

# **FIJI HEALTH ACCOUNTS**

# **NATIONAL HEALTH EXPENDITURE**

**2011 - 2015**



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### **2011 - 2015**

**A publication of the Ministry of Health and Medical Services, Republic of Fiji**

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Toorak, Suva, Republic of Fiji

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## Foreword

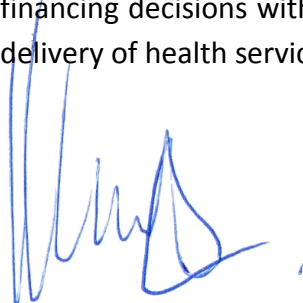
National Health Accounts (NHA) report has become an important tool to assist in evidence based planning and over the years has been the reference document for understanding expenditure flows in Fiji's health system. The detailed information provided in this report is used by both internal and external stakeholders in decision making at various level.

Good quality financial information to guide decision making is limited, the NHA reports provides the basis for making some level of health financing decisions and assists in filling the information gaps. The NHA reports have been improved over the years based on experience and feedback received on previous reports and to maintain consistency with ongoing developments with NHA productions.

The information presented in this report is from various sources, and collated and presented using a standard framework to assist in international comparability. The report has been prepared to show trends over the 5 year period (2011-2015) and to provide more meaningful information that will assist in understanding expenditure trends and changes in financing mechanisms.

The public health expenditure contributes to 63.1% of the current health expenditure and has been increasing consistently over the last 5 years; the private sector spending is around 34% for 2015. There has been a consistent decrease in out of pocket payments over the years, this is an important trend to note as out of pocket payment is a major component of household spending and private current health expenditure.

I take this opportunity to thank the NHA Committee for the collaborative effort in developing this report. I further acknowledge the contribution from all stakeholders in supporting MoHMS initiative in building evidence base required to make appropriate future health care financing decisions with the overall aim of strengthening health systems and improving the delivery of health services in Fiji.



**Mr. Philip K. Davies**  
**Permanent Secretary for Health and Medical Services**

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## Acknowledgements

The production of Fiji Health Accounts (FJHA) is an on-going activity for the Ministry of Health and Medical Services (MoHMS) since 2010. This is the sixth round and the 2015 information in this report is produced using the Health Accounts Production Tool (HAPT) which also includes disease accounts for the first time. This report is based on the System of Health Accounts (SHA 2011) framework.

The development of this report has been made possible through a collaborative effort between public sector, private sector and development partners. The public sector provided the national statistical information & financial raw data on a timely basis whilst the private sectors & development partners have cooperated in providing data through survey questionnaires.

We would like to express our appreciation to all these stakeholders for their contribution towards the development of this report with the anticipation of similar support for future productions.

The Centre for Health Information Policy and Systems Research (CHIPSR) of College of Medicine, Nursing & Health Sciences (CMNHS) at the Fiji National University (FNU) was engaged through World Health Organization (WHO) to provide technical support in using the HAPT. CHIPSR also assisted in doing the data management and analysis work that was required outside the HAPT, their continued support for the NHA work has always been remarkable.

We wish to further acknowledge the cooperation, commitment and support of the National Health Accounts Team for their efforts and contribution towards accomplishing this endeavour. The interpretation of the results and the drafting of the report was jointly done by Ministry of Health and Medical Services and CHIPSR-FNU.

Finally, the NHA team also recognises the contributions and support from individuals and organizations (not mentioned above) towards accomplishing this report and envisages the same support for future rounds.

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## Abbreviations

CHE	Current Health Expenditure	ICT	Information Communications Technology
CHIPSR	Centre for Health Information Policy and Systems Research	IP	Inpatient
CMNHS	College of Medicine, Nursing & Health Sciences	JICA	Japan International Cooperation Agency
CRA	Community Rehabilitation Assistance Program	K	Thousand Dollars
CWMH	Colonial War Memorial Hospital	KOICA	Korea International Cooperation Agency
DBC	Disease Based Costing	MFAT	Ministry of Foreign Affairs and Trade (aka New Zealand Aid Programme NZAID)
DFAT	Department of Foreign Affairs and Trade	MoEco	Ministry of Economy
DIS	Disease	MoHMS	Ministry of Health and Medical Services
DMO	Divisional Medical Officers	MOU	Memorandum of Understanding
DSHS	Deputy Secretary Hospital Services	MS	Medical Superintendents
DSPH	Deputy Secretary Public Health	NCD	Non-communicable Diseases
FBOS	Fiji Bureau of Statistics	NEC	Not Elsewhere Classified
FHSSP	Fiji Health Sector Support Program	NGOs	Non-government Organizations
FJ\$m	Fiji Dollars in Millions	NHA	National Health Accounts
FJHA	Fiji Health Accounts	OECD	Organisation for Economic Co-operation and Development
FMIS	Financial Management Information System	OOP	Out of Pocket Expenditure
FNU	Fiji National University	OP	Outpatient
FP	Factors of Healthcare Provision	PATIS	Patient Information System
FPBS	Fiji Pharmaceutical and Biomedical Services	PCHE	Private Current Health Expenditure
FPS	Fiji Pharmacy Society	PHC	Public Health Centres
FRCA	Fiji Revenue and Customs Authority	PHIS	Public Health Information System
FS	Revenue of Financing Schemes	PRC	People's Republic of China
GCHE	Government Current Health Expenditure	PSIP	Public Sector Investment Programme
GDP	Gross Domestic Product	SDHs	Sub Divisional Hospital
GF	Global Fund	SHA	System of Health Accounts
GHE	Government Health Expenditure (GCHE plus capital spending)	SPO	Strategic Planning Office
GL	General Ledger	TB	Tuberculosis
GP	General Practitioners	TGE	Total Government Expenditure
HAPT	Health Accounts Production Tool	TGHE	Total Government Health Expenditure
HC	Health Care Functions	THE	Total Health Expenditure
HF	Health Care Financing Schemes	UNAIDS	Joint United Nations Programme on HIV/AIDS
HIES	Household Income and Expenditure Survey	UNFPA	United Nations Population Fund
HiT	Health in Transition	UNICEF	United Nations Children's Fund
HK	Capital Expenditure	USD	United States Dollar
HP	Health Care Providers	VAT	Value Added Tax
HR	Human Resource	WHO	World Health Organization
ICD-10AM	International Coding of Disease 10 Australian Modification		
ICHA	International Classification of Health Accounts		

## Executive Summary

National Health Accounts (NHA) is the total estimated health spending in the country incurred by both the public and private sectors. NHAs provide information that can help a country track health expenditure from sources of financing to health services and ultimately to beneficiaries (ultimate users).

Current Health Expenditure (CHE) in Fiji was estimated at FJ\$326.5m in 2015 with per capita health spending of FJ\$375.60 or USD\$180.00 per capita. CHE in 2015 comprised of Public funds of FJ\$206.1m (63.1%), Private funds FJ\$112.1m (34.3%) and Development partner funds FJ\$8.3m (2.5%).

In 2015, CHE as a proportion of Gross Domestic Product (GDP) is estimated at 4.3%. Over the five year period 2011 to 2015, ratio of CHE to GDP averaged at 4.2%. The WHO states that it is difficult for countries to achieve universal health coverage and equal access to health care if countries spend less than 4-5% of GDP on health (World Health Report 2010).

The Private sector financing which is 34.3% of CHE was dominated by household spending. The majority of household spending was Out of Pocket (OOP). In 2015 OOP expenditure as a % of Private Current Health Expenditure (PCHE) was 60.9% and as a % of CHE was 21.0%.

Hospitals accounted for the largest amount of CHE. In 2015, 86.3% of hospital expenditure was financed by public sources and the remaining 13.7% by the private sector. The hospital expenditure by public sources has been increasing over the five year period.

Curative care accounted for the largest portion of CHE (50.2%) in 2015. There was a substantial increase in Curative care expenditure, one of the reason for this was the redistribution of ancillary services expenditure into curative care. Curative care expenditure in 2015 constitutes of 58.1% of outpatient care expenditure and 41.9% of inpatient care expenditure. Ambulatory health care accounted for 22.2% (FJ\$72.5m) in 2015. The majority of the Ambulatory health care expenditure was incurred at public health centres i.e. 51.6%.

Government Current Health Expenditure (GCHE) per capita on hospitals and public health centres (excluding Specialized services) was FJ\$231.03 in Northern, FJ\$210.01 in Eastern, FJ\$180.77 in Central and FJ\$148.53 in Western. In 2015 the Human resource cost on GCHE was FJ\$125.8m (61.0% of GCHE) and 38.5% of CHE. Government Capital spending was 13.1% of Government Health Expenditure (GHE) in 2015. This has increased since 2011 (7.4% of GHE).

In 2015, Noncommunicable Diseases (NCDs) including nutritional deficiencies and injuries accounted for the most expenditure and represents 54.0% of total CHE. Communicable Diseases (CD) expenditure accounted for 23.3% and Maternal and Child Health (MCH) expenditure accounted for 6.9% of CHE.

This report describes the health care system from an expenditure perspective. Such information provides policy or decision makers opportunities for improving access, equity, efficiency and financial risk protection as part of the national effort to bring services closer to our citizens and accelerate Fiji's progress towards "Universal Health Coverage".

## Summary of Key Indicators 2011-2015

No	Indicators	2011	2012	2013	2014	2015
1	Population	853,794	857,849	862,068	865,716	869,458
2	Gross Domestic Product (GDP) (FJ\$m)	5,738.8	6,010.1	6,440.0	7,039.5	7,541.3
3	Total Government Expenditure (TGE) (FJ\$m)	1,898.3	2,013.7	2,136.3	2,883.3	2,693.9
4	Current Health Expenditure (CHE) (FJ\$m)	230.4	251.5	267.7	310.2	326.6
5	Capital expenditure (HK) (FJ\$m)	15.1	14.7	24.2	32.7	36.9
6	CHE plus capital expenditure(FJ\$m)	245.5	266.2	291.9	342.9	363.4
7	CHE per capita (FJ\$)	269.9	293.2	310.5	358.3	375.6
8	Government Current health expenditure (GCHE) (FJ\$m)	138.7	149.1	158.9	191.5	206.1
9	Private Current health expenditure (PCHE) (FJ\$m)	80.6	87.2	97.7	106.8	112.1
10	Development partner Current health expenditure (FJ\$m)	11.1	15.2	11.1	11.9	8.3
11	GCHE as a % CHE	60.2%	59.3%	59.4%	61.7%	63.1%
12	PCHE as a % of CHE	35.0%	34.7%	36.5%	34.4%	34.3%
13	Development partner Current health expenditure as a % CHE	4.8%	6.0%	4.1%	3.8%	2.5%
14	CHE as a % of GDP	4.0%	4.2%	4.2%	4.4%	4.3%
15	GCHE as a % of TGE	7.3%	7.4%	7.4%	6.6%	7.7%
16	GCHE as a % of GDP	2.4%	2.5%	2.5%	2.7%	2.7%
17	PCHE as a % of GDP	1.4%	1.5%	1.5%	1.5%	1.5%
18	GCHE per capita (FJ\$)	162.5	173.8	184.3	221.2	237.0
19	Government financing Schemes as a % of CHE	60.2%	59.3%	59.3%	61.8%	63.1%
20	Voluntary Health Insurance Schemes as a % of CHE	5.6%	5.7%	8.6%	9.1%	13.5%
21	Out of Pocket (OOP) Expenditure as a % of CHE	29.4%	28.9%	27.9%	25.3%	21.0%
22	Curative expenditure as a % of CHE	42.0%	41.9%	41.5%	40.9%	50.3%
23	Inpatient expenditure as a % of Curative expenditure	47.8%	45.7%	40.5%	40.6%	41.9%
24	Outpatient expenditure as a % of Curative expenditure	52.2%	54.3%	59.5%	59.4%	58.1%
25	Preventive expenditure as a % of CHE	14.2%	16.7%	22.9%	25.0%	22.6%
26	Government Health Administration expenditure as a % of GCHE	15.4%	14.9%	9.2%	9.0%	10.1%
27	Hospital spending as a % of CHE	49.5%	46.6%	45.6%	46.3%	45.1%
28	Ambulatory health care as a % of CHE	15.8%	17.5%	22.8%	21.5%	22.2%
29	Medical goods as a % of CHE (excludes Government)	18.3%	17.6%	14.4%	11.7%	13.7%
30	Expenditure on Government Human Resources as a % of GCHE	61.9%	59.6%	59.6%	62.1%	61.0%
31	Government Pharmaceuticals (Drugs) Expenditure as a % of GCHE	7.4%	6.0%	6.2%	4.8%	6.6%
32	Capital expenditure as a % of CHE plus capital expenditure	6.2%	5.5%	8.3%	9.5%	10.1%
33	Government capital expenditure on health as a % of GHE (GCHE plus Government capital expenditure)	7.4%	5.9%	8.4%	11.3%	13.1%
34	Non-Communicable Diseases (NCD) expenditure as a % of CHE (NCD, Nutritional deficiencies, Injuries)	-	-	-	-	54.0%
35	Communicable Diseases (CD) expenditure as a % of CHE	-	-	-	-	23.3%
36	Maternal and Child Health (MCH) expenditure as a % of CHE	-	-	-	-	6.9%

Note - Disease Costs data not available for years 2011 - 2014

# 1. Background

## 1.1. About this Report

This report records health expenditure in Fiji using the System of Health Accounts (SHA) 2011 framework. The information from years 2011 – 2014 in this report was based on the analysis done through STATA software whilst the 2015 information in this report was produced using the Health Accounts Production Tool (HAPT) which also includes disease accounts for the first time. Comparison of data could be made at an aggregate level however, when compared at a lower level readers might notice marginal changes due to different methodology and estimation techniques.

The report makes an effort to provide health expenditure in Fiji by understanding and analyzing the following:

- Funding Sources or Revenue of Financing Schemes (FS) – actual source of raising revenue such as domestic revenue (government revenue), direct bilateral transfer (development partner funding).
- Health Care Financing Schemes (HF) – Modes of financing and providing health services such as through central Government.
- Health Care Providers (HP) – Encompasses organizations and actors that deliver health care goods and services as their primary activity.
- Health Care Functions (HC) – The type of health services performed and types of goods consumed.
- Factors of Production (FP) - Focus on expenditure by inputs into the production process such as salaries and wages, travel and communication, repairs and maintenance.
- Capital Expenditure (HK) – Investment in infrastructure through construction and procurement.
- Disease Based Costing (DBC) – expenditure based on International Classification of Disease -10 Australian Modifications (ICD-10AM) which was remapped to Global Burden of Diseases (GBD) and then HAPT Disease (DIS) code.

## 1.2. Structure of the Health Sector and the Flow of Funds

### 1.2.1. Structure of health sector

The Ministry of Health and Medical Services (MoHMS) is responsible for providing clinical, preventative and rehabilitative healthcare services. Clinical services are mainly provided at the hospitals and some health centres; whilst the preventative healthcare services are

through preventive care programs, hospitals, health centres and nursing stations. Healthcare services are implemented through a decentralized health system that caters for integrated health care at primary, secondary and tertiary care level. The administration and management of human resources, finance and drugs & medical supplies, are centralized.

The MoHMS provides health services to all the population of Fiji through hospitals, health centres and nursing stations. Medical Superintendents (MSs) are responsible for the Clinical services in the divisional and specialized hospitals while subdivisional hospitals, health centres and nursing stations are managed by Divisional Medical Officers (DMOs). The DMOs report directly to the Deputy Secretary Public Health (DSPH) whereas the MSs report to the Deputy Secretary Hospital Services (DSHS).

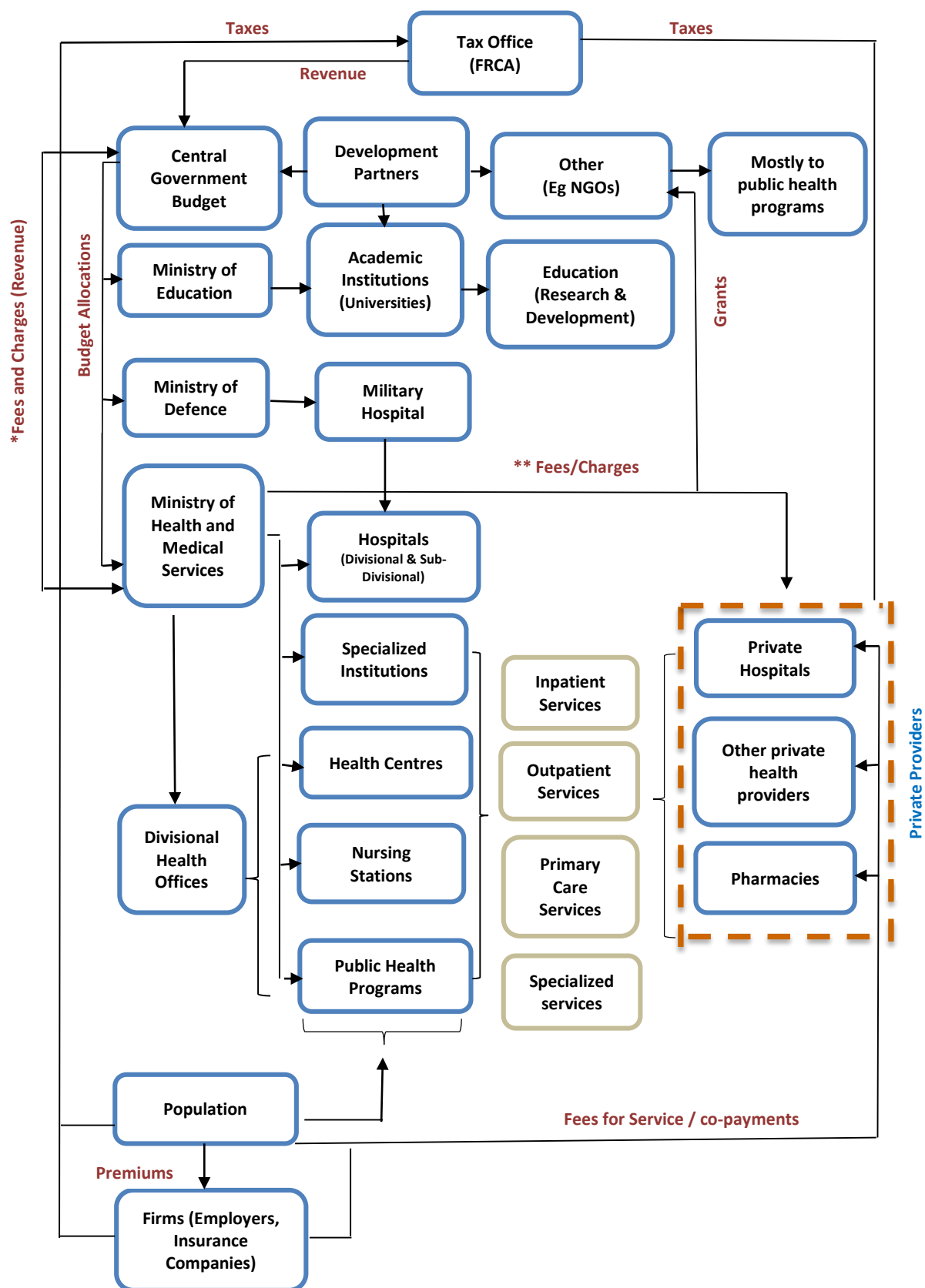
Eighteen sub-divisional hospitals also provide primary and secondary level clinical and preventive health services within a designated medical area that also has health centres and nursing stations under each of the health facility providing primary health care services.

There are two specialized hospitals providing specialized health services namely, St. Giles for psychiatry, P.J Twomey Hospital for Tuberculosis (TB), Leprosy and Rehabilitation Services to restore good health through therapy. Private sector provision of healthcare services consists mainly of outpatient services through general practitioners, inpatient services primarily through two private hospitals and the sale of medicines by retail pharmacies.

### **1.2.2. Flow of funds**

A major change in tracking the flow of funds towards health in SHA 2011 is the identification of the actual source of how revenue was raised and collected by responsible agencies (Revenue Source) in addition to the institution that manages and distributes funds (Financing Agents). SHA 2011 apart from demonstrating that majority of the public health sector funding in Fiji is financed by Government, also explores in detail how revenue is generated and collected. Furthermore, SHA 2011 also describes the distribution of household or business/corporate taxes, development partner grants and transfers and government taxation through various modes of delivery schemes which could also be through central government schemes, insurance schemes or directly through household out of pocket expenses. The funds are also tracked to providers of health care and their functions as depicted in Figure 1-1.

