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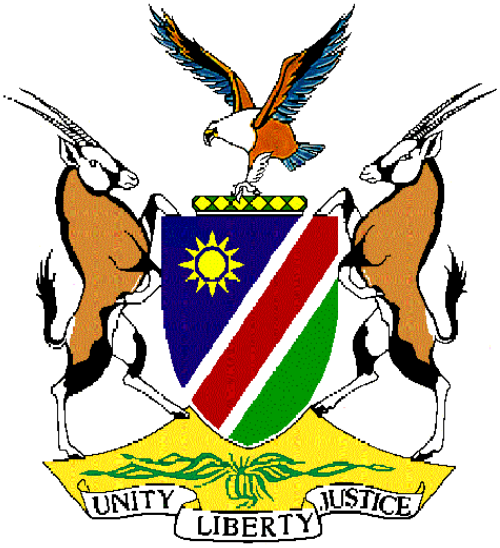

Ministry of Health and Social Services

NAMIBIA 2012/13 HEALTH ACCOUNTS: STATISTICAL REPORT

Windhoek, June 2015

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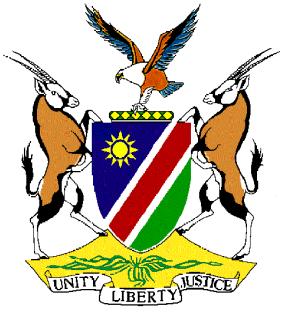

NAMIBIA 2012/13 HEALTH ACCOUNTS: STATISTICAL REPORT

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Acronyms

ARV	Anti-retroviral
CHE	Total Current Health Expenditure
GDP	Gross Domestic Product
HA	Health Accounts
HAPT	Health Accounts Production Tool
HC	Healthcare function
HFG	Health Finance and Governance Project
ICD	International classification of disease
IP	Inpatient
MOHSS	Ministry of Health and Social Services
NGO	Nongovernmental organization
NHA	National Health Accounts
NHE	National Health Expenditure
OECD	Organisation of Economic Cooperation and Development
OOP	Out-of-pocket
OP	Outpatient
PLHIV	People living with HIV
SHA	System of Health Accounts
THE	Total Health Expenditure
USAID	United States Agency for International Development
VCT	Voluntary counselling and testing
WHO	World Health Organization

1. Purpose and Content

This methodological note provides an overview of the System of Health Accounts 2011 framework used for the 2012/13 Health Accounts (HA) estimation. It provides a record of data collection approaches and results, analytical steps taken and assumptions made. This note is intended for government HA practitioners and researchers.

2. Concepts for Health Accounts Estimation

i. Overview of Approach

This Namibia 2012/13 HA was conducted between July 2014 and March 2015. Following the launch workshop in September 2014, the HA team, with representation from the Government of Namibia, the Health Finance and Governance (HFG) Project, and the World Health Organization (WHO), began primary and secondary data collection. Collected data were then compiled, cleaned, triangulated, and reviewed. Data was imported into the HA Production Tool and mapped to each of the SHA 2011 classifications. The results of the analysis were verified with Ministry of Health and Social Services management at a validation meeting on March 10th, 2015. Participants invited to the launch workshop, and recommended for future HA workshops, are listed in Annex A.

The purpose of the HA exercise was to estimate the amount and flow of health spending in the Namibia health system. In addition to estimating general health expenditures, this analysis also looked closely at spending on priority diseases, the sustainability of financing in light of trends of decreasing donor funding, levels of risk pooling and contributions by private sector, and beneficiaries of health services. For more information on the policy questions driving the estimation as well as a report compiling findings and their policy implications, please see the HA report.[1]

ii. Health Accounts Methodology

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

HA is based on the System of Health Accounts (SHA) framework, which was developed and revised by key international stakeholders over the past two decades. First published in 2000 by OECD, EUROSTAT, and WHO, the framework was updated in 2011 (OECD et al. 2011). The SHA 2011 methodology (producing “HA”) improves upon the original by strengthening the classifications to support production a more comprehensive look at health expenditure

[1] Ministry of Health and Social Services. June 2015. *Namibia 2012/13 Health Accounts.* Windhoek, Namibia.

flows. SHA 2011 is now the international standard for national-level health accounts estimations.

The SHA 2011 methodology was used to complete this health accounts estimation.

iii. Key Boundaries and Dimensions

Boundary Definitions

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

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

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

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

Space Boundary: HA "focuses on the consumption of health care goods and services of the resident population irrespective of where this takes place" (OECD et al. 2011). This means that goods and services consumed by residents (citizens and non-citizens) are included while non-residents in Namibia are excluded.

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

and vulnerable children (e.g. education, community support and institutional care), enabling environment programs (e.g. advocacy, human rights programs, and programs focused on women and gender-based violence), and social protection and social services (e.g. monetary benefits, social services, and income-generation projects). Although not part of the core HA boundary, the spending data on the HIV related non-health services were tracked separately and provided in the 2012/13 NHA report.[2]

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

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

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

Definitions of the Classifications

The HA exercise involves analyzing data on health expenditure according to a set of classifications, defined below. For additional details on the SHA 2011, please refer to the SHA 2011 Brief or the SHA 2011 manual.[3,4]

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

Revenue of financing schemes (FS): the types of transactions through which funding schemes mobilize their income. Examples include: transfers from the ministry of finance to

[2] Ministry of Health and Social Services. June 2015. Namibia 2012/13 Health Accounts. Windhoek, Namibia.
[3] Cogswell, Heather, Catherine Connor, Tesfaye Dereje, Avril Kaplan, and Sharon Nakhimovsky. September 2013. *System of Health Accounts 2011 What is SHA 2011 and How Are SHA 2011 Data Produced and Used?*. Bethesda, MD: Health Finance & Governance project, Abt Associates Inc.
4 OECD, European Union, and the World Health Organization. 2011. A System of Health Accounts.

governmental agencies, direct foreign financial transfers (e.g. external donors providing funds to NGOs); and voluntary prepayment from employers.

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

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

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

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

Beneficiary Characteristics: the groups that consume, or benefit from, the health care goods and services. Beneficiaries can be grouped in several ways including: disease, gender and age classifications.

Health Accounts Aggregates and Indicators

The aggregates and indicators defined below are among those estimated as part of this HA. Some of these aggregates and indicators rely exclusively on HA estimates while others require additional information from other sources. Some are used as part of other indicators – for example, total OOP spending on health as a percentage of total current health expenditure.

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

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

Total Health Expenditure (THE)[5]: The sum of current health spending and gross capital formation.

National Health Expenditure (NHE)[6]: The sum of current health spending, health care related spending, and gross capital formation.

[5] This aggregate is comparable to NHA and SHA 1.0 estimations.
[6] This aggregate is not an internationally standardized indicator as part of the SHA 2011 methodology, but can have relevance for national level policy making in Namibia.

Government spending on health as percentage of general government expenditure: Health expenditure financed by government agencies as a percentage of total government expenditure. The estimate of general government expenditure for 2012/13 came from the Estimates of Revenue and Expenditure for 2012/13.[7]

Total current health expenditure as percentage of gross domestic product (GDP): CHE as a percentage of GDP. The estimate of GDP for 2012/13 came from the World Bank's DataBank.[8]

Total Current Health Expenditure per capita (CHE per capita): CHE divided by the population. The estimation of population for 2012/13 came from the 2011 National Population Census of Namibia.[9]

3. Data Sources

i. Primary Institutional Data Sources

The HA team conducted primary data collection from the below listed institutions. The HA team provided each institution with a HA survey covering health spending. A list of these organizations is provided in Annex B. Underestimation of private spending as a result of the low response rates for employers and medical aid companies was dealt with by extracting the required information from secondary sources, such as the NAMFISA annual report which provides the total health expenditure by all private medical aid funds in Namibia. Table 1 shows the response rate of organizations sampled.

- Donors (both bilateral and multilateral donors) to estimate the level of external funding for health programs in Namibia. A list of all donors involved in the health sector was compiled through consultation with the MOHSS and other key stakeholders and a survey was sent to each of them. Ten donors were identified; all of them completed the NHA survey.
- Nongovernmental organizations (NGOs) involved in health to estimate flows of health resources through NGOs that manage health programs. A complete list of NGOs involved in the health sector was compiled through consultation with the MOHSS and other key stakeholders. Thirty-five NGOs were identified and all were sent a survey; 74% of these NGOs responded to the questionnaire.
- Employers to estimate the extent to which employers provide health insurance through the workplace and the amount spent by employers to manage their own health facilities or run workplace programs. A complete list of formal sector employers with more than 50 employees was obtained from the Social Security Commission. A total of 933 employers were identified and a sample of 100 was surveyed. In order to obtain the sample frame, employers based on Windhoek, Walvis Bay and Swakopmund only were selected as these are the economically dominant towns in Namibia. A total of 84 companies were selected from Windhoek due to the high level of economic activity in the capital in comparison to the coastal towns where a total of 16 companies were selected. The selection of employers was

[7] http://www.mof.gov.na/documents/57508/107403/Estimate+of+Revenue++and+expenditure+1+April+2012+to+31+March+2015.pdf/e0fcfbe3-d5a4-49c8-9177-e44831397941?version=1.0 Accessed November 2014.
[8] http://databank.worldbank.org/data/home.aspx. Accessed November 2014.
[9] Source: 2011 National Population Census of Namibia http://www.gov.na/population

further stratified into twelve groups based on size: above 2,000 employees, between 1,000 and 2,000 employees, and then into 10 categories by hundreds for employers with less than 1,000 employees. The sample selection per size category was based on the total number of employers within each category as a proportion of the total number of employers identified. In total, 45 employers responded to the questionnaire.

- Private medical aid schemes, the Public Service Employees Medical Aid Scheme (PSEMAS), the Social Security Commission's workman's compensation fund and the Motor Vehicle Accident Fund to estimate total expenditures on health by medical aid schemes and other health expenditure funds. A list of medical aid schemes providing medical and health coverage through risk-pooling mechanisms was compiled through consultation with the MOHSS and other key stakeholders. All 10 open and closed medical aid schemes identified were sent a survey and data was received from 6. Expenditure information for the remaining schemes that did not complete the survey was extracted from the NAMFISA annual report. In addition, surveys were sent to PSEMAS, the Social Security Commission Workmen Compensation Fund and the Motor Vehicle Accident Fund; data from all three of these sources was received.

Table 1. Response rate of organizations sampled

Target Group	Number of Organizations Targeted	Number of Respondents	Response Rate
NGOs	35	26	74%
Employers	100	45	45%
Donors	10	10	100%
Medical Aid Schemes	10	6	60%

ii. Secondary Data Sources

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

- Spending Data
  - Republic of Namibia Estimates of Revenues and Expenditures 2012/13. Government health expenditure by Ministry
  - Namibia Financial Institutions Regulatory Authority (NAMFISA) Annual report 2012 for total health expenditure by medical aid schemes
  - Namibia Demographic and Health Survey (DHS), 2013.
- Utilization Data
  - MOHSS Annual Report 2012/13
  - Utilization data extracted from the National Health Information System
  - Provision of ART services by facility extracted from the Electronic Patient Monitoring System (e-PMS) and the Electronic Dispensing Tool (EDT).

- Unit Cost Data
    - WHO CHOICE database was consulted to triangulate distribution keys between inpatient and outpatient care at hospitals.10
- Other Secondary Sources
    - Health Facility Census, 2009: Development of distribution key for the expenditure of the MoHSS.
    - National Population Census, 2011

iii. Primary Health Expenditure Survey of Households

Data on household expenditures from Namibia's DHS informed the estimates of household out-of-pocket spending in Namibia. The goal was to understand the direct health payments made by households i.e., patterns of health care usage such as inpatient, outpatient, pharmaceuticals; choice of health care providers whether public or private; expenditure associated with purchasing health services and the extent of health insurance coverage. The HA team worked in collaboration with an HFG statistician to complete the household estimation.

