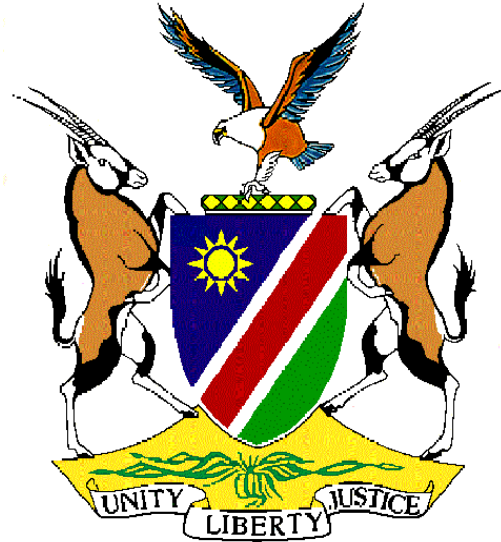


REPUBLIC OF NAMIBIA



Ministry of Health and Social Services

# NAMIBIA 2014/15 HEALTH ACCOUNTS: STATISTICAL REPORT

Windhoek, September 2017

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## Acronyms

<b>CHE</b>	Current health expenditure
<b>DHS</b>	Demographic Health Survey
<b>GDP</b>	gross domestic product
<b>HAPT</b>	Health Accounts Production Tool
<b>MOHSS</b>	Ministry of Health and Social Services
<b>NAMFISA</b>	Namibia Financial Institutions Supervisory Authority
<b>NGO</b>	Non-governmental organization
<b>OECD</b>	Organisation for Economic Cooperation and Development
<b>PEPFAR</b>	President's Emergency Plan for AIDS Relief
<b>PSEMAS</b>	Public Service Employees Medical Aid Scheme
<b>SHA</b>	System of Health Accounts
<b>THE</b>	Total Health Expenditure
<b>UNAIDS</b>	Joint United Nations Program on HIV/AIDS
<b>USAID</b>	United States Agency for International Development
<b>WHO</b>	World Health Organization





# 1. Overview of the Methodology

The results of the 2014/15 Health Accounts exercise for Namibia are presented in the 2014/15 Health Accounts report, while this methodological note serves as supplementary information to the report and provides the detailed approach used for the 2014/15 Health Accounts estimation. The 2014/15 Health Accounts were performed using the System of Health Accounts (SHA) 2011 framework. This methodological note further provides a record of data collection approaches and results, analytical steps taken and assumptions made. This note is intended for government Health Accounts practitioners and researchers.

## 1.1 The Health Accounts Methodology

Health Accounts are an internationally recognized methodology used to track expenditures in a health system for a specified period of time. They follow the flow of funding for health from its origins to end use, answering questions such as: how are health care goods and services financed? Where does the population consume them? What goods and services are financed? By breaking down health spending by different classifications, Health Accounts provide insight into issues such as whether resources are being allocated to national priorities, and whether health spending is sufficient relative to need; and the sustainability of health financing and the extent to which households have financial risk protection. Health Accounts provide sound evidence for decision-making and are a useful tool in informing health financing reforms.

Health Accounts are based on the SHA framework, which was developed and revised by key international stakeholders over the past two decades. First published in 2000 by the Organisation for Economic Cooperation and Development (OECD), EUROSTAT, and World Health Organization (WHO), the framework was updated in 2011 (OECD et al. 2011). The SHA 2011 methodology improves upon the original by strengthening the classifications to support production of a more comprehensive look at health expenditure flows. SHA 2011 is now the international standard for national-level health accounts estimation. The SHA 2011 methodology was used to complete this estimation for 2014/15 in Namibia, conducted between March and November 2016.

The Health Accounts team, with representation from the Government of Namibia, the Health Finance and Governance project, and the Joint United Nations Program on HIV/AIDS (UNAIDS), began primary and secondary data collection in March 2016. Collected data were then compiled, cleaned, triangulated, and reviewed. The final data set was imported into the Health Accounts Production Tool (HAPT) and mapped to each of the SHA 2011 classifications. The results of the analysis were verified with Ministry of Health and Social Services (MOHSS) management at a validation meeting on March 28, 2017.

For Namibia, the specific objectives of the Health Accounts exercise were to estimate the amount and flow of health spending in the Namibia health system. In addition to estimating general health expenditures, this analysis also looked closely at spending on priority diseases; the sustainability of financing in light of trends of decreasing donor funding; levels of risk pooling and contributions by the private sector; and beneficiaries of health services. For more information on the policy

questions driving the estimation, as well as a report compiling findings and their policy implications, please see the Health Accounts report.<sup>1</sup>

## 1.2 Boundaries of the Estimations

The boundaries, presented below, define the Health Accounts estimation based on SHA 2011, and articulate which expenditures are included and excluded.

**Health boundary:** The boundary of “health” in the Health Accounts is “functional” in that it refers to activities whose primary purpose is disease prevention, health promotion, treatment, rehabilitation, and long-term care. This boundary includes services provided directly to individual persons, and collective health care services covering traditional tasks of public health. Examples of personal health care services include facility-based care (curative, rehabilitative, and preventive treatments involving day-time or overnight visits to health care facilities); ancillary services to health care such as laboratory tests and imaging services; and medical goods dispensed to patients. Examples of collective health care services include health promotion and disease prevention campaigns, as well as government and insurance health administration that target large populations. National standards of accreditation and licensing delineate the boundary of health within SHA: providers and services that are not licensed or accredited – for example, some traditional healers – are not included within the boundary of health. Similarly, services that fall outside of the functional definition of health are not counted.

SHA 2011 separately tracks health care-related and capital formation spending. Health care-related activities are intended to improve the health status of the population, but their *primary purpose* lies elsewhere. Examples of health-care related activities include food, hygiene, and drinking water control, and the social component of long-term care for older persons. Capital formation of health care providers covers investment lasting more than a year, such as infrastructure or machinery investment, as well as education and training of health personnel, and research and development in health. Capital formation contrasts with “current health expenditure,” which is completely consumed within the annual period of analysis.

**Time boundary:** The Health Accounts time boundary specifies that each analysis covers a one-year period and includes the value of the goods and services that were consumed during that period. Health Accounts include expenditure according to accrual accounting, by which expenditures are classified within the year they create economic value rather than when the cash was received.

**Space boundary:** The Health Accounts methodology “focuses on the consumption of health care goods and services of the resident population irrespective of where this takes place” (OECD et al. 2011). This means that goods and services consumed by residents (citizens and non-citizens) are included, whether in Namibia or outside it, while non-residents who are in Namibia are excluded.

**Disease boundary:** Health Accounts according to the SHA 2011 methodology focus on the spending, on priority diseases, whose primary purpose is prevention, health promotion, treatment, rehabilitation, and long-term care. This boundary of disease spending does not include spending on other activities key to the priority disease responses such as care for orphans and vulnerable

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<sup>1</sup> Ministry of Health and Social Services. June 2017. *Namibia 2014/15 Health Accounts*. Windhoek, Namibia.

children (e.g., education, community support and institutional care), enabling-environment programs (e.g., advocacy, human rights programs, and programs focused on women and gender-based violence), and social protection and social services (e.g., monetary benefits, social services, and income-generation projects). Spending data on non-health priority disease services are provided in the 2014/15 Health Accounts report.<sup>2</sup>

**Curative care boundary:** Curative care starts with the onset of disease, and encompasses health care during which the “principal intent is to relieve symptoms of illness or injury, to reduce the severity of an illness or injury, or to protect against exacerbation and/or complication of an illness and/or injury that could threaten life or normal function” (OECD et al. 2011). It includes inpatient, outpatient, home-based, and day curative care. Across each of these types, it also includes general and specialized curative care.

**Prevention boundary:** Prevention interventions start with an individual in a healthy condition, and the aim is to “enhance health status and to maintain a condition of low risk of diseases, disorders or injuries – in other words, to prevent their occurrence, through vaccinations or an injury prevention programme, for example. Preventive interventions also cover individuals at specific risk and those who have either no symptoms of the disease or early signs and symptoms, where early case detection will assist in reducing the potential damage by enabling a more successful intervention. Take the examples of breast and prostate cancer, where age and sex affect the risk; certain lifestyle choices increase the risks, as smoking does for lung cancer” (OECD et al. 2011).

**Inpatient vs. outpatient care boundary:** Inpatient care involves a formal admission to a health care facility that involves an overnight stay after admission. Day care involves a formal admission to a health care facility where the patient is discharged the same day and does not require an overnight stay. Outpatient care is delivered from the health care providers’ premises but does not involve a formal admission to a health care facility.

## 1.3 Definitions of the Classifications

The Health Accounts exercise involves analyzing data on health expenditure according to a set of classifications, defined below. For additional details on the SHA 2011, please refer to the SHA 2011 Brief or the SHA 2011 manual.<sup>3,4</sup>

**Financing schemes (HF):** the main funding mechanisms by which people obtain health services, answering the question “how are health resources managed and organized?” Financing schemes categorize spending according to criteria such as: the mode of participation in the scheme (compulsory vs. voluntary), the basis for entitlements (contributory vs. non-contributory), the method for fund-raising (taxes/compulsory pre-payments vs. voluntary payments), and the extent of risk pooling. Examples include government programs; voluntary private insurance; and direct (i.e., out-of-pocket) payments by households for goods and services.

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<sup>2</sup> Namibia Ministry of Health and Social Services. July 2017. *Namibia 2014/15 Health Accounts Report*. Windhoek, Namibia.

<sup>3</sup> Cogswell, Heather, Catherine Connor, Tesfaye Dereje, Avril Kaplan, and Sharon Nakhimovsky. September 2013. *System of Health Accounts 2011: What Is SHA 2011 and How Are SHA 2011 Data Produced and Used?* Bethesda, MD: Health Finance & Governance project, Abt Associates.

<sup>4</sup> OECD, European Union, and the World Health Organization. 2011. *A System of Health Accounts*.

**Revenue of financing schemes (FS):** the types of transactions through which funding schemes mobilize their income. Examples include transfers from the ministry of finance to governmental agencies; direct foreign financial transfers (e.g., external donors providing funds to nongovernmental organizations (NGOs)); and voluntary prepayment from employers.

**Financing agents (FA):** the institutional units that manage one or more health financing schemes. Examples include Ministry of Health, commercial insurance companies, NGOs and international organizations.

**Health care providers (HP):** organizations and actors who provide medical goods and services as their main activity, as well as those for whom the provision of health care is only one activity among many others. Examples include hospitals, clinics, health centers, and pharmacies.

**Health care functions (HC):** the goods and services consumed by health end-users. Examples include: curative care; information, education, and counseling programs; medical goods such as supplies and pharmaceuticals; and governance and health system administration.

**Factors of provision (FP):** the inputs to the production of health care goods and services by health care providers. Examples include: compensation of employees, health care goods and services (e.g., pharmaceuticals, syringes, or lab tests used as part of a curative or preventive contact with the health system), and non-health care goods and services (e.g., electricity and training).

**Beneficiary characteristics:** the groups that consume, or benefit from, the health care goods and services. Several classifications can group beneficiaries, including disease, gender, and age classifications.

## 1.4 Health Accounts Aggregates and Indicators

The aggregates and indicators defined below are among those estimated as part of these Health Accounts. Some of these aggregates and indicators rely exclusively on Health Accounts estimates, while others require additional information from other sources. Some are used as part of other indicators – for example, total out-of-pocket spending on health as a percentage of total current health expenditure (CHE).

**Total CHE:** Total current expenditure on health quantifies the economic resources spent on health functions, and represents final consumption of health goods and services by residents of the country within the year of estimation. A related indicator is CHE-HIV, which includes all current spending on HIV specifically.

**Gross capital formation:** Gross capital formation on health is measured as the total value of assets that providers have acquired during the estimation year (less the value of sales of similar assets) and that are used for longer than one year in the provision of health services.

**Total health expenditure (THE)<sup>5</sup>:** The sum of current health spending and gross capital formation.

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<sup>5</sup> This aggregate is comparable to National Health Accounts and SHA 1.0 estimations.

**National health expenditure**<sup>6</sup>: The sum of current health spending, health care-related spending, and gross capital formation.

**Government spending on health as percentage of general government expenditure**: The estimate of general government expenditure for 2014/15 came from the Estimates of Revenue and Expenditure for 2014/15.<sup>7</sup>

**Total current health expenditure as percentage of gross domestic product (GDP)**: The estimate of GDP for 2014/15 came from the Bank of Namibia 2015 Annual Report.<sup>8</sup>

**Total CHE per capita**: CHE divided by the population. The estimation of population for 2014/15 came from the World Bank Databank.<sup>9</sup>

## 2. Data Sources

### 2.1 Primary Institutional Data Sources

During this round of Health Accounts in Namibia, the Health Accounts team adopted a more targeted approach to primary data collection, by selecting the institutions based on their previous year's contribution to health expenditures in the country. The Health Accounts team conducted primary data collection from donors, NGOs, employers and private medical aid schemes, as detailed below (see Table 1).

- **Donors (both bilateral and multilateral donors), to estimate the level of external funding for health programs in Namibia.** A list of all donors involved in the health sector was compiled through consultation with the MOHSS and other key stakeholders, and a survey was sent to each of them. Nine donors were identified; around 60% of them completed the Health Accounts survey.
- **NGOs involved in health, to estimate flows of health resources through NGOs that manage health programs.** A complete list of NGOs involved in the health sector was compiled through consultation with the MOHSS and other key stakeholders. This list was reviewed together with the results of the 2012/13 Health Accounts to identify which NGOs received funding from donors other than the Global Fund and the President's Emergency Plan for AIDS Relief (PEPFAR), since the spending data from those sources would have been collected from these donors directly. Only five NGOs were identified and all were sent a survey; 40% of these NGOs responded to the questionnaire.

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<sup>6</sup> This aggregate is not an internationally standardized indicator as part of the SHA 2011 methodology, but can have relevance for national level policy-making in Namibia.

<sup>7</sup> Republic of Namibia. *Estimates of Revenue, Income and Expenditure 01 April 2015 to 31 March 2018*. Windhoek, Namibia.

<sup>8</sup> Bank of Namibia, 2015. *Annual report 2015*. Windhoek, Namibia.

