



Islamic Republic of Afghanistan  
Ministry of Public Health

# National Health Accounts, 2018

**1.9bn**  
**(76.4%)**



**0.5bn**  
**(19.7%)**



**0.1bn**  
**(3.9%)**





Islamic Republic of Afghanistan

Ministry of Public Health

# **Afghanistan National Health Accounts (NHA) - 2018**

*Developed using the SHA 2011 Methodology*

June 2021

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## Acronyms

AFN	Afghanis
ARI	Acute Respiratory Infection
ARCS	Afghan Red Crescent Society
BPHS	Basic Package of Health Services
CHE	Current Health Expenditure
CIDA	Canadian International Development Agency
EPHS	Essential Package of Hospital Services
EU	European Union
GAVI	The Global Alliance for Vaccines and Immunization
GF	Global Funds
GDP	Gross Domestic Product
GoIRA	Government of Islamic Republic of Afghanistan
HEFD	Health Economics and Financing Directorate
HH	Household
ICRC	International Committee of the Red Cross
IEC	Information, Education, and Communication
IPD	Inpatient Department
MoD	Ministry of Defense
MoE	Ministry of Education
MoF	Ministry of Finance
MoHE	Ministry of Higher Education
MoI	Ministry of the Interior
MoPH	Ministry of Public Health
MoLSA	Ministry of Labor and Social Affairs
NGO	Nongovernmental Organization
NHA	National Health Accounts
NSIA	National Statistic and Information Authority
OECD	Organization for Economic Cooperation and Development
OOP	Out-of-Pocket
OPD	Outpatient Department
RH	Reproductive Health

SBA	Skilled Birth Attendant
SHA	System of Health Accounts
TB	Tuberculosis
THE	Total Health Expenditure
TIKA	Turkish International Cooperation and Development Agency
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USD	U.S. Dollar
UHC	Universal Health Coverage
WFP	World Food Program
WHO	World Health Organization

## Acknowledgments

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Special thanks also extended to Dr. Khawaja Mir Ahad Saeed Director of Health Economics and Financing Directorate (HEFD) for overseeing the entire NHA process. We also highly appreciate the contribution of USAID's AFIAT project represented by Dr. Wu Zeng and Dr Farhad Farewar for estimating the household health expenditures and enriching the report.

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Sincerely

**Dr. Wahid Majrooh**

Acting Public Health Minister

Kabul, Afghanistan



## Key findings of NHA-2018

- Total Health Expenditure (THE) and Current Health Expenditure (CHE), which excludes the capital expenditure from THE, in Afghanistan in 2018 are estimated at USD 2,674,758,935.1 and 2,601,982,855.1, respectively.
- Per capita total health expenditure on health in Afghanistan in 2018 is estimated at USD 84.7 and current health expenditure per capita is USD 82.4
- THE as percentage of GDP is 13%, while CHE as percentage of GDP is estimated at 12.7%.
- Government budget allocated to health in 2018 is USD 101,159,998.46 (3.9% of CHE).
- The donor's expenditure on health in 2018 is estimated at USD 513,487,167.63 (19.7% of CHE).
  
- Household out-of-pocket expenditure in 2018 is estimated at USD 1,987,335,688.9 (76.4% of CHE).
- Expenditure on retail sale and other providers of medical goods is estimated at USD 946,029,657.7 (36.4% of CHE)
- Expenditure on hospitals is estimated at USD 446,660,835.9 (17.2% of CHE).
- Expenditure on providers of ambulatory health services is estimated at USD 219,077,036.9 (8.4% of CHE).
- Expenditure on curative both inpatient and outpatient are estimated at USD 235,381,761.6 (9% of CHE) and USD 363,695,990.9 (14% of CHE), respectively.
- Expenditure on prevention and public health services is estimated at USD 256,022,291.3 (9.8% of CHE).



## I. Introduction

Over recent decades, Afghanistan has made improvement in the economic. As per Afghanistan Statistical Yearbook 2018-19, the GDP including poppy was USD 20.5 billion with per capita of USD 647 while GDP excluding poppy was USD 19.9 billion with GDP per capita of USD 630. Afghanistan's total population in 1397 (2018-2019) is estimated at 31.6 million, of which 51 % are men and 49 % are women. Afghanistan's population is very young; 47.8 percent (15.1 millions) of the population are under the age of 15 years, and the population aged 65 and above accounts for around 2.7 percent. This young population contributes to a very high dependency ratio. The average household size was 7.7 in 2018-2019, and the life expectancy at birth was 64 years for men and 67 for women in 2018/2019(1).

The Ministry of public health (MoPH) of the Islamic Republic of Afghanistan is committed to regularly produce National Health Accounts (NHA) for tracking the flow of funds in the health sector. Over the last decade, MoPH has produced four NHA reports, providing key information on the status of health financing in the country. The MoPH has also developed health-financing policy and associated strategies; and initiated health care reforms, implementing user fees at hospitals and introducing laws for tobacco control.

Since 2002, along with the economic improvements, the health system and health service delivery in Afghanistan has improved significantly. The MoPH has introduced various health policies and strategies to strengthen the health system. In general, primary and secondary healthcare services provided through basic package of health services (BPHS) and essential package of hospital services (EPHS) facilities, while tertiary healthcare is provided in Kabul's national hospitals (2). The MoPH is committed to improve the health status of Afghans, especially women and children, and protect the population from a substantial financial burden to achieve the Universal Health Coverage (UHC). To monitor the status of health financing and the progression in reducing financial burden of the population, the MoPH produced the fifth round of NHA in 2018.

