ on health care:
- $41 per capita
- 41% spent by households

**WHO FUNDS HEALTH CARE?**
- Domestic funding: 82%
- Funding from abroad: 18%

**WHO BUYS HEALTH CARE?**
- Spending by households: 41%
- Expenditure by government: 51%
- Other: 7%

**Per capita expenditure in US$ (constant 2012 US$)**

**Total expenditure on health**
- **Households out of pocket spending on health**
- **2012 average of low AFR income countries**

**GDP per capita**
- **GDP per capita**
- **Togo: $472/capita**
- **AFR low income countries: $527/capita**

**Life expectancy**
- **2009 data**

- **Togo: 350 per 100,000 live births**
- **AFR low income countries: 655 per 100,000 live births**

**Maternal mortality rate**
- **2008 data**

- **Togo: 350 per 100,000 live births**
- **AFR low income countries: 655 per 100,000 live births**

**General government expenditure (GGE) % GDP**

- **Malawi**
- **Burundi**
- **Mozambique**
- **Kenya**
- **Gambia**
- **Benin**
- **Democratic Republic of the Congo**
- **Togo**
- **Central African Republic**
- **United Republic of Tanzania**

**General government expenditure on health % GGE**

- **Malawi**
- **Burundi**
- **Mozambique**
- **Kenya**
- **Gambia**
- **Benin**
- **Democratic Republic of the Congo**
- **Togo**
- **Central African Republic**
- **United Republic of Tanzania**

**General government expenditure on health % GDP**

- **Malawi**
- **Burundi**
- **Mozambique**
- **Kenya**
- **Gambia**
- **Benin**
- **Democratic Republic of the Congo**
- **Togo**
- **Central African Republic**
- **United Republic of Tanzania**

**Government’s health spending as compared to other countries of the region**

- **Among low AFR countries:**
  - Total government expenditure is high as a % of GDP ((29%))
  - Share of government spending allocated to health is high ((15%))
  - Government expenditure on health as a % of GDP is high ((14%))

**Source:** global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED [http://who.int/nha/database/](http://who.int/nha/database/). When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED [http://who.int/nha/database/](http://who.int/nha/database/)).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Uganda, 2012

Uganda spent $1.6 billion US$ on health care:
- $44 per capita
- 49% spent by households

WHO FUNDS HEALTH CARE?
- Domestic funding: 71%
- Funding from abroad: 29%

WHO BUYS HEALTH CARE?
- Spending by households: 49%
- Expenditure by government: 24%
- Other: 27%

Uganda:
- GDP per capita: $547/capita
- AFR low income countries: $527/capita

Life expectancy
- Uganda: 52 years
- AFR low income countries: 54 years

Maternal mortality rate
- Uganda: 430 per 100,000 live births
- AFR low income countries: 655 per 100,000 live births

Government resources allocated to health

Per capita expenditure in US$ (constant 2012 US$)
Total expenditure on health
- Government expenditure on health
- Households out of pocket spending on health

Government’s health spending as compared to other countries of the region
Among low AFR countries:
Total government expenditure is low as a % of GDP ((19%))
Share of government spending allocated to health is in the median range ((10%))
Government expenditure on health as a % of GDP is in the median range ((22%))

Source: global health expenditure database
Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
United Republic of Tanzania

$591/capita

AFR low income countries: $527/capita

GDP per capita

Life expectancy

2009 data

United Republic of Tanzania: 790 per 100,000 live births

AFR low income countries: 655 per 100,000 live births

Maternal mortality rate

2008 data

United Republic of Tanzania: 790 per 100,000 live births

AFR low income countries: 655 per 100,000 live births

Per capita expenditure in US$ (constant 2012 US$)

Total expenditure on health

Households out of pocket spending on health

Government expenditure on health as a % of GDP

United Republic of Tanzania:

Total government expenditure is in the median range as a % of GDP ((27%))

Share of government spending allocated to health is in the median range ((10%))

Government’s health spending as compared to other countries of the region

Among low AFR countries:

Government expenditure on health as a % of GDP is in the median range ((3%))

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
**HEALTH SYSTEM FINANCING COUNTRY PROFILE: Zambia, 2012**

Zambia spent **1.4 billion US$** on health care:
- **$96 per capita**
- **24% spent by households**

- Zambia: $1,469/capita
- AFR low-mid income countries: $1,482/capita

GDP per capita

- Zambia: 48 years
- AFR low-mid income countries: 56 years

Life expectancy

- Zambia: 470 per 100,000 live births
- AFR low-mid income countries: 483 per 100,000 live births

Maternal mortality rate

- Zambia: 2009 data

Government resources allocated to health

Per capita expenditure in US$ (constant 2012 US$)

<table>
<thead>
<tr>
<th>Year</th>
<th>Zambia</th>
<th>Low-mid AFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>$86</td>
<td>$86</td>
</tr>
</tbody>
</table>

General government expenditure (GGE) % GDP

- Lesotho
- Sao Tome and Principe
- Mauritania
- Congo
- Swaziland
- Ghana
- Sao Tome and Principe
- Côte d’Ivoire
- South Sudan

General government expenditure on health % GDP

- Lesotho
- Lesotho
- Mauritania
- China
- Cameroon
- Congo
- Sao Tome and Principe

General government expenditure on health as % of GDP

- Lesotho
- Swaziland
- Cameroon
- Senegal
- Congo
- Sao Tome and Principe

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
**HEALTH SYSTEM FINANCING COUNTRY PROFILE: Zimbabwe, 2012**

- **Zimbabwe spent**
  - $0 billion US$ on health care:
    - $0 per capita
    - 0% spent by households

- **GDP per capita**
  - Zimbabwe: $70/capita
  - AFR low income countries: $527/capita

- **Life expectancy**
  - 2009 data
  - Zimbabwe: 790 per 100,000 live births
  - AFR low income countries: 655 per 100,000 live births

- **Government resources allocated to health**
  - 2012 data
  - % of all government resources going to health
  - % of domestic government resources going to health

- **Per capita expenditure in US$ (constant 2012 US$)**
  - 2012 average of low AFR income countries
  - Total expenditure on health
  - Households out of pocket spending on health

- **Government’s health spending as compared to other countries of the region**
  - Among low AFR countries:
    - Total government expenditure is low as a % of GDP (0%)
    - Share of government spending allocated to health is low (0%)
    - Government expenditure on health as a % of GDP is low (0%)

**Source:** global health expenditure database

**Footnote:** For Glossary of Terms: visit the Documentation Center on G Hed http://who.int/nha/database. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (Latest updates are available on G Hed http://who.int/nha/database/).
Antigua and Barbuda
Argentina
Bahamas
Barbados
Belize
Bolivia Plurinational States
Brazil
Canada
Chile
Colombia
Costa Rica
Cuba
Dominica
Dominican Republic
Ecuador
El Salvador
Grenada

Guatemala
Guyana
Haiti
Honduras
Jamaica
Mexico
Nicaragua
Panama
Paraguay
Peru
Saint Kitts and Nevis
Saint Lucia
Saint Vincent and Grenadines
Suriname
Trinidad and Tobago
United States of America
Uruguay
Venezuela (Bolivarian Republic of)
**HEALTH SYSTEM FINANCING COUNTRY PROFILE: Antigua and Barbuda, 2012**

Antigua and Barbuda spent

- **61 million US$** on health care:
  - **$681 per capita**
  - **22% spent by households**

**GDP per capita**

- **$13,207/capita**
- AMR hi income countries: **$47,830/capita**

**Life expectancy**

- **2009 data**
  - Antigua and Barbuda: **0 per 100,000 live births**
  - AMR hi income countries: **37 per 100,000 live births**

**Government resources allocated to health**

- **% of all government resources going to health**
- **% of domestic government resources going to health**

**Per capita expenditure in US$ (constant 2012 US$)**

- **Total expenditure on health**
  - **2012 average of hi AMR income countries**
  - **$8,124**

- **Households out of pocket spending on health**
  - **$3,899**

**Government’s health spending as compared to other countries of the region**

- Among hi AMR countries:
  - Total government expenditure is low as a % of GDP ((22%))
  - Share of government spending allocated to health is high ((18%))

- Government expenditure on health as a % of GDP is in the median range ((4%))

Source: Global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED [http://who.int/nha/database/](http://who.int/nha/database/). When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED [http://who.int/nha/database/](http://who.int/nha/database/)).
Argentina spent 41 billion US$ on health care:
- $995 per capita
- 20% spent by households

Argentina: $11,717/capita
AMR up-mid income countries: $10,094/capita

75 years
AMR up-mid income countries: 75 years

GDP per capita

Life expectancy
2009 data

Per capita expenditure in US$ (constant 2012 US$)

Per capita expenditure in US$ (constant 2012 US$)

Government resources allocated to health

General government expenditure (GGE) % GDP

General government expenditure on health % GGR

General government expenditure on health % GDP

Government’s health spending as compared to other countries of the region

Among up-mid AMR countries:
Total government expenditure is low as a % of GDP (26%)
Share of government spending allocated to health is high (22%)
Government expenditure on health as a % of GDP is high (66%)

Source: global health expenditure database
Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (Latest updates are available on GHED http://who.int/nha/database/).
Bahamas spent 612 million US$ on health care:
- $1,647 per capita
- 29% spent by households

Per capita expenditure in US$ (constant 2012 US$)

Government resources allocated to health

Government's health spending as compared to other countries of the region

Among hi AMR countries:
Total government expenditure is low as a % of GDP (22%)
Share of government spending allocated to health is in the median range (16%)
Government expenditure on health as a % of GDP is low (19%)

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (Latest updates are available on GHED http://who.int/nha/database/).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Barbados, 2012

Barbados spent 266 million US$ on health care:
- $938 per capita
- 34% spent by households

WHO FUND INTERVENTIONS?
WHO BUYS HEALTH CARE?

Per capita expenditure in US$ (constant 2012 US$)

Per capita GDP of high income countries is $47,830/capita

Countries in WHO Region of the Americas

WHO Global Health Expenditure Atlas
**HEALTH SYSTEM FINANCING COUNTRY PROFILE: Belize, 2012**

Belize spent **84 million US$** on health care:
- **$259 per capita**
- **24% spent by households**

### Per capita expenditure in US$ (constant 2012 US$)

- **2005**: $625
- **2006**: $704
- **2007**: $720
- **2008**: $763
- **2009**: $764
- **2010**: $770

### General government expenditure (GGE) % GDP

- **Cuba**: 10%
- **Brazil**: 6%
- **Saint Lucia**: 4%
- **Panama**: 3%
- **Costa Rica**: 3%
- **Argentina**: 3%
- **Mexico**: 2%
- **Peru**: 2%
- **Dominican Republic**: 1%
- **Venezuela (Bolivarian Republic of)**: 1%

### General government expenditure on health % GGE

- **Cuba**: 12%
- **Brazil**: 6%
- **Saint Lucia**: 4%
- **Panama**: 3%
- **Costa Rica**: 3%
- **Argentina**: 3%
- **Mexico**: 2%
- **Peru**: 2%
- **Dominican Republic**: 1%
- **Venezuela (Bolivarian Republic of)**: 1%

### General government expenditure on health % GDP

- **Cuba**: 12%
- **Costa Rica**: 12%
- **Argentina**: 12%
- **Panama**: 12%
- **Costa Rica**: 12%
- **Argentina**: 12%
- **Panama**: 12%
- **Costa Rica**: 12%
- **Argentina**: 12%
- **Panama**: 12%

### Per 100,000 live births

- **AMR up-mid income countries**: 0 per 100,000 live births

### Government expenditure on health

- **AMR up-mid income countries**: 0 years

### Life expectancy

- **2009 data**: 59 years

### Maternal mortality rate

- **2008 data**: 0 deaths per 100,000 live births

### Source:

National Health Accounts database, World Health Organization (rhwweb@who.int)

**Footnote:**

All the indicators refer to expenditures by Financing Agent classification except External resources which falls in to Financing Source classification. While the components of Total health expenditure (THE) would come up to 100% within the same classification, one cannot expect sum of components of different classifications to come up to THE.
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Bolivía Plurinational States of, 2012

Bolivía Plurinational States of spent
1.6 billion US$ on health care:
- $149 per capita
- 23% spent by households

WHO FUNDS HEALTH CARE?
- Domestic funding
- Funding from abroad
- Spending by households
- Expenditure by government
- Other

WHO BuYS HEALTH CARE?
- 23% 72% 5%

Per capita expenditure in US$ (constant 2012 US$)

GDP per capita
Bolivía Plurinational States of:
$2,576/capita
68 years
AMR low-mid income countries: $2,967/capita
70 years

Life expectancy
2009 data
Bolivía Plurinational States of: 180 per 100,000 live births
AMR low-mid income countries: 139 per 100,000 live births

Maternal mortality rate
2008 data
Bolivía Plurinational States of: 180 per 100,000 live births
AMR low-mid income countries: 139 per 100,000 live births

General government expenditure (GGE) % GDP

Bolivía Plurinational States of
Paraguay
Honduras
Guyana
El Salvador
Nicaragua
Guatemala

General government expenditure on health % GGR
Nicaragua
Guatemala
El Salvador
Guyana
Honduras

General government expenditure on health % GDP
Nicaragua
Paraguay
Guatemala
El Salvador
Guyana
Honduras

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHE D http://who.int/nha/database. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHE D http://who.int/nha/database).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Brazil, 2012

Brazil spent
210 billion US$ on health care:
- $1,056 per capita
- 31% spent by households

Brazil: $11,348/capita
AMR up-mid income countries: $10,094/capita
2012 average of up-mid AMR income countries:
73 years
AMR up-mid income countries: 75 years

Life expectancy
2009 data

Maternal mortality rate
2008 data

Per capita expenditure in US$ (constant 2012 US$)

Government resources allocated to health

Government’s health spending as compared to other countries of the region

Among up-mid AMR countries:
Total government expenditure is high as a % of GDP (57%)
Share of government spending allocated to health is low (18%)

Government expenditure on health as a % of GDP is in the median range (41%)

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Canada, 2012

Canada spent 199 billion US$ on health care:
- $5,741 per capita
- 15% spent by households

WHO FUNDS HEALTH CARE?
- Domestic funding
- Funding from abroad
- Spending by households
- Expenditure by government
- Other

WHO BUYS HEALTH CARE?
19% 70% 15%

Per capita expenditure in US$ (constant 2012 US$)

Total government expenditure on health
Households out of pocket spending on health

Government resources allocated to health

% of all government resources going to health
% of domestic government resources going to health

General government expenditure (GGE) % GDP
General government expenditure on health % GGR
General government expenditure on health % GDP

Canada
Barbados
United States of America
Trinidad and Tobago
Saint Kitts and Nevis
Uruguay
Chile
Bahamas
Antigua and Barbuda

United States of America
Antigua and Barbuda
Canada
Barbados
Chile

Canada
Uruguay
Barbados
Antigua and Barbuda
Chile

United States of America
Canada
Uruguay

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Chile, 2012

**Chile spent**
- **19 billion US$** on health care:
  - **$1,103 per capita**
  - **32% spent by households**

**GDP per capita**
- Chile: $15,363/capita
- AMR hi income countries: $47,830/capita

**Per capita expenditure in US$ (constant 2012 US$)**
- 2012 average of hi AMR income countries: $8,124
- AMR hi income countries: $3,899

**Life expectancy**
- 79 years
- AMR hi income countries: 76 years

**Government resources allocated to health**
- % of all government resources going to health
- % of domestic government resources going to health

**Government’s health spending as compared to other countries of the region**
- Among hi AMR countries:
  - Total government expenditure is low as a % of GDP (23%)
  - Share of government spending allocated to health is in the median range (15%)
  - Government expenditure on health as a % of GDP is in the median range (3%)

**Source**: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
**HEALTH SYSTEM FINANCING COUNTRY PROFILE: Colombia, 2012**

Colombia spent 25 billion US$ on health care:
- $530 per capita
- 15% spent by households

**GDP per capita**
- Colombia: $7,752/capita
- AMR up-mid income countries: $10,094/capita

**Life expectancy**
- 2009 data
  - Colombia: 85 per 100,000 live births
  - AMR up-mid income countries: 83 per 100,000 live births

**Per capita expenditure in US$ (constant 2012 US$)**
- 2012 average of up-mid AMR income countries

**Government resources allocated to health**

**Source:** global health expenditure database

Footnote: For Glossary of Terms, visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Costa Rica, 2012

Costa Rica spent 4.6 billion US$ on health care:
- $951 per capita
- 23% spent by households

Per capita expenditure in US$ (constant 2012 US$)

Source: global health expenditure database
Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://www.who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://www.who.int/nha/database/).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Cuba, 2012

Cuba spent $6.3 billion (US$) on health care:
- $558 per capita
- 6% spent by households

Per capita expenditure in US$ (constant 2012 US$)

Government resources allocated to health

Government’s health spending as compared to other countries of the region

Among up-mid AMR countries:
- Total government expenditure is high as a % of GDP (77%)
- Share of government spending allocated to health is in the median range (12%)
- Government expenditure on health as a % of GDP is high (21%)

Source: global health expenditure database

Footnote: For Glossary of Terms, visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Dominica, 2012

Dominica spent
28 million US$ on health care:
- $392 per capita
- 24% spent by households

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

24% 72% 4%

WHO FUNDS HEALTH CARE?

