Contents

- Foreword 3
- Policy highlights 4
- Country profile 2012 11
- Technical documentation 59

WHO/AFRO Library Cataloguing – in – Publication Data

WHO African Region Expenditure Atlas: November 2014

1. Health expenditures – statistics and numerical data – trends
2. Healthcare Financing
3. Health Care Economics and Organizations
4. Health care costs
5. Public health – economics
6. Atlases
7. Data collection

I. World Health Organization. Regional Office for Africa


© WHO Regional Office for Africa, 2014

Publications of the World Health Organization enjoy copyright protection in accordance with the provisions of Protocol 2 of the Universal Copyright Convention. All rights reserved. Copies of this publication may be obtained from the Library, WHO Regional Office for Africa, P.O. Box 6, Brazzaville, Republic of Congo (Tel: +47 241 39100; +242 06 5081114; Fax: +47 241 39501; E-mail: afrobooks@who.int). Requests for permission to reproduce or translate this publication – whether for sale or for non-commercial distribution – should be sent to the same address.

The designations employed and the presentations of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers’ products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters. All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either express or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization or its Regional Office for Africa be liable for damages arising from its use.
Health financing and social protection remains key elements of the health system in particular, and health development in general in the African region. Appropriate health financing and social protection mechanisms will improve access to services and enable countries to achieve the targets set out in both international and African member states commitments to the agreed objectives such as the Millennium Developments Goals (MDG) and Universal Health Coverage (UHC).

For countries to define appropriate policies to finance health care it is imperative to know — the institutions or mechanisms that finance health care; — the institutions that obtain and administer resources to pay; — the entities that receive money in order to produce the required health care goods and services; and services and products purchased with health care funds.

This Health Financing Atlas has used summarized data from countries’ National Health Account reports to show the health financing profile for each country. The Atlas presents key indicators, such as general government health expenditure as a share of gross domestic product, total health expenditure per capita, out-of-pocket payments as a share of total health expenditure, the extent to which countries are meeting or falling short of the Abuja target, and how some of these are linked to life expectancy and the maternal mortality ratio. These indicators help to inform policy-making and guide priority setting when developing national health strategies and operational plans.

The publication shows that there has been progress made in the mobilisation of government resources over the past decade, but that households are still exposed to impoverishment as a result of catastrophic health expenditures. African countries should therefore start thinking critically about the alternative and innovative financing mechanisms needed in order to further increase the public funding for health and reduce financial barriers to accessing health services. This is critical for achieving MDGs and UHC.

I call upon Ministries of Health and Ministries of Financing to analyse the findings of their National Health Accounts and utilize those results to take appropriate decisions to ensure that health resources are used efficiently and to the benefit of the people who need them most.

I would appreciate your suggestions for improving future editions of the WHO African Region Health Expenditure Atlas.

I thank you.

Dr Luis Gomes SAMBO
WHO Regional Director for Africa
Policy Highlight 1: Mobilization of government resources

**GGHE as a share of gross domestic product (GDP):** A study of 185 countries showed that GGHE as a share of GDP increased with a country's income. Evidence further shows that when government expenditure on health is greater than 5–6% of GDP, fewer households have financial hardship in paying for the health services they need. We assessed the level of government health expenditure against the level of GDP in the African Region from 2002 to 2012.

The data shows that there is progress in mobilization of government resources over the past ten years. In 2002, no African country had GGHE as a share of gross domestic product (GDP) that was more than 5%, but by 2007, four countries had achieved this target and this number had increased to 7 by 2012 (See Figure 1). One of the challenges is that many African countries have limited capacities to raise public revenues including payroll tax collections for social health insurance mainly because of the large informal sector. The performance, accountability and administration of the tax system are often additional problems for many countries.

Efforts to restructure the informal sector should be increased in order to mobilize more public revenues from taxes, since better public sector funding will facilitate the increase of resources for health and more specifically, enable countries to meet the target of 5% of GGHE as a percent of GDP. In addition, the rising economic growth in Africa is an opportunity; Africa's economy grew by 4.8% in 2013 and is projected to grow by 5.3% in 2014. That provides an opportunity for increased government spending on health by African governments, spurred by the results achieved by African countries already engaged in mobilizing more money for health.
Policy Highlight 2: Availability and Efficient use of resources

**Total health expenditure per capita:** The High Level Taskforce on Innovative International Financing for Health Systems (HLTF) estimated that by 2009 a low income country needed to spend on average US$ 44 per capita to strengthen its health system and to provide an essential package of health services. In the table below, we categorized countries in three groups based on spending: less than US$ 20, US$ 20–US$ 44 and more than US$ 44.

![Figure 2: Africa Region - Total expenditure on health/capita at exchange rate in 2002, 2007 and 2012](image)

Figure 2 shows that countries in the African region have made good progress in increasing the per capita expenditure on health; whereas in 2002 only 11 countries were spending US$44 on health per capita, the number rose to 21 and 26 respectively in 2007 and 2012.

However, although several countries have an average expenditure of health of more than 44 SUS per capita, their health indicators are not showing improvement; this requires an analysis on how efficiently they are using the available resource in addition to the prioritization of high impact interventions. If resources are spent more on large investments and supply, the impact on health will be less. Furthermore, 17 out of 45 countries have three indicators that are below the target recommended such as THE per capita>US$44; GGHE/GGE>15% and GGHE as % GDP>5% (see figure n°4); these countries should make a considerable effort to increase their budget for health.

Additional to the per capita expenditure mentioned above, there is scope for governments to allocate more money for health from domestic sources. In this regard, the 2001 Abuja Declaration urging African Union states to allocate “at least 15%” of national budgets to the health sector was a landmark. Unfortunately this target had been achieved by only six countries by 2012 as shown in Table 1. It is important to note, however, that allocations to the health sector as a percentage of total government budget ranged from...
6% to 22% in 2012 in the African Region. It is logical to consider the Abuja Declaration target together with the recommendation of the HLTF of reaching US$ 44 per capita THE. Over one third of the countries in the African Region have not managed to raise health spending to the level of US$ 44. Only Liberia, Rwanda, Swaziland and Zambia have managed to meet both the Abuja and the HLTF targets as shown in Table 1.

Table 1: THE against GGHE/GGE

<table>
<thead>
<tr>
<th>THE per capita</th>
<th>GGHE/GGE &gt;15%</th>
<th>GGHE/GGE &lt;15%</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;US$44</td>
<td>Liberia, Rwanda, Swaziland, Zambia (4 countries)</td>
<td>Algeria, Angola, Botswana, Cameroon, Cape Verde, Congo, Côte d’Ivoire, Equatorial Guinea, Gabon, Ghana, Kenya, Lesotho, Mali, Mauritania, Mauritius, Namibia, Nigeria, STP, Senegal, Seychelles, Sierra Leone, South Africa (22 countries)</td>
</tr>
<tr>
<td>&lt;US$44</td>
<td>Malawi, Togo (2 countries)</td>
<td>Benin, Burkina Faso, Burundi, Central Africa Republic, Chad, Comoros, DRC, Eritrea, Ethiopia, Gambia, Guinea, Guinea Bissau, Madagascar, Mozambique, Niger, Uganda, Tanzania (17 countries)</td>
</tr>
</tbody>
</table>

In the future, with Africa still on a projected path of rising economic growth, the focus should turn to how the economic expansion will affect availability of funds for health. Will health expenditure grow faster, slower or at the same pace as per capita income? The answer to this question will necessarily vary from country to country, but as there are most probably going to be “push” factors, such as the rise in non-communicable diseases or in the ageing population, and “pull” factors, such as investment growth in high technology that will be similar to high income countries elsewhere, it is probable that many African countries will follow the same pattern of “excess growth” (health spending outpacing economic growth) that has been observed in high income countries. Looking at the very low levels of per capita spending and of total health expenditure as a share of GDP in most African countries an increase in health expenditure would be a welcome outcome in most countries. However it should not turn away focus on strategic purchasing especially given the likelihood of the “push” and “pull” factors above.
Policy Highlight 3: Financial barriers to accessing health services

Out-of-pocket payments as a share of total health expenditure: Evidence shows that catastrophic health expenditure and impoverishment remain low in countries where out-of-pocket expenditure is less than 20% of the total health expenditure. In addition, few households are shown to be impoverished where out-of-pocket expenditure is less than 20% of the total health expenditure. In the African Region, only 10 countries out of 47 have an out-of-pocket (OOP) health expenditure as a percent of THE that was less than 20% in 2012.