## II. Method

NHA uses a standard approach to capture health expenditure flows from financing schemes, expenditure by providers, and functions. Afghanistan NHA 2018 was conducted following the SHA 2011 produced by OECD. Both primary and secondary data was used to produce NHA. The data was analyzed using the NHA Production Tool User Guide Version v.4.0.0.6. The International Classification for Health Accounts (ICHA) is a comprehensive system that generate following NHA matrices (3):

- ✓ Financing Sources (FS) by Financing Agents (HF)
- ✓ Financing Agents (HF) by Providers (HP)
- ✓ Providers (HP) by Functions (HC)
- ✓ Financing Agents (HF) by Functions (HC)

Health Economics and Financing Directorate (HEFD) collected data from different sources, including donors and development partners, Nongovernmental organizations (NGOs, such as BPHS and EPHS implementers), the Ministries (i.e., the Ministry of Finance, Ministry of Higher Education, Ministry of Defense, Ministry of Interior, Ministry of Labor and Social

Affairs, and Ministry of Education), and non-profit institution (e.g., Afghanistan Red Crescent Society).

HEFD sent related questionnaires to various organizations as per types of the financing source to obtain associated financial data. Using virtual platforms, an orientation workshop on how to fill these questionnaires was conducted. Health expenditure data were collected from all MoPH partners. These partners include UN agencies, donors, embassies, international organizations (i.e., USAID, EU, WHO, UNFPA, UNDP, and UNICEF). Among 20 donors and development partners identified, 17 reported their health expenditures. All BPHS/EPHS implementing NGOs completed the questionnaires and reported their expenditures. So did the ministries, which filled the questionnaires and reported their health-related expenditures. Reported data was reviewed, cleaned, and imported to the NHA Health Account Production Tool (HAPT). Later on, the NHA team conducted the mapping and analysis.

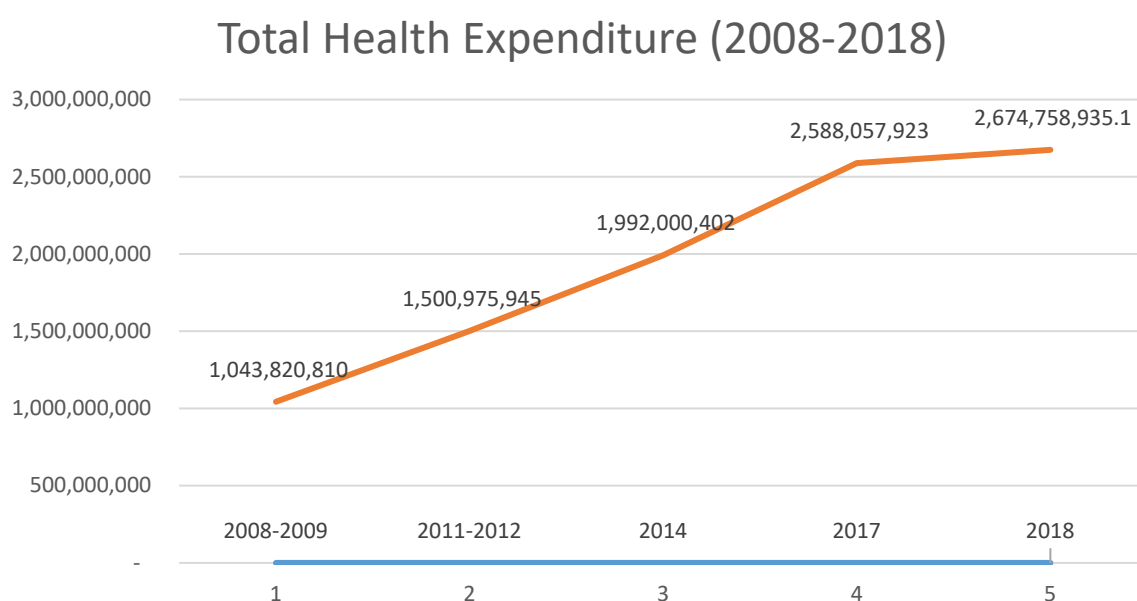
Additionally, one of the main challenges during data collection was the allocation of government and donor expenditures for specific diseases to determine disease specific expense accounts. As a result, we used the consequences of costing study that used a bottom up approach to estimate the costs for outpatient and inpatient conditions/services. This study was conducted by HEFD and considered the utilization data from HMIS for the same reporting year.

In this round of NHA, the household out of pocket (OOP) health spending was not obtained from a national household survey due to the unavailability of such data. Furthermore, in order to estimate household out-of-pocket spending (OOPS), it was suggested using the Total Final Consumption of Household Final Consumption Expenditure to estimate OOP expenditure for health. However, the estimated results using these two proxies showed a huge difference between estimated and actual OOP expenditure for health in 2017. The error was between 30-40%. Thus, we decided not to use Household Final Consumption or Total Final Consumption to estimate future OOP expenditure for health. Instead, to estimate the OOPS, we used a trend approach using historical OOPs in 2011, 2014, and 2017. We estimated the latest annual growth rate of OOPs to be 8.5% from 2014-2017, based on which we calculated the OOP expenditure on health for 2018. Donors and development partners reported their expenditures in USD and Euro. The exchange rates used in this report was AFN 72.5 for one USD, and AFN 85.5 for one Euro, as per Da Afghanistan Bank average annual exchange rate(4).

### III. Findings

#### A. Trends in health expenditure

Total Health Expenditure (THE) estimate of across five rounds of NHA shows an increasing trend (Figure 1). THE in 2008-2009 in Afghanistan was estimated at USD 1.04 billion which increased to USD 2.59 billion in 2017. THE in Afghanistan was estimated at USD 2.67 billion in 2018, representing a 3.2% increase compared with the previous round of NHA (2017). THE per capita in 2018 estimated as USD 84.7. CHE per capita after excluding capital expenditure estimated as USD 82.4.



*Figure 1. Trend of the total health expenditure in 2018*

#### B. Trend of health financing schemes across five rounds of NHA

Trend analysis across five rounds of NHA shows how much of the health expenditure in Afghanistan was financed by each financier and associated changes. Figure 2 shows the trend of health expenditure by health schemes. This includes household OOP health expenditure, government contribution, and contribution from the rest of the world. The health expenditure from all financing schemes increased over the past years. Household OOP expenditure consistently stood the highest, increasing approximately three folds from USD 787 million in 2008/2009 to USD 1.9 billion in 2018. Transfers from the government domestic revenue showed a slight increase, from less than USD 100 million in 2008/2009 to USD 101 million in 2018.