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WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

24% 72% 4%
**HEALTH SYSTEM FINANCING COUNTRY PROFILE: Dominican Republic, 2012**

- **Domestic funding**
  - $310 per capita
  - 39% spent by households

- **Funding from abroad**
  - $3.2 billion US$
  - 5%

- **Spending by households**
  - 39%
  - 51%
  - 10%

- **Expenditure by government**
  - $5,731/capita

- **71 years**
  - AMR up-mid income countries: 75 years

- **Per capita expenditure in US$ (constant 2012 US$)**

- **Maternal mortality rate**
  - 2008 data
  - Dominican Republic: 100 per 100,000 live births
  - AMR up-mid income countries: 83 per 100,000 live births

- **GDP per capita**
  - Dominican Republic: $5,731/capita
  - AMR up-mid income countries: $10,094/capita

- **General government expenditure (GGE) % GDP**

- **General government expenditure on health % GGE**
  - Dominican Republic: 71%
  - AMR up-mid income countries: 75%

- **Government expenditure on health as a % of GDP**
  - Dominican Republic: (3%)
  - AMR up-mid income countries: (19%)

- **Share of government spending allocated to health is high (14%)**

- **Government expenditure on health as a % of GDP is low (3%)**

Source: global health expenditure database

Footnote: For Glossary of Terms, visit the Documentation Center on GHED [http://who.int/nha/database/]. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED [http://who.int/nha/database/]).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Ecuador, 2012

Ecuador spent 5.6 billion US$ on health care:
- $361 per capita
- 51% spent by households

- Ecuador: $5,648/capita
- AMR up-mid income countries: $10,059/capita

GDP per capita

- Ecuador: 140 per 100,000 live births
- AMR up-mid income countries: 83 per 100,000 live births

Life expectancy

- Ecuador: 75 years
- AMR up-mid income countries: 75 years

Per capita expenditure in US$ (constant 2012 US$)

Government resources allocated to health

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
**HEALTH SYSTEM FINANCING COUNTRY PROFILE: El Salvador, 2012**

- **El Salvador spent**
  - 1.6 billion US$ on health care:
    - $254 per capita
    - 32% spent by households

- **WHO FUNDS HEALTH CARE?**
  - Domestic funding: 99%
  - Funding from abroad: 1%

- **WHO BUYS HEALTH CARE?**
  - Spending by households: 32%
  - Expenditure by government: 63%
  - Other: 5%

- **Per capita expenditure in US$ (constant 2012 US$)**
  - 2012 average of low-mid AMR income countries
  - AMR low-mid income countries: $2,967/capita
  - AMR low-mid income countries: 70 years
  - El Salvador: $3,777/capita
  - 72 years

- **GDP per capita**
  - El Salvador: $3,777/capita
  - AMR low-mid income countries: $2,967/capita

- **Life expectancy**
  - 2009 data
  - El Salvador: 70 years
  - AMR low-mid income countries: 70 years

- **Government resources allocated to health**
  - Total government expenditure is in the median range as a % of GDP (27%)
  - Share of government spending allocated to health is in the median range (15%)
  - Government expenditure on health as a % of GDP is in the median range (4%)

- **Maternal mortality rate**
  - 2008 data
  - El Salvador: 110 per 100,000 live births
  - AMR low-mid income countries: 139 per 100,000 live births

- **Government’s health spending as compared to other countries of the region**
  - Among low-mid AMR countries:
    - Total government expenditure is in the median range as a % of GDP (27%)
    - Share of government spending allocated to health is in the median range (15%)
    - Government expenditure on health as a % of GDP is in the median range (4%)

- **General government expenditure (GGE) % GDP**
  - Bolivia Plurinational States of
  - Paraguay
  - Honduras
  - Guyana
  - El Salvador
  - Nicaragua
  - Guatemala

- **General government expenditure on health % GGE**
  - Nicaragua
  - Guatemala
  - El Salvador
  - Paraguay
  - Honduras
  - Nicaragua
  - Guatemala

- **General government expenditure on health % GDP**
  - Nicaragua
  - Paraguay
  - Guyana
  - Honduras
  - El Salvador
  - Bolivia Plurinational States of
  - Guatemala

- **Source:** global health expenditure database

Footnote: For Glossary of Terms, visit the Documentation Center on GHEdata http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (Latest updates are available on GHEdata http://who.int/nha/database).
Grenada spent $50 million US$ on health care:
- $478 per capita
- 52% spent by households

Grenada: $7,485/capita
AMR up-mid income countries: $10,094/capita

Life expectancy
2009 data

Maternal mortality rate
2008 data

Per capita expenditure in US$ (constant 2012 US$)
Total expenditure on health
Households out of pocket spending on health

Government resources allocated to health

General government expenditure (GGE) % GDP
General government expenditure on health % GGE
General government expenditure on health % GDP

Government’s health spending as compared to other countries of the region
Among up-mid AMR countries:
Total government expenditure is in the median range as a % of GDP ((33%))
Share of government spending allocated to health is low ((9%))
Government expenditure on health as a % of GDP is low ((7%))

Source: global health expenditure database
Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
**HEALTH SYSTEM FINANCING COUNTRY PROFILE: Guatemala, 2012**

Guatemala spent **3.4 billion US$** on health care:
- **$226 per capita**
- **53% spent by households**

**GDP per capita**
- Guatemala: $3,348/capita
- AMR low-mid income countries: $2,967/capita

**Life expectancy**
- Guatemala: 69 years
- AMR low-mid income countries: 70 years

**Per capita expenditure in US$ (constant 2012 US$)**

**Government resources allocated to health**
- % of all government resources going to health
- % of domestic government resources going to health

**Source**: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Guyana, 2012

Guyana spent 187 million US$ on health care:
- $235 per capita
- 31% spent by households

Country profile by region 2012

WHO Global Health Expenditure Atlas
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Haiti, 2012

Haiti spent
535 million US$ on health care:
- $53 per capita
- 3% spent by households

WHO FUNDS HEALTH CARE?
Domestic funding: 33%
Funding from abroad: 67%

WHO BUYS HEALTH CARE?
Spending by households: 74%
Expenditure by government: 23%

GDP per capita
Haiti: $816/capita
AMR low income countries: $816/capita

Life expectancy
Haiti: 300 per 100,000 live births
AMR low income countries: 300 per 100,000 live births

Per capita expenditure in US$ (constant 2012 US$)
Haiti: $48
AMR low income countries: $53

Government resources allocated to health

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HEALTH SYSTEM FINANCING COUNTRY PROFILE: Honduras, 2012

Honduras spent
1.5 billion US$ on health care:
- $195 per capita
- 46% spent by households

WHO funds
health care?

WHO buys
health care?

GDP per capita

Government resources allocated to health

Per capita expenditure in US$ (constant 2012 US$)

Government’s health spending as compared to other countries of the region
Among low-mid AMR countries:
Total government expenditure is in the median range as a % of GDP ((37%))
Share of government spending allocated to health is in the median range ((12%))
Government expenditure on health as a % of GDP is in the median range ((4%))

Source: global health expenditure database
Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
**HEALTH SYSTEM FINANCING COUNTRY PROFILE: Jamaica, 2012**

Jamaica spent **882 million US$** on health care:
- **$318 per capita**
- **29% spent by households**

**GDP per capita**
- **Jamaica**: $5,374/capita
- AMR up-mid income countries: $10,094/capita

**Life expectancy**
- 2009 data
  - Jamaica: 89 per 100,000 live births
  - AMR up-mid income countries: 83 per 100,000 live births

**Maternal mortality rate**
- 2008 data
  - Jamaica: 71 years
  - AMR up-mid income countries: 75 years

**Government resources allocated to health**

**Per capita expenditure in US$ (constant 2012 US$)**
- 2012 average of up-mid AMR income countries
  - $778

**General government expenditure (GGE) % GDP**
- Cuba
- Brazil
- Saint Lucia
- Panama
- Ecuador
- Dominican Republic
- Saint Vincent and the Grenadines
- Grenada
- Jamaica
- Venezuela (Bolivarian Republic of)
- Mexico
- Costa Rica
- Argentina
- Peru
- Mexico
- Dominican Republic
- Peru

**General government expenditure on health % GGR**
- Cuba
- Costa Rica
- Argentina
- Colombia
- Peru
- Mexico
- Dominican Republic
- Panama
- Saint Vincent and the Grenadines
- Saint Lucia
- Jamaica
- Dominica
- Haiti
- Grenada
- Brazil
- Ecuador

**General government expenditure on health % GDP**
- Cuba
- Costa Rica
- Argentina
- Panama
- Colombia
- Saint Lucia
- Brazil
- Saint Vincent and the Grenadines
- Dominica
- Haiti
- Grenada
- Mexico
- Peru
- Ecuador
- Dominican Republic
- Venezuela (Bolivarian Republic of)

**Source**: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED [http://who.int/nha/database/](http://who.int/nha/database/). When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED [http://who.int/nha/database/](http://who.int/nha/database/)).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Mexico, 2012

Mexico spent 72 billion US$ on health care:
- $618 per capita
- 44% spent by households

Per capita expenditure in US$ (constant 2012 US$)

Government resources allocated to health

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Nicaragua, 2012

Nicaragua spent 865 million US$ on health care:
- $144 per capita
- 39% spent by households

Per capita expenditure in US$ (constant 2012 US$)

Government resources allocated to health

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
Panama spent 2.8 billion US$ on health care:
- $723 per capita
- 25% spent by households

**GDP per capita**
- Panama: $9,534/capita
- AMR up-mid income countries: $10,094/capita

**Life expectancy**
- Panama: 71 per 100,000 live births
- AMR up-mid income countries: 83 per 100,000 live births

**Per capita expenditure in US$ (constant 2012 US$)**

- 1995: $253
- 2000: $446
- 2005: $650
- 2010: $778

**Government resources allocated to health**

<table>
<thead>
<tr>
<th>General government expenditure (GGE) % GDP</th>
<th>General government expenditure on health % GGE</th>
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</table>

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
**HEALTH SYSTEM FINANCING COUNTRY PROFILE: Paraguay, 2012**

Paraguay spent **2.6 billion US$** on health care:
- **$392** per capita
- **53%** spent by households

**GDP per capita**
- **Paraguay:** $3,799/capita
- AMR low-mid income countries: $2,967/capita

**Life expectancy**
- **Paraguay:** 74 years
- AMR low-mid income countries: 70 years

**2008 data**
- **Paraguay:** 95 per 100,000 live births
- AMR low-mid income countries: 139 per 100,000 live births

**Maternal mortality rate**
- **Paraguay:** 95 per 100,000 live births
- AMR low-mid income countries: 139 per 100,000 live births

**General government expenditure (GGE) % GDP**
- Bolivia Plurinational States of
- Paraguay
- Honduras
- Guyana
- El Salvador
- Nicaragua
- Guatemala

**General government expenditure on health % GGR**
- Nicaragua
- Guatemala
- El Salvador
- Guyana
- Honduras
- Paraguay

**General government expenditure on health % GDP**
- Nicaragua
- Paraguay
- Guyana
- Honduras
- El Salvador
- Bolivia Plurinational States of

**Source:** global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED [http://who.int/nha/database/]. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED [http://who.int/nha/database/]).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Peru, 2012

Peru spent 10 billion US$ on health care:
- $337 per capita
- 36% spent by households

Peru: $6,654/capita
AMR up-mid income countries: $10,094/capita

GDP per capita

Life expectancy 2009 data
Peru: 76 years
AMR up-mid income countries: 75 years

Maternal mortality rate 2008 data
Peru: 98 per 100,000 live births
AMR up-mid income countries: 83 per 100,000 live births

Per capita expenditure in US$ (constant 2012 US$)

Government resources allocated to health

Source: global health expenditure database
Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (Latest updates are available on GHED http://who.int/nha/database/).
**HEALTH SYSTEM FINANCING COUNTRY PROFILE: Saint Kitts and Nevis, 2012**

Saint Kitts and Nevis spent

- **44 million US$** on health care:
  - **$825 per capita**
  - **55% spent by households**

**GDP per capita**
- **Saint Kitts and Nevis:** $13,967/capita
- **AMR hi income countries:** $47,830/capita

**Life expectancy**
- **2009 data**
  - **Saint Kitts and Nevis:** 74 years
  - **AMR hi income countries:** 76 years

**Maternal mortality rate**
- **2008 data**
  - **Saint Kitts and Nevis:** 0 per 100,000 live births
  - **AMR hi income countries:** 37 per 100,000 live births

**Government resources allocated to health**

<table>
<thead>
<tr>
<th>General government expenditure (GGE) % GDP</th>
<th>General government expenditure on health % GGR</th>
<th>General government expenditure on health % GDP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canada</td>
<td>Uruguay</td>
<td>United States of America</td>
</tr>
<tr>
<td>Barbados</td>
<td>United States of America</td>
<td>Canada</td>
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<tr>
<td>United States of America</td>
<td>Antigua and Barbuda</td>
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<td>Trinidad and Tobago</td>
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<td>Saint Kitts and Nevis</td>
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<td>Bahamas</td>
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</tr>
</tbody>
</table>

**Per capita expenditure in US$ (constant 2012 US$)**
- **$13,967**
- **$3,899**
- **$8,124**

**Source:** global health expenditure database

**Footnote:** For Glossary of Terms: visit the Documentation Center on GHE D http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHE D http:// who.int/nha/database/).
**HEALTH SYSTEM FINANCING COUNTRY PROFILE: Saint Lucia, 2012**

Saint Lucia spent 101 million US$ on health care:
- $556 per capita
- 44% spent by households

**Per capita expenditure in US$ (constant 2012 US$)**

Saint Lucia spent 101 million US$ on health care:
- $556 per capita
- 44% spent by households

**Government resources allocated to health**

- % of all government resources going to health
- % of domestic government resources going to health

**General government expenditure (GGE) % GDP**

- Cuba
- Brazil
- Saint Lucia
- Panama
- Ecuador
- Dominica
- Saint Vincent and the Grenadines
- Grenada
- Belize
- Jamaica
- Venezuela (Bolivarian Republic of)
- Suriname
- Colombia
- Costa Rica
- Argentina
- Mexico
- Dominican Republic

**General government expenditure on health % GGE**

- Cuba
- Costa Rica
- Argentina
- Colombia
- Peru
- Mexico
- Dominican Republic
- Panama
- Saint Vincent and the Grenadines
- Belize
- Suriname
- Cuba
- Jamaica
- Dominica
- Saint Lucia
- Grenada
- Brazil
- Ecuador
- Venezuela (Bolivarian Republic of)

**General government expenditure on health % GDP**

- Cuba
- Costa Rica
- Argentina
- Panama
- Colombia
- Saint Lucia
- Brazil
- Saint Vincent and the Grenadines
- Dominica
- Belize
- Suriname
- Jamaica
- Mexico
- Peru
- Grenada
- Ecuador
- Dominican Republic
- Venezuela (Bolivarian Republic of)

**Government’s health spending as compared to other countries of the region**

Among up-mid AMR countries:
- Total government expenditure is high as a % of GDP ((46%))
- Share of government spending allocated to health is low ((10%))
- Government expenditure on health as a % of GDP is high ((5%))

Source: global health expenditure database

Footnote: For Glossary of Terms, visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
**HEALTH SYSTEM FINANCING COUNTRY PROFILE: Saint Vincent and the Grenadines, 2012**

Saint Vincent and the Grenadines spent 37 million US$ on health care:
- $340 per capita
- 18% spent by households

**GDP per capita**
- Saint Vincent and the Grenadines: $6,515/capita
- AMR up-mid income countries: $10,094/capita

**Life expectancy**
- Saint Vincent and the Grenadines: 73 years
- AMR up-mid income countries: 75 years

**Maternal mortality rate**
- Saint Vincent and the Grenadines: 0 per 100,000 live births
- AMR up-mid income countries: 83 per 100,000 live births

**Per capita expenditure in US$ (constant 2012 US$)**

**Government resources allocated to health**

**General government expenditure (GGE) % GDP**

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**General government expenditure on health % GGE**

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**General government expenditure on health % GDP**

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**Source:** global health expenditure database

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**HEALTH SYSTEM FINANCING COUNTRY PROFILE: Suriname, 2012**

Suriname spent **278 million US$** on health care:
- **$521 per capita**
- **10% spent by households**

### GDP per capita

- **Suriname: $8,864/capita**
- **AMR up-mid income countries**: $10,094/capita

### Life expectancy

- **Suriname: 72 years**
- **AMR up-mid income countries: 75 years**

### Maternal mortality rate

- **Suriname: 100 per 100,000 live births**
- **AMR up-mid income countries**: 83 per 100,000 live births

### Per capita expenditure in US$ (constant 2012 US$)

#### Total expenditure on health

- **2012 average of up-mid AMR income countries**

#### Household out of pocket spending on health

### Government resources allocated to health

#### % of all government resources going to health

<table>
<thead>
<tr>
<th>1995</th>
<th>2000</th>
<th>2005</th>
<th>2010</th>
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<tr>
<td>33%</td>
<td>57%</td>
<td>10%</td>
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</tbody>
</table>

#### % of domestic government resources going to health

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<th>1995</th>
<th>2000</th>
<th>2005</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>4%</td>
<td>96%</td>
<td>4%</td>
<td>4%</td>
</tr>
</tbody>
</table>

Source: global health expenditure database

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WHO Global Health Expenditure Atlas

Countries in WHO Region of the Americas

HEALTH SYSTEM FINANCING COUNTRY PROFILE: Trinidad and Tobago, 2012

Trinidad and Tobago spent
1.3 billion US$ on health care:
- $972 per capita
- 42% spent by households

Trinidad and Tobago:
- $17,861/capita
- AMR hi income countries: $47,830/capita

Per capita expenditure in US$ (constant 2012 US$)

1995 2000 2005 2010

$347 $416 $826 $1,000 $3,899 $8,124 $12,593 $13,036

Trinidad and Tobago: 70 years
AMR hi income countries: 76 years

GDP per capita

2009 data

Life expectancy

Maternal mortality rate

2008 data

Government resources allocated to health

- % of all government resources going to health
- % of domestic government resources going to health

General government expenditure (GGE) % GDP

Canada
Barbados
United States of America
Trinidad and Tobago
Saint Kitts and Nevis
Uruguay
Chile
Bahamas
Antigua and Barbuda

General government expenditure on health % GGR

United States of America
Antigua and Barbuda
Canada
Bahamas
Trinidad and Tobago
Saint Kitts and Nevis

General government expenditure on health % GDP

United States of America
Canada
Barbados
Antigua and Barbuda
Chile
Bahamas
Saint Kitts and Nevis

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHE http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHE http://who.int/nha/database/).
United States of America spent 2,809 billion US$ on health care:
- $8,895 per capita
- 11% spent by households

WHO Global Health Expenditure Atlas

HEALTH SYSTEM FINANCING COUNTRY PROFILE: United States of America, 2012

Government resources allocated to health

Per capita expenditure in US$ (constant 2012 US$)

General government expenditure (GGE) % GDP

General government expenditure on health % GGE

General government expenditure on health % GDP

Source: global health expenditure database

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**HEALTH SYSTEM FINANCING COUNTRY PROFILE: Uruguay, 2012**

Uruguay spent **4.4 billion US$** on health care:
- **$1,308 per capita**
- **17% spent by households**

**GDP per capita**
- Uruguay: **$14,703/capita**
- AMR hi income countries: **$47,830/capita**

**Life expectancy**
- Uruguay: 76 years
- AMR hi income countries: 76 years

**Per capita expenditure in US$ (constant 2012 US$)**
- Uruguay: **$936**
- AMR hi income countries: **$3,899**
- Total average of hi AMR income countries: **$8,124**

**Maternal mortality rate**
- Uruguay: 27 per 100,000 live births
- AMR hi income countries: 37 per 100,000 live births

**Government resources allocated to health**

**General government expenditure (GGE) % GDP**
- Canada
- Barbados
- United States of America
- Trinidad and Tobago
- Saint Kitts and Nevis
- Uruguay
- Chile
- Bahamas
- Antigua and Barbuda

**General government expenditure on health % GGE**
- Canada
- Barbados
- United States of America
- Trinidad and Tobago
- Saint Kitts and Nevis
- Uruguay
- Chile
- Bahamas
- Antigua and Barbuda