The household survey covered a range of topics, including the following questions:

1. In the last six months, was a member of this household admitted overnight to stay at a health facility? and
2. In the last four weeks, did someone in this household receive care from a health provider, a pharmacy, or a traditional healer without staying overnight?

If the answer to either question was yes, respondents were asked to describe only the most recent such visit, and to report the number of visits that person made. No information was collected about visits by any other household members. Consequently, the estimates under-report costs in households where two or more members received care. No attempts were made to correct for this bias.

4. Data Analysis

i. Weighting

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

In this exercise, the HA team did not apply any weights to NGOs. Given the variability in NGO spending and the limited knowledge about health related NGOs in Namibia, the HA

[10] World Health Organization. n.d. WHO CHOICE database. Accessed November 2014 from: http://www.who.int/choice/country/country_specific/en/.

team decided to err on the side of underestimating NGO spending rather than introduce baseless assumptions about the spending of the nine NGOs which did not respond.

No weights were used to extrapolate the total health expenditure of the sampled employers to the rest of the un-sampled employers operating in Namibia. Instead the employer sample frame was stratified by employer size and adjusted to the total number of employers within each size category as a proportion of the total number of employers identified. The contributions to medical aid coverage as reported by employers was triangulated with the information obtained from the medical aid schemes and therefore excluded from the total health expenditure calculation in order to prevent double-counting.

For the estimation of the total expenditures on health by medical aid schemes and other health expenditure funds, there was no need to weight the results of the returned surveys. The difference between the expenditures reported by the medical aid schemes in the returned surveys and the total expenditure as per the NAMFISA annual report for 2012 was used to incorporate the health expenditures by the medical aid schemes that did not respond to the survey.

ii. Double counting

The HA analysis includes careful compilation from all data sources, and identification and management of instances when two data sources cover the same spending. For example, spending on donor-funded health programs administered by NGOs was reported both in donor surveys as well as NGO surveys. In these cases, the HA team selected the spending as reported by NGOs as opposed to the donors, as these agents were closer to the actual consumption of health care services than donors and are therefore likely to have more precise information about spending on actual, not just planned, consumption. It was not possible to triangulate the information provided by PEPFAR to the specific NGOs, since the PEPFAR survey was not completed in this level of detail. Therefore, all spending information reported by NGOs as having been received from PEPFAR specifically was excluded from analyses to prevent double-counting. This approach also ensures that PEPFAR spending is not under-reported as a result of excluding the entire amount that was spent by this donor as the full amount may not have been reported on by the NGO sample.

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

Similarly, double-counting exists at the employer and medical aid scheme level since employers reporting spending for medical aid scheme coverage is equally reported as revenue by the medical aid schemes. As with the previous example, the data of the organization closest to the spending, in this case the medical aid schemes, took precedence and employer spending on medical aid scheme coverage was excluded.

The health expenditure questions that were included in the DHS to determine the household expenditure on health did not specifically instruct the respondents to exclude amounts spent on health that are reimbursed to the household by medical aid schemes. Therefore, there is a risk of double-counting between the household expenditure and the expenditure reported by medical aid schemes. In order to address this possible double-counting of expenditures, selected medical aid funds were requested to provide additional information on the

percentage of their claims reimbursed to their members as opposed to the percentage of claims paid directly to the healthcare providers. The average percentage reimbursed to members amounted to 1.5% of the total claims or approximately N$51.7 million, which was found to be significant – especially in the context of the household expenditure, whereby it amounted to approximately 4.9% of the initially estimated household expenditure. Therefore, the household expenditure amount was reduced accordingly to adjust for the risk of double-counting.

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

iii. Estimation and application of distribution keys

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

The following steps were used to derive the distribution keys:

Step 1: Compiled utilization breakdown by disease classification
Utilization of health services data was obtained from the MoHSS Health Information System and broken down into the standardized diseases/conditions as per the SHA 2011 methodology. Furthermore, the level where these services were provided (i.e. the inpatient or outpatient department at the clinic and health centre level or the inpatient or outpatient departments at the hospital level) was captured by deducting the services provided in hospitals from the total. Each of the disease classifications was then categorized as either preventative or curative care.

Step 2: Convert Inpatient admissions to Bed Days
The number of inpatient admissions was converted to bed days using average length of stay data for health centre/clinic level and hospital level respectively. This calculation is based on the assumption that the average length of stays remains similar across disease categories.

Step 3: Assign unit costs to services utilized
Unit costs were assigned to each type of service utilized based on the specific disease classification using the WHO CHOICE cost estimations for 2008. Different unit costs were used for hospital and clinic/health centre level and for outpatient versus inpatient services. This computation assumed that unit cost per outpatient visits is equal across diseases and similarly for inpatient days. There was an exception for the unit cost of immunization and family planning visits where expert opinion regarding the level of effort spent on these services vis á vis others dictated that these visits represent, on average, a third of the average unit cost per general outpatient visit.

Step 4: Calculated the price x quantity
The total cost of health services provided for the different disease classifications at the different health facility levels was calculated using the price information derived in step 3 and the quantity of services determined in steps 1 and 2.

Step 5: Calculated Functional Distribution
The information calculated in step 4 was then summarized according to the functional classifications at the different levels of care by adding the total cost per functional classification category. The functional classifications included general inpatient curative

care, general outpatient curative care, and prevention (including immunization programs, healthy condition monitoring, and other preventive care). The proportional share of the total costs by level of service provision was calculated for each functional classification category. The formula used is as follows: the average cost of inpatient care multiplied by the total number of inpatient episodes at health facilities, divided by the average cost of inpatient and outpatient care multiplied by total episodes of care at health facilities.

Step 6: Calculated Provider Distribution for Government Spending
The government expenditure data flowing to the regions was not disaggregated by provider and required the Health Accounts team to tease out the portion of the expenditures going to health centers and clinics, district hospitals, and health care administration by the regional and district offices. The proportions between these different provider levels were calculated by analyzing the distribution of personnel expenditures between the three broad categories from Karas region. To minimize possible bias from using one region to calculate the distribution key for government spending, especially related to the proportions between the district hospitals and health centers and clinics, the Health Accounts team used the Namibia National Workload Indicators of Staffing Needs (WISN)[11] data to separately calculate the proportion between the facilities and compare the ratios. Given they were closely comparable, the Health Accounts team maintained the ratios calculated earlier.

Step 7: Calculated Disease Distribution for Health Centres and Clinics
At the health centre and clinic level the disease distribution was calculated for inpatient and outpatient services by calculating the proportional share of costs of each disease category of the total costs incurred for inpatient and outpatient services at this level of service provision.

Step 8: Calculated Disease Distribution for Hospitals
At hospital level the disease distribution was calculated for inpatient and outpatient services by calculating the proportional share of costs of each disease category of the total costs incurred for inpatient and outpatient services at this level of service provision.

Step 9: Calculated Disease Distribution for Medical Aid Schemes
Information from medical aid schemes did not disaggregate spending by disease classification; therefore, to determine the contribution from insurance companies to the disease categories, the team applied the same disease distribution key that was developed based on the government utilization data. Refer above for details on the disease distribution key.

For the Public Service Employees Medical Aid Scheme (PSEMAS), the team obtained data detailing expenditures for HIV/AIDS based on NASA that was conducted for the same period. This was used to develop a ratio for splitting PSEMAS expenditures into HIV/AIDS and non-HIV/AIDS spending. The total of the non-HIV/AIDS spending was then split using the overall disease distribution ratio.

Step 10: Calculated Disease Distribution for OOP spending
Information on household expenditure was obtained from health spending specific questions that were included in the Demographic Health Survey of 2013. The survey asked specific questions on spending on both in-patient and out-patient services received within the last 6 months and four weeks period respectively.

[11] The Workload Indicators of Staffing Need (WISN) method, is a human resource management tool developed by the World Health Organization. The WISN method calculates the number of health workers per cadre, based on health facility workload. It provides two indicators to assess staffing: (1) the gap/excess between current and required number of staff, and (2) the WISN ratio, a measure of workload pressure. Source: http://www.human-resources-health.com/content/11/1/64

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

Step 9: Calculated Age Distribution
The age distribution was calculated based on information on utilization of services in outpatients departments at the different levels of facilities by age category as obtained from the MoHSS Health Information System. It was assumed that the same ratio applies to inpatient admissions.

5. Use of HA Production Tool

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

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

6. Comparing the 2008/09 exercise methodology with the current 2012/13 exercise methodology

Table 2. Comparison of 2008/09 and 2012/13 exercises

Framework	2008/09	2012/13
	NHA methodology (based on SHA 1.0 framework) was used to calculate the total expenditure on health in Namibia.	SHA 2011, a refined version of SHA 1.0, was used (see description of refinements below).
	Refinements between SHA 1.0/NHA and SHA 2011 methodology • **Updated classification to add the "how" component**: The old framework focused a lot on *who* financed and managed health resources (i.e. which institutions). SHA 2011 reflects the *who* but also the *how* (e.g. who = National Health Insurance Agency; how = managing mandatory payroll deductions and voluntary insurance scheme payments from the informal sector). • **SHA 2011 provides a full disease breakdown which was previously captured in subaccounts**: Previously, countries could choose to track 1 or 2 diseases via subaccounts. These subaccounts were voluntary and did not necessarily form part of every NHA exercise. With the updated framework, over time, countries will be able to track spending for all diseases not just for selected diseases and that this is done as part of every health accounts exercise. • **Based on in-country experience, SHA 2011 provides refined classifications for providers and health care functions**: For example, under the old framework there was confusion around the classification "prevention and public health" because it mixed the activity with the provider. The SHA 2011 framework has clarified some of the definitions for provider and function so that they are more distinct and their boundaries are clear. This will allow for greater consistency in the way countries classify their expenditures by provider and function.	
Data Collection	**2008/09**	**2012/13**
Government	Captured spending from key government ministries.	Similar.
Donor	Surveyed and captured data from all donors active in the health domain.	Similar.
NGO	Surveyed and captured data from key NGOs working in the health domain.	Similar.
Medical Aid Scheme (MAS)	Surveyed all MAS that operate in Namibia.	Similar.

Employer	Surveyed a sample size of 100 employers.	Similar, but the response rate from employers was low. Gaps from the low response rate were captured through the Medical Aid Scheme data.
Household	A general household spending survey was used -- 2003/04 Namibia Household Income and Expenditure Survey (NHIES).	A health-specific household spending survey was used -- the Demographic and Health Survey (DHS).
Double counting	**2008/09**	**2012/13**
	Double-counting was removed between: - Employers and insurers - Households and employers - Households and MAS - NGOS and donors - Between NGOs - Donors and government	Similar.
Mapping	**2008/09**	**2012/13**
	Used health accounts classifications to codify expenditures by: - Sources: Institutional units providing revenues to financing schemes - Financing agents - Health care providers - Health care functions	Similar. Added additional classifications: - Revenues of financing schemes (how resources are mobilized) - Financing schemes (how the resources are managed) - Disease - Age - Inputs
Split rules	**2008/09**	**2012/13**
Disease Distribution	Split rules for RH and HIV/AIDS was calculated as the proportional share of the total costs incurred based on utilization and unit cost data.	Full disease breakdown: used utilization and unit cost to split the expenditure into The WHO choice costing study was used to provide unit costs. In addition to HIV and RH spending the current Health Accounts provides a full disease breakdown.
Inpatient/Outpatient splits	Outpatient and inpatient ratios were derived from health information system utilization rates at health facilities and estimated costs of these services as determined by a WHO Choice costing study.	Similar.
Age split	Age splits were calculated based on the proportion outpatient visits for patients under 5 years broken out by clinic versus hospital.	Similar.