Figure 1-1 The Flow of funds in the FIJI Ministry of Health and Medical Services Care System



\*Fees and Charges (Revenue) – relates to all types of hospitals fees, fumigation and quarantine charges collected by MoHMS

\*\*Fees/Charges – relates to payments made by MoHMS to private providers Eg. Locum services

Source: Asia Pacific Observatory on Health Systems and Policies (Section 3: Financing, Fiji Health in Transition (HiT) Report)

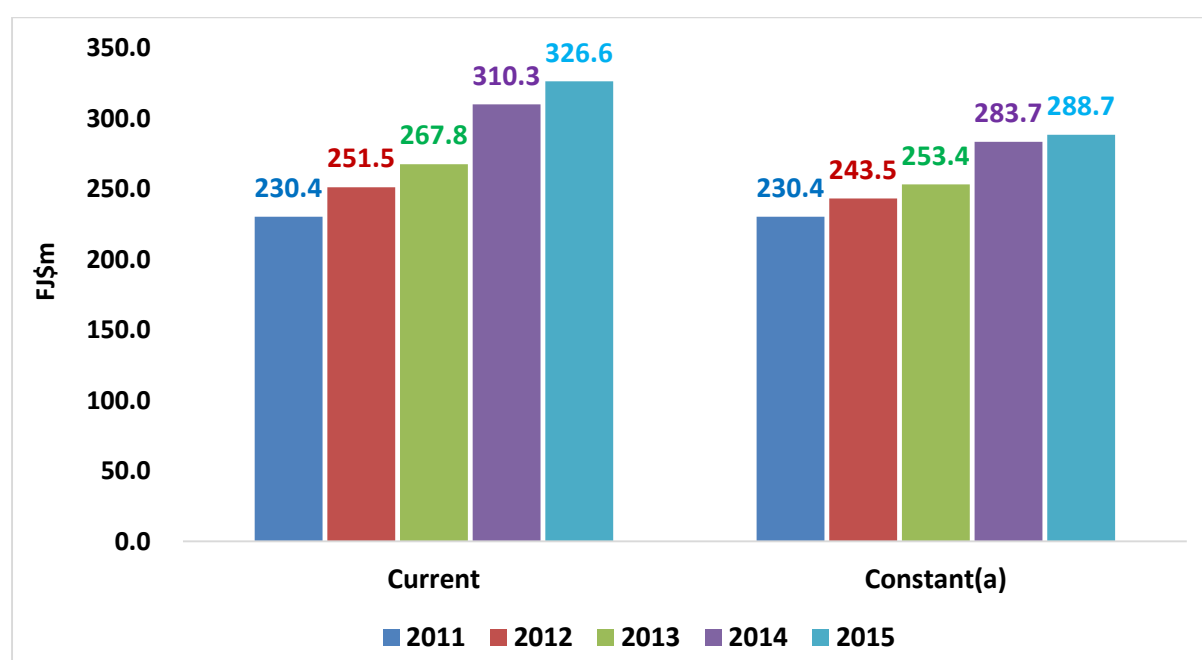
## 2. Current Health Expenditure

Current Health Expenditure is the final consumption expenditure on health care goods and services by residents (individuals or organizations) of a given country during a given period. CHE excludes capital expenditure on health care.

### 2.1. Trends in CHE

CHE has increased over the four years in both nominal (current) and constant (real) terms. (refer to Figure 2-1).

Figure 2-1 Current Health Expenditure (current and constant prices)



Source Table 2-1

**Table 2-1 CHE at Current and Constant Prices and Growth Rates**

Year	Amount (FJ\$m)		Growth Rate over Previous Year (%)	
	Current	Constant <sup>(a)</sup>	Current	Constant
2011	230.4	230.4	0.0%	0.0%
2012	251.5	243.5	9.1%	5.7%
2013	267.8	253.4	6.5%	4.1%
2014	310.3	283.7	15.9%	12.0%
2015	326.6	288.7	5.2%	1.7%

(a) Constant prices are calculated using the implicit GDP deflator (2011=100).

## 2.2. Current Health Expenditure in Relation to GDP

Over the five years (2011 to 2015), health spending as a ratio of GDP averaged 4.2% (Table 2-2).

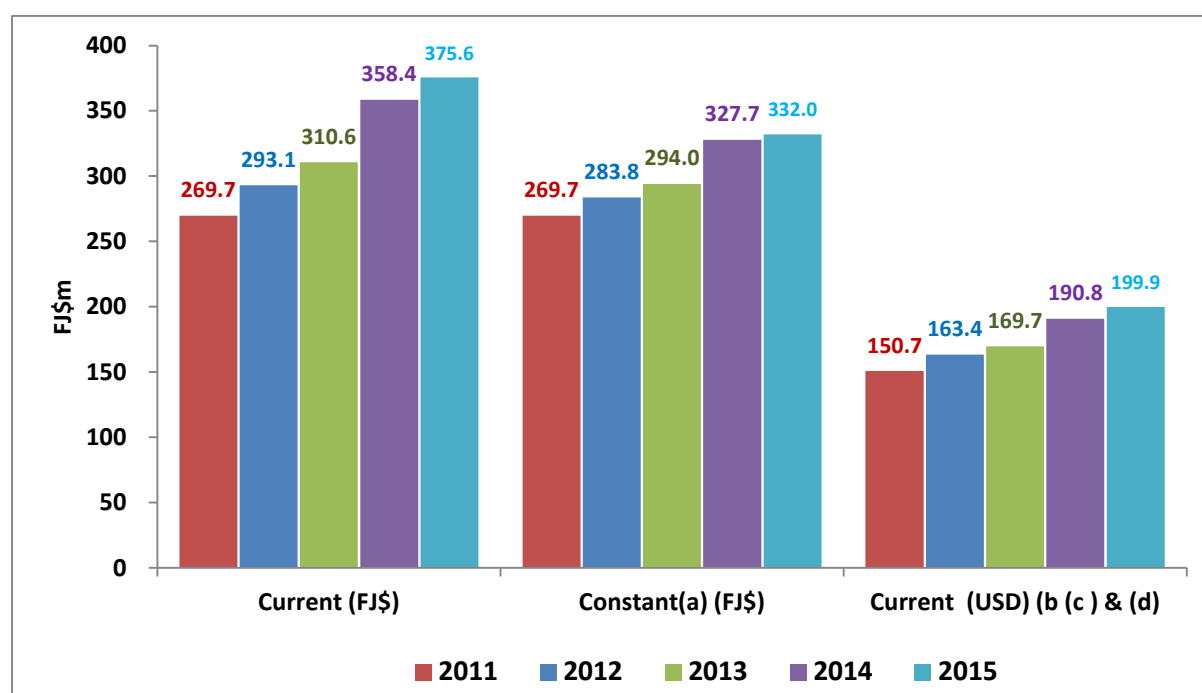
**Table 2-2 CHE, GDP, Annual Growth Rates and Share of CHE to GDP**

Year	Current Health Expenditure		GDP		Ratio of CHE to GDP (%)
	Amount (FJ\$m)	Nominal Growth Rate (%)	Amount (FJD\$m)	Nominal Growth Rate (%)	
2011	230.4	0.0%	5,738.8	0.0%	4.0%
2012	251.5	9.1%	6,010.1	4.7%	4.2%
2013	267.8	6.5%	6,440.0	7.2%	4.2%
2014	310.3	15.9%	7,039.5	9.3%	4.4%
2015	326.6	5.2%	7,541.3	7.1%	4.3%

## 2.3. Current Health Expenditure per Capita

Examination of expenditure on health per person is an important factor to monitor the health care expenditures with level of population growth. Figure 2-2 shows the trend of how much was spent per person on health. There was an increase in CHE per capita in both nominal (current) and constant (real) terms over the five year period.

Figure 2-2 Per Capita Current Health Expenditure (CHE)



Source: Table 2-3

Table 2-3 Per Capita CHE and GDP

Year	Current Health Expenditure per Capita				GDP per Capita		
	Current (FJ\$)	Constant(a) (FJ\$)	Current (USD) (b (c) & (d))	Real Growth Rate (%)	Current (FJ\$m)	Constant (FJ\$m)	Current (USD)
2011	269.7	269.7	150.7	0.0%	6,718	6,718	3,753
2012	293.1	283.8	163.4	5.2%	7,004	6,783	3,906
2013	310.6	294.0	169.7	3.6%	7,470	7,071	4,081
2014	358.4	327.7	190.8	11.5%	8,131	7,435	4,328
2015	375.6	332.0	180.3	1.3%	8,674	7,668	4,164

(a) Constant prices are calculated using the implicit GDP deflator (2011=100).

(b) USD Conversion: 2011- USD\$1=FJD\$1.79 and 2012 - USD\$1=FJD\$1.79

(c) USD Conversion: 2013- USD\$1=FJD\$1.83 and 2014 - USD\$1=FJD\$1.88

(d) USD Conversion: 2015- USD\$1=FJD\$2.08

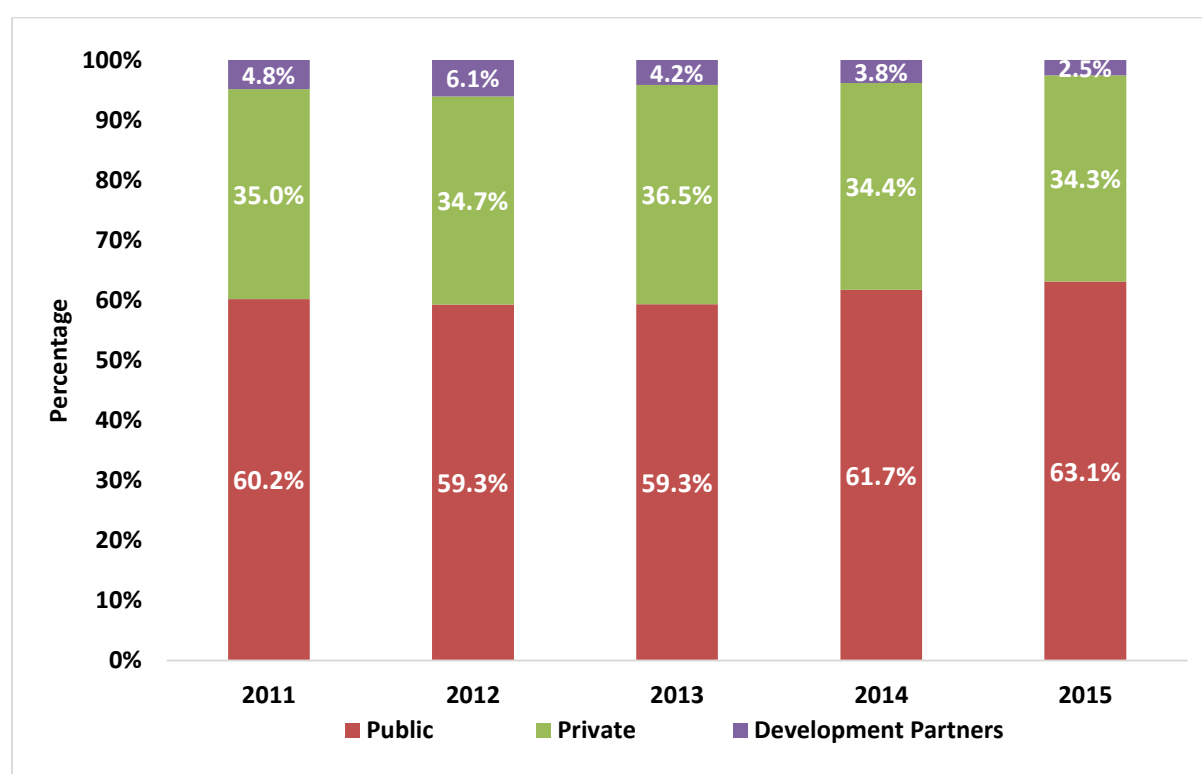
### 3. Financing of Current Health Expenditure

The revenues of health financing schemes (FS) describes i) the contribution mechanisms the particular financing schemes use to raise their revenues, and ii) the institutional units of the economy from which the revenues are directly generated.

#### 3.1. Revenues of Financing Schemes

The primary source of revenue for the health sector was from the central Government budget (public). The other sources of funding was from the private sector and development partners. Figure 3-1 provides the share of funding from the three sources over the five years.

Figure 3-1 Current Health Expenditure by Financing Source



Source: Table 3-1

**Table 3-1 Current Health Expenditure by Financing Source**

Year	Current Health Expenditure (FJ\$m)			Share of Current Health Expenditure (%)			Total	Current Health Expenditure as a Share of GDP (%)			
	Public	Private	Development Partners	Public	Private	Development Partners		Public	Private	Development Partners	Total
2011	138.7	80.6	11.1	60.2%	35.0%	4.8%	100%	2.4%	1.4%	0.2%	4.0%
2012	149.1	87.2	15.2	59.3%	34.7%	6.1%	100%	2.5%	1.5%	0.3%	4.2%
2013	158.9	97.7	11.1	59.3%	36.5%	4.2%	100%	2.5%	1.5%	0.2%	4.2%
2014	191.5	106.8	11.9	61.7%	34.4%	3.8%	100%	2.7%	1.5%	0.2%	4.4%
2015	206.1	112.1	8.3	63.1%	34.3%	2.5%	100%	2.7%	1.5%	0.1%	4.3%

As per Table 3-1, CHE for public and private sectors increased in dollar terms over the five years whilst the development partners funding declined in 2015 with a declining trend in the share of CHE. The CHE as a share of GDP for all sources remained steady.

### 3.2. Financing Schemes

SHA 2011 defines health care financing schemes as the types of financing arrangements through which people obtain health services or get access to health care.

Health care financing schemes include direct payments by households for services and goods and third-party financing arrangements. Third party financing schemes are distinct bodies of rules that govern the mode of participation in the scheme, the basis for entitlement to health services and the rules on raising and then pooling the revenues of the given scheme e.g. health insurance schemes.

**Table 3-2 Current Health Expenditure by Financing Schemes (FJ\$m)**

Table 3-2 shows the funding by financing schemes over the five year period.

Category	2011	2012	2013	2014	2015
	Amount (FJ\$m)	Amount (FJ\$m)	Amount (FJ\$m)	Amount (FJ\$m)	Amount (FJ\$m)
Ministry of Health and Medical Services	138.7	149.1	156.1	187.8	206.0
Ministry of Defence*	0.0	0.0	2.8	3.8	0.0
Voluntary Health Insurance Schemes	12.8	14.4	23.1	28.3	44.2
Households Out-of pocket**	67.8	72.7	74.6	78.5	68.7
Rest of the World	11.1	15.2	11.1	11.8	7.7
<b>Total</b>	<b>230.4</b>	<b>251.5</b>	<b>267.8</b>	<b>310.3</b>	<b>326.6</b>

\* Ministry of Defence information was not surveyed for years 2011 and 2012

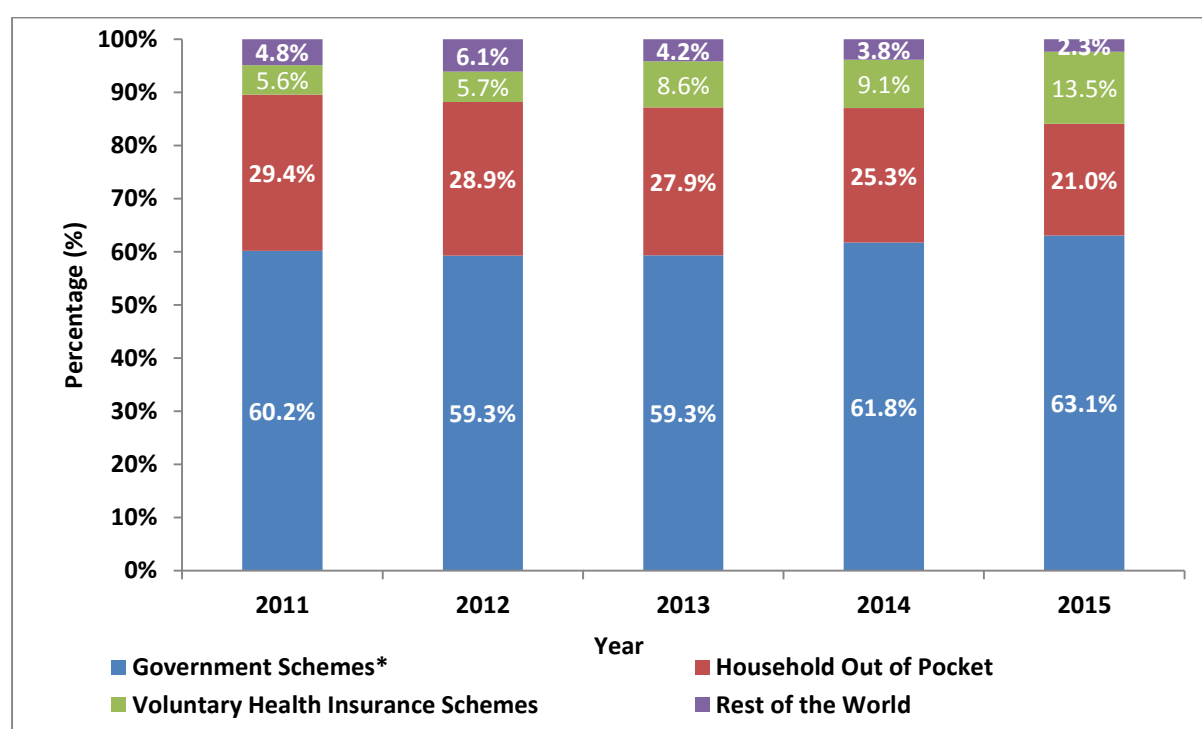
\*\* In 2013 (FJ\$13.6m) and 2014 (FJ\$16.5m) was coded to Household Out of Pocket

Figure 3-2 provides the share of financing schemes. Government remains the major scheme followed by Household Out-of-pocket (OOP), Voluntary Health Insurance and Development Partners (classified as Rest of the World).

In 2015, the *Voluntary Health Insurance* had increased substantially with a corresponding decrease in *Household Out-of-pocket (OOP)*. In previous years, other primary coverage schemes e.g. insurance coverage taken by individuals which was not contracted or subsidized was accounted for as OOP. However, the tool does not allow the other primary coverage schemes to be coded to OOP and treats as a Voluntary Health Insurance thus the substantial change in expenditure.

Except for the development partners, expenditure for the rest of the schemes increased over the five year period.

**Figure 3-2 Current Health Expenditure by Financing Scheme (%)**



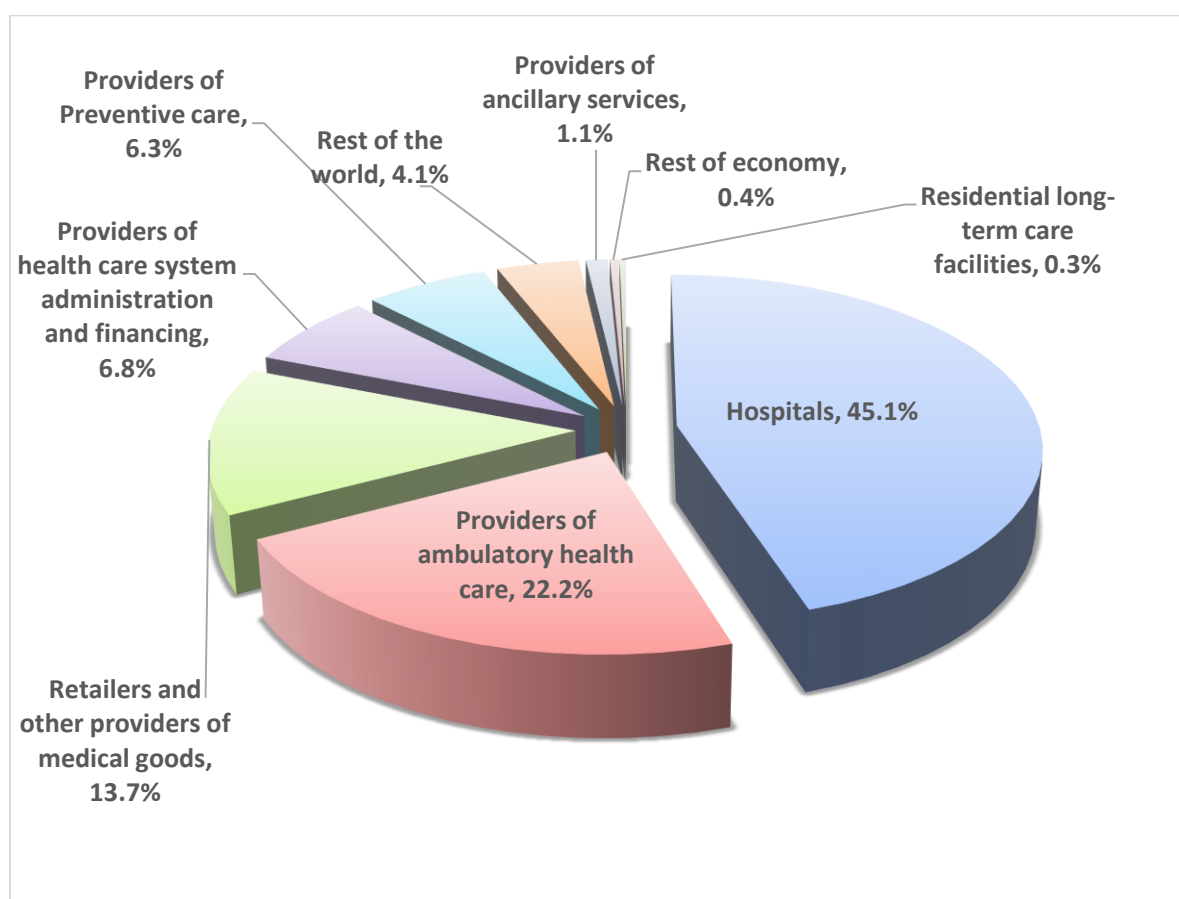
Source: Table 3-2

\*Government Schemes comprises of Ministry of Health and Medical Services & Ministry of Defence

## 4. Current Health Expenditure by Providers

The Health Care Providers (HP) classification includes organizations that contribute to the provision or deliver health care goods and services as their primary activity, as well as those for which health care provision is only one amongst a number of activities (SHA 2011).

Figure 4-1 Share of Current Health Expenditures by Providers (%), 2015



Source: Table 4-1

*Hospitals, Providers of Ambulatory Health care and Retailers and other providers of medical goods* remain the top three health care providers in Fiji in terms of expenditure.

