

# NAMIBIA NATIONAL HEALTH ACCOUNTS 2001/02–2006/07

MINISTRY OF HEALTH AND SOCIAL SERVICES  
WINDHOEK, NAMIBIA

HEALTH SYSTEMS 20/20  
BETHESDA, MD, USA



The report presents the findings of the Namibia National Health Accounts 2001/02 – 2006/07 survey conducted by the Ministry of Health and Social Services. Health Systems 20/20 provided technical assistance through cooperative agreement no. GHS-A-00-06-00010-00, funding from the U.S. Agency for International Development (USAID) for the period 2006 – 2011. Health Systems 20/20 helps USAID-supported countries address health system barriers to the use of life – saving priority health services. Health Systems 20/20 works to strengthen health systems through integrated approaches to improving financing, governance, operations and building sustainable capacity of local institutions. Technical and financial assistance was further provided for by the World Health Organisation.

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# CONTENTS

<b>Acronyms</b> .....	<b>ix</b>
<b>Preface</b> .....	<b>xi</b>
<b>Executive Summary</b> .....	<b>xiii</b>
<b>1. Introduction and Background</b> .....	<b>1</b>
1.1 Concept of National Health Accounts.....	1
1.1.1 Purpose of NHA.....	1
1.1.2 What Questions Could NHA Answer? .....	1
1.1.3 Dimensions of NHA .....	2
1.1.4 What NHA Measures.....	3
1.2 History of NHA in Namibia.....	3
1.3 NHA Objectives .....	4
1.4 Health Status of Namibia.....	4
1.4.1 Trends in Major Health Indicators .....	4
1.4.2 Major Health Issues.....	4
1.5 Namibian Health System.....	5
1.5.1 National Goals and Vision .....	5
1.5.2 Organization .....	5
1.5.2.1 Public Sector.....	5
1.5.2.2 Private Not-for-Profit Sector (NGOs).....	6
1.5.2.3 Private For-Profit Sector .....	6
<b>2. Methodology</b> .....	<b>7</b>
2.1 Overview of Approach.....	7
2.2 Data Sources.....	7
2.2.1 Secondary Data .....	7
2.2.2 Primary Data.....	8
2.2.2.1 Survey Instruments .....	8
2.2.2.2 Questionnaire Administration.....	8
2.2.2.3 Sampling.....	8
2.3 Data Entry and Analysis .....	9
2.3.1 Government.....	9
2.3.2 Providers.....	10
2.3.3 Private Employers.....	10
2.3.4 Insurance.....	10
2.3.5 Donors and NGOs.....	11
2.3.6 Household Out-of-Pocket.....	12
2.4 Limitations .....	13

<b>3. Findings .....</b>	<b>15</b>
3.1 Total Resource Envelope for Health: Who Finances Health Care?.....	15
3.2 Financing Sources.....	18
3.3 Financing Agents of Health Care: Who Manages Health Funds?.....	22
3.4 Providers of Health Care: Who Uses Health Funds to Deliver Care?.....	26
3.5 Functions: Services and Products Purchased with Health Funds .....	30
3.6 Financing Sources by Functions: Who Spends on What? .....	33
<b>4. Conclusion and Recommendations .....</b>	<b>35</b>
<b>Annex A: Bibliography .....</b>	<b>37</b>
<b>Annex B: NHA Tables 2001/02 – 2006/07 .....</b>	<b>39</b>

## LIST OF TABLES

Table ES-1: NHA Summary Statistics, 2001/02–2006/07:.....	xiv
Table 1: Breakdown of Organizations from which Data Were Collected .....	9
Table 2: Insurance Weighting Plan.....	11
Table 3: Magnitude of Change among Financing Sources, 2001/02 and 2006/07 .....	19
Table 4: Magnitude of Change among Financing Agents, 2001/02 and 2006/07 .....	26
Table 5: Magnitude of Change among Providers, 2001/02 and 2006/07	29
Table 6: Provision of Public Health Programs by Financing Agent, 2001/02 and 2006/07 .....	29
Table 7: Breakdown of Public Health Programs, 2006/07 .....	33

## LIST OF FIGURES

Figure 1: Total Health Expenditure, 2001/02–2006/07 .....	15
Figure 2: Per Capita Spending on Health, 2001/02–2006/07 .....	16
Figure 3: Total Expenditure on Health as a Percentage of GDP.....	17
Figure 4: THE as Percentage of GDP of BNLSS Countries, 2005.....	17
Figure 5: THE Breakdown by Financing Source, 2001/02–2006/07.....	18
Figure 6: THE Breakdown by Financing Source .....	19
Figure 7: Donor Spending on Health as a Percentage of Total Donor Disbursements .....	20
Figure 8: Government Spending on Health as a Percentage of Total Government Spending.....	21
Figure 9: Breakdown of THE by Financing Agent .....	22
Figure 10: Financing Agent Contribution to THE .....	23
Figure 11: Trends in MoHSS Financing .....	24
Figure 12: Breakdown of Insurance by Financier as Percentage of Total Insurance Expenditure.....	25
Figure 13: THE Breakdown by Provider 2001/02-2006/07 .....	27
Figure 14: Percent Share of THE by Provider Category, 2001/02– 2006/07 .....	28
Figure 15: Share of Financing Agents that Manage Provision of Public Health Programs Funds.....	30
Figure 16: THE Breakdown by Functional Category.....	31
Figure 17: Percent Breakdown by Type of Public Health Program .....	32
Figure 18: Allocation of Health Funds from Financing Sources to Functions, 2001/02.....	33
Figure 19: Allocation of Health Funds from Financing Sources to Functions, 2006/07 .....	34

# ACRONYMS

<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>BNLSS</b>	Botswana, Namibia, Lesotho, South Africa & Swaziland
<b>DHS</b>	Demographic and Health Survey
<b>EPI</b>	Expanded Program on Immunization
<b>FP</b>	Family Planning
<b>FS</b>	Financing Sources
<b>FY</b>	Financial Year
<b>GDP</b>	Gross Domestic Product
<b>GF</b>	Global Fund to Fight AIDS, Tuberculosis and Malaria
<b>HC</b>	Health Care Functions
<b>HH</b>	Households
<b>HIS</b>	Health Information System
<b>HIV</b>	Human Immunodeficiency Virus
<b>ICHA</b>	International Classifications for Health Accounts
<b>MCH</b>	Maternal and Child Health
<b>MoF</b>	Ministry of Finance
<b>MoHSS</b>	Ministry of Health and Social Services
<b>NAMFISA</b>	Namibia Financial Institutions Supervisory Authority
<b>N\$</b>	Namibian Dollar
<b>NCD</b>	Noncommunicable Disease
<b>NDHS</b>	Namibia Demographic and Health Survey
<b>NGO</b>	Nongovernmental Organization
<b>NHA</b>	National Health Account
<b>OOP</b>	Out-of-pocket
<b>PSEMAS</b>	Public Service Employees Medical Aid Scheme
<b>PEPFAR</b>	President's Emergency Plan for AIDS Relief
<b>SSA</b>	Sub-Saharan Africa
<b>SSC</b>	Social Security Commission
<b>TB</b>	Tuberculosis
<b>THE</b>	Total Health Expenditure
<b>US\$</b>	United States Dollar

**USAID** United States Agency for International Development  
**WHO** World Health Organization  
**WHS** World Health Survey

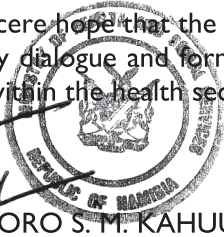
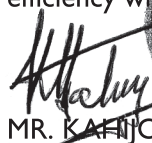
# PREFACE

This report provides detailed results of Namibia's second estimation of National Health Accounts (NHA), for the financial years 2001/02 to 2006/07. The study was conducted to shed light on the distribution of funding for health care from public, private, and donor sources and to inform the government on health expenditure trends to improve health system management and resource allocation.

The data were collected, structured, and analyzed by a multidisciplinary team from the Ministry of Health and Social Services, with the technical and financial support from the U.S. Agency for International Development (USAID) and World Health Organization (WHO).

I acknowledge the cooperation and support of the many organizations/institutions/firms, parastatals, and government ministries and agencies that participated in the study. My sincere appreciation goes to Ms. Susna De and Ms. Ellie Brown of the USAID Health Systems 20/20 project for their technical assistance in making this project a success. Furthermore, my gratitude goes to Namibia's NHA team: Dr. T. Okorosobo (WHO), Mr. T. Mbeeli, Ms. M. Zauana, Mr. C. Limbo, Mr. B. Tjivambi, Ms. E. Kafidi, Mr. C. Usurua (Ministry of Health and Social Services), and Mr. E. Tjipepa (Namibia Financial Institutions Supervisory Authority) for conducting this second round of NHA.

It is my sincere hope that the NHA results will be put to good use by both partners and policymakers to guide policy dialogue and formulation on all issues of health financing, including resource allocation and efficiency within the health sector.



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# EXECUTIVE SUMMARY

## BACKGROUND

The 2001/02-2006/07 Namibia National Health Accounts (NHA) describes financial flows for health care, including public, private, and donor contributions. NHA is an internationally accepted framework used to comprehensively track expenditures for a given year. Specifically, it details financial transactions between financing sources (e.g., donors, Ministry of Finance, households), financing agents (e.g., Ministry of Health and Social Services, nongovernmental organizations [NGOs], insurance), providers (e.g., health centers, hospitals), and associated functions (health services or products rendered, e.g., inpatient and outpatient curative care). In short, NHA tracks the flow of health funds through the system, from their sources to their end uses.

This report is the second round of NHA in Namibia, the first one having been conducted in 2002 for the years 1998/99-2000/01. This 2001/02-2006/07 round, led by the Ministry of Health and Social Services with support from World Health Organization (WHO) and the United States Agency for International Development (USAID)'s Health Systems 20/20 project, aims to inform the policy process so that stakeholders, including the Government of Namibia, donors, and the private sector, may develop evidenced-based policies concerning resource allocation and use. By understanding the status of resource flows, stakeholders are better able to evaluate the strengths and weaknesses of current financial arrangements. In so doing, NHA can serve a monitoring purpose, as part of the routine function of government and not as a one-time study.

## METHODOLOGY

The estimates were developed following a comprehensive data collection effort to triangulate both primary and secondary data. Attempts were first made to identify secondary data (e.g., government executed budgets, World Health Survey for household estimates) and, where they were missing, primary data from donors, NGOs, insurance firms, companies, and ministries were collected to fill in the gaps. For each expenditure transaction, every effort was made to validate the estimate from more than one data source. Reported expenditure transactions were then classified and analyzed in accordance with the Guide to producing National Health Accounts; with special application for low-income and middle-income countries (WHO, World Bank, and USAID 2003), commonly referred to as the Producers' Guide. The information was then organized into a series of four standard tables (that show the flow of funds between two health care dimensions) for each year.

## FINDINGS

Table ES-I offers summary statistics from the 2001/02-2006/07 NHA estimate.

**TABLE ES-I: NHA SUMMARY STATISTICS, 2001/02–2006/07:**

Indicator	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07
Total population	1830290	1860145	1890486	1921510	1953207	1985538
Exchange rate US 1\$=	9.64	9.53	7.04	6.23	6.39	7.09
Total GDP (real 2006 N\$ million)	28,347	33,433	34,275	36,819	39,913	46,971
Total govt expenditure (real 2006 N\$ million)	10,016	10,958	12,413	12,806	12,868	15,155
THE (real 2006 N\$ million)	1,854	2,176	2,453	2,787	3,397	3,890
THE (real 2006 US\$ million)	261	307	346	393	479	549
THE per capita (real 2006 N\$)	1013	1170	1297	1450	1739	1959
THE per capita (real 2006 US\$)	143	165	183	205	245	276
THE as a % of GDP	6.5%	6.5%	7.2%	7.6%	8.5%	8.3%
Govt health expenditures as a % of total govt expenditures	11.7%	12.7%	12.3%	12.4%	12.7%	11.3%
Donor health expenditures as a % of total donor expenditures	7.2%	6.4%	7.9%	30.4%	77.3%	79.4%
Financing sources as a % of THE						
Public	63.3%	64.1%	62.4%	57.0%	48.2%	44.0%
Companies	14.3%	12.0%	12.0%	10.9%	9.4%	8.9%
Households	18.6%	20.8%	22.6%	22.4%	25.5%	24.7%
Donor	3.8%	3.2%	3.0%	9.7%	16.9%	22.4%
Financing agents as a % of THE						
Govt	56.9%	58.1%	56.1%	47.9%	47.3%	42.2%
Public insurance	17.3%	17.5%	18.1%	20.6%	16.9%	15.8%
Private insurance	20.2%	19.0%	19.5%	18.3%	22.0%	21.7%
OOP	3.1%	4.0%	5.1%	3.7%	3.7%	3.2%
Companies	0.9%	0.9%	0.9%	1.0%	0.8%	0.8%
Donor and NGO	1.6%	0.5%	0.3%	8.4%	9.4%	16.3%
Provider as a % of THE						
Public facilities	52.5%	53.9%	52.7%	48.2%	45.9%	40.0%
Private facilities	22.1%	20.8%	22.0%	21.9%	23.1%	22.1%
Dispensing chemist	6.2%	7.2%	7.4%	7.2%	6.6%	6.3%
Provision of public health programs	5.3%	3.9%	3.5%	8.5%	11.5%	15.6%
General administration	11.7%	12.1%	12.0%	11.2%	10.4%	14.0%
Other	2.2%	2.1%	2.4%	3.0%	2.5%	2.0%
Functions as a % of THE						
Inpatient care	39.5%	36.3%	36.0%	34.9%	32.1%	31.8%
Outpatient care	31.3%	34.5%	35.2%	32.7%	33.2%	30.0%
Medicine at private pharmacies and shops	6.6%	7.6%	7.8%	7.6%	6.9%	6.3%
Other medical care	2.2%	2.0%	2.3%	2.8%	3.4%	2.1%
Prevention and public and health programs	3.7%	3.5%	3.5%	8.1%	10.0%	14.5%
General administration	12.9%	12.0%	11.6%	11.6%	11.9%	14.4%
Capital formation	3.7%	3.9%	3.5%	2.1%	2.4%	0.8%
Other	0.0%	0.1%	0.1%	0.1%	0.1%	0.1%

Note: GDP=gross domestic product, THE=total health expenditure, OOP=out-of-pocket

The availability of trend data on financing facilitated observations about the evolution of financing in Namibia during the five-year period as well as its current pattern of spending on health. The principal findings of this round of NHA are as follows:

- *Total health spending **doubled** over the five-year period.*

The total resource envelope for health in 2006/07 was N\$3.9 billion (US\$548.6 million), accounting for 8.3 percent of GDP, the second-highest level among countries in the BNLSS (Botswana, Namibia, Lesotho, South Africa, and Swaziland) region, following only South Africa.

- *The share of public financing for health (the largest contributor in Namibia) decreased from 63 percent in 2001/02 to 44 percent of total health expenditure (THE) in 2006/07. This is due to increased levels of financing by households (from 19 percent to 25 percent) and donors (4 percent to 22 percent).*

In absolute terms (after accounting for inflation), government financing over the five-year period increased by 1.5-fold, household spending by threefold, donor spending by twelvefold, and companies by 1.2-fold.

- *Government investment in health as a percentage of total government spending averaged 12.2 percent over the five-year period, short of the commitment of African governments at the Abuja summit to achieve 15 percent allocation to health by 2015.*
- *More entities managed and controlled health funds (i.e., acted as financing agents) in 2006/07 than in 2001/02.*

In particular, the role of implementing agencies, namely NGOs and donors, grew sizably. Implementing agencies spent 22-fold more in 2006/07 than in 2001/02.

- *Public providers consumed the largest share (40 percent of THE) of health funds followed by private providers (22 percent of THE) in 2006/07.*

Provision of public health programs and provision of administration increased by six- and threefold, respectively, over the five-year period.

- *Public health programs have become increasingly focused on prevention and control of communicable diseases, increasing from 51 percent in 2001/02 to 97 percent of program spending in 2006/07. At the same time, investment in maternal and child health (MCH) and family planning (FP) programs and noncommunicable diseases (NCDs) decreased significantly, from 44 percent to 3 percent for MCH/FP and 5 percent to 0.5 percent for NCD.*

This represents a sizeable shift in absolute terms. Spending on communicable disease programs in 2006/07 increased by 15-fold, while MCH/FP program spending was halved, and NCD program spending, which was low in 2001/02, decreased further (by 10 percent) in 2006/07.

- *In 2006/07, public funds were the largest financier of curative care – inpatient and outpatient – while donors were the largest financier of public health programs.*

## RECOMMENDATIONS

Based on the findings, their implications, and the experience of implementing NHA, the following recommendations are made:

1. *Increase government stewardship and coordination of all entities (donors, NGOs, insurance schemes) involved in financing and management of health funds.* Given the increasingly pluralistic nature of Namibia's health system, the Government has an important role to play in coordinating the various players that determine where health resources are used, such that all health stakeholders are working toward common national goals in a complementary manner, avoiding duplicative and parallel efforts.
2. *Monitor intrasectoral allocations (by all stakeholders) across health programs to ensure that spending is in accordance with national priorities.* While the increased financial support for communicable disease programs like HIV/AIDS is a welcome and much needed development, care must be taken not to neglect other critical areas, such as MCH care, FP, and NCDs, which have experienced a considerable drop in financing over the five-year period studied.
3. *Monitor household expenditures to assess their financing burden (particularly given their tripling of spending on health during the five-year period) to maintain equitable access for all Namibians to health care.*

In this regard, collection of regular and routine household health and expenditure data is warranted.

4. *Strengthen links with the private sector, particularly companies and insurance schemes.* Encouragement of companies to invest in the health care of their employees can be a possible area of resource mobilization.
5. *Work to improve resource tracking mechanisms of health, such that NHA becomes a routine function of government and more directly linked to budgeting and planning processes*

Institutionalization of NHA will require routine resource tracking efforts particularly for donors, NGOs, and households whose investment is critical to monitor whether funds are being spent as intended (particularly in line with national priorities) and to flag any inequities.

# I. INTRODUCTION AND BACKGROUND

## I.1 CONCEPT OF NATIONAL HEALTH ACCOUNTS

National Health Accounts (NHA) is an internationally accepted tool for measuring, summarizing, and analyzing the sources and uses of financing in national health systems. NHA examines total health spending in a country including public, private, and donor expenditure. By describing the flow of funds through the health system, from their sources to financing agents to health care providers and finally to functions (rendered services and/or products), NHA provides a comprehensive picture of the financial status of a country's health system.

The International Classification for Health Accounts (ICHA) provides a basis for NHA. It categorizes health expenditures among fundamental dimensions, such as financing agents, providers, and functions. It is compatible with a number of other existing classification schemes and practices in international economics statistics. Use of international classification schemes facilitates cross-country comparisons among countries of similar socioeconomic status.

### I.1.1 PURPOSE OF NHA

The principal goal of NHA is to support health system governance and decision making. NHA contributes to the health policy process by providing a comprehensive study of health spending in the country that leads to better-informed health policy decisions and avoids potentially adverse policy choices.

NHA is all-inclusive and presented in a format that is easy to understand. The framework provides evidence for policy decisions for the entire health sector, and is useful for improving system performance.

NHA not only contributes to policy design and implementation, but also monitors resource flows from their sources to end uses, informing donor funding decisions and the general health policy dialogue.

NHA's international standardization allows policymakers to compare their health spending patterns and outcomes with other countries of similar socioeconomic status.

### I.1.2 WHAT QUESTIONS COULD NHA ANSWER?

NHA has been found to be useful in answering a number of key policy questions such as:

*Who pays and how much is paid for health care?*

- Knowing who finances health care provides valuable information for the design of policies and interventions. In particular, should a detailed household expenditure survey be available, NHA can show how large the financial burden is relative to households' means, illuminates the nature of protection and the fairness of their financial burden.

*Who provides goods and services, and what resources do they use?*

- Answers to these questions describe the allocation of expenditure across different types of providers and possibly production factors used in the system. These are dimensions of economic efficiency that are important focuses of decision making.
- These answers also shed light on how expenditures are distributed among different financing entities and health care providers.

*How are health funds distributed across different services, interventions, and activities that the health system produces?*

- NHA shows what is produced in the health system and what is spent on different services and products. The commitment of resources to health functions is a valuable measure of actual priorities of a health system. Such information indicates whether or not an allocation reflects actual priorities.
- NHA also highlights the equity imbalances in distribution of health expenditures.

*Who benefits from health expenditures?*

- Knowing where the benefits from health expenditure fall in terms of their financial value is an important measure of assessing fairness in financing distributions across population groups (again, if a detailed household survey is available).

### **I.1.3 DIMENSIONS OF NHA**

The NHA framework has been designed to include at a minimum four dimensions of expenditure classifications. Health expenditures are tracked through the health system from financing sources, to financing agents, to providers, and finally to uses.

a. Financing sources

Institutions or entities that provide funds used in the health system by financing agents.

b. Financing agents

Institutions or entities that receive funds from financing sources and have programmatic control over their use.

c. Providers

Entities that receive funds from financing agents and provide or deliver the health care service. Providers are the end users of funds.

d. Functions

The actual goods and services delivered and activities performed within the health system boundary.

#### 1.1.4 WHAT NHA MEASURES

The goal of NHA is to capture all actual expenditures for activities whose primary purpose is to restore, improve, and maintain health for the country and for individuals during a defined period. Expenditures measure, in monetary terms, the value of consumption of the goods and services of interest. This is distinct from commitments where funds are legally promised to recipients but not necessarily transferred to recipients. Expenditures are also distinct from disbursements in which funds are transferred from the funding mechanism (e.g., donor) to a recipient (e.g., nongovernmental organizations [NGOs]), but not necessarily spent by the recipient. NHA attempts to track spending on rendered health services and products. If donated commodities are shipped to a country but not distributed to the population during the year of interest, the value of commodities are not included in that year's NHA.

NHA defines boundaries in terms of space and time. While the review captures health expenditures for a country, this measure is not limited to the activities that take place within the national borders. Rather, it is defined in terms of nation's citizens and residents. This means that the review includes spending on health care by citizens and residents who are temporarily abroad, as well as spending of external agencies (such as bilateral agencies) on inputs to health care within that country. The review attempts to exclude spending in the country by foreign nationals.

The time boundary of the review has two elements. Firstly, a particular period must be chosen within which the activities took place. This usually is a fiscal year or calendar year. The other element of the time boundary is the distinction between when the activity took place and when the transaction of payment took place. NHA uses the method in which expenditures are captured in the year they were actually incurred rather than when commitments were made.

## 1.2 HISTORY OF NHA IN NAMIBIA

The World Health Report 2000 (WHO 2000) revealed that the Namibian health system consumed around 7.5 percent of gross domestic product (GDP), but the health outcomes in terms of disability-adjusted life expectancy were poor compared with other countries at similar levels of development and with similar levels of health expenditure per capita. Furthermore, the country had high levels of inequalities in health and access to resources. Therefore policymakers deemed it imperative to address the weaknesses of the health system. In doing this, there is a need for reliable information on the sources and use of funds for health in the country.

In 2002, the Ministry of Health and Social Services (MoHSS) undertook the first round of NHA, which covered financial years 1998/99 to 2000/01. The exercise was a collaborative effort between the MoHSS and the World Health Organization (WHO). The results were used by the Government in the budgeting process, in particular to inform regional directorates' budgetary allocations, and to serve as the starting point for research on formulation of a needs-based resource allocation formula. Furthermore, it was anticipated that NHA would be institutionalized to serve as basis for evaluating ongoing health reform strategies as part of the routine health information systems (HIS).

However, following this initial round, NHA was not conducted until the current round in 2007, which covers financial years 2001/02-2006/07. This NHA exercise has encompassed a greater number of stakeholders from the public and private sectors, which will help facilitate the process for institutionalizing NHA.

## 1.3 NHA OBJECTIVES

The purpose of the second round of the NHA exercise is to assess the current usage of resources in order to fill existing gaps. The specific objectives are:

- Quantify the financial flows of distribution of funding between public, private, and donor sources and calculate the total health expenditure (THE) as a proportion of GDP,
- Inform the government on health expenditure trends to enable health system management and resource allocation,
- Review the role of stakeholders in addressing health issues,
- Advance the process of institutionalization of NHA.

## 1.4 HEALTH STATUS OF NAMIBIA

The Government recognizes health as both a resource for and outcome of development, and has therefore committed itself to the achievement of health for all Namibians, through the provision of health care that is accessible, affordable, and equitable based on the primary health care approach.

### 1.4.1 TRENDS IN MAJOR HEALTH INDICATORS

Trends in Namibia's major health indicators create a health profile that has seen reversals in the improvements of people's health status, owing primarily to the impact of the HIV/AIDS pandemic. This is seen in indicators such as the infant mortality rate of 46 per 1,000 live births in 2006 (MoHSS 2008), compared with 38 per 1,000 live births reported in the 2000 Namibia Demographic and Health Survey (NDHS) (MoHSS 2003) and an under-five mortality rate that increased slightly, from 62 per 1,000 live births in 2000 to 69 per 1,000 live births in 2006. The causes of the high infant and under-five mortality include immediate causes such as diarrhea, pneumonia, malaria, and perinatal causes and underlying issues such as malnutrition and HIV/AIDS.

The HIS further shows that other respiratory system diseases, diarrhea without blood, common cold, nose/throat disease/disorder, and malaria are the five main causes of outpatient visits among under-five children. Additional causes are skin diseases, pneumonia, other syndrome/diagnosis, other gastrointestinal disease/disorder, and trauma/injury.

In the recent past, HIV, diarrhea, pulmonary tuberculosis (TB), pneumonia, and malaria have been the top causes of death in all health facilities in the country. Other leading causes of mortality are other respiratory system diseases, anemia, heart failure, malnutrition, and hypertension. The HIS data also reveal a growing threat of noncommunicable diseases (NCDs).

### 1.4.2 MAJOR HEALTH ISSUES

Maternal mortality increased sharply between 2000 and 2006. The 2006 NDHS (MoHSS 2008) estimated the maternal mortality ratio at 449 per 100,000 live births, up from 225 per 100,000 live births in 2000. An assessment of emergency obstetric care in the country showed that the main direct causes of maternal mortality are hemorrhage, eclampsia, obstructed labor, and sepsis, with HIV/AIDS as the principal indirect cause. There is however good access to antenatal and delivery services in all

regions of the country. Overall antenatal care attendance is high at 94.6 percent in 2006. In addition, there was a notable increase in the proportion of deliveries attended by skilled personnel between 1992 (68.2 percent) and 2006 (81.4 percent).

Namibia was on the verge of eliminating polio until the outbreak in 2006, following importation of wild polio virus. Following the successful outbreak response, no cases of polio have been reported since 2007. The Expanded Program on Immunization (EPI), which aims to achieve and maintain vaccine coverage above 90 percent for all antigens in every district, achieved vaccination coverage of 84 percent against measles for children age 12 months in 2006.

The HIV/AIDS pandemic has had a major impact on the life expectancy of Namibians and continues to threaten the socioeconomic fabric of the country. Overall, HIV prevalence has continued to rise, from 4.2 percent in 1992 to 19.9 percent in 2006 (MoHSS 2007). A national multi-sectoral response is in place, guided by the national AIDS policy and the third Medium-Term Strategic Plan (Republic of Namibia 2007). Significant resources have been mobilized from the Government, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF), among others, to address the AIDS pandemic.

TB is also a major public health problem in Namibia and is compounded by the HIV epidemic. With a TB prevalence rate of 765 cases per 100,000, Namibia has one of the highest case notification rates in the world. The emergence of drug-resistant strains of the disease imposes additional challenges for infection control in health facilities.

A number of factors have been identified as contributing to the high burden of TB in the country, including overcrowding and poor ventilation, poor nutrition, alcoholism, the HIV-TB co-infection rate (59 percent), and inadequate infection control/prevention.

## **I.5 NAMIBIAN HEALTH SYSTEM**

### **I.5.1 NATIONAL GOALS AND VISION**

The goals of sustainable development cannot be achieved when there is a high prevalence of debilitating illnesses. Hence, a responsive health system and its environment are of paramount importance to support the health of a population. Sufficient nutrition, quality health care, safe water, and adequate sanitary facilities are thus essential for the people's quality of life. In this context, Vision 2030 envisages a Namibia where all preventable, infectious, and parasitic diseases are under secure control.

The MoHSS's vision, as stated in the Health Policy Framework of 1998, is the attainment of a level of health and social well being by all Namibians, which will enable them to lead economically and socially productive lives. In line with this, the main objective of the Government is to make the provision of relevant preventive, promotional, curative, and rehabilitative health services affordable and accessible to all Namibians.