In 2018, the contribution from donors increased from USD 470, 279, 774 in 2017 to USD 513,487,167.6 in 2018, with an increase of USD 43,207,394.1 (8.4%). The government contribution from domestic revenue was USD 123,391,485 in 2017 and USD 101,159,998.5 in

2018. This showed a decrease of USD 22,231,486.5 (18%). The OOP was USD 1,827,754,884 in 2017 and USD 1,987,335,688.9 in 2018 showing an increase of USD 159,580,805.0 (8%).

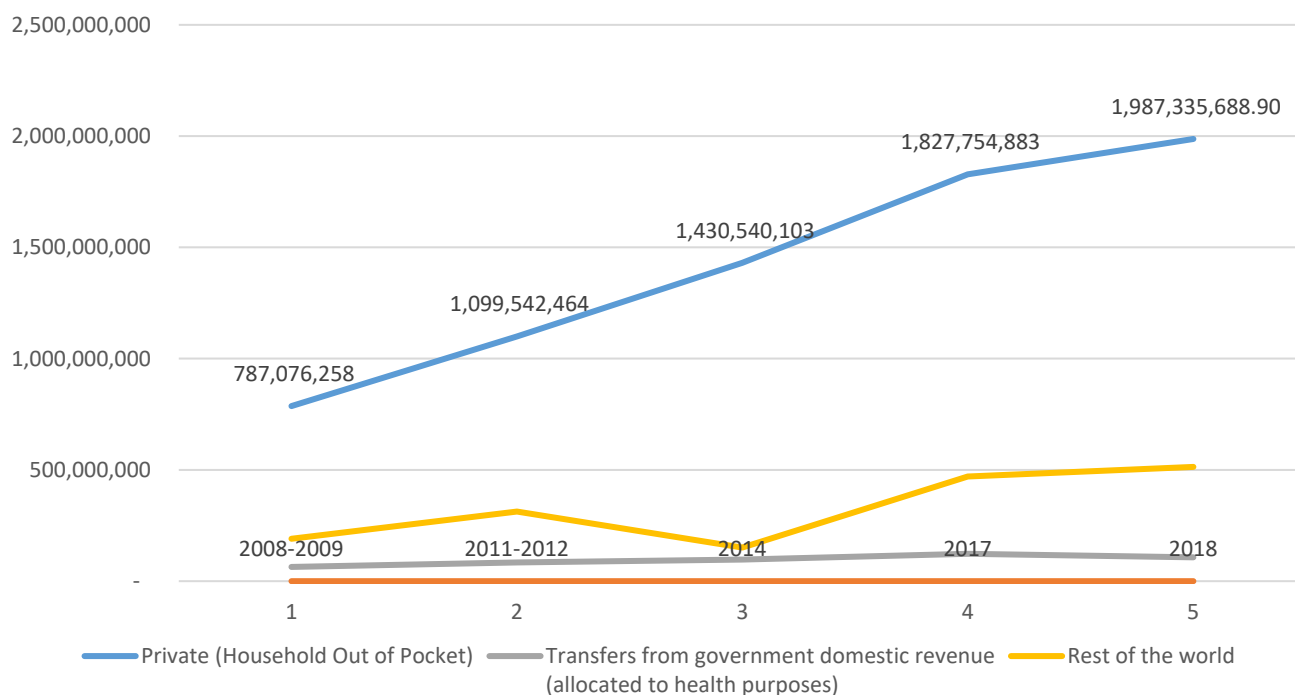


Figure 2. Trend of health expenditures by source of financing scheme across five round of NHA

Table 1 shows the percentage of sources of funds across five rounds of NHA. The first two rounds used the method of SHA1.0 and in the last three rounds for 2014, 2017, and 2018, the approach of SHA 2011 was used. The overall pattern on the source of health financing does not change. Household OOP spending accounted for the largest share of the CHE, more than 70%. The government spending on health is relatively small and Afghanistan remains dependent on donor’s financial support for its health.

Table 1. Summary of percentage of sources of funds across five Rounds of NHA in Afghanistan

Financing Source as a % of CHE	2008-2009	2011-2012	2014	2017	2018
Household	76%	73%	72%	75.5%	76.4%
Rest of the World	18%	21%	23%	19.4%	19.7%
Central government	6%	6%	5%	5.1%	3.9%

### C. Financing Schemes

Health expenditure by financing schemes identifies the main health schemes and how much financing provided by each of them compared to the total. The most common health schemes are general government domestic revenue, international development partners funding channeled through government, direct foreign finance, and household OOP health expenditure.

Financing schemes for health in Afghanistan are: (1) transferred from the government domestic revenue, (2) donors [including transferred distributed by government from foreign origin and director foreign transfers], and (3) private households' OOP health expenditure.

Government domestic revenue made up 3.9% of CHE, and government spending funded by donors counted for 5.8% of CHE. International donors' spending on health accounted for 13.9% of the CHE. Households' OOP expenditures accounted for the highest share of CHE (76.4%), which was slightly higher than that in 2017 (75.5%) (Table 2 and Figure 3).

Table 2. Breakdown of CHE by revenue of financing schemes in 2018

Revenues of health care financing schemes	Amount (USD)	Percentage (%)
Transfers from government domestic revenue	101,159,998.50	3.9%
Transfers distributed by government from foreign origin	152,439,164.60	5.8%
Private (Household OOP expenditure)	1,987,335,688.9	76.4%
Direct foreign transfers	361,048,003.10	13.9%
<b>Total CHE</b>	<b>2,601,982,855.1</b>	<b>100%</b>