<sup>9</sup> <https://www.bon.com.na/CMSTemplates/Bon/Files/bon.com.na/c4/c46ca772-ceab-4dfd-a163-dc7f988d5788.pdf>

<sup>9</sup> <http://databank.worldbank.org/data/home.aspx>. Accessed November 2016.

- **Employers, to estimate the amount spent by employers manage their own health facilities or run workplace programs.** During the 2012/13 Health Accounts, a complete list of formal sector employers with more than 50 employees had been obtained from the Social Security Commission. A sample of these employers had been included, and the results had shown that most of the employers invest in the health of their employees by providing private medical aid contributions for them, rather than providing their own health services through own health facilities or workplace programs. Therefore, for the 2014/15 Health Accounts the approach was to identify the employers with their own on-site health facilities or significant workplace programs. A list of employers with their own health facilities or workplace programs was compiled through consultation with the MOHSS and other key stakeholders, and a survey was sent to each of them. In total, 10 employers were identified and 40% of them responded to the questionnaire.
- **Private medical aid schemes, the Public Service Employees Medical Aid Scheme (PSEMAS), the Social Security Commission’s workman’s compensation fund, and the Motor Vehicle Accident Fund, to estimate total expenditures on health by medical aid schemes and other health expenditure funds.** A list of medical aid schemes providing medical and health coverage through risk-pooling mechanisms was compiled through consultation with the MOHSS and other key stakeholders. All 11 open and closed medical aid schemes identified were sent a survey, and data was received from 5. Expenditure information for the remaining schemes that did not complete the survey was extracted from the Namibia Financial Institutions Supervisory Authority (NAMFISA) annual report. In addition, surveys were sent to PSEMAS, the Social Security Commission Workmen Compensation Fund, and the Motor Vehicle Accident Fund; data was received only from PSEMAS and the Motor Vehicle Accident Fund.

Annex B provides a list of the organizations contacted. The Health Accounts team provided each institution with a Health Accounts survey specific to the type of respondent, covering health spending. Underestimation of private spending as a result of the low response rates for employers and medical aid companies was dealt with by extracting the required information from secondary sources, such as the NAMFISA annual report, which provides the total health expenditure by all private medical aid funds in Namibia.

**Table 1. Response rate of organizations sampled**

Target group	Number of organizations targeted	Number of respondents	Response rate
NGOs	5	2	40%
Employers	10	4	40%
Donors	9	5	56%
Medical Aid Schemes	14	7	50%

## 2.2 Secondary Data Sources

The Health Accounts team also gathered secondary data. These data included spending on health, as well as service utilization and unit cost data. Service utilization and unit cost data were used in order to calculate distribution keys (see below for more detail), which seek to break down spending aggregates to the level of detail required by the SHA 2011 framework. A list of secondary data sources used in this estimation is as follows:

- Spending Data
  - Republic of Namibia Estimates of Revenues and Expenditures 2014/15; government health expenditure by ministry.
  - NAMFISA Annual Report 2015, for total health expenditure by medical aid schemes
  - Namibia Demographic and Health Survey (DHS), 2013. Data on household expenditures from Namibia's DHS informed the estimates of household out-of-pocket spending in Namibia. The expenditures were extrapolated from the 2013 survey using population growth and inflation. The household spending needs to be considered with the following caveat:
    - With respect to outpatient visits, the DHS asked households to provide spending information on the most recent visits by a household member. No information was collected about visits by any other household members. Consequently, the estimates under-report costs in households where two or more members received care. No attempts were made to correct for this bias.
- Utilization Data
  - Utilization data extracted from the National Health Information System.
  - Provision of antiretroviral therapy services by facility were extracted from the Electronic Patient Monitoring System and the Electronic Dispensing Tool.
- Unit Cost Data
  - The WHO CHOICE database was consulted to triangulate distribution keys between inpatient and outpatient care at hospitals.<sup>10</sup>
- Other Secondary Sources
  - Health Facility Census, 2009: development of distribution key for the expenditure of the MoHSS.
  - National Population Census, 2011.

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<sup>10</sup> World Health Organization. n.d. WHO CHOICE database. Accessed November 2016 from: [http://www.who.int/choice/country/country\\_specific/en/](http://www.who.int/choice/country/country_specific/en/).

## 3. Data Analysis

### 3.1 Weighting

Weights are typically used in the Health Accounts to account for entities that either were not surveyed or did not return a survey. In the absence of a 100% response rate, weighting the expenditure data gathered through institutional surveys can minimize underestimation of health expenditure.

In this exercise, the Health Accounts team did not apply any weights to data from NGOs. Given the variability in NGO spending and the limited knowledge about health-related NGOs in Namibia, the Health Accounts team decided to not to make adjustments to compensate for the NGOs that did not respond, even though this may have resulted in a slight under-estimation of health and health-related expenditures incurred by NGOs.

No weights were used to extrapolate the total health expenditure of the sampled employers to the non-sampled employers operating in Namibia. Since the employer sample was specifically selected to include employers with known in-house health services and/or significant workplace programs, the key assumption was that the remaining employers in Namibia may provide medical aid coverage to their employees, but that they do not provide additional substantial health benefits to them. Additionally, no extrapolations were made for the employers that did not return their surveys. Data relating to the contributions to medical aid funds made by employers was obtained from the medical aid schemes, and therefore not collected from the employers, in order to prevent double-counting.

For the estimation of the total expenditures on health by medical aid schemes and other health expenditure funds, there was no need to weight the results of the returned surveys. The difference between the expenditures reported by the medical aid schemes in the returned surveys and the total expenditure as per the NAMFISA annual report for 2015 was used to incorporate the health expenditures by the medical aid schemes that did not respond to the survey.

### 3.2 Double-Counting

The Health Accounts analysis includes careful compilation from all data sources, and identification and management of instances when two data sources cover the same spending. For example, spending on donor-funded health programs administered by NGOs was reported both in donor surveys and in NGO surveys. In these cases, the Health Accounts team selected the spending as reported by NGOs as opposed to the donors, as these agents were closer to the actual consumption of health care services than donors, and are therefore likely to have more-precise information about spending on actual, not just planned, consumption.

This approach to managing double-counting between donor and NGO expenditures differed slightly for funding that NGOs got from PEPFAR and the Global Fund. In an effort to streamline data collection processes for efficient institutionalization of Health Accounts, in the case of these two donors it was decided to rely on PEPFAR and Global Fund data, not NGO data, in order to reduce the number of data sources and improve the reliability of the data collected. Therefore, data collected from NGOs focused on funding from all donors excluding PEPFAR and the Global



Fund, and any spending information that NGOs reported as having been received from PEPFAR or the Global Fund specifically was excluded from analyses, to prevent double-counting. This approach also ensures that PEPFAR and Global Fund spending is not under-reported as a result of excluding the entire amount that was spent by this donor, as the full amount may not have been fully reported on by the NGO sample.

Double-counting can exist between NGOs if one NGO gives money to another NGO to implement a health program or provide a service. In this case, spending reported by the NGO providing the funding is equally reported as revenue by the NGO receiving the funding to implement a program or provide a service. The data of the organization closest to the spending, in this case the NGO that received the funding to provide health goods and services, took precedence and was included.

Similarly, double-counting could exist at the employer and medical aid scheme level, since employer-reported spending for medical aid scheme coverage is equally reported as revenue by the medical aid schemes. As with the previous example, the data of the organization closest to the spending, in this case the medical aid schemes, took precedence, and so the employer surveys did not ask for employer spending on medical aid scheme coverage.

While some NGO, donor and employer data were excluded, this does not preclude the importance of collecting their spending information as a useful source of triangulation.

### 3.3 Estimation and Application of Distribution Keys

In some cases, health spending as reported in secondary sources or in surveys required additional breakdowns in order to allocate spending based on all classifications of the SHA framework. Part of the Health Accounts, therefore, involved estimating “distribution keys” to break down spending for the provider, functional, and disease classifications.

The following steps were used to derive the distribution keys:

#### **Step 1: Compile utilization breakdown by disease classification**

Data on use of health services was obtained from the MoHSS Health Information System and broken down into the standard diseases/conditions as per the SHA 2011 methodology. Furthermore, the level where these services were provided – i.e., the inpatient or outpatient department at the health center or hospital level – was captured by deducting the services provided in hospitals from the total. Each of the disease classifications was then categorized as either preventive or curative care.

#### **Step 2: Convert inpatient admissions to bed days**

The number of inpatient admissions was converted to bed days using average length of stay data for the health center/clinic level and hospital level respectively. This calculation is based on the assumption that the average length of stay remains similar across disease categories.

#### **Step 3: Assign unit costs to services used**

Unit costs were assigned to each type of service used, based on the specific disease classification, using the WHO CHOICE cost estimations for 2008. Different unit costs were used for hospital and clinic/health center level and for outpatient versus inpatient services. This computation assumed that unit cost per outpatient visits is equal across diseases and similarly

for inpatient days. There was an exception for the unit cost of immunization and family planning visits, where expert opinion regarding the level of effort spent on these services vis-à-vis others dictated that these visits represent, on average, a third of the average unit cost per general outpatient visit.

#### **Step 4: Calculate the price x quantity**

The total cost of health services provided for the different disease classifications at the different health facility levels was calculated using the price information derived in step 3 and the quantity of services determined in steps 1 and 2.

#### **Step 5: Calculate functional distribution**

The information calculated in step 4 was then summarized according to the functional classifications at the different levels of care by adding the total cost per functional classification category. The functional classifications included general inpatient curative care, general outpatient curative care, prevention (including immunization programs, healthy condition monitoring, and other preventive care), administration, etc. The proportional share of the total costs by level of service provision was calculated for each functional classification category. The formula used is as follows: the average cost of inpatient care multiplied by the total number of inpatient episodes at health facilities, divided by the average cost of inpatient and outpatient care multiplied by total episodes of care at health facilities.

For government spending, the ratios for administration for the MoHSS were derived by incorporating national-level directorates' expenditures. The percentage of administrative costs at the regional directorate level was derived from the breakdown of expenditure provided for the regions.

#### **Step 6: Calculate provider distribution for government spending**

The government expenditure data flowing to the regions was not disaggregated by provider, and required the Health Accounts team to tease out the portion of the expenditures going to health centers and clinics, district hospitals, and health care administration from the regional and district offices. The proportions between these different provider levels were calculated by analyzing the distribution of personnel expenditures between the three broad categories from the regions.

#### **Step 7: Calculate disease distribution for health centers and clinics**

At the health center and clinic level, the disease distribution was calculated for inpatient and outpatient services by calculating the proportional share of costs of each disease category of the total costs incurred for inpatient and outpatient services at this level of service provision.

#### **Step 8: Calculate disease distribution for hospitals**

At hospital level, the disease distribution was calculated for inpatient and outpatient services by calculating the proportional share of costs of each disease category of the total costs incurred for inpatient and outpatient services at this level of service provision.

#### **Step 9: Calculate disease distribution for medical aid schemes**

While medical aid funds were requested to provide information on the disaggregation of spending by disease, most of the funds were not able to provide this information. The disease breakdown was provided only by one fund, and it was assumed that this breakdown would be similar for the remaining private medical aid funds. Thus, the spending of the medical aid funds that did not provide the data on spending by disease was disaggregated using the same breakdown as

provided by the one fund. The disease breakdown for the spending by PSEMAS was provided in their completed survey and no adjustments were made to this breakdown.

**Step 10: Calculate disease distribution for out-of-pocket spending**

Information on household expenditure was obtained from health spending-specific questions that were included in the DHS 2013. The survey asked specific questions on spending on both inpatient and outpatient services received within the last six months and four weeks respectively.

The same disease distribution key that was developed based on the government utilization data was used to determine the disease categories for the household expenditure.

**Step 11: Calculate age distribution**

The age distribution was calculated based on information on use of services in outpatients departments at the different levels of facilities by age category as obtained from the MoHSS Health Information System. It was assumed that the same ratio applies to inpatient admissions.

## 4. Use of Health Accounts Production Tool

Throughout the Health Accounts process, the technical team used the HAPT, a software developed by WHO. The HAPT facilitates the planning and production of Health Accounts. It automates several previously time-consuming procedures, e.g., repeat mapping, and incorporates automatic quality checks. Its advantage also lies in providing a repository for Health Accounts data and Health Accounts tables, which can be easily accessed by team members years after the production of Health Accounts. In addition, distribution keys and mapping decisions from previous years can be used to facilitate data analysis in subsequent years.

A list of all institutions to be surveyed was entered into the HAPT. All data collected was imported into the HAPT and was mapped to the SHA 2011's key classifications. The team used the Data Validation module in the tool to verify the final data and check for any errors, before generating the Health Accounts tables.

## Annex A: Recommended Workshop Participants

These representatives were invited to the dissemination of the Health Accounts estimation. At the dissemination event, they responded to the findings and discussed their policy implications. These stakeholders are recommended as participants for the dissemination of Health Accounts results (others could also participate).

- Ministry of Health and Social Services (Deputy Minister; Director of Policy Planning and Human Resources Development; Deputy Director of Policy Planning and Human Resources Development; Director of Special Programs; and other relevant staff)
- Ministry of Finance
- Ministry of Education
- Ministry of Gender Equality and Child Welfare
- Ministry of Defense
- Ministry of Safety and Security
- Ministry of Sport, Youth and National Services
- National Planning Commission
- Social Security Commission
- Namibia Financial Institutions Supervisory Authority
- Namibia Association of Medical Aid Funds
- Polytechnic of Namibia
- National Statistics Agency
- PEPFAR, WHO, UNAIDS, USAID, and other donor representatives
- Large nongovernmental organizations active in health
- Namibia Chamber of Commerce and Industry
- Several large employers that provide health care benefits to employees

## Annex B: List of Organizations Surveyed

<b>Name</b>	<b>Type</b>
GIZ	Donor
Global Fund	Donor
PEPFAR	Donor
Spanish Corporation	Donor
UNAIDS	Donor
UNFPA	Donor
UNICEF	Donor
UNDP	Donor
WHO	Donor
Desert Soul	NGO
NAGOF	NGO
Ombetja Yehinga Organisation Trust	NGO
PharmAccess	NGO
Synergos	NGO
Bankmed	Medical aid fund
Heritage Health	Medical aid fund
Investmed	Medical aid fund
Namdeb	Medical aid fund
Nammed	Medical aid fund
Napotel	Medical aid fund
NHP	Medical aid fund
NMC	Medical aid fund
RCC	Medical aid fund
Renaissance Health	Medical aid fund
Woermann & Brock	Medical aid fund
PSEMAS	Medical aid fund
SSC – Workman’s Compensation	Medical aid fund
Motor Vehicle Accident Fund	Medical aid fund
Absolute Logistics (Pty) Ltd	Employer
B2 Gold	Employer
De Beers Marine	Employer
Dundee Precious Metals	Employer
Langer Heinrich Mine	Employer
Namdeb	Employer
Nampower	Employer
Navachab Mine	Employer
Olthaver & List Group	Employer
Ohorongo Cement	Employer
TransNamib	Employer

## Annex C: General Health Accounts Statistical Tables

The statistical tables provided in this section summarize the HA data through a series of two dimensional tables. Each table cross-tabulates spending for two HA classifications. Unless otherwise specified, these tables summarize recurring health spending only.