### **I.5.2 ORGANIZATION**

#### **I.5.2.1 PUBLIC SECTOR**

The public health sector in Namibia is structured in a three-tier hierarchy, with central, regional, and district levels. In the context of the decentralization policy aimed at improving service provision and

management, the central level has devolved authority to 13 MoHSS regional directorates. The central level has responsibility for policy formulation, regulation, planning, management development, and support for service provision for the entire health sector. The regional directorates oversee a total of 34 health districts, which are responsible for service delivery.

In 2006/07, there were 30 public district hospitals providing institutional medical and nursing care, including preventive, promotive, primary, and secondary curative health care. They also provide technical and referral support to 44 health centers and 265 clinics.

To support the districts, three intermediate hospitals have been designated, in Oshakati, Rundu, and Katutura, while the Windhoek Central Hospital performs the role of overall national referral hospital.

### **1.5.2.2 PRIVATE NOT-FOR-PROFIT SECTOR (NGOS)**

Churches and NGOs play a significant role in protecting and promoting the health and social welfare of the Namibian people. Churches manage mission health facilities under contractual arrangements with the government in some districts. Many of the NGOs are involved in the delivery of community-based health care. Of these organizations, few are actually involved in the MoHSS planning processes, with the exception of NGOs that participate in the HIV/AIDS programs.

### **1.5.2.3 PRIVATE FOR-PROFIT SECTOR**

The private health sector is regulated by the Hospital and Health Facilities Act of 1994. Private health facilities are licensed to provide health services to all patients and they complement the services of the public sector.

In 2006, there were a total of 844 private health facilities registered or licensed with the MoHSS. These facilities include 13 hospitals, 75 primary care clinics, eight health centers, and 75 pharmacies. There are 557 medical practitioners including dentists, psychologists, and physiotherapists. The majority of these facilities and practitioners are located in urban areas.

## 2. METHODOLOGY

### 2.1 OVERVIEW OF APPROACH

The second round of NHA was designed to build upon lessons learned from the first round. It started with the constitution of a technical team from the MoHSS, National Planning Commission, and Namibia Financial Institutions Supervisory Authority (NAMFISA). The team undertook a one-week orientation seminar on the NHA framework and its application for informing policy. This was followed by a half-day sensitization meeting with stakeholders, chaired by the Deputy Minister of Health and Social Services.

For this estimation, the NHA framework was used to calculate the total financial expenditure on health care in Namibia. The framework is based on ICHA-defined classifications for health care expenditures and is presented in the form of matrices linking sources of funding, financing agents, providers and a breakdown of the uses of health services. In estimating health expenditures, primary and secondary data were collected. The primary data collection entailed the administration of questionnaires by enumerators to government ministries, employers including parastatals, donors, private insurance (medical schemes) such as the Public Service Employee Medical Aid Scheme (PSEMAS) and workman's compensation from the Social Security Commission (SSC), and NGOs. The out-of-pocket (OOP) spending by households was estimated from the World Health Survey (WHS).

### 2.2 DATA SOURCES

As just noted, the data collection process for this NHA estimation relied extensively on primary data collected from questionnaires distributed to government ministries, employers, donors, and medical schemes. Secondary data were used for the estimation of household expenditures, collation and triangulation of primary data, and determining health expenditure ratios.

#### 2.2.1 SECONDARY DATA

The secondary data used for the estimation were obtained from:

- Estimate of Revenue and Expenditures for the period 1 April 2001–30 March 2008, Ministry of Finance (MoF)
- Medium-Term Expenditure Frameworks for the period 2004/05–2009/10, MoF
- National Accounts 1996–2006, Central Bureau of Statistics and National Planning Commission
- Populations Projections 2001–2031, Central Bureau of Statistics and National Planning Commission
- Year-on-year average consumer price inflation, Central Bureau of Statistics and National Planning Commission
- Year-on-year average exchange rate, Bank of Namibia

## 2.2.2 PRIMARY DATA

### 2.2.2.1 SURVEY INSTRUMENTS

To collect the primary data used for the estimation of health expenditure, a number of questionnaires were developed. The questionnaires were based on the first round of NHA, adjusted to account for the shortcomings in the data collection and analysis during that estimation. The questionnaires targeted government ministries, employers, donors, medical schemes, and NGOs.

### 2.2.2.2 QUESTIONNAIRE ADMINISTRATION

Preceding the data collection, the survey enumerators underwent three days of training, acquiring basic appreciation of NHA and understanding the design and purpose of the different questionnaires. Under the supervision of the technical team, the enumerators distributed the questionnaires by hand to selected organizations located in Windhoek. Each questionnaire was left with the respondent to complete over the course of three weeks. For organizations located outside of Windhoek, the questionnaires were distributed through fax and email. However, because there were a large number of organizations located in Walvis Bay and Swakopmund, questionnaires were delivered in person. Efforts were made to encourage complete reporting of expenditures in the questionnaires for all organizations.

The data collection was conducted in November and December 2007 and in part of January 2008.

### 2.2.2.3 SAMPLING

The sampling of institutions was primarily informed by the first round of NHA. This database of donors and NGOs was adjusted to take into account new entities involved in the health sector. The total number of insurance schemes in Namibia is small, so complete coverage was attempted.

With regard to the private employers and parastatals where the number of institutions is large, complete survey coverage was not attempted. The inventory of all registered employers was sourced from the SSC, which registers all employers. A sample was drawn from the list using the following criteria:

- The company must at least have 50 or more employees and
- The company identified has the potential to fund, be an agent of, or provide health services.

In all, 195 organizations were identified for the study with relevant questionnaires distributed to them. A total of 160 organizations responded (Table 1). The number of organizations that were identified and that responded to the questionnaire was greater than that of the first round of NHA (111 and 106, respectively).

**TABLE 1: BREAKDOWN OF ORGANIZATIONS FROM WHICH DATA WERE COLLECTED**

Categories	Number of targeted organizations	Number of respondents
Health insurance	11	10
Donors	18	12
Employers	154	127
NGOs	5	4
Government ministries	6	6
Total	195	160

## 2.3 DATA ENTRY AND ANALYSIS

Data collected from the questionnaires were entered into Epi Info using predefined data entry screens. The Epi Info files were then converted to Microsoft Excel for entry into the NHA tables.

Data analysis took place in April through June 2008. The data were edited and reviewed to verify the consistency of received information. During this process, it was necessary to contact some of the respondents for data verification. Data from primary and secondary sources including government ministries, employers, donors, and medical schemes, and household expenditure surveys were analyzed.

It was observed that respondents reported their expenditures using their own financial years. The financial years of a number of organizations did not match that of the government, which runs from April to March. Prior to data analysis, those different financial years had to be adjusted to coincide with the government financial year for consistency of information. This adjustment was made by adding the expenditure of the months overlapping with the target financial year (April to March) to the total expenditure of the missing months from the previous target year. It is recommended that a standard reporting format be clearly outlined for the next round of NHA.

The analysis produced the following four standard tables for each financial year over the period 2001/02 - 2006/07:

- Financing Sources to Financing Agents (FS X HF)
- Financing Agents to Providers (HF X HP)
- Financing Agents to Functions (HF X HC)
- Providers to Functions (HP X HC)

### 2.3.1 GOVERNMENT

The information on government expenditures on health was collected from the following six ministries: Health and Social Services, Gender Equality and Child Welfare, Safety and Security, Defence, Regional Local Government and Housing, and Rural Development and Education. The selection of the ministries was based on the first round of NHA.

Due to the lack of disaggregated data, the expenditures on administration and public health programs were computed using ratios. Administration comprises a variety of activities of overall government administration of health such as formulation, administration, co-ordination and monitoring of overall

health policies, plans, programmes and budgets. The ratios for administration were derived at by incorporating national-level directorate expenditures and 11 percent of regional directorates' expenditures, while the outpatient and inpatient ratios were derived using the HIS utilization rates of health facilities and the estimated cost of these services as determined from costing studies in the region. Hence, the expenditure for inpatients was assumed to be 50.3 percent, while that for outpatients was assumed to be 49.7 percent. For health programs, the discussion with key informants revealed that 60 percent of all expenditure went toward prevention of communicable diseases, 30 percent for maternal and child health (MCH) care, and 10 percent for NCDs.

### 2.3.2 PROVIDERS

In the collection of information on expenditure by provider type, the study set out to cover as many categories commonly used in NHA as possible. Although the study design had a long list of providers, in analyzing the expenditures, a minimal level of aggregation of the providers was carried out leading to seven categories for reporting.

The public facilities include expenditures of government clinics, health centers, district, intermediate and referral hospitals, mission hospitals that provide inpatient and outpatient services, as well as all pharmaceuticals and administrative costs associated with the operation of these institutions. Data obtained from the public facilities were not disaggregated into outpatient and inpatient expenditures. By utilizing information from the HIS and evidence from the literature, the study computed a weighting plan in line with that developed for the Government.

### 2.3.3 PRIVATE EMPLOYERS

Private employers, including parastatals, make up an important category that provides health care financing for their employees. The report covers expenditure data collected from employers for the period 2001/02–2006/07 on their contribution to health expenses of their employees and onsite health facilities. As indicated earlier, not all companies registered with the SSC were surveyed.

Although the team made attempts to obtain complete data from each company for each financial year, some questionnaires were either not returned (see Table I above) or were returned incomplete. To represent employer expenditures as accurately as possible for each questionnaire that was returned, the NHA team applied weights to the data collected. To apply the weights to the employer data, the total number of full-time employees for each company with available data was divided by an estimated total number of full-time employees surveyed, bringing the weighting factor to 52 percent. Hence, the reported expenditures of each employer are adjusted upward by 52 percent.

It should be noted that, due to the incompleteness of data from employers, their reported data for employee contributions were not used for analysis. The NHA team used the data received from medical aid schemes because there was a greater response rate and their data were considered more reliable.

### 2.3.4 INSURANCE

Information was obtained from nine private health insurance schemes registered under the Medical Aid Funds Act: Namibia Health Plan, Namibia Medical Care, Namdeb, Woermann Brock, Nammed Medical Aid Fund, Renaissance, NAPOTEL, Social Security, and Bankmed. These medical schemes under the NHA classification fall in the category private social insurance (private insurance covered by other employers, parastatals and private). In addition, the study obtained information from PSEMAS for public

service employees and from the SSC, which includes workman’s compensation. PSEMAS is classified as a private social insurance (government employees).

Although attempts were made to obtain complete data from each insurance company for the period under review, questionnaires were returned with information from earlier financial years missing. To represent insurance expenditures accurately for each questionnaire that was returned, the NHA team applied weights to the data collected. Complete data were collected for social security and PSEMAS, so those expenditures were not weighted.

To apply the weights to the insurance company data, each year the total number of beneficiaries for each company with available data was divided by an estimated total number of beneficiaries for all nine companies. This weighting factor was then applied to all the data collected for that year. The number of beneficiaries for companies with incomplete data was estimated using factors obtained from historical data as well as using judgment from NHA team members knowledgeable about the insurance setting in Namibia.

Due to a lack of required detailed information in some of the questionnaires completed by the private insurance companies, the study determined and utilized various ratios for the relative employer/employee contributions, provider contributions, and contributions to health services through consultation with experts from NAMFISA who were on the NHA team (Table 2).

**TABLE 2: INSURANCE WEIGHTING PLAN**

	<b>No. of estimated beneficiaries</b>	<b>No. of known beneficiaries</b>	<b>Weighting factor</b>
2006/07	95,821	93,857	97.95%
2005/06	91,656	89,692	97.86%
2004/05	87,121	69,875	80.20%
2003/04	85,737	68,893	80.35%
2002/03	85,918	69,476	80.86%
2001/02	90,302	47,372	52.46%

### 2.3.5 DONORS AND NGOS

Donors finance public health services through extra budgetary resources (funds that go directly to the financing agent without passing through the government budget books).

To capture the extra budgetary resources, a questionnaire was sent to major donors involved in the Namibian health sector. This was followed by personal visits by the enumerators and interviews with key informants; however, only a few donors provided information as far back as financial year 2002/03 and 2001/02. Data on donors’ contributions to the government was triangulated from the Medium-Term Expenditure Framework documents.

In computing the contributions of donors for each financial year, a weighting formula was developed that took into consideration the number of responding donors, their relative sizes, the known total number of donors in the health sector, and trends of donor support from preceding years. An attempt was made to group all the active donors into quartiles for the weighting plan. For the earlier years of the study (2001/02-2003/04), a number of the responding donors did not provide the requested expenditure data. With the relative sizes of the active donors being similar, the study assigned constant weighting factors of 5, 0.4, and 2 to scale up the expenditures of the responding donors in 2001/02,

2002/03, and 2003/04, respectively. In the later years, from 2004/05 to 2006/07, the presence of two substantially large donors, the GF and the United States Government (through PEPFAR), significantly lessened the impact of data not obtained from the non-responding donors, resulting in smaller weights assigned to the responding donors. Weighting factors of 0.05, 0.05, and 0.012 were thus utilized for 2004/05, 2005/06, and 2006/07, respectively.

The NGOs in Namibia function as financing agents and providers of health services. The information obtained from the NGOs surveyed was incomplete and insufficient for effective analysis. Given that the principal source of funds for NGOs in Namibia is donors, the study has utilized the information obtained from the donors to represent the NGO contributions to the health sector.

### 2.3.6 HOUSEHOLD OUT-OF-POCKET

OOP spending refers to expenditures made directly to the provider by a household member. Due to limited available and accessible household studies with health expenditure modules, national annual OOP spending for the five years under review (2001/02-2006/07) was derived using the 2002 WHS dataset. This dataset is based on a WHO-designed study implemented by the MoHSS and WHO, which was conducted nationwide with 4,656 households (in 229 primary sampling units). The questionnaire covered several health-related topics, including OOP spending. Interviewed adults were asked to provide information about themselves or their children age 12 or younger. It should be noted that the WHS was not designed to provide annual OOP expenditures as per NHA needs but was the only accessible dataset to the team; consequently, some adjustments were made for NHA estimation purposes.

For inpatient care, estimates were based on events said to have occurred within the four weeks preceding the interview. These estimates were then multiplied by 13 to convert four weeks to 52 weeks for annualization purposes. For outpatient care, estimates were based on a 30-day recall period. Outpatient estimates (at various health facilities and private pharmacy/shops) were produced by multiplying the average expenditure for each visit at a given provider type by the total number of visits in a month and 13 to produce annual spending.

The 2002 WHS estimates were then mapped to NHA classification categories. To extrapolate the estimates for 2001/02, 2003/04, 2004/05, 2005/06, 2006/07, the 2002 WHS figures were adjusted for annual population growth and inflation rates. Inflation rates were determined from the Central Bureau of Statistics' Consumer Price Index. Specifically, financial year rates (April 1-March 31) were calculated from monthly inflation rates published in the Consumer Price Index. Population growth rates for each year were derived from the Population by Projection 2001/2031 (Central Bureau of Statistics 2006).

When compared with government-published estimates (Estimates of revenue and expenditures for the financial years (1 April 2007-31 March 2010)) of patient revenue received at public facilities, the WHS estimates (real and adjusted) of OOP spending at public providers were significantly larger for all years studied. After careful assessment of the quality of both data sources, the NHA team agreed that the government produced annual records of patient revenue were more robust than the WHS dataset, which had some analysis limitations and challenges in terms of NHA needs.

Nevertheless, government-published estimates did not provide data on OOP spending at private providers and so it was necessary to use the WHS estimates. To do this, WHS estimates were scaled back by a factor of approximately fivefold, representing the magnitude of difference between the original WHS estimates and the government-published revenue records. These scaled-back estimates were then used to populate the NHA matrices.

## 2.4 LIMITATIONS

Overall, the financial information from primary and secondary data sources was aggregated, which presented a lack of disaggregated financial information necessary to determine certain sub-classifications, such as the distinction of facilities by public and mission management as well as by hospital and clinics. Due to a lack of detailed information from respondents, the study utilized ratios to determine the relative employer/employee contributions, provider contributions and contributions to health programs. Although an effort was made through confirming the ratios with existing literature and individual consultations in the health sector, they may not reflect the realities.

Additionally, the study did not undertake a survey on providers, so the information included on providers was based on the assumptions and ratios as described in the data analysis section. Had information been obtained directly from the providers, it would have been easy to triangulate the data with that obtained from the financing agents. This study has had to use data from only one source for providers. It is recommended that future NHA estimations include provider expenditure modules, with efforts put into ensuring routine facilities reporting systems collect information in forms that will facilitate NHA analysis.

The team acknowledges the limitations in the OOP estimation approach as detailed in the data analysis section, and, for future estimations, it will be important to base OOP estimates on more up-to-date and rigorous household health and expenditure surveys.

Although the general approach to NHA is to use secondary data collected from existing sources, the health expenditure information needed for the NHA estimation was not readily available. Health expenditure questions should be included on routine surveys to help facilitate the institutionalization of NHA in the country.

The study has not made a consistent attempt to benchmark the results of this round of the NHA as there are not many countries that have recently conducted studies in the BNLSS (Botswana, Namibia, Lesotho, South Africa, and Swaziland) sub-region.



### 3. FINDINGS

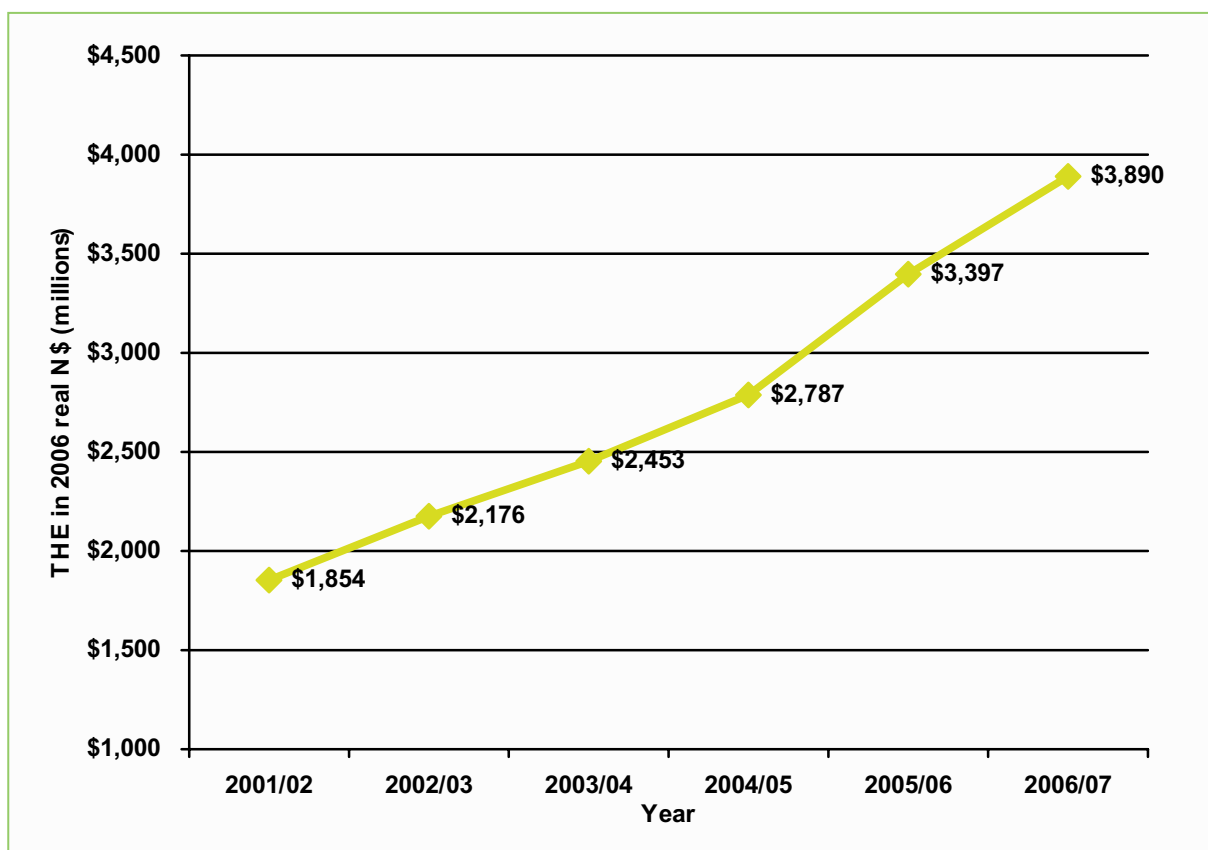
To accurately compare findings across the years, the numbers reported in this section have been adjusted for inflation and are reflective of real 2006 Namibian dollars. The NHA tables included in the annexes have not been adjusted and are reported in nominal amounts for their respective years.

#### 3.1 TOTAL RESOURCE ENVELOPE FOR HEALTH: WHO FINANCES HEALTH CARE?

##### *Total health expenditure*

Figure 1 indicates the THE trends for the period of study. THE was estimated at N\$1,854 million (US\$192 million) in 2001/02, rising for every year of the study and reaching N\$3,890 million (US\$549 million) in 2006/07. It is significant that THE grew over the study period both in nominal and real terms. Between 2001/02 and 2006/07, THE increased 2.1-fold in real terms.

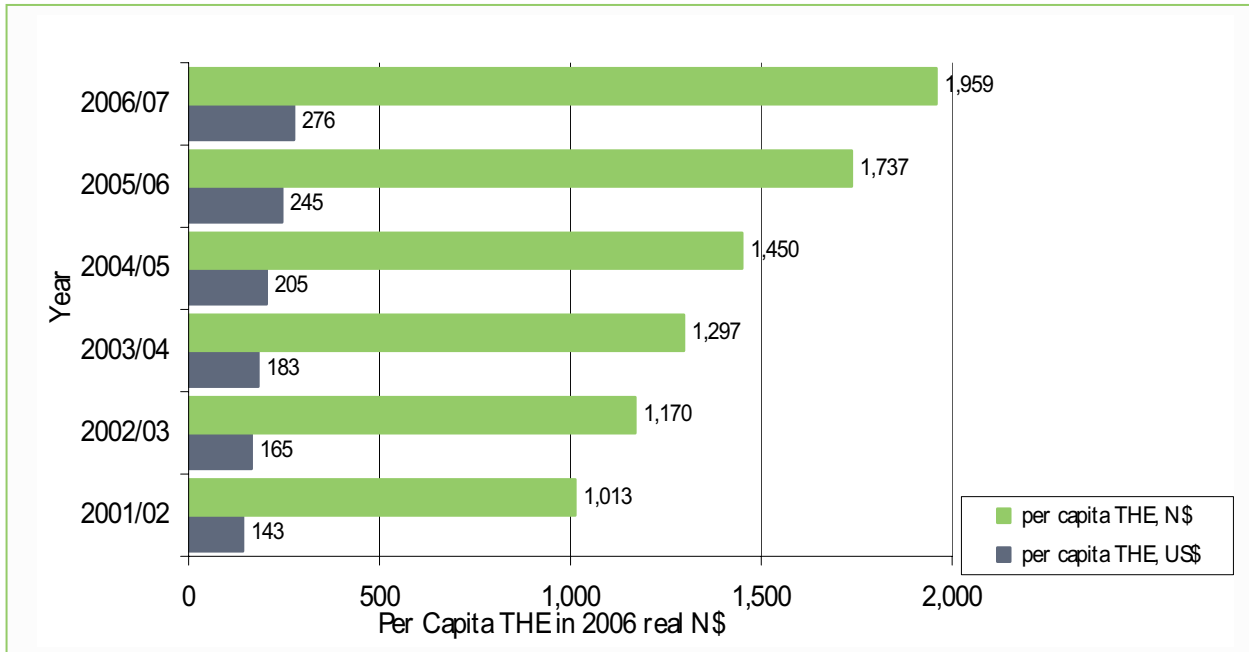
**FIGURE 1: TOTAL HEALTH EXPENDITURE, 2001/02–2006/07**



### Per capita spending on health

The per capita expenditure on health is shown in Figure 2. The chart shows a steady increase in per capita health expenditures over the period studied. In 2001/2002, the total expenditure on health per person was N\$1,013 (US\$143). In 2006/07, the total expenditure per person on health was N\$1,959 (US\$276). Health investment per capita in 2006/07 has almost doubled from the level in 2001/2002.

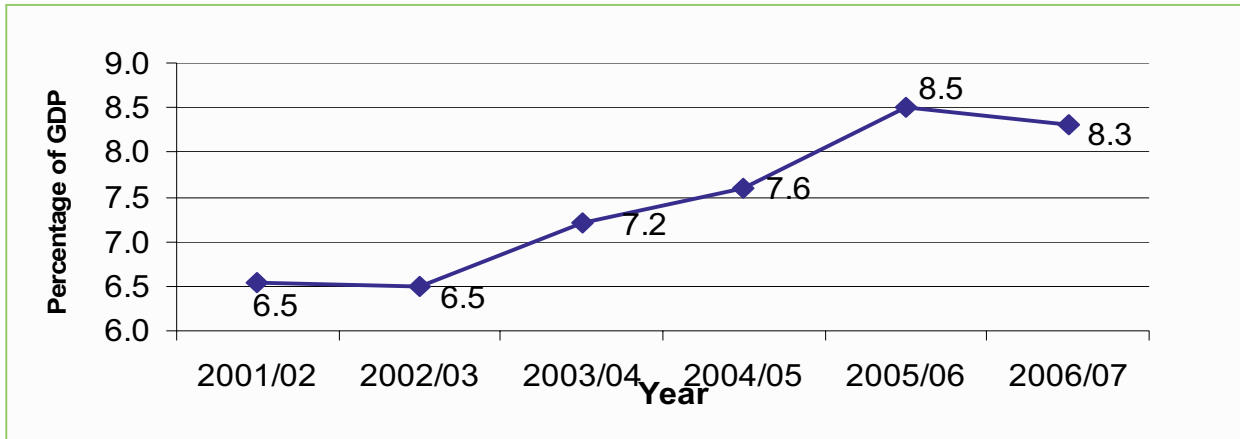
**FIGURE 2: PER CAPITA SPENDING ON HEALTH, 2001/02–2006/07**



### Total expenditure on health as a percentage of GDP

Figure 3 shows total health expenditure as a percentage of GDP. In 2001/02, the country spent 6.5 percent of its GDP on health. By the end of 2006/07, the percentage was 8.3 percent. However, it should be noted that steady growth until 2005/06 (8.5 percent of GDP) reversed slightly to 8.3 percent in 2006/07.

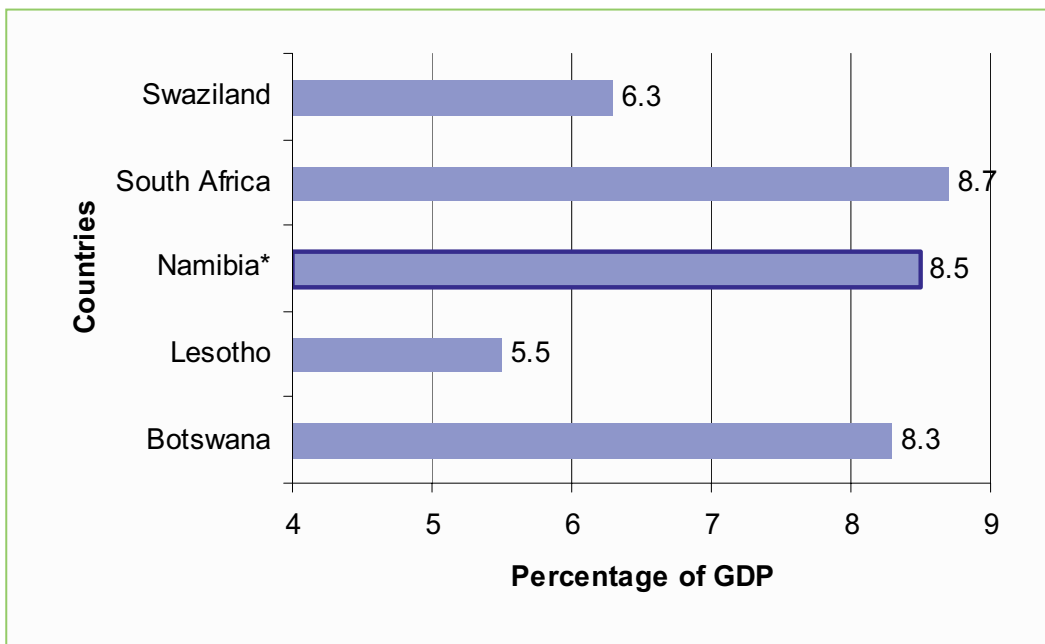
**FIGURE 3: TOTAL EXPENDITURE ON HEALTH AS A PERCENTAGE OF GDP**



*THE as percentage of GDP of BNLSS countries, 2005*

Namibia compares well with other countries in the BNLSS sub-region in terms of the proportion of the national GDP devoted to health (Figure 4). Namibia has the second highest percentage of GDP (8.5 percent) going to health, after South Africa (8.7 percent).