Annex A: Recommended Workshop Participants

These representatives were invited to the launch and dissemination of the HA estimation. At the launch, these representatives participated in discussion about the key questions of the analysis as well as the scope and process. At the dissemination event, these representatives responded to the findings and discussed their policy implications. These stakeholders are recommended as minimum participants for the launch and dissemination of HA results.

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

Annex B: List of Organizations Surveyed

Name	Type
GIZ	Donor
Global Fund programme managed by Ministry of Health and Social Services	Donor
Global Fund programme managed by Namibia Network of AIDS Service Organisations	Donor
PEPFAR including USAID, CDC, DOD and Peacecorps	Donor
Spanish Corporation	Donor
UNAIDS	Donor
UNFPA	Donor
UNICEF	Donor
UNDP	Donor
WHO	Donor
AIDS Law Unit (Legal Assistance Centre)	NGO
AMICAAL	NGO
Building Local Capacity	NGO
Catholic AIDS Action	NGO
Church Alliance for Orphans (CAFO)	NGO
COHENA	NGO
Council of Churches in Namibia (CCN)	NGO
Desert Soul	NGO
Development Aid from People to People (DAPP)	NGO
Dynamic Sign Language Consultancy	NGO
FHI 360	NGO
Health Finance & Governance	NGO
IntraHealth	NGO
ITECH	NGO
KAYEC	NGO
KNCV	NGO
Lifeline/Childline	NGO
Management Sciences for Health	NGO
Namibia Business Coalition	NGO
Namibia Planned Parenthood Association	NGO
Namibia Red Cross Society	NGO
NANASO	NGO
NAGOF	NGO
National Social Marketing Programme (NASOMA)	NGO
Nawalife Trust	NGO

Ombetja Yehinga Organisation Trust	NGO
PACT	NGO
PharmAccess	NGO
Philippi Trust Namibia	NGO
Positive Vibes	NGO
Project Hope	NGO
Society for Family Health	NGO
Strengthening Health Outcomes through the Private Sector (SHOPS)	NGO
Synergos	NGO
Turuisa AIDS project	NGO
Walvis Bay Corridor Group	NGO
Renaissance Health	Medical aid scheme
Nammed	Medical aid scheme
NHP	Medical aid scheme
NMC	Medical aid scheme
Namdeb	Medical aid scheme
Bankmed	Medical aid scheme
Woermann & Brock	Medical aid scheme
Napotel	Medical aid scheme
RCC	Medical aid scheme
PSEMAS	Medical aid scheme
SSC – Workman's Compensation	Medical aid scheme
Motor Vehicle Accident Fund	Medical aid scheme
Absolute Logistics (Pty) Ltd	Employer
Africa Glass (Pty) Ltd	Employer
Air Namibia (Pty) Ltd	Employer
Alexander Forbes Financial Services	Employer
Auas Motors (Pty) Ltd	Employer
AVI Distributors Namibia (Pty) Ltd	Employer
Bank Windhoek (Pty) Ltd	Employer
Blood Transfusion Services	Employer
Blue Sea Fishing (Pty) Ltd	Employer
Burmeister & Partners	Employer
China State Construction	Employer
Coastal Couriers	Employer
CYMOT (Pty) Ltd	Employer
Dany Construction CC	Employer
De Beers Marine Namibia	Employer
Deloitte & Touche	Employer

Demersal Fishing Joint Venture	Employer
Development Bank of Namibia	Employer
DHL Namibia (Pty) Ltd	Employer
Dimension Data Namibia	Employer
DR.Weder , Kauta & Hoveka INC	Employer
Elso Holdings CC	Employer
F.P. Du Toit Transport (Pty) Ltd	Employer
Feedmaster (Pty) Ltd	Employer
Financial Consulting Services CC	Employer
First National Bank of Namibia	Employer
FNB insurance brokers (Pty) Ltd	Employer
Freddie Fish Processors (Pty) Ltd	Employer
Freshers Meat Packers Namibia (Pty) Ltd	Employer
Gecko Minig (Pty) Ltd	Employer
Government Institutions Pension Fund	Employer
Grant Thornton Neuhaus	Employer
Grinaker LTA Namibia (Pty) Ltd	Employer
H H Furniture Removers Warehouse	Employer
Hartlief Continental Meat Market	Employer
John Meinert Printing (Pty) Ltd	Employer
Kalahari Wire Products (Pty) Ltd	Employer
Langer Heinrich Uranium (Pty) Ltd	Employer
Legal Shield (Ltd)	Employer
M Pupkewitz and Sons (Pty) Ltd	Employer
Major Drilling Namibia (Pty) Ltd	Employer
MANICA Group Namibia (Pty) Ltd	Employer
Marsh Namibia (Pty) Ltd	Employer
MCC Equipment Rental (Pty) Ltd	Employer
MEATCO (Pty) Ltd	Employer
Metje & Ziegler Group LTD	Employer
Metropolitan Life Limited	Employer
Mobile Telecommunications Limited	Employer
Mutual & Federal Insurance Brokers Ltd	Employer
NAKARA CC	Employer
Namibia College of Open Learning NAMCOL	Employer
NAMCOR (Pty) Ltd	Employer
NAMFISA	Employer
Namib Building Cleaners	Employer
Namib Foam	Employer
Namibia Breweries Limited	Employer

Namibia Diamond Trading Company (Pty) Ltd	Employer
Namibia Engineering Corporation NEC	Employer
Namibia Post Ltd	Employer
Namibia Stevedoring Services CC	Employer
Namibia Tourism Board	Employer
Namwater	Employer
New Era Investment	Employer
New Era Publication Corporation	Employer
OJ Construction CC	Employer
Otjozondu Mining (Pty) Ltd	Employer
Paragon Investments (Pty) Ltd	Employer
Penny Pinchers Timbercity Windhoek	Employer
Penny Pinchers Timbercity Walvis Bay	Employer
Polana Pasta Manufacturers (Pty) Ltd	Employer
Pupkewitz Motors (Pty) Ltd	Employer
Raino's Truck and Auto Repairs CC	Employer
Road Fund Administration	Employer
Roads Contractor Company Limited	Employer
SAB Miller (Namibia) Ltd	Employer
Salt Company (Pty) Ltd	Employer
Schoemans Office Systems (Pty) Ltd	Employer
Solitaire Press CC	Employer
Steel Force CC	Employer
Swart Grant Angula Auditors Windhoek	Employer
The Document Warehouse Namibia (Pty) Ltd	Employer
Torra Bay Fishing (Pty) Ltd	Employer
Transworld Cargo (Pty) Ltd	Employer
Trustco Group International (Pty) Ltd	Employer
Tunacor Fisheries Limited	Employer
Tusk Investments (Pty) Ltd	Employer
Tyre Corporation (Pty) Ltd	Employer
Tyrepro Namibia (Pty) Ltd	Employer
United Property Management (Pty) Ltd	Employer
Waltons Stationary Company	Employer
Watermeyer Mining & Construction CC	Employer
WB Hardware & Building Supplies	Employer
Wesbank Transport (Pty) Ltd	Employer
Westair Maintenance (Pty) Ltd	Employer
Windhoek Country Club Hotel	Employer
Windhoek Municipality	Employer

Wispeco Namibia (Pty) Ltd	Employer
Woermann Brock Company	Employer
Employer Zeda Namibia (Pty) Ltd	Employer
Zimmermann Garage CC	Employer

Annex C: General Health Accounts Statistical Tables

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

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

Financing schemes	Revenues of health care financing schemes *Namibian dollar (NAD), Million*	FS.1 Transfers from government domestic revenue (allocated to health purposes)	FS.2 Transfers distributed by government from foreign origin	FS.3 Social insurance contributions	FS.3.1 Social insurance contributions from employees	FS.3.2 Social insurance contributions from employers	FS.4 Compulsory prepayment (other than FS.3)	FS.4.1 Compulsory prepayment from individuals/households	FS.4.2 Compulsory prepayment from employers	FS.5 Voluntary prepayment	FS.5.1 Voluntary prepayment from individuals/households	FS.5.2 Voluntary prepayment from employers	FS.5.3 Other voluntary prepaid revenues	FS.6 Other domestic revenues n.e.c.	FS.6.1 Other revenues from households n.e.c.	FS.6.2 Other revenues from corporations n.e.c.	FS.6.3 Other revenues from NPISH n.e.c.	FS.7 Direct foreign transfers	FS.nec Other revenues (n.e.c.)	All FS
HF.1	**Government schemes and compulsory contributory health care financing schemes**	**3,465.18**	**105.39**	**1,307.98**	**196.20**	**1,111.79**	**62.52**	**55.80**	**6.72**									**18.73**		4,959.80
HF.1.1	Government schemes	**3,465.18**	**105.39**															**18.73**		3,589.30
HF.1.2	Compulsory contributory health insurance schemes			**1,307.98**	196.20	1,111.79	**6.72**		6.72											1,314.70
HF.1.2.1	Social health insurance schemes			**1,307.98**	196.20	1,111.79														1,307.98
HF.1.2.nec	Other compulsory contributory health insurance schemes (n.e.c.)						**6.72**		6.72											6.72
HF.1.nec	Other government schemes and compulsory contributory schemes (n.e.c.)						**55.80**	55.80												55.80
HF.2	**Voluntary health care payment schemes**		**3.95**							**2,057.24**	**169.94**	**931.95**	**955.35**	**119.23**		**119.02**	**0.22**	**533.69**	**83.43**	2,797.54
HF.2.1	Voluntary health insurance schemes									**2,057.24**	169.94	931.95	955.35						**82.37**	2,139.61
HF.2.1.1	Primary/substitutory health insurance schemes									**931.95**		931.95								931.95
HF.2.1.1.1	Employer-based insurance (other than enterprises schemes)									**931.95**		931.95								931.95
HF.2.1.2	Complementary/supplementary insurance schemes									**1,125.29**	169.94		955.35						**82.37**	1,207.66
HF.2.2	NPISH financing schemes (including development agencies)													**0.34**		0.13	0.22	**533.69**	**1.05**	535.09
HF.2.3	Enterprise financing schemes		**3.95**											**118.89**		118.89				122.84
HF.3	**Household out-of-pocket payment**													**1,032.27**	**1,032.27**					1,032.27
HF.4	**Rest of the world financing schemes (non-resident)**																	**37.33**		37.33
All HF		3,465.18	109.34	1,307.98	196.20	1,111.79	62.52	55.80	6.72	2,057.24	169.94	931.95	955.35	1,151.51	1,032.27	119.02	0.22	589.76	83.43	8,826.95

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

Financing schemes	Institutional units providing revenues to financing schemes *Namibian dollar (NAD), Million*	FS.RI.1.1 Government	FS.RI.1.2 Corporations	FS.RI.1.3 Households	FS.RI.1.4 NPISH	FS.RI.1.5 Rest of the world	FS.RI.1.nec Other institutional units providing revenues to financing schemes (n.e.c.)	All FS.RI
HF.1	**Government schemes and compulsory contributory health care financing schemes**	**4,576.97**	**6.72**	**252.00**		**124.12**		4,959.80
HF.1.1	Government schemes	**3,465.18**				**124.12**		3,589.30
HF.1.2	Compulsory contributory health insurance schemes	**1,111.79**	**6.72**	**196.20**				1,314.70
HF.1.2.1	Social health insurance schemes	**1,111.79**		**196.20**				1,307.98
HF.1.2.nec	Other compulsory contributory health insurance schemes (n.e.c.)		**6.72**					6.72
HF.1.nec	Other government schemes and compulsory contributory schemes (n.e.c.)			**55.80**				55.80
HF.2	**Voluntary health care payment schemes**	**33.74**	**1,018.18**	**169.99**	**0.16**	**537.64**	**1,037.83**	2,797.54
HF.2.1	Voluntary health insurance schemes	**33.74**	**899.16**	**169.94**			**1,036.77**	2,139.61
HF.2.1.1	Primary/substitutory health insurance schemes	**33.74**	**898.21**					931.95
HF.2.1.1.1	Employer-based insurance (other than enterprises schemes)	**33.74**	**898.21**					931.95
HF.2.1.2	Complementary/supplementary insurance schemes		**0.95**	**169.94**			**1,036.77**	1,207.66
HF.2.2	NPISH financing schemes (including development agencies)		**0.13**	**0.05**	**0.16**	**533.69**	**1.05**	535.09
HF.2.3	Enterprise financing schemes		**118.89**			**3.95**		122.84
HF.3	**Household out-of-pocket payment**			**1,032.27**				1,032.27
HF.4	**Rest of the world financing schemes (non-resident)**					**37.33**		37.33
All HF		4,610.71	1,024.90	1,454.26	0.16	699.09	1,037.83	8,826.95