**General government expenditure on health % GDP**
- Canada
- Barbados
- United States of America
- Trinidad and Tobago
- Saint Kitts and Nevis
- Uruguay
- Chile
- Bahamas
- Antigua and Barbuda

**Source:** global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHEA [http://who.int/nha/database/]. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHEA [http://who.int/nha/database/].)
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Venezuela (Bolivarian Republic of), 2012

Venezuela (Bolivarian Republic of) spent 18 billion US$ on health care:
- $593 per capita
- 64% spent by households

Per capita expenditure in US$ (constant 2012 US$)

Venezuela (Bolivarian Republic of): $12,767/capita
AMR up-mid income countries: $10,094/capita

Venezuela (Bolivarian Republic of):
- 75 years
- AMR up-mid income countries: 75 years

Life expectancy 2009 data

Maternal mortality rate 2008 data

General government expenditure (GGE) % GDP

General government expenditure on health % GGE

General government expenditure on health % GDP

Government’s health spending as compared to other countries of the region

Among up-mid AMR countries:
Total government expenditure is in the median range as a % of GDP (28%)
Share of government spending allocated to health is low (6%)
Government expenditure on health as a % of GDP is low (2%)

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (Latest updates are available on GHED http://who.int/nha/database/).
WHO Global Health Expenditure Atlas

- Foreword
- Factsheet
- Policy highlights
- Health expenditures and universal coverage
- Country profile by region 2010
- World Health Statistics 2012 tables
- Technical documentation

WHO South-East Asia Region

Bangladesh
Bhutan
Democratic People's Republic of Korea
India
Indonesia
Maldives
Myanmar
Nepal
Sri Lanka
Thailand
Timor-Leste
**HEALTH SYSTEM FINANCING COUNTRY PROFILE: Bangladesh, 2012**

Bangladesh spent $4.0 billion US$ on health care:
- $26 per capita
- 63% spent by households

**GDP per capita**
- Bangladesh: $722/capita
- SEAR low income countries: $801/capita

**Life expectancy**
- Bangladesh: 340 per 100,000 live births
  - SEAR low income countries: 303 per 100,000 live births
- 2009 data

**Maternal mortality rate**
- Bangladesh: 2008 data
- SEAR low income countries: 2008 data

**Per capita expenditure in US$ (constant 2012 US$)**

**Government resources allocated to health**

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (Latest updates are available on GHED http://who.int/nha/database/).
WHO Global Health Expenditure Atlas

HEALTH SYSTEM FINANCING COUNTRY PROFILE: Bhutan, 2012

- Bhutan spent 67 million US$ on health care:
  - $90 per capita
  - 15% spent by households

Bhutan: $2,398/capita
SEAR low-mid income countries: $1,856/capita

SEAR low-mid income countries: 67 years
Bhutan: 63 years

GDP per capita

Life expectancy

2009 data

Maternal mortality rate

2008 data

Per capita expenditure in US$ (constant 2012 US$)

Government resources allocated to health

% of all government resources going to health

% of domestic government resources going to health

Among low-mid SEAR countries:

- Total government expenditure is high as a % of GDP (45%)
- Share of government spending allocated to health is high (7%)
- Government expenditure on health as a % of GDP is high (3%)

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Democratic People’s Republic of Korea, 2012

- Democratic People’s Republic of Korea:
  - 0 billion US$ spent on health care:
    - $0 per capita
    - 0% spent by households

GDP per capita

- Democratic People’s Republic of Korea: $0/capita
- SEAR low income countries: $801/capita

Life expectancy

- Democratic People’s Republic of Korea: 70 years
- SEAR low income countries: 67 years

2009 data

Maternal mortality rate

- Democratic People’s Republic of Korea: 250 per 100,000 live births
- SEAR low income countries: 303 per 100,000 live births

2008 data

Per capita expenditure in US$ (constant 2012 US$)

Government resources allocated to health

- % of all government resources going to health
- % of domestic government resources going to health

General government expenditure (GGE) % GDP

Myanmar

Nepal

Bangladesh

Democratic People’s Republic of

0% 10% 20% 30% 40% 0% 10% 20% 30% 40%

General government expenditure on health % GGE

Nepal

Bangladesh

Democratic People’s Republic of

0% 10% 20% 30% 40% 0% 10% 20% 30% 40%

General government expenditure on health % GDP

Nepal

Bangladesh

Democratic People’s Republic of

0% 2% 4% 0% 2% 4%

Government’s health spending as compared to other countries of the region

- Among low SEAR countries:
  - Total government expenditure is low as a % of GDP (0.8%)
  - Share of government spending allocated to health is low (0.8%)
  - Government expenditure on health as a % of GDP is low (0.8%)

Source: Global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05%, the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
### HEALTH SYSTEM FINANCING COUNTRY PROFILE: India, 2012

India spent 76 billion US$ on health care:
- $61 per capita
- 58% spent by households

<table>
<thead>
<tr>
<th>Country</th>
<th>GDP per capita</th>
<th>SeAR low-mid income countries: per capita</th>
<th>Life expectancy</th>
<th>Maternal mortality rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>India</td>
<td>$1,516/capita</td>
<td>$1,856/capita</td>
<td>67 years</td>
<td>216 per 100,000 live births</td>
</tr>
<tr>
<td>SEAR low-mid income countries</td>
<td>$1,230 per 100,000 live births</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Per capita expenditure in US$ (constant 2012 US$)**

- 2009 data
- 2008 data

**Government resources allocated to health**

- 1% of all government resources going to health
- 99% of domestic government resources going to health

**General government expenditure (GGE) % GDP**

- Timor-Leste
- Bhutan
- Indonesia
- India
- Sri Lanka

**General government expenditure on health % GGE**

- India
- Bhutan
- Indonesia
- Timor-Leste
- Sri Lanka

**General government expenditure on health % GDP**

- India
- Bhutan
- Indonesia
- Timor-Leste
- Sri Lanka

**Government’s health spending as compared to other countries of the region**

- Total government expenditure is low as a % of GDP ((14%))
- Share of government spending allocated to health is high ((9%))
- Government expenditure on health as a % of GDP is in the median range ((1%))

Source: Global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
Indonesia spent 27 billion US$ on health care:
- $108 per capita
- 45% spent by households

**Country profile by region 2012**

**World Health Statistics 2012 tables**

**Technical documentation**

**Health System Financing Country Profile: Indonesia, 2012**

- Indonesia: $3,557/capita
- SEAR low-mid income countries: $1,856/capita

GDP per capita

- Indonesia: 68 years
- SEAR low-mid income countries: 67 years

Life expectancy

2009 data

- Indonesia: 240 per 100,000 live births
- SEAR low-mid income countries: 216 per 100,000 live births

Maternal mortality rate

2008 data

Per capita expenditure in US$ (constant 2012 US$)

<table>
<thead>
<tr>
<th>Year</th>
<th>Indonesia</th>
<th>SEAR low-mid income countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>1995</td>
<td>$38</td>
<td>$24</td>
</tr>
<tr>
<td>2000</td>
<td>$24</td>
<td>$38</td>
</tr>
<tr>
<td>2005</td>
<td>$45</td>
<td>$69</td>
</tr>
<tr>
<td>2010</td>
<td>$98</td>
<td>$35</td>
</tr>
</tbody>
</table>

Government resources allocated to health

- % of all government resources going to health
- % of domestic government resources going to health

<table>
<thead>
<tr>
<th>General government expenditure (GGE) % GDP</th>
<th>General government expenditure on health % GGE</th>
<th>General government expenditure on health % GDP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timor-Leste</td>
<td>India</td>
<td>Bhutan</td>
</tr>
<tr>
<td>Bhutan</td>
<td>Bhutan</td>
<td>Timor-Leste</td>
</tr>
<tr>
<td>Indonesia</td>
<td>Indonesia</td>
<td>India</td>
</tr>
<tr>
<td>India</td>
<td>Timor-Leste</td>
<td>Indonesia</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>Sri Lanka</td>
<td>Sri Lanka</td>
</tr>
</tbody>
</table>

Government’s health spending as compared to other countries of the region

- Among low-mid SEAR countries:
  - Total government expenditure is in the median range as a % of GDP ((17%))
  - Share of government spending allocated to health is in the median range ((7%))
  - Government expenditure on health as a % of GDP is low ((1%))

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Maldives, 2012

Maldives spent 189 million US$ on health care:
- $558 per capita
- 48% spent by households

Maldives:
$6,567/capita
SEAR up-mid income countries: $5,479/capita

GDP per capita

Maldives:
75 years
SEAR up-mid income countries: 73 years

Life expectancy

2009 data

GDP per capita

Maldives:
100,000 live births
SEAR up-mid income countries: 43 per 100,000 live births

Life expectancy

2008 data

Maternal mortality rate

Per capita expenditure in US$ (constant 2012 US$)

Government resources allocated to health

% of all government resources going to health
% of domestic government resources going to health

General government expenditure (GGE) % GDP
General government expenditure on health % GGE
General government expenditure on health % GDP

Maldives
Thailand
Maldives
Thailand

0% 10% 20% 30% 40% 50% 0% 5% 10% 15% 20% 25% 30% 0% 2% 4%

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. Lastest updates are available on GHED http://who.int/nha/database/.
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Myanmar, 2012

Myanmar spent 1.0 billion US$ on health care:
- $20 per capita
- 71% spent by households

Myanmar:
- $1,108/capita
- SEAR low income countries: $801/capita

GDP per capita

Life expectancy
2009 data

Myanmar: 240 per 100,000 live births
SEAR low income countries: 303 per 100,000 live births

Maternal mortality rate
2008 data

Myanmar: 204 per 100,000 live births
SEAR low income countries: 303 per 100,000 live births

Per capita expenditure in US$ (constant 2012 US$)

Government resources allocated to health

% of all government resources going to health
% of domestic government resources going to health

General government expenditure (GGE) % GDP

General government expenditure on health % GGE

General government expenditure on health % GDP

Myanmar
Nepal
Bangladesh
Democratic People’s Republic of Korea

Government’s health spending as compared to other countries of the region

Among low SEAR countries:
- Total government expenditure is high as a % of GDP (28%)
- Share of government spending allocated to health is in the median range (2%)
- Government expenditure on health as a % of GDP is in the median range (9%)

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Nepal, 2012

Nepal spent 985 million US$ on health care:
- $36 per capita
- 49% spent by households

Per capita expenditure in US$ (constant 2012 US$)

- 2012 average of low SEAR income countries
- $32
- SEAR low income countries: $801/capita
- 67 years
- GDP per capita: $656/capita
- SEAR low income countries: 67 years
- Life expectancy: 303 per 100,000 live births
- Maternal mortality rate: 380 per 100,000 live births

GDP per capita

- Nepal: $656/capita
- SEAR low income countries: $801/capita

Life expectancy

- Nepal: 380 per 100,000 live births
- SEAR low income countries: 303 per 100,000 live births

Maternal mortality rate

- Nepal: 2009 data
- SEAR low income countries: 2008 data

Government resources allocated to health

- % of all government resources going to health
- % of domestic government resources going to health

General government expenditure (GGE) % GDP

- Myanmar
- Nepal
- Bangladesh

General government expenditure on health % GGE

- Myanmar
- Nepal
- Bangladesh

General government expenditure on health % GDP

- Myanmar
- Nepal
- Bangladesh

Demographic People’s Republic of Korea

- Myanmar
- Nepal

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Sri Lanka, 2012

Sri Lanka spent 0 billion US$ on health care:
- $0 per capita
- 0% spent by households

Per capita expenditure in US$ (constant 2012 US$)

Government resources allocated to health

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
**HEALTH SYSTEM FINANCING COUNTRY PROFILE: Thailand, 2012**

Thailand spent 14 billion US$ on health care:
- $215 per capita
- 13% spent by households

**Per capita expenditure in US$ (constant 2012 US$)**

- Thailand: $5,474/capita
- SEAR up-mid income countries: $5,479/capita

**GDP per capita**

- Thailand: 70 years
- SEAR up-mid income countries: 73 years

**Life expectancy**

- Thailand: 48 per 100,000 live births
- SEAR up-mid income countries: 43 per 100,000 live births

**Maternal mortality rate**

- Thailand: 2009 data

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Timor-Leste, 2012

Timor-Leste spent
55 million US$ on health care:
- $50 per capita
- 4% spent by households

Timor-Leste: $1,160/capita
SEAR low-mid income countries: $1,856/capita

GDP per capita

Timor-Leste: 370 per
100,000 live births
SEAR low-mid income countries: 216 per 100,000 live births

Life expectancy

2009 data

Per capita expenditure in US$ (constant 2012 US$)

Government resources allocated to health

Timor-Leste

Bhutan

India

Indonesia

Sri Lanka

General government expenditure (GGE) % GDP

Government’s health spending as compared to other countries of the region

Among low-mid SEAR countries:
Total government expenditure is high as a % of GDP (120%) Share of government spending allocated to health is low (3%)
Government expenditure on health as a % of GDP is high (3%)

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
Albania  Latvia
Andorra  Lithuania
Armenia  Luxembourg
Austria  Malta
Azerbaijan  Monaco
Belarus  Montenegro
Belgium  Netherlands
Bosnia and Herzegovina  Norway
Bulgaria  Poland
Croatia  Portugal
Cyprus  Republic of Moldova
Czech Republic  Romania
Denmark  Russian Federation
Estonia  San Marino
Finland  Serbia
France  Slovakia
Georgia  Slovenia
Germany  Spain
Greece  Sweden
Hungary  Switzerland
Iceland  Tajikistan
Ireland  Turkey
Israel  Turkmenistan
Italy  Ukraine
Kazakhstan  United Kingdom
Kyrgyzstan  Uzbekistan
Yugoslav Republic of Macedonia
Albania spent 719 million US$ on health care:
- $228 per capita
- 52% spent by households

**GDP per capita**
- Albania: $3,809/capita
- EUR up-mid income countries: $9,333/capita

**Life expectancy**
- Albania: 73 years
- EUR up-mid income countries: 72 years

**Per capita expenditure in US$ (constant 2012 US$)**

- 2012 average of up-mid EUR income countries
  - $562
  - $142
  - $1383

**Government resources allocated to health**

- % of all government resources going to health
- % of domestic government resources going to health

**General government expenditure (GGG) % GDP**
- Hungary: 6%
- Serbia: 5%
- Montenegro: 8%
- Bosnia and Herzegovina: 4%
- Bulgaria: 4%
- Romania: 6%
- Turkey: 4%
- The former Yugoslav Republic of Macedonia: 5%
- Azerbaijan: 3%
- Belarus: 3%
- Kazakhstan: 3%
- Turkmenistan: 4%

**General government expenditure on health % GGR**
- Bosnia and Herzegovina: 7%
- The former Yugoslav Republic of Macedonia: 7%
- Serbia: 6%
- Belarus: 7%
- Bulgaria: 6%
- Romania: 7%
- Turkey: 7%
- The former Yugoslav Republic of Macedonia: 7%
- Hungary: 8%
- Montenegro: 7%
- Albania: 7%
- Azerbayan: 6%

**General government expenditure on health % GDP**
- Bosnia and Herzegovina: 6%
- The former Yugoslav Republic of Macedonia: 7%
- Serbia: 6%
- Hungary: 7%
- Turkey: 7%
- The former Yugoslav Republic of Macedonia: 7%
- Bulgaria: 7%
- Romania: 7%
- Montenegro: 8%
- Albania: 7%
- Azerbayan: 6%

**Government’s health spending as compared to other countries of the region**

- Among up-mid EUR countries:
  - Total government expenditure is low as a % of GDP (29%)
- Share of government spending allocated to health is low (10%)
- Government expenditure on health as a % of GDP is low (23%)

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHE Database: http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHE Database: http://who.int/nha/database/).
Andorra spent 268 million US$ on health care:
- $3,057 per capita
- 17% spent by households

Andorra: $36,819/capita
EUR hi income countries: $31,080/capita

Andorra: 82 years
EUR hi income countries: 79 years

Per capita expenditure in US$ (constant 2012 US$)

General government expenditure on health % GDP

General government expenditure on health % GDP

Government’s health spending as compared to other countries of the region
Among hi EUR countries:
Total government expenditure is low as a % of GDP ((0%))
Share of government spending allocated to health is low ((0%))
Government expenditure on health as a % of GDP is in the median range ((6%))

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
**HEALTH SYSTEM FINANCING COUNTRY PROFILE: Armenia, 2012**

Armenia spent 446 million US$ on health care:
- $150 per capita
- 55% spent by households

**GDP per capita**
- Armenia: $3,351/capita
- EUR low-mid income countries: $2,951/capita

**Life expectancy**
- Armenia: 29 per 100,000 live births
- EUR low-mid income countries: 41 per 100,000 live births

**Maternal mortality rate**
- Armenia: 70 years
- EUR low-mid income countries: 69 years

**Government resources allocated to health**

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHE http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHE http://who.int/nha/database/).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Austria, 2012

Austria spent 46 billion US$ on health care:
- $5,407 per capita
- 15% spent by households

WHO FUNDS HEALTH CARE?
- Domestic funding
- Funding from abroad
- Spending by households
- Expenditure by government
- Other

WHO BUYS HEALTH CARE?
- 16%
- 76%
- 9%

Per capita expenditure in US$ (constant 2012 US$)

Per capita expenditure on health
- 2012 average of hi EUR income countries
- Households out of pocket spending on health

Government expenditure on health as a % of GDP:
- Total government expenditure is high as a % of GDP ((51%))
- Share of government spending allocated to health is high ((17%))
- Government expenditure on health as a % of GDP is high ((9%))

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Azerbaijan, 2012

Azerbaijan spent 3.7 billion US$ on health care:
- $398 per capita
- 69% spent by households

GDP per capita

- Azerbaijan: $7,383/capita
- EUR up-mid income countries: $9,333/capita

Life expectancy

- Azerbaijan: 38 per 100,000 live births
- EUR up-mid income countries: 25 per 100,000 live births

Government resources allocated to health

- % of all government resources going to health
- % of domestic government resources going to health

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHEED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHEED http://who.int/nha/database/).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Belarus, 2012

Belarus spent 3.2 billion US$ on health care:
- $339 per capita
- 19% spent by households

Belarus: $6,726/capita
EUR up-mid income countries: $9,333/capita

Life expectancy
2009 data
- Belarus: 70 years
- EUR up-mid income countries: 72 years

Maternal mortality rate
2008 data
- Belarus: 15 per 100,000 live births
- EUR up-mid income countries: 25 per 100,000 live births

Per capita expenditure in US$ (constant 2012 US$)
2012 average of up-mid EUR income countries

Government’s health spending as compared to other countries of the region
Among up-mid EUR countries:
Total government expenditure is low as a % of GDP ((29%))
Share of government spending allocated to health is high ((13%))
Government expenditure on health as a % of GDP is in the median range ((4%))