**FIGURE 4: THE AS PERCENTAGE OF GDP OF BNLSS COUNTRIES, 2005**



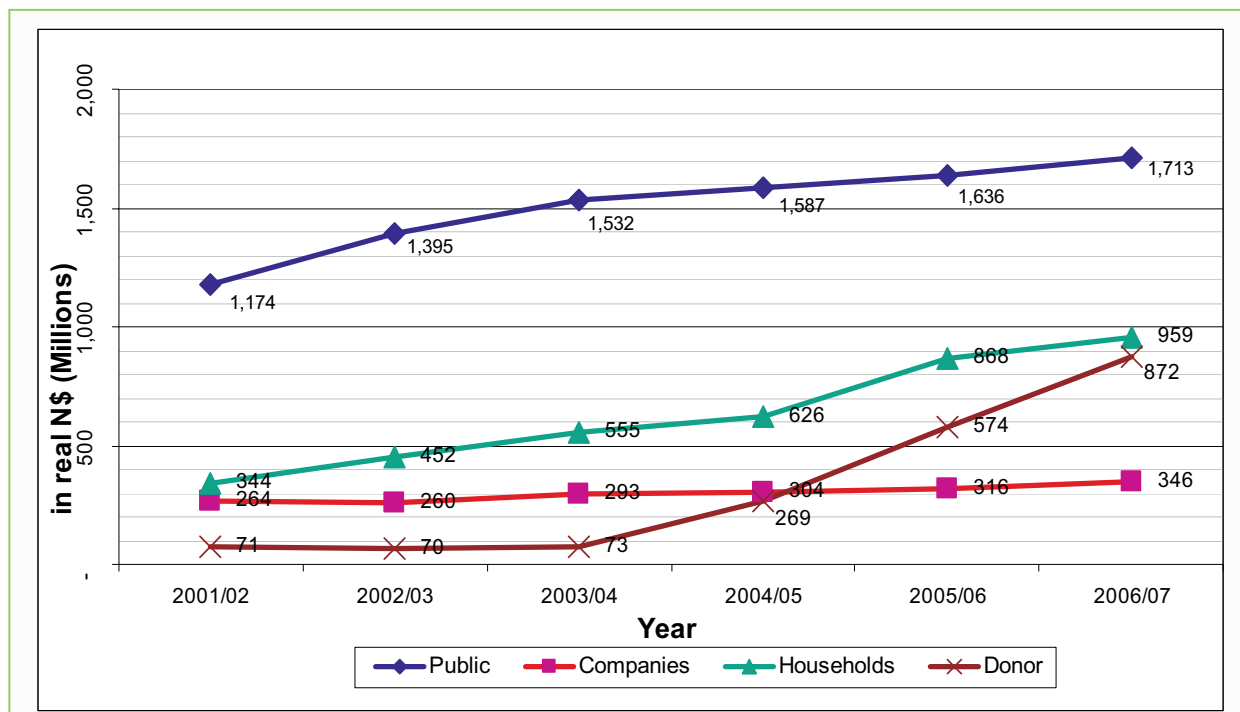
### 3.2 FINANCING SOURCES

The health sector in Namibia is financed by the traditional sources: public (government), companies, households, and donors. Over the period covered by the second NHA, these entities contributed varying levels of resources for health.

*THE breakdown by financing source, 2001/02–2006/07*

Figure 5 shows the trends in THE broken down by financing source. The public and household spending steadily increased over the years, while companies' investment in health was relatively constant. Donor spending was constant from 2001/02 to 2003/04 and increased sharply in 2004/05 with the advent of the GF. Donor spending has continued to increase since then.

**FIGURE 5: THE BREAKDOWN BY FINANCING SOURCE, 2001/02–2006/07**



*Magnitude of increase between 2001/02 and 2006/07*

The magnitude increase in absolute terms of the contributions of the different entities to health financing is shown in Table 3. Public spending increased 1.5-fold, while company spending remained relatively constant over the five years. Household contributions nearly tripled and donor investment increased by 12.3-fold.

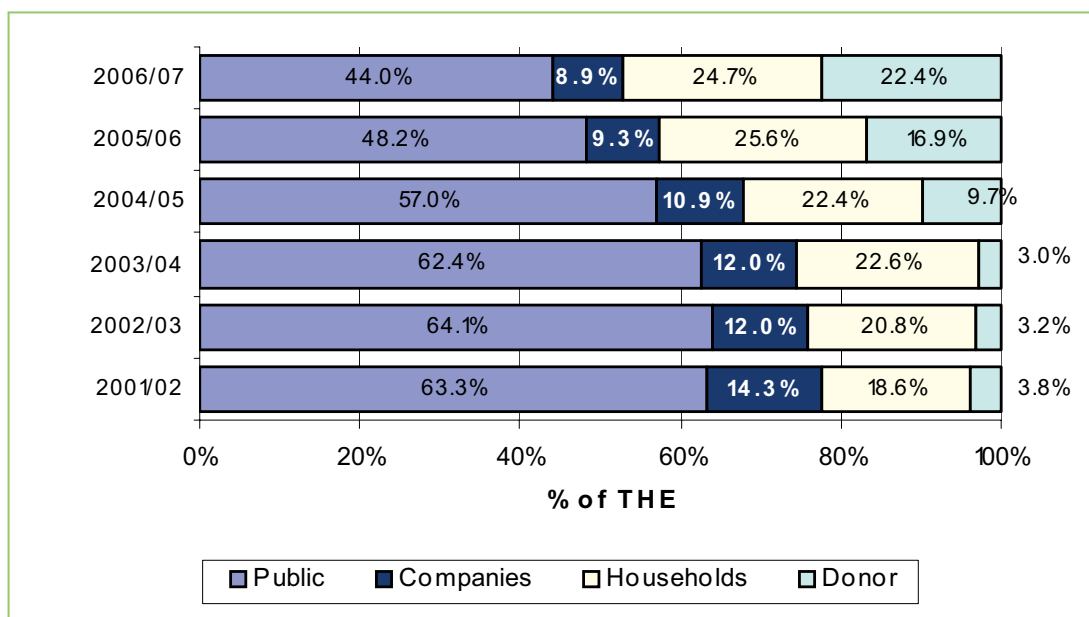
**TABLE 3: MAGNITUDE OF CHANGE AMONG FINANCING SOURCES, 2001/02 AND 2006/07**

Financing sources	2001/02 (N\$)	2006/07 (N\$)	Magnitude of Change
Public	1,174,387,258	1,712,593,763	1.5
Companies	264,490,485	346,313,196	1.3
Households	344,255,887	959,147,623	2.8
Donor	70,851,277	871,785,555	12.3

*THE breakdown by financing source*

Figure 6 illustrates the analysis of health financing by source. Of the total amount of funds spent on health in 2006/07, 44.0 percent came from public sources, 24.7 percent from households (largely through insurance), 22.4 percent from donors, and 8.9 percent from companies. The greater proportion of household health expenditures came from their contribution to health insurance schemes, with OOP constituting about 13 percent total household spending.

**FIGURE 6: THE BREAKDOWN BY FINANCING SOURCE**

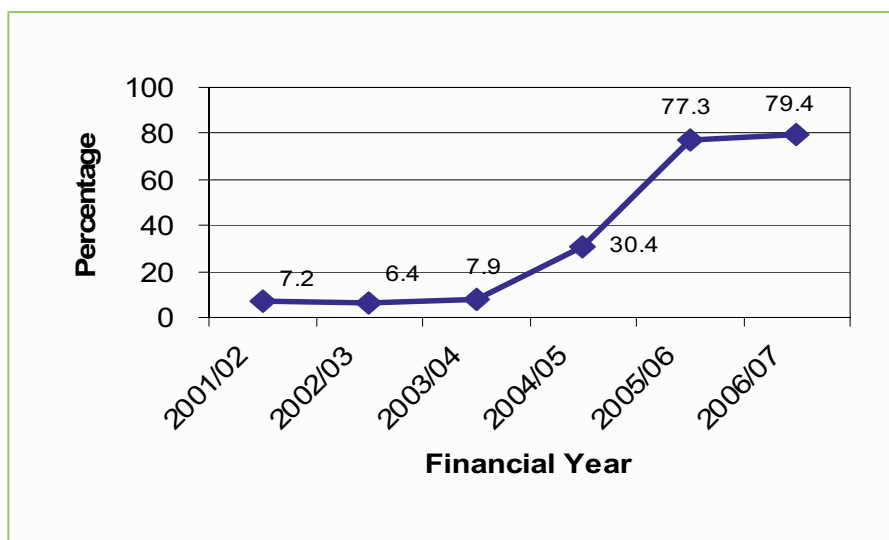


In relative terms, donor and household contributions to health sector financing in Namibia increased significantly, while government contributions decreased. In 2001/02, donors contributed 3.8 percent; by 2006/07, their share had increased to 22.4 percent. Nevertheless, in 2006/07, the public sector remained the biggest financier of health, followed by households and donors (in that order).

*Donor spending on health as a percentage of total donor disbursements*

Donor spending on health as a percentage of total donor disbursements is depicted in Figure 7. As the figure shows, investment in health has become the largest priority area for donors. In 2001/02, 7.2 percent of donor spending went to health, while in 2006/07, this share increased to 79.4 percent. A sharp increase in donor spending occurred in 2004/05, when the GF and PEPFAR started to provide funds for the health sector and, consequently, considerably increased the donor contribution to health. Donor spending has continued to increase since that time. The NHA team noted that, during the period covered by the study, a number of donors were scaling down their activities in Namibia, given the country's classification as a middle-income country. The total donor contributions might have dropped significantly but for the arrival of the GF and PEPFAR resources.

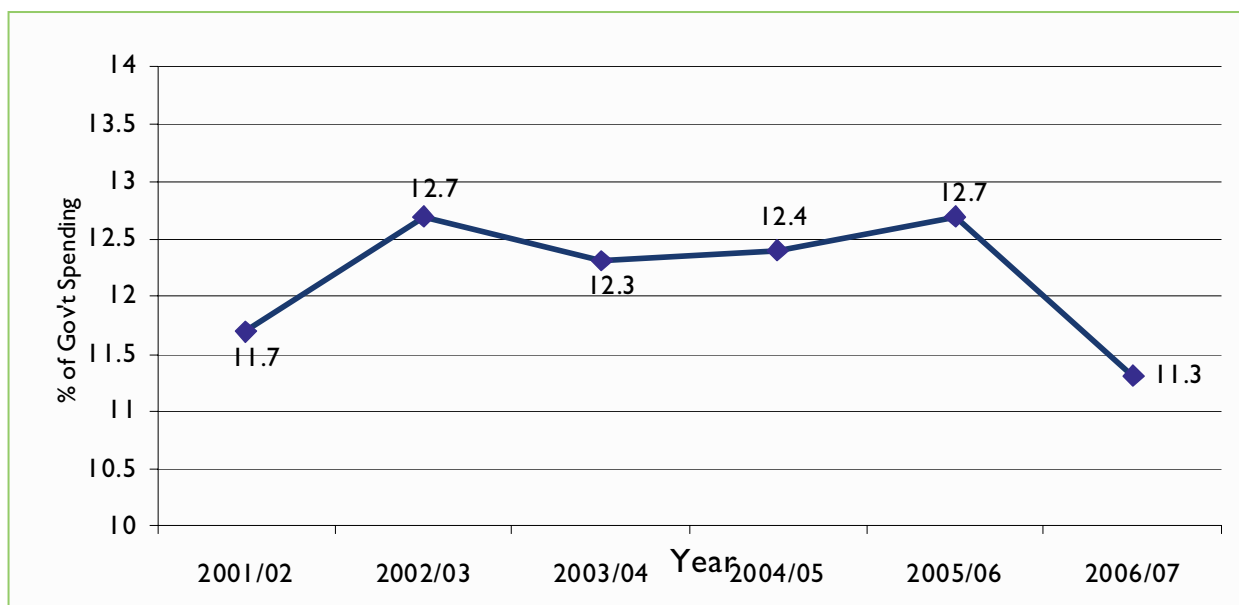
**FIGURE 7: DONOR SPENDING ON HEALTH AS A PERCENTAGE OF TOTAL DONOR DISBURSEMENTS**



### Government spending on health as a percentage of total government spending

Figure 8 shows government spending on health as a percentage of total government spending over the five-year period studied. The average percentage, 12.2 percent, fell short of the expenditure levels pledged in the Abuja declaration, in which heads of state committed to spending 15 percent of their countries' total public expenditure on health.

**FIGURE 8: GOVERNMENT SPENDING ON HEALTH AS A PERCENTAGE OF TOTAL GOVERNMENT SPENDING**



A close look at the government ministries that receive funds for health show that over the five-year period, the MoF allocated (through the MoHSS) an average 10.2 percent of government expenditures to health. (The Ministries of Education and Defence are the two other significant recipients of MoF funds for health.) In 2006/07, 11.3 percent of the government budget went to health. This is a slight decline from the 11.7 percent in 2001/02.

The following conclusions refer to the 2006/07 and 2001/02 Financing Source by Financing Agent (FSxHF) tables on pages 43 and 78 of this report.

Central government revenue expended the majority of its health funding at the Ministry of Health and Social Services in both 2001/02 and 2006/07, at 99.4% and 98.7% respectively.

Household contribution to insurance company insurance has increased from 7.0% in 2001/02 to 37.4% in 2006/07. Conversely, household contributions to private individual insurance and insurance for government employees have both decreased.

Donors are shifting their investment in health from government financing agents to NGOs, with donor contribution to MoHSS decreasing from 59.1% in 2001/02 to 25.6% in 2006/07. Donor contribution to NGOs was 40.9% in 2001/02 to 72.9% in 2006/07.

Upon additional analysis of the 2001/02 and 2006/07 NHA tables it is evident that in 2001/02 the MoHSS received the majority of its funding (96.0%) from central government revenue, while the remaining 4.0% came from donors. In 2006/07, donor contribution to MoHSS increased to 13.9% and central government revenue decreased to 86.1%. Donors and central government revenue continued to be the only sources of funds for MoHSS.

Also, company insurance, in 2001/02, was primarily financed by the companies themselves, at 91.1%. However, in 2006/07, households began to finance a little over half (53.2%) of contributions to company insurance, with the companies themselves financing 46.8%

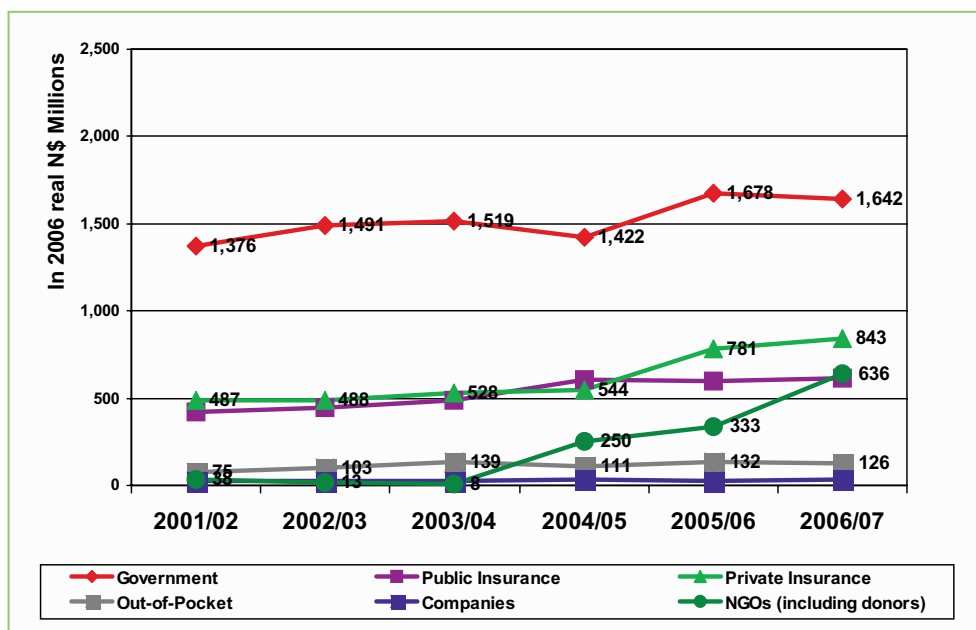
### 3.3 FINANCING AGENTS OF HEALTH CARE: WHO MANAGES HEALTH FUNDS?

Financing agents receive funds from financing sources and exercise programmatic control over their deployment for the provision of health services and products. During the period under review, the major financing agents in Namibia were the MoHSS and Ministries of Education, Defense, and Safety and Security. Others were the SSC, private social insurance, private companies, households, and NGOs.

From 2001/02 to 2006/07, government as a financing agent managed the largest amount of health resources, with its share of THE managed slightly increasing over the period. Household OOP spending remained relatively constant over the years.

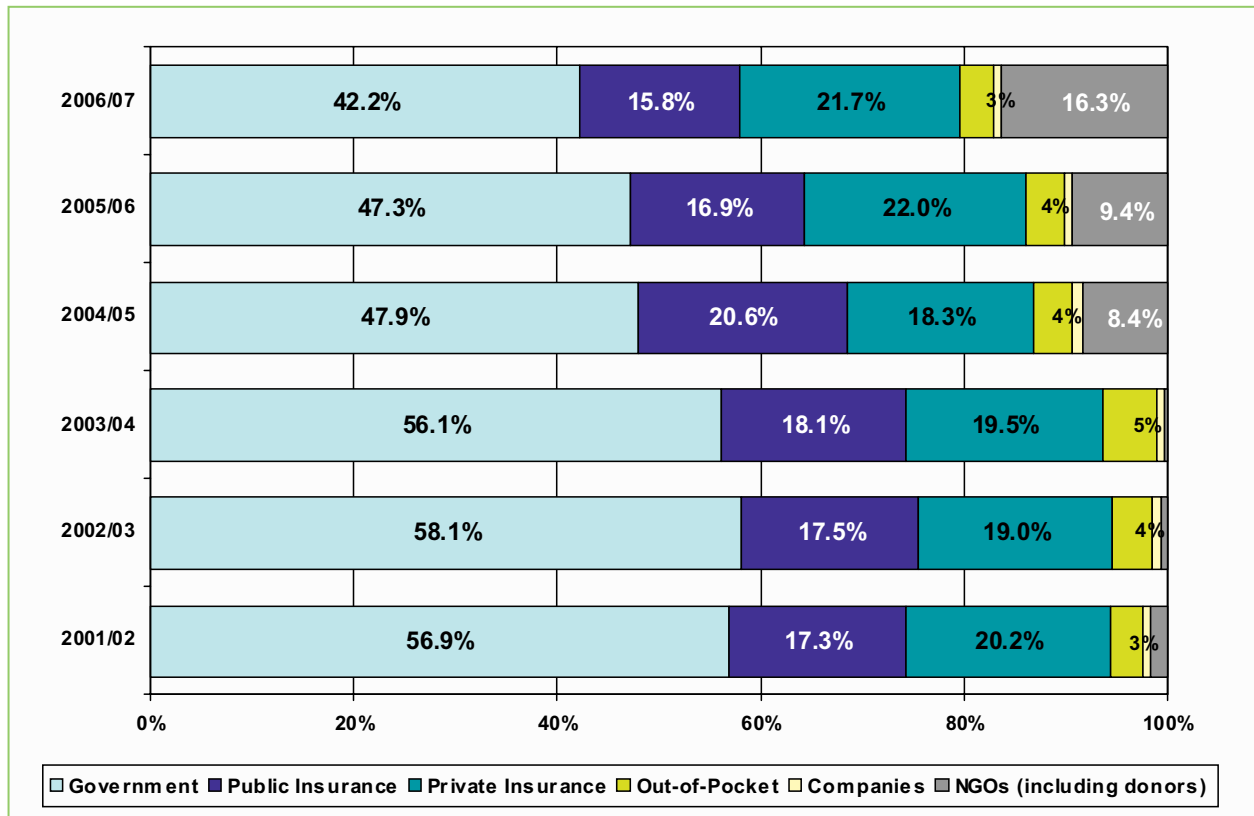
The share of THE managed by private insurance increased over the period, as seen in Figure 9. This is attributable to increased contributions from households. The public insurance share gradually increased over the years, while the company management of funds remained constant for the same period.

**FIGURE 9: BREAKDOWN OF THE BY FINANCING AGENT**



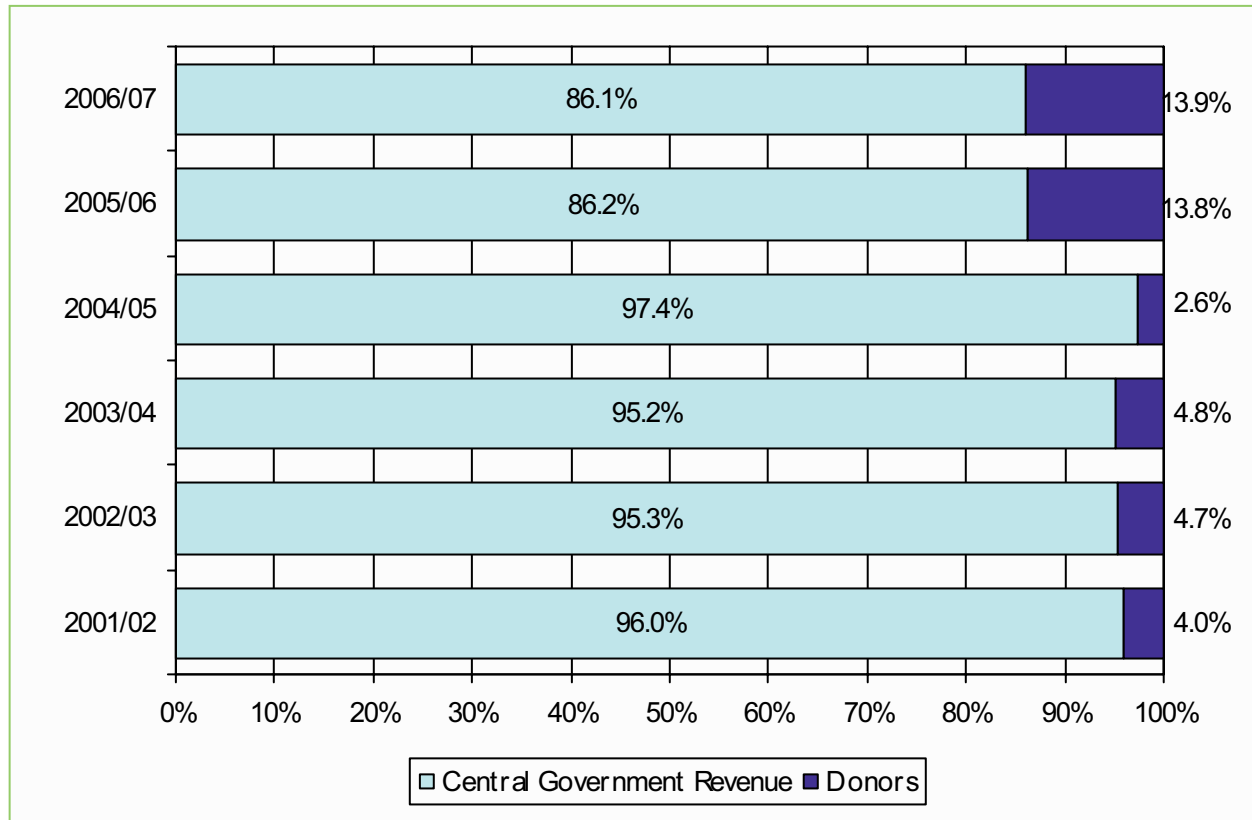
As seen in Figure 10, the study revealed changes in the numbers and relative share of financing agents controlling health funds over the period. The number of entities controlling health funds was greater in 2006/07 than in 2001/02. The share of the total health funds controlled by government fell from 57 percent in 2001/02 to 43 percent in 2006/07. NGOs have become important financing agents, with the share of financing they control rising from 1.6 percent in 2001/02 to 16 percent in 2006/07. The large numbers of NGOs engaged in HIV/AIDS services provision is principally responsible for this increase.

**FIGURE 10: FINANCING AGENT CONTRIBUTION TO THE**



In terms of where funding for the financing agents came from, the MoHSS funding came principally from central government revenue and donors. Donors contributed less than 5 percent to the MoHSS from 2001/02 to 2004/05, but in 2006/07, this figure increased dramatically to 14 percent, as seen in Figure 11.

**FIGURE 11: TRENDS IN MOHSS FINANCING**



Insurance is playing a greater role in the financing and management of health financing. Figure 12 shows the relative contributions of the different forms of health insurance in Namibia from 2001/02 to 2006/07. The share of private insurance increased from 39.1 percent in 2001/02 to 46.4 percent in 2006/07. Over the same period, government employee insurance decreased from 42.8 percent to 38.8 percent. Private social insurance (medical schemes) has become the leading insurance scheme in Namibia, now surpassing government employee insurance, which was the leader in 2001/02.

**FIGURE 12: BREAKDOWN OF INSURANCE BY FINANCIER AS PERCENTAGE OF TOTAL INSURANCE EXPENDITURE**

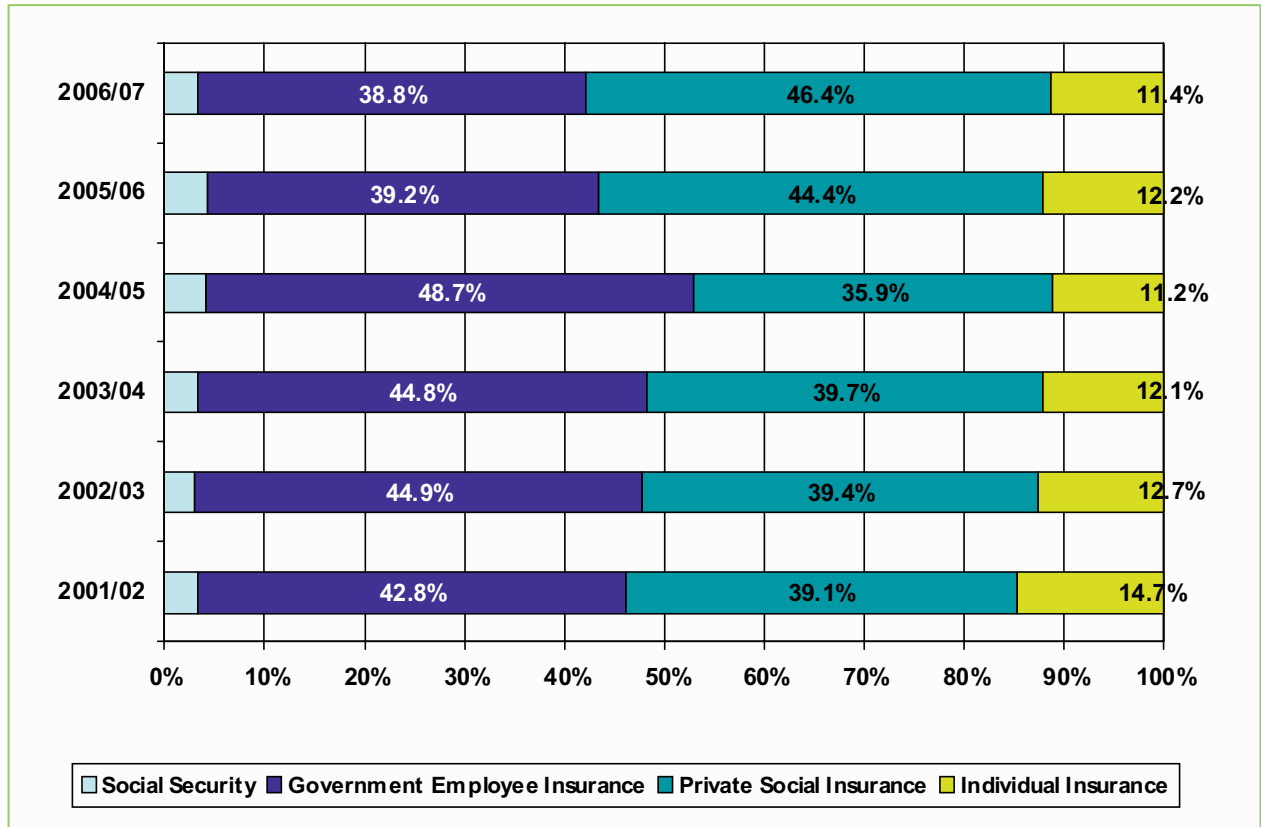


Table 4 shows the magnitude of increase in the relative share of THE managed by the different financing agents between 2001/02 and 2006/07. NGOs, including donors, managed 22-fold more funds in 2006/07 than they did in 2001/02. The magnitude of increase for all other financing agents approximately doubled.