### C.1. Revenues of health care financing schemes (FS) x Financing scheme (HF)

Revenues of health care financing schemes			FS.1	FS.2	FS.5	FS.5.1	FS.5.2	FS.6	FS.6.1	FS.6.2	FS.7	All FS
Namibian dollar (NAD), Million			Transfers from government domestic revenue (allocated to health purposes)	Transfers distributed by government from foreign origin	Voluntary prepayment	Voluntary prepayment from individuals/households	Voluntary prepayment from employers	Other domestic revenues n.e.c.	Other revenues from households n.e.c.	Other revenues from corporations n.e.c.	Direct foreign transfers	
Financing schemes												
<b>HF.1</b>		<b>Government schemes and compulsory contributory health care financing schemes</b>	<b>5,314.08</b>	<b>248.30</b>								<b>5,562.38</b>
	HF.1.1	Government schemes	5,314.08	248.30								5,562.38
<b>HF.2</b>		<b>Voluntary health care payment schemes</b>	<b>1,506.85</b>		<b>2,731.26</b>	<b>336.50</b>	<b>2,394.76</b>	<b>61.77</b>		<b>61.77</b>	<b>380.30</b>	<b>4,680.19</b>
	HF.2.1	Voluntary health insurance schemes	1,506.85		2,731.26	336.50	2,394.76	52.60		52.60		4,290.72
	HF.2.1.1	Primary/substitutory health insurance schemes	1,506.85		784.11	278.58	505.54	38.34		38.34		2,329.31
		HF.2.1.1.1 Employer-based insurance (Other than enterprises schemes)	484.87		603.76	98.23	505.54	38.34		38.34		1,126.97
		HF.2.1.1.2 Government-based voluntary insurance	1,021.99		180.35	180.35						1,202.34
	HF.2.1.nec	Other voluntary health insurance schemes (n.e.c.)			1,947.15	57.92	1,889.23	14.26		14.26		1,961.41
	HF.2.2	NPISH financing schemes (including development agencies)									380.30	380.30
	HF.2.3	Enterprise financing schemes						9.17		9.17		9.17
<b>HF.3</b>		<b>Household out-of-pocket payment</b>						<b>1,131.43</b>	<b>1,131.43</b>			<b>1,131.43</b>
<b>HF.4</b>		<b>Rest of the world financing schemes (non-resident)</b>									<b>10.68</b>	<b>10.68</b>
<b>All HF</b>			<b>6,820.93</b>	<b>248.30</b>	<b>2,731.26</b>	<b>336.50</b>	<b>2,394.76</b>	<b>1,193.20</b>	<b>1,131.43</b>	<b>61.77</b>	<b>390.98</b>	<b>11,384.68</b>

## C.2. Institutional Units providing revenues to financing schemes (FS.RI) x Financing scheme (HF)

Institutional units providing revenues to financing schemes				FS.RI.1.1	FS.RI.1.2	FS.RI.1.	FS.RI.1.5	All FS.RI
<i>Namibian dollar (NAD), Million</i>				Government	Corporations	Households	Rest of the world	
Financing schemes								
<b>HF.1 Government schemes and compulsory contributory health care financing schemes</b>				<b>5,314.08</b>			<b>248.30</b>	<b>5,562.38</b>
	HF.1.1		Government schemes	<b>5,314.08</b>			<b>248.30</b>	<b>5,562.38</b>
<b>HF.2 Voluntary health care payment schemes</b>				<b>1,772.77</b>	<b>2,456.54</b>	<b>70.58</b>	<b>380.30</b>	<b>4,680.19</b>
	HF.2.1		Voluntary health insurance schemes	<b>1,772.77</b>	<b>2,447.36</b>	<b>70.58</b>		<b>4,290.72</b>
		HF.2.1.1	Primary/substitutory health insurance schemes	<b>1,772.77</b>	<b>543.88</b>	<b>12.66</b>		<b>2,329.31</b>
		HF.2.1.1.1	Employer-based insurance (Other than enterprises schemes)	<b>570.43</b>	<b>543.88</b>	<b>12.66</b>		<b>1,126.97</b>
		HF.2.1.1.2	Government-based voluntary insurance	<b>1,202.34</b>				<b>1,202.34</b>
		HF.2.1.nec	Unspecified voluntary health insurance schemes (n.e.c.)		<b>1,903.49</b>	<b>57.92</b>		<b>1,961.41</b>
		HF.2.2	NPISH financing schemes (including development agencies)				<b>380.30</b>	<b>380.30</b>
	HF.2.3		Enterprise financing schemes		<b>9.17</b>			<b>9.17</b>
<b>HF.3 Household out-of-pocket payment</b>						<b>1,131.43</b>		<b>1,131.43</b>
<b>HF.4 Rest of the world financing schemes (non-resident)</b>							<b>10.68</b>	<b>10.68</b>
<b>All HF</b>				<b>7,086.85</b>	<b>2,456.54</b>	<b>1,202.02</b>	<b>639.28</b>	<b>11,384.68</b>

### C.3. Institutional Units providing revenues to financing schemes (FS.RI) x Financing agent (FA)

Institutional units providing revenues to financing schemes		FS.RI.1.1	FS.RI.1.2	FS.RI.1.3	FS.RI.1.5	All FS.RI
Namibian dollar (NAD), Million		Government	Corporations	Households	Rest of the world	
Financing agents (used for HF.R1.1)						
<b>FA.1</b>	<b>General government</b>	<b>5,236.50</b>			<b>248.30</b>	<b>5,484.80</b>
FA.1.1	Central government	<b>5,236.50</b>			<b>246.82</b>	<b>5,483.32</b>
FA.1.1.1	Ministry of Health	<b>5,096.73</b>			<b>245.46</b>	<b>5,342.19</b>
FA.1.1.2	Ministry of Education	<b>9.97</b>			<b>0.34</b>	<b>10.31</b>
FA.1.1.5	Ministry of Defence	<b>129.80</b>				<b>129.80</b>
FA.1.1.nec	Unspecified central government agents (n.e.c.)				<b>1.02</b>	<b>0.37</b>
FA.1.2	State/Regional/Local government				<b>1.48</b>	<b>1.48</b>
<b>FA.2</b>	<b>Insurance</b>	<b>1,850.35</b>	<b>2,447.36</b>	<b>70.58</b>		<b>4,368.30</b>
<b>FA.3</b>	<b>Corporations (Other than insurance corporations) (part of HF.RI.1.2)</b>		<b>9.17</b>			<b>9.17</b>
<b>FA.4</b>	<b>Non-profit institutions serving households (NPISH)</b>				<b>380.30</b>	<b>380.30</b>
<b>FA.5</b>	<b>Households</b>			<b>1,131.43</b>		<b>1,131.43</b>
<b>FA.6</b>	<b>Rest of the world</b>				<b>10.68</b>	<b>10.68</b>
<b>All FA</b>		<b>7,086.85</b>	<b>2,456.54</b>	<b>1,202.02</b>	<b>639.28</b>	<b>11,384.68</b>



## C.4. Institutional Units providing revenues to financing schemes (FS.RI) x Function (HC)

Institutional units providing revenues to financing schemes		FS.RI.1.1	FS.RI.1.2	FS.RI.1.3	FS.RI.1.5	All FS.RI
<i>Namibian dollar (NAD), Million</i>		Government	Corporations	Households	Rest of the world	
<b>Health care functions</b>						
<b>HC.1</b>	<b>Curative care</b>	<b>4,872.04</b>	<b>1,219.99</b>	<b>1,007.51</b>	<b>136.45</b>	<b>7,235.99</b>
HC.1.1	Inpatient curative care	3,143.15	587.80	546.55	0.05	4,277.54
HC.1.2	Day curative care	3.29				3.29
HC.1.3	Outpatient curative care	1,725.60	631.86	460.96	134.81	2,953.23
HC.1.4	Home-based curative care				1.58	1.58
<b>HC.2</b>	<b>Rehabilitative care</b>		<b>0.70</b>			<b>0.70</b>
<b>HC.4</b>	<b>Ancillary services (non-specified by function)</b>	<b>446.88</b>	<b>953.60</b>	<b>28.77</b>		<b>1,429.25</b>
HC.4.1	Laboratory services		786.33	24.07		810.40
HC.4.2	Imaging services		81.59	2.31		83.89
HC.4.3	Patient transportation	9.12	1.74			10.86
HC.4.nec	Other ancillary services (n.e.c.)	437.76	83.95	2.40		524.11
<b>HC.5</b>	<b>Medical goods (non-specified by function)</b>	<b>573.24</b>	<b>277.89</b>	<b>149.93</b>		<b>1,001.06</b>
<b>HC.6</b>	<b>Preventive care</b>	<b>316.00</b>	<b>3.35</b>	<b>15.78</b>	<b>216.84</b>	<b>551.97</b>
HC.6.1	Information, education and counseling (IEC) programmes	9.97			14.18	24.15
HC.6.2	Immunisation programmes	0.64				0.64
HC.6.3	Early disease detection programmes	0.76			41.89	42.65
HC.6.4	Healthy condition monitoring programmes			15.53		15.53
HC.6.5	Epidemiological surveillance and risk and disease control programmes	51.92	1.54	0.05	120.96	174.47
HC.6.nec	Other preventive care (n.e.c.)	252.71	1.81	0.20	39.81	294.54
<b>HC.7</b>	<b>Governance, and health system and financing administration</b>	<b>878.68</b>			<b>271.03</b>	<b>1,149.71</b>
<b>HC.9</b>	<b>Other health care services not elsewhere classified (n.e.c.)</b>	<b>0.00</b>	<b>1.01</b>	<b>0.02</b>	<b>14.97</b>	<b>16.00</b>
<b>All HC</b>		<b>7,086.85</b>	<b>2,456.54</b>	<b>1,202.02</b>	<b>639.28</b>	<b>11,384.68</b>

## C.5. Financing scheme (HF) x Health care function (HC)

Financing schemes		HF.1	HF.1.1	HF.2	HF.2.1	HF.2.1.1		HF.2.1.nec		HF.2.2	HF.2.3	HF.3	HF.4	All HF
Namibian dollar (NAD), Million		Government schemes and compulsory contributory health care financing schemes	Government schemes	Voluntary health care payment schemes	Voluntary health insurance schemes	Primary/substitutory health insurance schemes	Employer-based insurance (Other than enterprises schemes)	Government-based voluntary insurance	Unspecified voluntary health insurance schemes (n.e.c.)	NPISH financing schemes (including development agencies)	Enterprise financing schemes	Household out-of-pocket payment	Rest of the world financing schemes (non-resident)	
<b>Health care functions</b>														
<b>HC.1</b>	<b>Curative care</b>	<b>4,166.17</b>	<b>4,166.17</b>	<b>2,095.70</b>	<b>2,013.11</b>	<b>1,095.50</b>	<b>330.92</b>	<b>764.57</b>	<b>917.61</b>	<b>77.74</b>	<b>4.85</b>	<b>974.11</b>		<b>7,235.99</b>
	HC.1.1 Inpatient curative care	2,828.34	2,828.34	918.51	918.51	507.36	192.50	314.86	411.15			530.69		4,277.54
	HC.1.2 Day curative care	3.29	3.29											3.29
	HC.1.3 Outpatient curative care	1,333.98	1,333.98	1,175.83	1,094.26	587.80	138.08	449.72	506.46	76.71	4.85	443.42		2,953.23
	HC.1.4 Home-based curative care	0.56	0.56	1.03						1.03				1.58
<b>HC.2</b>	<b>Rehabilitative care</b>			<b>0.70</b>							<b>0.70</b>			<b>0.70</b>
<b>HC.4</b>	<b>Ancillary services (non-specified by function)</b>	<b>9.12</b>	<b>9.12</b>	<b>1,420.14</b>	<b>1,418.40</b>	<b>602.20</b>	<b>164.44</b>	<b>437.76</b>	<b>816.20</b>		<b>1.74</b>			<b>1,429.25</b>
	HC.4.1 Laboratory services			810.40	810.40	121.97	121.97		688.43					810.40
	HC.4.2 Imaging services			83.89	83.89	22.29	22.29		61.60					83.89
	HC.4.3 Patient transportation	9.12	9.12	1.74							1.74			10.86
	HC.4.nec Other ancillary services (n.e.c.)			524.11	524.11	457.93	20.17	437.76	66.17					524.11
<b>HC.5</b>	<b>Medical goods (non-specified by function)</b>	<b>2.81</b>	<b>2.81</b>	<b>856.66</b>	<b>856.55</b>	<b>630.36</b>	<b>630.36</b>		<b>226.19</b>		<b>0.11</b>	<b>141.59</b>		<b>1,001.06</b>
<b>HC.6</b>	<b>Preventive care</b>	<b>375.66</b>	<b>375.66</b>	<b>160.58</b>	<b>1.63</b>	<b>0.22</b>	<b>0.22</b>		<b>1.40</b>	<b>157.18</b>	<b>1.77</b>	<b>15.73</b>		<b>551.97</b>
	HC.6.1 Information, education and counseling (IEC) programmes	15.94	15.94	8.21						8.21				24.15
	HC.6.2 Immunisation programmes	0.64	0.64											0.64
	HC.6.3 Early disease detection programmes	4.28	4.28	38.37						38.37				42.65
	HC.6.4 Healthy condition monitoring programmes											15.53		15.53
	HC.6.5 Epidemiological surveillance and risk and disease control programmes	101.91	101.91	72.56	1.58	0.22	0.22		1.37	70.97				174.47
	HC.6.nec Other preventive care (n.e.c.)	252.89	252.89	41.45	0.04	0.01	0.01		0.04	39.63	1.77	0.20		294.54
<b>HC.7</b>	<b>Governance, and health system and financing administration</b>	<b>1,005.70</b>	<b>1,005.70</b>	<b>143.06</b>						<b>143.06</b>			<b>0.95</b>	<b>1,149.71</b>
<b>HC.9</b>	<b>Other health care services not elsewhere classified (n.e.c.)</b>	<b>2.92</b>	<b>2.92</b>	<b>3.36</b>	<b>1.03</b>	<b>1.03</b>	<b>1.03</b>			<b>2.32</b>			<b>9.73</b>	<b>16.00</b>
<b>All HC</b>		<b>5,562.38</b>	<b>5,562.38</b>	<b>4,680.19</b>	<b>4,290.72</b>	<b>2,329.31</b>	<b>1,126.97</b>	<b>1,202.34</b>	<b>1,961.41</b>	<b>380.30</b>	<b>9.17</b>	<b>1,131.43</b>	<b>10.68</b>	<b>11,384.68</b>