Source: global health expenditure database
Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Belgium, 2012

Belgium spent 52 billion US$ on health care:
- $4,711 per capita
- 20% spent by households

Belgium:
- GDP per capita: $43,641/capita
- EUR hi income countries: $31,080/capita
- Life expectancy: 80 years
- Maternal mortality rate: 5 per 100,000 live births

WHO FUNDS HEALTH CARE?
- Domestic funding: 100%
- Funding from abroad: 0%
- Spending by households: 20%
- Expenditure by government: 76%
- Other: 4%

WHO BUYS HEALTH CARE?
- Expenditure by government: 80%
- Funding from abroad: 20%
- Spending by households: 0%

Per capita expenditure in US$ (constant 2012 US$)

Government resources allocated to health

General government expenditure (GGE) % GDP

General government expenditure on health % GDP

General government expenditure on health % GDP

Government’s health spending as compared to other countries of the region

Among hi EUR countries:
- Total government expenditure is high as a % of GDP ((55%))
- Share of government spending allocated to health is in the median range ((15%))
- Government expenditure on health as a % of GDP is high ((8%))

Source: global health expenditure database

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HEALTH SYSTEM FINANCING COUNTRY PROFILE: Bosnia and Herzegovina, 2012

Bosnia and Herzegovina spent 1.7 billion US$ on health care:
- $447 per capita
- 28% spent by households

Bosnia and Herzegovina:
- GDP per capita: $4,517/capita (76 years 2012 average of up-mid EUR income countries)
- Life expectancy:
  - Bosnia and Herzegovina: 9 per 100,000 live births (2009 data)
  - EUR up-mid income countries: 25 per 100,000 live births (2009 data)
- Maternal mortality rate:
  - Bosnia and Herzegovina: 9 per 100,000 live births (2009 data)
  - EUR up-mid income countries: 25 per 100,000 live births (2009 data)

Per capita expenditure in US$ (constant 2012 US$)

- Total expenditure on health
- Households out of pocket spending on health

Government resources allocated to health

- General government expenditure (GGE) % GDP
- General government expenditure on health % GGE
- General government expenditure on health % GDP

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Bulgaria, 2012

Bulgaria spent
- 3.8 billion US$ on health care:
  - $516 per capita
  - 42% spent by households

Per capita expenditure in US$ (constant 2012 US$)

Government resources allocated to health

General government expenditure (GGE) % GDP

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General government expenditure on health % GDP

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Source: global health expenditure database

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HEALTH SYSTEM FINANCING COUNTRY PROFILE: Croatia, 2012

Croatia spent 3.9 billion US$ on health care:
- $908 per capita
- 14% spent by households

WHO FUNDS HEALTH CARE?
- Domestic funding: 57%
- Funding from abroad: 43%

WHO BUYS HEALTH CARE?
- Spending by households: 24%
- Expenditure by government: 9% Other: 3% Expenditure by government: 9%

Croatia:
- $3,312/capita
- EUR hi income countries: $31,080/capita

Other:
- Croatia: 76 years
- EUR hi income countries: 81 years

Life expectancy
2009 data

2009 data

Maternal mortality rate

Per capita expenditure in US$ (constant 2012 US$)

Government resources allocated to health

% of all government resources going to health
% of domestic government resources going to health

General government expenditure (GGE) % GDP

General government expenditure on health % GDP

Government’s health spending as compared to other countries of the region

Among hi EUR countries:
Total government expenditure is low as a % of GDP ((37%))
Share of government spending allocated to health is in the median range ((15%))
Government expenditure on health as a % of GDP is low ((6%))

Countries in WHO European Region

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HEALTH SYSTEM FINANCING COUNTRY PROFILE: Cyprus, 2012

Cyprus spent
1.7 billion US$ on health care:
- $1,949 per capita
- 49% spent by households

WHO FUNDS HEALTH CARE?

- Domestic funding
- Funding from abroad
- Spending by households
- Expenditure by government

WHO BUYS HEALTH CARE?

- 49%
- 43%
- 7%

Per capita expenditure in US$ (constant 2012 US$)

Government expenditure on health
Households out of pocket spending on health

Per cent of all government resources going to health
Per cent of domestic government resources going to health

Government’s health spending as compared to other countries of the region

Among hi EUR countries:
Total government expenditure is in the median range as a % of GDP ((46%))
Share of government spending allocated to health is low ((7%))
Government expenditure on health as a % of GDP is low ((7%))

Source: global health expenditure database

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Czech Republic spent 15 billion US$ on health care:
- $1,432 per capita
- 14% spent by households

WHO FUNDS HEALTH CARE?
- Domestic funding: 100%
- Funding from abroad: 0%
- Spending by households: 14%
- Expenditure by government: 85%
- Other: 1%

WHO BUYS HEALTH CARE?
- Total expenditure on health: 2012 average of hi EUR income countries
- Households out of pocket spending on health

Per capita expenditure in US$ (constant 2012 US$)

Government resources allocated to health

% of all government resources going to health
% of domestic government resources going to health

General government expenditure (GGE) % GDP

General government expenditure on health % GDP

General government expenditure on health % GDP

Government’s health spending as compared to other countries of the region

Among hi EUR countries:
Total government expenditure is in the median range as a % of GDP (44%)
Share of government spending allocated to health is in the median range (15%)
Government expenditure on health as a % of GDP is in the median range (6%)

Source: global health expenditure database

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Denmark spent $35 billion US$ on health care:
- $6,304 per capita
- 13% spent by households

GDP per capita

- Denmark: $56,311/capita
- EUR hi income countries: $31,080/capita

Life expectancy

- Denmark: 79 years
- EUR hi income countries: 79 years

Maternal mortality rate

- Denmark: 5 per 100,000 live births
- EUR hi income countries: 10 per 100,000 live births

Per capita expenditure in US$ (constant 2012 US$)

Government resources allocated to health

Source: global health expenditure database

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HEALTH SYSTEM FINANCING COUNTRY PROFILE: Estonia, 2012

Estonia spent
1.3 billion US$ on health care:
- $1,010 per capita
- 18% spent by households

Per capita expenditure in US$ (constant 2012 US$)

Life expectancy
2009 data

Government resources allocated to health

General government expenditure (GGE) % GDP

General government expenditure on health % GGE

General government expenditure on health % GDP

- Estonia: $16,998/capita
- EUR hi income countries: $31,080/capita

GDP per capita

Maternal mortality rate
2008 data

WHO FUNDS HEALTH CARE?

- Domestic funding
- Funding from abroad
- Spending by households
- Expenditure by government
- Other

WHO BUYS HEALTH CARE?

100%
18%
80%
2%

WHO Global Health Expenditure Atlas
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Finland, 2012

Finland spent
23 billion US$ on health care:
- $4,232 per capita
- 19% spent by households

WHO FUNDS HEALTH CARE?
100%
Domestic funding
Funding from abroad

WHO BUYS HEALTH CARE?
19%
75%
6%
Spending by households
Expenditure by government
Other

Finland: $46,261/capita
EUR hi income countries: $31,080/capita

Per capita expenditure in US$ (constant 2012 US$)

2012 average of hi EUR income countries

$4,117
$3,105
$2,309
$3,052
$766

Finland: 8 per 100,000 live births
EUR hi income countries: 10 per 100,000 live births

Maternal mortality rate
2008 data

Government resources allocated to health

% of all government resources going to health
% of domestic government resources going to health

General government expenditure (GGE) % GDP
General government expenditure on health % GGE
General government expenditure on health % GDP

Government’s health spending as compared to other countries of the region
Among hi EUR countries:
Total government expenditure is high as a % of GDP (56%)
Share of government spending allocated to health is low (12%)
Government expenditure on health as a % of GDP is in the median range (7%)

Source: global health expenditure database
Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999-2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: France, 2012

France spent 306 billion US$ on health care:
- $4,690 per capita
- 7% spent by households

Per capita expenditure in US$ (constant 2012 US$)

Government resources allocated to health

Among hi EUR countries:
Total government expenditure is high as a % of GDP (157%)
Share of government spending allocated to health is high (16%)
Government expenditure on health as a % of GDP is high (9%)

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Georgia, 2012

Georgia spent 1.5 billion US$ on health care:
- $333 per capita
- 65% spent by households

Georgia:
- Domestic funding: 97%
- Funding from abroad: 3%

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

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**HEALTH SYSTEM FINANCING COUNTRY PROFILE: Germany, 2012**

Germany spent 383 billion US$ on health care:
- $4,683 per capita
- 12% spent by households

**GDP per capita**
- Germany: $41,506/capita
- EUR hi income countries: $31,080/capita

**Life expectancy**
- Germany: 7 per 100,000 live births
- EUR hi income countries: 10 per 100,000 live births

**Maternal mortality rate**
- 2009 data

**Per capita expenditure in US$ (constant 2012 US$)**
- 2012 average of hi EUR income countries

**Government resources allocated to health**

**General government expenditure (GGE) % GDP**

**General government expenditure on health % GGE**

**General government expenditure on health % GDP**

**Government’s health spending as compared to other countries of the region**

Among hi EUR countries:
- Total government expenditure is in the median range as a % of GDP (45%)
- Share of government spending allocated to health is high (19%)
- Government expenditure on health as a % of GDP is high (9%)

**Source:** global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
**HEALTH SYSTEM FINANCING COUNTRY PROFILE: Greece, 2012**

Greece spent **23 billion US$** on health care:
- **$2,044** per capita
- **30%** spent by households

Greece: $22,050/capita 80 years 2012 average of hi EUR income countries:
- EUR hi income countries: $31,080/capita 79 years

**GDP per capita**
- Greece: 2 per 100,000 live births
- EUR hi income countries: 10 per 100,000 live births

**Life expectancy**
- 2009 data
- Greece: 2 per 100,000 live births
- EUR hi income countries: 10 per 100,000 live births

**Per capita expenditure in US$ (constant 2012 US$)**

- **2012 average of hi EUR income countries**
  - $3,052
  - $2,309
  - $1,749
  - $474

**Government resources allocated to health**

- % of all government resources going to health
- % of domestic government resources going to health

**General government expenditure (GGE) % GDP**

<table>
<thead>
<tr>
<th>Country</th>
<th>General government expenditure (GGE) % GDP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denmark</td>
<td>0%</td>
</tr>
<tr>
<td>France</td>
<td>0%</td>
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<tr>
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<td>3%</td>
</tr>
<tr>
<td>Ireland</td>
<td>4%</td>
</tr>
<tr>
<td>Italy</td>
<td>5%</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>6%</td>
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<tr>
<td>Austria</td>
<td>7%</td>
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<tr>
<td>Belgium</td>
<td>8%</td>
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<tr>
<td>Sweden</td>
<td>9%</td>
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<tr>
<td>Switzerland</td>
<td>10%</td>
</tr>
<tr>
<td>United States</td>
<td>11%</td>
</tr>
</tbody>
</table>

**General government expenditure on health % GDP**

<table>
<thead>
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<th>Country</th>
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</tr>
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</tr>
<tr>
<td>United States</td>
<td>11%</td>
</tr>
</tbody>
</table>

**Government’s health spending as compared to other countries of the region**

- Among hi EUR countries:
  - Total government expenditure is high as a % of GDP ((55%))
  - Share of government spending allocated to health is low ((11%))
  - Government expenditure on health as a % of GDP is in the median range ((6%))

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
**HEALTH SYSTEM FINANCING COUNTRY PROFILE: Hungary, 2012**

Hungary spent **$9.8 billion US$** on health care:
- **$987 per capita**
- **27% spent by households**

**GDP per capita**
- Hungary: $12,615/capita (74 years)
- EUR up-mid income countries: $9,333/capita

**Life expectancy**
- Hungary: 13 per 100,000 live births
- EUR up-mid income countries: 25 per 100,000 live births

**Maternal mortality rate**
- Hungary: 100,000 live births
- EUR up-mid income countries: 25 per 100,000 live births

**Per capita expenditure in US$ (constant 2012 US$)**

**Government resources allocated to health**
- % of all government resources going to health
- % of domestic government resources going to health

**General government expenditure (GGE) % GDP**
- Hungary
- Serbia
- Montenegro
- Bosnia and Herzegovina
- Turkey
- Bulgaria
- Romania
- The former Yugoslav Republic of Mac
- Azerbaijan
- Belarus
- Albania
- Kazakhstan
- Turkmenistan

**General government expenditure on health % GGR**
- Bosnia and Herzegovina
- Serbia
- The former Yugoslav Republic of Mac
- Bulgaria
- Romania
- Hungary
- Montenegro
- Albania
- Turkmenistan
- Azerbaijan

**Government’s health spending as compared to other countries of the region**
- Among up-mid EUR countries:
  - Total government expenditure is high as a % of GDP (49%)
  - Share of government spending allocated to health is in the median range (10%)
  - Government expenditure on health as a % of GDP is high (55%)

Source: global health expenditure database

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HEALTH SYSTEM FINANCING COUNTRY PROFILE: Iceland, 2012

Iceland spent

1.2 billion US$ on health care:
- $3,872 per capita
- 18% spent by households

GDP per capita
- Iceland: $42,733/capita
- EUR hi income countries: $31,080/capita

Funding from abroad
- 82 years
- EUR hi income countries: 79 years

Life expectancy 2009 data
- Iceland: 81 years
- EUR hi income countries: 79 years

Maternal mortality rate 2008 data
- Iceland: 5 per 100,000 live births
- EUR hi income countries: 10 per 100,000 live births

Per capita expenditure in US$ (constant 2012 US$)
- 2010 average of hi EUR income countries:
  - 100%: $4,747
  - 50%: $2,829
  - 33%: $1,817
  - 25%: $1,192

Government resources allocated to health
- % of all government resources going to health
- % of domestic government resources going to health

General government expenditure (GGE) % GDP
- 2008:
  - Iceland: 33%
  - EUR hi income countries: 37%

General government expenditure on health % GGE
- 2008:
  - Iceland: 18%
  - EUR hi income countries: 16%

General government expenditure on health % GDP
- 2008:
  - Iceland: 7%
  - EUR hi income countries: 6%

Government’s health spending as compared to other countries of the region
- Among hi EUR countries:
  - Total government expenditure is in the median range as a % of GDP ((46%))
  - Share of government spending allocated to health is high ((16%))
  - Government expenditure on health as a % of GDP is high ((7%))

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHE http://who.int/nha/database. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHE http://who.int/nha/database).
**HEALTH SYSTEM FINANCING COUNTRY PROFILE: Ireland, 2012**

Ireland spent 17 billion US$ on health care:
- $3,708 per capita
- 15% spent by households

**GDP per capita**
- Ireland: $45,867/capita
- EUR hi income countries: $31,080/capita

**Life expectancy**
- Ireland: 80 years
- EUR hi income countries: 79 years

**Maternal mortality rate**
- Ireland: 3 per 100,000 live births
- EUR hi income countries: 10 per 100,000 live births

**Per capita expenditure in US$ (constant 2012 US$)**
- Ireland: $2,309
- 79 years

**General government expenditure (GGE) % GDP**
- Denmark: 24%
- Switzerland: 25%

**General government expenditure on health % GGE**
- Belgium: 23%
- Switzerland: 28%

**General government expenditure on health % GDP**
- Belgium: 9%
- Switzerland: 16%

**Government's health spending as compared to other countries of the region**
- Among hi EUR countries:
  - Total government expenditure is low as a % of GDP (12%)
  - Share of government spending allocated to health is low (6%)
  - Government expenditure on health as a % of GDP is low (5%)

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Israel, 2012

Israel spent
18 billion US$ on health care:
- $2,289 per capita
- 25% spent by households

WHO FUNDS HEALTH CARE?

WHO BUILDS HEALTH CARE?

Per capita expenditure in US$ (constant 2012 US$)

Government spending as compared to other countries of the region
Among hi EUR countries:
Total government expenditure is in the median range as a % of GDP ((45%))
Share of government spending allocated to health is low ((10%))
Government expenditure on health as a % of GDP is low ((5%))

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Italy, 2012

Italy spent 184 billion US$ on health care:
- $3,032 per capita
- 20% spent by households

- Italy:
  - GDP per capita: $33,081/capita
  - EUR hi income countries: $31,080/capita
- Italy:
  - 82 years
  - EUR hi income countries: 79 years

Life expectancy
2009 data

Per capita expenditure in US$ (constant 2012 US$)

Source: global health expenditure database

Footnote: For Glossary of Terms, visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Kazakhstan, 2012

Kazakhstan spent 8.5 billion US$ on health care:
- $521 per capita
- 42% spent by households

Kazakhstan: $12,455/capita
EUR up-mid income countries: $9,333/capita

GDP per capita
Life expectancy 2009 data

Government resources allocated to health

Per capita expenditure in US$ (constant 2012 US$)

Among up-mid EUR countries:
- Total government expenditure is low as a % of GDP ((22%))
- Share of government spending allocated to health is in the median range ((11%))
- Government expenditure on health as a % of GDP is low ((2%))

Source: global health expenditure database

Foreword  Factsheet  Policy highlights  Health expenditures and universal coverage  Country profile by region 2012  World Health Statistics 2012 tables  Technical documentation

WHO Global Health Expenditure Atlas
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Kyrgyzstan, 2012

Kyrgyzstan spent 462 million US$ on health care:
- $84 per capita
- 35% spent by households

Kyrgyzstan:
- GDP per capita: $1,183/capita
- EUR low-mid income countries: $2,951/capita
- 66 years
- EUR low-mid income countries: 69 years
- 81 per 100,000 live births
- EUR low-mid income countries: 41 per 100,000 live births
- Life expectancy: 2009 data
- Maternal mortality rate: 2008 data

GDP per capita
Life expectancy
Maternal mortality rate

Per capita expenditure in US$ (constant 2012 US$)

General government expenditure (GGE) % GDP
General government expenditure on health % GGR
General government expenditure on health % GDP

Government resources allocated to health

Government's health spending as compared to other countries of the region
Among low-mid EUR countries:
Total government expenditure is in the median range as a % of GDP ((35%))
Share of government spending allocated to health is high ((12%))
Government expenditure on health as a % of GDP is high ((4%))

Source: global health expenditure database
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Health System Financing Country Profile: Latvia, 2012

Latvia spent 1.6 billion US$ on health care:
- $792 per capita
- 37% spent by households

Country profile by region 2012

WHO Global Health Expenditure Atlas
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Lithuania, 2012

Lithuania spent 2.7 billion US$ on health care:
- $859 per capita
- 29% spent by households

Lithuania: $12,915/capita
EUR hi income countries: $31,080/capita

Life expectancy
2009 data
• Lithuania: 73 years
• EUR hi income countries: 79 years

Per capita expenditure in US$ (constant 2012 US$)