The major component of the expenditure i.e expenditure in *Hospitals, Providers of Ambulatory healthcare, Health care system administration and financing* and *Providers of Preventive care* are from the public sector. The private sector dominates the expenditure on *Retailers and other providers of medical goods*.

**Table 4-1 Current Health Expenditure by Providers (FJ\$m)**

Providers	2011	2012	2013	2014	2015
Hospitals	114.1	117.1	122.1	143.7	147.2
Residential long-term care facilities	0.7	0.8	0.8	1.1	1.1
Providers of ambulatory health care	36.4	44.0	61.1	66.7	72.5
Providers of ancillary services	2.0	2.2	3.3	4.3	3.6
Retailers and other providers of medical goods	42.2	44.2	38.6	36.2	44.7
Providers of Preventive care	13.3	21.0	18.0	29.6	20.4
Providers of health care system administration and financing	12.1	12.9	12.3	14.4	22.1
Rest of economy	3.4	1.9	0.9	1.2	1.4
Rest of the world	6.1	7.3	10.6	13.2	13.5
<b>Total</b>	<b>230.4</b>	<b>251.5</b>	<b>267.8</b>	<b>310.3</b>	<b>326.6</b>

In Table 4-1, the category *Rest of the World* represents health providers abroad who provided medical treatment for citizens evacuated overseas either through Government Overseas Medical Treatment Scheme or private funding (e.g. insurance companies).

## 5. Current Health Expenditure by Function

Health expenditure by function simply means "for what services and goods has the health money been spent". The analysis by function systematically classifies the purposes or functional uses of health expenditures and is important for any health system – it delivers information to the policy level. Health expenditure by function provides a platform for policy makers to move from input based to output based health service delivery.

Table 5-1 shows the distribution of Current Health Expenditure (CHE) by health care functions. The expenditure for all functions increased over the five year period except for *ancillary services* and *preventive care*.

**Table 5-1 Current Health Expenditure by Function (FJ\$m), 2011 to 2015**

Health Care Functions	2011	2012	2013	2014	2015
Inpatient curative care	46.3	48.2	45.1	51.5	68.8
Outpatient curative care	50.5	57.2	66.2	75.3	95.3
Rehabilitative & Long-term Care	5.9	5.5	4.2	4.7	5.3
Ancillary services (a) (b)	25.2	25.1	31.5	39.9	13.4
Medical goods	43.0	45.4	42.0	41.3	46.3
Preventive care	32.6	42.1	61.3	77.6	73.6
Governance, and health system and financing administration	26.7	28.1	17.5	19.9	22.7
Other health care services not elsewhere classified (n.e.c.)	0.2	0.0	0.0	0.0	1.2
<b>Total</b>	<b>230.4</b>	<b>251.5</b>	<b>267.8</b>	<b>310.3</b>	<b>326.6</b>

(a) Ancillary services to health care include laboratory and imaging services

(b) Ancillary services for 2015 is for private sector only

In Table 5-1 the *Outpatient curative care* in 2015 had increased substantially with a corresponding decrease in *ancillary services*. This was a result of ancillary services in 2015 being redistributed to curative care.

### 5.1. Curative (Inpatient and Outpatient) Care Services

The largest part of health spending by function is for curative care (inpatient and outpatient care services) as shown in Table 5-1. Curative health care expenditure has been increasing over the years in dollars terms (refer Table 5-1).

Curative care expenditure in 2015 was made up of 21.1% inpatient and 29.2% outpatient of CHE (refer Table 5-1).

Table 5-2 reflects that split of curative care by public and private sectors. Over the years the share of public sector expenditure for curative care had increased as a proportion of overall CHE.

**Table 5-2 Share of Curative Expenditure by Function (%), 2011 to 2015**

Year	Inpatient		Outpatient	
	Public	Private	Public	Private
2011	86.4%	13.6%	57.9%	42.1%
2012	86.5%	13.5%	56.9%	43.1%
2013	80.2%	19.8%	52.0%	48.0%
2014	79.7%	20.3%	50.9%	49.1%
2015	71.8%	28.2%	65.2%	34.8%

Note: Private expenditure also includes Development partners

## 5.2. Medical Goods (excludes Government)

Medical goods include pharmaceutical and therapeutic appliances and comprised of the sales of medicines and other medical goods from private pharmacies and other retailers.

**Table 5-3 Medical goods Expenditure by Subclasses, 2011 to 2015**

Functions	2011		2012		2013		2014		2015	
	FJ\$m	Share (%)	FJ\$m	Share (%)	FJ\$m	Share (%)	FJ\$m	Share (%)	FJ\$m	Share (%)
Prescribed medicines	24.6	57.3%	26.0	57.4%	24.2	57.7%	24.3	58.9%	22.0	47.6%
Over-the-counter medicines	13.0	30.4%	13.7	30.3%	12.3	29.4%	11.2	27.0%	17.4	37.7%
Other medical non-durable goods	5.1	11.9%	5.4	11.9%	2.7	6.4%	2.6	6.3%	2.2	4.8%
Glasses and other vision products	0.0	0.0%	0.0	0.0%	1.6	3.9%	1.7	4.2%	1.5	3.2%
All other medical durables, including medical technical devices	0.2	0.4%	0.2	0.5%	1.1	2.7%	1.5	3.6%	3.1	6.8%
<b>Total</b>	<b>43.0</b>	<b>100%</b>	<b>45.4</b>	<b>100%</b>	<b>42.0</b>	<b>100%</b>	<b>41.3</b>	<b>100%</b>	<b>46.3</b>	<b>100%</b>

Table 5-3 shows expenditure on medical goods by subclasses. The expenditure on medical goods spent on *prescribed medicines* has been fairly stable till 2014 but decreased in 2015 whilst the *Over-the-counter medicines* had correspondingly increased.

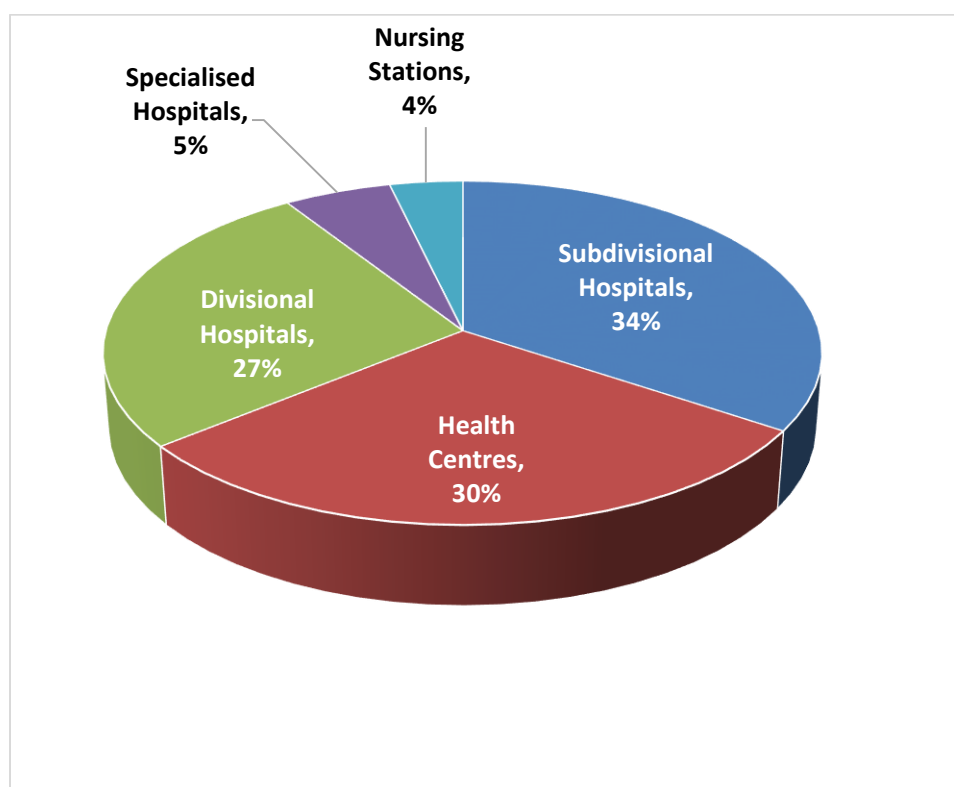
## 5.3. Preventive Care

“Preventive care is any measure that aims to avoid the occurrence or the severity of injuries and diseases and their complications. Preventive care includes a wide range of expected

outcomes, which are covered through a diversity of interventions, organized at primary, secondary and tertiary prevention level” (SHA 2011). In Fiji the expenditure mostly includes primary and secondary prevention programmes.

Figure 5-1 reflects the distribution of preventive care expenditure by health care providers. It shows that preventive care activities exist across the public spectrum of health facilities from Divisional Hospitals to Nursing Stations. Close to 66% of preventive care expenditure was incurred at hospitals whilst Health Centres account for 30%.

**Figure 5-1 Share of Preventive care by providers (%), 2015**



## 6. Government Current Health Expenditure

Government is the largest source of funding for the provision of health services. This chapter looks at Government Current Health Expenditure (GCHE) and provides details to show where and how the money was being spent.

### 6.1. Government Expenditure on Health

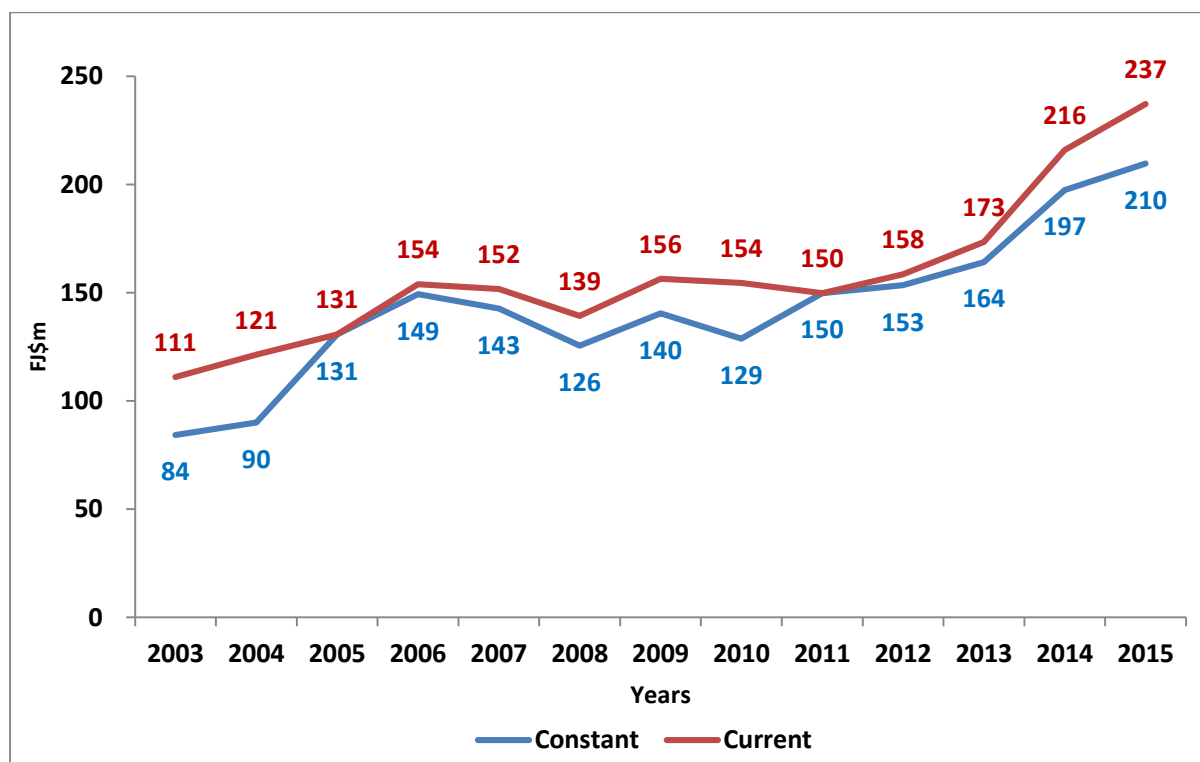
An analysis of Government spending (refer Table 6-1) shows that over the thirteen (13) year period, Government Health Expenditure (GHE) which comprises of GCHE plus Capital spending has increased in both nominal value (current) and real value (constant). In real terms this means that Government spending has been high and that has been an escalating trend since 2010. The highest expenditure on health was in 2015 (FJ\$210.0m) over the thirteen year period.

**Table 6-1 Government Health Expenditures (FJ\$m)**

Year	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Current(Nominal)	111	121	131	154	152	139	156	154	150	158	173	216	237
Constant(Real)	84	90	131	149	143	126	140	129	150	153	164	197	210

Note: The TGHE values is the summation of GCHE plus capital spending

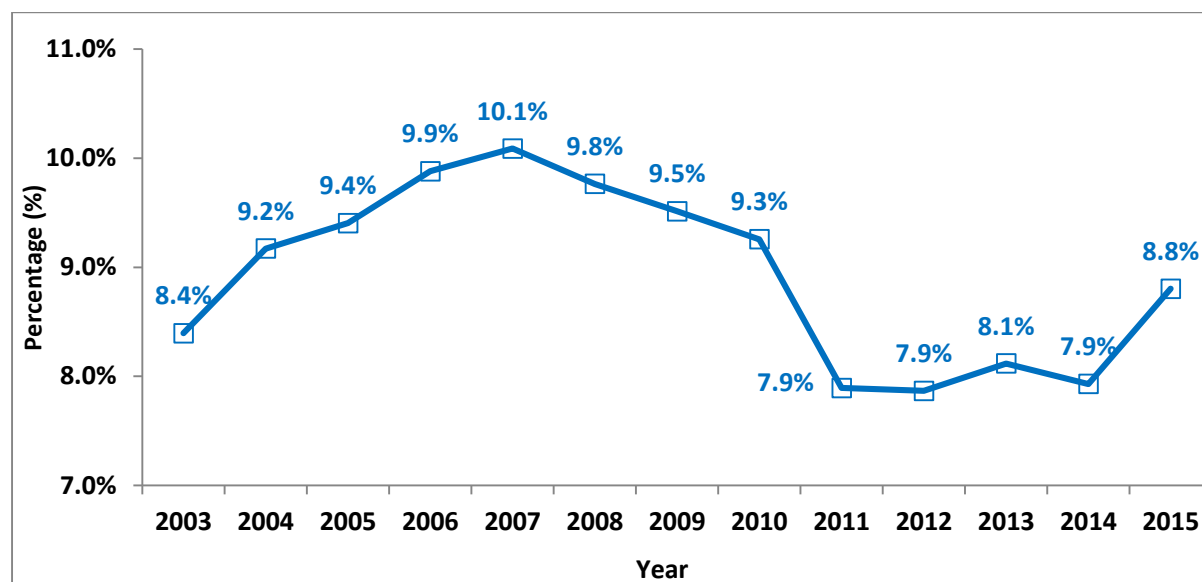
**Figure 6-1 Government Health Expenditure in Real (Constant) and Nominal (Current) value**



Source: Table 6-1

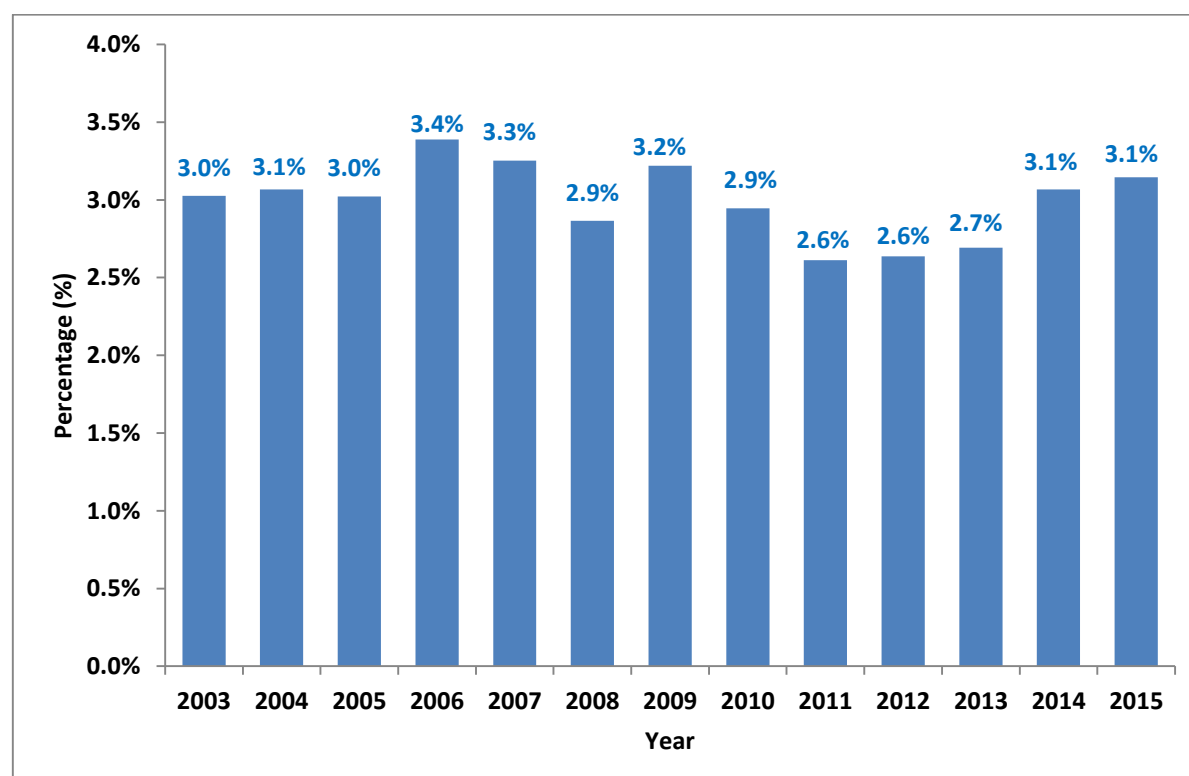
The GHE as a percentage of Total Government Expenditure (TGE) averaged around 9.0% and has remained relatively constant over the period from 2003 to 2015 except in 2011 and 2012 where it dropped to 7.9% (refer Figure 6-2).

**Figure 6-2 Government Health Expenditure as a Percentage of TGE**



The drop in share for 2011 was a result of a decrease in GHE and increase in TGE.

**Figure 6-3 Government Health Expenditure (GHE) as a percentage of GDP**



As a percentage of Gross Domestic Product (GDP), GHE has averaged 3.0% over the period of 2003 to 2015. The percentage has remained relatively constant without any significant increase over the last thirteen years (refer Figure 6-3). The WHO states that it is difficult for countries to achieve universal health coverage and equal access to health care if countries spend less than 4-5% of GDP on health (World Health Report 2010).

## 6.2. Government Current Health Expenditure by Providers

Government health providers exist at different levels within the health care system and they are determined by many factors with one key factor being the types of the health services provided at the facility. The Government health providers are outlined in Table 6-2.

**Table 6-2 Government Current Health Expenditures by Providers (FJ\$m)**

Providers	2007	2008	2009	2010	2011	2012	2013	2014	2015
Hospitals	100.0	91.1	90.0	95.9	102.6	105.2	105.4	122.3	127.1
Residential long-term care facilities	0.8	0.9	0.8	0.7	0.7	0.8	0.8	1.1	1.1
Providers of ambulatory health care	16.3	16.6	15.0	16.5	14.3	18.4	27.1	28.1	37.4
Providers of ancillary services	1.3	1.0	1.5	1.6	1.6	1.5	2.6	3.3	3.1
Retailers and other providers of medical goods	-	-	-	-	-	-	0.2	0.3	0.4
Providers of Preventive care	14.5	13.4	13.3	12.4	7.8	10.9	10.7	21.3	14.0
Providers of health care system administration and financing	10.3	8.2	8.3	14.1	10.0	9.6	9.4	11.8	20.2
Rest of economy	3.0	2.9	3.8	0.1	0.3	1.0	0.9	1.2	1.4
Rest of the world	0.5	0.5	0.9	1.3	1.4	1.6	1.7	2.2	1.4
<b>Total</b>	<b>146.6</b>	<b>134.5</b>	<b>133.5</b>	<b>142.6</b>	<b>138.7</b>	<b>149.1</b>	<b>158.9</b>	<b>191.5</b>	<b>206.1</b>

Table 6-2 further shows the share of Government current health expenditures amongst the health providers from 2007 to 2015. *Hospitals* which include divisional hospitals, sub-divisional hospitals, mental and specialized hospitals account for the largest share of Government spending.

## 6.3. Government Current Health Expenditure by Geographic Locations

GCHE in the geographic divisions was expended mainly through divisional hospitals, sub-divisional hospitals and public health centres. The distribution of facilities by geographical divisions are depicted as follows:-

	Geographic Divisions			
Facilities	Central	Eastern	Western	Northern
Divisional Hospitals	1	0	1	1
Sub divisional Hospitals	5	5	6	3
Health Centres	24	14	28	20
Nursing Stations	21	31	24	21
Specialized Hospitals	2	0	0	0

Collectively the divisional hospitals incurred the largest expenditure over the period 2007 to 2015 (refer Table 6-3). Overall the expenditures in all divisions had increased in 2015 when compared to 2007 except for the Western division expenditure that had decreased in 2015 when compared with 2014.