Figure 3: Out of pocket expenditure as % of THE in 2012
Twenty one (21) countries out of 47 have OOP that is more than 40% of THE, which presumes that households are exposed to impoverishment caused by catastrophic health expenditure. Reducing financial barriers to accessing health services when needed is one of the top goals of Universal Health Coverage. In order to improve financial risk protection and expand population coverage, WHO/AFRO and AUC have proposed to countries to:

(a) Develop comprehensive /improve policies and strategies for health financing to realize aggregate increase in funds for health and to enhance the quality of services and efficient utilization of funds to reduce out-of-pocket payments, at least for vulnerable populations and priority services.

(b) Promote prepayment mechanisms to cover the whole population and introduce prepayment and pooling arrangements that share financial risks across the whole population. This includes mobilization of more resources for health through government revenues, tax funding and/or mandatory (i.e. social or national) health insurance premiums and/or subsidies.

(c) Implement public equity funds to cover the health costs of people who are not able to contribute.

**GGHE as a percent of GDP, the THE per capita and Abuja target:** Considering the three indicators such as GGHE as a percent of GDP > 5%, the THE per capita > 44 $US and the Abuja target of at least 15% of the national budget allocated to health sector, only 3 countries (Liberia, Rwanda and Swaziland) out of 45 archived the three indicators in 2012. If we add the fourth indicator of out-of-pocket payments as a share of total health expenditure less than 20%, only Swaziland met these four indicators in 2012.

**Figure 4: THE per capita>US$44; GGHE/GGE>15% and GGHE as % GDP>5% in 2012**
This WHO African Region Expenditure Atlas shows how the limited availability of financial resources does not enable the countries to provide the quantity and quality of services needed and to subsidize some categories of the population and or interventions. Continuous evidence-based dialogue and collaboration between ministries of health and finance in development of plans and health financing strategies, mobilization and allocation of resources for the health sector, accountability and financial management is crucial as recommended in the Tunis declaration.

Table 2: Spending on health and keys indicators of economic strength in the African Region (2002, 2007 and 2012)

<table>
<thead>
<tr>
<th>Countries</th>
<th>GGHE as % of General government expenditure</th>
<th>Out of pocket expenditure as % of THE</th>
<th>Total expenditure on health / capita at exchange rate</th>
<th>General government expenditure on health as % of GDP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Algeria</td>
<td>8</td>
<td>8</td>
<td>10</td>
<td>23</td>
</tr>
<tr>
<td>Angola</td>
<td>4</td>
<td>6</td>
<td>6</td>
<td>46</td>
</tr>
<tr>
<td>Benin</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>56</td>
</tr>
<tr>
<td>Botswana</td>
<td>11</td>
<td>9</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>12</td>
<td>16</td>
<td>12</td>
<td>53</td>
</tr>
<tr>
<td>Burundi</td>
<td>7</td>
<td>14</td>
<td>14</td>
<td>51</td>
</tr>
<tr>
<td>Cameroon</td>
<td>8</td>
<td>7</td>
<td>9</td>
<td>69</td>
</tr>
<tr>
<td>Cabo Verde</td>
<td>11</td>
<td>11</td>
<td>9</td>
<td>24</td>
</tr>
<tr>
<td>Central African</td>
<td>13</td>
<td>17</td>
<td>11</td>
<td>46</td>
</tr>
<tr>
<td>Chad</td>
<td>12</td>
<td>5</td>
<td>6</td>
<td>66</td>
</tr>
<tr>
<td>Comoros</td>
<td>7</td>
<td>12</td>
<td>10</td>
<td>52</td>
</tr>
<tr>
<td>Congo</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>47</td>
</tr>
<tr>
<td>Côte d'Ivoire</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>50</td>
</tr>
<tr>
<td>DRC</td>
<td>2</td>
<td>10</td>
<td>13</td>
<td>68</td>
</tr>
<tr>
<td>Equatorial Guinea</td>
<td>9</td>
<td>6</td>
<td>7</td>
<td>44</td>
</tr>
<tr>
<td>Eritrea</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>56</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>10</td>
<td>13</td>
<td>11</td>
<td>37</td>
</tr>
<tr>
<td>Gabon</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>55</td>
</tr>
<tr>
<td>Gambia</td>
<td>9</td>
<td>11</td>
<td>11</td>
<td>34</td>
</tr>
<tr>
<td>Ghana</td>
<td>9</td>
<td>16</td>
<td>10</td>
<td>32</td>
</tr>
<tr>
<td>Guinea</td>
<td>6</td>
<td>8</td>
<td>7</td>
<td>78</td>
</tr>
<tr>
<td>Guinea-Bissau</td>
<td>8</td>
<td>6</td>
<td>8</td>
<td>44</td>
</tr>
<tr>
<td>Kenya</td>
<td>8</td>
<td>7</td>
<td>6</td>
<td>45</td>
</tr>
<tr>
<td>Lesotho</td>
<td>7</td>
<td>10</td>
<td>14</td>
<td>31</td>
</tr>
<tr>
<td>Liberia</td>
<td>6</td>
<td>17</td>
<td>19</td>
<td>40</td>
</tr>
<tr>
<td>Madagascar</td>
<td>13</td>
<td>15</td>
<td>13</td>
<td>38</td>
</tr>
<tr>
<td>Malawi</td>
<td>11</td>
<td>12</td>
<td>18</td>
<td>17</td>
</tr>
<tr>
<td>Countries</td>
<td>GGHE as % of General government expenditure</td>
<td>Out of pocket expenditure as % of THE</td>
<td>Total expenditure on health / capita at exchange rate</td>
<td>General government expenditure on health as % of GDP</td>
</tr>
<tr>
<td>-------------------</td>
<td>---------------------------------------------</td>
<td>-------------------------------------</td>
<td>-----------------------------------------------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>Mali</td>
<td>10</td>
<td>14</td>
<td>13</td>
<td>60</td>
</tr>
<tr>
<td>Mauritania</td>
<td>11</td>
<td>9</td>
<td>10</td>
<td>32</td>
</tr>
<tr>
<td>Mauritius</td>
<td>9</td>
<td>9</td>
<td>10</td>
<td>36</td>
</tr>
<tr>
<td>Mozambique</td>
<td>16</td>
<td>13</td>
<td>9</td>
<td>11</td>
</tr>
<tr>
<td>Mauritius</td>
<td>12</td>
<td>15</td>
<td>14</td>
<td>4</td>
</tr>
<tr>
<td>Niger</td>
<td>10</td>
<td>12</td>
<td>10</td>
<td>65</td>
</tr>
<tr>
<td>Nigeria</td>
<td>3</td>
<td>9</td>
<td>7</td>
<td>67</td>
</tr>
<tr>
<td>Rwanda</td>
<td>10</td>
<td>22</td>
<td>22</td>
<td>25</td>
</tr>
<tr>
<td>Sao Tome</td>
<td>9</td>
<td>6</td>
<td>6</td>
<td>37</td>
</tr>
<tr>
<td>Senegal</td>
<td>10</td>
<td>9</td>
<td>10</td>
<td>56</td>
</tr>
<tr>
<td>Seychelles</td>
<td>7</td>
<td>8</td>
<td>11</td>
<td>13</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>14</td>
<td>12</td>
<td>12</td>
<td>78</td>
</tr>
<tr>
<td>South Africa</td>
<td>13</td>
<td>12</td>
<td>13</td>
<td>12</td>
</tr>
<tr>
<td>Swaziland</td>
<td>10</td>
<td>12</td>
<td>18</td>
<td>17</td>
</tr>
<tr>
<td>Togo</td>
<td>7</td>
<td>11</td>
<td>15</td>
<td>69</td>
</tr>
<tr>
<td>Uganda</td>
<td>10</td>
<td>9</td>
<td>10</td>
<td>37</td>
</tr>
<tr>
<td>Tanzania</td>
<td>10</td>
<td>16</td>
<td>10</td>
<td>48</td>
</tr>
<tr>
<td>Zambia</td>
<td>14</td>
<td>13</td>
<td>16</td>
<td>27</td>
</tr>
</tbody>
</table>
## Country profiles 2012