<table>
<thead>
<tr>
<th>Year</th>
<th>Lithuania</th>
<th>EUR hi income countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>1995</td>
<td>$474</td>
<td>$2,309</td>
</tr>
<tr>
<td>2000</td>
<td>$2,309</td>
<td>$823</td>
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<td>2005</td>
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<td>2010</td>
<td>$3,245</td>
<td>$2,309</td>
</tr>
</tbody>
</table>

Government resources allocated to health

- % of all government resources going to health
- % of domestic government resources going to health

General government expenditure (GGE) % GDP
- Denmark
- France
- Belgium
- Germany
- Austria
- Norway
- Switzerland
- Netherlands
- Spain
- Sweden
- Italy
- Greece
- Portugal
- Luxembourg
- Finland
- Czech Republic
- Russia
- Swiss canton

General government expenditure on health % GGE
- Germany
- France
- Austria
- Norway
- Switzerland
- Netherlands
- Denmark
- Spain
- Sweden
- Italy
- Greece
- Portugal
- Luxembourg
- Finland
- Czech Republic
- Russia
- Switzerland

General government expenditure on health % GDP
- Germany
- France
- Austria
- Norway
- Switzerland
- Netherlands
- Denmark
- Spain
- Sweden
- Italy
- Greece
- Portugal
- Luxembourg
- Finland
- Czech Republic
- Russia
- Switzerland

Source: global health expenditure database

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**HEALTH SYSTEM FINANCING COUNTRY PROFILE: Luxembourg, 2012**

Luxembourg spent **3.9 billion US$** on health care:
- **$7,452 per capita**
- **11% spent by households**

**GDP per capita**
- Luxembourg: **$108,756/capita**
- EUR hi income countries: **$31,080/capita**

**Life expectancy**
- 2009 data
- Luxembourg: **81 years**
- EUR hi income countries: **79 years**

**Maternal mortality rate**
- 2008 data
- Luxembourg: **17 per 100,000 live births**
- EUR hi income countries: **10 per 100,000 live births**

**Per capita expenditure in US$ (constant 2012 US$)**
- **$474**
- **$2,309**
- **$3,052**
- **$791**
- **$5,945**
- **$7,038**

**Government resources allocated to health**

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Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHE Atlas [http://www.int/nha/database/](http://www.int/nha/database/). When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHE Atlas [http://www.int/nha/database/](http://www.int/nha/database/)).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Malta, 2012

Malta spent 772 million US$ on health care:
- $1,835 per capita
- 32% spent by households

Malta: $20,184/capita 80 years 2012 average of hi EUR income countries:
- EUR hi income countries: $31,080/capita 79 years

GDP per capita: 2009 data

Government resources allocated to health

Per capita expenditure in US$ (constant 2012 US$)

Maternal mortality rate: 2008 data

Life expectancy: 2009 data

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
**HEALTH SYSTEM FINANCING COUNTRY PROFILE: Monaco, 2012**

Monaco spent
- 252 million US$ on health care:
  - $6,708 per capita
  - 7% spent by households

- Domestic funding
- Funding from abroad
- Spending by households
- Expenditure by government
- Other

Per capita expenditure in US$ (constant 2012 US$)

- 2012 average of hi EUR income countries
- Households out of pocket spending on health

<table>
<thead>
<tr>
<th>Year</th>
<th>$3,052</th>
<th>$2,309</th>
</tr>
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<tr>
<td>1995</td>
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<td>$4,678</td>
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</table>

Per capita expenditure in US$ (constant 2012 US$)

- Total expenditure on health
- Government expenditure on health
- Households out of pocket spending on health

Monaco spent
- Domestic funding
- Funding from abroad
- Spending by households
- Expenditure by government
- Other

Monaco: 82 years
- EUR hi income countries: 79 years

Government expenditure on health as a % of GDP is low (4%)

Source: Global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
Montenegro spent 306 million US$ on health care:
- $493 per capita
- 37% spent by households

- Montenegro: $6,514/capita
- EUR up-mid income countries: $9,333/capita

Per capita expenditure in US$ (constant 2012 US$)

Per capita expenditure on health as a % of GDP is in the median range (5%)
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Netherlands, 2012

Netherlands spent 96 billion US$ on health care:
- $5,737 per capita
- 6% spent by households

WHO FUNDS HEALTH CARE?
- Domestic funding
- Funding from abroad

WHO BUYS HEALTH CARE?
- Spending by households
- Expenditure by government
- Other

Per capita expenditure in US$ (constant 2012 US$)

General government expenditure (GGE) % GDP

General government expenditure on health % GGE

General government expenditure on health % GDP

Netherlands

Per centage of all government resources going to health

% of domestic government resources going to health

Government’s health spending as compared to other countries of the region

Among hi EUR countries:
- Total government expenditure is high as a % of GDP ((50%))
- Share of government spending allocated to health is high ((20%))
- Government expenditure on health as a % of GDP is high ((10%))

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHE http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHE http://who.int/nha/database/).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Norway, 2012

Norway spent 45 billion US$ on health care:
- $9,055 per capita
- 13% spent by households

WHO FUNDS HEALTH CARE?

- Domestic funding
- Funding from abroad
- Spending by households
- Expenditure by government
- Other

WHO BUYS HEALTH CARE?

- 13%
- 85%
- 1%

Per capita expenditure in US$ (constant 2012 US$)

- 2012 average of hi EUR income countries

- Households out of pocket spending on health

- Total expenditure on health

- Government expenditure on health

GDP per capita

- Norway: $100,511/capita
- EUR hi income countries: $31,080/capita

Life expectancy

- Norway: 81 years
- EUR hi income countries: 79 years

Maternal mortality rate

- Norway: 7 per 100,000 live births
- EUR hi income countries: 10 per 100,000 live births

Government resources allocated to health

General government expenditure (GGE) % GDP

- Denmark
- France
- Germany
- Norway

General government expenditure on health % GGE

- Switzerland
- Netherlands
- Germany
- Denmark

General government expenditure on health % GDP

- Netherlands
- Denmark
- France
- Germany

Government's health spending as compared to other countries of the region

- Among hi EUR countries:
  - Total government expenditure is in the median range as a % of GDP ((43%))
  - Share of government spending allocated to health is high ((18%))
  - Government expenditure on health as a % of GDP is high ((8%))

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
**HEALTH SYSTEM FINANCING COUNTRY PROFILE: Poland, 2012**

Poland spent $33 billion US$ on health care:
- $854 per capita
- 23% spent by households

**GDP per capita**
- Poland: $12,711/capita
- EUR hi income countries: $31,080/capita

**Life expectancy**
- 76 years
- EUR hi income countries: 79 years

**Maternal mortality rate**
- 2009 data
- Poland: 6 per 100,000 live births
- EUR hi income countries: 10 per 100,000 live births

**Per capita expenditure in US$ (constant 2012 US$)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Poland</th>
<th>EUR hi income countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>1995</td>
<td>$199</td>
<td>$474</td>
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<tr>
<td>2000</td>
<td>$611</td>
<td>$2,309</td>
</tr>
<tr>
<td>2005</td>
<td>$872</td>
<td>$3,052</td>
</tr>
<tr>
<td>2010</td>
<td>$1,008</td>
<td>$4,746</td>
</tr>
</tbody>
</table>

**Government resources allocated to health**

- % of all government resources going to health
- % of domestic government resources going to health

**Government’s health spending as compared to other countries of the region**

- Among hi EUR countries:
  - Total government expenditure is low as a % of GDP ((42%))
  - Share of government spending allocated to health is low ((11%))
  - Government expenditure on health as a % of GDP is low ((5%))

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHE D http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHE D http://who.int/nha/database/).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Portugal, 2012

Portugal spent 20 billion US$ on health care:
- $1,905 per capita
- 32% spent by households

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

Per capita expenditure in US$ (constant 2012 US$)

General government expenditure (GGE) % GDP

General government expenditure on health % GDP

General government expenditure on health % GGE

Government’s health spending as compared to other countries of the region

Among hi EUR countries:
Total government expenditure is in the median range as a % of GDP ((47%))
Share of government spending allocated to health is low ((12%))
Government expenditure on health as a % of GDP is in the median range ((6%))

Countries in WHO European Region

Source: global health expenditure database

Footnote: For Glossary of Terms, visit the Documentation Center on GHE http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHE http://who.int/nha/database/).
Republic of Moldova spent 850 million US$ on health care:
- $239 per capita
- 45% spent by households

**Country profile by region 2012**

- **Domestic funding**
  - 93%
- **Funding from abroad**
  - 7%

- **Spending by households**
  - 45%
- **Expenditure by government**
  - 46%
- **Other**
  - 9%

**WHO FUNDS HEALTH CARE?**

**WHO BUYS HEALTH CARE?**

**Per capita expenditure in US$ (constant 2012 US$)**

- **2012 average of low-mid EUR income countries**: $242
- **Republic of Moldova**: $216

<table>
<thead>
<tr>
<th>Year</th>
<th>Republic of Moldova</th>
<th>Kyrgyzstan</th>
<th>Ukraine</th>
<th>Uzbekistan</th>
<th>Georgia</th>
<th>Armenia</th>
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<tr>
<td>2010</td>
<td>21%</td>
<td>21%</td>
<td>21%</td>
<td>21%</td>
<td>21%</td>
<td>21%</td>
</tr>
</tbody>
</table>

**Government’s health spending as compared to other countries of the region**

- Among low-mid EUR countries:
  - Total government expenditure is high as a % of GDP ((40%))
  - Share of government spending allocated to health is high ((13%))
  - Government expenditure on health as a % of GDP is high ((5%))

**Source**: Global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHE Database [http://who.int/nha/database/]. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (Latest updates are available on GHE Database [http://who.int/nha/database/]).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Romania, 2012

Romania spent 8.9 billion US$ on health care:
- $420 per capita
- 22% spent by households

GDP per capita

- Romania: $8,212/capita
- EUR up-mid income countries: $9,333/capita

Life expectancy

- Romania: 73 years
- EUR up-mid income countries: 72 years

Per capita expenditure in US$ (constant 2012 US$)

Government resources allocated to health

- % of all government resources going to health
- % of domestic government resources going to health

General government expenditure (GGE) % GDP

- Hungary
- Serbia
- Montenegro
- Bosnia and Herzegovina
- Turkey
- Bulgaria
- The former Yugoslav Republic of Macedonia
- Azerbaijan
- Belarus
- Albania
- Kazakhstan
- Turkmenistan

General government expenditure on health % GGE

- Bosnia and Herzegovina
- The former Yugoslav Republic of Macedonia
- Serbia
- Serbia
- Turkey
- Bulgaria
- Romania
- The former Yugoslav Republic of Macedonia
- Azerbaijan
- Belarus
- Albania
- Kazakhstan
- Turkmenistan

General government expenditure on health % GDP

- Bosnia and Herzegovina
- Serbia
- Hungary
- Turkey
- The former Yugoslav Republic of Macedonia
- Montenegro
- Bulgaria
- Romania
- The former Yugoslav Republic of Macedonia
- Turkey
- Albania
- Kazakhstan
- Turkmenistan
- Azerbaijan

Government’s health spending as compared to other countries of the region

- Among up-mid EUR countries:
  - Total government expenditure is in the median range as a % of GDP ((35%))
  - Share of government spending allocated to health is in the median range ((11%))
  - Government expenditure on health as a % of GDP is in the median range ((44%))

Source: global health expenditure database

Footnote: For Glossary of Terms visit the Documentation Center on GHE http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHE http://who.int/nha/database/).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Russian Federation, 2012

Russian Federation spent
127 billion US$ on health care:
- $887 per capita
- 34% spent by households

Per capita expenditure in US$ (constant 2012 US$)

Government resources allocated to health

General government expenditure (GGE) % GDP

General government expenditure on health % GDP

General government expenditure on health % GDP

Government’s health spending as compared to other countries of the region

Among hi EUR countries:
Total government expenditure is low as a % of GDP ((37%))
Share of government spending allocated to health is low ((10%))
Government expenditure on health as a % of GDP is low ((4%))

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHE http://who.int/nha/database/. When the number is smaller than 0.05 the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OEC DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHE http://who.int/nha/database/).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: San Marino, 2012

San Marino spent
121 million US$ on health care:
- $3,792 per capita
- 12% spent by households

WHO FUNDS HEALTH CARE?
- Domestic funding
- Funding from abroad
- Spending by households
- Expenditure by government
- Other

WHO BUYS HEALTH CARE?
- 12%
- 87%
- 1%

San Marino spent
121 million US$ on health care:
- $3,792 per capita
- 12% spent by households

San Marino:
• GDP per capita
  • San Marino: $58,007/capita
  • EUR hi income countries: $31,080/capita

San Marino:
• Life expectancy
  • 2009 data

San Marino: 83 years
EUR hi income countries: 79 years

Per capita expenditure in US$ (constant 2012 US$)

Life expectancy

Maternal mortality rate

2008 data

• San Marino: 0 per 100,000 live births
• EUR hi income countries: 10 per 100,000 live births

Government resources allocated to health

General government expenditure (GGE) % GDP

General government expenditure on health % GGE

General government expenditure on health % GDP

Government’s health spending as compared to other countries of the region

Among hi EUR countries:
Total government expenditure is in the median range as a % of GDP (43%)
Share of government spending allocated to health is in the median range (13%)
Government expenditure on health as a % of GDP is in the median range (6%)

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
**HEALTH SYSTEM FINANCING COUNTRY PROFILE: Serbia, 2012**

Serbia spent **4.0 billion US$** on health care:
- **$561 per capita**
- **37% spent by households**

### GDP per capita
- Serbia: **$5,360/capita**
- EUR up-mid income countries: **$9,333/capita**

### Life expectancy
- Serbia: 74 years
- EUR up-mid income countries: 72 years

### Per capita expenditure in US$ (constant 2012 US$)
- Total expenditure on health
- Households out of pocket spending on health

### Government resources allocated to health
- % of all government resources going to health
- % of domestic government resources going to health

### General government expenditure (GGE) % GDP
- Hungary
- Serbia
- Montenegro
- Bosnia and Herzegovina
- Turkey
- Bulgaria
- Romania
- The former Yugoslav Republic of Macedonia
- Bulgaria
- Turkey
- Bulgaria
- Hungary
- Montenegro
- Albania
- Kazakhstan
- Turkmenistan

### General government expenditure on health % GGE
- Bosnia and Herzegovina
- The former Yugoslav Republic of Macedonia
- Serbia
- Belarus
- Turkey
- Bulgaria
- Romania
- Kazakhstan
- Turkmenistan

### General government expenditure on health % GDP
- Bosnia and Herzegovina
- Serbia
- Hungary
- Turkey
- The former Yugoslav Republic of Macedonia
- Bulgaria
- Romania
- Kazakhstan
- Turkmenistan

### Foreword
- Factsheet
- Policy highlights
- Health expenditures and universal coverage
- Country profile by region 2012
- World Health Statistics 2012 tables
- Technical documentation

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**Footnote:** For Glossary of Terms: visit the Documentation Center on GHED [http://who.int/nha/database/](http://who.int/nha/database/). When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED [http://who.int/nha/database/](http://who.int/nha/database/)).

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HEALTH SYSTEM FINANCING COUNTRY PROFILE: Slovakia, 2012

Slovakia spent 7.2 billion US$ on health care:
- $1,326 per capita
- 23% spent by households

Slovakia: $16,990/capita
EUR hi income countries: $31,090/capita

Per capita expenditure in US$ (constant 2012 US$)

Government resources allocated to health

General government expenditure (GGE) % GDP
General government expenditure on health % GGE
General government expenditure on health % GDP

Government’s health spending as compared to other countries of the region

Total government expenditure is low as a % of GDP (37%)
Share of government spending allocated to health is in the median range (15%)
Government expenditure on health as a % of GDP is low (6%)

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (Latest updates are available on GHED http://who.int/nha/database/).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Slovenia, 2012

Slovenia spent 4.0 billion US$ on health care:
- $1,942 per capita
- 12% spent by households

Country profile by region 2012

WHO Global Health Expenditure Atlas

Foreword  Factsheet  Policy highlights  Health expenditures and universal coverage  Country profile by region 2012  World Health Statistics 2012 tables  Technical documentation

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (Latest updates are available on GHED http://who.int/nha/database/).
Spain spent 130 billion US$ on health care:
- $2,808 per capita
- 20% spent by households

Spain: $29,191/capita
EUR hi income countries: $31,080/capita

2009 data
Spain: 6 per 100,000 live births
EUR hi income countries: 10 per 100,000 live births

2008 data

WHO Global Health Expenditure Atlas
Swedish health system financing country profile:

**Sweden, 2012**

- **Sweden spent 50 billion US$** on health care:
  - $5,319 per capita
  - 16% spent by households

### General government expenditure (GGE) % GDP

<table>
<thead>
<tr>
<th>Country</th>
<th>GGE % GDP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sweden</td>
<td>16%</td>
</tr>
<tr>
<td>EUR hi income</td>
<td>8%</td>
</tr>
</tbody>
</table>

### General government expenditure on health % GDP

<table>
<thead>
<tr>
<th>Country</th>
<th>Health % GDP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sweden</td>
<td>16%</td>
</tr>
<tr>
<td>EUR hi income</td>
<td>8%</td>
</tr>
</tbody>
</table>

### Life expectancy

- **81 years**
- **79 years**

### Maternal mortality rate

- **2009 data**
  - **Sweden: 5 per 100,000 live births**
  - **EUR hi income countries: 10 per 100,000 live births**

### Per capita expenditure in US$ (constant 2012 US$)

- **2012 average of hi EUR income countries: $4,909**
- **$2,309**
- **$474**

### Government resources allocated to health

- % of all government resources going to health
- % of domestic government resources going to health

### Government’s health spending as compared to other countries of the region

- **Total government expenditure is high as a % of GDP ((52%))**
- **Share of government spending allocated to health is high ((15%))**
- **Government expenditure on health as a % of GDP is high ((8%))**

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHE http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (lastest updates are available on GHE http://who.int/nha/database/).
Switzerland spent $71 billion US$ on health care:
- $8,980 per capita
- 28% spent by households

### Per capita expenditure in US$ (constant 2012 US$)

<table>
<thead>
<tr>
<th>Year</th>
<th>Switzerland</th>
<th>Average of hi EUR income countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>1995</td>
<td>$474</td>
<td>$3,052</td>
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<tr>
<td>2000</td>
<td>$2,309</td>
<td>$4,966</td>
</tr>
<tr>
<td>2005</td>
<td>$3,052</td>
<td>$8,051</td>
</tr>
<tr>
<td>2010</td>
<td>$4,966</td>
<td>$8,051</td>
</tr>
</tbody>
</table>

### General government expenditure (% GDP)

- **Switzerland**: 10% of all government resources going to health
- **Domestic government resources**: 62% going to health