**TABLE 4: MAGNITUDE OF CHANGE AMONG FINANCING AGENTS, 2001/02 AND 2006/07**

Financing agent	2001/02 (N\$)	2006/07 (N\$)	Magnitude of Change
Government	1,055,730,913	1,641,597,829	<b>1.55</b>
Public insurance	321,127,930	614,222,886	<b>1.91</b>
Private insurance	373,967,669	842,723,230	<b>2.25</b>
Out-of-pocket	57,491,032	126,080,880	<b>2.19</b>
Companies	16,693,706	29,545,265	<b>1.77</b>
Donors (including NGOs)	28,943,658	635,670,045	<b>21.96</b>
<b>Total</b>	<b>1,853,954,908</b>	<b>3,889,840,136</b>	<b>2.10</b>

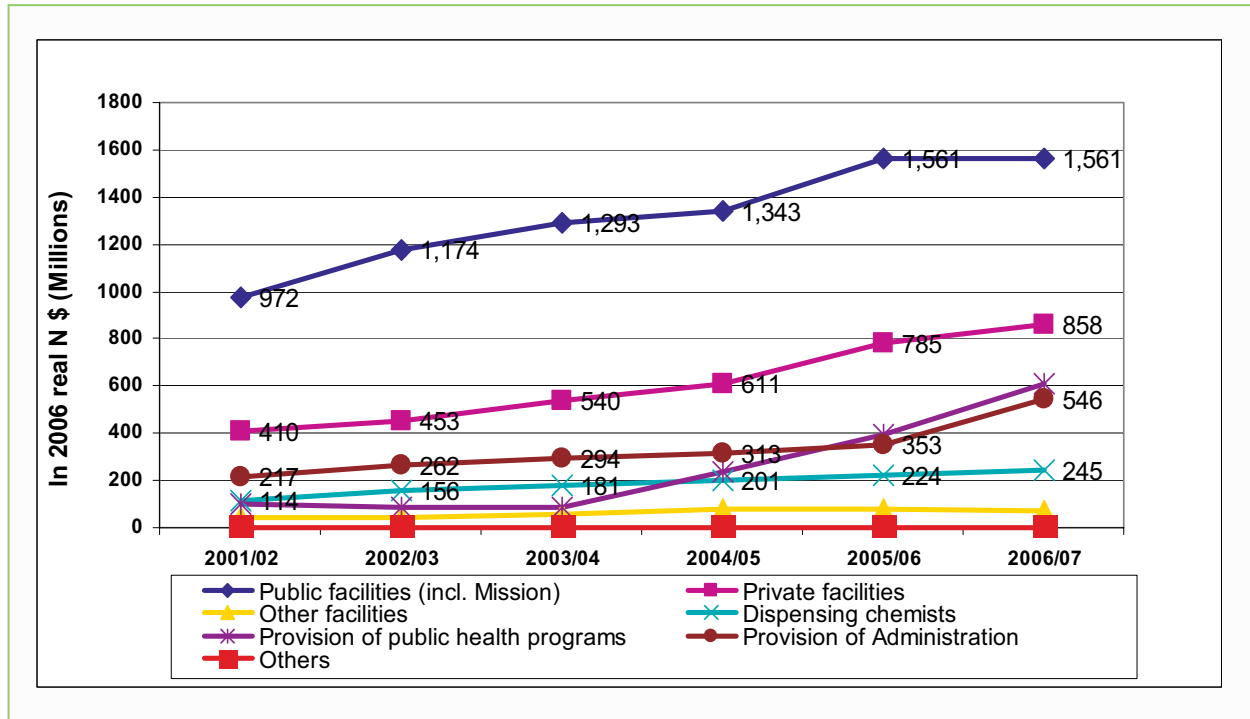
### 3.4 PROVIDERS OF HEALTH CARE: WHO USES HEALTH FUNDS TO DELIVER CARE?

The major providers that received funds from the financing agents for the delivery of health services during the period under review are categorized as public facilities, private facilities, other facilities, dispensing chemists, public health programs, administration, and others as described in this section. More specifically, public facilities include government and mission hospitals; private facilities include private hospitals and offices of private physicians; and other facilities include medical and diagnostic laboratories, ambulance services, and blood banks. Public health programs refer to the provision and administrative costs associated with the implementation of programs such as health promotion and protection programs. General health administration is separate from administration costs associated with public health programs. General administration refers specifically to costs incurred for the overall regulation of activities of agencies that provide health care.

Share of provider categories of total health expenditures

With the public health sector providing services for about 85 percent of the population, it is not surprising that public facilities consumed the largest amount of health expenditures in all years under review. In real terms, the total expenditures of public facilities grew from N\$972 million (US\$101 million) in 2001/02 to N\$1,561 million (US\$220 million) in 2006/07, as seen in Figure 13.

**FIGURE 13: THE BREAKDOWN BY PROVIDER 2001/02-2006/07**



Private facilities are the second largest recipients of health funds, and their share of health expenditures grew steadily increased from N\$410 million (US\$43 million) in 2001/02 to N\$858 million (US\$121 million) in 2006/07.

Expenditures on the provision of public health programs and provision of administration categories were relatively constant in the early part of the period studied; then they experienced sharp increases from 2003/04 and 2005/06 respectively. The increases in the expenditures for these categories can be attributed to the arrival of more partners and their focus on the provision of public health programs.

In terms of the relative shares of the different provider categories, Figure 14 shows that the public facilities' share decreased from 53 percent in 2001/02 to 41 percent in 2006/07. The shares of private facilities, dispensing chemists, and administration remained relatively stable at 22 percent, 6.5 percent, and 12 percent, respectively, over the period studied.

**FIGURE 14: PERCENT SHARE OF THE BY PROVIDER CATEGORY, 2001/02–2006/07**

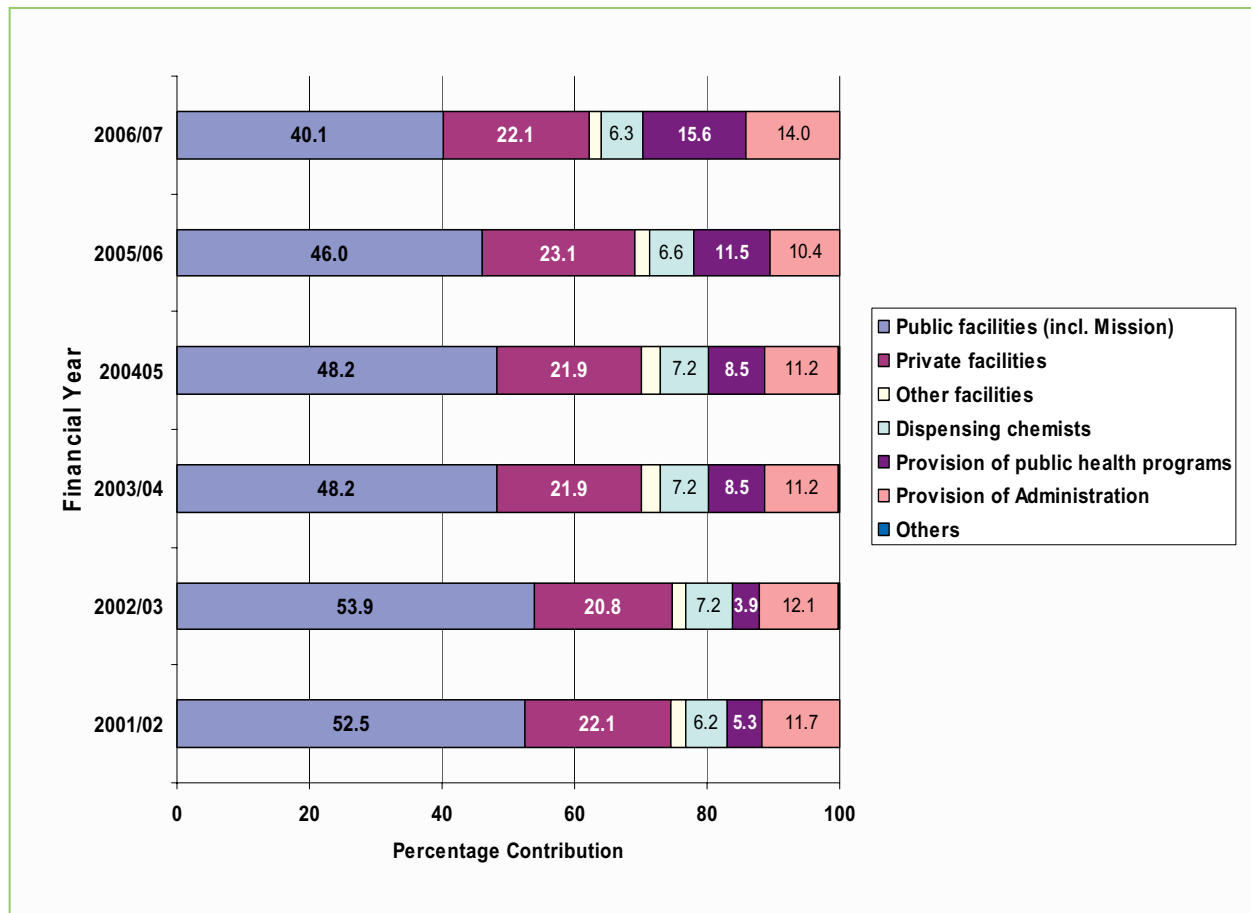


Figure 14 reveals that expenditure on provision of public health programs experienced the greatest rate of increase in share of total expenditure, with its share rising from 5.3 percent in 2001/02 to 15.6 percent in 2006/07. A significant number of the implementing partners of the GF and PEPFAR are involved in the provision of public health programs.

Table 5 presents the magnitude of the change in the shares of the different providers. Expenditures on provision of public health programs and provision of administration increased fivefold and twofold, respectively, between 2001/02 and 2006/07. Other providers' shares increased by less than twofold over the same period. While the "others" category (not specified by any kind and donor facilities) increased sizably, it is not a major consumer of provider expenditure.

**TABLE 5: MAGNITUDE OF CHANGE AMONG PROVIDERS, 2001/02 AND 2006/07**

	2001/02 (N\$)	2006/07 (N\$)	Magnitude of Change
Public facilities (incl. mission)	972,405,639	1,561,492,789	1.6
Private facilities	410,320,372	857,795,490	2.1
Other facilities	41,180,125	68,906,239	1.7
Dispensing chemists	114,419,381	244,773,269	2.1
Provision of public health programs	97,928,036	607,475,308	6.2
Provision of administration	217,234,235	545,850,919	2.5
Others	467,119	3,546,123	7.6

*Financing agents share of provision of public health programs*

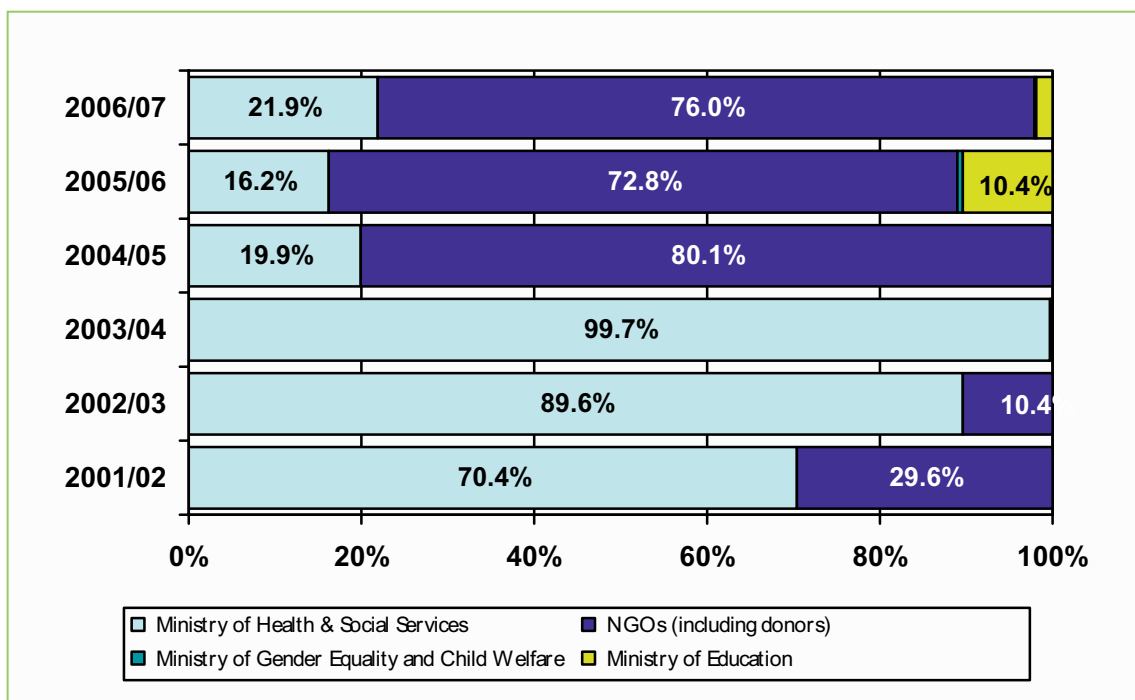
The study analyzed the expenditures on provision of public health programs by different financing agents and found that the total expenditure had grown from N\$98 million (US\$10 million) in 2001/02 to N\$607 million (US\$86 million) in 2006/07 (Table 6). The MoHSS expenditure on public health programs doubled between 2001/02 and 2006/07. In 2001/02, NGOs and donors, as financing agents, spent N\$29 million (US\$3 million) on provision of public health program, with the amount rising to N\$462 million (US\$65 million) in 2006/07, a 16-fold increase. In 2006/07, more ministries, including those of Gender Equality and Child Welfare and of Education, started to contribute to health programs.

**TABLE 6: PROVISION OF PUBLIC HEALTH PROGRAMS BY FINANCING AGENT, 2001/02 AND 2006/07**

	2001/02 (N\$)	2006/07 (N\$)	Magnitude of change
MoHSS	68,984,378	133,070,210	1.9
Donors (including NGOs)	28,943,658	461,521,189	15.9
Ministry of Gender Equality and Child Welfare		1,208,394	-
Ministry of Education		11,675,515	-
Total	97,928,036	607,475,308	6.2

In terms of the relative shares of the financing agents that manage the funds for the provision of public health programs, Figure 15 shows that the MoHSS share declined from over 70 percent in the early years of the study – in fact, in 2003/04, it was virtually the only financing agent of public health funds – to only 22 percent in 2006/07. Conversely, the NGO share rose from 30 percent in 2001/02 to 76 percent in 2006/07.

**FIGURE 15: SHARE OF FINANCING AGENTS THAT MANAGE PROVISION OF PUBLIC HEALTH PROGRAMS FUNDS**



### 3.5 FUNCTIONS: SERVICES AND PRODUCTS PURCHASED WITH HEALTH FUNDS

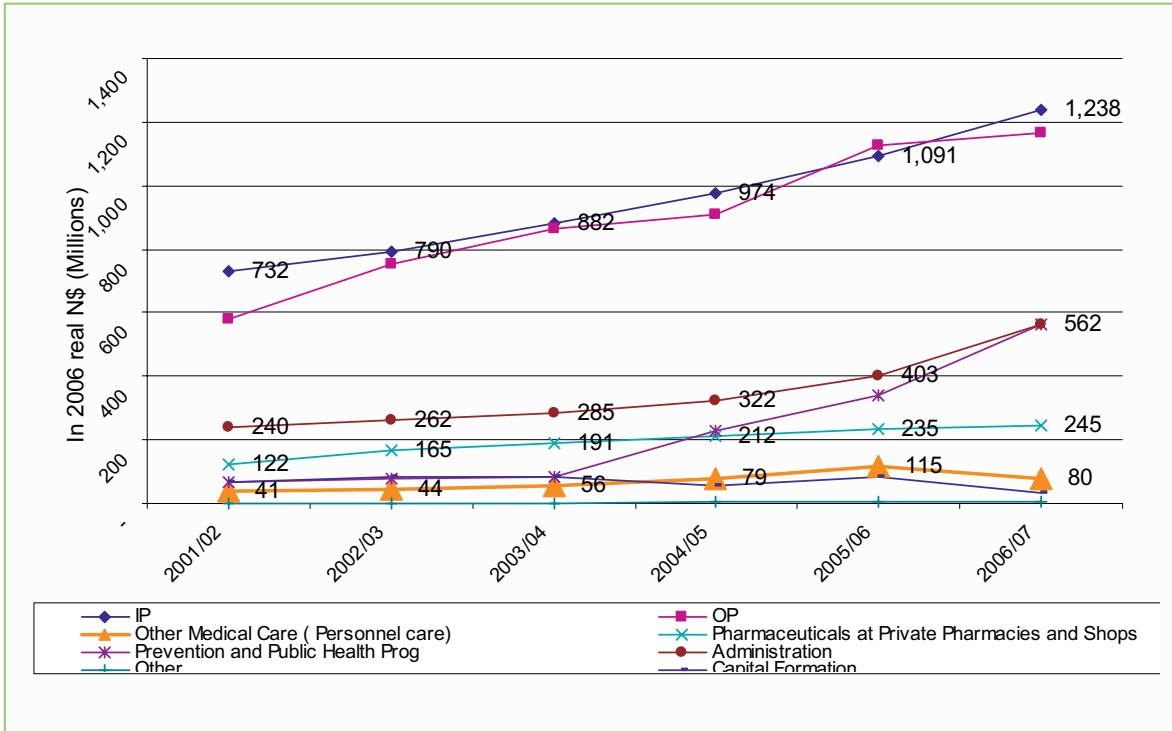
Health funds that financing agents pay to providers are used by the providers to deliver a range of services and/or facilitate program activities. Recognizing the limitations in levels of disaggregation of expenditure data collected from the survey, the study reports on 15 selected functional categories, up from the 11 categories reported on in the first Namibia NHA study. For the period of estimation, inpatient care, outpatient care, preventive and public health services, and health administration were the primary uses of health funding in Namibia.

Inpatient care includes services delivered to inpatients during overnight stays at health providers. This classification includes total expenditures occurred throughout the inpatient visit including medical and diagnostic labs, hospital fees, and salaries of doctors and nurses. Outpatient care refers to services delivered to outpatients by physicians usually included in the ambulatory care system such as private offices and clinics. Preventive and public health services refer to MCH care, family planning and counseling, social health programs, and prevention of communicable and noncommunicable diseases. The health administration classification comprises administrative activities of private insurers and the planning and management of health funds by providers and financing agents.

THE breakdown by functional categories

The greatest proportion of THE is spent on outpatient and inpatient curative services, with real expenditures on both services rising gradually from 2001/02 to 2006/07. Over the period of the study, these curative services accounted for an average of over 65 percent of the THE (Figure 16).

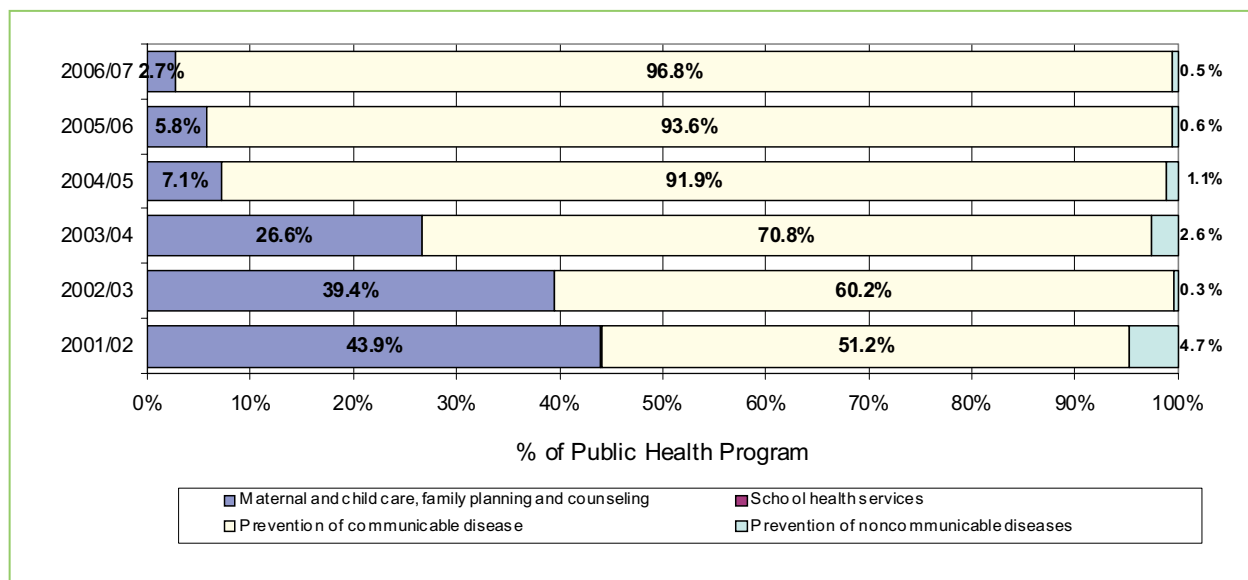
**FIGURE 16: THE BREAKDOWN BY FUNCTIONAL CATEGORY**



Administration, and prevention and public health programs are the next highest categories of functions on which health funds were expended, with sharp rises in both categories after 2004/05. Spending on other medical care-related functions (e.g., pharmaceuticals and other medical care, such as patient transport and clinical laboratory) remained relatively constant. It is significant to note that investment in capital formation was low and declined over the period of study.

The analysis of the breakdown of expenditures on public health programs revealed a sharp reversal of spending in MCH, NCDs, and school health programs (Figure 17).

**FIGURE 17: PERCENT BREAKDOWN BY TYPE OF PUBLIC HEALTH PROGRAM**



Investment in MCH programs decreased steadily, from 44 percent in 2001/02 to less than 3 percent in 2006/07. NCD programs accounted for the lowest share of programmatic spending throughout the period and decreased from 5 percent in 2001/02 to 0.5 percent in 2006/07. With the preliminary results of the 2006 NDHS as well as HIS reports indicating increasing levels of maternal mortality and higher incidence of NCDs, this expenditure pattern needs to be carefully monitored.

The study revealed that, as a percentage of programmatic spending, investment in the prevention and management of communicable diseases increased from 51 percent in 2001/02 to 96.8 percent in 2006/07.

With respect to the magnitude of change in spending of the different programs between 2001/02 and 2006/07, the analysis showed that investment in MCH programs in 2006/07 were only 50 percent of the spending levels in 2001/02, as seen in Table 7.

Investment in communicable diseases programs increased by almost 15-fold from 2001/02 levels, while expenditure levels on NCDs declined marginally. The absence of data for school health services in 2006/07 could reflect lack of disaggregated data at this level.

**TABLE 7: BREAKDOWN OF PUBLIC HEALTH PROGRAMS, 2006/07**

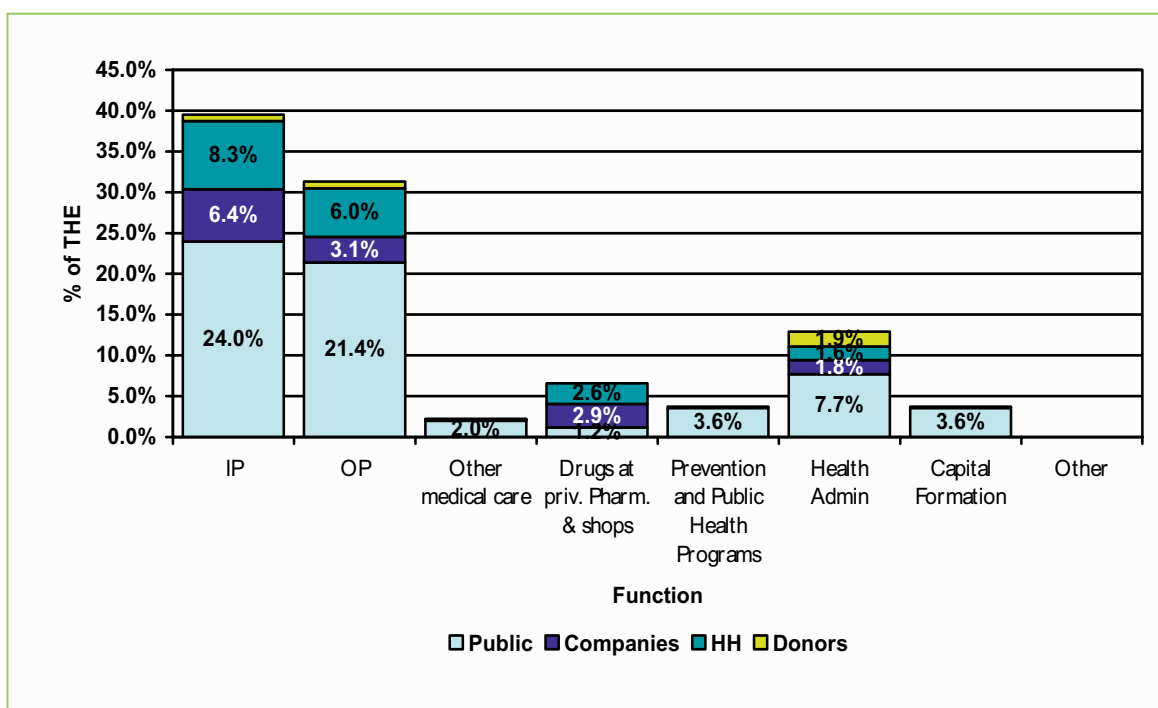
Public Health Program	2001/02 (N\$)	2006/07 (N\$)	Magnitude of change
Maternal and child care, family planning	30,252,180	15,303,792	0.5
School health services	149,457		-
Prevention of communicable disease	35,346,819	544,193,899	-
Prevention of noncommunicable disease	3,239,680	2,838,945	0.9

### 3.6 FINANCING SOURCES BY FUNCTIONS: WHO SPENDS ON WHAT?

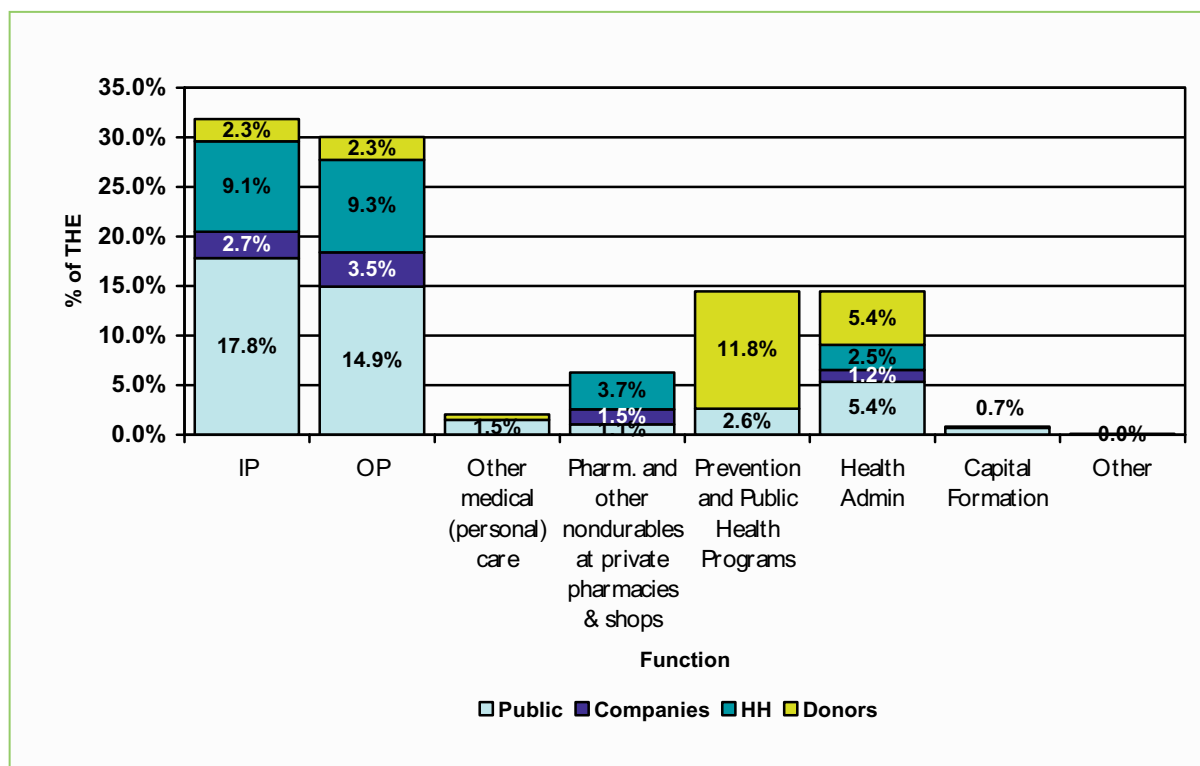
Figures 18 and 19 show the functional (end service/product rendered) use of financiers' funds in 2001/02 and 2006/07.