<table>
<thead>
<tr>
<th>Country profile 2012</th>
<th>Country profile 2010</th>
<th>Technical documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Algeria</td>
<td>Lesotho</td>
<td></td>
</tr>
<tr>
<td>Angola</td>
<td>Liberia</td>
<td></td>
</tr>
<tr>
<td>Benin</td>
<td>Madagascar</td>
<td></td>
</tr>
<tr>
<td>Botswana</td>
<td>Malawi</td>
<td></td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>Mali</td>
<td></td>
</tr>
<tr>
<td>Burundi</td>
<td>Mauritania</td>
<td></td>
</tr>
<tr>
<td>Cameroon</td>
<td>Mauritius</td>
<td></td>
</tr>
<tr>
<td>Cape Verde</td>
<td>Mozambique</td>
<td></td>
</tr>
<tr>
<td>Central African Republic</td>
<td>Namibia</td>
<td></td>
</tr>
<tr>
<td>Chad</td>
<td>Niger</td>
<td></td>
</tr>
<tr>
<td>Comoros</td>
<td>Nigeria</td>
<td></td>
</tr>
<tr>
<td>Democratic Republic of Congo</td>
<td>Rwanda</td>
<td></td>
</tr>
<tr>
<td>Congo</td>
<td>Sao Tome and Principe</td>
<td></td>
</tr>
<tr>
<td>Côte d'Ivoire (Ivory Coast)</td>
<td>Senegal</td>
<td></td>
</tr>
<tr>
<td>Equatorial Guinea</td>
<td>Seychelles</td>
<td></td>
</tr>
<tr>
<td>Eritrea</td>
<td>Sierra Leone</td>
<td></td>
</tr>
<tr>
<td>Ethiopia</td>
<td>South Africa</td>
<td></td>
</tr>
<tr>
<td>Gabon</td>
<td>Swaziland</td>
<td></td>
</tr>
<tr>
<td>Gambia</td>
<td>Togo</td>
<td></td>
</tr>
<tr>
<td>Ghana</td>
<td>Uganda</td>
<td></td>
</tr>
<tr>
<td>Guinea</td>
<td>United Republic of Tanzania</td>
<td></td>
</tr>
<tr>
<td>Guinea-Bissau</td>
<td>Zambia</td>
<td></td>
</tr>
<tr>
<td>Kenya</td>
<td>Zimbabwe</td>
<td></td>
</tr>
</tbody>
</table>
**Health System Financing Country Profile: Algeria, 2012**

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

**Key Figures**
- **GDP per capita**
  - Algeria: $5,310/capita
  - AFR up-mid income countries: $6,402/capita
- **Life expectancy**
  - 2009 data
  - Algeria: 72 years
  - AFR up-mid income countries: 63 years
- **Maternal mortality rate**
  - 2008 data
  - Algeria: 120 per 100,000 live births
  - AFR up-mid income countries: 258 per 100,000 live births

**Government Resources Allocated to Health**

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

**Government’s Health Spending as Compared to Other Countries of the Region**
- Total government expenditure is high as a % of GDP (45%)
- Share of government spending allocated to health is in the median range (10%)
- Government expenditure on health as a % of GDP is high (4%)


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

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

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

**Life expectancy**
- Angola: 610 per 100,000 live births
- AFR up-mid income countries: 258 per 100,000 live births

**Maternal mortality rate**
- Angola: 52 years
- AFR up-mid income countries: 63 years

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

**Government resources allocated to health**

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

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

### General government expenditure on health (% GGE)
- Namibia
- South Africa
- Seychelles
- Mauritius
- Algeria
- Botswana
- Gabon

### General government expenditure on health (% GDP)
- Namibia
- Algeria
- Seychelles
- Mauritius
- South Africa
- Botswana
- Gabon

Source: global health expenditure database

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

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

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

GDP per capita

Life expectancy
2009 data

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

Maternal mortality rate
2008 data

General government expenditure (GGE) % GDP

Government resources allocated to health

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

Government expenditure on health

Total expenditure on health
2012 average of low AFR income countries

Households out of pocket spending on health

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

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

Among low AFR countries:
Total government expenditure is in the median range as a % of GDP ((22%))

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

Government expenditure on health as a % of GDP is in the median range ((2%))

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
Botswana spent 770 million US$ on health care:
- $384 per capita
- 6% spent by households

WHO Funds Health Care
84% Domestic funding
16% Funding from abroad

Spending by Households
56% Expenditure by government
38% Other

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

Government resources allocated to health

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

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

General government expenditure on health % GDP
Algeria Namibia Seychelles South Africa
Angola Botswana Namibia Mauritius Gabon
South Africa Botswana Gabon Mauritius Angola
Mauritius Gabon Angola

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

- Burkina Faso spent $622 million US$ on health care:
  - $38 per capita
  - 36% spent by households

**GDP per capita**
- Burkina Faso: $612/capita
- AFR low income countries: $527/capita

**Life expectancy**
- Burkina Faso: 560 per 100,000 live births
- AFR low income countries: 54 years

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

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

**Source**: global health expenditure database

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

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

- Burundi:
  - $246/capita
  - AFR low income countries: $527/capita

GDP per capita

Life expectancy

2009 data

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

Government expenditure on health

35
30
25
20
15
10
5
0
1995 2000 2005 2010

Burundi
Malawi
Liberia
Moçambique
Togo

General government expenditure (GGE) % GDP

General government expenditure on health % GDP

General government expenditure on health % GDP

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

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

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

Among low AFR countries:
Total government expenditure is high as a % of GDP (35%)
Share of government spending allocated to health is high (14%)
Government expenditure on health as a % of GDP is high (55%)

Source: Global health expenditure database

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

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

WHO FUNDS HEALTH CARE?
72% 28%
Domestic funding
Funding from abroad
WHO BuYS HEALTH CARE?
21% 77% 1%
Spending by households
Expenditure by government
Expenditure by government

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

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

Government resources allocated to health

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

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

Lesotho
Sao Tome and Principe
Mauritania
Congo
Swaziland
Cabo Verde Republic of
Ghana
Senegal
Nigeria
Zambia
South Sudan
Côte d’Ivoire
Cameroon
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100% 110% 120% 130% 140% 150% 160%
1995 2000 2005 2010

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

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

- **Cameroon:**
  - $1,151/capita 51 years 2012 average of low-mid AFR income countries
  - AFR low-mid income countries: 56 years

- **GDP per capita**
  - 100,000 live births
  - AFR low-mid income countries: 483 per 100,000 live births

- **Maternal mortality rate**
  - 2008 data
  - Cameroon: 600 per 100,000 live births
  - AFR low-mid income countries: 483 per 100,000 live births

- **Life expectancy**
  - 2009 data
  - Cameroon: 60 years
  - AFR low-mid income countries: 56 years

---

**Government resources allocated to health**

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

**Source:** global health expenditure database

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

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

Central African Republic:
- GDP per capita: $473/capita
- AFR low income countries: $527/capita

Life expectancy
- 2009 data
- Central African Republic: 850 per 100,000 live births
- AFR low income countries: 655 per 100,000 live births

Maternal mortality rate
- 2008 data
- Central African Republic: 850 per 100,000 live births
- AFR low income countries: 655 per 100,000 live births