## C.6. Health care provider (HP) x Health care function (HC)

Health care providers		HP.1	HP.1.1					HP.1.nec	HP.3	HP.3.1	HP.3.3	HP.3.4	HP.3.5	HP.4	HP.4.1	HP.4.2	HP.4.9	HP.5	HP.6	HP.7	HP.8	HP.nec	All HP	
Nambian dollar (NAD), Million		Hospitals	General hospitals	Government Hospital	Private For Profit Hospitals	Private not for profit (Mission) Hospitals	Other General hospitals	Other hospitals (n.e.c.)	Providers of ambulatory health care	Medical practices	Other health care practitioners	Ambulatory health care centres	Providers of home health care services	Providers of ancillary services	Providers of patient transportation and emergency rescue	Medical and diagnostic laboratories	Other providers of ancillary services	Retailers and Other providers of medical goods	Providers of preventive care	Providers of health care system administration and financing	Rest of economy	Other health care providers (n.e.c.)		
Health care functions																								
HC.1	Curative care	5,443.27	5,438.98	3,694.08	1,397.27	345.74	1.88	4.29	1,566.61	206.49	978.73	351.64	29.76	31.72		31.72			0.34	0.01	1.44	192.59	7,235.99	
HC.1.1	Inpatient curative care	4,157.83	4,157.83	2,647.59	1,269.54	240.70			57.86			57.86		4.61		4.61						57.25	4,277.54	
HC.1.2	Day curative care	3.29		3.29																			3.29	
HC.1.3	Outpatient curative care	1,281.99	1,277.70	1,043.21	127.56	105.04	1.88	4.29	1,507.01	206.49	978.73	293.62	28.17	27.10		27.10			0.34	0.01	1.44	135.34	2,953.23	
HC.1.4	Home-based curative care								1.58				1.58										1.58	
HC.2	Rehabilitative care								0.70		0.70												0.70	
HC.4	Ancillary services (non-specified by function)													1,429.25	10.86	894.29	524.11						1,429.25	
HC.4.1	Laboratory services													810.40		810.40							810.40	
HC.4.2	Imaging services													83.89		83.89							83.89	
HC.4.3	Patient transportation													10.86	10.86								10.86	
HC.4.nec	Other ancillary services (n.e.c.)													524.11		524.11							524.11	
HC.5	Medical goods (non-specified by function)	0.11						0.11									1,000.95						1,001.06	
HC.6	Preventive care	137.26	130.68	119.19	7.49	3.96	0.03	6.58	148.69	6.55	0.90	136.88	4.37	0.00		0.00			254.97	0.08	8.47	2.50	551.97	
HC.6.1	Information, education and counseling (IEC)								0.01				0.01						24.14				24.15	
HC.6.2	Immunisation programmes																		0.64				0.64	
HC.6.3	Early disease detection programmes	16.26	11.84	11.82	0.02			4.42	3.82		0.11	3.17	0.54						12.67	0.08	8.23	1.60	42.65	
HC.6.4	Healthy condition monitoring programmes	8.15	8.15	2.16	5.99				7.38	6.55		0.83											15.53	
HC.6.5	Epidemiological surveillance and risk and disease control programmes	8.39	7.97	6.64	1.33			0.42	50.48		0.78	45.88	3.82	0.00		0.00			114.44		0.24	0.90	174.47	
HC.6.nec	Other preventive care (n.e.c.)	104.45	102.71	98.57	0.15	3.96	0.03	1.74	87.01			87.01							103.08				294.54	
HC.7	Governance, and health system and financing administration								81.78			81.78								1,067.18			0.75	1,149.71
HC.9	Other health care services not elsewhere classified (n.e.c.)	2.44	2.44	1.41	1.03				2.32			2.32								0.01			11.23	16.00
All HC		5,583.08	5,572.10	3,814.68	1,405.80	349.70	1.92	10.98	1,800.11	213.03	980.32	572.63	34.13	1,460.98	10.86	926.02	524.11	1,000.95	255.31	1,067.27	9.91	207.07	11,384.68	

## C.7. Health care function (HC) x Classification of diseases / conditions (DIS)

Health care functions		HC.1					HC.2	HC.4				HC.5				HC.6						HC.7	HC.9	All HC
		HC.1.1	HC.1.2	HC.1.3	HC.1.4	HC.1.nec		HC.4.1	HC.4.2	HC.4.3	HC.4.nec	HC.5	HC.6	HC.6.1	HC.6.2	HC.6.3	HC.6.4	HC.6.5	HC.6.nec					
Namibian dollar (NAD), Million		Curative care	Inpatient curative care	Day curative care	Outpatient curative care	Home-based curative care	Other curative care (n.e.c.)	Rehabilitative care	Ancillary services (non-specified by function)	Laboratory services	Imaging services	Patient transportation	Other ancillary services (n.e.c.)	Medical goods (non-specified by function)	Preventive care	Information, education and counseling (IEC) programmes	Immunisation programmes	Early disease detection programmes	Healthy condition monitoring programmes	Epidemiological surveillance and risk and disease control programmes	Other preventive care (n.e.c.)	Governance, and health system and financing administration	Other health care services not elsewhere classified (n.e.c.)	
Classification of diseases / conditions																								
<b>DIS.1</b>	<b>Infectious and parasitic diseases</b>	<b>1,857.98</b>	<b>982.16</b>		<b>874.16</b>	<b>1.58</b>	<b>0.07</b>		<b>310.49</b>	<b>177.40</b>	<b>18.36</b>		<b>114.73</b>	<b>188.70</b>	<b>334.96</b>	<b>23.72</b>	<b>0.64</b>	<b>42.65</b>		<b>153.84</b>	<b>114.11</b>	<b>285.50</b>	<b>1.63</b>	<b>2,979.26</b>
	DIS.1.1	577.89	219.48		356.80	1.58	0.02		94.32	53.89	5.58		34.85	57.15	186.78	23.72		40.36		58.62	64.09	273.54	1.47	1,191.16
	DIS.1.2	127.43	94.47		32.96										40.30					37.51	2.79	6.05		173.78
	DIS.1.3	27.33	21.25		6.08		0.00	1.13		0.65	0.07		0.42	0.71	60.23			2.29		57.48	0.46	5.91	0.00	95.31
	DIS.1.4	528.21	254.95		273.24		0.03	115.17	65.80	6.81		42.56	69.78	18.94						0.13	18.81		0.08	732.19
	DIS.1.5	360.30	216.42		143.86		0.02	67.23	38.41	3.98		24.84	40.86	11.76						0.08	11.69		0.05	480.20
	DIS.1.6	3.59	0.34		3.25									0.48							0.48			4.06
	DIS.1.7	63.47	45.75		17.71		0.00	18.58	10.62	1.10		6.87	11.26	0.96		0.64				0.02	0.30		0.01	94.28
	DIS.1.nec	169.77	129.50		40.27		0.00	14.04	8.02	0.83		5.19	8.94	15.51						0.02	15.50		0.01	208.28
<b>DIS.2</b>	<b>Reproductive health</b>	<b>1,738.05</b>	<b>1,240.92</b>		<b>497.01</b>		<b>0.12</b>		<b>507.36</b>	<b>289.88</b>	<b>30.01</b>		<b>187.47</b>	<b>307.56</b>	<b>33.77</b>				<b>4.97</b>	<b>0.57</b>	<b>28.24</b>		<b>12.01</b>	<b>2,598.76</b>
	DIS.2.1	1,543.29	1,152.37		390.81		0.11		455.87	260.46	26.96		168.45	276.33	20.99				4.94	0.51	15.54		1.18	2,297.66
	DIS.2.2	94.34	56.25		38.08		0.01		49.36	28.20	2.92		18.24	29.90	0.06					0.06	0.00		0.04	173.70
	DIS.2.3	51.02			51.02		0.00		0.71	0.40	0.04		0.26	0.47	7.52				0.03	0.00	7.49		0.00	59.72
	DIS.2.nec	49.40	32.30		17.10		0.00	1.42	0.81	0.08		0.52	0.86	5.20						0.00	5.20		10.79	67.67
<b>DIS.3</b>	<b>Nutritional deficiencies</b>	<b>67.92</b>	<b>61.63</b>		<b>6.30</b>										<b>3.75</b>						<b>3.75</b>			<b>71.67</b>
<b>DIS.4</b>	<b>Noncommunicable diseases</b>	<b>1,743.02</b>	<b>1,132.22</b>	<b>3.29</b>	<b>607.41</b>		<b>0.11</b>		<b>443.96</b>	<b>253.66</b>	<b>26.26</b>		<b>164.04</b>	<b>268.97</b>	<b>41.90</b>					<b>0.50</b>	<b>41.40</b>		<b>0.32</b>	<b>2,498.17</b>
	DIS.4.1	145.20	76.78		68.39		0.02		88.65	50.65	5.24		32.76	53.71	0.10					0.10	0.00		0.06	287.72
	DIS.4.2	127.19	86.82		40.36		0.01		44.96	25.69	2.66		16.61	27.24	1.23					0.05	1.18		0.03	200.66
	DIS.4.3	467.45	317.15		150.26		0.04		175.46	100.25	10.38		64.83	106.30	1.57					0.20	1.37		0.13	750.90
	DIS.4.4	168.82	128.05		40.76		0.01		30.35	17.34	1.80		11.22	18.39	2.54					0.03	2.51		0.02	220.12
	DIS.4.5	143.72	73.35		70.37										10.31						10.31			154.03
	DIS.4.6	208.17	152.70		55.47										4.86						4.86			213.03
	DIS.4.7	85.43	62.91		22.51										3.18						3.18			88.61
	DIS.4.8	85.14	23.18		61.96										9.19						9.19			94.33
	DIS.4.9	18.27	1.61		16.66										4.97						4.97			23.24
	DIS.4.nec	293.63	209.68	3.29	80.65		0.03		104.54	59.73	6.18		38.63	63.33	3.94					0.12	3.83		0.08	465.52
<b>DIS.5</b>	<b>Injuries</b>	<b>696.81</b>	<b>381.18</b>		<b>315.61</b>		<b>0.02</b>		<b>94.26</b>	<b>47.65</b>	<b>4.93</b>	<b>10.86</b>	<b>30.82</b>	<b>183.13</b>	<b>53.03</b>					<b>0.09</b>	<b>52.93</b>		<b>0.06</b>	<b>1,027.28</b>
<b>DIS.6</b>	<b>Non-disease specific</b>	<b>148.63</b>	<b>90.56</b>		<b>58.05</b>		<b>0.02</b>	<b>0.70</b>	<b>73.19</b>	<b>41.82</b>	<b>4.33</b>		<b>27.04</b>	<b>44.45</b>	<b>28.65</b>	<b>0.43</b>				<b>19.47</b>	<b>8.75</b>	<b>864.20</b>	<b>1.98</b>	<b>1,161.81</b>
<b>DIS.nec</b>	<b>Other diseases/conditions (n.e.c.)</b>	<b>983.57</b>	<b>388.88</b>		<b>594.70</b>									<b>8.24</b>	<b>55.92</b>				<b>10.56</b>	<b>45.36</b>				<b>1,047.73</b>
<b>All DIS</b>		<b>7,235.99</b>	<b>4,277.54</b>	<b>3.29</b>	<b>2,953.23</b>	<b>1.58</b>	<b>0.34</b>	<b>0.70</b>	<b>1,429.25</b>	<b>810.40</b>	<b>83.89</b>	<b>10.86</b>	<b>524.11</b>	<b>1,001.06</b>	<b>551.97</b>	<b>24.15</b>	<b>0.64</b>	<b>42.65</b>	<b>15.53</b>	<b>174.47</b>	<b>294.54</b>	<b>1,149.71</b>	<b>16.00</b>	<b>11,384.68</b>

## C.8. Institutional unit providing revenues to financing scheme (FS.RI) x Gross fixed capital formation (HK)

Institutional units providing revenues to financing schemes		FS.RI.1.1	FS.RI.1.2	FS.RI.1.5	FS.RI.1.5.1 FS.RI.1.5.2		All FS.RI
		Government	Corporations	Rest of the world	Bilateral donors	Multilateral donors	
<i>Namibian dollar (NAD), Million</i>							
<b>Gross fixed capital formation</b>							
<b>HK.1</b>	<b>Gross capital formation</b>	<b>625.97</b>	<b>0.04</b>	<b>57.05</b>	<b>25.64</b>	<b>31.41</b>	<b>683.06</b>
HK.1.1	Gross fixed capital formation	625.97	0.04	56.55	25.14	31.41	682.57
HK.1.1.1	Infrastructure	271.20	0.04	3.89	3.89		275.13
HK.1.1.1.1	Residential and non-residential buildings	271.20		3.89	3.89		275.09
HK.1.1.1.2	Other structures		0.04				0.04
HK.1.1.2	Machinery and equipment	354.78	0.00	44.31	14.59	29.72	399.08
HK.1.1.2.1	Medical equipment	5.95		0.81		0.81	6.76
HK.1.1.2.2	Transport equipment	176.83		9.23	4.30	4.93	186.06
HK.1.1.2.3	ICT equipment	0.34		23.31		23.31	23.66
HK.1.1.2.4	Machinery and equipment n.e.c.	171.65	0.00	10.95	10.29	0.66	182.60
HK.1.1.3	Intellectual property products			8.35	6.66	1.69	8.35
HK.1.nec	Other gross capital formation (n.e.c.)			0.50	0.50		0.50
<b>All HK</b>		<b>625.97</b>	<b>0.04</b>	<b>57.05</b>	<b>25.64</b>	<b>31.41</b>	<b>683.06</b>