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

Financing agents (used for HF.RI.1)	Institutional units providing revenues to financing schemes *Namibian dollar (NAD), Million*	FS.RI.1.1 Government	FS.RI.1.2 Corporations	FS.RI.1.3 Households	FS.RI.1.4 NPISH	FS.RI.1.5 Rest of the world	FS.RI.1.nec Other institutional units providing revenues to financing schemes (n.e.c.)	All FS.RI
FA.1	**General government**	**3,465.18**	**6.72**	**55.80**		**122.15**		3,649.85
FA.1.1	Central government	**3,465.18**	**6.72**	**55.80**		**122.15**		3,649.85
FA.1.1.1	Ministry of Health	**3,393.74**				**118.55**		3,512.28
FA.1.1.2	Ministry of Education	**5.32**				**1.17**		6.49
FA.1.1.nec	Other central government (n.e.c.)	**66.12**	**6.72**	**55.80**		**2.44**		131.08
FA.2	**Insurance**	**1,145.52**	**898.21**	**366.14**			**1,036.77**	3,446.65
FA.3	**Corporations (other than insurance corporations) (part of HF.RI.1.2)**		**118.89**			**4.85**		123.74
FA.4	**Non-profit institutions serving households (NPISH)**		**1.08**	**0.05**	**0.16**	**536.16**	**1.05**	538.51
FA.5	**Households**			**1,032.27**				1,032.27
FA.6	**Rest of the world**					**35.93**		35.93
All FA		4,610.71	1,024.90	1,454.26	0.16	699.09	1,037.83	8,826.95

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

Health care functions	Institutional units providing revenues to financing schemes *Namibian dollar (NAD), Million*	FS.RI.1.1 Government	FS.RI.1.2 Corporations	FS.RI.1.3 Households	FS.RI.1.4 NPISH	FS.RI.1.5 Rest of the world	FS.RI.1.nec units providing revenues to financing schemes (n.e.c.)	All FS.RI
HC.1	**Curative care**	**3,538.63**	**756.97**	**1,240.06**		**118.40**	**742.91**	6,396.97
HC.1.1	Inpatient curative care	**2,250.63**	**208.95**	**767.84**		**47.01**	**312.82**	3,587.25
HC.1.2	Day curative care					**0.13**		0.13
HC.1.3	Outpatient curative care	**1,288.00**	**548.02**	**472.22**		**62.11**	**430.09**	2,800.45
HC.1.4	Home-based curative care					**9.15**		9.15
HC.3	**Long-term care (health)**					**5.42**		5.42
HC.4	**Ancillary services (non-specified by function)**	**1.31**	**34.18**	**12.19**		**2.45**	**34.58**	84.71
HC.4.1	Laboratory services	**1.31**	**34.17**	**4.84**			**34.58**	74.90
HC.4.2	Imaging services		**0.00**					0.00
HC.4.3	Patient transportation			**7.36**				7.36
HC.4.nec	Other ancillary services (n.e.c.)		**0.00**			**2.45**		2.45
HC.5	**Medical goods (non-specified by function)**	**175.79**	**137.49**	**181.37**			**160.35**	655.00
HC.6	**Preventive care**	**272.61**	**95.32**	**14.67**		**193.33**	**1.55**	577.48
HC.6.1	Information, education and counseling programmes	**7.84**	**25.24**			**78.29**	**1.05**	112.42
HC.6.2	Immunisation programmes	**82.24**	**0.04**	**0.14**		**2.20**	**0.22**	84.83
HC.6.3	Early disease detection programmes					**26.39**		26.39
HC.6.4	Healthy condition monitoring programmes	**31.46**	**3.21**	**14.25**			**0.13**	49.05
HC.6.5	Epidemiological surveillance and risk and disease control programmes	**74.30**				**17.10**		91.40
HC.6.nec	Other preventive care (n.e.c.)	**76.76**	**66.83**	**0.29**		**69.35**	**0.15**	213.39
HC.7	**Governance, and health system and financing administration**	**622.37**	**0.94**	**5.96**	**0.16**	**308.56**	**98.44**	1,036.44
HC.9	**Other health care services not elsewhere classified (n.e.c.)**					**70.93**		70.93
All HC		4,610.71	1,024.90	1,454.26	0.16	699.09	1,037.83	8,826.95

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

Financing schemes			HF.1	HF.1.1		HF.1.2			HF.1.nec	HF.2	HF.2.1				HF.2.2					HF.2.3	HF.3	HF.4	All HF
					HF.1.1.1			HF.1.2.1	HF.1.2.nec			HF.2.1.1			HF.2.1.2		HF.2.2.1	HF.2.2.2	HF.2.2.ne				
													HF.2.1.1.1										
Health care functions		Namibian dollar (NAD), Million	Government schemes and compulsory contributory health care financing schemes	Government schemes	Central government schemes	Compulsory contributory health insurance schemes	Social health insurance schemes	Other compulsory contributory health insurance schemes (n.e.c.)	Other government schemes and compulsory contributory schemes (n.e.c.)	Voluntary health care payment schemes	Voluntary health insurance schemes	Primarily/substitutory health insurance schemes	Employer-based insurance (other than enterprises schemes)	Complementary/supplementary insurance schemes	NPISH financing schemes (including development agencies)	NPISH financing schemes (excluding HF.2.2.2)	Resident foreign development agencies schemes	Other NPISH financing schemes (n.e.c.)	Enterprise financing schemes	Household out-of-pocket payment	Rest of the world financing schemes (non-resident)	
HC.1		**Curative care**	**3,741.46**	**2,622.40**	**2,622.40**	**1,072.80**	**1,066.21**	**6.59**	**46.26**	**1,760.00**	**1,641.93**	**####**	**753.90**	**888.04**	**94.37**	**8.76**	**85.61**		**23.70**	**888.74**	**6.77**	**6,396.97**
	HC.1.1	Inpatient curative care	**2,440.86**	1,383.16	1,383.16	1,011.44	1,007.66	3.78	46.26	**660.19**	615.29	216.22	216.22	399.07	44.82		44.82		0.09	**484.18**	**2.01**	3,587.25
	HC.1.2	Day curative care								**0.13**					0.13	0.13						0.13
	HC.1.3	Outpatient curative care	**1,299.47**	1,238.12	1,238.12	61.35	58.55	2.80		**1,091.66**	1,026.64	537.67	537.67	488.97	41.40	0.60	40.79		23.62	**404.56**	**4.76**	2,800.45
	HC.1.4	Home-based curative care	**1.13**	1.13	1.13					**8.03**					8.03	8.03						9.15
HC.1+HC.2		**Curative care and rehabilitative care**	**3,741.46**	**2,622.40**	**2,622.40**	**1,072.80**	**1,066.21**	**6.59**	**46.26**	**1,760.00**	**1,641.93**	**####**	**753.90**	**888.04**	**94.37**	**8.76**	**85.61**		**23.70**	**888.74**	**6.77**	**6,396.97**
	HC.1.1+HC.2.1	Inpatient curative and rehabilitative care	**2,440.86**	1,383.16	1,383.16	1,011.44	1,007.66	3.78	46.26	**660.19**	615.29	216.22	216.22	399.07	44.82		44.82		0.09	**484.18**	**2.01**	3,587.25
	HC.1.2+HC.2.2	Day curative and rehabilitative care								**0.13**					0.13	0.13						0.13
	HC.1.3+HC.2.3	Outpatient curative and rehabilitative care	**1,299.47**	1,238.12	1,238.12	61.35	58.55	2.80		**1,091.66**	1,026.64	537.67	537.67	488.97	41.40	0.60	40.79		23.62	**404.56**	**4.76**	2,800.45
	HC.1.4+HC.2.4	Home-based curative and rehabilitative care	**1.13**	1.13	1.13					**8.03**					8.03	8.03						9.15
HC.3		**Long-term care (health)**								**5.42**					**5.42**	**5.42**						**5.42**
HC.4		**Ancillary services (non-specified by function)**	**7.38**			**0.03**		**0.03**	**7.36**	**77.33**	**74.87**	**35.46**	**35.46**	**39.42**	**2.45**		**2.45**					**84.71**
	HC.4.1	Laboratory services	**0.02**			0.02		0.02		**74.87**	74.87	35.46	35.46	39.42								74.90
	HC.4.2	Imaging services	**0.00**			0.00		0.00														0.00
	HC.4.3	Patient transportation	**7.36**						7.36													7.36
	HC.4.nec	Other ancillary services (n.e.c.)	**0.00**			0.00		0.00		**2.45**					2.45		2.45					2.45
HC.5		**Medical goods (non-specified by function)**	**202.97**			**200.79**	**200.68**	**0.10**	**2.18**	**322.85**	**322.77**	**142.51**	**142.51**	**180.26**					**0.09**	**129.18**		**655.00**
HC.6		**Preventive care**	**300.54**	**298.91**	**298.91**	**1.63**	**1.63**			**235.36**	**0.79**	**0.08**	**0.08**	**0.70**	**135.52**	**48.85**	**86.01**	**0.66**	**99.05**	**14.35**	**27.23**	**577.48**
	HC.6.1	Information, education and counseling programmes	**19.88**	19.88	19.88					**91.57**					62.38	26.07	35.65	0.66	29.19		**0.96**	112.42
	HC.6.2	Immunisation programmes	**82.35**	81.64	81.64	0.71	0.71			**0.28**	0.28	0.04	0.04	0.25							**2.20**	84.83
	HC.6.3	Early disease detection programmes								**24.30**					24.30		24.30				**2.09**	26.39
	HC.6.4	Healthy condition monitoring programmes	**31.53**	31.10	31.10	0.43	0.43			**3.36**	0.17	0.02	0.02	0.15					3.19	**14.17**		49.05
	HC.6.5	Epidemiological surveillance and risk and disease control programmes	**89.94**	89.94	89.94					**1.40**					1.40	1.40					**0.06**	91.40
	HC.6.nec	Other preventive care (n.e.c.)	**76.84**	76.34	76.34	0.50	0.50			**114.45**	0.33	0.03	0.03	0.31	47.44	21.38	26.06		66.67	**0.18**	**21.92**	213.39
HC.7		**Governance, and health system and financing administration**	**636.67**	**597.21**	**597.21**	**39.46**	**39.46**			**396.58**	**99.25**			**99.25**	**297.33**	**4.86**	**292.31**	**0.16**			**3.18**	**1,036.44**
HC.9		**Other health care services not elsewhere classified (n.e.c.)**	**70.78**	**70.78**	**70.78**																**0.15**	**70.93**
All HC			**4,959.80**	**3,589.30**	**3,589.30**	**1,314.70**	**1,307.98**	**6.72**	**55.80**	**2,797.54**	**2,139.61**	**931.95**	**931.95**	**1,207.66**	**535.09**	**67.89**	**466.38**	**0.82**	**122.84**	**1,032.27**	**37.33**	**8,826.95**

C.6. Recurrent: Health care provider (HP) X Health care function (HC)