Government resources allocated to health

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure.
Chad spent 388 million US$ on health care:
- $31 per capita
- 53% spent by households

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

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

Government expenditure on health

Households out of pocket spending on health

Total expenditure on health
2012 average of low AFR income countries

Chad: $865/capita
AFR low income countries: $527/capita

48 years
AFR low income countries: 54 years

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

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

Government resources allocated to health

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

General government expenditure (GGE) % GDP

General government expenditure on health % GGE

General government expenditure on health % GDP

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

- Rwanda
- Liberia
- Malawi
- Togo
- Burundi
- Democratic Republic of the Congo
- Madagascar
- Mali
- Sierra Leone
- Burkina Faso
- Gambia
- Guinea
- United Republic of Tanzania
- Uganda
- Comoros
- Mozambique
- Guinea-Bissau
- Chad
- Kenya
- Senegal
- Zimbabwe

- Malawi
- Rwanda
- Burundi
- Liberia
- Togo
- Burkina Faso
- Gambia
- Democratic Republic of the Congo
- Madagascar
- Mozambique
- United Republic of Tanzania
- Comoros
- Sierra Leone
- Benin
- Mali
- Guinea-Bissau
- Eritrea
- Central African Republic
- Zimbabwe

Source: Global health expenditure database

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

**WHO FUNDS HEALTH CARE?**
- Domestic funding: 73%
- Funding from abroad: 27%

**WHO BUKS HEALTH CARE?**
- Spending by households: 44%
- Expenditure by government: 56%

Comoros:
- GDP per capita: $831/capita
- Life expectancy: 60 years
- Maternal mortality rate: 2009 data
- General government expenditure (GGE) % GDP: 56%
- General government expenditure on health % GDP: 44%
- General government expenditure on health % GGE: 7%

AFR low income countries:
- GDP per capita: $527/capita
- Life expectancy: 54 years
- Maternal mortality rate: 2009 data
- General government expenditure (GGE) % GDP: 22%
- General government expenditure on health % GDP: 16%
- General government expenditure on health % GGE: 3%

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

Congo spent $433 million US$ on health care:
- $100 per capita
- 25% spent by households

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

Government resources allocated to health

Source: global health expenditure database

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

HEALTH SYSTEM FINANCING COUNTRY PROFILE: Côte d’Ivoire, 2012

Côte d’Ivoire spent 1.7 billion US$ on health care:
- $88 per capita
- 56% spent by households

GDP per capita

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

Life expectancy

• Côte d’Ivoire: 470 per 100,000 live births
• AFR low-mid income countries: 483 per 100,000 live births

Maternal mortality rate

• Côte d’Ivoire: 2009 data 50 years
• AFR low-mid income countries: 56 years

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

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

Government resources allocated to health

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

Share of government spending allocated to health is in the median range (8%)

Government expenditure on health as a % of GDP is low (2%)

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

Total government expenditure is low as a % of GDP (24%)

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
Democratic Republic of the Congo spent
998 million US$ on health care:
- $15 per capita
- 32% spent by households

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

GDP per capita

Life expectancy

2009 data

Malawi
Burundi
Mozambique
Gambia
Niger
Rwanda
Democratic Republic of the Congo
United Republic of Tanzania
Comoros
Liberia
Democratic Republic of the Congo

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

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

Among low AFR countries:
Total government expenditure is in the median range as a % of GDP ((22%))
Share of government spending allocated to health is high ((13%))
Government expenditure on health as a % of GDP is high ((3%))

Source: global health expenditure database

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

HEALTH SYSTEM FINANCING COUNTRY PROFILE: Equatorial Guinea, 2012

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

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

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

Equatorial Guinea:
- $24,036/capita
- AFR hi income countries: $24,036/capita

GDP per capita Life expectancy
2009 data

Equatorial Guinea: 280 per 100,000 live births
- AFR hi income countries: 280 per 100,000 live births

Maternal mortality rate
2008 data

Government resources allocated to health

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

Equatorial Guinea
Equatorial Guinea
Equatorial Guinea

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

Source: global health expenditure database

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

**WHO FUNDS HEALTH CARE?**

- Domestic funding: 75%
- Funding from abroad: 25%

**WHO BUYS HEALTH CARE?**

- Spending by households: 53%
- Expenditure by government: 47%

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

- 2012 average of low AFR income countries

**Government resources allocated to health**

- 47% of all government resources going to health
- 53% of domestic government resources going to health

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

- Malawi
- Rwanda
- Burundi
- Mozambique
- Kenya
- Tanzania
- Gambia
- Togo
- Burkina Faso
- Angola
- Democratic Republic of the Congo
- Guinea
- Cameroon
- Liberia
- Benin
- Eritrea
- Nigeria
- Niger
- Sierra Leone
- Uganda
- Madagascar
- Ghana
- Mozambique
- Guinea-Bissau
- Senegal
- Mozambique
- Zimbabwe

**General government expenditure on health % GDP**

- Malawi
- Rwanda
- Burundi
- Mozambique
- Kenya
- Tanzania
- Gambia
- Togo
- Burkina Faso
- Angola
- Democratic Republic of the Congo
- Guinea
- Cameroon
- Liberia
- Benin
- Eritrea
- Nigeria
- Niger
- Sierra Leone
- Uganda
- Madagascar
- Ghana
- Mozambique
- Guinea-Bissau
- Senegal
- Mozambique
- Zimbabwe

**General government expenditure on health % GGE**

- Malawi
- Rwanda
- Burundi
- Mozambique
- Kenya
- Tanzania
- Gambia
- Togo
- Burkina Faso
- Angola
- Democratic Republic of the Congo
- Guinea
- Cameroon
- Liberia
- Benin
- Eritrea
- Nigeria
- Niger
- Sierra Leone
- Uganda
- Madagascar
- Ghana
- Mozambique
- Guinea-Bissau
- Senegal
- Mozambique
- Zimbabwe

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

- Among low AFR countries:
  - Total government expenditure is high as a % of GDP (34%)
  - Share of government spending allocated to health is low (4%)

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

Source: Global health expenditure database

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

HEALTH SYSTEM FINANCING COUNTRY PROFILE: Ethiopia, 2012

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

WHO FUNDS HEALTH CARE?
- 50% Domestic funding
- 50% Funding from abroad

WHO BUYS HEALTH CARE?
- 41% Spending by households
- 48% Expenditure by government
- 10% Other

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

Government expenditure on health

 Housesholds out of pocket spending on health

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

Government resources allocated to health

% of all government resources going to health

% of domestic government resources going to health

General government expenditure (GGE) % GDP

Malawi
Burundi
Eritrea
Mozambique
Kenya
Gambia
Togo
Burkina Faso
Niger
Rwanda
Chad
United Republic of Tanzania
Guinea
Comoros
Liberia
Benin
Democratic Republic of the Congo
Guinea-Bissau
Cameroon
Madagascar
Zimbabwe

general government expenditure on health % GDP

Malawi
Burundi
Liberia
Togo
Madagascar
Mozambique
Gambia
Burkina Faso
Rwanda
Chad
United Republic of Tanzania
Guinea
Comoros
Liberia
Benin
Democratic Republic of the Congo
Guinea-Bissau
Cameroon
Madagascar
Zimbabwe

government expenditure on health % GDP

Malawi
Burundi
Liberia
Togo
Madagascar
Mozambique
Gambia
Burkina Faso
Democratic Republic of the Congo
Rwanda
Chad
Benin
Democratic Republic of the Congo
United Republic of Tanzania
Guinea
Comoros
Sierra Leone
Madagascar
Zimbabwe

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
Gabon spent 648 million US$ on health care:
- $397 per capita
- 41% spent by households

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

- 2012 average of up-mid AFR income countries
- Government's health spending as compared to other countries of the region

- Total government expenditure is low as a % of GDP ((25%))
- Share of government spending allocated to health is low ((7%))
- Government expenditure on health as a % of GDP is low ((2%))