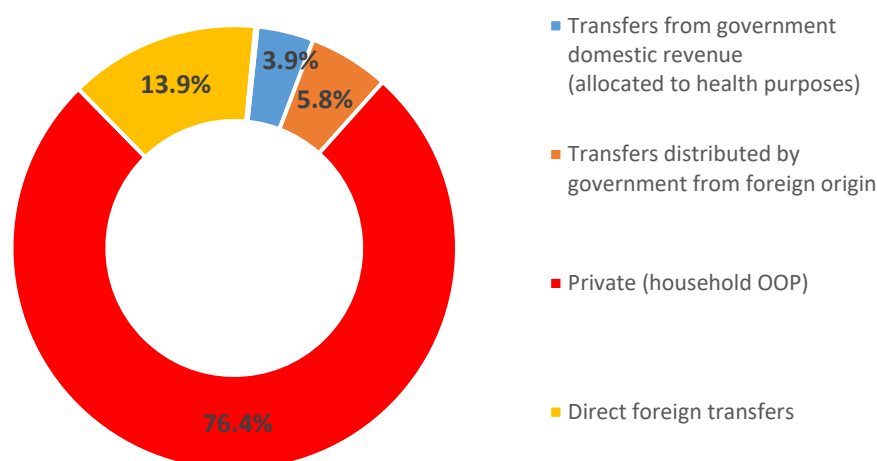


Figure 3. Breakdown of expenditure by revenue of financing schemes in 2018

#### D. Healthcare Providers

Like other countries, health care in Afghanistan is provided by different providers, including hospitals, ambulatory health centers, retail sellers and pharmacies, providers of administration of public health programs, providers of ancillary services, and providers of preventive care. The retail sales and other providers of medical goods incurred the highest health expenditure of 36.4 % of CHE in 2018. The second-largest providers were providers of ancillary services with 26.7% of the CHE. Providers of hospital care, providers of ambulatory health care, providers of preventive care and providers of administration of public health programs incurred 17.2%, 8.4%, 6.6% and 4.0%, of the CHE, respectively (Table 3).

Table 3: Health expenditure by health care providers in 2018

Health Providers	Amount (USD)	Percentage (%)
<b>Hospitals</b>	446,660,835.9	17.2%
<b>Providers of ambulatory health care</b>	219,077,036.9	8.4%
<b>Retail sale and other providers of medical goods</b>	946,029,657.7	36.4%
<b>Provision and administration of public health programs</b>	104,736,041.4	4.0%
<b>Providers of ancillary services</b>	695,010,871.9	26.7%
<b>Providers of preventive care</b>	172,883,663.2	6.6%
<b>All others</b>	17,584,748.1	0.7%
<b>Total CHE</b>	<b>2,601,982,855.1</b>	<b>100%</b>

#### E. Health Expenditure by Functions

The expenditure for curative care including both inpatient and outpatient curative care was estimated to be 23.0% of the CHE in 2018. Out of this percentage, 9.0% was spent on inpatient care and 14.0% on outpatient care. The highest share of the CHE was on medicine and medical goods, accounting for 36.4%, followed by 26.4% on ancillary services, 9.8% on prevention and public health programs, and 3.5% on health system administration and public health programs (Table 4).

Table 4. Breakdown of the CHE by health function in 2018

Health functions	Amount (USD)	Percentage (%)
<b>Curative</b>	<b>599,077,752.5</b>	<b>23.0%</b>
Inpatient curative care	235,381,761.6	9.0%
Outpatient curative care	363,695,990.9	14.0%
<b>Ancillary services</b>	<b>687,301,396.3</b>	<b>26.4%</b>
<b>Medical goods dispensed to outpatients</b>	<b>946,030,865.3</b>	<b>36.4%</b>
<b>Prevention and public health services</b>	<b>256,022,291.3</b>	<b>9.8%</b>
<b>Health administration of public health programs</b>	<b>91,074,161.3</b>	<b>3.5%</b>
<b>Rehabilitative care</b>	<b>4,426,218.4</b>	<b>0.2%</b>
<b>All others</b>	<b>18,050,170.0</b>	<b>0.7%</b>
<b>Total CHE</b>	<b>2,601,982,855.1</b>	<b>100%</b>

## F. Health Expenditure by Diseases

In this round of NHA, the list of diseases has been included are: infectious and parasitic diseases, vaccine-preventable diseases, reproductive health, nutritional deficiencies, non-communicable diseases, injuries, and non-specific diseases. The complete list of the diseases are provided in the annex (D). Approximately 33.8% of the CHE was spent on infectious and parasitic diseases; 30.0% on reproductive health; 18.8% on non-communicable diseases; 6.5% on vaccine preventable diseases, 5.4% on nutrition deficiencies; 2.1% on injuries; and 9.9% on non-specified diseases (Table 5).

Table 5. Health expenditure by category of diseases in 2018

Disease Category	Amount (USD)	Percentage (%)
<b>Infectious and parasitic diseases</b>	879,063,915.8	33.8%
<b>Vaccine preventable diseases</b>	168,582,988.4	6.5%
<b>Reproductive health</b>	780,904,642.6	30.0%
<b>Nutritional deficiencies</b>	139,516,601.0	5.4%
<b>Non-communicable diseases</b>	489,247,396.2	18.8%
<b>Injuries</b>	55,033,775.2	2.1%
<b>Non-specified diseases</b>	258,216,524.3	9.9%
<b>Total</b>	<b>2,601,982,855.1</b>	<b>100%</b>

## G. Expenditure by Age Groups

Afghanistan has a large young population with potential for economic development. Due to unavailability of expenditure and health utilization data by detailed age groups, here we report the health expenditure for the population under and over five years of age. Below table shows that in 2018, USD 824,804,808.7 (31.7% of the CHE) was spent on children under five, and USD 1,777,178,046.4, which represented 68.3 % of the CHE was spent on population over five years old (Table 6).

Table 6. Health expenditure by age groups in 2018

Population	Amount (USD)	Percentage (%)
<b>Under 5 years of age</b>	824,804,808.7	31.7%
<b>Over 5 years of age</b>	1,777,178,046.4	68.3%
<b>Total</b>	<b>2,601,982,855.1</b>	<b>100%</b>

## H. Expenditure by Gender

In 2018, the health expenditures by gender (male and female) shows that USD 1,549,467,191.2 (59.5% of CHE) was spent on female and approximately USD 1,052,515,663.9 (40.5% of CHE) was spent on male populations (Table 7).