In both years, public funds were used to finance all major functions and were the largest overall financier of health in Namibia. While the relative share of public contribution to each functional category decreased between 2001/02 and 2006/07, in 2006/07, public resources were still financing appreciably larger shares of curative care (inpatient, outpatient, and other medical care) and capital formation than were other financiers. Also in 2006/07, public and donor resources contributed the same share of administrative expenses and were the leading financiers for this functional category.

**FIGURE 18: ALLOCATION OF HEALTH FUNDS FROM FINANCING SOURCES TO FUNCTIONS, 2001/02**



**FIGURE 19: ALLOCATION OF HEALTH FUNDS FROM FINANCING SOURCES TO FUNCTIONS, 2006/07**



The pattern of donor spending changed significantly between 2001/02 and 2006/07. In 2001/02, donors contributed little to health care and most of those funds went to inpatient and outpatient curative care, along with some for health administration. In 2006/07, donor contributions increased sizably – donors became the largest financier of public health programs and began covering a significant share of administrative expenses.

Compared with 2001/02, household contributions in 2006/07 to health increased substantially. In both years, households were the second largest financiers of inpatient and outpatient care (second to the government). In 2006/07, households became the leading payer of pharmaceuticals purchased at private pharmacies/shops in Namibia, surpassing the contribution of companies, the former leader in 2001/02. Finally, household funds were also used to cover insurance administrative expenses in both years.

As mentioned earlier, company spending on health has remained relatively constant over the five years of estimation. With increased contributions from donors, households, and government in 2006/07, the *share* contributed by companies to various functional categories has decreased. Their funds are largely used to finance curative care, administration, and medicines purchased at private pharmacies and shops. Little or no spending was reported for public health programs and capital formation.

# 4. CONCLUSION AND RECOMMENDATIONS

# AND

The 2001/02-2006/07 NHA estimation revealed significant developments and changes in the Namibian health system. It is the intention of the MoHSS that these findings be used by all health stakeholders to improve evidence-based policymaking, planning, and implementation.

As shown in the previous chapter, health spending has doubled over the five-year period studied. Namibia now spends 8.3 percent of its GDP on health, which, among BNLSS countries, is second only to South Africa. This increase in spending is largely due to a tripling of spending by household contributions to insurance and a twelvefold increase in contributions from donors. It should be noted that spending on health is now the leading priority area for donors, accounting for 79 percent of all donor disbursements in Namibia.

While in 2006/07 the Government continued as the leading financier and manager of health, the Namibian health system is benefiting from increased contributions and involvement of other stakeholders, particularly donors and their implementing agencies, as well as households.

With respect to household spending, these funds are channeled largely through risk-protection mechanisms, particularly private insurance, and not as direct OOP payments (which represent only 13 percent of household spending on health in 2006/07) to providers. While company contributions to insurance have remained relatively stable over the years, the surge in insurance expenditures may be due to a number of reasons, including increasing costs of new medical technology, increased demand by consumers for health care particularly specialized services, over-prescription of services by providers if a patient is covered by health insurance, higher administration costs, and an aging population.

Donor financing of health care has been channeled largely through NGOs (although some flows through the MoHSS, which in 2006/07 received 14 percent of its funds from donors), whose spending has increased by 22-fold from 2001/02 levels. These entities play a significant role in health care organization and delivery and, given the increasingly pluralistic nature of Namibia's health system, the Government has an important role to play in coordinating the various players that determine where health resources are used, so that all health stakeholders are working toward common national goals in a complementary manner, avoiding duplicative and parallel efforts.

Much donor funding was on public health programs, particularly on the prevention and management of communicable diseases like HIV/AIDS. While this is a welcome and needed development, care must be taken not to neglect other critical areas, such as MCH care, family planning, and NCDs, which have seen a considerable drop in financing over the five-year period studied – for example, in 2006/07, MCH and family planning expenditures were only 50 percent those of 2001/02.

Government's contribution to health increased by 1.5-fold between 2001/02 and 2006/07. This represents a significant investment by the Government for health, averaging 12.2 percent of total government expenditures. This is just short of the Abuja declaration, which states that governments in Africa should spend 15 percent of their funds on health by the year 2015. Public funds in Namibia were

spent on all major health functions and represent the largest source of financing for inpatient and outpatient care.

Based on the findings, their implications, and the experience of implementing NHA, the following recommendations are made:

1. Increase government stewardship and coordination of all entities (donors, NGOs, insurance schemes, etc.) involved in financing and management of health funds.
2. Monitor intrasectoral allocations (by all stakeholders) across health programs to ensure that spending is in accordance with national priorities.
3. Monitor household expenditures to assess their financing burden to maintain equitable access for all Namibians to health care.

In this regard, regular and routine household health and expenditure data is warranted.

4. Strengthen links with the private sector, particularly companies and insurance schemes. Encouraging companies to invest in their employees' health care is a possible area of resource mobilization.
5. Work to improve resource tracking mechanisms of health, so that NHA becomes a routine government function and more directly linked to budgeting and planning processes.
  - Institutionalization of NHA will require routine resource tracking efforts, particularly for donors, NGOs, and households, whose investment is critical to monitor whether funds are being spent as intended (particularly along national goals) and to flag any inequities.

# ANNEX A: BIBLIOGRAPHY

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# ANNEX B: NHA TABLES 2001/02 – 2006/07

## NAMIBIA NHA 2006/07 TABLES

- Financing Source X Financing Agent (FSxHF)
- Financing Agent X Provider (HF x HP)
- Financing Agent X Function (HF x HC)
- Provider X Function (HP x HC)

## NAMIBIA NHA 2005/06 TABLES

- Financing Source X Financing Agent (FSxHF)
- Financing Agent X Provider (HF x HP)
- Financing Agent X Function (HF x HC)
- Provider X Function (HP x HC)

## NAMIBIA NHA 2004/05 TABLES

- Financing Source X Financing Agent (FSxHF)
- Financing Agent X Provider (HF x HP)
- Financing Agent X Function (HF x HC)
- Provider X Function (HP x HC)

## NAMIBIA NHA 2003/04 TABLES

- Financing Source X Financing Agent (FSxHF)
- Financing Agent X Provider (HF x HP)
- Financing Agent X Function (HF x HC)
- Provider X Function (HP x HC)

## **NAMIBIA NHA 2002/03 TABLES**

- Financing Source X Financing Agent (FSxHF)
- Financing Agent X Provider (HF x HP)
- Financing Agent X Function (HF x HC)
- Provider X Function (HP x HC)

## **NAMIBIA NHA 2001/02 TABLES**

- Financing Source X Financing Agent (FSxHF)
- Financing Agent X Provider (HF x HP)
- Financing Agent X Function (HF x HC)
- Provider X Function (HP x HC)

# NAMIBIA NHA 2006/07 TABLES

## Financing Source X Financing Agent (FSxHF)

Code	Financing Agent (HF)	Financing Source (FS)						Row Total	HF as a % of THE
		FS.1 Public Funds	FS.2 Private Funds			FS.3	FS.nsk		
		FS.1.1 Central Gov Revenue	FS.2.1.1 Govt as Employer	FS.2.1.2 Other Employers	FS.2.2 Households	Rest of the World (Donors)	Not specified by any kind		
HF.1.1.1.1	Ministry of Health & Social Services	1,386,754,435				223,231,600		1,609,986,035	41%
HF.1.1.1.2	Ministry of Gender Equality and Child Welfare	12,000				1,208,394		1,220,394	0%
HF.1.1.1.3	Ministry of Regional Local Government and Housing and Rural Development	41,004						41,004	0%
HF.1.1.1.4	Ministry of Education	2,566,115				11,675,515		14,241,630	0%
HF.1.1.1.5	Ministry of Defense	15,299,445						15,299,445	0%
HF.1.1.1.6	Ministry of Safety and Security	809,321						809,321	0%
HF.1.1.1.3	Municipal Government							0	0%
HF.1.2	Social Security funds		24,603,715		24,603,715			49,207,430	1%
HF.2.1.1	Private social insurance (gov't employees)		282,507,728		282,507,728			565,015,456	15%
HF.2.1.2	Private social insurance (private insurance covered by other employers - parastatal and private)			316,767,930	359,394,161			676,162,091	17%
HF.2.2	Private insurance enterprises (other than social insurance)- (individual/supplemental insurance)				166,561,139			166,561,139	4%
HF.2.3.	Household Out-of-Pocket				126,080,880			126,080,880	3%
HF.2.4	Non profit institutions (NGOs)				627,177,126			627,177,126	16%
HF.2.5	Employers (parastatal and private)			29,545,265				29,545,265	1%
HF.3	Rest of World					8,492,919		8,492,919	0%
HF.nsk	Not specified by any kind							0	0%
	<b>Column Total (THE)</b>	1,405,482,320	307,111,443	346,313,196	959,147,623	871,785,555	0	<b>3,889,840,136</b>	
HF.4	Financing Agents spending on Health Related Items	8,561,565				1,065,314		9,626,879	
	<b>Column Total (NHE)</b>	1,414,043,885	307,111,443	346,313,196	959,147,623	872,850,869	0	<b>3,899,467,015</b>	
		36%	8%	9%	25%	22%	0%		

# NAMIBIA NHA 2006/07 TABLES

## Financing Agent X Provider (HF x HP) – Part I

Code	Provider (HP)	HF.A Public Sector																		
		HF.1.1.1.1	HF.1.1.1.2	HF.1.1.1.3	HF.1.1.1.4	HF.1.1.1.5	HF.1.1.1.6	HF.1.1.3	HF.1.2	HF.2.1.1										
HP.1.1.1+HP.3.4.5	Public and Mission general hospitals and public health centers	1,199,591,770																		
HP.1.1.2	Private for profit general hospitals																			
HP.2.2	Residential mental retardation, mental health and substance abuse facilities	2,000,000																		
HP.3.1 + HP.3.2	Offices of physicians and dentists(private facilities)																			
HP.3.3.1	Traditional healers																			
HP.3.3.2	Community health workers																			
HP.3.5	Medical and diagnostic laboratories	54,000,000																		
HP.3.9.1	Ambulance services																			
HP.3.9.2	Blood banks	13,000,000																		
HP.4.1	Dispensing chemists																			
HP.5	Provision and admin of public health programs	133,070,210	1,208,394		11,675,515															
HP.6	General health administration and insurance	208,324,055																		
HP.7	All other industries (schools)		12,000	41,004	2,566,115															
HP.9	Rest of the world																			
HP.nsk	Providers not specified by any kind																			
	<b>Column Total THE</b>	1,609,986,035	1,220,394	41,004	14,241,630	15,299,445	809,321	809,321	49,207,430	565,015,456										
	<b>HF Totals From FS x HF Table</b>	1,609,986,035	1,220,394	41,004	14,241,630	15,299,445	809,321	809,321	49,207,430	565,015,456										
HP.8.2	Education and training institutions	4,826,879																		
HP.8.3	Other institutions providing health related services	4,800,000																		
	<b>Subtotal for health related</b>	9,626,879																		
	<b>Column Total: NHE</b>	1,619,612,914	1,220,394	41,004	14,241,630	15,299,445	809,321	809,321	49,207,430	565,015,456										
	<b>HF as a % of THE</b>	41%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

\*NOTE: Data not sufficient to disaggregate public and Mission hospitals and health centers-- so it is left as an aggregate category.

## Financing Agent X Provider (HF x HP) – Part 2

Code	Provider (HP)	HF-B Non Public Sector					HF-3 ROW		HF-nsk	
		HF.2.1.2 Private social insurance (private insurance covered by other employers - parastatal and private)	HF.2.2 Private insurance enterprises (other than social insurance)-- (individual/supplemental insurance)	HF.2.3 Household Out of-Pocket	HF.2.4 Non profit institutions (NGOs)	HF.2.5 Employers (parastatal and private)	HF.3 Rest of World	HF-nsk	HF-nsk	
HP.1.1+HP.3.4.5	Public and Mission general hospitals and public health centers	27,976,759	201,277	30,464,036	1,792,550	123,596				
HP.1.1.2	Private for profit general hospitals	212,327,747	42,222,317	290,679		61,798			1,556,873,670	40%
HP.2.2	Residential mental retardation, mental health and substance abuse facilities								320,065,481	8%
HP.3.1 +	Offices of physicians and dentists(private facilities)	215,656,348	66,162,152	89,700,349		25,903,701			2,000,000	0%
HP.3.2	Traditional healers								537,730,008	14%
HP.3.3.1	Community health workers								-	0%
HP.3.3.2	Medical and diagnostic laboratories				1,431,808				-	0%
HP.3.5	Ambulance services	458,238	16,194						55,431,808	1%
HP.3.9.1	Blood banks								474,431	0%
HP.3.9.2	Dispensing chemists	127,827,159	28,047,588	5,535,862					13,000,000	0%
HP.4.1	Provision and admin of public health programs				454,581,456				244,773,269	6%
HP.5	General health administration and insurance	91,915,840	29,911,611					6,939,733	607,475,308	16%
HP.6	All other industries (schools)				169,371,313			1,553,186	545,850,919	14%
HP.7	Rest of the world								2,619,119	0%
HP.9	Providers not specified by any kind			89,954		49,344			49,344	0%
HP.nsk		676,162,091	166,561,139	126,080,880	627,177,126	29,545,265	8,492,919		3,496,779	0%
	<b>Column Total THE</b>	<b>676,162,091</b>	<b>166,561,139</b>	<b>126,080,880</b>	<b>627,177,126</b>	<b>29,545,265</b>	<b>8,492,919</b>	<b>-</b>	<b>3,889,840,136</b>	
	<b>HF Totals From FS x HF Table</b>	<b>676,162,091</b>	<b>166,561,139</b>	<b>126,080,880</b>	<b>627,177,126</b>	<b>29,545,265</b>	<b>8,492,919</b>	<b>-</b>	<b>4,826,879</b>	
HP.8.2	Education and training institutions									
HP.8.3	Other institutions providing health related services								4,800,000	
	<b>Subtotal for health related</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>9,626,879</b>	
	<b>Column Total: NHE</b>	<b>676,162,091</b>	<b>166,561,139</b>	<b>126,080,880</b>	<b>627,177,126</b>	<b>29,545,265</b>	<b>8,492,919</b>	<b>-</b>	<b>3,899,467,015</b>	
	<b>HF as a % of THE</b>	<b>17%</b>	<b>4%</b>	<b>3%</b>	<b>16%</b>	<b>1%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	

## Financing Agent X Function (HF x HC) – Part I

		Financing Agent (HF)									
		HF - A Public Sector									
Code	Function (HC)	HF.1.1.1.1	HF.1.1.1.2	HF.1.1.1.3	HF.1.1.1.4	HF.1.1.1.5	HF.1.1.1.6	HF.1.1.1.3	HF.1.1.2	HF.1.1.1	HF.2.1.1
		Ministry of Health & Social Services	Ministry of Gender Equality and Child Welfare	Ministry of Regional Local Government and Housing	Ministry of Education	Ministry of Defense	Ministry of Safety and Security	Municipal Government	Social Security funds	Private social insurance (gov't employees)	
HC.1.1	In patient curative care	600,601,100	-	-	-	7,603,824	-	-	-	329,341,571	
HC.1.3	Out patient curative care	587,514,114	-	-	-	7,695,621	809,321	-	3,081,803	137,225,655	
HC.2	Rehabilitative care	1,704,340	-	-	-	-	-	-	-	-	
HC.4.1	Clinical lab (independent facilities)	67,000,000	-	-	-	-	-	-	-	-	
HC.4.2	Diagnostic imaging (independent facilities)	-	-	-	-	-	-	-	-	-	
HC.4.3	Patient transport and emergency rescue	-	-	-	-	-	-	-	-	-	
HC.5.1 +	Pharmaceuticals and other medical non durables	-	-	-	-	-	-	-	1,027,268	82,335,393	
HC.6.1	Maternal and child care, family planning and counselling	14,056,734	-	-	-	-	-	-	-	-	
HC.6.2	School health services	-	-	-	-	-	-	-	-	-	
HC.6.3	Prevention of communicable disease	87,185,287	1,220,394	41,004	14,241,630	-	-	-	-	-	
HC.6.4	Prevention of noncommunicable diseases	2,838,945	-	-	-	-	-	-	-	-	
HC.6.9	All other miscellaneous public health services	-	-	-	-	-	-	-	-	-	
HC.7	Health administration and health insurance	217,343,516	-	-	-	-	-	-	28,662,076	16,112,838	
HC.nsk	Not specified by kind	-	-	-	-	-	-	-	-	-	
HCR.1	Capital formation for health care provider institutions	31,742,000	-	-	-	-	-	-	-	-	
HCR.2	Column Total THE Education & Training	1,609,986,035	1,220,394	41,004	14,241,630	15,299,445	809,321	-	-	565,015,456	
HCR.3	Research & Development	4,826,879	-	-	-	-	-	-	-	-	
HCR.4	Food, hygiene and drinking water control	-	-	-	-	-	-	-	-	-	
HCR.5	Environmental health	4,800,000	-	-	-	-	-	-	-	-	
HCR.nsk	HCR expenditure not specified by kind	-	-	-	-	-	-	-	-	-	
	<i>Sub total column</i>	9,626,879	-	-	-	-	-	-	-	-	
	<b>Column Total NHE</b>	1,619,612,914	1,220,394	41,004	14,241,630	15,299,445	809,321	0%	0%	565,015,456	15%
	<b>HF as a % of THE</b>	41%	0%	0%	0%	0%	0%	0%	0%	1%	

\*Note, it was not possible to disaggregate spending by insurance schemes at independent labs and diagnostic facilities.

## Financing Agent X Function (HF x HC) – Part 2

Code	Function (HC)	HF: B Non Public Sector						HF:3 ROW	HF:nsk		Row Total	HC as a % of THE
		HF:2.1.2 Private social insurance (private insurance covered by other employers - parastatal)	HF:2.2 Private insurance enterprises (other than social insurance) – (individual/supplemental)	HF:2.3 Household Out-of-Pocket	HF:2.4 Non profit institutions (NGOs)	HF:2.5 Employers (parastatal and private)	HF:3 Rest of World		HF:nsk Not specified by any kind			
HC.1.1	In patient: curative care	225,095,571	42,291,497	13,441,639	-	2,833,862	-	-	-	1,237,645,348	31.8%	
HC.1.3	Out patient: curative care	230,865,283	66,294,250	107,103,379	4,209,337	23,182,775	-	-	-	1,167,981,537	30.0%	
HC.2	Rehabilitative care	-	-	-	9,412,027	-	-	-	-	11,116,367	0.3%	
HC.4.1	Clinical lab (independent facilities)	-	-	-	1,431,808	-	-	-	-	68,431,808	1.8%	
HC.4.2	Diagnostic imaging (independent facilities)	-	-	-	-	-	-	-	-	-	0.0%	
HC.4.3	Patient transport and emergency rescue	458,238	16,194	-	-	-	-	-	-	474,431	0.0%	
HC.5.1 +	Pharmaceuticals and other medical non durables	127,827,159	28,047,588	5,535,862	-	-	-	-	-	244,773,269	6.3%	
HC.6.1	Maternal and child care, family planning and counseling	-	-	-	1,247,058	-	-	-	-	15,303,792	0.4%	
HC.6.2	School health services	-	-	-	-	-	-	-	-	-	0.0%	
HC.6.3	Prevention of communicable disease	-	-	-	441,505,584	-	-	-	-	544,193,899	14.0%	
HC.6.4	Prevention of noncommunicable diseases	-	-	-	-	-	-	-	-	2,838,945	0.1%	
HC.6.9	All other miscellaneous public health services	-	-	-	-	-	-	-	-	-	0.0%	
HC.7	Health administration and health insurance	91,915,840	29,911,611	-	169,371,313	-	8,492,919	-	-	561,810,113	14.4%	
HC.nsk	Not specified by kind	-	-	-	-	-	-	-	-	-	0.1%	
HCR.1	Capital formation for health care provider institutions	-	-	-	-	121,802	-	-	-	3,406,826	0.1%	
	<b>Column Total THE</b>	<b>676,162,091</b>	<b>166,561,139</b>	<b>126,080,880</b>	<b>627,177,126</b>	<b>29,545,265</b>	<b>8,492,919</b>	<b>-</b>	<b>-</b>	<b>3,889,840,136</b>	<b>0.8%</b>	
HCR.2	Education & Training	-	-	-	-	-	-	-	-	4,826,879	-	
HCR.3	Research & Development	-	-	-	-	-	-	-	-	-	-	
HCR.4	Food, hygiene and drinking water control	-	-	-	-	-	-	-	-	-	-	
HCR.5	Environmental health	-	-	-	-	-	-	-	-	4,800,000	-	
HCR.nsk	HCR expenditure not specified by kind	-	-	-	-	-	-	-	-	-	-	
	<i>Sub total column</i>	-	-	-	-	-	-	-	-	9,626,879	-	
	<b>Column Total NHE</b>	<b>676,162,091</b>	<b>166,561,139</b>	<b>126,080,880</b>	<b>627,177,126</b>	<b>29,545,265</b>	<b>8,492,919</b>	<b>-</b>	<b>-</b>	<b>3,889,467,015</b>	<b>0%</b>	
	<b>HF as a % of THE</b>	<b>17%</b>	<b>4%</b>	<b>3%</b>	<b>16%</b>	<b>1%</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	

# NAMIBIA NHA 2006/07 TABLES

## Provider X Function (HP x HC) – Part I

Code	Function (HC)	Provider (HP)													
		HP.1.1+HP.3.4.5	HP.1.1.2	HP.2.2	HP.3.1 + HP.3.2	HP.3.3.1	HP.3.3.2	HP.3.5	HP.3.9.1	HP.3.9.2	HP.4.1				
HC.1.1	In patient curative care	928,220,765	305,388,740	500,000	3,401,180	-	-	-	-	-	-	-	-	-	-
HC.1.3	Out patient curative care	608,402,905	14,676,741	1,500,000	534,207,026	-	-	-	-	-	-	-	-	-	-
HC.2	Rehabilitative care	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.4.1	Clinical lab (independent facilities)	-	-	-	-	-	-	55,431,808	-	-	-	13,000,000	-	-	-
HC.4.2	Diagnostic imaging (independent facilities)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.4.3	Patient transport and emergency rescue	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.5.1 + HC.5.2	Pharmaceuticals and other medical non durables	-	-	-	-	-	-	-	-	474,431	-	-	-	-	-
HC.6.1	Maternal and child care, family planning and counseling	-	-	-	-	-	-	-	-	-	-	-	-	-	244,773,269
HC.6.2	School health services	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.6.3	Prevention of communicable disease	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.6.4	Prevention of noncommunicable diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.6.9	All other miscellaneous public health services	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.7	Health administration and health insurance	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.nsk	Not specified by kind	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HCR.1	Capital formation for health care provider institutions	20,250,000	-	-	121,802	-	-	-	-	-	-	-	-	-	-
	<b>Column Total-THE</b>	<b>1,556,873,670</b>	<b>320,065,481</b>	<b>2,000,000</b>	<b>537,730,008</b>	<b>-</b>	<b>-</b>	<b>55,431,808</b>	<b>474,431</b>	<b>-</b>	<b>-</b>	<b>244,773,269</b>	<b>-</b>	<b>-</b>	<b>-</b>
HCR.2	Education & Training														
HCR.3	Research & Development														
HCR.4	Food, hygiene and drinking water control														
HCR.5	Environmental health														
HCR.nsk	HCR expenditure not specified by kind														
	<b>Column Total-NHE</b>	<b>40.0%</b>	<b>8.2%</b>	<b>0.1%</b>	<b>13.8%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>1.4%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>6.3%</b>	<b>-</b>	<b>-</b>	<b>-</b>
	<b>HP as a % of THE</b>														

\*NOTE: Data not sufficient to disaggregate public and Misison hospitals and health centers-- so it is left as an aggregate category.

## Provider X Function (HP x HC) – Part 2

Code	Function (HC)	HP.5 Provision and admin of public health programs	HP.6 General health administration and insurance	HP.7 All other industries (schools)	HP.9 Rest of the world	HP.nsk Providers not specified by any kind	THE Row Total	HP.8.2 Education and training institutions	HP.8.3 Other institutions providing health related services	NHE Row Total	HC as a % of THE
HC.1.1	In patient curative care	-	-	-	49,344	85,320	1,237,645,348				31.8%
HC.1.3	Out patient curative care	9,190,231	-	-	-	4,634	1,167,981,537				30.0%
HC.2	Rehabilitative care	-	-	-	-	-	11,116,367				0.3%
HC.4.1	Clinical lab (independent facilities)	-	-	-	-	-	68,431,808				1.8%
HC.4.2	Diagnostic imaging (independent facilities)	-	-	-	-	-	-				0.0%
HC.4.3	Patient transport and emergency rescue	-	-	-	-	-	474,431				0.0%
HC.5.1 + HC.5.2	Pharmaceuticals and other medical non durables	-	-	-	-	-	244,773,269				6.3%
HC.6.1	Maternal and child care, family planning and counseling	15,303,792	-	-	-	-	15,303,792				0.4%
HC.6.2	School health services	-	-	-	-	-	-				0.0%
HC.6.3	Prevention of communicable disease	541,574,78	-	2,619,119	-	-	544,193,899				14.0%
HC.6.4	Prevention of noncommunicable diseases	2,838,945	-	-	-	-	2,838,945				0.1%
HC.6.9	All other miscellaneous public health services	-	-	-	-	-	-				0.0%
HC.7	Health administration and health insurance	17,959,194	543,850,919	-	-	-	561,810,113				14.4%
HC.nsk	Not specified by kind	-	-	-	-	3,406,826	3,406,826				0.1%
HCR.1	Capital formation for health care provider institutions	9,492,000	2,000,000	-	-	-	31,863,802				0.8%
	<b>Column Total-THE</b>		<b>545,850,919</b>	<b>2,619,119</b>	<b>49,344</b>	<b>3,496,779</b>	<b>3,889,840,136</b>				100.0%
HCR.2	Education & Training							4,826,879	0	4,826,879	
HCR.3	Research & Development							0	0	-	
HCR.4	Food, hygiene and drinking water control							0	0	-	
HCR.5	Environmental health							0	4,800,000	4,800,000	
HCR.nsk	HCR expenditure not specified by kind							0	0	-	
	<b>Column Total-NHE</b>							<b>4,826,879</b>	<b>4,800,000</b>	<b>3,899,467,015</b>	
	<b>HP as a % of THE</b>	15.6%	14.0%	0.1%	0.0%	0.1%					0.1%

# NAMIBIA NHA 2005/06 TABLES

## Financing Source X Financing Agent (FSxHF)

Code	Financing Agent (HF)	Financing Source (FS)							Row Total	HF as a % of THE
		FS.1 Public Funds		FS.2 Private Funds			FS.3	FS.nsk		
		FS.1.1 Central Gov Revenue	FS.2.1.1 Govt as Employer	FS.2.1.2 Other Employers	FS.2.2 Households	Rest of the World (Donors)				
HF.1.1.1.1	Ministry of Health & Social Services	1,330,246,083					212,097,018		1,542,343,101	46%
HF.1.1.1.2	Ministry of Gender Equality and Child Welfare	10,500					2,360,772		2,371,272	0%
HF.1.1.1.3	Ministry of Regional Local Government and Housing and Rural Development								0	0%
HF.1.1.1.4	Ministry of Education						40,333,144		40,333,144	1%
HF.1.1.1.5	Ministry of Defense	11,213,665							11,213,665	0%
HF.1.1.1.6	Ministry of Safety and Security	677,425							677,425	0%
HF.1.1.3	Municipal Government								0	0%
HF.1.2	Social Security funds		28,021,888					28,021,888	56,043,776	2%
HF.2.1.1	Private social insurance (gov't employees)		257,686,510					257,686,510	515,373,020	15%
HF.2.1.2	Private social insurance (private insurance covered by other employers - parastatal and private)			291,308,563				291,812,694	583,121,257	17%
HF.2.2	Private insurance enterprises (other than social insurance)-- (individual/supplemental insurance)							159,966,303	159,966,303	5%
HF.2.3.	Household Out-of-Pocket							125,711,692	125,711,692	4%
HF.2.4	Non profit institutions (NGOs)							310,367,066	310,367,066	9%
HF.2.5	Employers (parastatal and private)			25,893,011					25,893,011	1%
HF.3	Rest of World							6,185,433	6,185,433	0%
HF.nsk	Not specified by any kind								0	0%
	<b>Column Total (THE)</b>	1,342,147,673	285,708,398	317,201,574	863,199,088	571,343,431		0	<b>3,379,600,164</b>	
HF.4	Financing Agents spending on Health Related Items	4,611,952				5,173,248			9,785,200	
	<b>Column Total (NHE)</b>	1,346,759,625	285,708,398	317,201,574	863,199,088	576,516,680		0	<b>3,389,385,364</b>	
	<b>FS % of THE</b>	40%	8%	9%	26%	17%		0%		

# NAMIBIA NHA 2005/06 TABLES

## Financing Agent X Provider (HF x HP) – Part I

Code	Provider (HP)	Financing Agent (HF)									
		HF-A Public Sector									
		HF.1.1.1.1	HF.1.1.1.1.2	HF.1.1.1.1.3	HF.1.1.1.1.4	HF.1.1.1.1.5	HF.1.1.1.1.6	HF.1.1.1.3	HF.1.1.2	HF.2.1.1	
HP.1.1.1+HP.3.4.5	Public and Mission general hospitals and public health centers	1,235,793,285					677,425		5,263,838	249,630,091	
HP.1.1.2	Private for profit general hospitals										
HP.2.2	Residential mental retardation, mental health and substance abuse facilities	1,900,000							4,386,532	49,926,018	
HP.3.1 + HP.3.2	Offices of physicians and dentists(private facilities)								7,018,451	124,815,046	
HP.3.3.1	Traditional healers										
HP.3.3.2	Community health workers										
HP.3.5	Medical and diagnostic laboratories	51,801,160									
HP.3.9.1	Ambulance services										
HP.3.9.2	Blood banks	12,400,927									
HP.4.1	Dispensing chemists								877,306	74,889,027	
HP.5	Provision and admin of public health programs	63,144,692	2,360,772		40,333,144						
HP.6	General health administration and insurance	177,303,037							38,497,650	16,112,838	
HP.7	All other industries (schools)		10,500								
HP.9	Rest of the world										
HP.nsk	Providers not specified by any kind										
	<b>Column Total THE</b>	1,542,343,101	2,371,272	-	40,333,144	11,213,665	677,425	-	56,043,776	515,373,020	
	<b>HF Totals From FS x HF Table</b>	1,542,343,101	2,371,272	-	40,333,144	11,213,665	677,425	-	56,043,776	515,373,020	
HP.8.2	Education and training institutions	1,067,665									
HP.8.3	Other institutions providing health related services	3,544,287									
	<b>Subtotal for health related</b>	4,611,952	-	-	-	-	-	-	-	-	
	<b>Column Total: NHE</b>	1,546,955,053	2,371,272	-	40,333,144	11,213,665	677,425	-	56,043,776	515,373,020	
	<b>HF as a % of THE</b>	46%	0%	0%	1%	0%	0%	0%	2%	15%	

\*NOTE: Data not sufficient to disaggregate public and Mission hospitals and health centers-- so it is left as an aggregate category.