<table>
<thead>
<tr>
<th></th>
<th>1995</th>
<th>2000</th>
<th>2005</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gabon</td>
<td>$11,431/capita</td>
<td>$180</td>
<td>$145</td>
<td>$247</td>
</tr>
<tr>
<td>AFR up-mid income countries:</td>
<td>$6,402/capita</td>
<td>$351</td>
<td>$351</td>
<td>$433</td>
</tr>
</tbody>
</table>

**GDP per capita**

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

**Life expectancy**

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

**Maternal mortality rate**

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

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

HEALTH SYSTEM FINANCING COUNTRY PROFILE: Gambia, 2012

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

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Ghana, 2012

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

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

Government expenditure on health
Households out of pocket spending on health

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

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

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

Lesotho
Zambia
Lesotho
Mauritania
Senegal
Sao Tome and Principe
Côte d’Ivoire
Congo
Nigeria
Zambia
South Sudan
Cameroon

Source: global health expenditure database

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

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

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

**WHO FUNDS HEALTH CARE?**
- 90% Domestic funding
- 10% Funding from abroad

**WHO BUDGET HEALTH CARE?**
- 67% Spending by households
- 28% Expenditure by government
- 5% Other

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

**AFR low income countries:**
- 52 years
- 2012 average of low AFR income countries
- GDP per capita: 680 per 100,000 live births
- Life expectancy: 54 years

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

**Maternal mortality rate**
- 2009 data

**Per capita expenditure in US$ (constant 2012 US$)**
- 2012 average of low AFR income countries
- Households out of pocket spending on health
- $28
- $31
- $19
- $13

**Government’s health spending as compared to other countries of the region**
- Total government expenditure is in the median range as a % of GDP ((26%))
- Share of government spending allocated to health is low ((7%))
- Government expenditure on health as a % of GDP is low ((2%))

**Government resources allocated to health**

**Source:** global health expenditure database

**Footnote:** For Glossary of Terms: visit the Documentation Center on GHED [http://who.int/nha/database/]. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account is not taken in to account.
Guinea-Bissau spent 50 million US$ on health care:
- $30 per capita
- 43% spent by households

WHO funds health care:
- 66% Domestic funding
- 34% Funding from abroad

WHO buys health care:
- 43% Spending by households
- 23% Expenditure by government
- 34% Other

Guinea-Bissau: $507/capita
AFR low income countries: $527/capita

Public spending on health:
- 49 years
- AFR low income countries: 54 years

GDP per capita

Life expectancy

2009 data

Government resources allocated to health

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

Government expenditure on health

Households out of pocket spending on health

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

Guinea-Bissau
Burundi
Malawi
Mozambique
Kenya
Gambia
Burkina Faso
Rwanda
Sierra Leone
United Republic of Tanzania
Guinea
Cameroon
Libera
Benin
Democratic Republic of the Congo
Sierra Leone
Madagascar
Guinea
Guinea-Bissau
Ethiopia
Central African Republic
Zimbabwe

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

Among low AFR countries:
Total government expenditure is low as a % of GDP (17%) Share of government spending allocated to health is low (8%)

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

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

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

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

- **Total expenditure on health**: $39
- **Government expenditure on health**: $31
- **Households out of pocket spending on health**: $18
- **Government expenditure as % of GDP**: 4.2%
- **Government expenditure on health as % of GDP**: 1.9%

### Government resources allocated to health

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

### General government expenditure (GGE) % GDP

- **Malawi**: 8%
- **Burundi**: 6%
- **Mozambique**: 5%
- **Togo**: 4%
- **Kenya**: 4%
- **Burkina Faso**: 3%
- **Democratic Republic of the Congo**: 3%

### General government expenditure on health % GGE

- **Malawi**: 28%
- **Burundi**: 16%
- **Mozambique**: 13%
- **Togo**: 13%
- **Kenya**: 10%
- **Burkina Faso**: 6%
- **Democratic Republic of the Congo**: 6%

### General government expenditure on health % GDP

- **Malawi**: 8%
- **Burundi**: 6%
- **Mozambique**: 4%
- **Togo**: 3%
- **Kenya**: 2%
- **Burkina Faso**: 2%
- **Democratic Republic of the Congo**: 2%

### Source: global health expenditure database

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

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUND HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?
**HEALTH SYSTEM FINANCING COUNTRY PROFILE: Liberia, 2012**

Liberia spent

- 274 million US$ on health care:
  - $65 per capita
  - 21% spent by households

**Government resources allocated to health**

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

**GDP per capita**

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

**Life expectancy**

- Liberia: 990 per 100,000 live births
- AFR low income countries: 65 years

**2009 data**

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

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

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

- Malawi, Burundi, Eritrea: 20%
- South Africa, Madagascar: 50%
- Zimbabwe: 80%

**General government expenditure on health % GGE**

- Malawi, Burundi, Eritrea: 5%
- South Africa, Madagascar: 20%
- Zimbabwe: 40%

**General government expenditure on health % GDP**

- Malawi, Burundi, Eritrea: 2%
- South Africa, Madagascar: 10%
- Zimbabwe: 20%

**Source:** global health expenditure database

**Footnote:** For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999-2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
Madagascar spent 406 million US$ on health care: - $18 per capita - 31% spent by households

**WHO FUNDS HEALTH CARE?**
- Domestic funding: 79%
- Funding from abroad: 21%

**WHO BUYS HEALTH CARE?**
- Spending by households: 31%
- Expenditure by government: 61%
- Expenditure by government: 8%
- Other: 0%

**Per capita expenditure in US$ (constant 2012 US$)**
- Total expenditure on health: 2012 average of low AFR income countries
- Government expenditure on health: $31
- Households out of pocket spending on health: $12

**Government resources allocated to health**

<table>
<thead>
<tr>
<th>Year</th>
<th>% of all government resources going to health</th>
<th>% of domestic government resources going to health</th>
</tr>
</thead>
<tbody>
<tr>
<td>1995</td>
<td>8%</td>
<td>61%</td>
</tr>
<tr>
<td>2000</td>
<td>12%</td>
<td>61%</td>
</tr>
<tr>
<td>2005</td>
<td>16%</td>
<td>61%</td>
</tr>
<tr>
<td>2010</td>
<td>20%</td>
<td>61%</td>
</tr>
</tbody>
</table>

**Government’s health spending as compared to other countries of the region**
- Among low AFR countries:
  - Total government expenditure is low as a % of GDP (20%)
  - Share of government spending allocated to health is high (13%)
  - Government expenditure on health as a % of GDP is in the median range (2%)

Source: global health expenditure database

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

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

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

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

Total expenditure on health 2012 average of low AFR income countries

Government expenditure on health households out of pocket spending on health

GDP per capita

Life expectancy

2009 data

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

2012 average of low AFR income countries

Government resources allocated to health

General government expenditure (GGE) % GDP

General government expenditure on health % GGE

General government expenditure on health % GDP

Maternal mortality rate

2008 data

510 per 100,000 live births

135 per 100,000 live births

Maternal mortality rate

2008 data

11%

37%

13%

54%

11%

54%

13%

54%

13%

54%

13%

54%

13%

54%

13%

54%

13%

54%

13%

54%

13%

54%

13%

54%

13%

54%

13%

54%

13%

54%

13%

54%

13%

54%

13%

54%

13%

54%

13%

54%

13%

54%

13%

54%

13%

54%

13%

54%

13%

54%

13%

54%

13%

54%

13%

54%

13%

54%

13%

54%

13%

54%

13%

54%

13%

54%

13%

54%

13%

54%

13%

54%

13%

54%

13%
Mali spent 626 million US$ on health care:
- $42 per capita
- 61% spent by households

**Foreword**
**Policy highlights**
**WHO African country profile 2012**
**Technical documentation**

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

- Mali: $724/capita
- AFR low income countries: $527/capita

**GDP per capita**

- Mali: 830 per 100,000 live births
- AFR low income countries: 655 per 100,000 live births