### Government’s health spending as compared to other countries of the region

- **Among hi EUR countries**:
  - Total government expenditure is low as a % of GDP ((34%))
  - Share of government spending allocated to health is high ((21%))

- **Government expenditure on health as a % of GDP** is in the median range ((7%))

Source: global health expenditure database

Footnote: For Glossary of Terms, visit the Documentation Center on GHED [http://www.who.int/nha/database/]. When the number is smaller than 0.05%, the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5, it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED [http://www.who.int/nha/database/]).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Tajikistan, 2012

Tajikistan spent
440 million US$ on health care:
- $55 per capita
- 60% spent by households

GDP per capita
Tajikistan: $953/capita
EUR low income countries: $953/capita

Life expectancy
2009 data
Tajikistan: 64 per 100,000 live births
EUR low income countries: 64 per 100,000 live births

Maternal mortality rate
2008 data
Tajikistan: 64 per 100,000 live births
EUR low income countries: 64 per 100,000 live births

Government resources allocated to health

Per capita expenditure in US$ (constant 2012 US$)
Total expenditure on health, 2012 average of low EUR income countries
Government expenditure on health
Households out of pocket spending on health

Government's health spending as compared to other countries of the region
Among low EUR countries:
Total government expenditure is in the median range as a % of GDP ((25%))
Share of government spending allocated to health is in the median range ((7%))
Government expenditure on health as a % of GDP is in the medain range ((2%))

Source: global health expenditure database
Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Turkey, 2012

Turkey spent 50 billion US$ on health care:
- $665 per capita
- 17% spent by households

GDP per capita
- Turkey: $10,557/capita
- EUR up-mid income countries: $9,333/capita

Per capita expenditure in US$ (constant 2012 US$)

Life expectancy
- Turkey: 75 years
- EUR up-mid income countries: 72 years

Maternal mortality rate
- Turkey: 23 per 100,000 live births
- EUR up-mid income countries: 25 per 100,000 live births

Government resources allocated to health

General government expenditure (GGE) % GDP
- Hungary
- Serbia
- Montenegro
- Bosnia and Herzegovina
- Turkey
- Bulgaria
- Romania
- The former Yugoslav Republic of Mac
- Azerbaijan
- Belarus
- Albania
- Kazakhstan
- Turkmenistan

General government expenditure on health % GGE
- Bosnia and Herzegovina
- The former Yugoslav Republic of Mac
- Serbia
- Belarus
- Armenia
- Bulgaria
- Romania
- The former Yugoslav Republic of Mac
- Azerbaijan
- Belarus
- Albania
- Kazakhstan
- Turkmenistan

General government expenditure on health % GDP
- Bosnia and Herzegovina
- The former Yugoslav Republic of Mac
- Serbia
- Hungary
- Turkey
- Montenegro
- Bulgaria
- Romania
- The former Yugoslav Republic of Mac
- Azerbaijan
- Albania
- Kazakhstan
- Turkmenistan

% of all government resources going to health
- Government’s health spending as compared to other countries of the region
- Among up-mid EUR countries:
  - Total government expenditure is in the median range as a % of GDP ((36%))
  - Share of government spending allocated to health is in the median range ((13%))
  - Government expenditure on health as a % of GDP is high ((5%))

Footnote: For Glossary of Terms: visit the Documentation Center on GHE D http://www.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHE D http://www.int/nha/database/).
Turkmenistan spent 666 million US$ on health care:
- $129 per capita
- 37% spent by households

Turkmenistan:
- $6,511/capita
- EUR up-mid income countries: $9,333/capita

GDP per capita

Per capita expenditure in US$ (constant 2012 US$)

General government expenditure (GGE) % GDP
- Hungary
- Serbia
- Montenegro
- Bosnia and Herzegovina
- Turkey
- Bulgaria
- Romania
- The former Yugoslav Republic of Mac
- Azerbaijan
- Belarus
- Albania
- Kazakhstan
- Turkmenistan

General government expenditure on health % GGE
- Bosnia and Herzegovina
- The former Yugoslav Republic of Mac
- Serbia
- Montenegro
- Bulgaria
- Romania
- Hungary
- Kazakhstan
- Turkmenistan

General government expenditure on health % GDP
- Bosnia and Herzegovina
- The former Yugoslav Republic of Mac
- Serbia
- Hungary
- Turkey
- Montenegro
- Bulgaria
- Romania
- Belarus
- Albania
- Kazakhstan
- Turkmenistan
- Azerbaijan

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHEED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHEED http://who.int/nha/database/).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Ukraine, 2012

Ukraine spent 13 billion US$ on health care:
- $293 per capita
- 42% spent by households

GDP per capita
- Ukraine: $3,872/capita
- EUR low-mid income countries: $2,951/capita

Life expectancy
- Ukraine: 68 years
- EUR low-mid income countries: 69 years

Maternal mortality rate
- Ukraine: 26 per 100,000 live births
- EUR low-mid income countries: 41 per 100,000 live births

Government resources allocated to health

General government expenditure (GGE) % GDP
- Republic of Moldova
- Ukraine
- Kyrgyzstan
- Uzbekistan
- Georgia
- Armenia

General government expenditure on health % GGE
- Republic of Moldova
- Kyrgyzstan
- Uzbekistan
- Georgia
- Armenia

General government expenditure on health % GDP
- Republic of Moldova
- Kyrgyzstan
- Uzbekistan
- Georgia
- Armenia

Countries in WHO European Region

Source: global health expenditure database
Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
United Kingdom spent 230 billion US$ on health care:
- $3,647 per capita
- 10% spent by households

<table>
<thead>
<tr>
<th>Country</th>
<th>GDP per capita</th>
<th>Per capita expenditure in US$ (constant 2012 US$)</th>
<th>Life expectancy</th>
<th>Maternal mortality rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Kingdom</td>
<td>$38,657/capita</td>
<td>$474 - 3,052</td>
<td>80 years</td>
<td>12 per 100,000 live births</td>
</tr>
<tr>
<td>EUR hi income countries</td>
<td>$31,080/capita</td>
<td>$342 - 2,309</td>
<td>79 years</td>
<td>10 per 100,000 live births</td>
</tr>
</tbody>
</table>

Government resources allocated to health

- % of all government resources going to health
- % of domestic government resources going to health

General government expenditure (GGE) % GDP

- United Kingdom: 8%
- General government expenditure on health % GGE
- General government expenditure on health % GDP

Government’s health spending as compared to other countries of the region

- Among hi EUR countries:
  - Total government expenditure is high as a % of GDP (1999-2000) (49%)
  - Share of government spending allocated to health is high (16%)
  - Government expenditure on health as a % of GDP is high (8%)

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999-2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
WHO Global Health Expenditure Atlas

Countries in WHO European Region

**HEALTH SYSTEM FINANCING COUNTRY PROFILE: Uzbekistan, 2012**

Uzbekistan spent $3.0 billion US$ on health care:
- $105 per capita
- 44% spent by households

- **GDP per capita**
  - Uzbekistan: $1,789/capita
  - EUR low-mid income countries: $2,951/capita

- **Life expectancy**
  - Uzbekistan: 69 years
  - EUR low-mid income countries: 69 years

- **Maternal mortality rate**
  - Uzbekistan: 30 per 100,000 live births
  - EUR low-mid income countries: 41 per 100,000 live births

**Per capita expenditure in US$ (constant 2012 US$)**

- **Government expenditure on health**
- **Households out of pocket spending on health**

**Government resources allocated to health**

- **% of all government resources going to health**
- **% of domestic government resources going to health**

**Government's health spending as compared to other countries of the region**

- **Among low-mid EUR countries:**
  - Total government expenditure is in the median range as a % of GDP (32%)
  - Share of government spending allocated to health is in the median range (11%)
  - Government expenditure on health as a % of GDP is in the median range (15%)

**Source:** global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: The former Yugoslav Republic of Macedonia, 2012

The former Yugoslav Republic of Macedonia spent 689 million US$ on health care:
- $327 per capita
- 36% spent by households

GDP per capita
- The former Yugoslav Republic of Macedonia: $4,590/capita
- EUR up-mid income countries: $9,333/capita

Life expectancy
- 74 years
- EUR up-mid income countries: 72 years

Government resources allocated to health

General government expenditure (GGE) % GDP
- Hungary
- Serbia
- Montenegro
- Bosnia and Herzegovina
- Turkey
- Bulgaria
- Romania
- The former Yugoslav Republic of
- Azerbaijan
- Belarus
- Albania
- Kazakhstan
- Turkmenistan

General government expenditure on health % GGE
- Bosnia and Herzegovina
- The former Yugoslav Republic of
- Serbia
- Belarus
- Turkey
- Bulgaria
- Romania
- Kazakhstan
- Hungary
- Montenegro
- Albania
- Turkmenistan
- Azerbaijan

% of all government resources going to health

% of domestic government resources going to health

Government's health spending as compared to other countries of the region

Among up-mid EUR countries:
- Total government expenditure is in the median range as a % of GDP (14%)
- Share of government spending allocated to health is high (14%)
- Government expenditure on health as a % of GDP is in the median range (15%)

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure.
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Afghanistan, 2012

Afghanistan spent
1.7 billion US$ on health care:
- $51 per capita
- 74% spent by households

GDP per capita
• Afghanistan: $595/capita
• EMR low income countries: $595/capita

Life expectancy
2009 data
• Afghanistan: 48 years
• EMR low income countries: 50 years

2009 data
• Afghanistan: 1,400 per 100,000 live births
• EMR low income countries: 1,300 per 100,000 live births

Maternal mortality rate

Per capita expenditure in US$ (constant 2012 US$)

<table>
<thead>
<tr>
<th>Year</th>
<th>Total expenditure on health</th>
<th>Household out of pocket spending on health</th>
</tr>
</thead>
<tbody>
<tr>
<td>1995</td>
<td>$80</td>
<td>$5</td>
</tr>
<tr>
<td>2000</td>
<td>$100</td>
<td>$1</td>
</tr>
<tr>
<td>2005</td>
<td>$120</td>
<td>$2</td>
</tr>
<tr>
<td>2010</td>
<td>$140</td>
<td>$3</td>
</tr>
</tbody>
</table>

% of all government resources going to health
% of domestic government resources going to health

General government expenditure (GGE) % GDP
General government expenditure on health % GGE
General government expenditure on health % GDP

Government’s health spending as compared to other countries of the region
Among low EMR countries:
Total government expenditure is high as a % of GDP ((25%))
Share of government spending allocated to health is high ((7%))
Government expenditure on health as a % of GDP is high ((2%))

Source: global health expenditure database
Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Bahrain, 2012

Bahrain spent 1.2 billion US$ on health care:
- $895 per capita
- 16% spent by households

- Bahrain: $23,039/capita 74 years 2012 average of hi EMR income countries
- EMR hi income countries: $34,942/capita

GDP per capita

- Bahrain: $23,039/capita
- EMR hi income countries: $34,942/capita

Life expectancy

- Bahrain: 19 per 100,000 live births
- EMR hi income countries: 15 per 100,000 live births

Maternal mortality rate

- Bahrain: 19 per 100,000 live births
- EMR hi income countries: 15 per 100,000 live births

Per capita expenditure in US$ (constant 2012 US$)

Government resources allocated to health

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Djibouti, 2012

Djibouti spent 119 million US$ on health care:
- $129 per capita
- 40% spent by households

Djibouti: $1,467/capita
- EMR low-mid income countries: $1,927/capita

Djibouti: 300 per 100,000 live births
- EMR low-mid income countries: 251 per 100,000 live births

Maternal mortality rate
2008 data

Per capita expenditure in US$ (constant 2012 US$)

Government resources allocated to health

General government expenditure (GGE) % GDP

<table>
<thead>
<tr>
<th>Country</th>
<th>GGE % GDP</th>
<th>GGE expenditure on health % GGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yemen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Djibouti</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Morocco</td>
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<tr>
<td>Egypt</td>
<td></td>
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<tr>
<td>Syrian Arab Republic</td>
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<tr>
<td>Pakistan</td>
<td></td>
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<tr>
<td>Sudan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yemen</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

General government expenditure on health % GDP

<table>
<thead>
<tr>
<th>Country</th>
<th>GPE % GDP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yemen</td>
<td></td>
</tr>
<tr>
<td>Djibouti</td>
<td></td>
</tr>
<tr>
<td>Morocco</td>
<td></td>
</tr>
<tr>
<td>Egypt</td>
<td></td>
</tr>
<tr>
<td>Syrian Arab Republic</td>
<td></td>
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<tr>
<td>Pakistan</td>
<td></td>
</tr>
<tr>
<td>Sudan</td>
<td></td>
</tr>
<tr>
<td>Yemen</td>
<td></td>
</tr>
</tbody>
</table>

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
**HEALTH SYSTEM FINANCING COUNTRY PROFILE: Egypt, 2012**

Egypt spent **13 billion US$** on health care:
- **$152 per capita**
- **60% spent by households**

**GDP per capita**
- Egypt: $3,033/capita
- EMR low-mid income countries: $1,927/capita

**Life expectancy**
- Egypt: 71 years
- EMR low-mid income countries: 66 years

**Maternal mortality rate**
- Egypt: 62 per 100,000 live births
- EMR low-mid income countries: 251 per 100,000 live births

**Government resources allocated to health**

**Per capita expenditure in US$ (constant 2012 US$)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Egypt</th>
<th>Yemen</th>
<th>Djibouti</th>
<th>Sudan</th>
<th>Morocco</th>
<th>Syria Arab Republic</th>
<th>Pakistan</th>
<th>Yemen</th>
</tr>
</thead>
<tbody>
<tr>
<td>1995</td>
<td>$31</td>
<td>$104</td>
<td>$52</td>
<td>$88</td>
<td>$88</td>
<td>$133</td>
<td>$52</td>
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<tr>
<td>2000</td>
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<td>$79</td>
<td>$113</td>
<td>$113</td>
<td>$196</td>
<td>$113</td>
<td>$53</td>
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<tr>
<td>2005</td>
<td>$79</td>
<td>$133</td>
<td>$88</td>
<td>$113</td>
<td>$113</td>
<td>$196</td>
<td>$113</td>
<td>$79</td>
</tr>
<tr>
<td>2010</td>
<td>$88</td>
<td>$133</td>
<td>$113</td>
<td>$196</td>
<td>$196</td>
<td>$196</td>
<td>$196</td>
<td>$88</td>
</tr>
</tbody>
</table>

**Share of government spending allocated to health is in the median range ((6%))**

**Government expenditure on health as a % of GDP is in the median range ((2%))**

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Egypt, 2012

Egypt spent 13 billion US$ on health care:
- $152 per capita
- 60% spent by households

GDP per capita

• Egypt:

$3,033/capita

• EMR low-mid income countries: $1,927/capita

Life expectancy

• Egypt: 82 per

100,000 live births

• EMR low-mid income countries: 66 years

Maternal mortality rate

2008 data

Per capita expenditure in US$ (constant 2012 US$)

Government resources allocated to health

General government expenditure (GGE) % GDP

General government expenditure on health % GGE

General government expenditure on health % GDP

General government expenditure on health % GDP

Government expenditure on health as a % of GDP is in the median range (2%)

General government expenditure (GGE) % GDP

General government expenditure on health % GGE

General government expenditure on health % GDP

Government’s health spending as compared to other countries of the region

Among low-mid EMR countries:

Total government expenditure is in the median range as a % of GDP ((33%))

Share of government spending allocated to health is in the median range ((6%))

Government expenditure on health as a % of GDP is in the median range ((2%))

Source: Global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (Latest updates are available on GHED http://who.int/nha/database/).
**HEALTH SYSTEM FINANCING COUNTRY PROFILE: Iraq, 2012**

**Iraq spent**
7.7 billion US$ on health care:
- $226 per capita
- 46% spent by households

**GDP per capita**
- Iraq: $6,309/capita
- EMR up-mid income countries: $7,057/capita

**Life expectancy**
- 66 years
- EMR up-mid income countries: 72 years

**Maternal mortality rate**
- 75 per 100,000 live births
- EMR up-mid income countries: 52 per 100,000 live births

**Per capita expenditure in US$ (constant 2012 US$)**
- Iraq: $194
- EMR up-mid income countries: $414
- Total government expenditure is high as a % of GDP ((43%))
- Share of government spending allocated to health is low ((4%))
- Government expenditure on health as a % of GDP is low ((2%))

**Source**: Global health expenditure database

**Footnote**: For Glossary of Terms: visit the Documentation Center on GHE http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (Latest updates are available on GHE http://who.int/nha/database).
**Health System Financing Country Profile: Jordan, 2012**

Jordan spent 2.7 billion US$ on health care:
- $388 per capita
- 28% spent by households

**GDP per capita**
- Jordan: $3,946/capita
- EMR up-mid income countries: $7,057/capita

**Life expectancy**
- Jordan: 71 years
- EMR up-mid income countries: 72 years

**Maternal mortality rate**
- 2009 data

**Government resources allocated to health**

<table>
<thead>
<tr>
<th>Country</th>
<th>General government expenditure (% GDP)</th>
<th>General government expenditure on health (% GGE)</th>
<th>Government's health spending as compared to other countries of the region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Libya</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Iraq</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jordan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Iran (Islamic Republic of)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lebanon</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tunisia</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Iran (Islamic Republic of)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Per capita expenditure in US$ (constant 2012 US$)**

- Total expenditure on health: 2012 average of up-mid EMR income countries
- Government expenditure on health:
  - Households out of pocket spending on health
  - Government expenditure

**Source:** Global health expenditure database

**Footnote:** For Glossary of Terms: visit the Documentation Center on GHED [http://who.int/nha/database/](http://who.int/nha/database/). When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CPRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED [http://who.int/nha/database/](http://who.int/nha/database/)).
Kuwait spent 4.6 billion US$ on health care:
- $1,428 per capita
- 16% spent by households

Kuwait: $56,367/capita
Emir hi income countries: $34,942/capita

GDP per capita

WHO FUNDS HEALTH CARE?
100%
- Domestic funding
- Funding from abroad
- Spending by households
- Expenditure by government
- Other

WHO BUYS HEALTH CARE?
10%
- 83%
- 2%

Per capita expenditure in US$ (constant 2012 US$)

Life expectancy 2009 data

Maternal mortality rate 2008 data

Government resources allocated to health

General government expenditure (GGE) % GDP

General government expenditure on health % GGE

General government expenditure on health % GDP

Government's health spending as compared to other countries of the region

Among hi EMR countries:
Total government expenditure is high as a % of GDP (17%)
Share of government spending allocated to health is in the median range (6%)
Government expenditure on health as a % of GDP is in the medain range (22%)

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
Lebanon spent 3.0 billion US$ on health care:
- $650 per capita
- 39% spent by households

Per capita expenditure in US$ (constant 2012 US$)

