UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH AND SOCIAL WELFARE
Outline

• NHA Concept Overview
• Methodology
• Overall findings
  ❖ Distribution of THE by Financing Sources, Financing Agents, Health Providers and Health Functions
    Subaccounts:
    » HIV/AIDS
    » Reproductive Health
    » Malaria
    » Child health
NHA concept

National Health Accounts (NHA)

• **Internationally accepted** and tested (100+ countries)
  – Initially sponsored largely by USAID
  – Now: WHO, WB, BMGF, BTC, GTZ, EU, Sida etc.,
  – Tracks spending on health care including public, private and donor contributions
  – Intended on a regular basis; INSTITUTIONALIZED

• Application to priority areas: SUBACCOUNT.
  – HIV/AIDS and TB subaccounts
  – Malaria subaccounts
  – RH Subaccount
  – CH Subaccount
  – Conducted as part of general NHA exercise
NHA concept........

NHA tracks both the AMOUNT and FLOW of funds through the health system.

**Financing Source**
- Originators of health funds: e.g., MOF, households, donors

**Financing Agent**
- Managing funds: Have power and control over how funds are used, i.e., programmatic responsibilities: e.g., MOH, insurance companies

**Health Provider**
- End Users of health funds: Entities that provide/deliver health services, e.g., hospitals, clinics, health stations, pharmacies
- Actual Use of funds: Service and/or product delivered, e.g., preventive programs, curative care, admin

**Function**
NHA concept..........
‘Spider web’ flow of fund

FINANCING SOURCES

- Ministry of Finance
- Public Firms (parastatals)
- Private Firms
- Donors
- Households

FINANCING AGENTS

- Ministry of Health
- University and Teaching Organizations (incl. Ministry of Education)
- Social Health Insurance Organizations
- Other Ministries and Public Organizations
- Insurance Schemes- Private and Semi-Public
- Private Firms
- Donors
- Households*

PROVIDERS

- MoH Facilities
- University and Teaching Facilities
- Other Ministry and Public Facilities
- Private Facilities
- Pharmacies
- Donor/NGO Facilities

*Dashed Arrow Represents Expenditures that were Transferred DIRECTLY to Providers from Sources
Methodology

• Institutional Survey
  – Donors (27) and NGOs (52)
  – MoHSW/Local Government authorities (133)/Regional Authorities (21)/Parastatals (38)
  – Private firms (56) and Insurance (8)

• Secondary information
  – HH data from HBS and SHIELD report,
  – Economic survey-inflation and GDP
  – Strategic plans for costing and programme information
  – HIS for utilization by level of facilities
General Health Account
Overall Findings

- Total Health Expenditure (THE); increased from Tshs 774.1 Billion (US$ 734 Mn) in 2002/03 to Tshs 2,322.9 Billion (US$ 1,751 Mn) in 2009/10.

- THE per capita has increased from Tshs 22,634 (US$ 21) in 2002/03 to Tshs 54,529 (US$ 41) in 2009/10.

- Government expenditure on health as a percent of TGE has remained constant at about 7% since 2002/03.

- THE as a percent of GDP has increased from 5% in 2002/03 to 8% in 2009/10.
THE by Financing Source, 2002/03, 2005/06 and 2009/10

- Donors is the Main finance of health expenditure which contributes about 40 percent in 2009/10.
- Health sector is also highly financed by private sector for about 34 percent out of which 32 percent is HH.
- Public sector financing has remained constant over the last decade, at about 26 percent of THE.
- Other private sector (companies) contribute 2 percent.
• MOHSW managed 17 percent of THE in 2009/10 compared to 33.4 percent in 2005/06

• Local Government Authorities managed 16.4 percent in 2009/10 compared to 11.4 percent in 2005/06

• HH role as a manager of THE has increased from 26 percent in 2005/06 to 32 percent in 2009/10;

• NGOs managed 25 percent THE in 2009/10 a rapid increase from 8.5 percent 2002/03.
Total Health Expenditures by Providers: 2002/03, 2005/06 and 2009/10

- Public health facilities continue to be the major providers of health care services providing 29 percent of THE in 2009/10;
- Faith based facilities as providers utilize 23.8 percent
- The role of the Private health facilities as providers declined from 5 percent in 2005/06 to 2 % in
Total Health Expenditures by Function, 2002/03, 2005/06 and 2009/10

- **2002/03**
  - Inpatient care: 26.30%
  - Outpatient care: 18.00%
  - Pharmaceuticals: 18.00%
  - Prevention and public health programmes: 16.50%
  - Health administration: 11.70%
  - Capital formation: 7.80%
  - Other: 0.1%

- **2005/06**
  - Inpatient care: 18.70%
  - Outpatient care: 10.40%
  - Pharmaceuticals: 30.50%
  - Prevention and public health programmes: 17.70%
  - Health administration: 4.30%
  - Capital formation: 5.9%
  - Other: 2.2%

- **2009/10**
  - Inpatient care: 19.8%
  - Outpatient care: 44.3%
  - Pharmaceuticals: 25.7%
  - Prevention and public health programmes: 2.2%
  - Health administration: 10.40%
  - Capital formation: 5.9%
  - Other: 0.1%
Total Health Expenditures by Function, 2002/03, 2005/06 and 2009/10......