## C.9. Health care provider (HP) x Gross fixed capital formation (HK)

Health care providers		HP.1	HP.3	HP.5	HP.6	HP.7	HP.8	HP.nec	All HP
<i>Namibian dollar (NAD), Million</i>									
Gross fixed capital formation		Hospitals	Providers of ambulatory health care	Retailers and Other providers of medical goods	Providers of preventive care	Providers of health care system administration and financing	Rest of economy	Other health care providers (n.e.c.)	
<b>HK.1</b>	<b>Gross capital formation</b>	<b>287.26</b>	<b>100.13</b>	<b>3.54</b>	<b>1.54</b>	<b>282.09</b>	<b>7.02</b>	<b>1.49</b>	<b>683.06</b>
HK.1.1	Gross fixed capital formation	<b>287.05</b>	<b>100.04</b>	<b>3.54</b>	<b>1.34</b>	<b>282.09</b>	<b>7.02</b>	<b>1.49</b>	<b>682.57</b>
HK.1.1.1	Infrastructure	<b>118.83</b>	<b>69.33</b>	<b>3.54</b>	<b>0.04</b>	<b>83.39</b>	<b>0.00</b>		<b>275.13</b>
HK.1.1.1.1	Residential and non-residential buildings	<b>118.80</b>	<b>69.33</b>	<b>3.54</b>	<b>0.04</b>	<b>83.39</b>	<b>0.00</b>		<b>275.09</b>
HK.1.1.1.2	Other structures	<b>0.04</b>							<b>0.04</b>
HK.1.1.2	Machinery and equipment	<b>168.22</b>	<b>30.71</b>		<b>1.30</b>	<b>198.50</b>	<b>0.35</b>		<b>399.08</b>
HK.1.1.2.1	Medical equipment	<b>4.62</b>	<b>2.15</b>						<b>6.76</b>
HK.1.1.2.2	Transport equipment	<b>10.23</b>	<b>4.17</b>		<b>0.32</b>	<b>171.24</b>	<b>0.10</b>		<b>186.06</b>
HK.1.1.2.3	ICT equipment		<b>2.09</b>		<b>0.02</b>	<b>21.55</b>			<b>23.66</b>
HK.1.1.2.4	Machinery and equipment n.e.c.	<b>153.37</b>	<b>22.30</b>		<b>0.96</b>	<b>5.71</b>	<b>0.25</b>		<b>182.60</b>
HK.1.1.3	Intellectual property products		<b>0.00</b>			<b>0.20</b>	<b>6.66</b>	<b>1.49</b>	<b>8.35</b>
HK.1.nec	Other gross capital formation (n.e.c.)	<b>0.21</b>	<b>0.08</b>		<b>0.20</b>				<b>0.50</b>
<b>All HK</b>		<b>287.26</b>	<b>100.13</b>	<b>3.54</b>	<b>1.54</b>	<b>282.09</b>	<b>7.02</b>	<b>1.49</b>	<b>683.06</b>

## Annex D: HIV Statistical Tables

### D.1. Revenues of health care financing schemes (FS) x Financing scheme (HF)

Classification of diseases / conditions: DIS.1.1 HIV/AIDS; Currency: Namibian dollar (NAD)

Revenues of health care financing schemes			FS.1	FS.2	FS.5	FS.5.1	FS.5.2	FS.6	FS.6.1	FS.6.2	FS.7	All FS
Financing schemes			Transfers from government domestic revenue (allocated to health purposes)	Transfers distributed by government from foreign origin	Voluntary prepayment	Voluntary prepayment from individuals/households	Voluntary prepayment from employers	Other domestic revenues n.e.c.	Other revenues from households n.e.c.	Other revenues from corporations n.e.c.	Direct foreign transfers	
Namibian dollar (NAD), Million												
<b>HF.1</b>	<b>Government schemes and compulsory contributory health care financing schemes</b>		<b>352.63</b>	<b>189.70</b>								<b>542.33</b>
	HF.1.1	Government schemes	352.63	189.70								542.33
<b>HF.2</b>	<b>Voluntary health care payment schemes</b>		<b>100.21</b>		<b>181.63</b>	<b>22.38</b>	<b>159.25</b>	<b>5.33</b>		<b>5.33</b>	<b>358.16</b>	<b>645.33</b>
	HF.2.1	Voluntary health insurance schemes	100.21		181.63	22.38	159.25	3.50		3.50		285.33
	HF.2.1.1	Primary/substitutory health insurance schemes	100.21		52.14	18.53	33.62	2.55		2.55		154.90
		HF.2.1.1.1 Employer-based insurance (Other than enterprises schemes)	32.24		40.15	6.53	33.62	2.55		2.55		74.94
		HF.2.1.1.2 Government-based voluntary insurance	67.96		11.99	11.99						79.96
	HF.2.1.nec	Other voluntary health insurance schemes (n.e.c.)			129.49	3.85	125.63	0.95		0.95		130.43
	HF.2.2	NPISH financing schemes (including development agencies)									358.16	358.16
	HF.2.3	Enterprise financing schemes						1.83		1.83		1.83
<b>HF.3</b>	<b>Household out-of-pocket payment</b>							<b>2.56</b>	<b>2.56</b>			<b>2.56</b>
<b>HF.4</b>	<b>Rest of the world financing schemes (non-resident)</b>										<b>0.95</b>	<b>0.95</b>
<b>All HF</b>			<b>452.83</b>	<b>189.70</b>	<b>181.63</b>	<b>22.38</b>	<b>159.25</b>	<b>7.89</b>	<b>2.56</b>	<b>5.33</b>	<b>359.11</b>	<b>1,191.16</b>

## D.2. Institutional Units providing revenues to financing schemes (FS.RI) x Financing scheme (HF)

Classification of diseases / conditions: DIS.1.1 HIV/AIDS; Currency: Namibian dollar (NAD)

Institutional units providing revenues to financing schemes		FS.RI.1.1	FS.RI.1.2	FS.RI.1.3	FS.RI.1.5	All FS.RI
<i>Namibian dollar (NAD), Million</i>		Government	Corporations	Households	Rest of the world	
Financing schemes						
<b>HF.1</b>	<b>Government schemes and compulsory contributory health care financing schemes</b>	<b>352.63</b>			<b>189.70</b>	<b>542.33</b>
HF.1.1	Government schemes	352.63			189.70	542.33
<b>HF.2</b>	<b>Voluntary health care payment schemes</b>	<b>117.89</b>	<b>164.58</b>	<b>4.69</b>	<b>358.16</b>	<b>645.33</b>
HF.2.1	Voluntary health insurance schemes	117.89	162.75	4.69		285.33
HF.2.1.1	Primary/substitutory health insurance schemes	117.89	36.17	0.84		154.90
HF.2.1.1.1	Employer-based insurance (Other than enterprises schemes)	37.93	36.17	0.84		74.94
HF.2.1.1.2	Government-based voluntary insurance	79.96				79.96
HF.2.1.nec	Other voluntary health insurance schemes (n.e.c.)		126.58	3.85		130.43
HF.2.2	NPISH financing schemes (including development agencies)				358.16	358.16
HF.2.3	Enterprise financing schemes		1.83			1.83
<b>HF.3</b>	<b>Household out-of-pocket payment</b>			<b>2.56</b>		<b>2.56</b>
<b>HF.4</b>	<b>Rest of the world financing schemes (non-resident)</b>				<b>0.95</b>	<b>0.95</b>
<b>All HF</b>		<b>470.52</b>	<b>164.58</b>	<b>7.25</b>	<b>548.82</b>	<b>1,191.16</b>



## D.3. Institutional Units providing revenues to financing schemes (FS.RI) x Health care function (HC)

Classification of diseases / conditions: DIS.1.1 HIV/AIDS; Currency: Namibian dollar (NAD)

Institutional units providing revenues to financing schemes			FS.RI.1.1	FS.RI.1.2	FS.RI.1.3	FS.RI.1.5	All FS.RI
<i>Namibian dollar (NAD), Million</i>			Government	Corporations	Households	Rest of the world	
Health care functions							
<b>HC.1</b>	<b>Curative care</b>		<b>361.79</b>	<b>82.64</b>	<b>4.77</b>	<b>128.69</b>	<b>577.89</b>
	HC.1.1	Inpatient curative care	178.67	39.09	1.68	0.05	219.48
	HC.1.3	Outpatient curative care	183.12	43.53	3.10	127.06	356.80
	HC.1.4	Home-based curative care				1.58	1.58
	HC.1.nec	Other curative care (n.e.c.)		0.02	0.00		0.02
<b>HC.4</b>	<b>Ancillary services (non-specified by function)</b>		<b>29.11</b>	<b>63.30</b>	<b>1.91</b>		<b>94.32</b>
	HC.4.1	Laboratory services		52.29	1.60		53.89
	HC.4.2	Imaging services		5.43	0.15		5.58
	HC.4.nec	Unspecified ancillary services (n.e.c.)	29.11	5.58	0.16		34.85
<b>HC.5</b>	<b>Medical goods (non-specified by function)</b>		<b>38.12</b>	<b>18.47</b>	<b>0.56</b>		<b>57.15</b>
<b>HC.6</b>	<b>Preventive care</b>		<b>38.64</b>	<b>0.10</b>	<b>0.00</b>	<b>148.04</b>	<b>186.78</b>
	HC.6.1	Information, education and counseling (IEC) programmes	9.97			13.75	23.72
	HC.6.3	Early disease detection programmes	0.76			39.60	40.36
	HC.6.5	Epidemiological surveillance and risk and disease control programmes	3.63	0.10	0.00	54.88	58.62
	HC.6.nec	Other preventive care (n.e.c.)	24.28	0.00	0.00	39.81	64.09
<b>HC.7</b>	<b>Governance, and health system and financing administration</b>		<b>2.86</b>			<b>270.68</b>	<b>273.54</b>
<b>HC.9</b>	<b>Other health care services not elsewhere classified (n.e.c.)</b>			<b>0.07</b>	<b>0.00</b>	<b>1.40</b>	<b>1.47</b>
<b>All HC</b>			<b>470.52</b>	<b>164.58</b>	<b>7.25</b>	<b>548.82</b>	<b>1,191.16</b>

## D.4. Financing scheme (HF) x Health care provider (HP)

Classification of diseases / conditions: DIS.1.1 HIV/AIDS; Currency: Namibian dollar (NAD)

Financing schemes		HF.1	HF.1.1	HF.2	HF.2.1						HF.2.2	HF.2.3	HF.3	HF.4	All HF
Namibian dollar (NAD), Million		Government schemes and compulsory contributory health care financing schemes	Government schemes	Voluntary health care payment schemes	Voluntary health insurance schemes	Primary/substitutory health insurance schemes	Employer-based insurance (Other than enterprises schemes)	Government-based voluntary insurance	Other voluntary health insurance schemes (n.e.c.)	NPISH financing schemes (including development agencies)	Enterprise financing schemes	Household out-of-pocket payment	Rest of the world financing schemes (non-		
Health care providers															
<b>HP.1</b>	<b>Hospitals</b>	<b>294.22</b>	<b>294.22</b>	<b>113.00</b>	<b>60.74</b>	<b>34.42</b>	<b>12.61</b>	<b>21.81</b>	<b>26.32</b>	<b>52.26</b>		<b>0.52</b>			<b>407.74</b>
HP.1.1	General hospitals	294.22	294.22	105.01	60.74	34.42	12.61	21.81	26.32	44.27		0.52			399.75
HP.1.1.1	Government Hospital	262.61	262.61	47.07	4.22	4.16	3.31	0.84	0.06	42.86		0.40			310.07
HP.1.1.2	Private Hospitals	4.25	4.25	57.93	56.52	30.26	9.30	20.97	26.26	1.41		0.13			62.30
HP.1.1.3	Private not for profit (Mission) Hospitals	27.37	27.37												27.37
HP.1.nec	Other hospitals (n.e.c.)			7.99						7.99					7.99
<b>HP.3</b>	<b>Providers of ambulatory health care</b>	<b>177.30</b>	<b>177.30</b>	<b>135.22</b>	<b>66.25</b>	<b>36.12</b>	<b>7.09</b>	<b>29.04</b>	<b>30.13</b>	<b>67.14</b>	<b>1.83</b>	<b>2.03</b>			<b>314.56</b>
HP.3.3	Other health care practitioners			66.96	65.02	35.84	6.81	29.03	29.18	0.11	1.83				66.96
HP.3.4	Ambulatory health care centres	176.74	176.74	34.70	1.24	0.28	0.28	0.01	0.95	33.46		2.03			213.47
HP.3.5	Providers of home health care services	0.56	0.56	33.56						33.56					34.13
<b>HP.4</b>	<b>Providers of ancillary services</b>			<b>96.90</b>	<b>96.40</b>	<b>40.63</b>	<b>11.52</b>	<b>29.11</b>	<b>55.77</b>	<b>0.50</b>					<b>96.90</b>
<b>HP.5</b>	<b>Retailers and Other providers of medical goods</b>	<b>0.19</b>	<b>0.19</b>	<b>56.96</b>	<b>56.96</b>	<b>41.92</b>	<b>41.92</b>		<b>15.04</b>			<b>0.00</b>			<b>57.15</b>
<b>HP.6</b>	<b>Providers of preventive care</b>	<b>21.87</b>	<b>21.87</b>	<b>83.21</b>						<b>83.21</b>					<b>105.08</b>
<b>HP.7</b>	<b>Providers of health care system administration and financing</b>	<b>47.82</b>	<b>47.82</b>	<b>142.39</b>						<b>142.39</b>			<b>0.95</b>		<b>191.16</b>
<b>HP.8</b>	<b>Rest of economy</b>	<b>0.94</b>	<b>0.94</b>	<b>8.18</b>						<b>8.18</b>					<b>9.12</b>
<b>HP.nec</b>	<b>Other health care providers (n.e.c.)</b>			<b>9.47</b>	<b>4.98</b>	<b>1.80</b>	<b>1.80</b>		<b>3.18</b>	<b>4.49</b>					<b>9.47</b>
<b>All HP</b>		<b>542.33</b>	<b>542.33</b>	<b>645.33</b>	<b>285.33</b>	<b>154.90</b>	<b>74.94</b>	<b>79.96</b>	<b>130.43</b>	<b>358.16</b>	<b>1.83</b>	<b>2.56</b>	<b>0.95</b>		<b>1,191.17</b>