**Table 6-3 GCHE on Public health facilities (FJ\$m)**

Providers by Geographic divisions	2007	2008	2009	2010	2011	2012	2013	2014	2015
<b>Central</b>	<b>45.8</b>	<b>43.1</b>	<b>41.8</b>	<b>45.0</b>	<b>51.0</b>	<b>51.9</b>	<b>54.7</b>	<b>56.2</b>	<b>64.2</b>
Divisional hospitals	33.9	31.5	30.9	32.6	39.1	37.0	35.0	35.6	38.9
Sub divisional Hospitals (SDHs)	6.4	6.5	5.7	6.4	4.9	5.2	6.3	7.1	7.8
Public Health Centres (PHC)	5.4	5.0	5.2	5.9	7.1	9.7	13.4	13.5	17.5
<b>Eastern</b>	<b>6.3</b>	<b>6.3</b>	<b>5.5</b>	<b>5.9</b>	<b>4.5</b>	<b>5.5</b>	<b>6.9</b>	<b>5.1</b>	<b>8.5</b>
Sub divisional Hospitals (SDHs)	4.8	4.6	4.2	4.7	3.4	4.2	4.3	4.5	5.3
Public Health Centres (PHC)	1.5	1.7	1.3	1.2	1.0	1.3	2.6	0.6	3.2
<b>Western</b>	<b>35.2</b>	<b>32.0</b>	<b>31.9</b>	<b>33.5</b>	<b>33.9</b>	<b>38.0</b>	<b>40.0</b>	<b>49.9</b>	<b>49.6</b>
Divisional hospitals	19.4	17.5	18.2	18.2	19.7	21.3	19.8	25.8	24.7
Sub divisional Hospitals (SDHs)	10.3	8.9	9.0	10.3	10.8	12.6	14.1	17.5	15.3
Public Health Centres (PHC)	5.5	5.6	4.7	5.1	3.4	4.1	6.1	6.6	9.6
<b>Northern</b>	<b>21.2</b>	<b>19.2</b>	<b>18.4</b>	<b>20.2</b>	<b>21.2</b>	<b>22.3</b>	<b>23.6</b>	<b>26.0</b>	<b>32.6</b>
Divisional hospitals	13.0	11.7	11.6	12.2	13.7	14.7	13.7	15.2	19.9
Sub divisional Hospitals (SDHs)	4.7	4.0	3.6	4.2	4.7	5.0	6.4	6.2	7.4
Public Health Centres (PHC)	3.6	3.5	3.2	3.7	2.7	2.6	3.5	4.6	5.3
<b>Specialist Services (National Level)</b>	<b>7.5</b>	<b>6.4</b>	<b>6.7</b>	<b>7.2</b>	<b>6.3</b>	<b>5.1</b>	<b>5.0</b>	<b>9.1</b>	<b>7.7</b>
Mental health hospitals	3.7	3.2	3.4	3.7	3.1	2.9	2.8	4.2	1.9
Tamavua hospital (TB and Leprosy)	3.8	3.1	3.3	3.5	3.2	2.2	2.2	4.9	5.8
<b>Total</b>	<b>116.0</b>	<b>106.9</b>	<b>104.4</b>	<b>111.7</b>	<b>116.8</b>	<b>122.9</b>	<b>130.2</b>	<b>146.2</b>	<b>162.6</b>

Public Health Facilities = Divisional Hospitals, SDHs, PHCs & Specialized Hospitals

**Table 6-4 GCHE on hospitals plus health centres by Province (FJ\$m)**

Province	2007	2008	2009	2010	2011	2012	2013	2014	2015
Rewa	36.3	33.6	33.0	34.9	41.6	41.0	38.5	39.0	44.0
Ba	29.2	26.8	27.0	28.0	28.9	32.5	32.3	41.3	40.9
Macuata	15.1	13.7	13.5	14.4	15.4	16.4	15.3	17.7	23.2
Tailevu	5.0	4.4	4.5	5.2	5.4	6.0	7.9	8.2	9.4
Cakaudrove	4.6	3.9	3.5	4.1	4.2	4.2	6.2	6.2	7.3
Nadroga/Navosa	3.6	3.0	2.8	3.2	3.0	3.4	4.8	5.5	5.8
Naitasiri	2.8	3.1	2.8	3.2	2.6	3.2	5.4	6.5	7.8
Ra	2.4	2.3	2.0	2.4	1.9	2.1	2.7	2.9	2.6
Lau	2.3	2.2	1.9	1.9	1.6	2.1	2.9	1.6	2.8
Lomaiviti	1.9	1.9	1.7	2.0	1.3	1.7	1.8	1.8	2.2
Bua	1.6	1.6	1.5	1.7	1.5	1.6	2.0	1.9	2.2
Serua	1.5	1.7	1.4	1.5	1.5	1.7	2.6	2.1	3.0
Kadavu	1.4	1.5	1.2	1.4	1.0	1.2	1.6	1.0	2.8
Rotuma	0.7	0.7	0.6	0.7	0.5	0.6	0.7	0.7	0.8
Namosi	0.2	0.2	0.2	0.2	0.1	0.1	0.1	0.1	0.1
<b>Total</b>	<b>108.5</b>	<b>100.5</b>	<b>97.7</b>	<b>104.6</b>	<b>110.5</b>	<b>117.8</b>	<b>124.6</b>	<b>136.5</b>	<b>154.8</b>

Note - Expenditure excludes specialized hospitals

The five provinces which received the largest budget allocation in the nine year period from 2007 to 2015 were Rewa, Ba, Macuata, Tailevu and Cakaudrove (refer Table 6-4). The provinces that received the lowest budget allocation in the nine year period from 2007 to 2015 were Namosi, Rotuma, Kadavu, Serua and Bua. Rewa, Ba and Macuata had high expenditure since the three divisional hospitals (CWM, Lautoka, and Labasa hospital) falls within the ambit of these provinces respectively.

Table 6-5 provides the GCHE on health facilities (divisional, SDHs and PHCs) per capita by provinces and divisions. The per capita information was computed using the 2007 census of population figures and projected population<sup>1</sup> figures provided by Fiji Bureau of Statistics for the years 2008 to 2015. Fiji Bureau of Statistics (FBoS) does not produce population estimates at sub-national level, due to the non-availability of demographic indicators at this level.

Across the four divisions, the provinces with the highest per capita health expenditure were notably those that have the divisional hospitals situated within them (Macuata, Rewa and Ba). However across all provinces, Rewa and Rotuma had the highest per capita health spending. It must be noted that Rewa province has the main national referral hospital in the country (CWMH) whilst Rotuma's geographical location could have contributed to the high expenditure.

<sup>1</sup> Population figures are projected estimates sourced from the Fiji Bureau of Statistics (FBoS)

**Table 6-5 Per capita GCHE on hospitals plus health centres by Divisions and Province (FJ\$)**

Province by Divisions	2007	2008	2009	2010	2011	2012	2013	2014	2015
<b>Eastern Division</b>	<b>160.60</b>	<b>160.08</b>	<b>138.75</b>	<b>148.82</b>	<b>111.04</b>	<b>136.51</b>	<b>170.66</b>	<b>125.75</b>	<b>210.01</b>
Rotuma	349.14	329.92	318.94	343.16	240.73	284.00	315.86	339.43	381.85
Lau	215.25	206.99	178.54	170.08	149.77	187.19	260.26	144.59	251.13
Kadavu	135.46	150.03	119.80	132.75	95.38	113.64	148.19	95.60	262.43
Lomaiviti	117.17	114.55	102.17	120.82	79.21	99.04	107.94	105.90	129.03
<b>Northern Division</b>	<b>156.23</b>	<b>140.24</b>	<b>133.73</b>	<b>145.86</b>	<b>152.36</b>	<b>159.61</b>	<b>167.97</b>	<b>183.83</b>	<b>231.03</b>
Macuata	207.87	188.36	183.54	195.61	208.09	221.19	205.25	236.74	307.95
Bua	112.21	111.83	103.26	115.55	106.12	112.36	136.59	128.24	149.15
Cakaudrove	93.07	77.82	69.45	81.68	84.00	82.99	122.27	122.14	141.64
<b>Central Division</b>	<b>133.72</b>	<b>125.23</b>	<b>120.51</b>	<b>129.57</b>	<b>146.46</b>	<b>148.33</b>	<b>154.26</b>	<b>157.82</b>	<b>180.77</b>
Rewa	359.51	331.99	322.48	341.06	404.33	396.59	369.81	373.86	419.33
Tailevu	90.58	79.20	79.49	92.33	94.57	105.22	137.40	142.15	162.12
Serua	80.12	91.24	73.79	80.79	78.77	90.28	140.20	111.30	159.96
Namosi	26.05	31.85	23.34	27.12	11.44	13.17	11.61	17.27	16.82
Naitasiri	17.51	19.14	17.29	19.48	15.82	19.55	32.40	38.84	46.76
<b>Western Division</b>	<b>110.00</b>	<b>99.84</b>	<b>98.42</b>	<b>103.39</b>	<b>103.80</b>	<b>116.01</b>	<b>120.84</b>	<b>150.34</b>	<b>148.53</b>
Ba	125.94	115.00	115.15	118.98	122.54	137.07	135.55	172.45	169.97
Ra	81.60	77.67	68.07	79.06	61.50	68.19	87.93	93.68	84.16
Nadroga/Navosa	61.06	50.89	47.39	53.89	50.90	56.77	79.04	91.17	95.87
<b>Total</b>	<b>129.57</b>	<b>119.61</b>	<b>115.08</b>	<b>123.13</b>	<b>129.47</b>	<b>137.27</b>	<b>144.50</b>	<b>157.69</b>	<b>177.99</b>

Note - Expenditure excludes specialized hospitals

## 6.4. Government Current Health Expenditure by Functions

This section focuses on Government current health expenditures (GCHE) by function and the Table 6-6 reflects the type of goods and services.

**Table 6-6 Government Current Health Expenditures by Functions (FJ\$m)**

Functions	2007	2008	2009	2010	2011	2012	2013	2014	2015
Curative care	68.6	62.5	64.0	64.1	69.2	74.2	70.6	79.4	111.5
Inpatient curative care	37.9	34.5	34.7	37.1	40.0	41.6	36.1	41.1	49.4
Outpatient curative care	30.7	28.0	29.3	27.0	29.2	32.6	34.4	38.3	62.1
Rehabilitative care	5.1	4.9	4.7	5.0	5.2	4.7	3.4	3.6	3.5
Long-term care (health)	0.5	0.5	0.5	0.5	0.7	0.8	0.7	1.0	1.8
Ancillary services (non-specified by function)	14.2	12.8	13.3	14.1	15.9	16.1	20.6	25.2	3.1
Medical goods (non-specified by function)	-	-	-	-	-	-	0.7	1.8	0.5
Preventive care	36.2	34.7	32.3	33.8	26.3	31.0	48.3	63.1	63.7
Governance, and health system and financing administration	21.9	19.2	18.7	25.3	21.4	22.3	14.6	17.3	20.9
Other health care services not elsewhere classified (n.e.c.)	-	-	-	-	-	-	-	-	1.2
<b>Total</b>	<b>146.6</b>	<b>134.5</b>	<b>133.5</b>	<b>142.6</b>	<b>138.7</b>	<b>149.1</b>	<b>158.9</b>	<b>191.5</b>	<b>206.1</b>

Note: GCHE on medical goods for MoHMS are incorporated into the above categories mainly in inpatient and outpatient care. The amount that appears under Medical goods comes from other Ministries.

*Curative care, Preventive care and the Governance, and health system and financing administration* are the three largest expenditure functions. In 2015 the spending on inpatient curative care was 44.3% and the outpatient curative care was 55.7%. Costs in nominal terms had not changed much till 2014 in both services but there was an increase in 2015. The expenditure for *Ancillary services* in 2015 was redistributed to curative care resulting in the substantial change in expenditure.

**Table 6-7 Preventive care categories (FJ\$m)**

Preventive care	2007	2008	2009	2010	2011	2012	2013	2014	2015
Information, education and counseling programmes	8.9	8.8	8.3	8.7	6.8	8.2	10.3	14.5	15.3
Immunization programmes	8.1	7.5	6.9	7.5	6.2	8.6	8.7	10.3	9.8
Early disease detection programmes	5.4	5.2	4.7	5.0	3.9	4.0	9.1	12.3	10.8
Healthy condition monitoring programmes	4.6	4.4	4.2	4.2	3.1	3.5	10.3	13.6	11.6
Epidemiological surveillance and risk and disease control programmes	5.2	5.1	4.7	4.8	3.6	4.1	5.2	6.9	9.5
Preparing for disaster and emergency response programmes	4.0	3.8	3.5	3.6	2.6	2.6	4.6	5.6	6.7
<b>Total</b>	<b>36.2</b>	<b>34.7</b>	<b>32.3</b>	<b>33.8</b>	<b>26.3</b>	<b>31.0</b>	<b>48.3</b>	<b>63.1</b>	<b>63.7</b>

Most of the health expenditures in the Preventive care programmes over the nine year period are on *information, education and counseling programmes* whilst lowest expenditures are on *Preparing for disaster and emergency response programmes* as reflected in Table 6-7.

The GCHE on medical goods for all years 2007 to 2015 are incorporated mostly into curative care (in-patient and outpatient care). Table 6-8 provides the Government expenditure on drugs since 2003.

**Table 6-8 Government drugs expenditure**

Year	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
<b>FJ\$m</b>	6.3	3.9	9.3	7.8	6.4	13.2	6.6	9.9	10.2	8.8	9.5	9.0	13.5

2003 – 2006 expenditure figures from MoHMS EPICOR System

2007 – 2014 expenditure figures from FMIS system

2015 – Includes both drugs and free medicines scheme expenditure

## 7. Private Current Health Expenditure

Private Current Health Expenditure (PCHE) represents all money spent on health by households, private firms, non-government organizations, religious and community based organizations and excludes development partners and the public (government) sector.

### 7.1. Private Current Health Expenditure by Sources

The Private sector expenditure increased substantially by FJ\$31.5m i.e. from FJ\$80.6m in 2011 to FJ\$112.1m in 2015 (refer Table 7-1).

Table 7-1 depicts that the primary source of revenue for the private sector is from *Other revenues from households*.

**Table 7-1 Private Current Health Expenditure by Sources, 2011 to 2015**

Description	2011		2012		2013		2014		2015	
	Amt (FJ\$m)	Share (%)	Amt (FJ\$m)	Share (%)	Amt (FJ\$m)	Share (%)	Amt (FJ\$m)	Share (%)	Amt (FJ\$m)	Share (%)
<b>Voluntary prepayment</b>	<b>22.3</b>	<b>27.6%</b>	<b>24.8</b>	<b>28.5%</b>	<b>34.4</b>	<b>35.2%</b>	<b>41.8</b>	<b>39.1%</b>	<b>42.0</b>	<b>37.5%</b>
Voluntary prepayment from individuals/households	11.3	14.0%	12.3	14.1%	20.6	21.1%	24.8	23.2%	21.0	18.8%
Voluntary prepayment from employers	5.3	6.6%	6.3	7.2%	13.8	14.2%	17.1	16.0%	21.0	18.7%
Other voluntary prepaid revenues	5.7	7.1%	6.3	7.2%	0.0	0.0%	0.0	0.0%	0.0	0.0%
<b>Other domestic revenues n.e.c.</b>	<b>58.3</b>	<b>72.4%</b>	<b>62.3</b>	<b>71.5%</b>	<b>63.3</b>	<b>64.8%</b>	<b>65.0</b>	<b>60.9%</b>	<b>70.1</b>	<b>62.5%</b>
Other revenues from households n.e.c.	58.3	72.4%	62.3	71.5%	60.3	61.7%	61.5	57.5%	68.7	61.2%
Other revenues from corporations n.e.c.	0.0	0.0%	0	0.0%	0.0	0.0%	0.0	0.0%	0.0	0.0%
Other revenues from NPISH n.e.c.	0.0	0.0%	0	0.0%	3.0	3.0%	3.6	3.3%	1.4	1.3%
<b>TOTAL</b>	<b>80.6</b>	<b>100%</b>	<b>87.2</b>	<b>100%</b>	<b>97.7</b>	<b>100%</b>	<b>106.8</b>	<b>100%</b>	<b>112.1</b>	<b>100%</b>

### 7.2. Private Current Health Expenditure by Financing Schemes

*Households Out-of-pocket (OOP)* was the dominant financing scheme over the five years. *OOP* accounted for 61.2% of PCHE in 2015 despite decrease in dollar terms. Voluntary health care payment schemes also contributed significantly towards the increase in PCHE (refer Table 7-2).

**Table 7-2 Private Current Health Expenditure by Schemes, FJ\$m 2011 to 2015**

Schemes	2011		2012		2013		2014		2015	
	Amt (FJ\$m)	Share (%)	Amt (FJ\$m)	Share (%)	Amt (FJ\$m)	Share (%)	Amt (FJ\$m)	Share (%)	Amt (FJ\$m)	Share (%)
<b>Voluntary health care payment schemes</b>	<b>12.8</b>	<b>15.9%</b>	<b>14.4</b>	<b>16.6%</b>	<b>23.1</b>	<b>23.6%</b>	<b>28.3</b>	<b>26.5%</b>	<b>43.5</b>	<b>38.8%</b>
Employer-based Insurance (other than enterprises schemes)	5.3	6.6%	6.3	7.2%	13.8	14.2%	17.1	16.0%	21.4	19.1%
Other primary coverage schemes	7.5	9.3%	8.2	9.4%	9.3	9.5%	11.3	10.6%	22.1	19.7%
<b>Household Out-of-pocket (OOP)</b>	<b>67.8</b>	<b>84.1%</b>	<b>72.7</b>	<b>83.4%</b>	<b>74.6</b>	<b>76.4%</b>	<b>78.5</b>	<b>73.5%</b>	<b>68.7</b>	<b>61.2%</b>
<b>TOTAL</b>	<b>80.6</b>	<b>100%</b>	<b>87.2</b>	<b>100%</b>	<b>97.7</b>	<b>100%</b>	<b>106.8</b>	<b>100%</b>	<b>112.1</b>	<b>100%</b>

\* In 2013 (FJ\$13.6m) and 2014 (FJ\$16.2m) is included in Household Out of Pocket

### 7.3. Private Current Health Expenditure by Providers

*Retail and other providers of medical goods* accounted for largest share of PCHE. The expenditure on Hospitals and Private Medical Practices (mainly Private doctors) has doubled over the five years (refer Table 7-3).

**Table 7-3 Private Current Health Expenditure by Providers, 2011 to 2015**

Providers	2011		2012		2013		2014		2015	
	Amt (FJ\$m)	Share (%)	Amt (FJ\$m)	Share (%)	Amt (FJ\$m)	Share (%)	Amt (FJ\$m)	Share (%)	Amt (FJ\$m)	Share (%)
Hospitals	11.5	14.2%	11.9	13.6%	16.6	17.0%	21.2	19.9%	20.1	17.9%
Pvt Medical practices	15.4	19.1%	18.4	21.2%	26.9	27.6%	30.5	28.5%	27.2	24.3%
Dental Practice	3.8	4.7%	4.1	4.7%	4.1	4.2%	4.9	4.6%	4.3	3.8%
Eye Care	2.8	3.5%	2.8	3.3%	2.6	2.7%	2.9	2.7%	3.6	3.2%
Ambulatory health care centres	0.1	0.1%	0.2	0.2%	0.0	0.0%	0.0	0.0%	0.0	0.0%
Providers of ancillary services	0.2	0.2%	0.4	0.4%	0.6	0.7%	1.0	1.0%	0.5	0.4%
Retailers and other providers of medical goods	42.2	52.4%	44.2	50.8%	38.2	39.1%	35.7	33.4%	44.2	39.5%
Rest of the world	4.6	5.7%	5.1	5.8%	8.6	8.8%	10.6	9.9%	12.1	10.8%
<b>TOTAL</b>	<b>80.6</b>	<b>100%</b>	<b>87.2</b>	<b>100%</b>	<b>97.7</b>	<b>100%</b>	<b>106.8</b>	<b>100%</b>	<b>112.1</b>	<b>100%</b>

## 7.4. Private Current Health Expenditure by Functions

*Curative care* (both inpatient and outpatient services) accounted for the largest functional expenses out of the PCHE (refer Table 7-4). In 2015 inpatient care was 36.9% whilst outpatient was 63.1% of curative care. Expenditure on *Preventive care* also increased however the expenditure was mostly for information, education and counseling.