Table 7. Health expenditure by gender (Male and Female) in 2018

<b>Gender</b>	<b>Amount (USD)</b>	<b>Percentage (%)</b>
<b>Female</b>	1,549,467,191.2	59.5%
<b>Male</b>	1,052,515,663.9	40.5%
<b>Total</b>	<b>2,601,982,855.1</b>	<b>100%</b>

## I. Health Expenditure by Factor of Provision

Health care providers deliver not only health care but also some products that are outside the health care boundary. Information on factors of provision is typically tracked at the national aggregated level to ensure efficient and appropriate allocation of resources to provide health care services.

In 2018, 29.6% of public health expenditure spent on compensation of employees and 63.1% spent on materials and services used.

Table 8. Health Expenditure by Factor of Provision in 2018

<b>Factor of Provision of health care provision</b>	<b>Amount (USD)</b>	<b>Percentage (%)</b>
<b>Compensation of employees</b>	183,261,805.5	29.6%
<b>Materials and services used</b>	390,469,885.8	63.1%
<b>All unspecified factors of health care provision</b>	44,941,208.7	7.3%
<b>Total</b>	<b>618,672,900.1</b>	<b>100.0%</b>



## IV. Recommendations

Based on detailed analysis and findings of this round of NHA, the following recommendations are made:

- ✓ Increase government investment in health. In order to improve sustainability of spending in health, GoIRA should increase its investment in health.
- ✓ Design and implement context customized financial risk protection mechanisms to reduce OOP spending of households on health.
- ✓ Since a significant portion of the OOP expenditure was spent on medicines, implementing a program to cover the costs of the pharmaceuticals with the government subsidies on medicines are highly recommended to reduce OOP.
- ✓ Improve investments in preventive care. In order to produce good value for money, investment on preventive health services should be examined and increased.
- ✓ Leverage and regulate the private sector through the implementation of the MoPH Private Sector Strategy
- ✓ Suggest building capacity of producing NHA for broader interested groups within the MOPH

## V. Annex. National Health Accounts Tables, extracted from the NHA Production Tool

### A. Financing Schemes by Revenues of Health Care Financing Schemes at (HF X FS) US Dollars, 2018

Financing schemes	Revenues of health care financing schemes	FS.1	FS.2	FS.7	FS.8	All FS
		Transfers from government domestic revenue (allocated to health purposes)	Transfers distributed by government from foreign origin	Direct foreign transfers	Private Expenditure on Health	
<b>HF.1</b>	<b>Government schemes and compulsory contributory health care financing schemes</b>	<b>101,159,998.5</b>	<b>135,998,575.4</b>			<b>237,158,573.8</b>
HF.1.1	Government schemes	101,159,998.5	135,998,575.4			237,158,573.8
HF.1.1.1	Central government schemes	101,159,998.5	135,998,575.4			237,158,573.8
HF.1.1.1.1	MOPH	85,254,588.9	135,998,575.4			221,253,164.3
HF.1.1.1.2	MOD	3,824,644.3				3,824,644.3
HF.1.1.1.3	MOI	3,779,119.4				3,779,119.4
HF.1.1.1.4	MOHE	8,210,579.1				8,210,579.1
HF.1.1.1.5	MOE	63,584.8				63,584.8
HF.1.1.1.nec	Other Central government schemes	27,481.9				27,481.9
<b>HF.2</b>	<b>Voluntary health care payment schemes</b>			<b>9,677,030.8</b>	<b>2,514,676.6</b>	<b>12,191,707.3</b>
<b>HF.3</b>	<b>Household out-of-pocket payment</b>				<b>1,983,309,955.90</b>	<b>1,983,309,955.90</b>
<b>HF.4</b>	<b>Rest of the world financing schemes (non-resident)</b>		<b>16,440,589.2</b>	<b>351,370,972.3</b>	<b>1,511,057.4</b>	<b>369,322,618.9</b>
<b>All HF</b>		<b>101,159,998.5</b>	<b>152,439,164.6</b>	<b>361,048,003.1</b>	<b>1,987,335,689.0</b>	<b>2,601,982,855.1</b>

Data Sources:

Donors: USAID, European Union, WHO, UNICEF, UNFPA, WFP, MSF, Emergency, CIDA, TIKA, GAVI/HSS, Mediar, UNOPS, KFW, GF/Global Funds, CURE International

NGOs: AADA, AFGA, AKHSA, BDN, ORCD, CAF, Cordiad, TDH, SAF, BARAN, OHPM, HEWAD, CHA, MMRCA, BRACK, IMC, MOVE, HN\_TPO, SHDP, PU-AMI, ARCS, SM, MSI, SCA, YHDO.

Government sources: MoD, MoE, MoHE, MoI, MoLSA, MoPH

Households: Household

B. Health Care Providers by Financing Schemes (HP X HF) US Dollars, 2018

Financing schemes			HF.1	HF.2	HF.2.2		HF.3	HF.4	All HF
Health care providers			Government schemes and compulsory contributory health care financing schemes	Voluntary health care payment schemes	NPISH financing schemes (including development agencies)	NPISH financing schemes (excluding HF.2.2.2)	Household out-of-pocket payment	Rest of the world financing schemes (non-resident)	
<b>HP.1</b>	<b>Hospitals</b>		<b>43,887,772.8</b>	<b>5,643,948.9</b>	<b>5,643,948.9</b>	<b>5,643,948.9</b>	<b>352,434,179.0</b>	<b>44,694,935.1</b>	<b>446,660,835.9</b>
	HP.1.1	General hospitals	43,887,772.8	5,643,948.9	5,643,948.9	5,643,948.9	352,434,179.0	36,439,573.6	438,405,474.4
		HP.1.1.1 Public Hospital	43,887,772.8	5,643,948.9	5,643,948.9	5,643,948.9	352,434,179.0	36,439,573.6	438,405,474.4
	HP.1.2	Mental health hospitals						1,053,157.4	1,053,157.4
	HP.1.3	Specialized hospitals (Other than mental health hospitals)						7,202,204.1	7,202,204.1
<b>HP.3</b>	<b>Providers of ambulatory health care</b>		<b>117,237,304.4</b>	<b>3,564,491.7</b>	<b>3,564,491.7</b>	<b>3,564,491.7</b>		<b>98,275,240.7</b>	<b>219,077,036.9</b>
	HP.3.1	Medical practices						10,840.2	10,840.2
		HP.3.1.nec Unspecified medical practices (n.e.c.)						10,840.2	10,840.2
	HP.3.4	Ambulatory health care centers	117,237,304.4	3,564,491.7	3,564,491.7	3,564,491.7		98,038,050.2	218,839,846.3
		HP.3.4.1 Family planning centers						2,251,824.0	2,251,824.0