Health care providers		HP.1					HP.3									HP.4				HP.5	HP.6	HP.7	HP.8	HP.9	HP.nec	All HP
			HP.1.1			HP.1.3		HP.3.1	HP.3.2	HP.3.3	HP.3.4		HP.3.5	HP.3.nec			HP.4.1	HP.4.2	HP.4.9							
				HP.1.1.1	HP.1.1.2							HP.3.4.9														
Health care functions	*Namibian dollar (NAD), Million*	**Hospitals**	General hospitals	Government hospital	Private hospital	Specialised hospitals (other than mental health hospitals)	**Providers of ambulatory health care**	Medical practices	Dental practice	Other health care practitioners	Ambulatory health care centres	All other ambulatory centres	Providers of home health care services	Other providers of ambulatory health care (n.e.c.)	**Providers of ancillary services**	Providers of patient transportation and emergency rescue	Medical and diagnostic laboratories	Other providers of ancillary services	**Retailers and other providers of medical goods**	**Providers of preventive care**	**Providers of health care system administration and financing**	**Rest of economy**	**Rest of the world**	**Other health care providers (n.e.c.)**	**All HP**
HC.1	**Curative care**	**4,692.40**	**4,689.71**	**2,388.31**	**1,247.28**	**2.69**	**1,631.77**	**1,070.74**	**0.02**	**0.32**	**486.11**	**2.05**	**8.03**	**66.56**						**0.06**		**35.85**		**36.91**	6,396.97
HC.1.1	Inpatient curative care	**3,534.40**	3,531.79	1,521.96	1,003.17	2.61	**17.84**				17.84													**35.01**	3,587.25
HC.1.2	Day curative care						**0.13**				0.13	0.13													0.13
HC.1.3	Outpatient curative care	**1,158.00**	1,157.92	866.35	244.11	0.08	**1,605.77**	1,070.74	0.02	0.32	468.14	1.92		66.56						**0.06**		**34.72**		**1.90**	2,800.45
HC.1.4	Home-based curative care						**8.03**						8.03									**1.13**			9.15
HC.1+HC.2	**Curative care and rehabilitative care**	**4,692.40**	**4,689.71**	**2,388.31**	**1,247.28**	**2.69**	**1,631.77**	**1,070.74**	**0.02**	**0.32**	**486.11**	**2.05**	**8.03**	**66.56**						**0.06**		**35.85**		**36.91**	6,396.97
HC.1.1+HC.2.1	Inpatient curative and rehabilitative care	**3,534.40**	3,531.79	1,521.96	1,003.17	2.61	**17.84**				17.84													**35.01**	3,587.25
HC.1.2+HC.2.2	Day curative and rehabilitative care						**0.13**				0.13	0.13													0.13
HC.1.3+HC.2.3	Outpatient curative and rehabilitative care	**1,158.00**	1,157.92	866.35	244.11	0.08	**1,605.77**	1,070.74	0.02	0.32	468.14	1.92		66.56						**0.06**		**34.72**		**1.90**	2,800.45
HC.1.4+HC.2.4	Home-based curative and rehabilitative care						**8.03**						8.03									**1.13**			9.15
HC.3	**Long-term care (health)**						**5.42**						**5.42**												5.42
HC.4	**Ancillary services (non-specified by function)**														**84.71**	**7.36**	**74.90**	**2.45**							84.71
HC.4.1	Laboratory services														**74.90**		74.90								74.90
HC.4.2	Imaging services														**0.00**		0.00								0.00
HC.4.3	Patient transportation														**7.36**	7.36									7.36
HC.4.nec	Other ancillary services (n.e.c.)														**2.45**			2.45							2.45
HC.5	**Medical goods (non-specified by function)**																		**655.00**						655.00
HC.6	**Preventive care**	**124.97**	**124.97**	**117.08**	**6.25**		**89.79**	**5.97**			**83.82**									**256.77**	**0.76**	**104.29**	**0.06**	**0.84**	577.48
HC.6.1	Information, education and counseling programmes																			**84.26**		**28.15**			112.42
HC.6.2	Immunisation programmes	**50.67**	50.67	49.69	0.28		**31.96**				31.96									**2.20**					84.83
HC.6.3	Early disease detection programmes																			**26.39**					26.39
HC.6.4	Healthy condition monitoring programmes	**27.05**	27.05	20.99	5.63		**18.82**	5.97			12.84											**3.19**			49.05
HC.6.5	Epidemiological surveillance and risk and disease control programmes																			**90.02**	**0.76**	**0.45**	**0.06**	**0.11**	91.40
HC.6.nec	Other preventive care (n.e.c.)	**47.24**	47.24	46.41	0.33		**39.02**				39.02									**53.90**		**72.50**		**0.73**	213.39
HC.7	**Governance, and health system and financing administration**																				**1,036.02**			**0.41**	1,036.44
HC.9	**Other health care services not elsewhere classified (n.e.c.)**	**54.57**	**54.57**	**54.57**			**8.15**				**8.15**													**8.20**	70.93
All HC		**4,871.94**	**4,869.25**	**2,559.97**	**1,253.52**	**2.69**	**1,735.14**	**1,076.71**	**0.02**	**0.32**	**578.08**	**2.05**	**13.45**	**66.56**	**84.71**	**7.36**	**74.90**	**2.45**	**655.00**	**256.83**	**1,036.79**	**140.13**	**0.06**	**46.36**	8,826.95

C.7. Recurrent: Institutional Units providing revenues to financing schemes (FS.RI) x Classification of diseases / conditions (DIS)

Classification of diseases / conditions		Institutional units providing revenues to financing schemes *Namibian dollar (NAD), Million*	FS.RI.1.1 Government	FS.RI.1.2 Corporations	FS.RI.1.3 Households	FS.RI.1.4 NPISH	FS.RI.1.5 Rest of the world	FS.RI.1.nec Other institutional units providing revenues to financing schemes (n.e.c.)	All FS.RI
DIS.1		**Infectious and parasitic diseases**	**1,403.39**	**326.85**	**138.74**	**0.16**	**684.02**	**337.92**	2,891.09
	DIS.1.1	HIV/AIDS	**439.05**	**58.38**	**21.44**	**0.16**	**614.49**	**60.01**	1,193.52
	DIS.1.2	Tuberculosis	**68.10**	**8.52**	**4.89**		**39.14**	**10.50**	131.14
	DIS.1.3	Malaria	**50.15**	**7.89**	**10.19**		**17.79**	**8.76**	94.77
	DIS.1.4	Respiratory infections	**485.43**	**169.56**	**37.79**			**172.80**	865.57
	DIS.1.5	Diarrheal diseases	**197.58**	**52.92**	**30.89**			**56.86**	338.25
	DIS.1.7	Vaccine preventable diseases	**82.24**	**0.14**	**0.14**		**3.22**	**0.22**	85.95
	DIS.1.nec	Other infectious and parasitic diseases (n.e.c.)	**80.85**	**29.45**	**33.41**		**9.39**	**28.78**	181.87
DIS.2		**Reproductive health**	**2,243.22**	**343.54**	**265.74**		**12.86**	**423.42**	3,288.77
	DIS.2.1	Maternal conditions	**2,140.39**	**339.14**	**263.01**		**7.27**	**418.16**	3,167.97
	DIS.2.3	Contraceptive management (family planning)	**76.31**	**0.14**	**0.29**				76.74
	DIS.2.nec	Other reproductive health conditions (n.e.c.)	**26.51**	**4.26**	**2.45**		**5.59**	**5.25**	44.07
DIS.3		**Nutritional deficiencies**	**23.81**	**3.83**	**8.65**		**0.80**	**4.72**	41.81
DIS.4		**Noncommunicable diseases**	**265.86**	**97.00**	**20.98**			**99.15**	482.99
	DIS.4.4	Mental disorders	**86.41**	**31.93**	**7.02**			**35.27**	160.62
	DIS.4.9	Other noncommunicable diseases (n.e.c.)	**179.45**	**65.08**	**13.97**			**63.88**	322.37
DIS.5		**Injuries**	**113.02**	**46.19**	**245.09**			**40.23**	444.54
DIS.6		**Non-disease specific**	**4.89**	**0.81**	**0.04**		**1.42**		7.17
DIS.nec		**Other diseases / conditions (n.e.c.)**	**556.51**	**206.67**	**775.02**			**132.39**	1,670.59
All DIS			4,610.71	1,024.90	1,454.26	0.16	699.09	1,037.83	8,826.95

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

Gross fixed capital formation	Institutional units providing revenues to financing schemes *Namibian dollar (NAD), Million*	FS.RI.1.1 Government	FS.RI.1.2 Corporations	FS.RI.1.3 Households	FS.RI.1.4 NPISH	FS.RI.1.5 Rest of the world	FS.RI.1.5.1 Bilateral donors	FS.RI.1.5.2 Multilateral donors	All FS.RI
HK.1	**Gross capital formation**	**359.30**	**0.78**	**0.03**	**0.05**	**13.46**	**11.70**	**1.76**	373.62
HK.1.1	Gross fixed capital formation	**359.30**	**0.39**	**0.01**	**0.05**	**13.04**	11.30	1.74	372.78
HK.1.1.1	Infrastructure	**282.82**				**8.51**	8.51		291.33
HK.1.1.1.1	Residential and non-residential buildings	**282.82**				**8.51**	8.51		291.33
HK.1.1.2	Machinery and equipment	**76.48**	**0.39**	**0.01**	**0.05**	**4.53**	2.79	1.74	81.45
HK.1.1.2.1	Medical equipment	**17.89**	**0.39**	**0.01**	**0.01**	**2.21**	2.21		20.51
HK.1.1.2.2	Transport equipment	**30.67**				**0.58**	0.58		31.25
HK.1.1.2.3	ICT equipment					**0.38**		0.38	0.38
HK.1.1.2.4	Machinery and equipment n.e.c.	**27.92**			**0.04**	**1.36**		1.36	29.32
HK.1.2	Changes in inventories		**0.39**	**0.02**					0.41
HK.1.nec	Other gross capital formation (n.e.c.)					**0.42**	0.40	0.02	0.42
HKR.4	**Research and development in health**					**0.31**		**0.31**	0.31
HK.nec	**Other gross fixed capital formation (n.e.c.)**					**0.09**		**0.09**	0.09
All HK		359.30	0.78	0.03	0.05	13.86	11.70	2.16	374.01

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

Gross fixed capital formation	Health care providers *Namibian dollar (NAD), Million*	HP.1 Hospitals	HP.3 Providers of ambulatory health care	HP.6 Providers of preventive care	HP.7 Providers of health care system administration and	HP.8 Rest of economy	HP.nec Other health care providers (n.e.c.)	All HP
HK.1	**Gross capital formation**	**284.38**	**10.94**	**1.20**	**75.24**	**0.08**	**1.78**	373.62
HK.1.1	Gross fixed capital formation	**284.38**	**10.94**	**0.76**	**75.24**	**0.08**	**1.38**	372.78
HK.1.1.1	Infrastructure	**259.13**			**32.20**			291.33
HK.1.1.1.1	Residential and non-residential buildings	**259.13**			**32.20**			291.33
HK.1.1.2	Machinery and equipment	**25.25**	**10.94**	**0.76**	**43.05**	**0.08**	**1.38**	81.45
HK.1.1.2.1	Medical equipment	**20.31**	**0.02**	**0.11**	**0.07**			20.51
HK.1.1.2.2	Transport equipment	**0.58**			**30.67**			31.25
HK.1.1.2.3	ICT equipment		**0.01**	**0.28**		**0.05**	**0.03**	0.38
HK.1.1.2.4	Machinery and equipment n.e.c.	**4.36**	**10.91**	**0.37**	**12.31**	**0.02**	**1.35**	29.32
HK.1.2	Changes in inventories			**0.41**				0.41
HK.1.nec	Other gross capital formation (n.e.c.)			**0.02**			**0.40**	0.42
HKR.4	**Research and development in health**					**0.31**		0.31
HK.nec	**Other gross fixed capital formation**			**0.09**				0.09
All HK		284.38	10.94	1.29	75.24	0.38	1.78	374.01