**Table 7-4 Private Current Health Expenditure by Functions, 2011 to 2015**

Functions	2011		2012		2013		2014		2015	
	Amt (FJ\$m)	Share (%)	Amt (FJ\$m)	Share (%)	Amt (FJ\$m)	Share (%)	Amt (FJ\$m)	Share (%)	Amt (FJ\$m)	Share (%)
Curative care	26.5	32.9%	29.9	34.3%	40.2	41.1%	46.8	43.8%	52.6	46.9%
Inpatient curative care	5.4	6.7%	5.4	6.2%	8.7	8.9%	10.1	9.4%	19.4	17.3%
Outpatient curative care	21.1	26.2%	24.5	28.1%	31.4	32.2%	36.7	34.4%	33.2	29.6%
Rehabilitative care	0.02	0.03%	0.04	0.05%	0.0	0.04%	0.0	0.05%	0.0	0.00%
Ancillary services (non-specified by function)	8.2	10.2%	8.5	9.7%	10.8	11.1%	14.6	13.7%	10.2	9.1%
Medical goods (non-specified by function)	42.9	53.2%	45.4	52.1%	41.1	42.0%	39.3	36.8%	45.8	40.8%
Preventive care	2.6	3.2%	2.8	3.2%	5.7	5.8%	6.1	5.7%	3.5	3.1%
Governance, and health system and financing administration	0.4	0.5%	0.5	0.6%	0.0	0.0%	0.0	0.0%	0.0	0.0%
<b>TOTAL</b>	<b>80.6</b>	<b>100%</b>	<b>87.2</b>	<b>100%</b>	<b>97.7</b>	<b>100%</b>	<b>106.8</b>	<b>100%</b>	<b>112.1</b>	<b>100%</b>

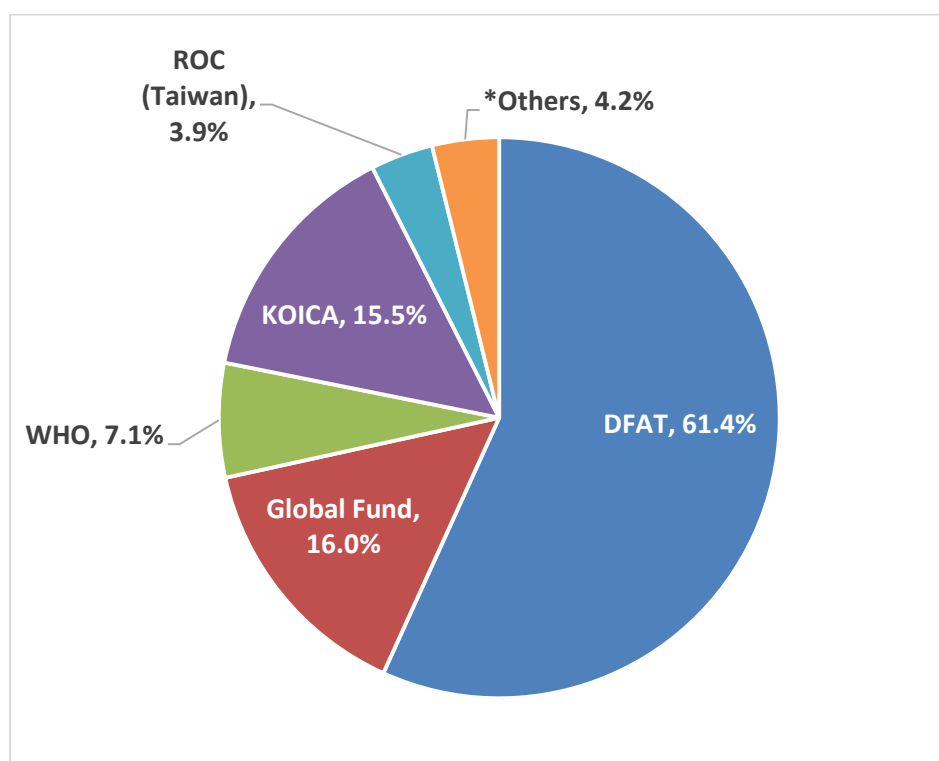
## 8. Development Partners (Rest of the World)

Development partners in this section also refer to “Rest of the World” as classified in SHA 2011.

The Ministry of Health & Medical Services (MoHMS) continues to benefit from its bilateral partners and multilateral agencies and receive support through either direct (cash grants), Aid-in kind (technical expertise, supplies and equipment) and ad-hoc cash grants.

The information presented in this section covers development partners who responded to the NHA questionnaire. Figure 8-1 shows the share of development partner funding for the years 2015.

**Figure 8-1 Share of funding by Development Partners (%), 2015**



Source: Table 8-1

Note: This total development partner funding presented in the Figure comprises of **Total Contribution**, Current Health Expenditure (CHE) plus Capital Expenditure (HK)

\*Others - Consist of UNDP and Development Partners (names not provided) provided funding support to NPISH

Table 8-1 shows the total development partner funding from 2011 to 2015. The total development partner funding consists of both Current Health Expenditure (CHE) and Capital Expenditure (HK).

Table 8-1 Financing contributions by Development Partners (FJ\$m)

Development Partners	Current Health Expenditure (CHE)					Capital Expenditure (HK)					Total Contribution (CHE + HK)				
	2011	2012	2013	2014	2015	2011	2012	2013	2014	2015	2011	2012	2013	2014	2015
DFAT	3.0	9.1	9.4	8.4	5.1	0.9	-	3.6	2.7	0.4	3.9	9.1	12.9	11.1	5.6
WHO	1.2	1.3	1.1	1.0	0.6	-	-	-	-	-	1.2	1.3	1.1	1.0	0.6
JICA	1.8	1.4	-	-	-	0.3	0.1	-	-	-	2.0	1.6	-	-	-
China	-	-	-	0.2	-	-	-	-	-	-	-	-	-	0.2	-
MFAT (NZ)	1.3	1.6	0.6	2.2	-	0.1	0.7	0.6	-	-	1.3	2.3	1.2	2.2	-
Global Fund	3.5	3.0	2.5	2.1	1.4	-	-	0.2	0.6	0.018	3.5	3.0	2.7	2.7	1.4
UNFPA	0.024	0.000	-	-	0.045	-	-	-	-	-	0.024	0.000	-	-	0.045
UNICEF	0.4	0.6	0.1	0.022	-	-	-	-	-	-	0.4	0.6	0.1	0.022	-
UNAIDS	0.2	-	0.033	0.033	-	-	-	-	-	-	0.2	-	0.033	0.033	-
KOICA	-	-	-	-	0.4	-	-	-	-	0.3	-	-	-	-	0.7
ROC (Taiwan)	-	-	-	-	0.4	-	-	-	-	-	-	-	-	-	0.4
UNDP	-	-	-	-	0.1	-	-	-	-	-	-	-	-	-	0.1
Other	0.0	-	-	-	0.3	-	-	-	-	-	0.000	-	-	-	0.3
<b>Total Donor Contribution</b>	<b>11.2</b>	<b>16.9</b>	<b>13.6</b>	<b>14.1</b>	<b>8.3</b>	<b>1.2</b>	<b>0.8</b>	<b>4.4</b>	<b>3.3</b>	<b>0.7</b>	<b>12.5</b>	<b>17.8</b>	<b>18.0</b>	<b>17.4</b>	<b>9.1</b>

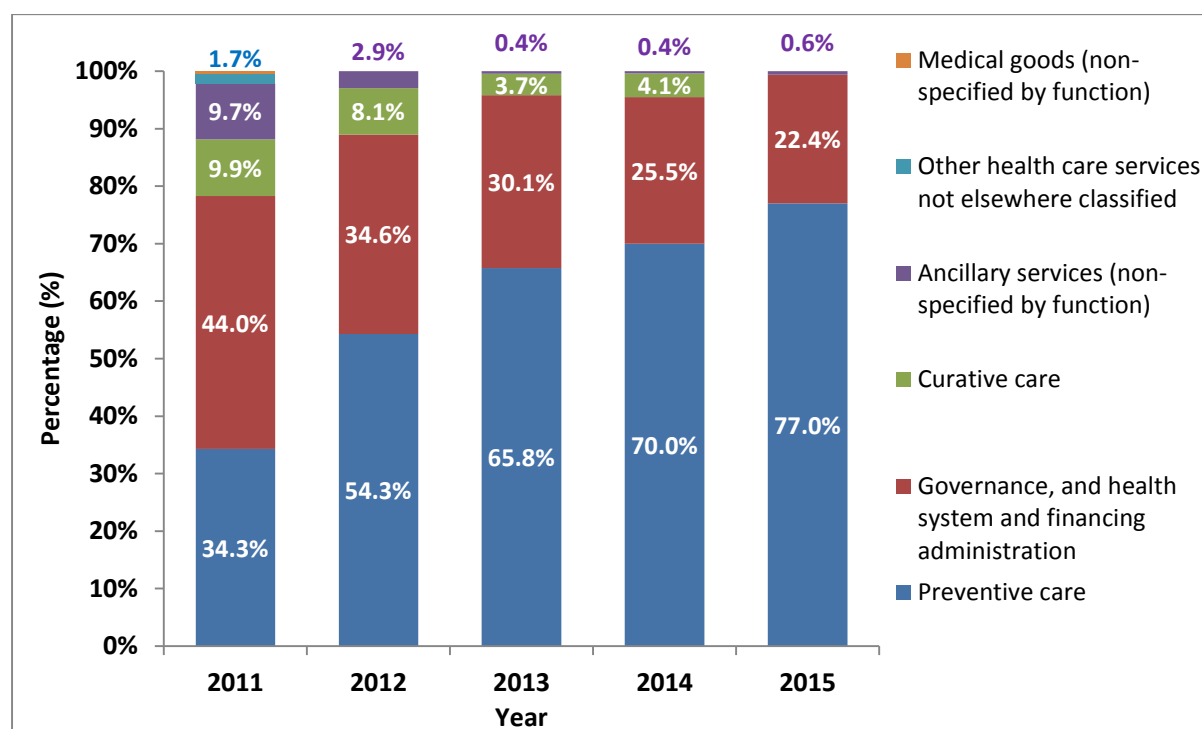
Note: USD Conversion: 2015- USD\$1=FJD\$2.08, average of 2015 Ministry of Economy monthly exchange rate

- denotes that data was not available

## 8.1. Development Partners funding by Functions

Preventive care accounted for largest portion of the development partner funding over the five year period. The total preventive expenditure in 2015 was 77% as per Figure 8-2.

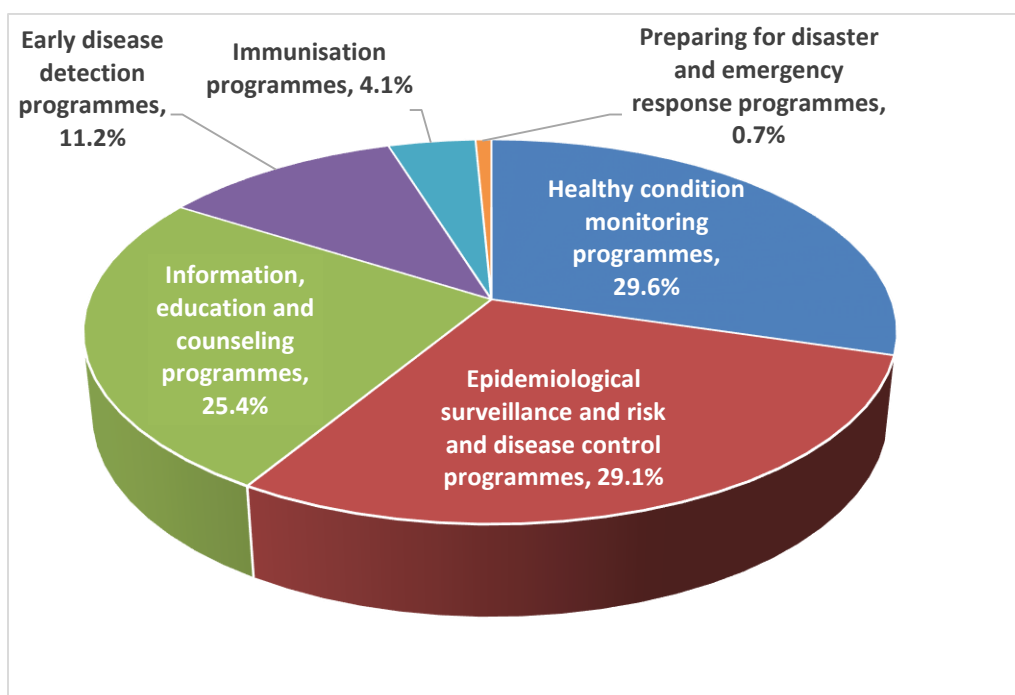
Figure 8-2 Share of Development Partners funding by Functions (%), 2015



*Preventative care and Governance, health system, financing and administration combined reflected above 90% of development partner investment in health sector.*

Figure 8-2 provides the breakdown of the Preventive care funding by development partners into various preventive care categories. In 2015 the development partners have largely invested in *healthy condition monitoring programmes, epidemiological surveillance and risk and disease control programmes, Information, education and counselling (IEC) programmes and early disease detection programmes* for prevention and control.

Figure 8-3 Share of Preventive care funding by Development Partners (%), 2015



## 9. Capital Expenditure

SHA 2011 describes Capital Expenditure (HK) as a very integral component of health expenditure that contributes towards production of health services. The HK information helps in analyzing the service delivery in the health systems production capability i.e. whether it's appropriate, deficient or excessive.

This chapter provides the breakdown of Capital Expenditure on the production of services by Government, private sector and development partners including the types of services that have been provided. The information presented on private sectors and development partners has been consolidated from the survey responses.

### 9.1. Types of Assets in production of health services

Capital Expenditure is classified under two major categories where i) Gross Capital formation which comprises of infrastructure, machinery & equipment, ICT & other related machinery; and ii) Non - produced non – financial assets comprising of land and others.

The total Capital Expenditure as shown in Table 9-1 is a composition of both public and private for the period 2011 to 2015. The expenditure had increased by twice the amount of FJ\$21.8m from 2011 (FJ\$15.1m) to 2015 (FJ\$36.9m). This increase was largely from the public sector. The main increase in HK was for infrastructure; machinery and equipment (refer Table 9-1).

**Table 9-1 Capital Expenditure by type of asset, FJ\$m**

Capital Account	2011	2012	2013	2014	2015
	Amount FJ\$m	Amount FJ\$m	Amount FJ\$m	Amount FJ\$m	Amount FJ\$m
<b>Infrastructure</b>	<b>6.3</b>	<b>7.0</b>	<b>11.1</b>	<b>18.1</b>	<b>23.3</b>
Residential and non-residential buildings	6.3	6.9	10.7	17.9	23.1
Other structures	0.0	0.1	0.4	0.2	0.2
<b>Machinery and equipment</b>	<b>8.3</b>	<b>6.8</b>	<b>9.8</b>	<b>11.9</b>	<b>13.0</b>
Medical equipment	5.7	4.9	8.0	10.2	12.4
Transport equipment	0.3	0.4	0.2	0.2	0.2
ICT equipment	1.0	0.2	0.5	0.7	0.4
Machinery and equipment	1.2	1.3	1.2	0.8	0.0
<b>Intellectual property products</b>	<b>0.3</b>	<b>0.5</b>	<b>0.5</b>	<b>0.6</b>	<b>0.4</b>
Computer software and databases	0.3	0.5	0.5	0.6	0.4
<b>Non-produced non-financial assets</b>	<b>0.3</b>	<b>0.4</b>	<b>0.1</b>	<b>0.1</b>	<b>0.1</b>
Non-produced non-financial assets	0.3	0.4	0.0	0.0	0.0
Land	0.0	0.0	0.1	0.1	0.1
<b>Memorandum items</b>	<b>0.0</b>	<b>0.0</b>	<b>2.7</b>	<b>2.0</b>	<b>0.0</b>
Education of health personnel	0	0	2.7	2.0	0.0
<b>Total</b>	<b>15.1</b>	<b>14.7</b>	<b>24.2</b>	<b>32.7</b>	<b>36.9</b>

## 9.2. Capital Expenditure by Sectors

Table 9-2 shows the contribution of Capital Expenditure by each sector for the years 2011 to 2015. Government was the largest contributor to Capital Expenditure followed by private sector. Both Government and private sector expenditure includes the construction or upgrading of infrastructures, purchase of bio-medical & dental equipment, vessels, vehicles such as ambulances and ICT equipment & software. The Capital Expenditure by development partners is mostly investments made in the form of new infrastructure, maintenance of existing health facilities and equipment purchase. The major increase in 2015 was due to the infrastructure development, upgrading of hospital, health centers and nursing stations and procurement of new medical equipment.

**Table 9-2 Capital Expenditure by sectors, FJ\$m**

Sector	2011	2012	2013	2014	2015
Government	11.1	9.3	14.5	24.4	31.0
Private	2.7	4.6	5.2	5.0	5.1
Development Partners	1.2	0.8	4.4	3.3	0.7
<b>Total</b>	<b>15.1</b>	<b>14.7</b>	<b>24.2</b>	<b>32.7</b>	<b>36.9</b>

## 10. Factors of Health Care Provision

This classification of health expenditure in this chapter specifically focuses on the inputs needed to produce the health care goods and services (Factors of Provision - FP). This information assists to track the expenditure and the resources required to meet the needs. The focus is on ensuring an efficient, appropriate allocation of resources in the production of health care services. The discussion and results presented here are for public and private sectors.

The Government Current Health Expenditure (GCHE) by “factors of provision” was captured from the Financial Management Information System (FMIS). The FMIS is Government electronic accounting system which captures and records financial information at a detailed level. The Government’s budget system is an input-based however, the cost captured by FMIS is also at an input-based level. Information presented in this chapter on private sector was based on the survey responses received.

### 10.1. Factors of Provision for CHE

In terms of the overall share of expenditure by Factors of Health Care Provision (FP) by CHE in 2015, Government was largest by 63.1% followed by Private 34.3% and Development Partners 2.6%.

**Figure 10-1 Share of expenditure by Factors of Health Care Provision by CHE (%), 2015**

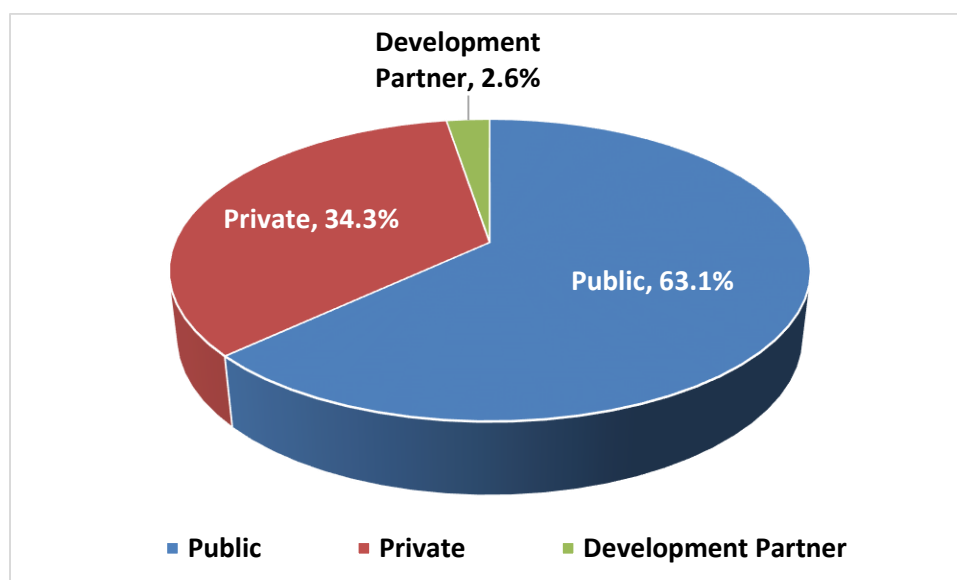


Figure 10-1 describes that Government had very high input costs in the production of health care services to maintain and sustain the level of service delivery.

Table 10-1 provides details of various resource inputs within the Government sector.

**Table 10-1 Factors of Provision by GCHE**

Category	2011		2012		2013		2014		2015	
	Amt (FJ\$m)	Share (%)	Amt (FJ\$m)	Share (%)	Amt (FJ\$m)	Share (%)	Amt (FJ\$m)	Share (%)	Amt (FJ\$m)	Share (%)
Human Resource (HR) Costs*	71.0	51.2%	77.4	51.9%	79.6	51.0%	103.9	55.4%	110.3	53.5%
FNPF	6.5	4.7%	6.3	4.2%	6.5	4.2%	8.8	4.7%	10.9	5.3%
Other HR Costs*	8.4	6.1%	5.1	3.4%	7.2	4.6%	4.0	2.1%	4.6	2.2%
Laboratory & Imaging services	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Health care services	12.7	9.1%	13.6	9.1%	14.1	9.0%	15.6	8.3%	8.3	4.0%
Vaccines	-	0.0%	-	0.0%	-	0.0%	-	0.0%	5.7	2.8%
Contraceptives	-	0.0%	-	0.0%	-	0.0%	-	0.0%	0.1	0.1%
Pharmaceuticals (Drugs)	10.3	7.4%	8.9	6.0%	9.7	6.2%	9.0	4.8%	13.6	6.6%
Other health care goods	17.0	12.2%	20.6	13.8%	22.5	14.4%	26.2	13.9%	19.9	9.6%
Training	-	0.0%	-	0.0%	-	0.0%	-	0.0%	1.4	0.7%
Technical Assistance	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Non-health care services	1.7	1.2%	1.7	1.2%	1.7	1.1%	1.6	0.9%	3.0	1.5%
Non-health care goods	-	0.0%	-	0.0%	0.7	0.5%	0.9	0.5%	12.9	6.3%
Other materials and services used (n.e.c.)	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Taxes (VAT)**	6.6	4.8%	8.3	5.6%	6.8	4.4%	10.3	5.5%	11.9	5.8%
Other items of spending	4.6	3.3%	7.2	4.8%	7.5	4.8%	7.4	3.9%	3.5	1.7%
<b>Total</b>	<b>138.7</b>	<b>100%</b>	<b>149.1</b>	<b>100%</b>	<b>156.1</b>	<b>100%</b>	<b>187.7</b>	<b>100%</b>	<b>206.1</b>	<b>100%</b>

The FP by GCHE presented in Table 10-1 is only for MoHMS and does not include other Ministries

\*HR Costs refers to Wages & Salaries and Other HR Costs refers to Allowances, Overtime and Relieving etc.

\*\* Taxes here refer to VAT paid on the purchase of healthcare goods and services. It was not possible to distribute these across the categories in the above table.

The FP by GCHE in 2011 was FJ\$138.7m and in 2015 was FJ\$206.1m. The expenditure in 2015 had increased substantially. Major increases was in *Human Resource (HR) costs*, *Vaccines & Pharmaceuticals (Drugs)* under Health care goods and *Non-health care goods* (maintenance and operations expenditure).