## Financing Agent X Provider (HF x HP) – Part 2

Code	Provider (HP)	HF.B Non Public Sector						HF.3 ROW		HF.nsk	
		HF.2.1.2 Private social insurance (private insurance covered by other employers - parastatal and private)	HF.2.2 Private insurance enterprises (other than social insurance)-- (individual/supplemental insurance)	HF.2.3. Household Out of-Pocket	HF.2.4 Non profit institutions (NGOs)	HF.2.5 Employers (parastatal and private)	HF.3 Rest of World	HF.nsk Not specified by any kind	HF.nsk		
HP.1.1+HP.3.4.5	Public and Mission general hospitals and public health centers	18,303,513	249,901	30,374,832							
HP.1.1.2	Private for profit general hospitals	181,265,044	42,018,536	289,828		217,069			1,551,506,550		46%
HP.2.2	Residential mental retardation, mental health and substance abuse facilities								278,103,026		8%
HP.3.1 + HP.3.2	Offices of physicians and dentists(private facilities)	198,523,844	60,579,222	89,437,690		22,550,343			1,900,000		0%
HP.3.3.1	Traditional healers								502,924,596		15%
HP.3.3.2	Community health workers								-		0%
HP.3.5	Medical and diagnostic laboratories				9,758,801				-		0%
HP.3.9.1	Ambulance services	3,066,340	1,261,506						61,559,961		2%
HP.3.9.2	Blood banks								4,327,846		0%
HP.4.1	Dispensing chemists	109,277,752	32,463,380	5,519,652					12,400,927		0%
HP.5	Provision and admin of public health programs				277,161,300				223,027,117		7%
HP.6	General health administration and insurance	72,684,765	23,393,758					6,084,425	389,084,332		12%
HP.7	All other industries (schools)				23,446,965			101,008	351,540,020		10%
HP.9	Rest of the world								10,500		0%
HP.nsk	Providers not specified by any kind			89,690				3,125,599	-		0%
	<b>Column Total THE</b>	583,121,257	159,966,303	125,711,692	310,367,066	25,893,011	6,185,433		<b>3,379,600,164</b>		
	<b>HF Totals From FS x HF Table</b>	583,121,257	159,966,303	125,711,692	310,367,066	25,893,011	6,185,433				
HP.8.2	Education and training institutions				5,173,248				1,067,665		
HP.8.3	Other institutions providing health related services								8,717,535		
	<b>Subtotal for health related</b>				5,173,248				9,785,200		
	<b>Column Total: NHE</b>	583,121,257	159,966,303	125,711,692	315,540,314	25,893,011	6,185,433		<b>3,389,385,364</b>		
	<b>HF as a % of THE</b>	17%	5%	4%	9%	1%	0%				0%

# NAMIBIA NHA 2005/06 TABLES

## Financing Agent X Function (HF x HC) – Part I

Code	Function (HC)	Financing Agent (HF)									
		HF.1.1.1.1	HF.1.1.1.2	HF.1.1.1.3	HF.1.1.1.4	HF.1.1.1.5	HF.1.1.1.6	HF.1.1.1.3	HF.1.1.2	HF.2.1.1	
		Ministry of Health & Social Services	Ministry of Gender Equality and Child Welfare	Ministry of Regional, Local Government and Housing and Rural Development	Ministry of Education	Ministry of Defense	Ministry of Safety and Security	Municipal Government	Social Security funds	Private social insurance (gov't employees)	
HC.1.1	In patient curative care	522,232,364	-	-	-	5,573,192	-	-	-	299,556,109	
HC.1.3	Out patient curative care	595,705,704	-	-	-	5,640,473	677,425	-	2,631,919	124,815,046	
HC.2	Rehabilitative care	5,455,378	-	-	-	-	-	-	-	-	
HC.4.1	Clinical lab (independent facilities)	64,202,087	-	-	-	-	-	-	-	-	
HC.4.2	Diagnostic imaging (independent facilities)	-	-	-	-	-	-	-	-	-	
HC.4.3	Patient transport and emergency rescue	-	-	-	-	-	-	-	-	-	
HC.5.1 +	Pharmaceuticals and other	-	-	-	-	-	-	-	-	-	
HC.5.2	medical non durables	-	-	-	-	-	-	-	877,306	74,889,027	
HC.6.1	Maternal and child care, family planning and counselling	14,660,031	-	-	-	-	-	-	-	-	
HC.6.2	School health services	-	-	-	-	-	-	-	-	-	
HC.6.3	Prevention of communicable disease	35,080,691	2,371,272	-	40,333,144	-	-	-	-	-	
HC.6.4	Prevention of noncommunicable diseases	1,910,528	-	-	-	-	-	-	-	-	
HC.6.9	All other miscellaneous public health services	-	-	-	-	-	-	-	-	-	
HC.7	Health administration and health insurance	221,136,638	-	-	-	-	-	-	-	16,112,838	
HC.nsk	Not specified by kind	-	-	-	-	-	-	-	38,497,650	-	
HCR.1	Capital formation for health care provider institutions	81,959,680	-	-	-	-	-	-	-	-	
HCR.2	Education & Training	1,542,343,101	2,371,272	-	40,333,144	11,213,665	677,425	-	-	515,373,020	
HCR.3	Research & Development	1,067,665	-	-	-	-	-	-	-	-	
HCR.4	Food, hygiene and drinking water control	-	-	-	-	-	-	-	-	-	
HCR.5	Environmental health	-	-	-	-	-	-	-	-	-	
HCR.nsk	HCR expenditure not specified by kind	3,544,287	-	-	-	-	-	-	-	-	
	<i>Sub total column</i>	4,611,952	-	-	-	-	-	-	-	-	
	<b>Column Total NHE</b>	1,546,955,053	2,371,272	-	40,333,144	11,213,665	677,425	-	-	515,373,020	
	<b>HF as a % of THE</b>	46%	0%	0%	1%	0%	0%	0%	2%	15%	

\*Note, it was not possible to disaggregate spending by insurance schemes at independent labs and diagnostic facilities.

## Financing Agent X Function (HF x HC) Part 2

Code	Function (HC)	HF. B Non Public Sector					HF.3 ROW HF.3	HF.nsk		Row Total	HC as a % of THE
		HF.2.1.2 Private social insurance (private insurance covered by other employers - parastatal and private)	HF.2.2 Private insurance enterprises (other than social insurance) - (individual/supplemental insurance)	HF.2.3. Household Out-of-Pocket	HF.2.4 Non profit institutions (NGOs)	HF.2.5 Employers (parastatal and private)		HF.nsk	HF.nsk Not specified by any kind		
HC.1.1	In patient curative care	184,617,383	42,152,433	13,402,280	-	-	-	-	1,085,489,133	32.1%	
HC.1.3	Out patient curative care	213,475,018	60,695,227	106,789,761	3,521,128	-	-	-	1,121,551,093	33.2%	
HC.2	Rehabilitative care	-	-	-	30,520,923	-	-	-	35,976,301	1.1%	
HC.4.1	Clinical lab (independent facilities)	-	-	-	9,758,801	-	-	-	73,960,888	2.2%	
HC.4.2	Diagnostic imaging (independent facilities)	-	-	-	-	-	-	-	-	0.0%	
HC.4.3	Patient transport and emergency rescue	3,066,340	1,261,506	-	-	-	-	-	4,327,846	0.1%	
HC.5.1 +	Pharmaceuticals and other medical non durables	109,277,752	32,463,380	5,519,652	-	-	-	-	234,086,584	6.9%	
HC.5.2	Maternal and child care, family planning and counseling	-	-	-	4,862,713	-	-	-	19,522,744	0.6%	
HC.6.1	School health services	-	-	-	-	-	-	-	-	0.0%	
HC.6.2	Prevention of communicable disease	-	-	-	238,256,536	-	-	-	316,041,642	9.4%	
HC.6.3	Prevention of noncommunicable diseases	-	-	-	-	-	-	-	1,910,528	0.1%	
HC.6.4	All other miscellaneous public health services	-	-	-	-	-	-	-	-	0.0%	
HC.6.5	Health administration and health insurance	72,684,765	23,393,758	-	23,446,965	-	6,185,433	-	401,458,047	11.9%	
HC.7	Not specified by kind	-	-	-	-	-	-	-	3,125,599	0.1%	
HC.nsk	Capital formation for health care provider institutions	-	-	-	-	-	-	-	190,080	0.1%	
HCR.1	Column Total THE	583,121,257	159,966,303	125,711,692	310,367,066	25,893,011	6,185,433	-	3,379,600,164	2.4%	
HCR.2	Education & Training	-	-	-	5,173,248	-	-	-	6,240,913	0.1%	
HCR.3	Research & Development	-	-	-	-	-	-	-	-	0.0%	
HCR.4	Food, hygiene and drinking water control	-	-	-	-	-	-	-	-	0.0%	
HCR.5	Environmental health	-	-	-	-	-	-	-	-	0.0%	
HCR.nsk	HCR expenditure not specified by kind	-	-	-	-	-	-	-	3,544,287	0.1%	
	Sub total column	-	-	-	5,173,248	-	-	-	6,240,913	0.1%	
	Column Total NHE	583,121,257	159,966,303	125,711,692	315,540,314	25,893,011	6,185,433	-	3,389,385,364	2.4%	
	HF as a % of THE	17%	5%	4%	9%	1%	0%	-	100%		

# NAMIBIA NHA 2005/06 TABLES

## Provider X Function (HP x HC) – Part I

Code	Function (HC)	Provider (HP)										HP.4.1			
		HP.1.1+HP.3.4.5	HP.1.1.2	HP.2.2	HP.3.1 + HP.3.2	HP.3.3.1	HP.3.3.2	HP.3.5	HP.3.9.1	HP.3.9.2	HP.4.1				
HC.1.1	In patient curative care	812,443,345	264,397,784	475,000	8,087,934	-	-	-	-	-	-	-	-	-	
HC.1.3	Out patient curative care	611,719,574	13,705,242	1,425,000	483,587,115	-	-	-	-	-	-	-	-	-	
HC.2	Rehabilitative care	5,455,378	-	-	-	-	-	-	-	-	-	-	-	-	
HC.4.1	Clinical lab (independent facilities)	-	-	-	-	-	-	61,559,961	-	-	-	12,400,927	-	-	
HC.4.2	Diagnostic imaging (independent facilities)	-	-	-	-	-	-	-	-	-	-	-	-	-	
HC.4.3	Patient transport and emergency rescue	-	-	-	-	-	-	-	-	-	4,327,846	-	-	-	
HC.5.1 + HC.5.2	Pharmaceuticals and other medical non durables	-	-	-	11,059,467	-	-	-	-	-	-	-	-	223,027,117	
HC.6.1	Maternal and child care, family planning and counseling	1,497,155	-	-	-	-	-	-	-	-	-	-	-	-	
HC.6.2	School health services	-	-	-	-	-	-	-	-	-	-	-	-	-	
HC.6.3	Prevention of communicable disease	-	-	-	-	-	-	-	-	-	-	-	-	-	
HC.6.4	Prevention of noncommunicable diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	
HC.6.9	All other miscellaneous public health services	-	-	-	-	-	-	-	-	-	-	-	-	-	
HC.7	Health administration and health insurance	48,841,724	-	-	-	-	-	-	-	-	-	-	-	-	
HC.nsk	Not specified by kind	-	-	-	-	-	-	-	-	-	-	-	-	-	
HCR.1	Capital formation for health care provider institutions	71,549,374	-	-	190,080	-	-	-	-	-	-	-	-	-	
<b>Column Total-THE</b>		<b>1,551,506,550</b>	<b>278,103,026</b>	<b>1,900,000</b>	<b>502,924,596</b>									<b>223,027,117</b>	
HCR.2	Education & Training														
HCR.3	Research & Development														
HCR.4	Food, hygiene and drinking water control														
HCR.5	Environmental health														
HCR.nsk	HCR expenditure not specified by kind														
<b>HP as a % of THE</b>		<b>45.9%</b>	<b>8.2%</b>	<b>0.1%</b>	<b>14.9%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>1.8%</b>	<b>0.1%</b>	<b>0.4%</b>	<b>6.6%</b>

\*NOTE: Data not sufficient to disaggregate public and Misison hospitals and health centers-- so it is left as an aggregate category.

**Provider X Function (HP x HC) – Part 2**

Code	Function (HC)	HP.5 Provision and admin of public health programs	HP.6 General health administration and insurance	HP.7 All other industries (schools)	HP.9 Rest of the world	HP.nsk Providers not specified by any kind	THE Row Total	HP.8.2 Education and training institutions	HP.8.3 Other institutions providing health related services	NHE Row Total	HC as a % of THE
HC.1.1	In patient curative care	-	-	-	-	85,070	1,085,489,133				32.1%
HC.1.3	Out patient curative care	11,109,542	-	-	-	4,620	1,121,551,093				33.2%
HC.2	Rehabilitative care	30,520,923	-	-	-	-	35,976,301				1.1%
HC.4.1	Clinical lab (independent facilities)	-	-	-	-	-	73,960,888				2.2%
HC.4.2	Diagnostic imaging (independent facilities)	-	-	-	-	-	-				0.0%
HC.4.3	Patient transport and emergency rescue	-	-	-	-	-	4,327,846				0.1%
HC.5.1 + HC.5.2	Pharmaceuticals and other medical non durables	-	-	-	-	-	234,086,584				6.9%
HC.6.1	Maternal and child care, family planning and counseling	18,025,588	-	-	-	-	19,522,744				0.6%
HC.6.2	School health services	-	-	-	-	-	-				0.0%
HC.6.3	Prevention of communicable disease	316,031,142	-	10,500	-	-	316,041,642				9.4%
HC.6.4	Prevention of noncommunicable diseases	1,910,528	-	-	-	-	1,910,528				0.1%
HC.6.9	All other miscellaneous public health services	-	-	-	-	-	-				0.0%
HC.7	Health administration and health insurance	6,084,425	346,531,897	-	-	-	401,458,047				11.9%
HC.nsk	Not specified by kind	-	-	-	-	3,125,599	3,125,599				0.1%
HCR.1	Capital formation for health care provider institutions	5,402,183	5,008,123	-	-	-	82,149,760				0.1%
	<b>Column Total-THE</b>	<b>389,084,332</b>	<b>351,540,020</b>	<b>10,500</b>	<b>-</b>	<b>3,215,289</b>	<b>3,379,600,164</b>				2.4%
HCR.2	Education & Training							1,067,665	5,173,248	6,240,913	
HCR.3	Research & Development							0	0	-	
HCR.4	Food, hygiene and drinking water control							0	0	-	
HCR.5	Environmental health							0	0	-	
HCR.nsk	HCR expenditure not specified by kind							0	3,544,287	3,544,287	
	<b>Column Total-NHE</b>							<b>1,067,665</b>	<b>8,717,535</b>	<b>3,389,385,364</b>	
	<b>HP as a % of THE</b>	11.5%	10.4%	0.0%	0.0%	0.1%					

# NAMIBIA NHA 2004/05 TABLES

## Financing Source X Financing Agent (FSxHF)

Code	Financing Agent (HF)	Financing Source (FS)						Row Total	HF as a % of THE
		FS.1 Public Fund	FS.2 Private Funds			FS.3	FS.nsk		
		FS.1.1 Central Gov Revenue	FS.2.1.1 Govt as Employer	FS.2.1.2 Other Employers	FS.2.2 Households	Rest of the World (Donors)	Not specified by any kind		
HF.1.1.1.1	Ministry of Health & Social Services	1,281,181,385				34,232,789		1,315,414,174	48%
HF.1.1.1.2	Ministry of Gender Equality and Child Welfare	10,000						10,000	0%
HF.1.1.1.3	Ministry of Regional Local Government and Housing and Rural Development							0	0%
HF.1.1.1.4	Ministry of Education							0	0%
HF.1.1.1.5	Ministry of Defense	7,857,282						7,857,282	0%
HF.1.1.1.6	Ministry of Safety and Security	490,908						490,908	0%
HF.1.1.1.3	Municipal Government							0	0%
HF.1.2	Social Security funds		22,461,205		22,461,205			44,922,409	2%
HF.2.1.1	Private social insurance (gov't employees)		261,385,445		261,385,445			522,770,889	19%
HF.2.1.2	Private social insurance (private insurance covered by other employers - parastatal and private)			273,560,897	112,142,169			385,703,066	14%
HF.2.2	Private insurance enterprises (other than social insurance)-- (individual/supplemental insurance)				120,535,179			120,535,179	4%
HF.2.3	Household Out-of-Pocket				103,513,117			103,513,117	4%
HF.2.4	Non profit institutions (NGOs)					223,239,112		223,239,112	8%
HF.2.5	Employers (parastatal and private)			28,228,201				28,228,201	1%
HF.3	Rest of World					9,431,978		9,431,978	0%
HF.nsk	Not specified by any kind							0	0%
	<b>Column Total (THE)</b>	1,289,539,575	283,846,649	301,789,098	620,037,114	266,903,879	0	<b>2,762,116,315</b>	
HF.4	Financing Agents spending on Health Related Items	477,837,329						477,837,329	
	<b>Column Total (NHE)</b>	1,767,376,904	283,846,649	301,789,098	620,037,114	266,903,879	0	<b>3,239,953,644</b>	
	<b>FS % of THE</b>	47%	10%	11%	22%	10%	0%		0%

Financing Agent X Provider (HF x HP) – Part I

Code	Provider (HP)	HF-A Public Sector												
		HF.1.1.1.1	HF.1.1.1.2	HF.1.1.1.3	HF.1.1.1.4	HF.1.1.1.5	HF.1.1.1.6	HF.1.1.3	HF.1.2	HF.2.1.1				
HP.1.1.1+HP.3.4.5	Public and Mission general hospitals and public health centers	1,017,178,678								7,857,282	490,908		4,730,523	253,329,026
HP.1.1.2	Private for-profit general hospitals												3,942,103	50,665,805
HP.2.2	Residential mental retardation, mental health and substance abuse facilities													
HP.3.1 + HP.3.2	Offices of physicians and dentists(private facilities)												6,307,364	126,664,513
HP.3.3.1	Traditional healers													
HP.3.3.2	Community health workers													
HP.3.5	Medical and diagnostic laboratories	47,524,000												
HP.3.9.1	Ambulance services													
HP.3.9.2	Blood banks	10,248,700												
HP.4.1	Dispensing chemists												788,421	75,998,708
HP.5	Provision and admin of public health programs	46,502,417												
HP.6	General health administration and insurance	193,960,380												
HP.7	All other industries (schools)		10,000											29,153,999
HP.9	Rest of the world													
HP.nsk	Providers not specified by any kind													
-	Column Total THE	1,315,414,174	10,000	-	-	-	-	-	-	7,857,282	490,908	-	44,922,409	522,770,889
-	HF Totals From FS x HF Table	1,315,414,174	10,000	-	-	-	-	-	-	7,857,282	490,908	-	44,922,409	522,770,889
HP.8.2	Education and training institutions	1,344,329												
HP.8.3	Other institutions providing health related services	476,493,000												
-	Subtotal for health related	477,837,329	-	-	-	-	-	-	-	-	-	-	-	-
-	Column Total: NHE	1,793,251,503	10,000	-	-	-	-	-	-	7,857,282	490,908	-	44,922,409	522,770,889
-	HF as a % of THE	48%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	2%	19%

\*NOTE: Data not sufficient to disaggregate public and Misison hospitals and health centers-- so it is left as an aggregate category.

## Financing Agent X Provider (HF x HP) – Part 2

Code	Provider (HP)	HF.B Non Public Sector						HF.3 ROW		HF.nsk	
		HF.2.1.2 Private social insurance (private insurance covered by other employers - parastatal and private	HF.2.2 Private insurance enterprises (other than social insurance)-- (individual/supplem ental insurance)	HF.2.3. Household Out of-Pocket	HF.2.4 Non profit institutions (NGOs)	HF.2.5 Employers (parastatal and private)	HF.3 Rest of World	HF.nsk Not specified by any kind	HF.nsk	Row Total	
HP.1.1.1+HP.3.4.5	Public and Mission general hospitals and public health centers	15,873,120	322,159	25,010,562	6,228,287						
HP.1.1.2	Private for profit general hospitals	118,511,558	28,316,905	238,632		115,462				201,790,465	7%
HP.2.2	Residential mental retardation, mental health and substance abuse facilities										0%
HP.3.1 + HP.3.2	Offices of physicians and dentists(private facilities)	125,140,780	46,934,527	73,645,425		24,857,105				403,549,714	15%
HP.3.3.1	Traditional healers										0%
HP.3.3.2	Community health workers										0%
HP.3.5	Medical and diagnostic laboratories				18,780,806					66,304,806	2%
HP.3.9.1	Ambulance services	1,681,506	461,110							2,142,616	0%
HP.3.9.2	Blood banks									10,248,700	0%
HP.4.1	Dispensing chemists	88,457,101	29,781,838	4,544,650						199,570,717	7%
HP.5	Provision and admin of public health programs				178,373,501					233,700,784	8%
HP.6	General health administration and insurance	36,039,001	14,718,640		19,856,517					310,448,488	11%
HP.7	All other industries (schools)									10,000	0%
HP.9	Rest of the world										0%
HP.nsk	Providers not specified by any kind			73,848							0%
	<b>Column Total THE</b>	385,703,066	120,535,179	103,513,117	223,239,112	28,228,201	9,431,978			3,329,481	0%
	<b>HF Totals From FS x HF Table</b>	385,703,066	120,535,179	103,513,117	223,239,112	28,228,201	9,431,978			<b>2,762,116,315</b>	
HP.8.2	Education and training institutions									1,344,329	
HP.8.3	Other institutions providing health related services									476,493,000	
	<b>Subtotal for health related</b>									477,837,329	
	<b>Column Total: NHE</b>	385,703,066	120,535,179	103,513,117	223,239,112	28,228,201	9,431,978			<b>3,239,953,644</b>	
	<b>HF as a % of THE</b>	14%	4%	4%	8%	1%	0%				0%

## Financing Agent X Function (HF x HC) – Part I

		HF.A Public Sector									
		HF.1.1.1.1	HF.1.1.1.2	HF.1.1.1.3	HF.1.1.1.4	HF.1.1.1.5	HF.1.1.1.6	HF.1.1.3	HF.1.2	HF.2.1.1	
Code	Function (HC)	Ministry of Health & Social Services	Ministry of Gender Equality and Child Welfare	Ministry of Regional Government and Housing	Ministry of Education	Ministry of Defense	Ministry of Safety and Security	Municipal Government	Social Security funds	Private social insurance (gov't employees)	
HC.1.1	In patient curative care	482,702,260	-	-	-	3,905,069	-	-	-	303,994,831	
HC.1.3	Out patient curative care	477,420,972	-	-	-	3,952,213	490,908	-	2,365,262	126,664,513	
HC.2	Rehabilitative care	-	-	-	-	-	-	-	-	-	
HC.4.1	Clinical lab (independent facilities)	57,772,700	-	-	-	-	-	-	-	-	
HC.4.2	Diagnostic imaging (independent facilities)	-	-	-	-	-	-	-	-	-	
HC.4.3	Patient transport and emergency rescue	-	-	-	-	-	-	-	-	-	
HC.5.1 + HC.5.2	Pharmaceuticals and other medical non durables	-	-	-	-	-	-	-	788,421	75,998,708	
HC.6.1	Maternal and child care, family planning and counseling	15,882,065	-	-	-	-	-	-	-	-	
HC.6.2	School health services	-	-	-	-	-	-	-	-	-	
HC.6.3	Prevention of communicable disease	28,376,536	10,000	-	-	-	-	-	-	-	
HC.6.4	Prevention of noncommunicable diseases	2,446,169	-	-	-	-	-	-	-	-	
HC.6.9	All other miscellaneous public health services	-	-	-	-	-	-	-	-	-	
HC.7	Health administration and health insurance	193,960,380	-	-	-	-	-	-	29,153,999	16,112,838	
HC.nsk	Not specified by kind	-	-	-	-	-	-	-	-	-	
HCR.1	Capital formation for health care provider institutions	56,853,093	-	-	-	-	-	-	-	-	
HCR.2	Education & Training	1,315,414,174	10,000	-	-	7,857,282	490,908	-	-	522,770,889	
HCR.3	Research & Development	1,344,329	-	-	-	-	-	-	-	-	
HCR.4	Food, hygiene and drinking water control	-	-	-	-	-	-	-	-	-	
HCR.5	Environmental health	-	-	-	-	-	-	-	-	-	
HCR.nsk	HCR expenditure not specified by kind	476,493,000	-	-	-	-	-	-	-	-	
	<i>Sub total column</i>	477,837,329	-	-	-	-	-	-	-	-	
	<b>Column Total NHE</b>	1,793,251,503	10,000	0%	0%	7,857,282	490,908	0%	2%	522,770,889	
	<b>HF as a % of THE</b>	48%	0%	0%	0%	0%	0%	0%	2%	19%	

\*Note, it was not possible to disaggregate spending by insurance schemes at independent labs and diagnostic facilities.