**Life expectancy**

- 2009 data

**Maternal mortality rate**

- 2008 data

- Mali: 830 per 100,000 live births
- AFR low income countries: 655 per 100,000 live births

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

- $35
- $31
- $24
- $15
- $12

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

Among low AFR counties:
- Total government expenditure is low as a % of GDP ((18%))
- Share of government spending allocated to health is high ((13%))

**Government expenditure on health as a % of GDP in the medain range ((2%))**

Source: global health expenditure database

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

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

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

GDP per capita

Life expectancy
2009 data

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

Government resources allocated to health

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

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

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

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

Among low-mid AFR countries:
Total government expenditure is high as a % of GDP ((41%))
Share of government spending allocated to health is high ((10%))
Government expenditure on health as a % of GDP is high ((4%))

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

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

Mauritius:
- $9,238/capita 73 years 2012 average of up-mid AFR income countries
- AFR up-mid income countries: 63 years
- GDP per capita
- Maternal mortality rate 2008 data
- Life expectancy 2009 data

Government resources allocated to health

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

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

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

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

Among up-mid AFR countries:
- Total government expenditure is low as a % of GDP (23%)
- Share of government spending allocated to health is in the median range (11%)
- Government expenditure on health as a % of GDP is low (2%)

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

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

Mozambique:
- $579/capita
- 49 years
- 2012 average of low AFR income countries
- Mozambique: 550 per 100,000 live births
- AFR low income countries: 655 per 100,000 live births

Spending by households
- 5% spent by households

Expenditure by government
- Other

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

Life expectancy
- 2009 data
- Mozambique: 550 per 100,000 live births
- AFR low income countries: 54 years

Maternal mortality rate
- 2008 data
- Mozambique: 550 per 100,000 live births
- AFR low income countries: 54 years

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

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

General government expenditure (GGE) % GDP
- Malawi
- Burundi
- Eritrea
- Mozambique
- Congo
- Gambia
- Togo
- Burkina Faso
- Niger
- Rwanda
- Chad
- United Republic of Tanzania
- Guinea
- Comoros
- Liberia
- Benin
- Democratic Republic of the Congo
- Sierra Leone
- Madagascar
- Uganda
- Malawi
- Sao Tome and Principe
- Guinea-Bissau
- Mozambique
- Zimbabwe

General government expenditure on health % GGE
- Malawi
- Burundi
- Eritrea
- Mozambique
- Congo
- Gambia
- Togo
- Burkina Faso
- Niger
- Rwanda
- Chad
- United Republic of Tanzania
- Guinea
- Comoros
- Liberia
- Benin
- Democratic Republic of the Congo
- Sierra Leone
- Madagascar
- Uganda
- Malawi
- Sao Tome and Principe
- Guinea-Bissau
- Mozambique
- Zimbabwe

General government expenditure on health % GDP
- Malawi
- Burundi
- Eritrea
- Mozambique
- Congo
- Gambia
- Togo
- Burkina Faso
- Niger
- Rwanda
- Chad
- United Republic of Tanzania
- Guinea
- Comoros
- Liberia
- Benin
- Democratic Republic of the Congo
- Sierra Leone
- Madagascar
- Uganda
- Malawi
- Sao Tome and Principe
- Guinea-Bissau
- Mozambique
- Zimbabwe

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

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

**Government resources allocated to health**

![Graph showing percentage of government resources going to health over years.]

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

![Graph showing per capita expenditure from 1995 to 2010.]

**Namibia**
- GDP per capita: $5,668/capita
- Life expectancy: 2009 data, 57 years
- Maternal mortality rate: 2008 data, 180 per 100,000 live births

**AFR up-mid income countries**
- GDP per capita: $6,402/capita
- Life expectancy: 63 years
- Maternal mortality rate: 258 per 100,000 live births

**Source**: Global health expenditure database

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

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

**WHO FUNDS HEALTH CARE?**
- 80% Domestic funding
- 20% Funding from abroad

**WHO BUYS HEALTH CARE?**
- 53% Spending by households
- 40% Expenditure by government
- 7% Other

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

- 2012 average of low AFR income countries: $31
- 2012 average of low AFR income countries: $24
- 2012 average of low AFR income countries: $9

**GDP per capita**
- Niger: $356/capita
- AFR low income countries: $527/capita

**Life expectancy**
- Niger: 7 years
- AFR low income countries: 54 years

**Maternal mortality rate**
- Niger: 820 per 100,000 live births
- AFR low income countries: 655 per 100,000 live births

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

<table>
<thead>
<tr>
<th>Country</th>
<th>GGE % GDP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mali</td>
<td>9%</td>
</tr>
<tr>
<td>Burundi</td>
<td>14%</td>
</tr>
<tr>
<td>Eritrea</td>
<td>7%</td>
</tr>
<tr>
<td>Mozambique</td>
<td>6%</td>
</tr>
<tr>
<td>Kenya</td>
<td>8%</td>
</tr>
<tr>
<td>Gambia</td>
<td>10%</td>
</tr>
<tr>
<td>Eritrea</td>
<td>7%</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>12%</td>
</tr>
<tr>
<td>Rwanda</td>
<td>12%</td>
</tr>
<tr>
<td>Chad</td>
<td>15%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>10%</td>
</tr>
<tr>
<td>United Republic of Tanzania</td>
<td>10%</td>
</tr>
<tr>
<td>Comoros</td>
<td>8%</td>
</tr>
<tr>
<td>Liberia</td>
<td>4%</td>
</tr>
<tr>
<td>Benin</td>
<td>5%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>10%</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>10%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>10%</td>
</tr>
<tr>
<td>United Republic of Tanzania</td>
<td>10%</td>
</tr>
<tr>
<td>Comoros</td>
<td>10%</td>
</tr>
<tr>
<td>Portugal</td>
<td>10%</td>
</tr>
<tr>
<td>Mozambique</td>
<td>10%</td>
</tr>
<tr>
<td>Uganda</td>
<td>10%</td>
</tr>
<tr>
<td>United Republic of Tanzania</td>
<td>10%</td>
</tr>
<tr>
<td>Burundi</td>
<td>12%</td>
</tr>
<tr>
<td>Cambodia</td>
<td>12%</td>
</tr>
<tr>
<td>Georgia</td>
<td>12%</td>
</tr>
<tr>
<td>Benin</td>
<td>12%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>10%</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>12%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>10%</td>
</tr>
<tr>
<td>United Republic of Tanzania</td>
<td>10%</td>
</tr>
<tr>
<td>Comoros</td>
<td>10%</td>
</tr>
<tr>
<td>Portugal</td>
<td>10%</td>
</tr>
<tr>
<td>Mozambique</td>
<td>10%</td>
</tr>
<tr>
<td>Uganda</td>
<td>10%</td>
</tr>
<tr>
<td>United Republic of Tanzania</td>
<td>10%</td>
</tr>
<tr>
<td>Burundi</td>
<td>12%</td>
</tr>
<tr>
<td>Cambodia</td>
<td>12%</td>
</tr>
<tr>
<td>Georgia</td>
<td>12%</td>
</tr>
<tr>
<td>Benin</td>
<td>12%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>10%</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>12%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>10%</td>
</tr>
<tr>
<td>United Republic of Tanzania</td>
<td>10%</td>
</tr>
<tr>
<td>Comoros</td>
<td>10%</td>
</tr>
<tr>
<td>Portugal</td>
<td>10%</td>
</tr>
<tr>
<td>Mozambique</td>
<td>10%</td>
</tr>
<tr>
<td>Uganda</td>
<td>10%</td>
</tr>
<tr>
<td>United Republic of Tanzania</td>
<td>10%</td>
</tr>
<tr>
<td>Burundi</td>
<td>12%</td>
</tr>
<tr>
<td>Cambodia</td>
<td>12%</td>
</tr>
<tr>
<td>Georgia</td>
<td>12%</td>
</tr>
<tr>
<td>Benin</td>
<td>12%</td>
</tr>
</tbody>
</table>