Government resources allocated to health

General government expenditure (GGE) % GDP

General government expenditure on health % GGE

General government expenditure on health % GDP

Government's health spending as compared to other countries of the region
Among up-mid EMR countries:
Total government expenditure is in the median range as a % of GDP ((32%))
Share of government spending allocated to health is low ((7%))
Government expenditure on health as a % of GDP is low ((2%))

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHE http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
**HEALTH SYSTEM FINANCING COUNTRY PROFILE: Libya, 2012**

Libya spent **3.7 billion US$** on health care:
- **$578 per capita**
- **23% spent by households**

**GDP per capita**
- **Libya: $14,808/capita**
- **EMR up-mid income countries: $7,057/capita**

**Life expectancy**
- **Libya: 64 per 100,000 live births**
- **EMR up-mid income countries: 52 per 100,000 live births**

**Maternal mortality rate**
- **Libya: 2008 data**

**Per capita expenditure in US$ (constant 2012 US$)**
- **2012 average of up-mid EMR income countries**
- **Libya: $1101**
- **EMR up-mid income countries: $414**
- **OECD: $344**
- **UNICEF: $234**
- **WHO: $191**
- **World Bank: $194**

**Government resources allocated to health**

**Government’s health spending as compared to other countries of the region**
- **Total government expenditure is high as a % of GDP (144%)**

Share of government spending allocated to health is in the median range (17%)

Government expenditure on health as a % of GDP is in the median range (33%)

Source: global health expenditure database

Footnote: For Glossary of Terms, visit the Documentation Center on GHED [http://who.int/nha/database/].
Morocco spent 6.2 billion US$ on health care:
- $190 per capita
- 59% spent by households

Per capita expenditure in US$ (constant 2012 US$)

Government resources allocated to health

General government expenditure (GGE) % GDP

General government expenditure on health % GGE

General government expenditure on health % GDP

Government’s health spending as compared to other countries of the region

Among low-mid EMR countries:
- Total government expenditure is in the median range as a % of GDP ((35%))
- Share of government spending allocated to health is in the median range ((6%))
- Government expenditure on health as a % of GDP is high ((22%))

Morocco: $2,974/capita
- EMR low-mid income countries: $1,927/capita

Djibouti: $53
- Egypt: $88
- Sudan: $65
- Yemen: $114

Morocco: 73 years
- EMR low-mid income countries: 66 years

Life expectancy

2009 data

100,000 live births
- EMR low-mid income countries: 251 per 100,000 live births

Maternal mortality rate

2008 data

Morocco: 110 per 100,000 live births
- EMR low-mid income countries: 251 per 100,000 live births

GDP per capita

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Oman, 2012

Oman spent 2.0 billion US$ on health care:
- $690 per capita
- 12% spent by households

Oman: $26,330/capita

EMR hi income countries: $34,042/capita

74 years

EMR hi income countries: 76 years

2009 data

Maternal mortality rate

2008 data

GDP per capita

$26,330/capita

EMR hi income countries: $34,042/capita

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

Per capita expenditure in US$ (constant 2012 US$)

Total expenditure on health: 2012 average of hi EMR income countries

Government expenditure on health: 2012 average of hi EMR income countries

Households out of pocket spending on health

Government resources allocated to health

General government expenditure (GGE) % GDP

General government expenditure on health % GGE

General government expenditure on health % GDP

Oman

Kuwait

Saudi Arabia

Qatar

Bahrain

United Arab Emirates

Oman

Bahrain

United Arab Emirates

Saudi Arabia

Qatar

Government's health spending as compared to other countries of the region

Among hi EMR countries:

Total government expenditure is high as a % of GDP (38%)

Share of government spending allocated to health is low (6%)

Government expenditure on health as a % of GDP is in the median range (2%)
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Pakistan, 2012

Pakistan spent 6.0 billion US$ on health care:
- $34 per capita
- 55% spent by households

- Pakistan: $1,252/capita
- EMR low-mid income countries: $1,927/capita

GDP per capita

- Pakistan: 260 per 100,000 live births
- EMR low-mid income countries: 251 per 100,000 live births

Life expectancy
2009 data

- Pakistan: 63 years
- EMR low-mid income countries: 66 years

Maternal mortality rate
2008 data

- Pakistan: 251 per 100,000 live births
- EMR low-mid income countries: 251 per 100,000 live births

Per capita expenditure in US$ (constant 2012 US$)

- Pakistan: $68
- EMR low-mid income countries: $31

Government resources allocated to health

- % of all government resources going to health
- % of domestic government resources going to health

General government expenditure (GGE) % GDP

- Government’s health spending as compared to other countries of the region
  - Among low-mid EMR countries:
    - Total government expenditure is low as a % of GDP (21%)
  - Share of government spending allocated to health is low (5%)
  - Government expenditure on health as a % of GDP is low (1%)

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Qatar, 2012

Qatar spent 4.2 billion US$ on health care:
- $2,029 per capita
- 9% spent by households

Per capita expenditure in US$ (constant 2012 US$)

Government expenditure on health
Households out of pocket spending on health

Life expectancy
Qatar: 78 years
EMR hi income countries: 76 years

Maternal mortality rate
Qatar: 8 per 100,000 live births
EMR hi income countries: 15 per 100,000 live births

GDP per capita
Qatar: $93,832/capita
EMR hi income countries: $34,042/capita

Source: global health expenditure database
Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
Saudi Arabia spent 23 billion US$ on health care:
- $795 per capita
- 19% spent by households

Per capita expenditure in US$ (constant 2012 US$)

Government resources allocated to health

General government expenditure (GGE) % GDP
- Oman
- Kuwait
- Saudi Arabia
- Qatar
- Bahrain
- United Arab Emirates

General government expenditure on health % GGE
- Oman
- Kuwait
- Saudi Arabia
- Qatar
- Bahrain
- United Arab Emirates

General government expenditure on health % GDP
- Oman
- Kuwait
- Saudi Arabia
- Qatar
- Bahrain
- United Arab Emirates

Government’s health spending as compared to other countries of the region

Among hi EMR countries:
- Total government expenditure is in the median range as a % of GDP ((37%))
- Share of government spending allocated to health is in the median range ((6%))
- Government expenditure on health as a % of GDP is high ((2%))

Source: global health expenditure database
Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
Somalia spent 0 billion US$ on health care:
- $0 per capita
- 0% spent by households

Per capita expenditure in US$ (constant 2012 US$)

Government resources allocated to health

General government expenditure (GGE) % GDP
General government expenditure on health % GGE
General government expenditure on health % GDP

Source: global health expenditure database
Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05%, the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
Sudan spent 4.3 billion US$ on health care:
- $115 per capita
- 74% spent by households

Sudan:
- $1,580/capita
- EMR low-mid income countries: $1,927/capita

GDP per capita

- Sudan: 750 per 100,000 live births
- EMR low-mid income countries: 251 per 100,000 live births

Life expectancy

- Sudan: 705
- EMR low-mid income countries: 66 years

Maternal mortality rate

- 2008 data

Per capita expenditure in US$ (constant 2012 US$)

- 2012 average of low-mid EMR income countries

Government expenditure on health

Total expenditure on health

Households out of pocket spending on health

Government resources allocated to health

- % of all government resources going to health
- % of domestic government resources going to health

General government expenditure (GGE) % GDP

Yemen
Djibouti
Morocco
Egypt
Syrian Arab Republic
Pakistan
Sudan

General government expenditure on health % GGE

Djibouti
Morocco
Egypt
Syrian Arab Republic
Pakistan
Yemen
Sudan

General government expenditure on health % GDP

Government’s health spending as compared to other countries of the region

Among low-mid EMR countries:
Total government expenditure is low as a % of GDP (16%)
Share of government spending allocated to health is high (11%)
Government expenditure on health as a % of GDP is in the median range (2%)

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Syrian Arab Republic, 2012

Syrian Arab Republic spent 2.2 billion US$ on health care:
- $105 per capita
- 54% spent by households

Syrian Arab Republic: $3,077/capita 74 years 2012 average of low-mid EMR income countries

Life expectancy 2009 data

- Syrian Arab Republic: 46 per 100,000 live births
- EMR low-mid income countries: 251 per 100,000 live births

Maternal mortality rate 2008 data

Government resources allocated to health

Per capita expenditure in US$ (constant 2012 US$)

Government’s health spending as compared to other countries of the region

Share of government spending allocated to health is in the median range (6%)

Government expenditure on health as a % of GDP is in the median range (2%)

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHE http://who.int/nha/database. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHE http://who.int/nha/database).
**HEALTH SYSTEM FINANCING COUNTRY PROFILE: Tunisia, 2012**

Tunisia spent

3.2 billion US$ on health care:
- $297 per capita
- 36% spent by households

![GDP per capita](image)

- Tunisia: $4,216/capita
- EMR up-mid income countries: $7,057/capita

![Life expectancy](image)

- Tunisia: 70 years
- EMR up-mid income countries: 72 years

![Maternal mortality rate](image)

- Tunisia: 60 per 100,000 live births
- EMR up-mid income countries: 52 per 100,000 live births

**Per capita expenditure in US$ (constant 2012 US$)**

- $297
- $109
- $194

---

**Government resources allocated to health**

- % of all government resources going to health
- % of domestic government resources going to health

---

**General government expenditure (GGE) % GDP**

- Libya
- Iraq
- Jordan
- Lebanon
- Tunisia
- Iran (Islamic Republic of)

**General government expenditure on health % GGE**

- Jordan
- Iran (Islamic Republic of)
- Tunisia
- Libya
- Lebanon
- Iraq

**General government expenditure on health % GDP**

- Jordan
- Tunisia
- Libya
- Lebanon
- Iran (Islamic Republic of)
- Iraq

---

**Government’s health spending as compared to other countries of the region**

- Among up-mid EMR countries:
  - Total government expenditure is low as a % of GDP (31%)
  - Share of government spending allocated to health is in the median range (13%)
  - Government expenditure on health as a % of GDP is high (4%)

---

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHEAT http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHEAD http://who.int/nha/database/).
**HEALTH SYSTEM FINANCING COUNTRY PROFILE: United Arab Emirates, 2012**

United Arab Emirates spent **11 billion US$** on health care:
- **$1,343 per capita**
- **20% spent by households**

GDP per capita: **$47,348/capita**

EMR hi income countries: **$34,042/capita**

United Arab Emirates:
- **78 years**
- **EMR hi income countries: 76 years**

**Government resources allocated to health**

- **Government’s health spending as compared to other countries of the region**
  - Among hi EMR countries: Total government expenditure is low as a % of GDP ((21%))
  - Share of government spending allocated to health is high ((9%))
  - Government expenditure on health as a % of GDP is low ((2%))

**Per capita expenditure in US$ (constant 2012 US$)**

- **2012 average of hi EMR income countries**

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**Source**: Global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED [http://who.int/nha/database]. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED [http://who.int/nha/database]).
**HEALTH SYSTEM FINANCING COUNTRY PROFILE: Yemen, 2012**

Yemen spent 1.8 billion US$ on health care:
- $71 per capita
- 72% spent by households

GDP per capita: $1,284/capita

EMR low-mid income countries: $1,927/capita

Life expectancy: 0 years

EMR low-mid income countries: 0 years

Maternal mortality rate: 0 per 100,000 live births

GDP per capita in 2009 data

**Per capita expenditure in US$ (constant 2012 US$)**

![Graph showing per capita expenditure in US$ over time](image)

**Government resources allocated to health**

![Bar chart showing % of government resources going to health](image)

**Maternal mortality rate**

Yemen: 0 per 100,000 live births

EMR low-mid income countries: 0 per 100,000 live births

2008 data

Source: National Health Accounts database, World Health Organization (nhaweb@who.int)

Footnote:
All the indicators refer to expenditures by Financing Agent classification except External resources which falls in to Financing Source classification. While the components of Total health expenditure (THE) would come up to 100% within the same classification, one cannot expect sum of components of different classifications to come up to THE.
Australia
Brunei Darussalam
Cambodia
China
Cook Islands
Fiji
Japan
Kiribati
Lao People’s Democratic Republic
Malaysia
Marshall Islands
Micronesia (Federated States of)
Mongolia
Nauru

New Zealand
Niue
Palau
Papua New Guinea
Philippines
Republic of Korea
Samoa
Singapore
Solomon Islands
Tonga
Tuvalu
Vanuatu
Viet Nam
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Australia, 2012

Australia spent 141 billion US$ on health care:
- $6,140 per capita
- 19% spent by households

Per capita expenditure in US$ (constant 2012 US$)

Government resources allocated to health

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Brunei Darussalam, 2012

Brunei Darussalam spent 387 million US$ on health care:
- $939 per capita
- 8% spent by households

Per capita expenditure in US$ (constant 2012 US$)

Government resources allocated to health

- % of all government resources going to health
- % of domestic government resources going to health

General government expenditure (GGE) % GDP

Japan
New Zealand
Brunei Darussalam
Australia
Republic of Korea
Singapore

General government expenditure on health % GGE

Japan
New Zealand
Australia
Republic of Korea
Brunei Darussalam

General government expenditure on health % GDP

Japan
New Zealand
Australia
Republic of Korea
Brunei Darussalam
Singapore

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
**HEALTH SYSTEM FINANCING COUNTRY PROFILE: Cambodia, 2012**

Cambodia spent 763 million US$ on health care:
- $51 per capita
- 62% spent by households

**GDP per capita**
- Cambodia: $946/capita
- WPR low income countries: $946/capita

**Life expectancy**
- Cambodia: 290 per 100,000 live births
- WPR low income countries: 290 per 100,000 live births

**Government resources allocated to health**

---

**Per capita expenditure in US$ (constant 2012 US$)**

- Total government expenditure on health
- Government expenditure on health, households out of pocket spending on health

---

**Source:** global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED [http://who.int/nha/database/](http://who.int/nha/database/). When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED [http://who.int/nha/database/](http://who.int/nha/database/)).
China spent 445 billion US$ on health care:
- $322 per capita
- 34% spent by households

China: $5,941/capita
WPR up-mid income countries: $6,032/capita
74 years
WPR up-mid income countries: 69 years

Maternal mortality rate
2008 data

Per capita expenditure in US$ (constant 2012 US$)

Government resources allocated to health

General government expenditure (GGE) % GDP
General government expenditure on health % GGE
General government expenditure on health % GDP

General government expenditure on health % GDP

Government’s health spending as compared to other countries of the region

Total government expenditure is low as a % of GDP ((24%))
Share of government spending allocated to health is in the median range ((13%))
Government expenditure on health as a % of GDP is low ((3%))

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
Cook Islands spent 10 million US$ on health care:
- $511 per capita
- 9% spent by households

Cook Islands:
- GDP per capita: $14,913/capita
- 76 years of life expectancy
- Maternal mortality rate: 0 per 100,000 live births

WPR up-mid income countries:
- GDP per capita: $6,032/capita
- 69 years of life expectancy
- Maternal mortality rate: 32 per 100,000 live births

Per capita expenditure in US$ (constant 2012 US$)

Government resources allocated to health

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<th>Country</th>
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Source: global health expenditure database

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HEALTH SYSTEM FINANCING COUNTRY PROFILE: Fiji, 2012

Fiji spent 155 million US$ on health care:
- $177 per capita
- 23% spent by households

Fiji spent $4,438 per capita in 2012, which is 69 years above the average of mid-up WPR countries.

Life expectancy:
- Fiji: 26 per 100,000 live births in 2008
- WPR up-mid income countries: 32 per 100,000 live births

Government resources allocated to health:
Among up-mid WPR countries:
- Total government expenditure is low as a % of GDP ((29%))
- Share of government spending allocated to health is low ((3%))

Per capita expenditure in US$ (constant 2012 US$):
- Fiji
- $111
- Marshall Islands
- $181
- Tuvalu
- $324
- China

GDP per capita:
- Fiji: $4,438/capita 69 years 2012 average of up-mid WPR income countries
- WPR up-mid income countries: $6,032/capita 69 years

Maternal mortality rate:
- Fiji: 2.6 per 100,000 live births in 2008
- WPR up-mid income countries: 3.2 per 100,000 live births

Government’s health spending as compared to other countries of the region:
- Fiji: 13%
- Marshall Islands: 15%
- Tuvalu: 17%
- Nauru: 18%
- Palau: 25%
- Tonga: 27%
- Cook Islands: 28%
- China: 41%

Share of government spending allocated to health is low ((3%))

Government expenditure on health as a % of GDP is low ((3%))

Source: global health expenditure database
Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Japan, 2012

Japan spent 601 billion US$ on health care:
- $4,752 per capita
- 14% spent by households

Japan spent $47,170/capita
WPR hi income countries: $43,291/capita

Per capita expenditure in US$ (constant 2012 US$)

Government resources allocated to health

% of all government resources going to health
% of domestic government resources going to health

General government expenditure (GGE) % GDP
Japan
New Zealand
Australia
Republic of Korea
Singapore

General government expenditure on health % GGE
Japan
New Zealand
Australia
Republic of Korea
Singapore

General government expenditure on health % GDP
Japan
New Zealand
Australia
Republic of Korea
Singapore

Source: Global health expenditure database
Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (Latest updates are available on GHED http://who.int/nha/database/).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Kiribati, 2012

Kiribati spent 19 million US$ on health care:
- $187 per capita
- 0% spent by households

Kiribati:
$1,743/capita
WPR low-mid income countries: $2,095/capita

GDP per capita

Life expectancy
2009 data

68 years
WPR low-mid income countries: 69 years

Maternal mortality rate
2008 data

0 per 100,000 live births
WPR low-mid income countries: 191 per 100,000 live births

Per capita expenditure in US$ (constant 2012 US$)

Total expenditure on health
Government expenditure on health
Households out of pocket spending on health

Government resources allocated to health

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05%, the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (lastest updates are available on GHED http://who.int/nha/database/).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Lao People’s Democratic Republic, 2012

Lao People’s Democratic Republic spent 267 million US$ on health care:
- $40 per capita
- 38% spent by households

Per capita expenditure in US$ (constant 2012 US$)

Government resources allocated to health

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Malaysia, 2012

Malaysia spent 12 billion US$ on health care:
- $419 per capita
- 35% spent by households

Malaysia:
- $10,381/capita 73 years 2012 average of up-mid WPR income countries
- WPR up-mid income countries: $6,032/capita 69 years

GDP per capita

Life expectancy

2009 data

Per capita expenditure in US$ (constant 2012 US$)

Government resources allocated to health

% of all government resources going to health
% of domestic government resources going to health

General government expenditure (GGE) % GDP
General government expenditure on health % GGE
General government expenditure on health % GDP

Nue
Tuvalu
Nauru
Marshall Islands
Palau
Marshall Islands
Tuvalu
Palau
Tonga
Cook Islands
Fiji
China
Marshall Islands
Tuvalu
Palau
Tonga
Cook Islands
Fiji
China