## Financing Agent X Function (HF x HC) – Part 2

Code	Function (HC)	HF.B Non Public Sector					HF.3 ROW HF.3	HF.nsk		Row Total	HC as a % of THE
		HF.2.1.2 Private social insurance (private insurance covered by other employers - parastatal	HF.2.2 Private insurance enterprises (other than social insurance)-- (individual/supplementa	HF.2.3 Household Out-of-Pocket	HF.2.4 Non profit institutions (NGOs)	HF.2.5 Employers (parastatal and private)		HF.nsk Not specified by any kind	HF.nsk		
HC.1.1	In patient curative care	118,647,494	28,452,160	11,034,875	-	3,682,785	-	-	965,034,203	34.9%	
HC.1.3	Out patient curative care	140,877,964	47,121,431	87,933,591	6,228,287	10,352,206	-	-	903,407,346	32.7%	
HC.2	Rehabilitative care	-	-	-	-	-	-	-	-	0.0%	
HC.4.1	Clinical lab (independent facilities)	-	-	-	18,780,806	-	-	-	76,553,506	2.8%	
HC.4.2	Diagnostic imaging (independent facilities)	-	-	-	-	-	-	-	-	0.0%	
HC.4.3	Patient transport and emergency rescue	1,681,506	461,110	-	-	-	-	-	2,142,616	0.1%	
HC.5.1 +	Pharmaceuticals and other medical non durables	88,457,101	29,781,838	4,544,650	-	10,747,496	-	-	210,318,213	7.6%	
HC.5.2	Maternal and child care, family planning and counseling	-	-	-	-	-	-	-	15,882,065	0.6%	
HC.6.1	School health services	-	-	-	-	-	-	-	-	0.0%	
HC.6.2	Prevention of communicable disease	-	-	-	178,373,501	-	-	-	206,760,037	7.5%	
HC.6.3	Prevention of noncommunicable diseases	-	-	-	-	-	-	-	2,446,169	0.1%	
HC.6.4	All other miscellaneous public health services	-	-	-	-	-	-	-	-	0.0%	
HC.7	Health administration and health insurance	36,039,001	14,718,640	-	-	-	-	-	319,273,354	11.6%	
HC.nsk	Not specified by kind	-	-	-	-	-	-	-	3,255,634	0.1%	
HCR.1	Capital formation for health care provider institutions	-	-	-	-	190,080	-	-	57,043,173	2.1%	
<b>Column Total THE</b>		385,703,066	120,535,179	103,513,117	223,239,112	28,228,201	9,431,978	-	<b>2,762,116,315</b>		
HCR.2	Education & Training	-	-	-	-	-	-	-	1,344,329		
HCR.3	Research & Development	-	-	-	-	-	-	-	-		
HCR.4	Food, hygiene and drinking water control	-	-	-	-	-	-	-	-		
HCR.5	Environmental health	-	-	-	-	-	-	-	-		
HCR.nsk	HCR expenditure not specified by kind	-	-	-	-	-	-	-	476,493,000		
	<i>Sub total column</i>	-	-	-	-	-	-	-	1,344,329		
<b>Column Total NHE</b>		385,703,066	120,535,179	103,513,117	223,239,112	28,228,201	9,431,978	-	<b>3,239,953,644</b>		
	<b>HF as a % of THE</b>	14%	4%	4%	8%	1%	0%	0%			

Provider X Function (HP x HC) – Part I

Code	Function (HC)	Provider (HP)																				
		HP.1.1+HP.3.4.5	HP.1.1.2	HP.2.2	HP.3.1 + HP.3.2	HP.3.3.1	HP.3.3.2	HP.3.5	HP.3.9.1	HP.3.9.2	HP.4.1											
	Public and Mission general hospitals and public health centers																					
HC.1.1	In patient curative care	770,090,021	187,364,713	-	7,509,426	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
HC.1.3	Out patient curative care	503,875,078	14,425,782	-	385,102,712	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
HC.2	Rehabilitative care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
HC.4.1	Clinical lab (independent facilities)	-	-	-	-	-	-	-	-	-	-	66,304,806	-	-	-	-	-	-	-	-	-	
HC.4.2	Diagnostic imaging (independent facilities)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
HC.4.3	Patient transport and emergency rescue	-	-	-	-	-	-	-	-	-	-	-	2,142,616	-	-	-	-	-	-	-	-	
HC.5.1 + HC.6.2	Pharmaceuticals and other medical non durables	-	-	-	10,747,496	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	199,570,717	
HC.6.1	Maternal and child care, family planning and counseling	202,353	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
HC.6.2	School health services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
HC.6.3	Prevention of communicable disease	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
HC.6.4	Prevention of noncommunicable diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
HC.6.9	All other miscellaneous public health services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
HC.7	Health administration and health insurance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
HC.nsk	Not specified by kind	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
HCR.1	Capital formation for health care provider institutions	56,853,093	-	-	190,080	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	<b>Column Total:THE</b>	<b>1,331,020,545</b>	<b>201,790,465</b>	<b>-</b>	<b>403,549,714</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>66,304,806</b>	<b>2,142,616</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>199,570,717</b>	
HCR.2	Education & Training																					
HCR.3	Research & Development																					
HCR.4	Food, hygiene and drinking water control																					
HCR.5	Environmental health																					
HCR.nsk	HCR expenditure not specified by kind																					
	<b>Column Total:NHE</b>	<b>48,2%</b>	<b>7.3%</b>	<b>0.0%</b>	<b>14.6%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>2.4%</b>	<b>0.1%</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>7.2%</b>	
	<b>HP as a % of THE</b>																					

\*NOTE: Data not sufficient to disaggregate public and Misison hospitals and health centers-- so it is left as an aggregate category.

**Provider X Function (HP x HC) – Part 2**

Code	Function (HC)	HP.5 Provision and admin of public health programs	HP.6 General health administration and insurance	HP.7 All other industries (schools)	HP.9 Rest of the world	HP.nsk Providers not specified by any kind	THE Row Total	HP.8.2 Education and training institutions	HP.8.3 Other institutions providing health related services	NHE Row Total	HC as a % of THE
HC.1.1	In patient curative care	-	-	-	-	70,043	965,034,203				34.9%
HC.1.3	Out patient curative care	-	-	-	-	3,805	903,407,346				32.7%
HC.2	Rehabilitative care	-	-	-	-	-	-				0.0%
HC.4.1	Clinical lab (independent facilities)	-	-	-	-	-	76,553,506				2.8%
HC.4.2	Diagnostic imaging (independent facilities)	-	-	-	-	-	-				0.0%
HC.4.3	Patient transport and emergency rescue	-	-	-	-	-	2,142,616				0.1%
HC.5.1 + HC.5.2	Pharmaceuticals and other medical non durables	-	-	-	-	-	210,318,213				7.6%
HC.6.1	Maternal and child care, family planning and counseling	15,679,712	-	-	-	-	15,882,065				0.6%
HC.6.2	School health services	-	-	-	-	-	-				0.0%
HC.6.3	Prevention of communicable disease	206,750,03	-	10,000	-	-	206,760,037				7.5%
HC.6.4	Prevention of noncommunicable diseases	2,446,169	-	-	-	-	2,446,169				0.1%
HC.6.9	All other miscellaneous public health services	-	-	-	-	-	-				0.0%
HC.7	Health administration and health insurance	8,824,866	310,448,488	-	-	-	319,273,354				11.6%
HC.nsk	Not specified by kind	-	-	-	-	3,255,634	3,255,634				0.1%
HCR.1	Capital formation for health care provider institutions	-	-	-	-	-	57,043,173				2.1%
	<b>Column Total-THE</b>		<b>310,448,488</b>	<b>10,000</b>	-	<b>3,329,481</b>	<b>2,762,116,315</b>	<b>1,344,329</b>	<b>476,493,000</b>	<b>3,239,953,644</b>	
HCR.2	Education & Training							1,344,329	0	1,344,329	
HCR.3	Research & Development							0	0	-	
HCR.4	Food, hygiene and drinking water control							0	0	-	
HCR.5	Environmental health							0	0	-	
HCR.nsk	HCR expenditure not specified by kind							0	476,493,000	476,493,000	
	<b>Column Total-NHE</b>							<b>1,344,329</b>	<b>476,493,000</b>	<b>3,239,953,644</b>	
	<b>HP as a % of THE</b>	<b>8.5%</b>	<b>11.2%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.1%</b>					

# NAMIBIA NHA 2003/04 TABLES

## Financing Source X Financing Agent (FSxHF)

Code	Financing Agent (HF)	Financing Source (FS)							Row Total	HF as a % of THE
		FS.1 Public Fund		FS.2 Private Funds			FS.3	FS.nsk		
		FS.1.1.1 Central Gov Revenue	FS.1.1.1.1	FS.2.1.1 Govt as Employer	FS.2.1.2 Other Employers	FS.2.2 Households	Rest of the World (Donors)	Not specified by any kind		
HF.1.1.1.1	Ministry of Health & Social Services	1,283,894,043					64,649,660		1,348,543,703	56%
HF.1.1.1.2	Ministry of Gender Equality and Child Welfare	10,000							10,000	0%
HF.1.1.1.3	Ministry of Regional Local Government and Housing and Rural Development								0	0%
HF.1.1.1.4	Ministry of Education								0	0%
HF.1.1.1.5	Ministry of Defense	8,166,451							8,166,451	0%
HF.1.1.1.6	Ministry of Safety and Security	863,799							863,799	0%
HF.1.1.1.3	Municipal Government								0	0%
HF.1.2	Social Security funds		15,499,115					15,499,115	30,998,230	1%
HF.2.1.1	Private social insurance (gov't employees)		203,839,136					203,839,136	407,678,271	17%
HF.2.1.2	Private social insurance (private insurance covered by other employers - parastatal and private)			267,697,150				94,025,721	361,722,871	15%
HF.2.2	Private insurance enterprises (other than social insurance)-- (individual/supplemental insurance)							110,514,099	110,514,099	5%
HF.2.3.	Household Out-of-Pocket							123,841,840	123,841,840	5%
HF.2.4	Non profit institutions (NGOs)							0	0	0%
HF.2.5	Employers (parastatal and private)							22,088,492	22,088,492	1%
HF.3	Rest of World						7,206,786		7,206,786	0%
HF.nsk	Not specified by any kind								0	0%
	<b>Column Total (THE)</b>	1,292,934,293	219,338,250	289,785,642	547,719,910	71,856,446	0		<b>2,421,634,542</b>	
HF.4	Financing Agents spending on Health Related Items	405,810,281							405,810,281	
	<b>Column Total (NHE)</b>	1,698,744,574	219,338,250	289,785,642	547,719,910	71,856,446	0		<b>2,827,444,823</b>	
		53%	9%	12%	23%	3%	0%			0%

# NAMIBIA NHA 2003/04 TABLES

## Financing Agent X Provider (HF x HP) – Part I

Code	Provider (HP)	Financing Agent (HF)									
		HF-A Public Sector									
		HF.1.1.1.1	HF.1.1.1.2	HF.1.1.1.3	HF.1.1.1.4	HF.1.1.1.5	HF.1.1.1.6	HF.1.1.3	HF.1.2	HF.2.1.1	
		Ministry of Health & Social Services	Ministry of Gender Equality and Child Welfare	Ministry of Regional Local Government and Housing and Rural Development	Ministry of Education	Ministry of Defense	Ministry of Safety and Security	Municipal Government	Social Security funds	Private social insurance (govt employees)	
HP.1.1.1+HP.3.4.5	Public and Mission general hospitals and public health centers	1,021,902,498				8,166,451	863,799		1,837,313	197,918,445	
HP.1.1.2	Private for profit general hospitals								1,531,094	39,583,689	
HP.2.2	Residential mental retardation, mental health and substance abuse facilities								2,449,750	98,959,223	
HP.3.1 +	Offices of physicians and dentists(private facilities)										
HP.3.2											
HP.3.3.1	Traditional healers										
HP.3.3.2	Community health workers										
HP.3.5	Medical and diagnostic laboratories	43,600,000									
HP.3.9.1	Ambulance services										
HP.3.9.2	Blood banks	8,470,000									
HP.4.1	Dispensing chemists								306,219	59,375,534	
HP.5	Provision and admin of public health programs	84,794,145									
HP.6	General health administration and insurance	189,777,060							24,873,854	11,841,381	
HP.7	All other industries (schools)		10,000								
HP.9	Rest of the world										
HP.nsk	Providers not specified by any kind										
-	Column Total THE	1,348,543,703	10,000	-	-	8,166,451	863,799	-	30,998,230	407,678,271	
	HF Totals From FS x HF Table	1,348,543,703	10,000	-	-	8,166,451	863,799	-	30,998,230	407,678,271	
HP.8.2	Education and training institutions										
HP.8.3	Other institutions providing health related services	405,810,281									
	Subtotal for health related										
	Column Total: NHE	1,754,353,984	10,000	-	-	8,166,451	863,799	-	30,998,230	407,678,271	
	HF as a % of THE	56%	0%	0%	0%	0%	0%	0%	1%	17%	

\*NOTE: Data not sufficient to disaggregate public and Misison hospitals and health centers-- so it is left as an aggregate category.



# NAMIBIA NHA 2003/04 TABLES

## Financing Agent X Function (HF x HC) – Part I

		Financing Agent (HF)									
		HF.A Public Sector									
Code	Function (HC)	HF.1.1.1.1	HF.1.1.1.2	HF.1.1.1.3	HF.1.1.1.4	HF.1.1.1.5	HF.1.1.1.6	HF.1.1.3	HF.1.2	HF.2.1.1	
		Ministry of Health & Social Services	Ministry of Gender Equality and Child Welfare	Ministry of Regional Local Government and Housing	Ministry of Education	Ministry of Defense	Ministry of Safety and Security	Municipal Government	Social Security funds	Private social insurance (gov't employees)	
HC.1.1	In patient curative care	470,183,591	-	-	-	4,058,726	-	-	4,899,500	237,502,134	
HC.1.3	Out patient curative care	475,859,852	-	-	-	4,107,725	863,799	-	918,656	98,959,223	
HC.2	Rehabilitative care	-	-	-	-	-	-	-	-	-	
HC.4.1	Clinical lab (independent facilities)	52,070,000	-	-	-	-	-	-	-	-	
HC.4.2	Diagnostic imaging (independent facilities)	-	-	-	-	-	-	-	-	-	
HC.4.3	Patient transport and emergency rescue	-	-	-	-	-	-	-	-	-	
HC.5.1 + HC.5.2	Pharmaceuticals and other medical non durables	-	-	-	-	-	-	-	306,219	59,375,534	
HC.6.1	Maternal and child care, family planning and counseling	22,636,159	-	-	-	-	-	-	-	-	
HC.6.2	School health services	-	-	-	-	-	-	-	-	-	
HC.6.3	Prevention of communicable disease	60,353,270	10,000	-	-	-	-	-	-	-	
HC.6.4	Prevention of noncommunicable diseases	2,200,038	-	-	-	-	-	-	-	-	
HC.6.9	All other miscellaneous public health services	-	-	-	-	-	-	-	-	-	
HC.7	Health administration and health insurance	180,849,482	-	-	-	-	-	-	24,873,854	11,841,381	
HC.nsk	Not specified by kind	-	-	-	-	-	-	-	-	-	
HCR.1	Capital formation for health care provider institutions	84,391,311	-	-	-	-	-	-	-	-	
HCR.2	Education & Training	1,348,543,703	10,000	-	-	8,166,451	863,799	-	-	407,678,271	
HCR.3	Research & Development	-	-	-	-	-	-	-	-	-	
HCR.4	Food, hygiene and drinking water control	-	-	-	-	-	-	-	-	-	
HCR.5	Environmental health	-	-	-	-	-	-	-	-	-	
HCR.nsk	HCR expenditure not specified by kind	405,810,281	-	-	-	-	-	-	-	-	
	<i>Sub total column</i>	405,810,281	-	-	-	-	-	-	-	-	
	<b>Column Total NHE</b>	1,754,353,984	10,000	-	-	8,166,451	863,799	0%	1%	407,678,271	
	<b>HF as a % of THE</b>	56%	0%	0%	0%	0%	0%	0%	1%	17%	

\*Note, it was not possible to disaggregate spending by insurance schemes at independent labs and diagnostic facilities.

## Financing Agent X Function (HF x HC) – Part 2

Code	Function (HC)	HF.B Non Public Sector					HF.3 ROW		HF.nsk		Row Total	HC as a % of THE
		HF.2.1.2 Private social insurance (private insurance covered by other employers - parastatal)	HF.2.2 Private insurance enterprises (other than social insurance)-- (individual/supplementa	HF.2.3 Household Out-of-Pocket	HF.2.4 Non profit institutions (NGOs)	HF.2.5 Employers (parastatal and private)	HF.2.4 Non profit institutions (NGOs)	HF.nsk Not specified by any kind				
HC.1.1	In patient curative care	113,163,983	25,776,795	12,994,480	-	2,482,844	-	-	-	871,062,055	36.0%	
HC.1.3	Out patient curative care	117,497,944	41,642,924	105,495,658	-	7,725,005	-	-	-	853,070,785	35.2%	
HC.2	Rehabilitative care	-	-	-	-	-	-	-	-	-	0.0%	
HC.4.1	Clinical lab (independent facilities)	-	-	-	-	-	-	-	-	52,070,000	2.2%	
HC.4.2	Diagnostic imaging (independent facilities)	-	-	-	-	-	-	-	-	-	0.0%	
HC.4.3	Patient transport and emergency rescue	2,881,533	761,177	-	-	-	-	-	-	3,642,710	0.2%	
HC.5.1 +	Pharmaceuticals and other	87,765,290	26,015,288	5,351,702	-	9,430,912	-	-	-	188,234,944	7.8%	
HC.5.2	medical non durables	-	-	-	-	-	-	-	-	22,636,159	0.9%	
HC.6.1	Maternal and child care, family planning and counseling	-	-	-	-	-	-	-	-	-	0.0%	
HC.6.2	School health services	-	-	-	-	-	-	-	-	-	0.0%	
HC.6.3	Prevention of communicable disease	-	-	-	-	-	-	-	-	60,363,270	2.5%	
HC.6.4	Prevention of noncommunicable diseases	-	-	-	-	-	-	-	-	2,200,038	0.1%	
HC.6.9	All other miscellaneous public health services	-	-	-	-	-	-	-	-	-	0.0%	
HC.7	Health administration and health insurance	40,424,120	16,317,916	-	-	-	-	-	-	281,513,539	11.6%	
HC.nsk	Not specified by kind	-	-	-	-	-	-	-	-	2,449,731	0.1%	
HCR.1	Capital formation for health care provider institutions	-	-	-	-	-	-	-	-	84,391,311	3.5%	
<b>Column Total THE</b>		361,722,871	110,514,099	123,841,840	-	22,088,492	7,206,786	-	-	<b>2,421,634,542</b>		
HCR.2	Education & Training	-	-	-	-	-	-	-	-	-	-	
HCR.3	Research & Development	-	-	-	-	-	-	-	-	-	-	
HCR.4	Food, hygiene and drinking water control	-	-	-	-	-	-	-	-	-	-	
HCR.5	Environmental health	-	-	-	-	-	-	-	-	-	-	
HCR.nsk	HCR expenditure not specified by kind	-	-	-	-	-	-	-	-	405,810,281		
	<i>Sub total column</i>											
	<b>Column Total NHE</b>	361,722,871	110,514,099	123,841,840	-	22,088,492	7,206,786	-	-	<b>2,827,444,823</b>		
	<b>HF as a % of THE</b>	15%	5%	5%	0%	1%	0%	0%	0%			

# NAMIBIA NHA 2003/04 TABLES

## Provider X Function (HP x HC) – Part I

Code	Function (HC)	Provider (HP)												
		HP.1.1+HP.3.4.5	HP.1.1.2	HP.2.2	HP.3.1 + HP.3.2	HP.3.3.1	HP.3.3.2	HP.3.5	HP.3.9.1	HP.3.9.2	HP.4.1			
HC.1.1	In patient curative care	701,236,158	165,777,715	-	3,965,700	-	-	-	-	-	-	-	-	-
HC.1.3	Out patient curative care	499,121,674	11,373,098	-	342,571,449	-	-	-	-	-	-	-	-	-
HC.2	Rehabilitative care	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.4.1	Clinical lab (independent facilities)	-	-	-	-	-	43,600,000	-	-	-	8,470,000	-	-	-
HC.4.2	Diagnostic imaging (independent facilities)	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.4.3	Patient transport and emergency rescue	-	-	-	-	-	-	-	3,642,710	-	-	-	-	-
HC.5.1 + HC.5.2	Pharmaceuticals and other medical non durables	-	-	-	9,430,912	-	-	-	-	-	-	-	178,804,032	-
HC.6.1	Maternal and child care, family planning and counseling	395,322	-	-	-	-	-	-	-	-	-	-	-	-
HC.6.2	School health services	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.6.3	Prevention of communicable disease	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.6.4	Prevention of noncommunicable diseases	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.6.9	All other miscellaneous public health services	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.7	Health administration and health insurance	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.nsk	Not specified by kind	-	-	-	-	-	-	-	-	-	-	-	-	-
HCR.1	Capital formation for health care provider institutions	75,463,733	-	-	-	-	-	-	-	-	-	-	-	-
	<b>Column Total-THE</b>	<b>1,276,216,887</b>	<b>177,150,813</b>	-	<b>355,968,061</b>	-	-	-	<b>3,642,710</b>	-	<b>8,470,000</b>	-	<b>178,804,032</b>	-
HGR.2	Education & Training													
HGR.3	Research & Development													
HGR.4	Food, hygiene and drinking water control													
HGR.5	Environmental health													
HCR.nsk	HCR expenditure not specified by kind													
	<b>Column Total-NHE</b>													
	<b>HP as a % of THE</b>	<b>52.7%</b>	<b>7.3%</b>	<b>0.0%</b>	<b>14.7%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.2%</b>	<b>1.8%</b>	<b>0.0%</b>	<b>0.2%</b>	<b>7.4%</b>	<b>0.0%</b>

\*NOTE: Data not sufficient to disaggregate public and Misison hospitals and health centers-- so it is left as an aggregate category.

**Provider X Function (HP x HC) – Part 2**

Code	Function (HC)	HP.5 Provision and admin of public health programs	HP.6 General health administration and insurance	HP.7 All other industries (schools)	HP.9 Rest of the world	HP.nsk Providers not specified by any kind	THE Row Total	HP.8.2 Education and training institutions	HP.8.3 Other institutions providing health related services	NHE Row Total	HC as a % of THE
HC.1.1	In patient curative care	-	-	-	-	82,481	871,062,065	-	-	-	36.0%
HC.1.3	Out patient curative care	-	-	-	-	4,564	853,070,785	-	-	-	35.2%
HC.2	Rehabilitative care	-	-	-	-	-	-	-	-	-	0.0%
HC.4.1	Clinical lab (independent facilities)	-	-	-	-	-	52,070,000	-	-	-	2.2%
HC.4.2	Diagnostic imaging (independent facilities)	-	-	-	-	-	-	-	-	-	0.0%
HC.4.3	Patient transport and emergency rescue	-	-	-	-	-	3,642,710	-	-	-	0.2%
HC.5.1 + HC.5.2	Pharmaceuticals and other medical non durables	-	-	-	-	-	188,234,944	-	-	-	7.8%
HC.6.1	Maternal and child care, family planning and counseling	22,240,837	-	-	-	-	22,636,159	-	-	-	0.9%
HC.6.2	School health services	-	-	-	-	-	-	-	-	-	0.0%
HC.6.3	Prevention of communicable disease	60,353,270	-	10,000	-	-	60,363,270	-	-	-	2.5%
HC.6.4	Prevention of noncommunicable diseases	2,200,038	-	-	-	-	2,200,038	-	-	-	0.1%
HC.6.9	All other miscellaneous public health services	-	-	-	-	-	-	-	-	-	0.0%
HC.7	Health administration and health insurance	259,096	281,254,443	-	-	-	281,513,539	-	-	-	11.6%
HC.nsk	Not specified by kind	-	-	-	-	2,449,731	2,449,731	-	-	-	0.1%
HCR.1	Capital formation for health care provider institutions	-	8,927,578	-	-	-	84,391,311	-	-	-	3.5%
	<b>Column Total-THE</b>		<b>290,182,021</b>	<b>10,000</b>	-	<b>2,536,776</b>	<b>2,421,634,542</b>				
HCR.2	Education & Training							0	0	-	
HCR.3	Research & Development							0	0	-	
HCR.4	Food, hygiene and drinking water control							0	0	-	
HCR.5	Environmental health							0	0	-	
HCR.nsk	HCR expenditure not specified by kind							0	405,810,281	405,810,281	
	<b>Column Total-NHE</b>								<b>405,810,281</b>	<b>2,827,444,823</b>	
	<b>HP as a % of THE</b>	3.5%	12.0%	0.0%	0.0%	0.1%					

# NAMIBIA NHA 2002/03 TABLES

## Financing Source X Financing Agent (FSxHF)

Code	Financing Agent (HF)	Financing Source (FS)						Row Total	HF as a % of THE
		FS.1 Public Funds	FS.2 Private Funds			FS.3	FS.nsk		
		FS.1.1.1 Central Gov Revenue	FS.2.1.1 Govt as Employer	Other Employers	Households	Rest of the World (Donors)	Not specified by any kind		
HF.1.1.1.1	Ministry of Health & Social Services	1,178,182,102				57,960,965		1,236,143,067	58%
HF.1.1.1.2	Ministry of Gender Equality and Child Welfare							0	0%
HF.1.1.1.3	Ministry of Regional Local Government and Housing and Rural Development							0	0%
HF.1.1.1.4	Ministry of Education							0	0%
HF.1.1.1.5	Ministry of Defense	6,492,961						6,492,961	0%
HF.1.1.1.6	Ministry of Safety and Security	963,591						963,591	0%
HF.1.1.1.3	Municipal Government							0	0%
HF.1.1.2	Social Security funds		11,867,298		11,867,298			23,734,596	1%
HF.2.1.1	Private social insurance (gov't employees)		175,530,327		175,530,327			351,060,654	16%
HF.2.1.2	Private social insurance (private insurance covered by other employers - parastatal and private)			236,037,380	72,139,464			308,176,844	14%
HF.2.2	Private insurance enterprises (other than social insurance)-- (individual/supplemental insurance)				99,179,685			99,179,685	5%
HF.2.3.	Household Out-of-Pocket				85,856,768			85,856,768	4%
HF.2.4	Non profit institutions (NGOs)							0	0%
HF.2.5	Employers (parastatal and private)			19,978,808				19,978,808	1%
HF.3	Rest of World					10,650,846		10,650,846	0%
HF.nsk	Not specified by any kind							0	0%
	<b>Column Total (THE)</b>	1,185,638,654	187,397,625	256,016,189	444,573,541	68,611,811	0	<b>2,142,237,820</b>	
HF.4	Financing Agents spending on Health Related Items	330,220,889						330,220,889	
	<b>Column Total (NHE)</b>	1,515,859,543	187,397,625	256,016,189	444,573,541	68,611,811	0	<b>2,472,458,709</b>	
	<b>FS % of THE</b>	55%	9%	12%	21%	3%	0%		

# NAMIBIA NHA 2002/03 TABLES

## Financing Agent X Provider (HF x HP) – Part I

Code	Provider (HP)	Financing Agent (HF)											
		HF.1.1.1.1	HF.1.1.1.2	HF.1.1.1.3	HF.1.1.1.4	HF.1.1.1.5	HF.1.1.1.6	HF.1.1.3	HF.1.2	HF.2.1.1			
		Ministry of Health & Social Services	Ministry of Gender Equality and Child Welfare	Ministry of Regional Local Government and Housing	Ministry of Education	Ministry of Defense	Ministry of Safety and Security	Municipal Government	Social Security funds	Private social insurance (govt employees)			
HP.1.1+HP.3.4.5	Public and Mission general hospitals and public health centers	944,291,287				6,492,961	963,591		2,404,273	188,691,947			
HP.1.1.2	Private for profit general hospitals								2,003,561	33,738,389			
HP.2.2	Residential mental retardation, mental health and substance abuse facilities												
HP.3.1 + HP.3.2	Offices of physicians and dentists(private facilities)								3,205,698	84,345,974			
HP.3.3.1	Traditional healers												
HP.3.3.2	Community health workers												
HP.3.5	Medical and diagnostic laboratories	36,400,000											
HP.3.9.1	Ambulance services												
HP.3.9.2	Blood banks	5,530,000											
HP.4.1	Dispensing chemists								400,712	50,607,584			
HP.5	Provision and admin of public health programs	75,012,894											
HP.6	General health administration and insurance	174,908,886							15,720,352	13,676,760			
HP.7	All other industries (schools)												
HP.9	Rest of the world												
HP.nsk	Providers not specified by any kind												
	<b>Column Total THE</b>	1,236,143,067	-	-	-	6,492,961	963,591	-	23,734,596	351,060,654	-	-	-
	<b>HF Totals From FS x HF Table</b>	1,236,143,067	-	-	-	6,492,961	963,591	-	23,734,596	351,060,654	-	-	-
HP.8.2	Education and training institutions												
HP.8.3	Other institutions providing health related services	330,220,889											
	<b>Subtotal for health related</b>	330,220,889	-	-	-	-	-	-	-	-	-	-	-
	<b>Column Total: NHE</b>	1,566,363,956	-	-	-	6,492,961	963,591	-	23,734,596	351,060,654	-	-	-
	<b>HF as a % of THE</b>	58%	0%	0%	0%	0%	0%	0%	1%	16%	0%	0%	1%

\*NOTE: Data not sufficient to disaggregate public and Misison hospitals and health centers-- so it is left as an aggregate category.