	HP.3.4.4	Dialysis care centers	<b>1,647,510.6</b>						1,647,510.6
	HP.3.4.5	Non-specialized ambulatory health care centers		<b>10,427.6</b>	10,427.6	10,427.6		<b>2,000,000.0</b>	2,010,427.6
	HP.3.4.9	All Other ambulatory centers	<b>115,589,793.9</b>	<b>3,554,064.1</b>	3,554,064.1	3,554,064.1		<b>93,786,226.2</b>	212,930,084.2
	HP.3.5	Providers of home health care services						<b>102,652.4</b>	102,652.4
	HP.3.nec	Unspecified providers of ambulatory health care (n.e.c.)						<b>123,698.0</b>	123,698.0
<b>HP.4</b>		<b>Providers of ancillary services</b>	<b>4,129,478.6</b>	<b>131,408.0</b>	<b>131,408.0</b>	<b>131,408.0</b>	<b>686,820,237.4</b>	<b>3,929,747.9</b>	<b>695,010,871.9</b>
	HP.4.1	Providers of patient transportation and emergency rescue	<b>298,941.8</b>						298,941.8
	HP.4.9	Other providers of ancillary services	<b>3,830,536.8</b>	<b>131,408.0</b>	131,408.0	131,408.0	<b>686,820,237.4</b>	<b>3,929,747.9</b>	694,711,930.1

<b>HP.5</b>	<b>Retailers and Other providers of medical goods</b>	<b>1,793.1</b>	<b>1,296,551.7</b>	<b>1,296,551.7</b>	<b>1,296,551.7</b>	<b>944,055,538.6</b>	<b>675,774.3</b>	<b>946,029,657.7</b>
HP.5.1	Pharmacies	1,793.1	1,296,551.7	1,296,551.7	1,296,551.7	944,055,538.6	675,774.3	946,029,657.7
<b>HP.6</b>	<b>Providers of preventive care</b>	<b>2,271,544.0</b>	<b>1,099,572.1</b>	<b>1,099,572.1</b>	<b>1,099,572.1</b>		<b>169,512,547.1</b>	<b>172,883,663.2</b>
<b>HP.7</b>	<b>Providers of health care system administration and financing</b>	<b>68,970,817.6</b>	<b>68,026.5</b>	<b>68,026.5</b>	<b>68,026.5</b>		<b>35,697,197.2</b>	<b>104,736,041.4</b>
HP.7.1	Government health administration agencies	65,146,173.3	68,026.5	68,026.5	68,026.5		19,383,182.1	84,597,381.9
HP.7.9	Other administration agencies	3,824,644.3					16,314,015.1	20,138,659.4
<b>HP.nec</b>	<b>Unspecified health care providers (n.e.c.)</b>	<b>659,863.2</b>	<b>387,708.4</b>	<b>387,708.4</b>	<b>387,708.4</b>		<b>16,537,176.5</b>	<b>17,584,748.1</b>
<b>All HP</b>		<b>237,158,573.8</b>	<b>12,191,707.3</b>	<b>12,191,707.3</b>	<b>12,191,707.3</b>	<b>1,983,309,955.0</b>	<b>369,322,618.9</b>	<b>2,601,982,855.1</b>

## C. Financing Scheme by Health Care Functions (HF X HC), 2018

Currency: US Dollar (USD)

Financing schemes		HF.1	HF.2	HF.3	HF.4	All HF
Health care functions		Government schemes and compulsory contributory health care financing schemes	Voluntary health care payment schemes	Household out-of-pocket payment	Rest of the world financing schemes (non-resident)	
<b>HC.1</b>	<b>Curative care</b>	<b>158,588,732.4</b>	<b>8,780,187.2</b>	<b>352,434,179.0</b>	<b>79,274,654.0</b>	<b>599,077,752.5</b>
HC.1.1	Inpatient curative care	33,779,753.5	4,385,390.9	153,508,190.5	40,915,108.8	232,588,443.7
	HC.1.1.1 General inpatient curative care	33,750,101.8	4,385,390.9	153,508,190.5	36,626,738.3	228,270,421.5
	HC.1.1.2 Specialized inpatient curative care	29,651.8			4,088,000.0	4,117,651.8
	HC.1.1.nec Unspecified inpatient curative care (n.e.c.)				200,370.5	200,370.5
HC.1.2	Day curative care	2,793,317.8				2,793,317.8
	HC.1.2.2 Specialized day curative care	2,793,317.8				2,793,317.8
HC.1.3	Outpatient curative care	122,015,661.0	4,394,796.2	198,925,988.5	38,359,545.2	363,695,990.9
	HC.1.3.1 General outpatient curative care	121,024,111.2	4,394,796.2	198,925,988.5	36,726,827.5	361,071,723.5
	HC.1.3.2 Dental outpatient curative care	446,006.1				446,006.1
	HC.1.3.3 Specialized outpatient curative care				1,614,674.0	1,614,674.0
	HC.1.3.nec Unspecified outpatient curative care (n.e.c.)	545,543.6			18,043.7	563,587.3
<b>HC.2</b>	<b>Rehabilitative care</b>	<b>641,252.5</b>			<b>3,784,965.9</b>	<b>4,426,218.4</b>
HC.2.nec	Unspecified rehabilitative care (n.e.c.)	641,252.5			3,784,965.9	4,426,218.4
<b>HC.1+HC.2</b>	<b>Curative care and rehabilitative care</b>	<b>159,229,984.9</b>	<b>8,780,187.2</b>	<b>352,434,179.0</b>	<b>83,059,619.9</b>	<b>603,503,970.9</b>
HC.1.1+HC.2.1	Inpatient curative and rehabilitative care	33,779,753.5	4,385,390.9	153,508,190.5	40,915,108.8	232,588,443.7
HC.1.2+HC.2.2	Day curative and rehabilitative care	2,793,317.8				2,793,317.8
HC.1.3+HC.2.3	Outpatient curative and rehabilitative care	122,015,661.0	4,394,796.2	198,925,988.5	38,359,545.2	363,695,990.9
HC.1.nec + HC.2.nec	Other curative and rehabilitative care	641,252.5			3,784,965.9	4,426,218.4
<b>HC.4</b>	<b>Ancillary services (non-specified by function)</b>	<b>481,158.8</b>		<b>686,820,237.4</b>		<b>687,301,396.3</b>
HC.4.1	Laboratory services	182,217.1				182,217.1
HC.4.3	Patient transportation	298,941.8				298,941.8
HC.4.nec	Unspecified ancillary services (n.e.c.)			686,820,237.4		686,820,237.4
<b>HC.5</b>	<b>Medical goods (non-specified by function)</b>	<b>3,000.6</b>	<b>1,296,551.7</b>	<b>944,055,538.6</b>	<b>675,774.3</b>	<b>946,030,865.3</b>
HC.5.1	Pharmaceuticals and Other medical non-durable goods	1,793.1	1,296,551.7		675,774.3	1,974,119.2