## D.5. Financing scheme (HF) x Health care function (HC)

Classification of diseases / conditions: DIS.1.1 HIV/AIDS; Currency: Namibian dollar

Financing schemes		HF.1		HF.2		HF.2.1		HF.2.2		HF.2.3		HF.3	HF.4	All HF
		Government schemes and compulsory contributory health care financing schemes	Government schemes	Voluntary health care payment schemes	Voluntary health insurance schemes	Primary/substitutory health insurance schemes	Employer-based insurance (Other than enterprises schemes)	Government-based voluntary insurance	Other voluntary health insurance schemes (n.e.c.)	NPISH financing schemes (including development agencies)	Enterprise financing schemes	Household out-of-pocket payment	Rest of the world financing schemes (non-resident)	
Health care functions		Namibian dollar (NAD), Million												
<b>HC.1</b>	<b>Curative care</b>	<b>361.90</b>	<b>361.90</b>	<b>213.44</b>	<b>133.87</b>	<b>72.85</b>	<b>22.01</b>	<b>50.84</b>	<b>61.02</b>	<b>77.74</b>	<b>1.83</b>	<b>2.55</b>		<b>577.89</b>
	HC.1.1 Inpatient curative care	157.78	157.78	61.08	61.08	33.74	12.80	20.94	27.34				0.62	219.48
	HC.1.3 Outpatient curative care	203.56	203.56	151.31	72.77	39.09	9.18	29.91	33.68			1.83	1.93	356.80
	HC.1.4 Home-based curative care	0.56	0.56	1.03						1.03				1.58
	HC.1.nec Other curative care (n.e.c.)			0.02	0.02	0.02	0.02							0.02
<b>HC.4</b>	<b>Ancillary services (non-specified by function)</b>			<b>94.32</b>	<b>94.32</b>	<b>40.05</b>	<b>10.94</b>	<b>29.11</b>	<b>54.28</b>					<b>94.32</b>
	HC.4.1 Laboratory services			53.89	53.89	8.11	8.11		45.78					53.89
	HC.4.2 Imaging services			5.58	5.58	1.48	1.48		4.10					5.58
	HC.4.nec Unspecified ancillary services (n.e.c.)			34.85	34.85	30.45	1.34	29.11	4.40					34.85
<b>HC.5</b>	<b>Medical goods (non-specified by function)</b>	<b>0.19</b>	<b>0.19</b>	<b>56.96</b>	<b>56.96</b>	<b>41.92</b>	<b>41.92</b>		<b>15.04</b>			<b>0.00</b>		<b>57.15</b>
<b>HC.6</b>	<b>Preventive care</b>	<b>49.31</b>	<b>49.31</b>	<b>137.48</b>	<b>0.11</b>	<b>0.01</b>	<b>0.01</b>		<b>0.09</b>	<b>137.37</b>				<b>186.78</b>
	HC.6.1 Information, education and counseling (IEC) programmes	15.94	15.94	7.78						7.78				23.72
	HC.6.3 Early disease detection programmes	1.99	1.99	38.37						38.37				40.36
	HC.6.5 Epidemiological surveillance and risk and disease control programmes	6.92	6.92	51.69	0.11	0.01	0.01		0.09	51.59				58.62
	HC.6.nec Other preventive care (n.e.c.)	24.46	24.46	39.63	0.00	0.00	0.00		0.00	39.63				64.09
<b>HC.7</b>	<b>Governance, and health system and financing administration</b>	<b>129.53</b>	<b>129.53</b>	<b>143.06</b>						<b>143.06</b>			<b>0.95</b>	<b>273.54</b>
<b>HC.9</b>	<b>Other health care services not</b>	<b>1.40</b>	<b>1.40</b>	<b>0.07</b>	<b>0.07</b>	<b>0.07</b>	<b>0.07</b>							<b>1.47</b>
<b>All HC</b>		<b>542.33</b>	<b>542.33</b>	<b>645.33</b>	<b>285.33</b>	<b>154.90</b>	<b>74.94</b>	<b>79.96</b>	<b>130.43</b>	<b>358.16</b>	<b>1.83</b>	<b>2.56</b>	<b>0.95</b>	<b>1,191.17</b>

## D.6. Health care provider (HP) x Function (HC)

Classification of diseases / conditions: DIS.1.1 HIV/AIDS; Currency: Namibian dollar (NAD)

Health care providers		HP.1	HP.1.1				HP.1.nec	HP.3	HP.3.3	HP.3.4	HP.3.5	HP.4	HP.5	HP.6	HP.7	HP.8	HP.nec	All HP		
Namibian dollar (NAD), Million		Hospitals	General hospitals	Government Hospital	Private For Profit Hospitals	Private not for profit (Mission) Hospitals	Other hospitals (n.e.c.)	Providers of ambulatory health care	Other health care practitioners	Ambulatory health care centres	Providers of home health care services	Providers of ancillary services	Retailers and Other providers of medical goods	Providers of preventive care	Providers of health care system administration and financing	Rest of economy	Other health care providers (n.e.c.)			
Health care functions																				
<b>HC.1</b>	<b>Curative care</b>	<b>367.99</b>	<b>364.83</b>	<b>277.04</b>	<b>60.88</b>	<b>26.91</b>	<b>3.15</b>	<b>197.22</b>	<b>66.79</b>	<b>100.67</b>	<b>29.76</b>	<b>2.57</b>					<b>1.44</b>	<b>8.67</b>	<b>577.89</b>	
	HC.1.1 Inpatient curative care	215.97	215.97	142.29	58.91	14.77		1.95		1.95		0.31						1.26	219.48	
	HC.1.3 Outpatient curative care	152.00	148.85	134.75	1.96	12.14	3.15	193.68	66.79	98.71	28.17	2.27				1.44		7.41	356.80	
	HC.1.4 Home-based curative care							1.58			1.58								1.58	
	HC.1.nec Other curative care (n.e.c.)	0.01	0.01	0.00	0.01			0.01	0.01			0.00							0.02	
<b>HC.4</b>	<b>Ancillary services (non-specified by function)</b>											<b>94.32</b>							<b>94.32</b>	
	HC.4.1 Laboratory services											53.89							53.89	
	HC.4.2 Imaging services											5.58							5.58	
	HC.4.nec Unspecified ancillary services (n.e.c.)											34.85							34.85	
<b>HC.5</b>	<b>Medical goods (non-specified by function)</b>												<b>57.15</b>						<b>57.15</b>	
<b>HC.6</b>	<b>Preventive care</b>	<b>38.28</b>	<b>33.44</b>	<b>31.62</b>	<b>1.36</b>	<b>0.46</b>	<b>4.84</b>	<b>35.62</b>	<b>0.17</b>	<b>31.08</b>	<b>4.37</b>	<b>0.00</b>			<b>105.08</b>	<b>0.08</b>	<b>7.68</b>	<b>0.05</b>	<b>186.78</b>	
	HC.6.1 Information, education and counseling (IEC)							0.01			0.01				23.71				23.72	
	HC.6.3 Early disease detection programmes	16.26	11.84	11.82	0.02		4.42	3.82	0.11	3.17	0.54				12.52	0.08	7.68		40.36	
	HC.6.5 Epidemiological surveillance and risk and	8.39	7.97	6.64	1.33		0.42	17.88	0.05	14.00	3.82	0.00			32.30			0.05	58.62	
	HC.6.nec Other preventive care (n.e.c.)	13.63	13.63	13.16	0.01	0.46		13.91		13.91					36.55				64.09	
<b>HC.7</b>	<b>Governance, and health system and financing administration</b>							<b>81.72</b>		<b>81.72</b>								<b>191.08</b>	<b>0.75</b>	<b>273.54</b>
<b>HC.9</b>	<b>Other health care services not</b>	<b>1.47</b>	<b>1.47</b>	<b>1.40</b>	<b>0.07</b>														<b>1.47</b>	
<b>All HC</b>		<b>407.74</b>	<b>399.75</b>	<b>310.07</b>	<b>62.30</b>	<b>27.37</b>	<b>7.99</b>	<b>314.56</b>	<b>66.96</b>	<b>213.47</b>	<b>34.13</b>	<b>96.90</b>	<b>57.15</b>	<b>105.08</b>	<b>191.16</b>	<b>9.12</b>	<b>9.47</b>	<b>1,191.16</b>		

## Annex E: Reproductive Health Statistical Tables

### E.1. Revenues of health care financing schemes (FS) x Financing scheme (HF)

Classification of diseases / conditions: DIS.2 Reproductive health; Currency: Namibian dollar (NAD)

Revenues of health care financing schemes			FS.1	FS.2	FS.5		FS.6	FS.7	All FS	
Namibian dollar (NAD), Million			Transfers from government domestic revenue (allocated to health purposes)	Transfers distributed by government from foreign origin	Voluntary prepayment	FS.5.1 Voluntary prepayment from individuals/households	FS.5.2 Voluntary prepayment from employers	Other domestic revenues n.e.c.	Direct foreign transfers	
Financing schemes										
<b>HF.1</b>	<b>Government schemes and compulsory contributory health care financing schemes</b>		<b>977.53</b>	<b>1.01</b>						<b>978.54</b>
	HF.1.1	Government schemes	<b>977.53</b>	<b>1.01</b>						<b>978.54</b>
<b>HF.2</b>	<b>Voluntary health care payment schemes</b>		<b>538.92</b>		<b>976.78</b>	<b>120.35</b>	<b>856.44</b>	<b>18.91</b>	<b>0.90</b>	<b>1,535.51</b>
	HF.2.1	Voluntary health insurance schemes	<b>538.92</b>		<b>976.78</b>	120.35	856.44	<b>18.81</b>		<b>1,534.51</b>
	HF.2.1.1	Primary/substitutory health insurance schemes	<b>538.92</b>		<b>280.41</b>	99.63	180.78	<b>13.71</b>		<b>833.04</b>
	HF.2.1.1.1	Employer-based insurance (Other than enterprises schemes)	<b>173.44</b>		<b>215.92</b>	35.13	180.78	<b>13.71</b>		<b>403.06</b>
	HF.2.1.1.2	Government-based voluntary insurance	<b>365.48</b>		<b>64.50</b>	64.50				<b>429.98</b>
	HF.2.1.nec	Other voluntary health insurance schemes (n.e.c.)			<b>696.37</b>	20.72	675.66	<b>5.10</b>		<b>701.47</b>
	HF.2.2	NPISH financing schemes (including development agencies)							<b>0.90</b>	<b>0.90</b>
	HF.2.2.1	NPISH financing schemes (excluding HF.2.2.2)							<b>0.90</b>	<b>0.90</b>
	HF.2.3	Enterprise financing schemes						<b>0.10</b>		<b>0.10</b>
<b>HF.3</b>	<b>Household out-of-pocket payment</b>							<b>74.98</b>		<b>74.98</b>
<b>HF.4</b>	<b>Rest of the world financing schemes (non-resident)</b>								<b>9.73</b>	<b>9.73</b>
<b>All HF</b>			<b>1,516.45</b>	<b>1.01</b>	<b>976.78</b>	<b>120.35</b>	<b>856.44</b>	<b>93.88</b>	<b>10.63</b>	<b>2,598.76</b>

## E.2. Institutional Units providing revenues to financing schemes (FS.RI) x Financing scheme (HF)

Classification of diseases / conditions: DIS.2 Reproductive health; Currency: Namibian dollar (NAD)

Institutional units providing revenues to financing schemes		FS.RI.1.1	FS.RI.1.2	FS.RI.1.3	FS.RI.1.5	All FS.RI
<i>Namibian dollar (NAD), Million</i>		Government	Corporations	Households	Rest of the world	
<b>Financing schemes</b>						
<b>HF.1</b>	<b>Government schemes and compulsory contributory health care financing schemes</b>	<b>977.53</b>			<b>1.01</b>	<b>978.54</b>
HF.1.1	Government schemes	977.53			1.01	978.54
<b>HF.2</b>	<b>Voluntary health care payment schemes</b>	<b>634.03</b>	<b>875.34</b>	<b>25.24</b>	<b>0.90</b>	<b>1,535.51</b>
HF.2.1	Voluntary health insurance schemes	634.03	875.25	25.24		1,534.51
HF.2.1.1	Primary/substitutory health insurance schemes	634.03	194.49	4.53		833.04
HF.2.1.1.1	Employer-based insurance (Other than enterprises schemes)	204.04	194.49	4.53		403.06
HF.2.1.1.2	Government-based voluntary insurance	429.98				429.98
HF.2.1.nec	Other voluntary health insurance schemes (n.e.c.)		680.76	20.72		701.47
HF.2.2	NPISH financing schemes (including development agencies)				0.90	0.90
HF.2.3	Enterprise financing schemes		0.10			0.10
<b>HF.3</b>	<b>Household out-of-pocket payment</b>			<b>74.98</b>		<b>74.98</b>
<b>HF.4</b>	<b>Rest of the world financing schemes (non-resident)</b>				<b>9.73</b>	<b>9.73</b>
<b>All HF</b>		<b>1,611.55</b>	<b>875.34</b>	<b>100.22</b>	<b>11.64</b>	<b>2,598.76</b>

## E.3. Institutional Units providing revenues to financing schemes (FS.RI) x Health care function (HC)

Classification of diseases / conditions: DIS.2 Reproductive health; Currency: Namibian dollar (NAD)