## Financing Agent X Provider (HF x HP) – Part 2

Code	Provider (HP)	HF-B Non Public Sector						HF.3 ROW		HF.nsk					
		HF.2.1.2 Private social insurance (private insurance covered by other employers - parastatal and private)	HF.2.2 Private insurance enterprises (other than social insurance) - (individual/supplemental)	HF.2.3. Household Out of-Pocket	HF.2.4 Non profit institutions (NGOs)	HF.2.5 Employers (parastatal and private)	HF.3 Rest of World	HF.nsk	HF.nsk	Row Total	Not specified by any kind				
HP.1.1+HP.3.4.5	Public and Mission general hospitals and public health centers	11,378,521	449,061	20,744,482											
HP.1.1.2	Private for profit general hospitals	96,804,051	24,383,476	197,929		35,786								1,155,416,123	54%
HP.2.2	Residential mental retardation, mental health and substance abuse facilities													157,163,192	7%
HP.3.1 + HP.3.2	Offices of physicians and dentists(private facilities)	86,511,640	35,546,809	61,083,642		17,700,899								-	0%
HP.3.3.1	Traditional healers													288,394,660	13%
HP.3.3.2	Community health workers													-	0%
HP.3.5	Medical and diagnostic laboratories													-	0%
HP.3.9.1	Ambulance services	1,204,630	341,951											36,400,000	2%
HP.3.9.2	Blood banks													1,546,580	0%
HP.4.1	Dispensing chemists	75,746,034	23,035,108	3,769,464										5,530,000	0%
HP.5	Provision and admin of public health programs													153,558,903	7%
HP.6	General health administration and insurance	36,531,969	15,423,280											83,731,639	4%
HP.7	All other industries (schools)													1,932,101	12%
HP.9	Rest of the world													-	0%
HP.nsk	Providers not specified by any kind			61,251		2,242,124								-	0%
<b>Column Total THE</b>		308,176,844	99,179,685	85,856,768		19,978,808								2,142,237,820	0%
<b>HF Totals From FS x HF Table</b>		308,176,844	99,179,685	85,856,768		19,978,808								-	0%
HP.8.2	Education and training institutions													-	0%
HP.8.3	Other institutions providing health related services													330,220,889	0%
	<b>Subtotal for health related</b>													330,220,889	0%
	<b>Column Total: NHE</b>	308,176,844	99,179,685	85,856,768		19,978,808								2,472,458,709	0%
	<b>HF as a % of THE</b>	14%	5%	4%		1%								0%	0%

# NAMIBIA NHA 2002/03 TABLES

## Financing Agent X Function (HF x HC) – Part I

		HF.A Public Sector									
		HF.1.1.1.1	HF.1.1.1.2	HF.1.1.1.3	HF.1.1.1.4	HF.1.1.1.5	HF.1.1.1.6	HF.1.1.3	HF.1.2	HF.2.1.1	
Code	Function (HC)	Ministry of Health & Social Services	Ministry of Gender Equality and Child Welfare	Ministry of Regional Local Government and Housing	Ministry of Education	Ministry of Defense	Ministry of Safety and Security	Municipal Government	Social Security funds	Private social insurance (gov't employees)	
HC.1.1	In patient curative care	431,935,158	-	-	-	3,227,002	-	-	6,411,395	202,430,336	
HC.1.3	Out patient curative care	437,149,666	-	-	-	3,265,959	963,591	-	1,202,137	84,345,974	
HC.2	Rehabilitative care	-	-	-	-	-	-	-	-	-	
HC.4.1	Clinical lab (independent facilities)	41,930,000	-	-	-	-	-	-	-	-	
HC.4.2	Diagnostic imaging (independent facilities)	-	-	-	-	-	-	-	-	-	
HC.4.3	Patient transport and emergency rescue	-	-	-	-	-	-	-	-	-	
HC.5.1 +	Pharmaceuticals and other medical non durables	-	-	-	-	-	-	-	-	-	
HC.5.2	Maternal and child care, family planning and counseling	29,679,420	-	-	-	-	-	-	400,712	50,607,584	
HC.6.1	School health services	46,637	-	-	-	-	-	-	-	-	
HC.6.2	Prevention of communicable disease	45,351,768	-	-	-	-	-	-	-	-	
HC.6.3	Prevention of noncommunicable diseases	207,603	-	-	-	-	-	-	-	-	
HC.6.4	All other miscellaneous public health services	-	-	-	-	-	-	-	-	-	
HC.6.9	Health administration and health insurance	165,464,204	-	-	-	-	-	-	15,720,352	13,676,760	
HC.nsk	Not specified by kind	-	-	-	-	-	-	-	-	-	
HCR.1	Capital formation for health care provider institutions	84,378,611	-	-	-	-	-	-	-	-	
<b>Column Total THE</b>		1,236,143,067	-	-	-	6,492,961	963,591	-	-	351,060,654	
HCR.2	Research & Development	-	-	-	-	-	-	-	-	-	
HCR.3	Food, hygiene and drinking water control	-	-	-	-	-	-	-	-	-	
HCR.4	Environmental health	-	-	-	-	-	-	-	-	-	
HCR.5	HCR expenditure not specified by kind	330,220,889	-	-	-	-	-	-	-	-	
HCR.nsk	Sub total column	330,220,889	-	-	-	-	-	-	-	-	
<b>Column Total NHE</b>		1,566,363,956	-	-	-	6,492,961	963,591	-	-	351,060,654	
	<b>HF as a % of THE</b>	58%	0%	0%	0%	0%	0%	0%	1%	16%	

\*Note, it was not possible to disaggregate spending by insurance schemes at independent labs and diagnostic facilities.

## Financing Agent X Function (HF x HC) – Part 2

Code	Function (HC)	HF-B Non Public Sector					HF.3 ROW HF:3 Rest of World	HF.nsk		Row Total	HC as a % of THE
		HF.2.1.2 Private social insurance (private insurance covered by other employers - parastatal	HF.2.2 Private insurance enterprises (other than social insurance)-- (individual/supplementa	HF.2.3 Household Out-of-Pocket	HF.2.4 Non profit institutions (NGOs)	HF.2.5 Employers (parastatal and private)		HF.nsk Not specified by any kind	HF.nsk		
HC.1.1	In patient curative care	98,317,502	24,558,384	9,152,644	-	1,566,317	-	-	777,598,739	36.3%	
HC.1.3	Out patient curative care	96,376,709	35,820,962	72,931,504	-	7,498,305	-	-	739,554,807	34.5%	
HC.2	Rehabilitative care	-	-	-	-	-	-	-	-	0.0%	
HC.4.1	Clinical lab (independent facilities)	-	-	-	-	-	-	-	41,930,000	2.0%	
HC.4.2	Diagnostic imaging (independent facilities)	-	-	-	-	-	-	-	-	0.0%	
HC.4.3	Patient transport and emergency rescue	1,204,630	341,951	-	-	-	-	-	1,546,580	0.1%	
HC.5.1 +	Pharmaceuticals and other medical non durables	75,746,034	23,035,108	3,769,464	-	8,669,993	-	-	162,228,896	7.6%	
HC.5.2	Maternal and child care, family planning and counseling	-	-	-	-	-	-	-	29,679,420	1.4%	
HC.6.1	School health services	-	-	-	-	-	-	-	46,637	0.0%	
HC.6.2	Prevention of communicable disease	-	-	-	-	-	-	-	45,351,768	2.1%	
HC.6.3	Prevention of noncommunicable diseases	-	-	-	-	-	-	-	207,603	0.0%	
HC.6.4	All other miscellaneous public health services	-	-	-	-	-	-	-	-	0.0%	
HC.7	Health administration and health insurance	36,531,969	15,423,280	-	-	-	10,650,846	-	257,467,411	12.0%	
HC.nsk	Not specified by kind	-	-	-	-	-	-	-	-	0.0%	
HCR.1	Capital formation for health care provider institutions	-	-	-	-	2,242,124	-	-	2,242,124	0.1%	
	<b>Column Total THE</b>	308,176,844	99,179,685	85,853,613	-	19,978,808	10,650,846	-	<b>2,142,234,664</b>	3.9%	
HCR.2	Education & Training	-	-	-	-	-	-	-	-	-	
HCR.3	Research & Development	-	-	-	-	-	-	-	-	-	
HCR.4	Food, hygiene and drinking water control	-	-	-	-	-	-	-	-	-	
HCR.5	Environmental health	-	-	-	-	-	-	-	-	-	
HCR.nsk	HCR expenditure not specified by kind	-	-	-	-	-	-	-	330,220,889	-	
	<b>Sub total column</b>	-	-	-	-	-	-	-	-	-	
	<b>Column Total NHE</b>	308,176,844	99,179,685	85,853,613	-	19,978,808	10,650,846	-	<b>2,472,455,553</b>	0%	
	<b>HF as a % of THE</b>	14%	5%	4%	0%	1%	0%	0%	0%	0%	

# NAMIBIA NHA 2002/03 TABLES

## Provider X Function (HP x HC)

Code	Function (HC)	Provider (HP)													
		HP.1.1+HP.3.4.5	HP.1.1.2	HP.2.2	HP.3.1 + HP.3.2	HP.3.3.1	HP.3.3.2	HP.3.5	HP.3.9.1	HP.3.9.2	HP.4.1				
HC.1.1	In patient curative care	625,886,339	148,120,212	-	3,534,092	-	-	-	-	-	-	-	-	-	-
HC.1.3	Out patient curative care	454,323,321	9,042,980	-	276,188,506	-	-	-	-	-	-	-	-	-	-
HC.2	Rehabilitative care	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.4.1	Clinical lab (independent facilities)	-	-	-	-	-	-	36,400,000	-	-	-	5,530,000	-	-	-
HC.4.2	Diagnostic imaging (independent facilities)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.4.3	Patient transport and emergency rescue	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.5.1 + HC.5.2	Pharmaceuticals and other medical non durables	-	-	-	8,669,993	-	-	-	-	-	-	-	-	-	153,558,903
HC.6.1	Maternal and child care, family planning and counseling	272,534	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.6.2	School health services	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.6.3	Prevention of communicable disease	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.6.4	Prevention of noncommunicable diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.6.9	All other miscellaneous public health services	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.7	Health administration and health insurance	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.nsk	Not specified by kind	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HCR.1	Capital formation for health care provider institutions	74,933,929	-	-	2,069	-	-	-	-	-	-	-	-	-	-
<b>HCR.2</b>	<b>Column Total:THE</b>	<b>1,155,416,123</b>	<b>157,163,192</b>	<b>-</b>	<b>288,394,660</b>	<b>-</b>	<b>-</b>	<b>36,400,000</b>	<b>1,546,580</b>	<b>5,530,000</b>	<b>153,558,903</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
HCR.2	Education & Training	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HCR.3	Research & Development	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HCR.4	Food, hygiene and drinking water control	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HCR.5	Environmental health	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HCR.nsk	HCR expenditure not specified by kind	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	<b>Column Total:NHE</b>	<b>53.9%</b>	<b>7.3%</b>	<b>0.0%</b>	<b>13.5%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>1.7%</b>	<b>0.1%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.1%</b>	<b>7.2%</b>	<b>-</b>	<b>-</b>

\*NOTE: Data not sufficient to disaggregate public and Misison hospitals and health centers-- so it is left as an aggregate category.

### Provider X Function (HP x HC)

Code	Function (HC)	HP.5 Provision and admin of public health programs	HP.6 General health administration and insurance	HP.7 All other industries (schools)	HP.9 Rest of the world	HP.nsk Providers not specified by any kind	THE Row Total	HP.8.2 Education and training institutions	HP.8.3 Other institutions providing health related services	NHE Row Total	HC as a % of THE
HC.1.1	In patient curative care	-	-	-	-	58,096	777,598,739	-	-	-	36.3%
HC.1.3	Out patient curative care	-	-	-	-	-	739,554,807	-	-	-	34.5%
HC.2	Rehabilitative care	-	-	-	-	-	-	-	-	-	0.0%
HC.4.1	Clinical lab (independent facilities)	-	-	-	-	-	41,930,000	-	-	-	2.0%
HC.4.2	Diagnostic imaging (independent facilities)	-	-	-	-	-	-	-	-	-	0.0%
HC.4.3	Patient transport and emergency rescue	-	-	-	-	-	1,546,580	-	-	-	0.1%
HC.5.1 + HC.5.2	Pharmaceuticals and other medical non durables	-	-	-	-	-	162,228,896	-	-	-	7.6%
HC.6.1	Maternal and child care, family planning and counseling	29,406,886	-	-	-	-	29,679,420	-	-	-	1.4%
HC.6.2	School health services	46,637	-	-	-	-	46,637	-	-	-	0.0%
HC.6.3	Prevention of communicable disease	45,351,768	-	-	-	-	45,351,768	-	-	-	2.1%
HC.6.4	Prevention of noncommunicable diseases	207,603	-	-	-	-	207,603	-	-	-	0.0%
HC.6.9	All other miscellaneous public health services	-	-	-	-	-	-	-	-	-	0.0%
HC.7	Health administration and health insurance	8,718,745	248,748,666	-	-	-	257,467,411	-	-	-	12.0%
HC.nsk	Not specified by kind	-	-	-	-	2,242,124	2,242,124	-	-	-	0.1%
HCR.1	Capital formation for health care provider institutions	-	9,444,682	-	-	-	84,380,680	-	-	-	3.9%
	<b>Column Total-THE</b>		<b>258,193,348</b>			<b>2,300,219</b>	<b>2,142,234,664</b>				
HCR.2	Education & Training	-	-	-	-	-	-	0	0	-	-
HCR.3	Research & Development	-	-	-	-	-	-	0	0	-	-
HCR.4	Food, hygiene and drinking water control	-	-	-	-	-	-	0	0	-	-
HCR.5	Environmental health	-	-	-	-	-	-	0	0	-	-
HCR.nsk	HCR expenditure not specified by kind	-	-	-	-	-	-	0	330,220,889	330,220,889	
	<b>Column Total-NHE</b>								<b>330,220,889</b>	<b>2,472,455,553</b>	
	<b>HP as a % of THE</b>	<b>3.9%</b>	<b>12.1%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.1%</b>					

Financing Source X Financing Agent (FSxHF)

Code	Financing Agent (HF)	Financing Source (FS)							Row Total	HF as a % of THE
		FS.1 Public Funds		FS.2 Private Funds			FS.3	FS.nsk		
		FS.1.1.1 Central Gov Revenue	FS.2.1.1 Govt as Employer	FS.2.1.2 Other Employers	FS.2.2 Households	Rest of the World (Donors)	Not specified by any kind			
HF.1.1.1.1	Ministry of Health & Social Services	983,782,000					40,929,795		1,024,711,795	57%
HF.1.1.1.2	Ministry of Gender Equality and Child Welfare								0	0%
HF.1.1.1.3	Ministry of Regional Local Government and Housing and Rural Development								0	0%
HF.1.1.1.4	Ministry of Education								0	0%
HF.1.1.1.5	Ministry of Defense	5,910,693							5,910,693	0%
HF.1.1.1.6	Ministry of Safety and Security	475,195							475,195	0%
HF.1.1.3	Municipal Government								0	0%
HF.1.2	Social Security funds		11,434,599			11,434,599			22,869,198	1%
HF.2.1.1	Private social insurance (govt employees)		145,382,948			145,382,948			290,765,896	16%
HF.2.1.2	Private social insurance (private insurance covered by other employers - parastatal and private)			242,014,969		242,014,969			265,588,234	15%
HF.2.2	Private insurance enterprises (other than social insurance) - (individual/supplemental insurance)								99,653,697	6%
HF.2.3	Household Out-of-Pocket								56,149,601	3%
HF.2.4	Non profit institutions (NGOs)								0	0%
HF.2.5	Employers (parastatal and private)			16,304,194		16,304,194			16,304,194	1%
HF.3	Rest of World						28,268,319		28,268,319	2%
HF.nsk	Not specified by any kind								0	0%
	<b>Column Total (THE)</b>	990,167,888	156,817,547	258,319,164	336,194,110	69,198,114			<b>1,810,696,822</b>	
HF.4	Financing Agents spending on Health Related Items	324,205,000							324,205,000	
	<b>Column Total (NHE)</b>	1,314,372,888	156,817,547	258,319,164	336,194,110	69,198,114			<b>2,134,901,822</b>	
	<b>FS % of THE</b>	55%	9%	14%	19%	4%			0%	





# NAMIBIA NHA 2001/02 TABLES

## Financing Agent X Function (HF x HC) – Part I

		HF.A Public Sector									
		HF.1.1.1.1	HF.1.1.1.2	HF.1.1.1.3	HF.1.1.1.4	HF.1.1.1.5	HF.1.1.1.6	HF.1.1.3	HF.1.2	HF.2.1.1	
Code	Function (HC)	Ministry of Health & Social Services	Ministry of Gender Equality and Child Welfare	Ministry of Regional Local Government and Housing	Ministry of Education	Ministry of Defense	Ministry of Safety and Security	Municipal Government	Social Security funds	Private social insurance (gov't employees)	
HC.1.1	In patient curative care	358,510,429	-	-	-	2,937,614	-	-	4,361,296	168,924,000	
HC.1.3	Out patient curative care	362,775,404	-	-	-	2,973,079	475,195	-	817,743	70,385,000	
HC.2	Rehabilitative care	-	-	-	-	-	-	-	-	-	
HC.4.1	Clinical lab (independent facilities)	37,492,700	-	-	-	-	-	-	-	-	
HC.4.2	Diagnostic imaging (independent facilities)	-	-	-	-	-	-	-	-	-	
HC.4.3	Patient transport and emergency rescue	-	-	-	-	-	-	-	-	-	
HC.5.1 + HC.5.2	Pharmaceuticals and other medical non durables	-	-	-	-	-	-	-	-	-	
HC.6.1	Maternal and child care, family planning and counseling	29,546,310	-	-	-	-	-	-	272,581	42,231,000	
HC.6.2	School health services	145,970	-	-	-	-	-	-	-	-	
HC.6.3	Prevention of communicable disease	34,522,077	-	-	-	-	-	-	-	-	
HC.6.4	Prevention of noncommunicable diseases	3,164,089	-	-	-	-	-	-	-	-	
HC.6.9	All other miscellaneous public health services	-	-	-	-	-	-	-	-	-	
HC.7	Health administration and health insurance	131,386,461	-	-	-	-	-	-	17,417,578	9,225,896	
HC.nsk	Not specified by kind	-	-	-	-	-	-	-	-	-	
HCR.1	Capital formation for health care provider institutions	67,168,355	-	-	-	-	-	-	-	-	
HCR.2	Education & Training	1,024,711,795	-	-	-	5,910,693	475,195	-	-	290,765,896	
HCR.3	Research & Development	-	-	-	-	-	-	-	-	-	
HCR.4	Food, hygiene and drinking water control	-	-	-	-	-	-	-	-	-	
HCR.5	Environmental health	-	-	-	-	-	-	-	-	-	
HCR.nsk	HCR expenditure not specified by kind	324,205,000	-	-	-	-	-	-	-	-	
	<i>Sub total column</i>	324,205,000	-	-	-	-	-	-	-	-	
	<b>Column Total NHE</b>	1,348,916,795	-	-	-	5,910,693	475,195	-	-	290,765,896	
	<b>HF as a % of THE</b>	57%	0%	0%	0%	0%	0%	0%	1%	16%	

\*Note, it was not possible to disaggregate spending by insurance schemes at independent labs and diagnostic facilities.

## Financing Agent X Function (HF x HC) – Part 2

Code	Function (HC)	HF.B Non Public Sector						HF.3 ROW		HF.nsk		Row Total	HC as a % of THE
		HF.2.1.2 Private social insurance (private insurance covered by other employers - parastatal)	HF.2.2 Private insurance enterprises (other than social insurance)- (individual/supplementa)	HF.2.3 Household Out-of-Pocket	HF.2.4 Non profit institutions (NGOs)	HF.2.5 Employers (parastatal and private)	HF.3 Rest of World	HF.nsk Not specified by any kind	HF.nsk				
HC.1.1	In patient curative care	129,996,835	43,217,115	5,985,752	-	1,233,498	-	-	-	-	715,166,539	39.5%	
HC.1.3	Out patient curative care	49,852,004	24,983,193	47,698,652	-	6,911,324	-	-	-	-	566,871,594	31.3%	
HC.2	Rehabilitative care	-	-	-	-	-	-	-	-	-	-	0.0%	
HC.4.1	Clinical lab (independent facilities)	-	-	-	-	-	-	-	-	-	37,492,700	2.1%	
HC.4.2	Diagnostic imaging (independent facilities)	-	-	-	-	-	-	-	-	-	-	0.0%	
HC.4.3	Patient transport and emergency rescue	2,121,646	604,929	-	-	-	-	-	-	-	2,726,575	0.2%	
HC.5.1 +	Pharmaceuticals and other medical non durables	49,752,589	17,028,282	2,465,198	-	7,743,210	-	-	-	-	119,492,859	6.6%	
HC.5.2	Maternal and child care, family planning and counseling	-	-	-	-	-	-	-	-	-	29,546,310	1.6%	
HC.6.1	School health services	-	-	-	-	-	-	-	-	-	145,970	0.0%	
HC.6.2	Prevention of communicable disease	-	-	-	-	-	-	-	-	-	34,522,077	1.9%	
HC.6.3	Prevention of noncommunicable diseases	-	-	-	-	-	-	-	-	-	3,164,089	0.2%	
HC.6.4	All other miscellaneous public health services	-	-	-	-	-	-	-	-	-	-	0.0%	
HC.6.9	Health administration and health insurance	33,865,160	13,820,179	-	-	-	-	-	-	-	233,963,593	12.9%	
HC.7	Not specified by kind	-	-	-	-	-	-	-	-	-	416,162	0.0%	
HCR.1	Capital formation for health care provider institutions	-	-	-	-	416,162	-	-	-	-	67,168,355	3.7%	
<b>Column Total THE</b>		265,588,234	99,653,697	56,149,601	-	16,304,194	28,268,319	-	-	-	<b>1,810,696,822</b>		
HCR.2	Education & Training	-	-	-	-	-	-	-	-	-	-	-	
HCR.3	Research & Development	-	-	-	-	-	-	-	-	-	-	-	
HCR.4	Food, hygiene and drinking water control	-	-	-	-	-	-	-	-	-	-	-	
HCR.5	Environmental health	-	-	-	-	-	-	-	-	-	-	-	
HCR.nsk	HCR expenditure not specified by kind	-	-	-	-	-	-	-	-	-	324,205,000		
	<i>Sub total column</i>	-	-	-	-	-	-	-	-	-	324,205,000		
<b>Column Total NHE</b>		265,588,234	99,653,697	56,149,601	-	16,304,194	28,268,319	-	-	-	<b>2,134,901,822</b>		
	<b>HF as a % of THE</b>	15%	6%	3%	0%	1%	2%					0%	

# NAMIBIA NHA 2001/02 TABLES

## Provider X Function (HP x HC) – Part I

Code	Function (HC)	Provider (HP)													
		HP.1.1.1+HP.3.4.5	HP.1.1.2	HP.2.2	HP.3.1 + HP.3.2	HP.3.3.1	HP.3.3.2	HP.3.5	HP.3.9.1	HP.3.9.2	HP.4.1				
HC.1.1	In patient curative care	513,907,709	198,627,670	-	2,593,166	-	-	-	-	-	-	-	-	-	-
HC.1.3	Out patient curative care	375,087,155	12,265,830	-	179,516,545	-	-	-	-	-	-	-	-	-	-
HC.2	Rehabilitative care	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.4.1	Clinical lab (independent facilities)	-	-	-	-	-	-	33,124,000	-	-	-	4,368,700	-	-	-
HC.4.2	Diagnostic imaging (independent facilities)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.4.3	Patient transport and emergency rescue	-	-	-	-	-	-	-	2,726,575	-	-	-	-	-	-
HC.5.1 + HC.5.2	Pharmaceuticals and other medical non durables	-	-	-	7,743,210	-	-	-	-	-	-	-	-	111,749,649	-
HC.6.1	Maternal and child care, family planning and counseling	912,300	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.6.2	School health services	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.6.3	Prevention of communicable disease	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.6.4	Prevention of noncommunicable diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.6.9	All other miscellaneous public health services	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.7	Health administration and health insurance	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.nsk	Not specified by kind	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HCR.1	Capital formation for health care provider institutions	59,809,462	-	-	-	-	-	-	-	-	-	-	-	-	-
	<b>Column Total-THE</b>	<b>949,716,626</b>	<b>210,893,500</b>	<b>-</b>	<b>189,852,921</b>	<b>-</b>	<b>-</b>	<b>33,124,000</b>	<b>2,726,575</b>	<b>-</b>	<b>4,368,700</b>	<b>111,749,649</b>	<b>-</b>	<b>-</b>	<b>-</b>
HCR.2	Education & Training														
HCR.3	Research & Development														
HCR.4	Food, hygiene and drinking water control														
HCR.5	Environmental health														
HCR.nsk	HCR expenditure not specified by kind														
	<b>HP as a % of THE</b>	<b>52.5%</b>	<b>11.6%</b>	<b>0.0%</b>	<b>10.5%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>1.8%</b>	<b>0.2%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>1.8%</b>	<b>0.2%</b>	<b>6.2%</b>	<b>-</b>

\*NOTE: Data not sufficient to disaggregate public and Misison hospitals and health centers-- so it is left as an aggregate category.

**Provider X Function (HP x HC) – Part 2**

Code	Function (HC)	HP.5 Provision and admin of public health programs	HP.6 General health administration and insurance	HP.7 All other industries (schools)	HP.9 Rest of the world	HP.nsk Providers not specified by any kind	THE Row Total	HP.8.2 Education and training institutions	HP.8.3 Other institutions providing health related services	NHE Row Total	HC as a % of THE
HC.1.1	In patient curative care	-	-	-	-	37,994	715,166,539				39.5%
HC.1.3	Out patient curative care	-	-	-	-	2,064	566,871,594				31.3%
HC.2	Rehabilitative care	-	-	-	-	-	-				0.0%
HC.4.1	Clinical lab (independent facilities)	-	-	-	-	-	37,492,700				2.1%
HC.4.2	Diagnostic imaging (independent facilities)	-	-	-	-	-	-				0.0%
HC.4.3	Patient transport and emergency rescue	-	-	-	-	-	2,726,575				0.2%
HC.5.1 + HC.5.2	Pharmaceuticals and other medical non durables	-	-	-	-	-	119,492,859				6.6%
HC.6.1	Maternal and child care, family planning and counseling	28,634,010	-	-	-	-	29,546,310				1.6%
HC.6.2	School health services	145,970	-	-	-	-	145,970				0.0%
HC.6.3	Prevention of communicable disease	34,522,077	-	-	-	-	34,522,077				1.9%
HC.6.4	Prevention of noncommunicable diseases	3,164,089	-	-	-	-	3,164,089				0.2%
HC.6.9	All other miscellaneous public health services	-	-	-	-	-	-				0.0%
HC.7	Health administration and health insurance	29,176,948	204,806,645	-	-	-	233,983,593				12.9%
HC.nsk	Not specified by kind	-	-	-	-	416,162	416,162				0.0%
HCR.1	Capital formation for health care provider institutions	-	7,358,893	-	-	-	67,168,355				0.0%
	<b>Column Total-THE</b>		<b>212,165,538</b>			<b>456,220</b>	<b>1,810,696,822</b>				3.7%
HCR.2	Education & Training							0	0		
HCR.3	Research & Development							0	0		
HCR.4	Food, hygiene and drinking water control							0	0		
HCR.5	Environmental health							0	0		
HCR.nsk	HCR expenditure not specified by kind							324,205,000	324,205,000		
	<b>Column Total-NHE</b>								<b>2,134,901,822</b>		
	<b>HP as a % of THE</b>	5.3%	11.7%	0.0%	0.0%	0.0%					