C.10. Capital: Institutional unit providing revenues to financing scheme (FS.RI) x Classification of diseases / conditions (DIS)

Currency: Namibian dollar (NAD)

Classification of diseases / conditions	Institutional units providing revenues to financing schemes *Namibian dollar (NAD), Million*	FS.RI.1.1 Government	FS.RI.1.2 Corporations	FS.RI.1.3 Households	FS.RI.1.4 NPISH	FS.RI.1.5 Rest of the world	All FS.RI
DIS.1	**Infectious and parasitic diseases**	**58.68**			**0.04**	**2.56**	61.28
DIS.1.1	HIV/AIDS	**6.89**			**0.04**	**2.48**	9.41
DIS.1.2	Tuberculosis	**5.64**				**0.08**	5.72
DIS.1.3	Malaria	**3.48**					3.48
DIS.1.4	Respiratory infections	**24.06**					24.06
DIS.1.5	Diarrheal diseases	**14.61**					14.61
DIS.1.nec	Other infectious and parasitic diseases (n.e.c.)	**4.01**					4.01
DIS.2	**Reproductive health**	**226.22**				**11.30**	237.52
DIS.2.1	Maternal conditions	**223.41**				**11.30**	234.72
DIS.2.nec	Other reproductive health conditions (n.e.c.)	**2.81**					2.81
DIS.3	**Nutritional deficiencies**	**2.52**					2.52
DIS.4	**Noncommunicable diseases**	**13.03**					13.03
DIS.4.4	Mental disorders	**4.14**					4.14
DIS.4.9	Other noncommunicable diseases (n.e.c.)	**8.89**					8.89
DIS.5	**Injuries**	**5.60**					5.60
DIS.6	**Non-disease specific**		**0.50**	**0.03**	**0.01**		0.54
DIS.nec	**Other diseases / conditions (n.e.c.)**	**53.24**	**0.28**				53.51
All DIS		359.30	0.78	0.03	0.05	13.86	374.01

C.11. Capital: Financing agent (FA) x Gross fixed capital formation (HK)

Currency: Namibian dollar (NAD)

Financing agents (used for HF.RI.1)				FA.1	FA.3	FA.4	FA.6	All FA
Gross fixed capital formation			*Namibian dollar (NAD), Million*	General government	Corporations (other than insurance corporations) (part of HF.RI.1.2)	Non-profit institutions serving households (NPISH)	Rest of the world	
HK.1			**Gross capital formation**	**370.60**	**0.28**	**2.74**		373.62
	HK.1.1		Gross fixed capital formation	**370.60**	**0.28**	**1.90**		372.78
		HK.1.1.1	Infrastructure	**291.33**				291.33
			HK.1.1.1.1 Residential and non-residential buildings	**291.33**				291.33
		HK.1.1.2	Machinery and equipment	**79.27**	**0.28**	**1.90**		81.45
			HK.1.1.2.1 Medical equipment	**20.10**	**0.28**	**0.12**		20.51
			HK.1.1.2.2 Transport equipment	**31.25**				31.25
			HK.1.1.2.3 ICT equipment			**0.38**		0.38
			HK.1.1.2.4 Machinery and equipment n.e.c.	**27.92**		**1.40**		29.32
	HK.1.2		Changes in inventories			**0.41**		0.41
	HK.1.nec		Other gross capital formation (n.e.c.)			**0.42**		0.42
HKR.4			**Research and development in health**				**0.31**	0.31
HK.nec			**Other gross fixed capital formation (n.e.c.)**			**0.09**		0.09
All HK				370.60	0.28	2.83	0.31	374.01

Annex D: HIV Statistical Tables

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

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

Financing schemes	Revenues of health care financing schemes *Namibian dollar (NAD), Million*	FS.1 Transfers from government domestic revenue (allocated to health purposes)	FS.2 Transfers distributed by government from foreign origin	FS.3 Social insurance contributions	FS.3.1 Social insurance contributions from employees	FS.3.2 Social insurance contributions from employers	FS.5 Voluntary prepayment	FS.5.1 Voluntary prepayment from individuals/households	FS.5.2 Voluntary prepayment from employers	FS.5.3 Other voluntary prepaid revenues	FS.6 Other domestic revenues n.e.c.	FS.6.1 Other revenues from households n.e.c.	FS.6.2 Other revenues from corporations n.e.c.	FS.6.3 Other revenues from NPISH n.e.c.	FS.7 Direct foreign transfers	FS.nec Other revenues (n.e.c.)	All FS
HF.1	**Government schemes and compulsory contributory health care financing schemes**	**382.36**	**72.72**	**64.36**	**9.65**	**54.70**									**1.44**		520.87
HF.1.1	Government schemes	**382.36**	**72.72**												**1.44**		456.52
HF.1.2	Compulsory contributory health insurance schemes			**64.36**	9.65	54.70											64.36
HF.1.2.1	Social health insurance schemes			**64.36**	9.65	54.70											64.36
HF.2	**Voluntary health care payment schemes**		**3.95**				**116.77**	**9.45**	**53.22**	**54.10**	**7.31**		**7.15**	**0.16**	**507.34**	**5.91**	641.28
HF.2.1	Voluntary health insurance schemes						**116.77**	9.45	53.22	54.10						**4.86**	121.62
HF.2.1.1	Primary/substitutory health insurance schemes						**53.22**		53.22								53.22
HF.2.1.1.1	Employer-based insurance (other than enterprises schemes)						**53.22**		53.22								53.22
HF.2.1.2	Complementary/supplementary insurance schemes						**63.55**	9.45		54.10						**4.86**	68.41
HF.2.2	NPISH financing schemes (including development agencies)										**0.29**		0.13	0.16	**507.34**	**1.05**	508.69
HF.2.3	Enterprise financing schemes		**3.95**								**7.02**		7.02				10.97
HF.3	**Household out-of-pocket payment**										**2.33**	**2.33**					2.33
HF.4	**Rest of the world financing schemes (non-resident)**														**29.03**		29.03
All HF		382.36	76.67	64.36	9.65	54.70	116.77	9.45	53.22	54.10	9.64	2.33	7.15	0.16	537.82	5.91	1,193.52

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

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

Financing schemes	Institutional units providing revenues to financing schemes *Namibian dollar (NAD), Million*	FS.RI.1.1 Government	FS.RI.1.2 Corporations	FS.RI.1.3 Households	FS.RI.1.4 NPISH	FS.RI.1.5 Rest of the world	FS.RI.1.nec Other institutional units providing revenues to financing schemes (n.e.c.)	All FS.RI
HF.1	**Government schemes and compulsory contributory health care financing schemes**	**437.06**		**9.65**		**74.16**		520.87
HF.1.1	Government schemes	**382.36**				**74.16**		456.52
HF.1.2	Compulsory contributory health insurance schemes	**54.70**		**9.65**				64.36
HF.2	**Voluntary health care payment schemes**	**1.98**	**58.38**	**9.45**	**0.16**	**511.30**	**60.01**	641.28
HF.2.1	Voluntary health insurance schemes	**1.98**	**51.23**	**9.45**			**58.96**	121.62
HF.2.1.1	Primary/substitutory health insurance schemes	**1.98**	**51.23**					53.22
HF.2.1.1.1	Employer-based insurance (other than enterprises schemes)	**1.98**	**51.23**					53.22
HF.2.1.2	Complementary/supplementary insurance schemes			**9.45**			**58.96**	68.41
HF.2.2	NPISH financing schemes (including development agencies)		**0.13**		**0.16**	**507.34**	**1.05**	508.69
HF.2.3	Enterprise financing schemes		**7.02**			**3.95**		10.97
HF.3	**Household out-of-pocket payment**			**2.33**				2.33
HF.4	**Rest of the world financing schemes (non-resident)**					**29.03**		29.03
All HF		439.05	58.38	21.44	0.16	614.49	60.01	1,193.52

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

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

Institutional units providing revenues to financing schemes *Namibian dollar (NAD), Million* Health care functions			FS.RI.1.1 Government	FS.RI.1.2 Corporations	FS.RI.1.3 Households	FS.RI.1.4 NPISH	FS.RI.1.5 Rest of the world	FS.RI.1.nec Other institutional units providing revenues to financing schemes (n.e.c.)	All FS.RI
HC.1		**Curative care**	**350.04**	**43.62**	**17.98**		**100.02**	**43.97**	555.64
	HC.1.1	Inpatient curative care	**107.52**	**8.19**	**11.97**		**44.82**	**14.96**	187.46
	HC.1.2	Day curative care					**0.13**		0.13
	HC.1.3	Outpatient curative care	**242.52**	**35.43**	**6.01**		**47.49**	**29.01**	360.46
	HC.1.4	Home-based curative care					**7.59**		7.59
HC.3		**Long-term care (health)**					**5.42**		5.42
HC.4		**Ancillary services (non-specified by function)**	**0.09**	**2.42**	**0.34**		**2.45**	**2.45**	7.75
HC.5		**Medical goods (non-specified by function)**	**12.40**	**6.65**	**3.11**			**7.77**	29.93
HC.6		**Preventive care**	**46.73**	**5.56**			**143.36**	**1.05**	196.69
	HC.6.1	Information, education and counseling programmes	**7.84**	**5.56**			**68.46**	**1.05**	82.90
	HC.6.3	Early disease detection programmes					**25.37**		25.37
	HC.6.5	Epidemiological surveillance and risk and disease control programmes	**38.89**				**1.28**		40.17
	HC.6.nec	Other preventive care (n.e.c.)					**48.25**		48.25
HC.7		**Governance, and health system and financing administration**	**29.79**	**0.13**		**0.16**	**300.51**	**4.77**	335.36
HC.9		**Other health care services not elsewhere classified (n.e.c.)**					**62.73**		62.73
All HC			439.05	58.38	21.44	0.16	614.49	60.01	1,193.52

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

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

Financing schemes			HF.1				HF.2								HF.3	HF.4	All HF
				HF.1.1	HF.1.2	HF.1.2.1		HF.2.1						HF.2.2	HF.2.3			
									HF.2.1.1			HF.2.1.2						
										HF.2.1.1.1								
Health care providers		Namibian dollar (NAD), Million	Government schemes and compulsory contributory health care financing schemes	Government schemes	Compulsory contributory health insurance schemes	Social health insurance schemes	Voluntary health care payment schemes	Voluntary health insurance schemes	Primary/substitutory health insurance schemes	Employer-based insurance (other than enterprises schemes)	Complementary/supplementary insurance schemes	NPISH financing schemes (including development agencies)	Enterprise financing schemes	Household out-of-pocket payment	Rest of the world financing schemes (non-resident)	
HP.1		**Hospitals**	**367.29**	**317.76**	**49.53**	**49.53**	**79.69**	**34.42**	**14.51**	**14.51**	**19.91**	**45.26**	**0.00**	**0.48**		447.45
	HP.1.1	General hospitals	**367.27**	317.76	49.51	49.51	**79.61**	34.34	14.49	14.49	19.86	45.26	0.00	**0.48**		447.35
		HP.1.1.1 Government hospital	**317.76**	317.76			**45.31**	0.05	0.02	0.02	0.02	45.26		**0.36**		363.43
		HP.1.1.2 Private hospital					**34.30**	34.29	14.46	14.46	19.83		0.00	**0.11**		34.41
	HP.1.3	Specialised hospitals (other than mental health hospitals)	**0.02**		0.02	0.02	**0.08**	0.08	0.03	0.03	0.05					0.10
HP.3		**Providers of ambulatory health care**	**52.03**	**51.48**	**0.54**	**0.54**	**82.16**	**61.50**	**29.29**	**29.29**	**32.21**	**19.27**	**1.39**	**1.85**	**3.46**	139.50
	HP.3.1	Medical practices					**62.35**	60.97	28.87	28.87	32.10		1.38			62.35
	HP.3.4	Ambulatory health care centres	**52.03**	51.48	0.54	0.54	**7.92**	0.53	0.42	0.42	0.11	7.38	0.01	**1.85**	**3.46**	65.26
	HP.3.5	Providers of home health care services					**11.89**					11.89				11.89
HP.4		**Providers of ancillary services**					**7.75**	**5.30**	**2.51**	**2.51**	**2.79**	**2.45**				7.75
HP.5		**Retailers and other providers of medical goods**	**14.29**		**14.29**	**14.29**	**15.64**	**15.63**	**6.90**	**6.90**	**8.73**		**0.00**	**0.00**		29.93
HP.6		**Providers of preventive care**	**51.58**	**51.58**			**114.67**					**110.72**	**3.95**		**24.01**	190.26
HP.7		**Providers of health care system administration and financing**	**32.66**	**32.66**			**301.95**	**4.77**			**4.77**	**297.19**			**1.45**	336.07
HP.8		**Rest of economy**	**1.13**	**1.13**			**39.32**					**33.70**	**5.62**			40.44
HP.9		**Rest of the world**													**0.06**	0.06
HP.nec		**Other health care providers (n.e.c.)**	**1.90**	**1.90**			**0.11**					**0.11**			**0.05**	2.06
All HP			520.87	456.52	64.36	64.36	641.28	121.62	53.22	53.22	68.41	508.69	10.97	2.33	29.03	1,193.52