*Hospitals* had the largest input costs followed by *providers of ambulatory health care*, when the inputs costs were distributed amongst the providers in the public sector.

*Curative care* had the largest input costs followed by *Preventive Care*, when the input costs were distributed amongst the type of services provided in the public sector.

## 11. Disease Based Costs

This report was the first attempt to classify the total Current Health Expenditure (CHE) by disease. Previous reports have only presented expenditure by disease for the functional category *HC.1 Curative Care*.

The disease expenditure presented here is largely based on inpatient utilization from the public sector facilities, and outpatient data from both public (patient databases) and private sectors (surveys).

Patient days (for inpatient analysis) coded by International Coding of Disease 10 Australian Modification (ICD 10 AM) classification were used to allocate facility expenditure by disease category. Public inpatient disease distribution was used to distribute private sector inpatient data; the latter accounts for less than 10% of total inpatient activity in the country.

Outpatient visits (for outpatient analysis) used the number of visits by disease condition to allocate expenditure. Disease conditions were then mapped to the disease (DIS) categories in the Health Accounts Production Tool (HAPT). The Public Sector data was obtained from databases whilst the Private Sector data was obtained from surveys of the private sector providers.

### 11.1. Expenditure by Disease

Table 11-1 shows the distribution of total CHE across the disease categories. NCDs account for the most expenditure and represents 41.2% of total CHE. Within the NCD category, cardiovascular diseases were the most dominant illness.

**Table 11-1 Expenditure by disease categories (FJ\$m), 2015**

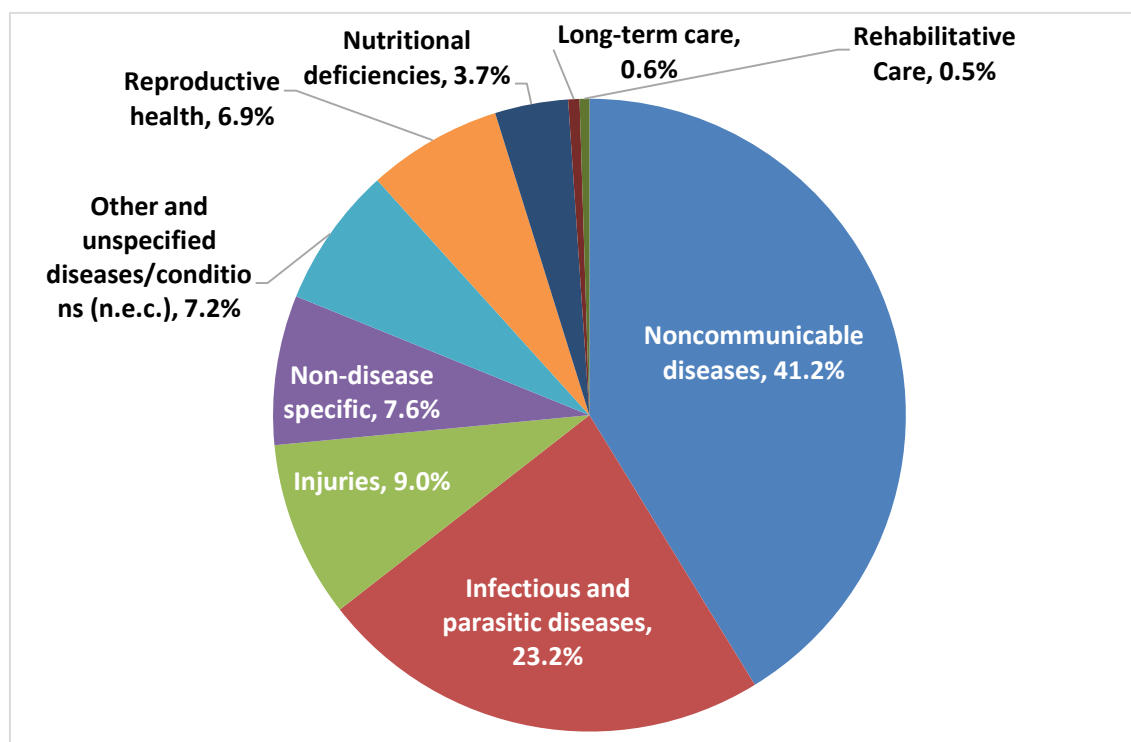
Classification of diseases / conditions	Amount (FJ\$m)	Share (%)
Noncommunicable diseases	134.7	41.2%
Infectious and parasitic diseases	75.9	23.2%
Injuries	29.4	9.0%
Non-disease specific*	24.9	7.6%
Other and unspecified diseases/conditions (n.e.c.)**	23.5	7.2%
Reproductive health	22.5	6.9%
Nutritional deficiencies	12.2	3.7%
Long-term care	1.9	0.6%
Rehabilitative Care	1.6	0.5%
<b>Total</b>	<b>326.6</b>	<b>100%</b>

\* This represents those expenditures that could not be directly coded to a disease category. An example would be the salaries of the Secretary for health.

\*\* This represents those expenditures which were incurred by patients with unknown conditions

Figure 11-1 is a diagrammatic pie chart showing the distribution of CHE by disease as presented in Table 11-1.

**Figure 11-1 Share of expenditure by disease categories (%), 2015**



Source: Table 11-1

When looking at the disease expenditure distribution between the Public and Private Sector, the disease categories *Noncommunicable diseases* are the prevalent diseases in both sectors. The private sector expenditure represents those individuals that can afford the fees charged at private health facilities.

**Table 11-2 Disease expenditure by sources (FJ\$m), 2015**

Classification of diseases / conditions	Public	Private	Development Partners	Total (FJ\$m)
Infectious and parasitic diseases	45.0	28.7	2.2	75.9
Reproductive health	17.6	4.6	0.2	22.5
Nutritional deficiencies	5.5	6.4	0.2	12.2
Noncommunicable diseases	73.9	59.2	1.6	134.7
Injuries	25.2	4.2	0.0	29.4
Non-disease specific	22.2	0.9	1.8	24.9
Rehabilitative Care	1.6	0.0	0.0	1.6
Long-term care	1.9	0.0	0.0	1.9
Other and unspecified diseases/conditions (n.e.c.)	13.2	8.0	2.3	23.5
<b>Total</b>	<b>206.1</b>	<b>112.1</b>	<b>8.3</b>	<b>326.6</b>

Figure 11-2 shows the disease distribution by health providers. Again *Noncommunicable diseases* featured strongly across all the main health service providers including hospitals, ambulatory health care centres, and retailers and providers of medical goods.

Figure 11-2 Share of Disease expenditure by Providers (%), 2015

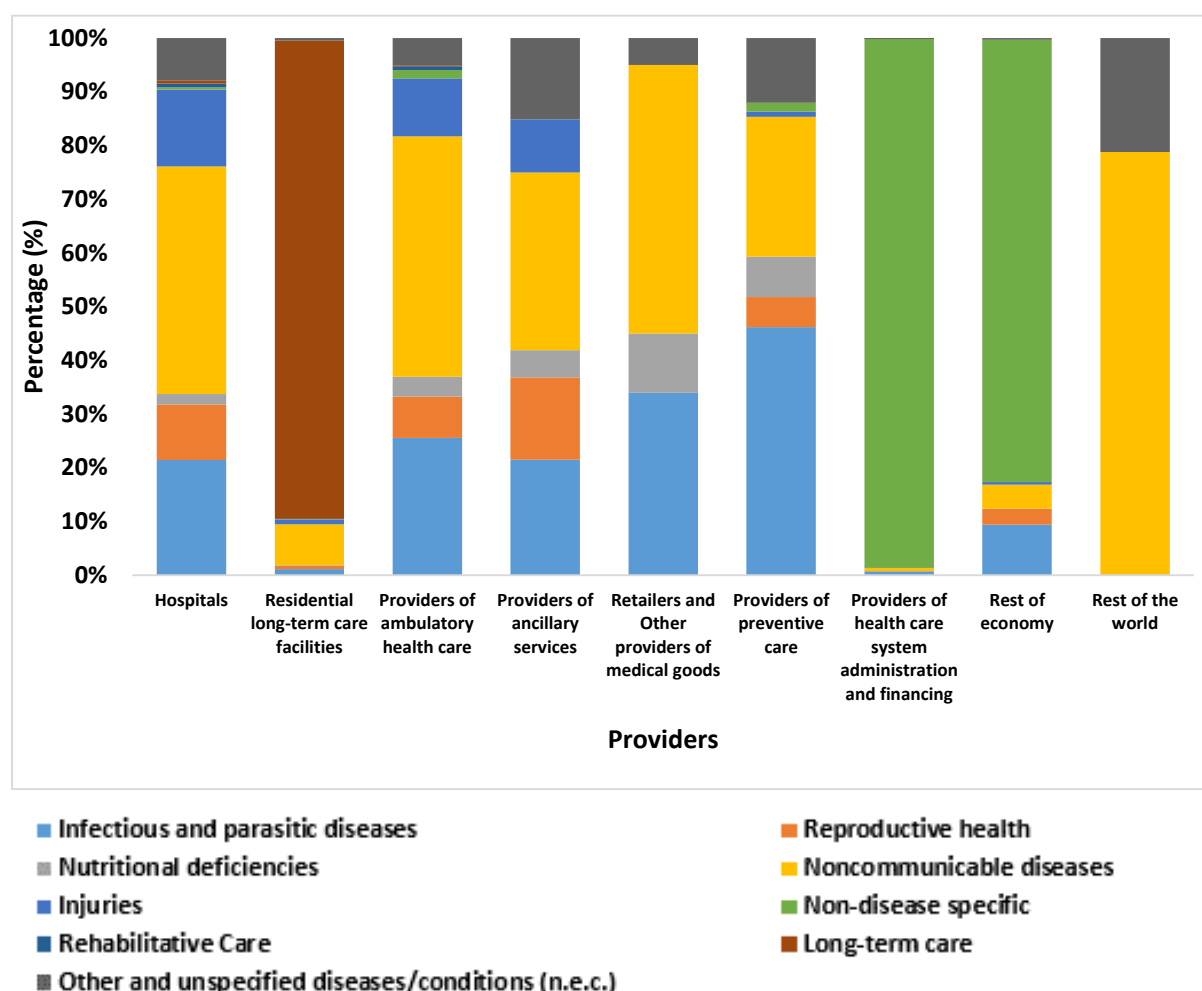


Table 11-3 shows the disease distribution across the functional classification. Again *Noncommunicable diseases* were highest amongst all patients seeking curative care (both inpatient and outpatient) in 2015.

Table 11-3 Disease expenditure by Functions (FJ\$m), 2015

Classification of diseases/conditions	Curative care	Inpatient curative care	Outpatient curative care	Rehabilitative care	Long-term care (health)	Ancillary services (non-specified by function)	Medical goods (non-specified by function)	Preventive care	Governance, and health system and financing administration	Other health care services not elsewhere classified (n.e.c.)
Infectious and parasitic diseases	22.9	10.1	12.9	0.9	0.03	3.8	15.2	32.5	0.5	-
Reproductive health	15.3	9.6	5.7	0.1	0.02	1.5	-	5.4	0.1	-
Nutritional deficiencies	2.0	0.6	1.3	0.02	-	0.5	4.9	4.8	-	-
Noncommunicable diseases	82.8	32.7	50.1	0.9	0.1	5.2	23.9	21.5	0.3	-
Injuries	24.5	7.6	16.9	0.2	0.03	1.2	-	3.5	0.0	-
Non-disease specific	0.9	0.1	0.8	0.01	-	0.2	-	1.0	21.7	1.2
Rehabilitative Care	0.2	0.1	0.1	1.2	-	-	-	0.2	-	-
Long-term care	0.2	0.1	0.1	-	1.6	-	-	0.1	-	-
Other and unspecified diseases/conditions (n.e.c.)	15.4	8.0	7.4	0.2	0.01	1.1	2.3	4.5	0.04	-
<b>Total</b>	<b>164.1</b>	<b>68.8</b>	<b>95.3</b>	<b>3.5</b>	<b>1.8</b>	<b>13.4</b>	<b>46.3</b>	<b>73.6</b>	<b>22.7</b>	<b>1.2</b>

## 11.2. Inpatient disease expenditure by Gender

Table 11-4 shows the disease distribution by Gender. Females accounted for 60% of inpatient expenditure (FJ\$40.7m). Of this amount 33% was largely incurred under the category *Pregnancy, childbirth and the puerperium*. Diseases amongst the Males were more dispersed across the categories, with *Diseases of the circulatory system* accounting for the largest share of expenditure.

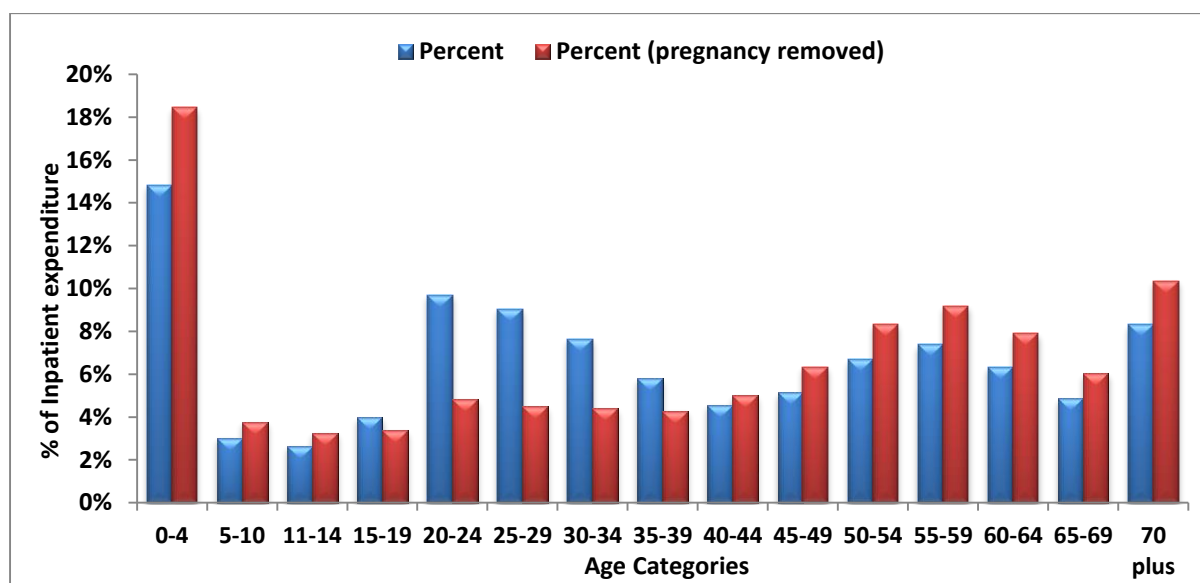
**Table 11-4 Inpatient disease expenditure by Gender (FJ\$m), 2015**

Disease Category	Females	Males
Certain conditions originating in the perinatal period	3.17	-
Certain infectious and parasitic diseases	3.49	3.64
Congenital malformations, deformations and chromosomal abnormalities	0.19	0.33
Diseases of the blood and blood forming organs and immune mechanism	0.50	0.31
Diseases of the circulatory system	2.74	4.40
Diseases of the digestive system	1.45	2.24
Diseases of the ear and mastoid process	0.08	0.06
Diseases of the eye and adnexa	0.11	0.24
Diseases of the genitourinary system	2.17	1.22
Diseases of the musculoskeletal system and connective tissue	0.57	1.12
Diseases of the nervous system	0.72	0.70
Diseases of the respiratory system	2.78	3.57
Diseases of the skin and subcutaneous tissue	1.51	2.17
Endocrine, nutritional and metabolic diseases	1.80	1.89
External causes of morbidity and mortality	0.01	0.01
Factors influencing health status and contact with health services	0.28	0.22
Injury, poisoning and certain other consequences of external causes	2.07	3.74
Mental and behavioural disorders	0.67	0.50
Neoplasms	1.73	0.84
Pregnancy, childbirth and the puerperium	13.58	-
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	1.07	0.94
<b>Total</b>	<b>40.70</b>	<b>28.12</b>

## 11.3. Inpatient disease expenditure by Age Category

Figure 11-3 shows the distribution of inpatient expenditure across different age categories. The 0-4 years age category accounts for the largest portion of inpatient expenditure (close to 15%). The inpatient activity in the age categories between 20 years to 34 is high but this is largely driven by pregnancies in women rather than a particular disease. The red bars in the figure shows the expenditure distribution when pregnancies are removed. The red bars are more typical of the disease distribution across many countries where the young and the old would account for the largest portions of inpatient spending.

Figure 11-3 Inpatient Disease expenditure by Age-Categories (%), 2015



## 12. Technical Notes

This section describes the technical aspects related to the production of this NHA report. These technical aspects describe the estimation and data collection techniques used to estimate the financial figures reported in this document. This report presents the Fiji National Health Accounts expenditure for the years 2011 to 2015 using the SHA 2011 classification system.

As access to more detailed data increases and estimation techniques improve, health accounts expenditure estimates will also continue to change. Thus readers will note that some expenditure figures reported here for the years 2011 to 2014 may differ from that presented in previous NHA reports for those years.

Since 2011 the Fiji NHA has used the SHA 2011 methodology to classify health expenditure. The challenges relating to the SHA 2011 methodology has overtime decreased as our experience with the methodology grew. The biggest challenge for this round of NHA was the use of the Health Accounts Production Tool (HAPT) as our analysis software replacing STATA which we had used in all previous NHA rounds.

### 12.1. Fiji SHA 2011 Classifications

The existing Fiji SHA 2011 classification was mapped to the classification module in HAPT for classifying health expenditures for 2015. This mapping was done easily with some minor changes including the creation of some new categories for better reporting of health expenditure. The Fiji SHA 2011 classification can be viewed in the matrices as the end of this report.

### 12.2. Government data sources

Government data was primarily obtained from the following sources:

- Financial data from the Ministry of Economy FMIS
- Patient utilization data from the Health Information Unit for the MoHMS
- Pharmaceutical data from the Fiji Pharmaceutical & Biomedical Services
- National macro-economic data was obtained from the Fiji Bureau of Statistics
- Expert opinions from various staff of the MoHMS

### 12.2.1. Financial Data

The audited financial data for the years 2015 was obtained from the Ministry of Finance. Data was extracted in the raw form directly out of the Financial Management Information System (FMIS). This raw data had expenditures by actual transaction line items and linked to an accounting code (GL code). This GL code was the basis on which expenditure was mapped to the Fiji SHA 2011 classification system codes. GL codes that contained expenditure that needed distribution to more than one classification code was distributed based on various rules of allocation. In most cases the rules of allocation either used past year's actual expenditure distributions or expert opinion.

#### 12.2.1.1. Patient utilization data

Inpatient and Outpatient data were obtained from several databases at the Health Information Unit of the Ministry of Health and Medical Services. These databases included:

- Patient Information System (PATIS)
- Public Health Information System (PHIS)
- Hospital Discharge Data (HDD)
- Hospital Monthly Returns (HMR)

#### 12.2.1.2. Disease-based data

Inpatient disease data coded by ICD-10 classification was obtained from the Health Information Unit for the years 2015. This data had to be mapped to the disease classification in the HAPT. While previous years expenditure for disease was reported using the ICD-10 classification. This year for the 2015 NHA report, they are presented using the HAPT disease classification (called *DIS* in HAPT).

#### 12.2.1.3. Macro level data

This data was obtained from the Fiji Bureau of Statistics (FBOS) office. The macro level data included Gross Domestic Product, Total government spending and National population figures.

### 12.2.2. Data estimation techniques

Various estimation techniques were used to enable mapping of Public sector expenditure to the Fiji SHA 2011 classification. These are discussed next.

#### 12.2.2.1. Revenues of Financing Schemes (FS) and Financing Schemes (HF)

The GL codes in the financial raw data, in most cases, were able to classify the schemes and revenue sources. In cases where GL codes were insufficient to identify sources or schemes, financial officers (mainly the senior accountants and managers) from both the MoHMS and the Ministry of Economy were consulted. Coding of sources and schemes was not too difficult considering that the public health system is largely Government financed through tax revenue.

#### 12.2.2.2. Health Providers (HP)

The GL codes in the FMIS system allowed mapping of some expenditures directly to public health facilities and programs. With regards to health facilities, each hospital and Health Centre has its own unique cost-centre code embedded within the GL code. This was not the case with most Nursing Stations (apart from some nursing stations in the maritime zones) which reported all their expenditures under one GL code. It was difficult to disaggregate individual expenditures by each Nursing Station and so these were together reported under one HP classification code.

GL codes in the FMIS system that represented individual public health programs were mapped to created classification codes under Section HP.6 of the Fiji SHA 2011 classification.

There were cases where one GL code represented expenditure for more than one health facility and where these facilities had unique individual mapping codes in the HP classification. In such circumstances rules of allocation were developed to distribute expenditures to the appropriate health facilities. The rules of allocation were developed according to 3 methods based on what data was available.

The 3 methods in order of preference were:

- Utilization of service or actual transactions enabled distribution of expenditure
- Allocated budgets used as proportions to distribute actual expenditure
- Expert opinion on the percentage distribution of the expenditure

For example sanitary expenditure for several facilities is recorded under one GL code. To distribute this expenditure across the different facilities to enable mapping to the health provider (HP) classification, the allocated budget to each facility as specified in the service agreement to the contracted party was used as the rule of allocation. Examples of other expenditure that required distribution included security services, cleaning services, pharmaceuticals and other supplies from FPBS, etc.