	HC.5.1.1	Prescribed medicines	1,793.1			675,774.3	677,567.4
	HC.5.1.3	Other medical non-durable goods		1,296,551.7			1,296,551.7
	HC.5.nec	Unspecified medical goods (n.e.c.)	1,207.5		944,055,538.6		944,056,746.1
<b>HC.6</b>		<b>Preventive care</b>	<b>6,255,833.8</b>	<b>1,659,233.6</b>		<b>248,107,223.9</b>	<b>256,022,291.3</b>
	HC.6.1	Information, education and counseling (IEC) programmes	1,152.5	10,427.6		267,135.6	278,715.8
	HC.6.1.1	Addictive substances IEC programmes	1,152.5				1,152.5
	HC.6.1.1.nec	Other and unspecified addictive substances IEC programmes (n.e.c.)	1,152.5				1,152.5
	HC.6.1.2	Nutrition IEC programmes				42,364.7	42,364.7
	HC.6.1.nec	Other and unspecified IEC programmes (n.e.c.)		10,427.6		224,771.0	235,198.5
	HC.6.2	Immunization programmes	3,440.1			1,674,718.8	1,678,158.9
	HC.6.3	Early disease detection programmes				588,106.0	588,106.0
	HC.6.5	Epidemiological surveillance and risk and disease control programmes				1,006,883.0	1,006,883.0
	HC.6.5.1	Planning & Management				33,981.8	33,981.8
	HC.6.5.2	Monitoring & Evaluation (M&E)				972,901.2	972,901.2
	HC.6.6	Preparing for disaster and emergency response programmes				13,679,077.7	13,679,077.7
	HC.6.nec	Unspecified preventive care (n.e.c.)	6,251,241.1	1,648,806.0		230,891,302.7	238,791,349.8
<b>HC.7</b>		<b>Governance, and health system and financing administration</b>	<b>66,436,224.5</b>	<b>68,026.5</b>		<b>24,569,910.2</b>	<b>91,074,161.3</b>
	HC.7.1	Governance and Health system administration	3,913,917.9	9,103.4		8,063,017.2	11,986,038.5
	HC.7.1.2	Monitoring & Evaluation (M&E)				94,763.5	94,763.5
	HC.7.1.nec	Other governance and Health system administration (n.e.c.)	3,913,917.9	9,103.4		7,968,253.7	11,891,275.0
	HC.7.2	Administration of health financing				828,175.0	828,175.0
	HC.7.nec	Unspecified governance, and health system and financing administration (n.e.c.)	62,522,306.7	58,923.1		15,678,718.1	78,259,947.8
<b>HC.9</b>		<b>Other health care services not elsewhere classified (n.e.c.)</b>	<b>4,752,371.2</b>	<b>387,708.4</b>		<b>12,910,090.5</b>	<b>18,050,170.0</b>
<b>All HC</b>			<b>237,158,573.8</b>	<b>12,191,707.3</b>	<b>1,983,309,955.0</b>	<b>369,322,618.9</b>	<b>2,601,982,855.1</b>

## D. Health Expenditure by Disease, 2018

Non-disease specific expenditures reported: Separately; Currency: US Dollar (USD)