• Expenditures on prevention and public health programmes increased from 16.5 percent in 2002/03 to 25.7 percent in 2009/10;

• Expenditure on Out patient care has increase from 17.7 percent in 2005/06 to 44.3 percent in 2009/10

• Inpatient care expenditure has remained constant at around 18.7 percent in 2005/06 and 19 percent of THE in 2009/10.
Major NHA Findings

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• Government expenditure on health as a percent of TGE has remained constant at about 7% since 2002/03.

• THE as a percent of GDP has increased from 5% in 2002/03 to 8% in 2009/10.
Expenditure on Priority areas

<table>
<thead>
<tr>
<th>Year</th>
<th>HIV/AIDS</th>
<th>RH</th>
<th>MALARIA</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009/10</td>
<td>27%</td>
<td>18%</td>
<td>19%</td>
<td>36%</td>
</tr>
</tbody>
</table>
REPRODUCTIVE HEALTH
SUBACCOUNT
Definition of RH expenditures

• Primary purpose Definition:
  – *if the primary purpose of the incurred expenditure is to restore, improve, and maintain reproductive health for the nation and for individuals during a defined period of time, then that expenditure should be included within the scope of a reproductive health subaccounts*

  – Def of RH... the constellation of methods, techniques and services that contribute to reproductive health and well being by preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations and not merely counselling and care related to reproduction and sexually transmitted diseases.
OVERALL FINDINGS

• The Total health expenditure on reproductive health (THE$_{RH}$) increased from Tshs 105.8 billion (US$ 100.3 Mn) in 2002/03 to Tshs 415.9 billion (US$ 313.4 Mn) in 2009/10.

• THE$_{RH}$ as a percent of the GDP increased from 0.8% in 2005/06 to 1.5% in 2009/10.

• RH expenditure as a percent of THE increased from 11% in 2005/06 to 18% in 2009/10.

• THE$_{RH}$ increased by 118% between 2005/06 and 2009/10.

• Maternal mortality has decreased from 870 (1990) to 454 (2010) per 100,000 live births
• HHs contributed about 47% of \( \text{THE}_{\text{RH}} \) in 2009/10 up from 30% in 2009/10.
• Donors contribution to \( \text{THE}_{\text{RH}} \) decreased from 22% in 2002/03 to 16% in 2009/10.
• MoF financed 35% of \( \text{THE}_{\text{RH}} \) in 2009/10 compared to 44% in 2005/06.
• Households managed about 48% of \( \text{THE}_{\text{RH}} \) in 2009/10 up from 29% in 2005/06.
• The role of the MoHSW as an agent for \( \text{THE}_{\text{RH}} \) declined from 32% in 2005/06 to 20% in 2009/10.
• NGOs managed 16% of \( \text{THE}_{\text{RH}} \) in 2009/10 compared to 3% in 2005/06.
• Local authorities managed less of \( \text{THE}_{\text{RH}} \) in 2009/10 at 13% down from 18% in 2005/06.
• Public hospitals were the major provider of $\text{THE}_{RH}$ utilising almost 45% of the funds followed by public health centres and dispensaries at 24% in 2009/10.

• Providers of public health programmes utilised 6% of $\text{THE}_{RH}$ in 2009/10 compared to 25% in 2005/06.
• Outpatient curatives services accounted for 51% of THE\textsubscript{RH} in 2009/10 up from 26% in 2005/06.
• Prevention and public health services expenditures as a percent of THE\textsubscript{RH} has decreased from 26% in 2005/06 to about 8% in 2009/10.
CHILD HEALTH SUB-ACCOUNT
OVERALL FINDINGS

• The total health expenditure on child health \( (\text{THE}_{\text{CH}}) \) was Tshs 218.7 billion (US$ 158 Mn) in 2009/10.

• \( \text{THE}_{\text{CH}} \) as a percentage of overall health spending was 9% in 2009/10.

• In 2009/10 \( \text{THE}_{\text{CH}} \) accounted for 0.8% of the GDP.
• Under-five mortality has also decreased from 147 to 81
How do the CH subaccounts relate to each other?

-Typically, subaccounts are additive—pieces of the total health pie: RH, Malaria, HIV/AIDS, Tb
-But CH straddles all pieces except RH
• HHs were the major financiers of THE\textsubscript{CH} in 2009/10 at 56\% followed by MoF at 28\%
• HHs managed about 56% of $\text{THE}_{\text{CH}}$ in 2009/10.
• Public entities controlled 37% of $\text{THE}_{\text{CH}}$ with MoHSW and Local Authorities managing almost equal amounts at 16% in 2009/10.
• Public hospital utilized the largest amount of $\text{THE}_{\text{CH}}$ in 2009/10 at 45% followed by public health centres and dispensaries at 21%
• Faith based hospitals utilized 12% of $\text{THE}_{\text{CH}}$ in 2009/10
• Outpatient curative care services utilised 57% of $\text{THE}_{\text{CH}}$ in 2009/10.
Thank you