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

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

- Total government expenditure is in the median range as a % of GDP (28%)}

Source: global health expenditure database

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

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

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

Government resources allocated to health

Source: global health expenditure database

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

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

### Rwanda: $620/capita
- 59 years
- AFR low income countries: 54 years

### GDP per capita
- Rwanda: $540 per 100,000 live births
- AFR low income countries: 655 per 100,000 live births

### Life expectancy
- Rwanda: 540 per 100,000 live births
- AFR low income countries: 655 per 100,000 live births

### Maternal mortality rate
- Rwanda: 0%
- AFR low income countries: 4%

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

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

### Government’s health spending as compared to other countries of the region
- Among low AFR countries:
  - Total government expenditure is in the median range as a % of GDP ((28%))
- Share of government spending allocated to health is high ((22%))
- Government expenditure on health as a % of GDP is high ((69%))

Source: global health expenditure database

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

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

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

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

- Sao Tome and Principe: $110
- AFR low-mid income countries: $133

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

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

**Government resources allocated to health**

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

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

- Among low-mid AFR countries:
  - Total government expenditure is high as a % of GDP ((45%))
  - Share of government spending allocated to health is low ((6%))

- Government expenditure on health as a % of GDP is in the median range ((2%))

*Source: global health expenditure database*

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

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

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

GDP per capita

Life expectancy

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

Government resources allocated to health

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
Seychelles spent 48 million US$ on health care:
- $521 per capita
- 2% spent by households

Seychelles spent 11,178/capita
AFR up-mid income countries: $4,402/capita

GDP per capita

Life expectancy

2009 data

Maternal mortality rate

2008 data

- Seychelles: 0 per 100,000 live births
- AFR up-mid income countries: 258 per 100,000 live births

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

Government resources allocated to health

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

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

HEALTH SYSTEM FINANCING COUNTRY PROFILE: Sierra Leone, 2012

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

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

Life expectancy 2009 data

Maternal mortality rate 2008 data

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

Government resources allocated to health

Source: global health expenditure database

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

South Africa spent
34 billion US$ on health care:
- $645 per capita
- 7% spent by households

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

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

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

South Africa
Algeria
Seychelles
Angola
Botswana
Namibia
South Africa
Gabon
Mauritius

Government resources allocated to health

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

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

Algeria
Seychelles
Angola
Botswana
Namibia
South Africa
Gabon
Mauritius

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

Among up-mid AFR countries:
Total government expenditure is low as a % of GDP ((13%))
Share of government spending allocated to health is high ((13%))

Government expenditure on health as a % of GDP in the median range ((14%))

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
South Sudan spent 297 million US$ on health care:
- $27 per capita
- 57% spent by households

WHO FUNDS HEALTH CARE?
70% 30%
Domestic funding
Funding from abroad
WHO BUYS HEALTH CARE?
87% 39% 5%
Spending by households
Expenditure by government
Other

WHO FUNDING COUNTRY PROFILE: South Sudan, 2012

South Sudan: $1,074/capita
AFR low-mid income countries: $1,482/capita

African Region Expenditure Atlas

Life expectancy
2009 data

South Sudan: 0 years
AFR low-mid income countries: 56 years

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

Government resources allocated to health

Source: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
Swaziland spent 319 million US$ on health care: - $259 per capita - 11% spent by households

Swaziland: $3,042/capita 49 years 2012 average of low-mid AFR income countries
AFR low-mid income countries: $1,482/capita 56 years

GDP per capita

Life expectancy 2009 data

Maternal mortality rate 2008 data

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

General government expenditure (GGE) % GDP

Government resources allocated to health

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

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

WHO FUNDING HEALTH CARE?
- 82% Domestic funding
- 18% Funding from abroad

WHO USES HEALTH CARE?
- 41% Spending by households
- 51% Expenditure by government
- 7% Other

Togo:
- GDP per capita: $472/capita
- AFR low income countries: $527/capita
- AFR low income countries: 54 years
- Life expectancy: 59 years

Government resources allocated to health

General government expenditure (GGE) % GDP

General government expenditure on health % GDP

General government expenditure on health % GDP

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

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

WHO FUND HEALTH CARE?

WHO BuYS HEALTH CARE?

Spending by households 49% Expenditure by government 24% Expenditure by government Other 27%

WHO FUND HEALTH CARE?

Domestic funding 71% Funding from abroad 29%

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

Total expenditure on health $12 $13 $19 $31 $39

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

Among low AFR countries:
Total government expenditure is low as a % of GDP (19%)
Share of government spending allocated to health is in the median range (10%)
Government expenditure on health as a % of GDP is in the median range (2%)

0% 5% 10% 15% 20% 25% 30% 35% 40% 45% 50% 0% 10% 20% 30% 40% 50% 60% 70% 80%

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://who.int/nha/database/).
United Republic of Tanzania spent 2.0 billion US$ on health care:
- $41 per capita
- 32% spent by households

**WHO FUNDS HEALTH CARE?**
- Domestic funding: 62%
- Funding from abroad: 38%

**WHO BUYS HEALTH CARE?**
- Spending by households: 32%
- Expenditure by government: 39%
- Other: 29%

**WHO GDP per capita**
- United Republic of Tanzania: $591/capita
- AFR low income countries: $527/capita

**Life expectancy**
- 2009 data
- United Republic of Tanzania: 790 per 100,000 live births
- AFR low income countries: 635 per 100,000 live births

**GDP per capita**
- United Republic of Tanzania: $591/capita
- AFR low income countries: $527/capita

**Per capita expenditure in US$ (constant 2012 US$)**
- Total expenditure on health
- 2012 average of low AFR income countries
- $31
- $12
- $15
- $25

**Government expenditure on health**
- 2009 data
- United Republic of Tanzania: 790 per 100,000 live births
- AFR low income countries: 635 per 100,000 live births

**Government resources allocated to health**
- 2009 data
- United Republic of Tanzania: 790 per 100,000 live births
- AFR low income countries: 635 per 100,000 live births

**Maternal mortality rate**
- United Republic of Tanzania: 790 per 100,000 live births
- AFR low income countries: 635 per 100,000 live births

**General government expenditure (GGE) % GDP**
- 2009 data
- United Republic of Tanzania: 790 per 100,000 live births
- AFR low income countries: 635 per 100,000 live births

**General government expenditure on health % GGE**
- 2009 data
- United Republic of Tanzania: 790 per 100,000 live births
- AFR low income countries: 635 per 100,000 live births

**General government expenditure on health % GDP**
- 2009 data
- United Republic of Tanzania: 790 per 100,000 live births
- AFR low income countries: 635 per 100,000 live births

**Source**: global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED http://www.who.int/nha/database/. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED http://www.who.int/nha/database/).
Zambia spent 1.4 billion US$ on health care:
- $96 per capita
- 24% spent by households

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Zambia</th>
<th>Other Low-Mid AFR Countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>$48</td>
<td>$55</td>
</tr>
<tr>
<td>2005</td>
<td>$55</td>
<td>$68</td>
</tr>
<tr>
<td>2010</td>
<td>$86</td>
<td>$86</td>
</tr>
</tbody>
</table>