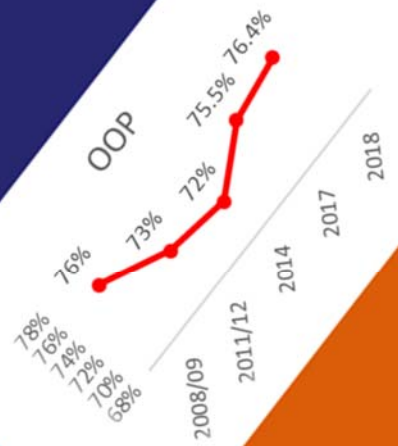
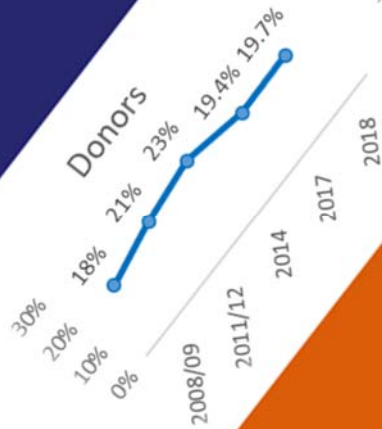
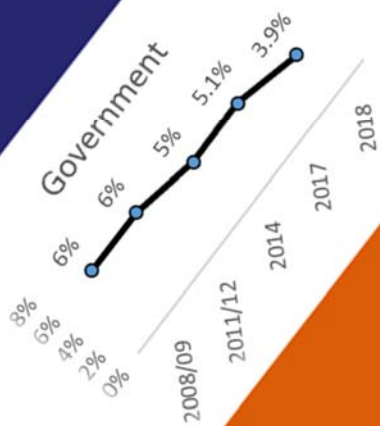
Financing agents			All FA
Classification of diseases / conditions			
<b>DIS.1</b>	<b>Infectious and parasitic diseases</b>		879,063,915.8
DIS.1.1	HIV/AIDS and Other Sexually Transmitted Diseases (STDs)		7,817,518.6
	DIS.1.1.1	HIV/AIDS and Opportunistic Infections (OIs)	1,925,248.3
		DIS.1.1.1.1 HIV/AIDS	1,925,248.3
	DIS.1.1.2	STDs Other than HIV/AIDS	5,892,270.3
DIS.1.2	Tuberculosis (TB)		83,820,536.3
	DIS.1.2.nec	Unspecified tuberculosis (n.e.c.)	83,820,536.3
DIS.1.3	Malaria		29,805,351.5
DIS.1.4	Respiratory infections		329,093,827.2
	DIS.1.4.1	Pneumonia	90,348,145.1
	DIS.1.4.2	Upper Respiratory	154,616,304.1
	DIS.1.4.3	Cough and Cold	78,563,604.4
	DIS.1.4.nec	Other Respiratory infections	5,565,773.6
DIS.1.5	Diarrheal diseases		99,486,150.4
	DIS.1.5.1	Acute Bloody Diarrhea	33,389,531.9
	DIS.1.5.2	Acute Watery Diarrhea	51,066,342.9
	DIS.1.5.3	Diarrhea with dehydration	6,598,532.0
	DIS.1.5.nec	Other Diarrheal diseases	8,431,743.7
DIS.1.7	Vaccine preventable diseases		168,582,988.4
	DIS.1.7.1	Immunizations	2,119,094.3
	DIS.1.7.2	Measles	52,441,205.9
	DIS.1.7.6	TT Immunization	7,856,360.4
	DIS.1.7.nec	Other Vaccine preventable diseases	106,166,327.7
DIS.1.8	Hepatitis		785,636.0
DIS.1.9	Urinary Tract Infections		125,766,297.8
DIS.1.nec	Other and unspecified infectious and parasitic diseases (n.e.c.)		33,905,609.5
<b>DIS.2</b>	<b>Reproductive health</b>		780,904,642.6
DIS.2.1	Maternal conditions		169,431,052.7
	DIS.2.1.1	First Postnatal Care	148,103,061.5
	DIS.2.1.2	Other Postnatal Care	18,658,856.0
	DIS.2.1.6	GBV	2,669,135.2
DIS.2.2	Perinatal conditions		360,854,356.8
	DIS.2.2.1	First Antenatal Care	288,183,022.7
	DIS.2.2.2	Other Antenatal Care	72,671,334.1
DIS.2.3	Contraceptive management (family planning)		23,844,581.6
	DIS.2.3.1	Oral Contraceptive	2,405,336.1
	DIS.2.3.2	Injectable	4,205,302.5
	DIS.2.3.3	IUD	5,007,081.2
	DIS.2.3.4	Condom	2,208,927.1
	DIS.2.3.5	Permanent	1,996,375.4
	DIS.2.3.nec	Other Contraceptive management (family planning)	8,021,559.3
DIS.2.4	Normal Delivery- Facility		128,365,304.5
DIS.2.5	Normal Delivery- Home		15,712,720.9
DIS.2.6	Pelvic Inflammatory Diseases		23,913,921.8
DIS.2.7	Cesarean Section		8,930,428.6
DIS.2.nec	Unspecified reproductive health conditions (n.e.c.)		49,852,275.8
<b>DIS.3</b>	<b>Nutritional deficiencies</b>		139,516,601.0
DIS.3.1	Micronutrient Disorder		19,640,901.1
DIS.3.2	Moderate Acute Malnutrition		19,640,901.1
DIS.3.3	Severe Acute Malnutrition		41,245,892.3
DIS.3.nec	Other Nutritional deficiencies		58,988,906.5
<b>DIS.4</b>	<b>Noncommunicable diseases</b>		489,247,396.2



DIS.4.2	Endocrine and metabolic disorders	6,447,518.7
DIS.4.2.1	Diabetes	6,447,518.7
DIS.4.3	Cardiovascular diseases	20,697,906.8
DIS.4.3.1	Hypertensive diseases	7,856,360.4
DIS.4.3.2	Ischemic Heart Disease	3,993,703.7
DIS.4.3.nec	Other and unspecified cardiovascular diseases (n.e.c.)	8,847,842.7
DIS.4.4	Mental & behavioral disorders, and Neurological conditions	25,605,912.2
DIS.4.4.1	Mental (psychiatric) disorders	17,676,811.0
DIS.4.4.3	Neurological conditions	55,414.5
DIS.4.4.nec	Unspecified mental & behavioral disorders and neurological conditions (n.e.c.)	7,873,686.8
DIS.4.5	Respiratory diseases	28,754,917.1
DIS.4.6	Diseases of the digestive	6,044,595.7
DIS.4.7	Diseases of the genitor-urinary system	3,346,677.1
DIS.4.9	Oro-Dental Conditions	25,533,171.4
DIS.4.10	Skin diseases	29,461,351.7
DIS.4.11	Rehabilitation Care	5,306,324.8
DIS.4.12	Eye conditions	22,067,602.6
DIS.4.13	Muscular-skeletal fractions/diseases and problems	43,374,158.4
DIS.4.14	Peptic Disorder	109,989,046.2
DIS.4.15	Anemia	161,055,389.0
DIS.4.16	Burns, Scalds and frost-bits	961,924.4
DIS.4.nec	Other and unspecified Noncommunicable diseases (n.e.c.)	600,900.0
<b>DIS.5</b>	<b>Injuries</b>	55,033,775.2
<b>DIS.6</b>	<b>Non-disease specific</b>	71,859,831.7
<b>DIS.nec</b>	<b>Other and unspecified diseases/conditions (n.e.c.)</b>	186,356,692.7
<b>All DIS</b>		<b>2,601,982,855.1</b>

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