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

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

Financing schemes		HF.1	HF.1.1	HF.1.2	HF.1.2.1	HF.2	HF.2.1	HF.2.1.1	HF.2.1.1.1	HF.2.1.2	HF.2.2	HF.2.3	HF.3	HF.4	All HF
Health care functions	*Namibian dollar (NAD), Million*	**Government schemes and compulsory contributory health care financing schemes**	Government schemes	Compulsory contributory health insurance schemes	Social health insurance schemes	**Voluntary health care payment schemes**	Voluntary health insurance schemes	Primary/substitutory health insurance schemes	Employer-based insurance (other than enterprises schemes)	Complementary/supplementary insurance schemes	NPISH financing schemes (including development agencies)	Enterprise financing schemes	**Household out-of-pocket payment**	**Rest of the world financing schemes (non-resident)**	
HC.1	**Curative care**	**359.61**	**309.54**	**50.07**	**50.07**	**190.18**	**95.92**	**43.80**	**43.80**	**52.12**	**92.81**	**1.46**	**2.33**	**3.52**	555.64
HC.1.1	Inpatient curative care	**114.31**	65.60	48.71	48.71	**72.58**	27.76	8.70	8.70	19.06	44.82	0.00	**0.57**		187.46
HC.1.2	Day curative care					**0.13**					0.13				0.13
HC.1.3	Outpatient curative care	**244.17**	242.82	1.35	1.35	**111.01**	68.16	35.11	35.11	33.06	41.40	1.45	**1.76**	**3.52**	360.46
HC.1.4	Home-based curative care	**1.13**	1.13			**6.47**					6.47				7.59
HC.3	**Long-term care (health)**					**5.42**					**5.42**				5.42
HC.4	**Ancillary services (non-specified by function)**					**7.75**	**5.30**	**2.51**	**2.51**	**2.79**	**2.45**				7.75
HC.5	**Medical goods (non-specified by function)**	**14.29**		**14.29**	**14.29**	**15.64**	**15.63**	**6.90**	**6.90**	**8.73**		**0.00**	**0.00**		29.93
HC.6	**Preventive care**	**52.35**	**52.35**			**120.34**					**110.83**	**9.51**		**24.01**	196.69
HC.6.1	Information, education and counseling programmes	**12.69**	12.69			**69.25**					59.74	9.51		**0.96**	82.90
HC.6.3	Early disease detection programmes					**24.30**					24.30			**1.07**	25.37
HC.6.5	Epidemiological surveillance and risk and disease control programmes	**39.65**	39.65			**0.46**					0.46			**0.06**	40.17
HC.6.nec	Other preventive care (n.e.c.)					**26.33**					26.33			**21.92**	48.25
HC.7	**Governance, and health system and financing administration**	**31.90**	**31.90**			**301.95**	**4.77**			**4.77**	**297.19**			**1.51**	335.36
HC.9	**Other health care services not elsewhere classified (n.e.c.)**	**62.73**	**62.73**												62.73
All HC		520.87	456.52	64.36	64.36	641.28	121.62	53.22	53.22	68.41	508.69	10.97	2.33	29.03	1,193.52

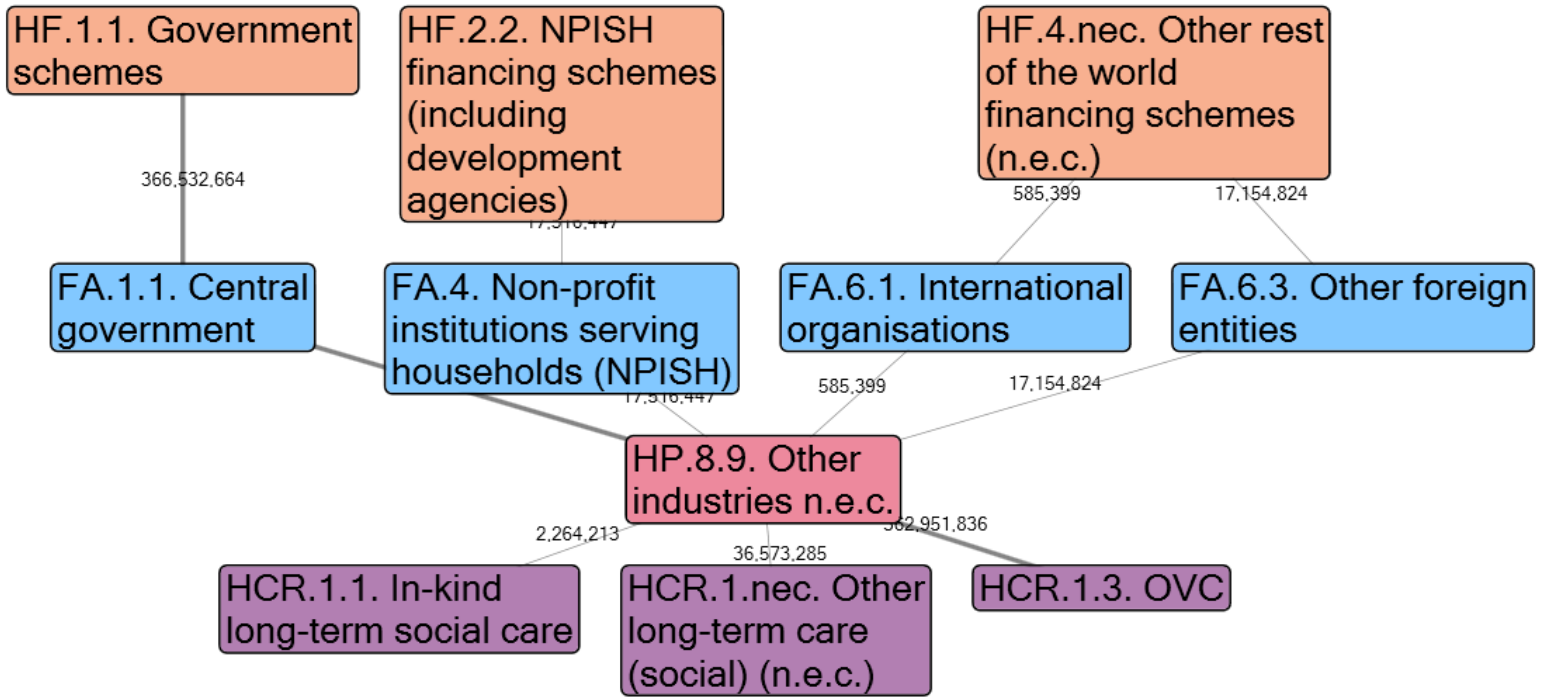
D.6. Recurrent: Health care provider (HP) x Function (HC)

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

Health care functions	Health care providers / Namibian dollar (NAD), Million	HP.1	HP.1.1	HP.1.1.1	HP.1.1.2	HP.1.3	HP.3	HP.3.1	HP.3.4	HP.3.5	HP.4	HP.5	HP.6	HP.7	HP.8	HP.9	HP.nec	All HP
		Hospitals	General hospitals	Government hospital	Private hospital	Specialised hospitals (other than mental health hospitals)	Providers of ambulatory health care	Medical practices	Ambulatory health care centres	Providers of home health care services	Providers of ancillary services	Retailers and other providers of medical goods	Providers of preventive care	Providers of health care system administration and financing	Rest of economy	Rest of the world	Other health care providers (n.e.c.)	
HC.1	**Curative care**	**392.88**	**392.78**	**308.86**	**34.41**	**0.10**	**125.92**	**62.35**	**57.11**	**6.47**			**0.06**		**34.89**		**1.90**	555.64
HC.1.1	Inpatient curative care	**187.08**	186.98	110.65	27.64	0.10	**0.38**		0.38									187.46
HC.1.2	Day curative care						**0.13**		0.13									0.13
HC.1.3	Outpatient curative care	**205.80**	205.79	198.21	6.77	0.00	**118.95**	62.35	56.60				**0.06**		**33.76**		**1.90**	360.46
HC.1.4	Home-based curative care						**6.47**			6.47					**1.13**			7.59
HC.3	**Long-term care (health)**						**5.42**			**5.42**								5.42
HC.4	**Ancillary services (non-specified by function)**										**7.75**							7.75
HC.5	**Medical goods (non-specified by function)**											**29.93**						29.93
HC.6	**Preventive care**												**190.21**	**0.76**	**5.56**	**0.06**	**0.11**	196.69
HC.6.1	Information, education and counseling programmes												**77.35**		**5.56**			82.90
HC.6.3	Early disease detection programmes												**25.37**					25.37
HC.6.5	Epidemiological surveillance and risk and disease control programmes												**39.23**	**0.76**		**0.06**	**0.11**	40.17
HC.6.nec	Other preventive care (n.e.c.)												**48.25**					48.25
HC.7	**Governance, and health system and financing administration**													**335.31**			**0.05**	335.36
HC.9	**Other health care services not elsewhere classified (n.e.c.)**	**54.57**	**54.57**	**54.57**			**8.15**		**8.15**									62.73
All HC		447.45	447.35	363.43	34.41	0.10	139.50	62.35	65.26	11.89	7.75	29.93	190.26	336.07	40.44	0.06	2.06	1,193.52