Institutional units providing revenues to financing schemes		FS.RI.1.1	FS.RI.1.2	FS.RI.1.3	FS.RI.1.5	All FS.RI
		Government	Corporations	Households	Rest of the world	
<i>Namibian dollar (NAD), Million</i>						
<b>Health care functions</b>						
<b>HC.1</b>	<b>Curative care</b>	<b>1,221.91</b>	<b>434.57</b>	<b>81.57</b>		<b>1,738.05</b>
	HC.1.1 Inpatient curative care	955.59	210.08	75.25		1,240.92
	HC.1.3 Outpatient curative care	266.32	224.38	6.32		497.01
	HC.1.nec Other curative care (n.e.c.)		0.12	0.00		0.12
<b>HC.4</b>	<b>Ancillary services (non-specified by function)</b>	<b>156.59</b>	<b>340.48</b>	<b>10.29</b>		<b>507.36</b>
	HC.4.1 Laboratory services		281.27	8.61		289.88
	HC.4.2 Imaging services		29.18	0.83		30.01
	HC.4.nec Unspecified ancillary services (n.e.c.)	156.59	30.03	0.86		187.47
<b>HC.5</b>	<b>Medical goods (non-specified by function)</b>	<b>205.04</b>	<b>99.36</b>	<b>3.16</b>		<b>307.56</b>
<b>HC.6</b>	<b>Preventive care</b>	<b>28.02</b>	<b>0.57</b>	<b>5.19</b>		<b>33.77</b>
	HC.6.4 Healthy condition monitoring programmes			4.97		4.97
	HC.6.5 Epidemiological surveillance and risk and disease control programmes		0.55	0.02		0.57
	HC.6.nec Other preventive care (n.e.c.)	28.02	0.02	0.20		28.24
<b>HC.9</b>	<b>Other health care services not elsewhere</b>		<b>0.36</b>	<b>0.01</b>	<b>11.64</b>	<b>12.01</b>
<b>All HC</b>		<b>1,611.55</b>	<b>875.34</b>	<b>100.22</b>	<b>11.64</b>	<b>2,598.76</b>

## E.4. Financing scheme (HF) x Health care provider (HP)

Classification of diseases / conditions: DIS.2 Reproductive health; Currency: Namibian dollar (NAD)

Financing schemes		HF.1	HF.1.1	HF.2	HF.2.1					HF.2.2	HF.2.3	HF.3	HF.4	All HF
Namibian dollar (NAD), Million		Government schemes and compulsory contributory health care financing schemes	Government schemes	Voluntary health care payment schemes	Voluntary health insurance schemes	HF.2.1.1 Primary/substitutory health insurance schemes	HF.2.1.1.1 Employer-based insurance (Other than enterprises schemes)	HF.2.1.1.2 Government-based voluntary insurance	HF.2.1.nec Other voluntary health insurance schemes (n.e.c.)	NPI/SH financing schemes (including development agencies)	Enterprise financing schemes	Household out-of-pocket payment	Rest of the world financing schemes (non-resident)	
<b>Health care providers</b>														
<b>HP.1</b>	<b>Hospitals</b>	<b>947.95</b>	<b>947.95</b>	<b>326.55</b>	<b>326.45</b>	<b>185.00</b>	<b>67.79</b>	<b>117.21</b>	<b>141.45</b>	<b>0.10</b>	<b>66.81</b>			<b>1,341.30</b>
	HP.1.1 General hospitals	947.95	947.95	326.55	326.45	185.00	67.79	117.21	141.45	0.10	66.81			1,341.30
	HP.1.1.1 Government Hospital	855.40	855.40	22.66	22.66	22.33	17.81	4.52	0.33		3.45			881.51
	HP.1.1.2 Private Hospitals	22.82	22.82	303.78	303.78	162.66	49.98	112.68	141.12		63.36			389.96
	HP.1.1.3 Private not for profit (Mission) Hospitals	69.73	69.73											69.73
	HP.1.1.nec Other General hospitals			0.10						0.10				0.10
<b>HP.3</b>	<b>Providers of ambulatory health care</b>	<b>17.75</b>	<b>17.75</b>	<b>357.26</b>	<b>356.36</b>	<b>194.31</b>	<b>38.12</b>	<b>156.19</b>	<b>162.05</b>	<b>0.90</b>	<b>2.34</b>			<b>377.35</b>
	HP.3.1 Medical practices										1.80			1.80
	HP.3.3 Other health care practitioners			349.72	349.72	192.78	36.62	156.16	156.93					349.72
	HP.3.4 Ambulatory health care centres	17.75	17.75	7.55	6.65	1.52	1.50	0.03	5.12	0.90	0.54			25.83
<b>HP.4</b>	<b>Providers of ancillary services</b>			<b>518.53</b>	<b>518.53</b>	<b>218.55</b>	<b>61.96</b>	<b>156.59</b>	<b>299.98</b>					<b>518.53</b>
<b>HP.5</b>	<b>Retailers and Other providers of medical goods</b>	<b>1.00</b>	<b>1.00</b>	<b>306.39</b>	<b>306.39</b>	<b>225.48</b>	<b>225.48</b>		<b>80.91</b>		<b>0.18</b>			<b>307.56</b>
<b>HP.6</b>	<b>Providers of preventive care</b>	<b>10.83</b>	<b>10.83</b>											<b>10.83</b>
<b>HP.nec</b>	<b>Other health care providers (n.e.c.)</b>	<b>1.01</b>	<b>1.01</b>	<b>26.79</b>	<b>26.79</b>	<b>9.71</b>	<b>9.71</b>		<b>17.08</b>		<b>5.65</b>	<b>9.73</b>		<b>43.18</b>
<b>All HP</b>		<b>978.54</b>	<b>978.54</b>	<b>1,535.51</b>	<b>1,534.51</b>	<b>833.04</b>	<b>403.06</b>	<b>429.98</b>	<b>701.47</b>	<b>0.90</b>	<b>0.10</b>	<b>74.98</b>	<b>9.73</b>	<b>2,598.76</b>



## E.5. Financing scheme (HF) x Health care function (HC)

Classification of diseases / conditions: DIS.2 Reproductive health; Currency: Namibian dollar

Financing schemes		HF.1		HF.2		HF.2.1		HF.2.2		HF.2.3		HF.3	HF.4	All HF
		Government schemes and compulsory contributory health care financing schemes	Government schemes	Voluntary health care payment schemes	Voluntary health insurance schemes	Primary/substitutory health insurance schemes	Employer-based insurance (Other than enterprises schemes)	Government-based voluntary insurance	Other voluntary health insurance schemes (n.e.c.)	NPISH financing schemes (including development agencies)	Enterprise financing schemes	Household out-of-pocket payment	Rest of the world financing schemes (non-resident)	
<i>Namibian dollar (NAD), Million</i>														
<b>Health care functions</b>														
<b>HC.1</b>	<b>Curative care</b>	<b>948.51</b>	<b>948.51</b>	<b>719.91</b>	<b>719.81</b>	<b>391.71</b>	<b>118.31</b>	<b>273.39</b>	<b>328.11</b>	<b>0.10</b>	<b>69.63</b>			<b>1,738.05</b>
HC.1.1	Inpatient curative care	843.06	843.06	328.27	328.27	181.33	68.80	112.53	146.94		69.59			1,240.92
HC.1.3	Outpatient curative care	105.45	105.45	391.52	391.42	210.26	49.39	160.86	181.16	0.10	0.04			497.01
HC.1.nec	Other curative care (n.e.c.)			0.12	0.12	0.12	0.12							0.12
<b>HC.4</b>	<b>Ancillary services (non-specified by function)</b>			<b>507.36</b>	<b>507.36</b>	<b>215.41</b>	<b>58.82</b>	<b>156.59</b>	<b>291.95</b>					<b>507.36</b>
HC.4.1	Laboratory services			289.88	289.88	43.63	43.63		246.25					289.88
HC.4.2	Imaging services			30.01	30.01	7.97	7.97		22.03					30.01
HC.4.nec	Unspecified ancillary services (n.e.c.)			187.47	187.47	163.80	7.21	156.59	23.67					187.47
<b>HC.5</b>	<b>Medical goods (non-specified by function)</b>	<b>1.00</b>	<b>1.00</b>	<b>306.39</b>	<b>306.39</b>	<b>225.48</b>	<b>225.48</b>		<b>80.91</b>		<b>0.18</b>			<b>307.56</b>
<b>HC.6</b>	<b>Preventive care</b>	<b>28.02</b>	<b>28.02</b>	<b>0.58</b>	<b>0.58</b>	<b>0.08</b>	<b>0.08</b>		<b>0.50</b>	<b>0.00</b>	<b>5.17</b>			<b>33.77</b>
HC.6.4	Healthy condition monitoring programmes										4.97			4.97
HC.6.5	Epidemiological surveillance and risk and disease control programmes			0.57	0.57	0.08	0.08		0.49					0.57
HC.6.nec	Other preventive care (n.e.c.)	28.02	28.02	0.02	0.02	0.00	0.00		0.01	0.00	0.20			28.24
<b>HC.9</b>	<b>Other health care services not elsewhere classified (n.e.c.)</b>	<b>1.01</b>	<b>1.01</b>	<b>1.27</b>	<b>0.37</b>	<b>0.37</b>	<b>0.37</b>		<b>0.90</b>			<b>9.73</b>		<b>12.01</b>
<b>All HC</b>		<b>978.54</b>	<b>978.54</b>	<b>1,535.51</b>	<b>1,534.51</b>	<b>833.04</b>	<b>403.06</b>	<b>429.98</b>	<b>701.47</b>	<b>0.90</b>	<b>0.10</b>	<b>74.98</b>	<b>9.73</b>	<b>2,598.76</b>

## E.6. Health care provider (HP) x Function (HC)

Classification of diseases / conditions: DIS.2 Reproductive health; Currency:

Health care providers		HP.1	HP.1.1					HP.3	HP.3.1	HP.3.3	HP.3.4	HP.4	HP.5	HP.5.1	HP.6	HP.nec	All HP
Health care functions		Hospitals	General hospitals	Government Hospital	Private For Profit Hospitals	Private not for profit (Mission) Hospitals	Other General hospitals	Providers of ambulatory health care	Medical practices	Other health care practitioners	Ambulatory health care centres	Providers of ancillary services	Retailers and Other providers of medical goods	Pharmacies	Providers of preventive care	Other health care providers (n.e.c.)	
		<i>Namibian dollar (NAD), Million</i>															
<b>HC.1</b>	<b>Curative care</b>	<b>1,323.65</b>	<b>1,323.65</b>	<b>867.01</b>	<b>387.01</b>	<b>69.54</b>	<b>0.10</b>	<b>371.08</b>	<b>349.44</b>	<b>21.64</b>	<b>11.17</b>				<b>32.15</b>	<b>1,738.05</b>	
	HC.1.1 Inpatient curative care	1,214.41	1,214.41	772.74	377.38	64.29		12.47		12.47		1.65				12.40	1,240.92
	HC.1.3 Outpatient curative care	109.18	109.18	94.27	9.57	5.25	0.10	358.56	349.44	9.12	9.52					19.75	497.01
	HC.1.nec Other curative care (n.e.c.)	0.06	0.06	0.00	0.06			0.06		0.06	0.01						0.12
<b>HC.4</b>	<b>Ancillary services (non-specified by function)</b>										<b>507.36</b>						<b>507.36</b>
	HC.4.1 Laboratory services										289.88						289.88
	HC.4.2 Imaging services										30.01						30.01
	HC.4.nec Unspecified ancillary services (n.e.c.)										187.47						187.47
<b>HC.5</b>	<b>Medical goods (non-specified by function)</b>												<b>307.56</b>	<b>307.56</b>			<b>307.56</b>
<b>HC.6</b>	<b>Preventive care</b>	<b>17.28</b>	<b>17.28</b>	<b>14.50</b>	<b>2.58</b>	<b>0.20</b>	<b>0.00</b>	<b>5.37</b>	<b>1.80</b>	<b>0.28</b>	<b>3.29</b>	<b>0.00</b>			<b>10.83</b>	<b>0.29</b>	<b>33.77</b>
	HC.6.4 Healthy condition monitoring programmes	2.85	2.85	0.42	2.43			2.12	1.80		0.32						4.97
	HC.6.5 Epidemiological surveillance and risk and							0.28		0.28		0.00				0.29	0.57
	HC.6.nec Other preventive care (n.e.c.)	14.43	14.43	14.08	0.15	0.20	0.00	2.97		2.97				10.83			28.24
<b>HC.9</b>	<b>Other health care services not</b>	<b>0.37</b>	<b>0.37</b>	<b>0.00</b>	<b>0.37</b>			<b>0.90</b>		<b>0.90</b>						<b>10.74</b>	<b>12.01</b>
<b>All HC</b>		<b>1,341.30</b>	<b>1,341.30</b>	<b>881.51</b>	<b>389.96</b>	<b>69.73</b>	<b>0.10</b>	<b>377.35</b>	<b>1.80</b>	<b>349.72</b>	<b>25.83</b>	<b>518.53</b>	<b>307.56</b>	<b>307.56</b>	<b>10.83</b>	<b>43.18</b>	<b>2,598.76</b>

## Annex F: Noncommunicable Disease Statistical Tables

### F.1. Revenues of health care financing schemes (FS) x Financing scheme (HF)

Classification of diseases / conditions: DIS.4 Noncommunicable diseases; Currency: Namibian dollar (NAD)

Revenues of health care financing schemes		FS.1	FS.5	FS.5.1	FS.5.2	FS.6	All FS
Namibian dollar (NAD), Million		Transfers from government domestic revenue (allocated to health purposes)	Voluntary prepayment	Voluntary prepayment from individuals/households	Voluntary prepayment from employers	Other domestic revenues n.e.c.	
Financing schemes							
<b>HF.1</b>	<b>Government schemes and compulsory contributory</b>	<b>1,154.83</b>					<b>1,154.83</b>
HF.1.1	Government schemes	1,154.83					1,154.83
<b>HF.2</b>	<b>Voluntary health care payment schemes</b>	<b>471.67</b>	<b>854.95</b>	<b>105.33</b>	<b>749.62</b>	<b>16.72</b>	<b>1,343.33</b>
HF.2.1	Voluntary health insurance schemes	471.67	854.95	105.33	749.62	16.47	1,343.09
HF.2.1.1	Primary/substitutory health insurance schemes	471.67	245.45	87.20	158.25	12.00	729.12
HF.2.1.1.1	Employer-based insurance (Other than enterprises schemes)	151.76	188.99	30.75	158.25	12.00	352.76
HF.2.1.1.2	Government-based voluntary insurance	319.91	56.45	56.45			376.36
HF.2.1.nec	Unspecified voluntary health insurance schemes (n.e.c.)		609.50	18.13	591.37	4.46	613.96
HF.2.3	Enterprise financing schemes					0.25	0.25
<b>All HF</b>		<b>1,626.50</b>	<b>854.95</b>	<b>105.33</b>	<b>749.62</b>	<b>16.72</b>	<b>2,498.17</b>