There were cases where separation of expenditure was not possible. In these situations the core NHA technical team had to decide to which provider in the classification the expenditure was best coded to. For example some Nursing Stations expenditure was locked under the GL code of the nearest Health Centre. However it was not possible to estimate what this Nursing station expenditure was and thus this was left coded to the HP classification for that Health Centre rather than to the HP code for Nursing Stations.

The Fiji Pharmaceutical and Biomedical Service (FPBS) expenditure was reported under one GL code however FPBS is not a provider in the Fiji SHA classification. FPBS expenditure (mainly government spending on drugs, consumables and durable medical goods) was distributed across health providers in the HP classification using drugs distribution (includes consumables) percentages as allocation keys. The drugs distribution database was accessed from FPBS.

#### **12.2.2.3. Health Functions (HC)**

The Fiji financial management information system (GL codes) cannot separate expenditures by functions as given in the Fiji NHA functional classification.

Expert opinion was obtained from senior management within facilities on the percentage distribution of expenditure by functions for their facilities. The same was done for public health programs where program managers and officers were asked to distribute their expenditure across the functional classification mainly the category Preventive Care (HC.6). Expert Opinion was predominantly used in most cases.

In some instances, where data was available, utilization of services was used to distribute expenditure to various functions.

#### **12.2.2.4. Capital Expenditure (HK)**

The SHA 2011 guidelines report capital expenditure in a separate classification from current expenditure. Capital expenditure was identified by specific GL codes (SEG 9 and SEG 10) that represented all capital related expenditure. Capital expenditure reported here only pertains to capital acquisitions and purchases during the reported period. Changes in inventories, capital consumption and disposable of assets were not accounted for.

#### **12.2.2.5. Disease-based expenditure**

Coding of expenditure by disease was done using the patient utilization data from the Health Information Unit of the MoHMS. Inpatient data provided both patient days and ICD-10 coding which was used as allocation keys for distributing expenditure coded under the inpatient

functional classification. The disease ICD-10 classification was then mapped to the disease DIS classification in the HAPT.

Outpatient data was used to provide the number of outpatient visits. Outpatient data disease conditions had to be mapped to the DIS category of the HAPT.

Disease mapping from ICD-10 to DIS followed the SHA 2011 guidelines on mapping and assistance was also sought from Coders working at the HIU in the MoHMS.

### 12.3. Private Sector data

Private data was primarily obtained from the Surveys of private health providers and stakeholders. Secondary reports and documents such as Annual reports (when available and accessible) were also used to clarify or verify reported expenditures. The response rates of the various private sector surveys conducted are shown in Table 1 for the years 2010, 2012, 2014 and 2015. Some providers have increased their response rates while others have declined. The most notable decline was observed amongst Private General Practitioners.

**Table 1: Response rates of surveys of the private sector**

	Surveyed population				Response Rates (%)			
Name	2010	2012	2014	2015	2010	2012	2014	2015
General Practitioners	127	148	126	140	54	80	78	53
Private Dentist	35	37	33	38	35	81	85	74
Retail Pharmacies	54	55	58	60	54	56	66	72
Private Hospitals	1	2	2	3	100	100	100	67
Private Employers	0	17	27	25	57	24	52	20
Private Laboratory and X-Ray	3	2	2	2	67	50	100	100
Private Insurance	10	4	4	4	30	50	50	0
Private Optometrists	15	14	15	14	67	71	80	86
Development Partners	14	13	18	15	71	54	28	33
NGO's	29	19	25	23	3	5	0	13
<b>Overall Response Rate Across all health providers surveyed</b>					49	66	66	54

Based on the survey questions, health spending (using a revenue approach) was calculated in four different ways – daily, weekly, monthly and annually. This is shown in detail in Table 2. On comparing the four different figures, we found that the monthly and annual estimations were more realistic and thus the higher of the two values were used as the final health expenditure for the health providers.

**Table 2: Revenue estimations of private sector surveys**

<b>Daily revenue</b>	Calculated using average fee per patient multiplied by total number of patients seen in a year
<b>Weekly revenue</b>	Average number of patient per week multiply by 50 weeks (here assuming 2 weeks closure in the year) to get total number of patients and then multiply by average consulting fees per patient
<b>Monthly revenue</b>	Average revenue reported per month multiplied by 12 months
<b>Annual revenue</b>	Annual revenue reported in survey

In the case of the non-responses from private doctors, dentists, optometrists, and pharmacies health expenditure was estimated using the average expenditure of those that responded by geographical region (Central, Western and Northern). This expenditure was then distributed across sources, schemes and functions based on the total percentage distributions presented by those who responded.

No estimations were done for employers, private ancillary services, private hospital, and development partners. Those who responded were included and those that did not respond were excluded (providers were excluded only they failed to respond after several attempts to contact them).

In the case of Private health insurance, none of the companies providing this service responded to our surveys. To estimate health insurance expenditure the Reserve Bank of Fiji 2015 annual report on insurance was used to provide the estimate for health insurance. This amount was then distributed across the various classifications using responses from the 2014 NHA surveys.

For some reported expenditure it was difficult to remove instances where double-counting was suspected. In these instances expenditure was included with the assumption made that the double-counts would be off-set both by the non-responses (e.g. development partners, non-governmental organizations, employers, etc.) and with the under reporting suspected of those that responded (especially private doctors, dentists, eye care and pharmacies).

Outpatient disease distribution for the Private sector was based on survey responses while inpatient disease distribution was done using the Public sector inpatient disease distribution allocation keys.

### 12.3.1. Private Sector survey limitations

Despite the increased experience with conducting these NHA surveys over the last 5 years, various limitations still exist. It is important that these are noted and understood especially when interpreting the health expenditure numbers presented of the private sector in this report.

- The low response rates from across the providers but especially from private general practitioners, development partners, insurance companies and employers means that the health expenditure numbers reported here are likely under-reported. Private General Practitioners, insurance companies and employers' response rates are at their lowest ever this year since these surveys commenced in 2010.
- Unfortunately many who responded either provided responses that were incomplete, inaccurate or deliberately flawed. Thus data cleaning and verification was a long process and required several follow-ups with respondents to clarify received data. Estimations were used to replace deliberate flawed data when follow-ups to respondent were unsuccessful.
- The survey questionnaires could have been better designed to reduce both length and complexity. The shift towards using the HAPT required that surveys for employers, donors and NGOs were generated automatically within HAPT. Respondents found these electronic surveys complex and difficult to fill. This may have contributed to the reduced response rates observed in this round of NHA.

### 12.4. Lessons learnt

This section details the lessons learnt from the entire process during the production of this 2015 NHA report.

- The membership of the committee needs to extend to include representatives from the private sector and development partners. This may help in improving survey response rates.
- The involvement of the Ministry of health finance team would allow feedback with regards to improving the recording and allocation of expenditures, as well as provide clarity to the NHA committee on how funds are allocated and expended.
- There needs to be better management and coordination with regards to the surveys of the private sector. A more systematic process towards recruiting enumerators, training them on the surveys, remuneration and reporting of collected data needs to be

established to allow smooth execution of the surveys. Improved communication and establishment of relationships between professional bodies such as the Fiji Medical Council, Fiji Dental council, etc. needs to be strengthened. A stronger case with regards to confidentiality of information and the usefulness of the NHA report to the private sector needs to be made.

- Data received in the private surveys perhaps can be compared with other sources of data to improve estimates. These other sources include:
  - Aggregate revenue data obtained from FRCA across the different providers
  - Total out-of-pocket health expenditure reported in HIES
  - Global donor databases that record funds disbursed to countries e.g. OECD DAH
- There is a possibility to tag the reporting of health information needed for the NHA report to the registration of medical doctors and dentists. This would help simplify the survey process of the private sector and perhaps in the long term provide a routine data source for the private sector (without the need to run annual surveys separately).
- Despite several rounds of there still needs to be increased awareness created amongst both the private and government sectors on the purpose and usefulness of the NHA report. Education and advocacy workshops should be organized with invitations sent out to all private health providers and organizations included in providing some health service (primary or secondary providers) in the country. The intention to develop more policy briefs from the current report will further increase the awareness and usefulness of the report amongst the executive management of the MoHMS.
- Institutional memory of the NHA process needs to be documented and captured annually since every yearly production has its own nuances. This would make easy the future production of NHA by giving clarity to future committee members on what procedures and estimation techniques were employed in past productions of NHA.
- The mapping of raw financial data to the SHA-2011 classifications was not straightforward. Some of the limitations had to do with the way in which the FMIS system recorded and captured the data. A discussion between the MoHMS and the Finance Ministry needs to happen where requests should be made that all health providers be given the status of cost centres in the system. This is possible since already 80% of providers currently exist as such in the FMIS system. This would allow direct mapping of expenditures of health providers to the provider classification in SHA-2011.
- A more standard methodology needs to be established with regards to how data is coded to the functional categories for various health providers and public programs. If costing studies are one of these ways, then more up to date costing of facilities needs to be

undertaken to provide unit costs for the functional categories. Health facility utilization data should be improved as this would most useful for classifying expenditure by functions. Current method where data is distributed largely based on expert opinion should be replaced with more accurate routine data sources.

- Disease based coding of data should be further strengthened. It would be helpful if all facilities that provided inpatient data had individual patient data coded by ICD-10. Outpatient data should also be classified to some disease classification (ICD-10 preferably) for all health facilities including Health Centres and Nursing Stations.
- In the case of Fiji, the financing schemes (the major change in SHA-2011) provided little advantage or improvement from SHA 1 since the health financing system in the country is largely government taxed financed. The mapping between revenue sources and financing schemes was easy to undertake.

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## 14. Glossary

### Definition of Terms used in this report

**Ambulatory health care** relates to procedures and treatments that are provided at private clinics by General Practitioners, dentists, optometrists' etc. and health centres and nursing stations at Government facilities

**Ancillary services** are services such as X-Ray, Laboratory and patient transportation

**Beneficiary characteristics** of those who receive the health care goods and services or benefit from those activities (beneficiaries can be categorized in many different ways, including their age and gender, their socio economic status, their health status and their location)

**Capital expenditure** is the construction or expansion of health facilities and purchase of medical equipment or ICT equipment that helps in the production of health services

**Capital formation** the types of assets that health providers have acquired during the accounting period and that are used repeatedly or continuously for more than one year in production of health services

**Clinical Services** means types of procedure or a series of such procedures such as diagnostic, therapeutic, rehabilitative, or palliative services that are provided by a facility to patients. This may be synonymous with curative care

**Constant (Real) value** relates to Gross domestic product (GDP) at current price deflated by price index of goods and services. It is also called real value

**Curative care** is a combination of inpatient care and outpatient care. Curative care refers to treatment and therapies provided to a patient

**Current (Nominal) value** relates to Gross domestic product (GDP) at current prices which means GDP at prices of the current reporting period. It is also called nominal value

**Current Health Expenditure** final consumption expenditure of resident units on health care goods and services excluding capital expenditure on health care

**Day Curative Care** includes only day cases of non-rehabilitative services within the same day

**Employer-based insurance** One main type of group insurance is insurance purchased by employers, through a contract between the employer (the company) and the insurance entity. The premium paid by the employer is usually risk-related at the group level, but the contributions paid by the individuals are usually not risk-related

**Factors of production** the types of inputs used in producing the goods and services or activities conducted in the health boundary

**Financing agents** are institutional units that manage health financing schemes

**Government-based voluntary insurance** this specific type of insurance scheme is initiated and subsidized by the government in order to provide primary coverage for specific groups of the population. Such schemes may be initiated, for example, when the government does not have the administrative capacity necessary for running a compulsory insurance.

**Governance, health system and financing administration** are administration of government policy; the setting of standards; the regulation, licensing or supervision of producers; management of the fund collection; and the administration, monitoring and evaluation of such resources, etc.

**Government current health expenditure** is similar to current health expenditure provided by public (Government) sector

**Gross capital formation** in the health care system is measured by the total value of the assets that providers of health services have acquired during the accounting period (less the value of the disposals of assets of the same type) and that are used repeatedly or for more than one year in the provision of health services

**Gross Domestic Product** is the market value of all officially recognized final goods and services produced within a country in a given period of time.

**Gross fixed capital formulation** in the health care system is measured by the total value of the assets that providers of health services have acquired during the accounting period (less the value of the

disposals of assets of the same type) and that are used repeatedly or for more than one year in the provision of health services.

**Health Care Functions** relates to the type of services that has been provided

**Health care goods** these are goods and services purchased by the provider used in the diagnosis, treatment or prevention of a disease or other abnormal condition. E.g. are pharmaceuticals, consumables, vaccines etc.

**Health care services** these are services purchased by the health provider to complement the package of services offered within the same unit. E.g. travel, cartage and telephone expenses

**Health Financing Schemes** components of a country's health financial system that channel revenues received and use those funds to pay for, or purchase, the activities inside the health accounts boundary

**Health Functions** the types of goods and services provided and activities performed within the health accounts boundary

**Health Providers** are entities, organizations or units that receive money in exchange for or in anticipation of producing goods and services as their primary activity as well as those for which health care provision is only one among a number of activities

**Hospitals** comprise licensed establishments that are primarily engaged in providing medical, diagnostic and treatment services that include physician, nursing and other health services to inpatients and the specialized accommodation services required by inpatients. In public sector hospitals includes major hospitals, specialized hospitals, and subdivisional hospitals and in private sector all private hospitals

**Household out of Pocket** are payments done by a group or family or individuals directly from personal the personal funds

**Household provision of health care** is the provision of health care services not only takes place in health care facilities, but also in private households, where care for the sick, disabled or elderly is provided by family members

**Households** are a group or family or individuals of the country

**Infrastructures** in the health care system are components, residential and non-residential building and other structures

**Inpatient curative care** includes stay overnight of non-rehabilitative services and excludes hospital day-care and home-based hospital treatment

**Intellectual property products** are the result of research, development, investigation or innovation leading to knowledge that the developers can market or use their own benefit production because use of knowledge is restructured by mean of legal or other productions.

**Internal transfer and grants** - transfer: includes revenues allocated to government schemes which may be an internal transfer within the same level of government or a transfer between central and local governments, Grant: includes: grants by central government to local government financing schemes

**Machinery and equipment** used in hospital for delivery of health services

**Medical goods** relates to both pharmaceutical goods and therapeutic appliances

**Neoplasms** a new and abnormal growth of tissue in some part of the body

**Non-health care services and Non-health care goods** these are goods and services used for health care production, but of a non-specialized health nature. They are of a general nature such as those required in the operational activities of the provider, as in management offices (e.g. software, pens and paper), kitchens (in hospitals and to supply to overnight patients if they are not outsourced services), transport (e.g. oil and tools to operate vehicles) or other types of more general usage, such as electricity, water and the like.

**Non-produced non-financial assets** in health care system relates to land purchase and development

**Occupational health care expenditure** is the sum of expenditures incurred by corporations, general Government and non-profit organisations on the provision of occupational health care. Occupational health care includes the surveillance of employee health (routine medical check-ups) and therapeutic care (including emergency health care services) on or off business premises

**Other health care goods** includes all medicines and pharmaceutical products such as vaccines and serum and other consumable goods, such as cotton, wound dressings and tools used exclusively or mainly at work, for example, clothing or footwear worn exclusively or mainly at work (such as protective clothes and uniforms)

**Other primary coverage schemes** this category includes primary coverage insurance taken by individuals or group insurance other than Employer-based insurance and Government-based voluntary insurance. For example, insurance companies can offer group insurance to patient organisations and the like.

**Outpatient Curative Care** includes general medical services provided on day care basis

**Per Capita** for each person taken individually

**Preventive care** is any measure that aims to avoid the occurrence or the severity of injuries and diseases and their complications. Preventive medicine or preventive care consists of measures taken to prevent diseases, rather than curing them or treating their symptoms

**Primary health care services** first level health services provided at a health facility e.g. health centres or sub-divisional hospital

**Private Current health expenditure** is similar to current health expenditure provided by private sector

**Products** the various goods and services provided by the providers, including the non-health care goods and services produced and consumed

**Public Sector Investment Programs** are capital programs allocated in Government budget for construction, maintenance & refurbishment of facilities, purchase of medical equipment and ICT equipment

**Rehabilitative care** is the care provided to patients with the intention of curing their disease or improving their condition.

**Residential and non-residential** building acquired less those disposed by health care providers are included in the category. Example is nursing and residential care facilities, hospital setting and ambulatory facilities.

**Residential long-term care facilities** comprises establishments that are primarily engaged in providing residential long-term care that combines nursing, supervisory or other types of care as required by the residents

**Rest of the economy** refers to industries or organizations that offer health care as a secondary activity or promote health with a multi-sectorial approach but do not provide health care services

**Rest of the World** represents development partners or donors or foreign Governments who provides health services to residents

**Retailers and other providers of medical goods** relates to retail pharmacies, retail sellers and other suppliers of durable medical goods and appliances

**Revenues of financing schemes** provides information from whom the revenue is provided for health care

**Therapeutic appliances** such as spectacles, hearing aids, orthopedic appliances

**Total Government Expenditure** means expenditure by general Government

**Total Government Health Expenditure** relates to combination of both current health expenditure plus capital health expenditure provided by Government

**Trade in health** imports of health care goods and services provided to residents by nonresident providers, and exports of health care goods and services provided to non-residents by resident providers

**Transfers distributed by government from foreign origin** refers to allocation of funds by Government from the aid or donated funds received e.g. cash grants

**Transfers from government domestic revenue** (allocated to health purposes) refers to allocation of funds by Government through general tax

**Voluntary payments** refers to payments done at one's free choice

**Voluntary prepayment** refers Voluntary premiums or payments received from the households or other institutional units to secure an entitlement to benefits. Eg premiums received from an insurer to secure benefits of the voluntary health insurance schemes

## 15. Matrices

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**Table 1: Financing schemes (HF) by Revenues of health care financing schemes (FS), 2015**

	Transfers from government domestic revenue (allocated to health purposes)	Transfers distributed by government from foreign origin	Voluntary prepayment (a+b)	Voluntary prepayment from individuals/households (a)	Voluntary prepayment from employers (b)	Other domestic revenues n.e.c.	Direct foreign transfers	All FS (FJ\$m)	Share of HF (%)
<b>Government schemes and compulsory contributory health care financing schemes</b>	<b>206.00</b>	<b>0.04</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>206.05</b>	<b>63.10</b>
<b>Voluntary health care payment schemes</b>	<b>0.11</b>	<b>-</b>	<b>42.02</b>	<b>21.04</b>	<b>20.98</b>	<b>1.44</b>	<b>0.60</b>	<b>44.17</b>	<b>13.53</b>
Employer-based insurance (Other than enterprises schemes)	-	-	21.39	0.40	20.98	-	-	21.39	6.55
Other primary coverage schemes	-	-	20.63	20.63	-	-	-	20.63	6.32
NPISH financing schemes (including development agencies)	0.11	-	-	-	-	1.44	0.60	2.15	0.66
<b>Household out-of-pocket payment</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>68.66</b>	<b>-</b>	<b>68.66</b>	<b>21.03</b>
Out-of-pocket excluding cost-sharing	-	-	-	-	-	68.66	-	68.66	21.03
<b>Rest of the world financing schemes (non-resident)</b>	<b>-</b>	<b>1.43</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>6.24</b>	<b>7.67</b>	<b>2.35</b>
<b>All HF (FJ\$m)</b>	<b>206.11</b>	<b>1.47</b>	<b>42.02</b>	<b>21.04</b>	<b>20.98</b>	<b>70.10</b>	<b>6.85</b>	<b>326.55</b>	<b>100.00</b>
<b>Share of FS (%)</b>	<b>63.12</b>	<b>0.45</b>	<b>12.87</b>	<b>6.44</b>	<b>6.43</b>	<b>21.47</b>	<b>2.10</b>	<b>100.00</b>	