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
Marshall Islands spent 31 million US$ on health care:
- $590 per capita
- 13% spent by households

Marshall Islands:
- $3,773/capita
- WPR up-mid income countries: $6,032/capita

Per capita expenditure in US$ (constant 2012 US$)

Government resources allocated to health

General government expenditure (GGE) % GDP

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General government expenditure on health % GGE

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General government expenditure on health % GDP

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Source: global health expenditure database

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Micronesia (Federated States of) spent $42 million US$ on health care:
- $405 per capita
- 9% spent by households

- Micronesia (Federated States of):
  - GDP per capita: $3,164/capita
  - 69 years
  - WPR low-mid income countries: $2,095/capita
  - 69 years
  - WPR low-mid income countries:
    - 2009 data:
      - Maternal mortality rate: 0 per 100,000 live births
      - Life expectancy: 60 years
  - 2008 data:
    - Maternal mortality rate: 0 per 100,000 live births
    - Life expectancy: 60 years

- WPR low-mid income countries:
  - GDP per capita: $2,095/capita
  - 69 years
  - Maternal mortality rate: 191 per 100,000 live births
  - Life expectancy: 69 years

Per capita expenditure in US$ (constant 2012 US$)

- Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Mongolia, 2012

Mongolia spent
649 million US$ on health care:
- $232 per capita
- 35% spent by households

Per capita expenditure in US$ (constant 2012 US$)

Source: global health expenditure database
Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Nauru, 2012

Nauru spent 6 million US$ on health care:
- $564 per capita
- 7% spent by households

Rural Funding

Spending by households

Expenditure by government

Other

WHO FUNDS HEALTH CARE

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48%
New Zealand spent 15 billion US$ on health care:
- $3,292 per capita
- 11% spent by households

Per capita expenditure in US$ (constant 2012 US$)

Government resources allocated to health

General government expenditure (GGE) % GDP

<table>
<thead>
<tr>
<th>Country</th>
<th>General government expenditure (GGE) % GDP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Japan</td>
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<tr>
<td>New Zealand</td>
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<tr>
<td>Brunei Darussalam</td>
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<td>Australia</td>
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<td>Republic of Korea</td>
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<tr>
<td>Singapore</td>
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General government expenditure on health % GGE

<table>
<thead>
<tr>
<th>Country</th>
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</tr>
</thead>
<tbody>
<tr>
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General government expenditure on health % GDP

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</table>

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://www.who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://www.who.int/nha/database/).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Niue, 2012

Niue spent $2 million US$ on health care:
- $1,270 per capita
- 2% spent by households

Niue:
- Domestic funding
- Funding from abroad
- Spending by households
- Expenditure by government
- Other

Per capita expenditure in US$ (constant 2012 US$)

Countries in WHO Western Pacific Region

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Palau, 2012

Palau spent 20 million US$ on health care:
- $972 per capita
- 11% spent by households

Palau: $10,273/capita
WPR up-mid income countries: $6,032/capita

GDP per capita

Per capita expenditure in US$ (constant 2012 US$)

Palau: 72 years
WPR up-mid income countries: 69 years

Life expectancy

2009 data

Maternal mortality rate

2008 data

• Palau: 0 per 100,000 live births
WPR up-mid income countries: 32 per 100,000 live births

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
**HEALTH SYSTEM FINANCING COUNTRY PROFILE: Papua New Guinea, 2012**

**Papua New Guinea spent 814 million US$ on health care:**
- $114 per capita
- 9% spent by households

**GDP per capita:** $2,184/capita

**WPR low-mid income countries:** $2,095/capita

**Life expectancy:** 63 years

**WPR low-mid income countries:** 69 years

**Maternal mortality rate:**
- Papua New Guinea: 250 per 100,000 live births
- WPR low-mid income countries: 191 per 100,000 live births

**Per capita expenditure in US$ (constant 2012 US$):**

**General government expenditure (GGE) % GDP:**
- Kiribati
- Micronesia (Federated States of)
- Samoa
- Mongolia
- Solomon Islands
- Papua New Guinea
- Viet Nam
- Lao People's Democratic Republic
- Vanuatu
- Philippines

**General government expenditure on health % GGE:**
- Solomon Islands
- Micronesia (Federated States of)
- Papua New Guinea
- Vanuatu
- Samoa
- Philippines
- Viet Nam
- Mongolia
- Lao People's Democratic Republic

**General government expenditure on health % GDP:**
- Micronesia (Federated States of)
- Kiribati
- Solomon Islands
- Samoa
- Papua New Guinea
- Vanuatu
- Viet Nam
- Mongolia
- Philippines
- Lao People's Democratic Republic

**Source:** global health expenditure database

Footnote: For Glossary of Terms, visit the Documentation Center on GHED [http://who.int/nha/database/]. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED [http://who.int/nha/database/]).
Philippines: 94 per 100,000 live births
WPR low-mid income countries: 191 per 100,000 live births

Maternal mortality rate
2008 data

General government expenditure (GGE) % GDP
General government expenditure on health % GGE
General government expenditure on health % GDP

Kiribati
Micronesia (Federated States of)
Samoa
Mongolia
Solomon Islands
Papua New Guinea
Viet Nam
Lao People’s Democratic Republic
Vanuatu
Philippines

Micronesia (Federated States of)
Solomon Islands
Papua New Guinea
Vanuatu
Samoa
Philippines
Mongolia
Viet Nam
Lao People’s Democratic Republic

General government expenditure on health % GDP

Per capita expenditure in US$ (constant 2012 US$)

WHO FUND$ HEALTHCARE
Domestic funding
Funding from abroad
Spending by households
Expenditure by government
Other

WHO EATS HEALTHCARE
52% 38% 10%

WHO FUNDS HEALTHCARE
98% 2%

WHO FUND$ HEALTHCARE
Domestic funding
Funding from abroad
Spending by households
Expenditure by government
Other

WHO EATS HEALTHCARE
52% 38% 10%

WHO FUNDS HEALTHCARE
98% 2%

Philippines
11 billion US$ on health care:
- $119 per capita
- 52% spent by households

Government expenditure on health as a % of GDP is low ((2%))

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
Republic of Korea spent 85 billion US$ on health care:
- $1,703 per capita
- 36% spent by households

GDP per capita
- Republic of Korea: $22,590/capita
- WPR hi income countries: $43,291/capita

Life expectancy
- Republic of Korea: 80 years
- WPR hi income countries: 81 years

2008 data
Maternal mortality rate
- Republic of Korea: 18 per 100,000 live births
- WPR hi income countries: 13 per 100,000 live births

2009 data

Per capita expenditure in US$ (constant 2012 US$)

Government's health spending as compared to other countries of the region
- Among hi WPR countries:
  - Total government expenditure is low as a % of GDP ((30%))
  - Share of government spending allocated to health is in the median range ((14%))
  - Government expenditure on health as a % of GDP is in the median range ((4%))

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Samoa, 2012

Samoa spent $46 million US$ on health care:
- $245 per capita
- 7% spent by households

Per capita expenditure in US$ (constant 2012 US$)

Government resources allocated to health

General government expenditure (GGE) % GDP
- Kiribati
- Micronesia (Federated States of)
- Samoa
- Mongolia
- Solomon Islands
- Papua New Guinea
- Viet Nam
- Lao People’s Democratic Republic
- Vanuatu
- Philippines

General government expenditure on health % GGE
- Solomon Islands
- Micronesia (Federated States of)
- Papua New Guinea
- Vanuatu
- Samoa
- Kiribati
- Philippines
- Lao People’s Democratic Republic

General government expenditure on health % GDP
- Micronesia (Federated States of)
- Kiribati
- Solomon Islands
- Samoa
- Papua New Guinea
- Vanuatu
- Viet Nam
- Lao People’s Democratic Republic
- Philippines

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
**HEALTH SYSTEM FINANCING COUNTRY PROFILE: Singapore, 2012**

- **Singapore spent:** 13 billion US$ on health care:
  - $2,426 per capita
  - 59% spent by households

### Per capita expenditure in US$ (constant 2012 US$)

- **2012 average of hi WPR income countries:**
  - $4,078
  - $3,118

### Government resources allocated to health

- **% of all government resources going to health**
- **% of domestic government resources going to health**

### General government expenditure (GGE) % GDP

- Japan
- New Zealand
- Brunei Darussalam
- Australia
- Republic of Korea
- Singapore

### General government expenditure on health % GGE

- Japan
- New Zealand
- Australia
- Republic of Korea
- Singapore

### General government expenditure on health % GDP

- Japan
- New Zealand
- Australia
- Republic of Korea
- Singapore

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED [http://who.int/nha/database/](http://who.int/nha/database/). When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED [http://who.int/nha/database/](http://who.int/nha/database/)).

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**Countries in WHO Western Pacific Region**

**WHO Global Health Expenditure Atlas**
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Solomon Islands, 2012

Solomon Islands spent 81 million US$ on health care:
- $148 per capita
- 2% spent by households

Solomon Islands:
- $1,835/capita
- WPR low-mid income countries: $2,095/capita

GDP per capita

- Solomon Islands: 100 per 100,000 live births
- WPR low-mid income countries: 191 per 100,000 live births

Life expectancy

- Solomon Islands: 71 years
- WPR low-mid income countries: 69 years

2009 data

Maternal mortality rate

- Solomon Islands: 100 per 100,000 live births
- WPR low-mid income countries: 191 per 100,000 live births

Per capita expenditure in US$ (constant 2012 US$)

Government resources allocated to health

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Tonga, 2012

Tonga spent
25 million US$ on health care:
- $238 per capita
- 11% spent by households

Per capita expenditure in US$ (constant 2012 US$)

- Tonga: $4,430/capita
- WPR up-mid income countries: $6,032/capita

Life expectancy
2009 data
- Tonga: 71 years
- WPR up-mid income countries: 69 years

GDP per capita
- Tonga: $111
- WPR up-mid income countries: $181

Maternal mortality rate
2008 data
- Tonga: 0 per 100,000 live births
- WPR up-mid income countries: 32 per 100,000 live births

Government resources allocated to health

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
Tuvalu spent 6 million US$ on health care:
- $577 per capita
- 0% spent by households

Tuvalu: $3,740/capita
WPR up-mid income countries: $6,032/capita

GDP per capita

% of all government resources going to health % of domestic government resources going to health

General government expenditure (GGE) % GDP

General government expenditure on health % GDP

General government expenditure on health % GDP

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HEALTH SYSTEM FINANCING COUNTRY PROFILE: Vanuatu, 2012

Vanuatu spent 29 million US$ on health care:
- $116 per capita
- 8% spent by households

Vanuatu:
- $3,183/capita
- WPR low-mid income countries: $2,095/capita

WPR low-mid income countries: 69 years

2012 average of low-mid WPR countries: 71 years

Vanuatu:
- 0 per 100,000 live births
- WPR low-mid income countries: 191 per 100,000 live births

Life expectancy 2009 data

Per capita expenditure in US$ (constant 2012 US$)

Government resources allocated to health

General government expenditure (GGE) % GDP
- Kiribati
- Micronesia (Federated States of)
- Samoa
- Solomon Islands
- Papua New Guinea
- Viet Nam
- Lao People's Democratic Republic
- Vanuatu
- Philippines

General government expenditure on health % GGE
- Solomon Islands
- Micronesia (Federated States of)
- Papua New Guinea
- Vanuatu
- Samoa
- Philippines
- Viet Nam
- Lao People's Democratic Republic

General government expenditure on health % GDP
- Micronesia (Federated States of)
- Solomon Islands
- Samoa
- Papua New Guinea
- Vanuatu
- Mongola
- Philippines
- Lao People's Democratic Republic

Source: Global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
Viet Nam spent 9.3 billion US$ on health care:
- $102 per capita
- 49% spent by households

GDP per capita

Viet Nam: $1,560/capita
WPR low-mid income countries: $2,095/capita

Life expectancy
2009 data

Viet Nam: 72 years
WPR low-mid income countries: 69 years

Maternal mortality rate
2008 data

Viet Nam: 56 per 100,000 live births
WPR low-mid income countries: 191 per 100,000 live births

Per capita expenditure in US$ (constant 2012 US$)

Source: global health expenditure database
Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
World Health Statistics 2012 tables present data on government, private, external, social security and out-of-pocket expenditures on health. These data are generated from information that has been collected by WHO since 1999. The most comprehensive and consistent data on health financing are generated from national health accounts (NHAs) that collect expenditure information within an internationally recognized framework. NHAs trace financing as it flows from funding sources to decision-makers (who decide upon the use of the funds) and then to the providers and beneficiaries of health services. Not all countries maintain or update NHAs – in such cases, data are obtained through technical contacts in the country or from publicly available documents and reports. Missing values are estimated using various accounting techniques depending upon the data available for each country.\(^\text{32}\) WHO sends all such estimates to the respective ministries of health every year for validation.

\(^{32}\) To obtain the latest updates, a full series or more-disaggregated health expenditures including metadata and sources, please see: http://www.who.int/nha/
<table>
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<tr>
<th>Member State</th>
<th>Total expenditures on health as % of gross domestic product</th>
<th>General government expenditure on health as % of total government expenditure</th>
<th>Private health expenditure as % of household expenditure</th>
<th>Total government expenditure on health as % of total public expenditure</th>
<th>Health expenditure on children as % of total government expenditure</th>
<th>Central government expenditure on health as % of total public expenditure</th>
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World Health Statistics 2012 tables
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## WHO region

### African Region
- Minimum: 5.5
- Median: 6.5
- Maximum: 43.9
- Range: 39.3

### Region of the Americas
- Minimum: 11.4
- Median: 14.4
- Maximum: 45.1
- Range: 33.7

### South-East Asia Region
- Minimum: 3.7
- Median: 3.8
- Maximum: 34.9
- Range: 31.1

### European Region
- Minimum: 0.0
- Median: 0.2
- Maximum: 73.9
- Range: 73.4

### Eastern Mediterranean Region
- Minimum: 4.2
- Median: 4.7
- Maximum: 47.2
- Range: 42.5

### Western Pacific Region
- Minimum: 6.0
- Median: 6.5
- Maximum: 63.9
- Range: 57.4

## Income group

### Low income
- Minimum: 4.2
- Median: 4.9
- Maximum: 38.2
- Range: 33.0

### Lower middle income
- Minimum: 4.2
- Median: 4.4
- Maximum: 33.6
- Range: 29.4

### Upper middle income
- Minimum: 5.5
- Median: 6.1
- Maximum: 48.1
- Range: 42.4

### High income
- Minimum: 9.9
- Median: 12.5
- Maximum: 58.6
- Range: 45.7

## World Health Statistics 2012 tables

- Foreword
- Factsheet
- Policy highlights
- Health expenditures and universal coverage
- Country profile by region 2010
- World Health Statistics 2012 tables
- Technical documentation
### Country profile by region 2010

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<th>Region</th>
<th>Expenditure on Health as % of GNI</th>
<th>Expenditure per Capita on Health</th>
<th>Expenditure per Capita on Health at PPP</th>
<th>Expenditure per Capita on Health at PPP in $</th>
</tr>
</thead>
<tbody>
<tr>
<td>African Region</td>
<td>2.9</td>
<td>56.7</td>
<td>88</td>
<td>77</td>
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<tr>
<td>Region of the Americas</td>
<td>5.7</td>
<td>89.0</td>
<td>115</td>
<td>77</td>
</tr>
<tr>
<td>South-East Asia Region</td>
<td>5.7</td>
<td>89.0</td>
<td>115</td>
<td>77</td>
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<tr>
<td>European Region</td>
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<td>89.0</td>
<td>115</td>
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<td>89.0</td>
<td>115</td>
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<td>Western Pacific Region</td>
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</tr>
<tr>
<td>Low income</td>
<td>5.0</td>
<td>88.8</td>
<td>29</td>
<td>23</td>
</tr>
<tr>
<td>Lower middle income</td>
<td>5.0</td>
<td>88.8</td>
<td>29</td>
<td>23</td>
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<tr>
<td>Upper middle income</td>
<td>5.0</td>
<td>88.8</td>
<td>29</td>
<td>23</td>
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<tr>
<td>High income</td>
<td>5.0</td>
<td>88.8</td>
<td>29</td>
<td>23</td>
</tr>
</tbody>
</table>

*Expenditure on health includes expenditure on health care, including the purchase of medical equipment and medicines.

** Health expenditure as % of GNI and expenditure per Capita on Health includes expenditure on health care, including the purchase of medical equipment and medicines.

*** Health expenditure as % of GNI includes expenditure on health care, including the purchase of medical equipment and medicines.
Expenditure on health is about WHO BUYS HEALTH CARE. Households are the main private sector actor. Other private sector actors include non-profit institutions, private insurances, and enterprises.

Expenditures on health are financed by domestic resources (government funds and private sector funds), and by funding from abroad (external resources). This is about WHO FUNDS HEALTH CARE. Funding from abroad is the sum of resources made available by all non-resident institutional units, which are used for payments of health goods and services.

PER CAPITA EXPENDITURE IN US$ (constant 2010 US$) illustrates the trends on spending per person in constant US$, since 1995, in total expenditure on health, and for two purchasers of health care, government and households. The trends are adjusted to only show the real change in expenditure, and correct for fluctuations due to inflation (data is in constant 2010 US$). The last year of the series can be compared to the average value, for that year, of expenditures on health by countries belonging to the same geographical and income group as the selected country (square marks).

GOVERNMENT RESOURCES ALLOCATED TO HEALTH highlights efforts by government to allocate resources to health as compared to their total spending envelope. Two trends are shown: allocation of total expenditure going to health (blue line) and allocation of expenditure only funded out of domestic resources – before receiving aid – going to health (red bars).

GENERAL GOVERNMENT EXPENDITURE ON HEALTH AS SHARE [%] OF GDP is a set of 3 graphs that describes aspects of the fiscal context of countries and situates them within their geographical and income group. The first graph describes government’s realized capacity to spend in any given year (general government expenditure % GDP); the second graph highlights the allocative decision by governments to spend on health (general government expenditure on health % general government expenditure); and the third graph is the product of the first two graphs and evaluates general government expenditure on health in terms of country’s income % GDP.

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1 Government is the sum of outlays for health maintenance, restoration or enhancement paid for in cash or supplied in kind by government entities, such as the Ministry of Health, other ministries, paramedical organisations, social security agencies (without double-counting the government transfers to social security and to extra-budgetary funds). Includes transfers payments to businesses to offset medical care costs and extra-budgetary funds to finance health services and goods. The revenue base of these entities may comprise multiple sources, including external funds.

2 WHO income group.

3 World Bank income group.

4 Government expenditures (total or for health) include expenditure by government entities, such as the Ministry of Health, other ministries, paramedical organisations, and social security agencies. It includes all compulsory health insurance (including private insurances that are publicly mandated and funded through compulsory contributions).