## F.2. Institutional Units providing revenues to financing schemes (FS.RI) x Financing scheme (HF)

Classification of diseases / conditions: DIS.4 Noncommunicable diseases; Currency: Namibian dollar (NAD)

<b>Institutional units providing revenues to financing schemes</b>			<b>FS.RI.1.1</b>	<b>FS.RI.1.2</b>	<b>FS.RI.1.3</b>	<b>All FS.RI</b>
			<b>Government</b>	<b>Corporations</b>	<b>Households</b>	
<i>Namibian dollar (NAD), Million</i>						
<b>Financing schemes</b>						
<b>HF.1</b>	<b>Government schemes and compulsory contributory health care financing schemes</b>		<b>1,154.83</b>			<b>1,154.83</b>
	HF.1.1	Government schemes	<b>1,154.83</b>			<b>1,154.83</b>
<b>HF.2</b>	<b>Voluntary health care payment schemes</b>		<b>554.91</b>	<b>766.33</b>	<b>22.09</b>	<b>1,343.33</b>
	HF.2.1	Voluntary health insurance schemes	<b>554.91</b>	<b>766.08</b>	<b>22.09</b>	<b>1,343.09</b>
	HF.2.1.1	Primary/substitutory health insurance schemes	<b>554.91</b>	<b>170.25</b>	<b>3.96</b>	<b>729.12</b>
		HF.2.1.1.1 Employer-based insurance (Other than enterprises schemes)	<b>178.54</b>	<b>170.25</b>	<b>3.96</b>	<b>352.76</b>
		HF.2.1.1.2 Government-based voluntary insurance	<b>376.36</b>			<b>376.36</b>
	HF.2.1.nec	Unspecified voluntary health insurance schemes (n.e.c.)		<b>595.83</b>	<b>18.13</b>	<b>613.96</b>
	HF.2.3	Enterprise financing schemes		<b>0.25</b>		<b>0.25</b>
<b>All HF</b>			<b>1,709.74</b>	<b>766.33</b>	<b>22.09</b>	<b>2,498.17</b>

## F.3. Institutional Units providing revenues to financing schemes (FS.RI) x Health care function (HC)

Classification of diseases / conditions: DIS.4 Noncommunicable diseases; Currency: Namibian dollar (NAD)

Institutional units providing revenues to financing schemes		FS.RI.1.1	FS.RI.1.2	FS.RI.1.3	All FS.RI
		Government	Corporations	Households	
<i>Namibian dollar (NAD), Million</i>					
Health care functions					
<b>HC.1</b>	<b>Curative care</b>	<b>1,351.92</b>	<b>380.64</b>	<b>10.46</b>	<b>1,743.02</b>
	HC.1.1 Inpatient curative care	943.22	184.04	4.96	1,132.22
	HC.1.2 Day curative care	3.29			3.29
	HC.1.3 Outpatient curative care	405.42	196.50	5.49	607.41
	HC.1.nec Unspecified curative care (n.e.c.)		0.10	0.00	0.11
<b>HC.4</b>	<b>Ancillary services (non-specified by function)</b>	<b>137.02</b>	<b>297.93</b>	<b>9.01</b>	<b>443.96</b>
	HC.4.1 Laboratory services		246.12	7.53	253.66
	HC.4.2 Imaging services		25.54	0.72	26.26
	HC.4.nec Unspecified ancillary services (n.e.c.)	137.02	26.27	0.75	164.04
<b>HC.5</b>	<b>Medical goods (non-specified by function)</b>	<b>179.42</b>	<b>86.94</b>	<b>2.61</b>	<b>268.97</b>
<b>HC.6</b>	<b>Preventive care</b>	<b>41.38</b>	<b>0.50</b>	<b>0.02</b>	<b>41.90</b>
	HC.6.5 Epidemiological surveillance and risk and disease control programmes		0.48	0.01	0.50
	HC.6.nec Unspecified preventive care (n.e.c.)	41.38	0.02	0.00	41.40
<b>HC.9</b>	<b>Other health care services not elsewhere classified (n.e.c.)</b>		<b>0.32</b>	<b>0.01</b>	<b>0.32</b>
<b>All HC</b>		<b>1,709.74</b>	<b>766.33</b>	<b>22.09</b>	<b>2,498.17</b>

## F.4. Financing scheme (HF) x Health care provider (HP)

Classification of diseases / conditions: DIS.4 Noncommunicable diseases; Currency: Namibian dollar (NAD)

Financing schemes		HF.1	HF.1.1	HF.2	HF.2.1						HF.2.3	All HF
		Government schemes and compulsory contributory health care financing schemes		Voluntary health care payment schemes	Voluntary health insurance schemes	HF.2.1.1		HF.2.1.1.1		HF.2.1.1.2		
Health care providers			Government schemes			Primary/substitutory health insurance schemes	Employer-based insurance (Other than enterprises schemes)	Government-based voluntary insurance	Other voluntary health insurance schemes (n.e.c.)			
<b>HP.1</b>	<b>Hospitals</b>	<b>1,099.47</b>	<b>1,099.47</b>	<b>286.22</b>	<b>285.97</b>	<b>162.06</b>	<b>59.38</b>	<b>102.67</b>	<b>123.91</b>	<b>0.25</b>	<b>1,385.69</b>	
HP.1.1	General hospitals	1,099.47	1,099.47	286.22	285.97	162.06	59.38	102.67	123.91	0.25	1,385.69	
HP.1.1.1	Government Hospital	982.20	982.20	19.85	19.85	19.56	15.60	3.96	0.29		1,002.05	
HP.1.1.2	Private Hospitals	19.99	19.99	266.12	266.12	142.49	43.78	98.71	123.63		286.11	
HP.1.1.3	Private not for profit (Mission) Hospitals	97.29	97.29								97.29	
HP.1.1.nec	Other General hospitals			0.25						0.25	0.25	
<b>HP.3</b>	<b>Providers of ambulatory health care</b>	<b>44.29</b>	<b>44.29</b>	<b>311.83</b>	<b>311.83</b>	<b>170.03</b>	<b>33.36</b>	<b>136.67</b>	<b>141.81</b>		<b>356.13</b>	
HP.3.3	Other health care practitioners			306.01	306.01	168.69	32.05	136.65	137.32		306.01	
HP.3.4	Ambulatory health care centres	44.29	44.29	5.82	5.82	1.34	1.31	0.02	4.48		50.11	
<b>HP.4</b>	<b>Providers of ancillary services</b>			<b>453.73</b>	<b>453.73</b>	<b>191.24</b>	<b>54.22</b>	<b>137.02</b>	<b>262.49</b>		<b>453.73</b>	
<b>HP.5</b>	<b>Retailers and Other providers of medical goods</b>	<b>0.87</b>	<b>0.87</b>	<b>268.10</b>	<b>268.10</b>	<b>197.30</b>	<b>197.30</b>		<b>70.80</b>		<b>268.97</b>	
<b>HP.6</b>	<b>Providers of preventive care</b>	<b>10.20</b>	<b>10.20</b>								<b>10.20</b>	
<b>HP.nec</b>	<b>Other health care providers (n.e.c.)</b>			<b>23.45</b>	<b>23.45</b>	<b>8.49</b>	<b>8.49</b>		<b>14.95</b>		<b>23.45</b>	
<b>All HP</b>		<b>1,154.83</b>	<b>1,154.83</b>	<b>1,343.33</b>	<b>1,343.09</b>	<b>729.12</b>	<b>352.76</b>	<b>376.36</b>	<b>613.96</b>	<b>0.25</b>	<b>2,498.17</b>	

## F.5. Financing scheme (HF) x Health care function (HC)

Classification of diseases / conditions: DIS.4 Noncommunicable diseases; Currency: Namibian

Financing schemes		HF.1	HF.1.1	HF.2	HF.2.1			HF.2.1.nec		HF.2.3	All HF
Namibian dollar (NAD), Million		Government schemes and compulsory contributory health care financing schemes	Government schemes	Voluntary health care payment schemes	Voluntary health insurance schemes	HF.2.1.1		Government-based voluntary insurance	Other voluntary health insurance schemes (n.e.c.)	Enterprise financing schemes	
Health care functions						Primary/substitutory health insurance schemes	Employer-based insurance (Other than enterprises schemes)	HF.2.1.1.1	HF.2.1.1.2		
<b>HC.1</b>	<b>Curative care</b>	<b>1,112.58</b>	<b>1,112.58</b>	<b>630.44</b>	<b>630.20</b>	<b>342.94</b>	<b>103.60</b>	<b>239.34</b>	<b>287.25</b>	<b>0.24</b>	<b>1,743.02</b>
HC.1.1	Inpatient curative care	844.63	844.63	287.58	287.58	158.85	60.27	98.58	128.73		1,132.22
HC.1.2	Day curative care	3.29	3.29								3.29
HC.1.3	Outpatient curative care	264.66	264.66	342.75	342.50	183.98	43.22	140.76	158.52	0.24	607.41
HC.1.nec	Other curative care (n.e.c.)			0.11	0.11	0.11	0.11				0.11
<b>HC.4</b>	<b>Ancillary services (non-specified by function)</b>			<b>443.96</b>	<b>443.96</b>	<b>188.49</b>	<b>51.47</b>	<b>137.02</b>	<b>255.47</b>		<b>443.96</b>
HC.4.1	Laboratory services			253.66	253.66	38.18	38.18		215.48		253.66
HC.4.2	Imaging services			26.26	26.26	6.98	6.98		19.28		26.26
HC.4.nec	Unspecified ancillary services			164.04	164.04	143.33	6.31	137.02	20.71		164.04
<b>HC.5</b>	<b>Medical goods (non-specified by function)</b>	<b>0.87</b>	<b>0.87</b>	<b>268.10</b>	<b>268.10</b>	<b>197.30</b>	<b>197.30</b>		<b>70.80</b>		<b>268.97</b>
<b>HC.6</b>	<b>Preventive care</b>	<b>41.38</b>	<b>41.38</b>	<b>0.51</b>	<b>0.51</b>	<b>0.07</b>	<b>0.07</b>		<b>0.44</b>	<b>0.00</b>	<b>41.90</b>
HC.6.5	Epidemiological surveillance and			0.50	0.50	0.07	0.07		0.43		0.50
HC.6.nec	Other preventive care (n.e.c.)	41.38	41.38	0.02	0.01	0.00	0.00		0.01	0.00	41.40
<b>HC.9</b>	<b>Other health care services not elsewhere classified (n.e.c.)</b>			<b>0.32</b>	<b>0.32</b>	<b>0.32</b>	<b>0.32</b>				<b>0.32</b>
<b>All HC</b>		<b>1,154.83</b>	<b>1,154.83</b>	<b>1,343.33</b>	<b>1,343.09</b>	<b>729.12</b>	<b>352.76</b>	<b>376.36</b>	<b>613.96</b>	<b>0.25</b>	<b>2,498.17</b>

## F.6. Health care provider (HP) x Function (HC)

Classification of diseases / conditions: DIS.4 Noncommunicable diseases;

Health care providers		HP.1	HP.1.1					HP.3	HP.3.3		HP.4	HP.5	HP.6	HP.nec	All HP
			HP.1.1.1 HP.1.1.2 HP.1.1.3 HP.1.1.nec						HP.3.3	HP.3.4					
Health care functions		Hospitals	General hospitals	Government Hospital	Private For Profit Hospitals	Private not for profit (Mission) Hospitals	Other General hospitals	Providers of ambulatory health care	Other health care practitioners	Ambulatory health care centres	Providers of ancillary services	Retailers and Other providers of medical goods	Providers of preventive care	Other health care providers (n.e.c.)	
<i>Namibian dollar (NAD), Million</i>															
<b>HC.1</b>	<b>Curative care</b>	<b>1,365.52</b>	<b>1,365.52</b>	<b>983.15</b>	<b>285.79</b>	<b>96.34</b>	<b>0.24</b>	<b>344.53</b>	<b>305.77</b>	<b>38.76</b>	<b>9.77</b>			<b>23.20</b>	<b>1,743.02</b>
HC.1.1	Inpatient curative care	1,113.77	1,113.77	765.27	277.36	71.15		11.09		11.09	1.44			5.91	1,132.22
HC.1.2	Day curative care	3.29	3.29	3.29											3.29
HC.1.3	Outpatient curative care	248.41	248.41	214.60	8.38	25.19	0.24	333.39	305.77	27.62	8.33			17.29	607.41
HC.1.nec	Other curative care (n.e.c.)	0.05	0.05	0.00	0.05			0.05		0.05	0.01				0.11
<b>HC.4</b>	<b>Ancillary services (non-specified by function)</b>										<b>443.96</b>				<b>443.96</b>
HC.4.1	Laboratory services										253.66				253.66
HC.4.2	Imaging services										26.26				26.26
HC.4.nec	Unspecified ancillary services (n.e.c.)										164.04				164.04
<b>HC.5</b>	<b>Medical goods (non-specified by function)</b>											<b>268.97</b>			<b>268.97</b>
<b>HC.6</b>	<b>Preventive care</b>	<b>19.85</b>	<b>19.85</b>	<b>18.90</b>	<b>0.95</b>	<b>0.00</b>	<b>11.60</b>	<b>0.25</b>	<b>11.35</b>	<b>0.00</b>			<b>10.20</b>	<b>0.25</b>	<b>41.90</b>
HC.6.5	Epidemiological surveillance and risk and disease control programmes						0.25	0.25		0.00				0.25	0.50
HC.6.nec	Other preventive care (n.e.c.)	19.85	19.85	18.90	0.95	0.00	11.35		11.35				10.20		41.40
<b>HC.9</b>	<b>Other health care services not elsewhere classified (n.e.c.)</b>	<b>0.32</b>	<b>0.32</b>	<b>0.00</b>	<b>0.32</b>										<b>0.32</b>
<b>All HC</b>		<b>1,385.69</b>	<b>1,385.69</b>	<b>1,002.05</b>	<b>286.11</b>	<b>97.29</b>	<b>0.25</b>	<b>356.13</b>	<b>306.01</b>	<b>50.11</b>	<b>453.73</b>	<b>268.97</b>	<b>10.20</b>	<b>23.45</b>	<b>2,498.17</b>