D.7. HIV Health care related spending

Total expenditure amount: 401,789,334 Namibian dollar



Annex E: Reproductive Health Statistical Tables

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

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

Financing schemes	Revenues of health care financing schemes *Namibian dollar (NAD), Million*	FS.1 Transfers from government domestic revenue (allocated to health purposes)	FS.3 Social insurance contributions	FS.3.1 Social insurance contributions from employees	FS.3.2 Social insurance contributions from employers	FS.5 Voluntary prepayment	FS.5.1 Voluntary prepayment from individuals/households	FS.5.2 Voluntary prepayment from employers	FS.5.3 Other voluntary prepaid revenues	FS.6 Other domestic revenues n.e.c.	FS.7 Direct foreign transfers	FS.nec Other revenues (n.e.c.)	All FS
HF.1	**Government schemes and compulsory contributory health care financing schemes**	**1,564.56**	**784.22**	**117.63**	**666.59**						**10.34**		2,359.12
HF.1.1	Government schemes	**1,564.56**									**10.34**		1,574.90
HF.1.2	Compulsory contributory health insurance schemes		**784.22**	117.63	666.59								784.22
HF.2	**Voluntary health care payment schemes**					**827.25**	**79.70**	**354.57**	**392.99**	**0.91**		**30.57**	858.73
HF.2.1	Voluntary health insurance schemes					**827.25**	79.70	354.57	392.99			**30.57**	857.82
HF.2.1.1	Primary/substitutory health insurance schemes					**354.57**		354.57					354.57
HF.2.1.1.1	Employer-based insurance (other than enterprises schemes)					**354.57**		354.57					354.57
HF.2.1.2	Complementary/supplementary insurance schemes					**472.68**	79.70		392.99			**30.57**	503.25
HF.2.2	NPISH financing schemes (including development agencies)									**0.01**			0.01
HF.2.2.1	NPISH financing schemes (excluding HF.2.2.2)									**0.01**			0.01
HF.2.3	Enterprise financing schemes									**0.90**			0.90
HF.3	**Household out-of-pocket payment**									**68.41**			68.41
HF.4	**Rest of the world financing schemes (non-resident)**										**2.52**		2.52
All HF		1,564.56	784.22	117.63	666.59	827.25	79.70	354.57	392.99	69.32	12.86	30.57	3,288.77

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

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

Financing schemes	Institutional units providing revenues to financing schemes *Namibian dollar (NAD), Million*	FS.RI.1.1 Government	FS.RI.1.2 Corporations	FS.RI.1.3 Households	FS.RI.1.5 Rest of the world	FS.RI.1.nec units providing revenues to financing schemes (n.e.c.)	All FS.RI
HF.1	**Government schemes and compulsory contributory health care financing schemes**	**2,231.15**		**117.63**	**10.34**		2,359.12
HF.1.1	Government schemes	**1,564.56**			**10.34**		1,574.90
HF.1.2	Compulsory contributory health insurance schemes	**666.59**		**117.63**			784.22
HF.2	**Voluntary health care payment schemes**	**12.07**	**343.54**	**79.70**		**423.42**	858.73
HF.2.1	Voluntary health insurance schemes	**12.07**	**342.63**	**79.70**		**423.42**	857.82
HF.2.1.1	Primary/substitutory health insurance schemes	**12.07**	**342.50**				354.57
HF.2.1.1.1	Employer-based insurance (other than enterprises schemes)	**12.07**	**342.50**				354.57
HF.2.1.2	Complementary/supplementary insurance schemes		**0.14**	**79.70**		**423.42**	503.25
HF.2.2	NPISH financing schemes (including development agencies)			**0.01**			0.01
HF.2.3	Enterprise financing schemes		**0.90**				0.90
HF.3	**Household out-of-pocket payment**			**68.41**			68.41
HF.4	**Rest of the world financing schemes (non-resident)**				**2.52**		2.52
All HF		2,243.22	343.54	265.74	12.86	423.42	3,288.77

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

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

Health care functions		Institutional units providing revenues to financing schemes *Namibian dollar (NAD), Million*	FS.RI.1.1 Government	FS.RI.1.2 Corporations	FS.RI.1.3 Households	FS.RI.1.5 Rest of the world	FS.RI.1.nec Other institutional units providing revenues to financing schemes (n.e.c.)	All FS.RI
HC.1		**Curative care**	**1,743.17**	**251.16**	**247.32**	**2.19**	**249.47**	2,493.31
	HC.1.1	Inpatient curative care	**1,737.43**	**157.97**	**247.28**	**2.19**	**240.46**	2,385.33
	HC.1.3	Outpatient curative care	**5.74**	**93.19**	**0.04**		**9.01**	107.98
HC.5		**Medical goods (non-specified by function)**	**3.50**	**92.20**	**13.52**		**107.61**	216.82
HC.6		**Preventive care**	**108.23**	**0.18**	**4.90**	**3.97**	**0.28**	117.56
	HC.6.1	Information, education and counseling programmes				**3.97**		3.97
	HC.6.4	Healthy condition monitoring programmes	**31.46**	**0.02**	**4.62**		**0.13**	36.23
	HC.6.nec	Other preventive care (n.e.c.)	**76.76**	**0.16**	**0.29**		**0.15**	77.36
HC.7		**Governance, and health system and financing administration**	**388.32**			**0.37**	**66.06**	454.75
HC.9		**Other health care services not elsewhere classified (n.e.c.)**				**6.32**		6.32
All HC			2,243.22	343.54	265.74	12.86	423.42	3,288.77

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

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

Financing schemes			HF.1			HF.2								HF.3	HF.4	All HF
				HF.1.1	HF.1.2		HF.2.1					HF.2.2	HF.2.3			
								HF.2.1.1			HF.2.1.2					
									HF.2.1.1.1							
Health care providers		Namibian dollar (NAD), Million	Government schemes and compulsory contributory health care financing schemes	Government schemes	Compulsory contributory health insurance schemes	Voluntary health care payment schemes	Voluntary health insurance schemes	Primary/substitutory health insurance schemes	Employer-based insurance (other than enterprises schemes)	Complementary/supplementary insurance schemes	NPISH financing schemes (including development agencies)	Enterprise financing schemes	Household out-of-pocket payment	Rest of the world financing schemes (non-resident)	
HP.1		**Hospitals**	**1,909.71**	**1,125.48**	**784.22**	**571.44**	**571.38**	**255.76**	**255.76**	**315.61**		**0.07**	**60.95**	**2.01**	2,544.11
	HP.1.1	General hospitals	**1,908.93**	1,125.48	783.45	**570.21**	570.14	255.34	255.34	314.80		0.07	**60.95**	**2.01**	2,542.10
		HP.1.1.1 Government hospital	**1,125.48**	1,125.48		**0.66**	0.66	0.30	0.30	0.36			**3.15**	**2.01**	1,131.30
		HP.1.1.2 Private hospital				**569.55**	569.48	255.04	255.04	314.44		0.07	**57.81**		627.35
	HP.1.3	Specialised hospitals (other than mental health hospitals)	**0.78**		0.78	**1.24**	1.24	0.42	0.42	0.81					2.01
HP.3		**Providers of ambulatory health care**	**50.94**	**50.94**		**4.42**	**3.64**	**3.17**	**3.17**	**0.48**		**0.78**	**2.13**		57.50
	HP.3.1	Medical practices				**0.78**						0.78	**1.64**		2.42
	HP.3.4	Ambulatory health care centres	**50.94**	50.94		**3.64**	3.64	3.17	3.17	0.48			**0.49**		55.07
HP.5		**Retailers and other providers of medical goods**				**216.66**	**216.60**	**95.64**	**95.64**	**120.97**		**0.06**	**0.16**		216.82
HP.6		**Providers of preventive care**	**3.97**	**3.97**		**0.14**	**0.14**			**0.14**	**0.01**				4.11
HP.7		**Providers of health care system administration and financing**	**388.33**	**388.33**		**66.06**	**66.06**			**66.06**					454.39
HP.nec		**Other health care providers (n.e.c.)**	**6.18**	**6.18**									**5.16**	**0.51**	11.84
All HP			2,359.12	1,574.90	784.22	858.73	857.82	354.57	354.57	503.25	0.01	0.90	68.41	2.52	3,288.77

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

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

Financing schemes			HF.1			HF.2								HF.3	HF.4	All HF
				HF.1.1	HF.1.2		HF.2.1						HF.2.2	HF.2.3			
								HF.2.1.1			HF.2.1.2					
									HF.2.1.1.1							
Health care functions		Namibian dollar (NAD), Million	Government schemes and compulsory contributory health care financing schemes	Government schemes	Compulsory contributory health insurance schemes	Voluntary health care payment schemes	Voluntary health insurance schemes	Primary/substitutory health insurance schemes	Employer-based insurance (other than enterprises schemes)	Complementary/supplementary insurance schemes	NPISH financing schemes (including development agencies)	Enterprise financing schemes	Household out-of-pocket payment	Rest of the world financing schemes (non-resident)	
HC.1		**Curative care**	**1,852.28**	**1,068.98**	**783.30**	**575.50**	**574.65**	**258.89**	**258.89**	**315.77**		**0.85**	**63.53**	**2.01**	2,493.31
	HC.1.1	Inpatient curative care	**1,846.54**	1,063.25	783.30	**473.29**	473.22	166.47	166.47	306.75		0.07	**63.49**	**2.01**	2,385.33
	HC.1.3	Outpatient curative care	**5.74**	5.74		**102.21**	101.43	92.41	92.41	9.01		0.78	**0.04**		107.98
HC.5		**Medical goods (non-specified by function)**				**216.66**	**216.60**	**95.64**	**95.64**	**120.97**		**0.06**	**0.16**		216.82
HC.6		**Preventive care**	**112.34**	**111.41**	**0.93**	**0.51**	**0.50**	**0.05**	**0.05**	**0.46**	**0.01**		**4.71**		117.56
	HC.6.1	Information, education and counseling programmes	**3.97**	3.97											3.97
	HC.6.4	Healthy condition monitoring programmes	**31.53**	31.10	0.43	**0.17**	0.17	0.02	0.02	0.15			**4.53**		36.23
	HC.6.nec	Other preventive care (n.e.c.)	**76.84**	76.34	0.50	**0.34**	0.33	0.03	0.03	0.31	0.01		**0.18**		77.36
HC.7		**Governance, and health system and financing administration**	**388.33**	**388.33**		**66.06**	**66.06**			**66.06**				**0.36**	454.75
HC.9		**Other health care services not elsewhere classified (n.e.c.)**	**6.18**	**6.18**										**0.15**	6.32
All HC			2,359.12	1,574.90	784.22	858.73	857.82	354.57	354.57	503.25	0.01	0.90	68.41	2.52	3,288.77

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

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

Health care functions		Health care providers / Namibian dollar (NAD), Million	HP.1 Hospitals	HP.1.1	HP.1.1.1 General hospitals	HP.1.1.2 Government hospital	HP.1.3 Private hospital	Specialised hospitals (other than mental health hospitals)	HP.3 Providers of ambulatory health care	HP.3.1 Medical practices	HP.3.4 Ambulatory health care centres	HP.5 Retailers and other providers of medical goods	HP.5.1 Pharmacies	HP.6 Providers of preventive care	HP.7 Providers of health care system administration and financing	HP.7.1 Government health administration agencies	HP.7.3 Private health insurance administration agencies	HP.nec Other health care providers (n.e.c.)	All HP
HC.1		**Curative care**	**2,474.66**	**2,472.64**	**1,065.49**	**624.63**	**2.01**		**13.50**	**0.78**	**12.72**							**5.16**	2,493.31
	HC.1.1	Inpatient curative care	**2,367.50**	2,365.49	1,059.76	523.21	2.01		**12.67**		12.67							**5.16**	2,385.33
	HC.1.3	Outpatient curative care	**107.16**	107.16	5.74	101.42			**0.82**	0.78	0.05								107.98
HC.5		**Medical goods (non-specified by function)**										**216.82**	**216.82**						216.82
HC.6		**Preventive care**	**69.45**	**69.45**	**65.80**	**2.72**			**44.00**	**1.64**	**42.36**			**4.11**					117.56
	HC.6.1	Information, education and counseling programmes												**3.97**					3.97
	HC.6.4	Healthy condition monitoring programmes	**22.21**	22.21	19.39	2.39			**14.02**	1.64	12.38								36.23
	HC.6.nec	Other preventive care (n.e.c.)	**47.24**	47.24	46.41	0.33			**29.98**		29.98			**0.14**					77.36
HC.7		**Governance, and health system and financing administration**													**454.39**	**388.33**	**66.06**	**0.36**	454.75
HC.9		**Other health care services not elsewhere classified (n.e.c.)**																**6.32**	6.32
All HC			2,544.11	2,542.10	1,131.30	627.35	2.01		57.50	2.42	55.07	216.82	216.82	4.11	454.39	388.33	66.06	11.84	3,288.77