Government resources allocated to health

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

General government expenditure (GGE) % GDP

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesotho</td>
<td>14%</td>
<td>14%</td>
<td>18%</td>
<td>14%</td>
</tr>
<tr>
<td>São Tomé and Príncipe</td>
<td>8%</td>
<td>8%</td>
<td>12%</td>
<td>9%</td>
</tr>
<tr>
<td>Mauritania</td>
<td>15%</td>
<td>15%</td>
<td>19%</td>
<td>13%</td>
</tr>
<tr>
<td>Congo</td>
<td>13%</td>
<td>15%</td>
<td>20%</td>
<td>16%</td>
</tr>
<tr>
<td>Cabo Verde Republic of</td>
<td>20%</td>
<td>20%</td>
<td>30%</td>
<td>25%</td>
</tr>
<tr>
<td>Ghana</td>
<td>16%</td>
<td>17%</td>
<td>22%</td>
<td>18%</td>
</tr>
<tr>
<td>Senegal</td>
<td>11%</td>
<td>12%</td>
<td>16%</td>
<td>12%</td>
</tr>
<tr>
<td>Côte d’Ivoire</td>
<td>12%</td>
<td>15%</td>
<td>20%</td>
<td>14%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>10%</td>
<td>11%</td>
<td>15%</td>
<td>10%</td>
</tr>
<tr>
<td>Zambia</td>
<td>14%</td>
<td>14%</td>
<td>18%</td>
<td>14%</td>
</tr>
<tr>
<td>South Sudan</td>
<td>16%</td>
<td>18%</td>
<td>25%</td>
<td>19%</td>
</tr>
</tbody>
</table>

General government expenditure on health % GGE

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesotho</td>
<td>14%</td>
<td>14%</td>
<td>18%</td>
<td>14%</td>
</tr>
<tr>
<td>São Tomé and Príncipe</td>
<td>8%</td>
<td>8%</td>
<td>12%</td>
<td>9%</td>
</tr>
<tr>
<td>Mauritania</td>
<td>15%</td>
<td>15%</td>
<td>19%</td>
<td>13%</td>
</tr>
<tr>
<td>Congo</td>
<td>13%</td>
<td>15%</td>
<td>20%</td>
<td>16%</td>
</tr>
<tr>
<td>Cabo Verde Republic of</td>
<td>20%</td>
<td>20%</td>
<td>30%</td>
<td>25%</td>
</tr>
<tr>
<td>Ghana</td>
<td>16%</td>
<td>17%</td>
<td>22%</td>
<td>18%</td>
</tr>
<tr>
<td>Senegal</td>
<td>11%</td>
<td>12%</td>
<td>16%</td>
<td>12%</td>
</tr>
<tr>
<td>Côte d’Ivoire</td>
<td>12%</td>
<td>15%</td>
<td>20%</td>
<td>14%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>10%</td>
<td>11%</td>
<td>15%</td>
<td>10%</td>
</tr>
<tr>
<td>Zambia</td>
<td>14%</td>
<td>14%</td>
<td>18%</td>
<td>14%</td>
</tr>
<tr>
<td>South Sudan</td>
<td>16%</td>
<td>18%</td>
<td>25%</td>
<td>19%</td>
</tr>
</tbody>
</table>

General government expenditure on health % GDP

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesotho</td>
<td>14%</td>
<td>14%</td>
<td>18%</td>
<td>14%</td>
</tr>
<tr>
<td>São Tomé and Príncipe</td>
<td>8%</td>
<td>8%</td>
<td>12%</td>
<td>9%</td>
</tr>
<tr>
<td>Mauritania</td>
<td>15%</td>
<td>15%</td>
<td>19%</td>
<td>13%</td>
</tr>
<tr>
<td>Congo</td>
<td>13%</td>
<td>15%</td>
<td>20%</td>
<td>16%</td>
</tr>
<tr>
<td>Cabo Verde Republic of</td>
<td>20%</td>
<td>20%</td>
<td>30%</td>
<td>25%</td>
</tr>
<tr>
<td>Ghana</td>
<td>16%</td>
<td>17%</td>
<td>22%</td>
<td>18%</td>
</tr>
<tr>
<td>Senegal</td>
<td>11%</td>
<td>12%</td>
<td>16%</td>
<td>12%</td>
</tr>
<tr>
<td>Côte d’Ivoire</td>
<td>12%</td>
<td>15%</td>
<td>20%</td>
<td>14%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>10%</td>
<td>11%</td>
<td>15%</td>
<td>10%</td>
</tr>
<tr>
<td>Zambia</td>
<td>14%</td>
<td>14%</td>
<td>18%</td>
<td>14%</td>
</tr>
<tr>
<td>South Sudan</td>
<td>16%</td>
<td>18%</td>
<td>25%</td>
<td>19%</td>
</tr>
</tbody>
</table>

Source: Global health expenditure database

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

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

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

WHO BUYS HEALTH CARE?

- Zimbabwe: $0/capita
- AFR low income countries: $527/capita

Zimbabwe: 49 years
AFR low income countries: 54 years

GDP per capita

- Zimbabwe: 790 per 100,000 live births
- AFR low income countries: 635 per 100,000 live births

Life expectancy (2009 data)

- Zimbabwe: 790 per 100,000 live births
- AFR low income countries: 635 per 100,000 live births

Maternal mortality rate (2008 data)

- Zimbabwe: 790 per 100,000 live births
- AFR low income countries: 635 per 100,000 live births

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

2012 average of low AFR income countries

- $31
- $12
- $31
- $12

Government resources allocated to health

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

General government expenditure (GGE) % GDP

General government expenditure on health % GDP

General government expenditure on health % GDP

Malawi
Burundi
Eritrea
Madagascar
Kenya
Gambia
Togo
Burkina Faso
Niger
Rwanda
Chad
United Republic of Tanzania
Guinea
Cameroon
Libera
Benin
Democratic Republic of the Congo
Sierra Leone
Madagascar
Uganda
Mali
Guinea-Bissau
Ethiopia
Central African Republic
Zimbabwe

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

General government expenditure on health % GDP

Malawi
Burundi
Eritrea
Madagascar
Kenya
Gambia
Togo
Burkina Faso
Niger
Rwanda
Chad
United Republic of Tanzania
Guinea
Cameroon
Libera
Benin
Democratic Republic of the Congo
Sierra Leone
Madagascar
Uganda
Mali
Guinea-Bissau
Ethiopia
Central African Republic
Zimbabwe

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Source: global health expenditure database

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

Expenditures on health are financed by domestic resources (government funds and private sector funds), and by funding from abroad (external resources). This is about **WHO FUNDS HEALTH CARE**. Funding from abroad is the sum of resources made available by all non-resident institutional units, which are used for payments of health goods and services.

**PER CAPITA EXPENDITURE IN US$** (constant 2010 US$) illustrates the trends on spending per person in constant US$, since 1995, in total expenditure on health, and for two purchasers of health care, government\(^1\) and households. The trends are adjusted to only show the real change in expenditure, and correct for fluctuations due to inflation (data is in constant 2010 US$). The last year of the series can be compared to the average value, for that year, of expenditures on health by countries belonging to the same geographical\(^2\) and income\(^3\) group as the selected country (square marks).

**GOVERNMENT RESOURCES ALLOCATED TO HEALTH** highlights efforts by government\(^4\) to allocate resources to health as compared to their total spending envelope. Two trends are shown: allocation of total expenditure going to health (blue line) and allocation of expenditure only funded out of domestic resources - before receiving aid – going to health (red bars).

**GENERAL GOVERNMENT EXPENDITURE ON HEALTH AS SHARE (%) OF GDP** is a set of 3 graphs that describes aspects of the fiscal context of countries and situates them within their geographical\(^1\) and income\(^2\) group. The first graph describes government’s realized capacity to spend in any given year (General government expenditure % GDP); the second graph highlights the allocative decision by governments to spend on health (General government expenditure on health % General government expenditure); and the third graph is the product of the first two graphs and evaluates general government expenditure on health in terms of country’s income (% GDP).

---

1. Government is the sum of outlays for health maintenance, restoration or enhancement paid for in cash or supplied in kind by government entities, such as the Ministry of Health, other ministries, parastatal organizations, social security agencies (without double-counting the government transfers to social security and to extra-budgetary funds). Includes transfer payments to households to offset medical care costs and extra-budgetary funds to finance health services and goods. The revenue base of these entities may comprise multiple sources, including external funds.

2. WHO regions link

3. World Bank income groups link

4. Government expenditures (total or for health) include expenditure by government entities, such as the Ministry of Health, other ministries, parastatal organizations, and social security agencies. It includes all compulsory health insurance (including private insurances that are publicly mandated and funded through compulsory contributions).