**Table 2: Health care providers (HP) by Revenues of health care financing schemes (FS), 2015**

	Transfers from government domestic revenue (allocated to health purposes)	Transfers distributed by government from foreign origin	Voluntary prepayment (a+b)	Voluntary prepayment from individuals/house holds (a)	Voluntary prepayment from employers (b)	Other domestic revenues n.e.c.	Direct foreign transfers	ALL FS (FJ\$m)	Share of HP (%)
<b>Hospitals</b>	<b>127.10</b>	-	<b>14.66</b>	<b>8.48</b>	<b>6.18</b>	<b>5.46</b>	-	<b>147.22</b>	<b>45.08</b>
Divisional Hospitals	83.61	-	0.28	0.04	0.24	-	-	83.89	25.69
Subdivisional Hospitals	35.75	-	-	-	-	-	-	35.75	10.95
Private general hospitals	-	-	14.38	8.44	5.94	5.46	-	19.84	6.08
Mental health hospitals	1.92	-	-	-	-	-	-	1.92	0.59
Specialised hospitals (Other than mental health hospitals)	5.76	-	-	-	-	-	-	5.76	1.76
<b>Residential long-term care facilities</b>	<b>1.06</b>	-	-	-	-	-	-	<b>1.06</b>	<b>0.32</b>
<b>Providers of ambulatory health care</b>	<b>37.41</b>	-	<b>10.64</b>	<b>6.71</b>	<b>3.94</b>	<b>24.49</b>	-	<b>72.54</b>	<b>22.21</b>
Private medical practices (GPs)	-	-	9.86	6.29	3.57	17.38	-	27.24	8.34
Other Dental practice	-	-	0.33	0.22	0.11	3.90	-	4.23	1.29
Nursing stations	1.73	-	-	-	-	-	-	1.73	0.53
Optometrists	0.07	-	0.41	0.18	0.22	3.21	-	3.69	1.13
Family planning centres (other)	0.06	-	-	-	-	-	-	0.06	0.02
Public Health Centres(All Other ambulatory centres )	35.56	-	-	-	-	-	-	35.56	10.89
<b>Providers of ancillary services</b>	<b>3.07</b>	-	<b>0.12</b>	-	<b>0.12</b>	<b>0.39</b>	-	<b>3.57</b>	<b>1.09</b>
Providers of patient transportation and emergency rescue	2.32	-	-	-	-	-	-	2.32	0.71
Medical and diagnostic laboratories	0.56	-	0.12	-	0.12	0.39	-	1.07	0.33
Other providers of ancillary services	0.19	-	-	-	-	-	-	0.19	0.06
<b>Retailers and Other providers of medical goods</b>	<b>0.45</b>	-	<b>4.47</b>	<b>4.02</b>	<b>0.45</b>	<b>39.76</b>	-	<b>44.68</b>	<b>13.68</b>
<b>Providers of preventive care</b>	<b>14.01</b>	<b>1.37</b>	-	-	-	-	<b>5.04</b>	<b>20.42</b>	<b>6.25</b>
<b>Providers of health care system administration and financing</b>	<b>20.21</b>	<b>0.06</b>	-	-	-	-	<b>1.81</b>	<b>22.07</b>	<b>6.76</b>
Government health administration agencies	20.21	0.06	-	-	-	-	1.81	22.07	6.76
<b>Rest of economy</b>	<b>1.39</b>	<b>0.04</b>	-	-	-	-	-	<b>1.44</b>	<b>0.44</b>
<b>Rest of the world</b>	<b>1.41</b>	-	<b>12.13</b>	<b>1.83</b>	<b>10.30</b>	-	-	<b>13.54</b>	<b>4.15</b>
<b>ALL HP (FJ\$m)</b>	<b>206.11</b>	<b>1.47</b>	<b>42.02</b>	<b>21.04</b>	<b>20.98</b>	<b>70.10</b>	<b>6.85</b>	<b>326.55</b>	<b>100.00</b>
<b>Share of FS (%)</b>	<b>63.12</b>	<b>0.45</b>	<b>12.87</b>	<b>6.44</b>	<b>6.43</b>	<b>21.47</b>	<b>2.10</b>	<b>100.00</b>	

**Table 3: Health care providers (HP) by Financing schemes (HF), 2015**

	Government schemes and compulsory contributory health care financing schemes	Voluntary health care payment schemes (a+b+c)	Employer-based insurance (Other than enterprises schemes) (a)	Other primary coverage schemes (b)	NPISH financing schemes (including development agencies) (c )	Household out-of-pocket payment	Rest of the world financing schemes (non-resident)	All HF (FJ\$m)	Share HP (%)
<b>Hospitals</b>	<b>127.10</b>	<b>15.34</b>	<b>6.30</b>	<b>8.36</b>	<b>0.68</b>	<b>4.78</b>	<b>-</b>	<b>147.22</b>	<b>45.08</b>
Divisional Hospitals	83.61	0.28	0.24	0.04	-	-	-	83.89	25.69
Subdivisional Hospitals	35.75	-	-	-	-	-	-	35.75	10.95
Private general hospitals	-	15.06	6.06	8.32	0.68	4.78	-	19.84	6.08
Mental health hospitals	1.92	-	-	-	-	-	-	1.92	0.59
Specialised hospitals (Other than mental health hospitals)	5.76	-	-	-	-	-	-	5.76	1.76
<b>Residential long-term care facilities</b>	<b>1.06</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1.06</b>	<b>0.32</b>
<b>Providers of ambulatory health care</b>	<b>37.41</b>	<b>10.91</b>	<b>3.99</b>	<b>6.65</b>	<b>0.27</b>	<b>24.22</b>	<b>-</b>	<b>72.54</b>	<b>22.21</b>
Private medical practices (GPs)	-	10.11	3.62	6.24	0.24	17.13	-	27.24	8.34
Dental practice	-	0.39	0.14	0.23	0.02	3.88	-	4.27	1.31
Nursing stations	1.73	-	-	-	-	-	-	1.73	0.53
Optometrists	0.07	0.42	0.23	0.18	0.01	3.20	-	3.69	1.13
Ambulatory health care centres	35.61	-	-	-	-	-	-	35.61	10.90
<b>Providers of ancillary services</b>	<b>3.07</b>	<b>0.15</b>	<b>0.12</b>	<b>-</b>	<b>0.04</b>	<b>0.35</b>	<b>-</b>	<b>3.57</b>	<b>1.09</b>
Providers of patient transportation and emergency rescue	2.32	-	-	-	-	-	-	2.32	0.71
Medical and diagnostic laboratories	0.56	0.15	0.12	-	0.04	0.35	-	1.07	0.33
Other providers of ancillary services	0.19	-	-	-	-	-	-	0.19	0.06
<b>Retailers and Other providers of medical goods</b>	<b>0.45</b>	<b>4.91</b>	<b>0.45</b>	<b>4.02</b>	<b>0.45</b>	<b>39.32</b>	<b>-</b>	<b>44.68</b>	<b>13.68</b>
Pharmacies	0.45	4.91	0.45	4.02	0.45	39.32	-	44.68	13.68
<b>Providers of preventive care</b>	<b>13.94</b>	<b>0.71</b>	<b>-</b>	<b>-</b>	<b>0.71</b>	<b>-</b>	<b>5.77</b>	<b>20.42</b>	<b>6.25</b>
<b>Providers of health care system administration and financing</b>	<b>20.21</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1.86</b>	<b>22.07</b>	<b>6.76</b>
Government health administration agencies	20.21	-	-	-	-	-	1.86	22.07	6.76
Other Government health administration agencies	-	-	-	-	-	-	0.06	0.06	0.02
<b>Rest of economy</b>	<b>1.39</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>0.04</b>	<b>1.44</b>	<b>0.44</b>
<b>Rest of the world</b>	<b>1.41</b>	<b>12.13</b>	<b>10.53</b>	<b>1.60</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>13.54</b>	<b>4.15</b>
<b>All HP (FJ\$m)</b>	<b>206.05</b>	<b>44.17</b>	<b>21.39</b>	<b>20.63</b>	<b>2.15</b>	<b>68.66</b>	<b>7.67</b>	<b>326.55</b>	<b>100.00</b>
<b>Share HF (%)</b>	<b>63.10</b>	<b>13.53</b>	<b>6.55</b>	<b>6.32</b>	<b>0.66</b>	<b>21.03</b>	<b>2.35</b>	<b>100.00</b>	

**Table 4: Health care providers (HP) by Health care functions (HC), 2015**

	Inpatient curative care	Outpatient curative care	Rehabilitative care	Long-term care (health)	Ancillary services (non-specified by function)	Medical goods (non-specified by function)	Preventive care	Governance, and health system and financing administration	ALL HC (FJ\$m)	Share of HP (%)
<b>Hospitals</b>	<b>55.40</b>	<b>56.39</b>	<b>2.80</b>	<b>0.82</b>	<b>4.66</b>	<b>0.06</b>	<b>27.09</b>	-	<b>147.22</b>	<b>45.08</b>
Divisional Hospitals	38.92	33.60	0.45	0.82	0.04	0.00	10.05	-	<b>83.89</b>	<b>25.69</b>
Subdivisional Hospitals	7.11	15.04	0.66	-	-	-	12.93	-	<b>35.75</b>	<b>10.95</b>
Private general hospitals	7.32	5.80	-	-	4.61	0.06	2.05	-	<b>19.84</b>	<b>6.08</b>
Mental health hospitals	0.75	0.43	0.21	-	-	-	0.53	-	<b>1.92</b>	<b>0.59</b>
Specialised hospitals (Other than mental health hospitals)	1.27	1.49	1.47	-	-	-	1.53	-	<b>5.76</b>	<b>1.76</b>
<b>Residential long-term care facilities</b>	-	-	<b>0.06</b>	<b>0.94</b>	-	-	<b>0.06</b>	-	<b>1.06</b>	<b>0.32</b>
<b>Providers of ambulatory health care</b>	<b>0.89</b>	<b>38.08</b>	<b>0.68</b>	-	<b>4.85</b>	<b>1.51</b>	<b>26.53</b>	-	<b>72.54</b>	<b>22.21</b>
Private medical practices (GPs)	0.83	20.10	-	-	4.82	0.03	1.47	-	<b>27.24</b>	<b>8.34</b>
Dental practice	0.01	4.25	-	-	0.01	0.00	-	-	<b>4.27</b>	<b>1.31</b>
Nursing stations	-	0.33	-	-	-	-	1.40	-	<b>1.73</b>	<b>0.53</b>
Optometrists	0.05	2.13	-	-	0.03	1.48	-	-	<b>3.69</b>	<b>1.13</b>
Ambulatory health care centres	-	11.27	0.68	-	-	-	23.66	-	<b>35.61</b>	<b>10.90</b>
<b>Providers of ancillary services</b>	-	-	-	-	<b>3.57</b>	-	-	-	<b>3.57</b>	<b>1.09</b>
Providers of patient transportation and emergency rescue	-	-	-	-	2.32	-	-	-	<b>2.32</b>	<b>0.71</b>
Medical and diagnostic laboratories	-	-	-	-	1.07	-	-	-	<b>1.07</b>	<b>0.33</b>
Other providers of ancillary services	-	-	-	-	0.19	-	-	-	<b>0.19</b>	<b>0.06</b>
<b>Retailers and Other providers of medical goods</b>	-	-	-	-	-	<b>44.68</b>	-	-	<b>44.68</b>	<b>13.68</b>
<b>Providers of preventive care</b>	-	<b>0.04</b>	-	-	<b>0.05</b>	-	<b>19.70</b>	<b>0.67</b>	<b>20.42</b>	<b>6.25</b>
<b>Providers of health care system administration and financing</b>	-	-	-	-	-	-	-	<b>22.07</b>	<b>22.07</b>	<b>6.76</b>
Government health administration agencies	-	-	-	-	-	-	-	22.07	<b>22.07</b>	<b>6.76</b>
<b>Rest of economy</b>	-	-	-	-	-	-	<b>0.23</b>	-	<b>1.44</b>	<b>0.44</b>
<b>Rest of the world</b>	<b>12.52</b>	<b>0.79</b>	-	-	<b>0.22</b>	<b>0.01</b>	-	-	<b>13.54</b>	<b>4.15</b>
<b>ALL HP (FJ\$m)</b>	<b>68.82</b>	<b>95.30</b>	<b>3.54</b>	<b>1.76</b>	<b>13.35</b>	<b>46.26</b>	<b>73.61</b>	<b>22.74</b>	<b>326.55</b>	<b>100.00</b>
<b>Share of HC (%)</b>	<b>21.07</b>	<b>29.18</b>	<b>1.08</b>	<b>0.54</b>	<b>4.09</b>	<b>14.17</b>	<b>22.54</b>	<b>6.96</b>	<b>100.00</b>	

**Table 5: Health care functions (HC) by Revenues of health care financing schemes (FS), 2015**

	Transfers from government domestic revenue (allocated to health purposes)	Transfers distributed by government from foreign origin	Voluntary prepayment (a+b)	Voluntary prepayment from individuals/ households (a)	Voluntary prepayment from employers (b)	Other domestic revenues n.e.c. (c+d)	Other revenues from households n.e.c. (c)	Other revenues from NPISH n.e.c. (d)	Direct foreign transfers	All FS (FJ\$m)	Share of HC (%)
<b>Curative care</b>	<b>111.54</b>	-	<b>30.45</b>	<b>12.12</b>	<b>18.33</b>	<b>22.13</b>	<b>21.53</b>	<b>0.60</b>	-	<b>164.12</b>	<b>50.26</b>
<b>Inpatient curative care</b>	<b>49.41</b>	-	<b>17.22</b>	<b>5.10</b>	<b>12.12</b>	<b>2.18</b>	<b>1.91</b>	<b>0.27</b>	-	<b>68.82</b>	<b>21.07</b>
General inpatient curative care	23.64	-	5.02	3.27	1.75	2.18	1.91	0.27	-	30.85	9.45
Specialised inpatient curative care	25.77	-	12.20	1.83	10.37	-	-	-	-	37.97	11.63
<b>Outpatient curative care</b>	<b>62.12</b>	-	<b>13.23</b>	<b>7.02</b>	<b>6.20</b>	<b>19.95</b>	<b>19.62</b>	<b>0.33</b>	-	<b>95.30</b>	<b>29.18</b>
General outpatient curative care	36.52	-	9.20	5.81	3.40	14.49	14.20	0.29	-	60.21	18.44
Dental outpatient curative care	7.33	-	1.86	0.46	1.40	3.90	3.88	0.02	-	13.08	4.01
Specialised outpatient curative care	7.84	-	2.17	0.76	1.41	1.56	1.54	0.02	-	11.57	3.54
Day curative care	10.43	-	-	-	-	-	-	-	-	10.43	3.19
<b>Rehabilitative care</b>	<b>3.54</b>	-	-	-	-	-	-	-	-	<b>3.54</b>	<b>1.08</b>
<b>Long-term care (health)</b>	<b>1.76</b>	-	-	-	-	-	-	-	-	<b>1.76</b>	<b>0.54</b>
<b>Ancillary services (non-specified by function)</b>	<b>3.07</b>	-	<b>5.24</b>	<b>3.33</b>	<b>1.91</b>	<b>4.99</b>	<b>4.72</b>	<b>0.27</b>	<b>0.05</b>	<b>13.35</b>	<b>4.09</b>
Laboratory services	0.75	-	2.14	1.79	0.35	3.00	2.83	0.17	-	5.89	1.80
Imaging services	-	-	2.45	1.44	1.01	1.99	1.90	0.09	-	4.44	1.36
Patient transportation	2.32	-	-	-	-	-	-	-	-	2.32	0.71
Unspecified ancillary services (n.e.c.)	-	-	0.65	0.10	0.56	-	-	-	0.05	0.71	0.22
<b>Medical goods (non-specified by function)</b>	<b>0.48</b>	-	<b>4.68</b>	<b>4.10</b>	<b>0.57</b>	<b>41.11</b>	<b>40.66</b>	<b>0.45</b>	-	<b>46.26</b>	<b>14.17</b>
Prescribed medicines	0.22	-	2.30	1.99	0.31	19.48	19.27	0.22	-	22.00	6.74
Over-the-counter medicines	0.17	-	1.74	1.57	0.17	15.51	15.33	0.17	-	17.42	5.34
Other medical non-durable goods	0.02	-	0.22	0.20	0.02	1.99	1.97	0.02	-	2.23	0.68
<b>Preventive care</b>	<b>63.68</b>	<b>1.42</b>	<b>1.65</b>	<b>1.48</b>	<b>0.18</b>	<b>1.86</b>	<b>1.74</b>	<b>0.12</b>	<b>4.99</b>	<b>73.61</b>	<b>22.54</b>
Information, education and counseling (IEC) programmes	15.32	0.03	1.65	1.48	0.18	1.86	1.74	0.12	1.60	20.46	6.27
Immunisation programmes	9.78	0.01	-	-	-	-	-	-	0.25	10.04	3.07
Early disease detection programmes	10.75	0.01	-	-	-	-	-	-	0.71	11.47	3.51
Healthy condition monitoring programmes	11.62	0.03	-	-	-	-	-	-	1.87	13.51	4.14
Epidemiological surveillance and risk and disease control programmes	9.50	1.30	-	-	-	-	-	-	0.56	11.36	3.48
Preparing for disaster and emergency response programmes	6.72	0.05	-	-	-	-	-	-	-	6.77	2.07
<b>Governance, and health system and financing administration</b>	<b>20.88</b>	<b>0.06</b>	-	-	-	-	-	-	<b>1.81</b>	<b>22.74</b>	<b>6.96</b>
<b>Other health care services not elsewhere classified (n.e.c.)</b>	<b>1.17</b>	-	-	-	-	-	-	-	-	<b>1.17</b>	<b>0.36</b>
<b>All HC (FJ\$m)</b>	<b>206.11</b>	<b>1.47</b>	<b>42.02</b>	<b>21.04</b>	<b>20.98</b>	<b>70.10</b>	<b>68.66</b>	<b>1.44</b>	<b>6.85</b>	<b>326.55</b>	<b>100.00</b>
<b>Share of FS (%)</b>	<b>63.12</b>	<b>0.45</b>	<b>12.87</b>	<b>6.44</b>	<b>6.43</b>	<b>21.47</b>	<b>21.03</b>	<b>0.44</b>	<b>2.10</b>	<b>100.00</b>	

**Table 6: Health care functions (HC) by Financing schemes (HF), 2015**

	Government schemes and compulsory contributory health care financing schemes	Voluntary health care payment schemes (a+b+c)	Employer-based insurance (Other than enterprises schemes) (a)	Other primary coverage schemes (b)	NPISH financing schemes (including development agencies) (c)	Household out-of-pocket payment	Rest of the world financing schemes (non-resident)	All HF (FJ\$m)	Share of HC (%)
<b>Curative care</b>	<b>111.54</b>	<b>31.05</b>	<b>18.67</b>	<b>11.78</b>	<b>0.60</b>	<b>21.53</b>	-	<b>164.12</b>	<b>50.26</b>
<b>Inpatient curative care</b>	<b>49.41</b>	<b>17.49</b>	<b>12.25</b>	<b>4.98</b>	<b>0.27</b>	<b>1.91</b>	-	<b>68.82</b>	<b>21.07</b>
General inpatient curative care	23.64	5.29	1.82	3.20	0.27	1.91	-	30.85	9.45
Specialised inpatient curative care	25.77	12.20	10.43	1.78	-	-	-	37.97	11.63
<b>Outpatient curative care</b>	<b>62.12</b>	<b>13.56</b>	<b>6.42</b>	<b>6.81</b>	<b>0.33</b>	<b>19.62</b>	-	<b>95.30</b>	<b>29.18</b>
General outpatient curative care	36.52	9.49	3.50	5.70	0.29	14.20	-	60.21	18.44
Specialised outpatient curative care	7.84	2.19	1.46	0.70	0.02	1.54	-	11.57	3.54
Dental outpatient curative care	7.33	1.87	1.46	0.40	0.02	3.88	-	13.08	4.01
Day curative care	10.43	-	-	-	-	-	-	10.43	3.19
<b>Rehabilitative care</b>	<b>3.54</b>	-	-	-	-	-	-	<b>3.54</b>	<b>1.08</b>
<b>Long-term care (health)</b>	<b>1.76</b>	-	-	-	-	-	-	<b>1.76</b>	<b>0.54</b>
<b>Ancillary services (non-specified by function)</b>	<b>3.07</b>	<b>5.56</b>	<b>1.97</b>	<b>3.27</b>	<b>0.32</b>	<b>4.72</b>	-	<b>13.35</b>	<b>4.09</b>
Laboratory services	0.75	2.31	0.35	1.79	0.17	2.83	-	5.89	1.80
Imaging services	-	2.55	1.04	1.41	0.09	1.90	-	4.44	1.36
Patient transportation	2.32	-	-	-	-	-	-	2.32	0.71
<b>Medical goods (non-specified by function)</b>	<b>0.48</b>	<b>5.13</b>	<b>0.58</b>	<b>4.10</b>	<b>0.45</b>	<b>40.66</b>	-	<b>46.26</b>	<b>14.17</b>
Prescribed medicines	0.22	2.52	0.32	1.98	0.22	19.27	-	22.00	6.74
Over-the-counter medicines	0.17	1.92	0.17	1.57	0.17	15.33	-	17.42	5.34
Other medical non-durable goods	0.02	0.25	0.02	0.20	0.02	1.97	-	2.23	0.68
Therapeutic appliances and Other medical goods	0.06	0.45	0.06	0.35	0.03	4.10	-	4.60	1.41
<b>Preventive care</b>	<b>63.62</b>	<b>2.43</b>	<b>0.18</b>	<b>1.48</b>	<b>0.78</b>	<b>1.74</b>	<b>5.81</b>	<b>73.61</b>	<b>22.54</b>
Information, education and counseling (IEC) programmes	15.21	2.43	0.18	1.48	0.78	1.74	1.07	20.46	6.27
Immunisation programmes	9.78	-	-	-	-	-	0.25	10.04	3.07
Early disease detection programmes	10.76	-	-	-	-	-	0.71	11.47	3.51
Healthy condition monitoring programmes	11.62	-	-	-	-	-	1.89	13.51	4.14
Epidemiological surveillance and risk and disease control programmes	9.51	-	-	-	-	-	1.85	11.36	3.48
Preparing for disaster and emergency response programmes	6.72	-	-	-	-	-	0.04	6.77	2.07
<b>Governance, and health system and financing administration</b>	<b>20.88</b>	-	-	-	-	-	<b>1.86</b>	<b>22.74</b>	<b>6.96</b>
<b>Other health care services not elsewhere classified (n.e.c.)</b>	<b>1.17</b>	-	-	-	-	-	-	<b>1.17</b>	<b>0.36</b>
<b>All HC (FJ\$m)</b>	<b>206.05</b>	<b>44.17</b>	<b>21.39</b>	<b>20.63</b>	<b>2.15</b>	<b>68.66</b>	<b>7.67</b>	<b>326.55</b>	<b>100.00</b>
<b>Share of HF (%)</b>	<b>63.10</b>	<b>13.53</b>	<b>6.55</b>	<b>6.32</b>	<b>0.66</b>	<b>21.03</b>	<b>2.35</b>	<b>100.00</b>	

**Table 7: Factors of health care provision (FP) by Revenues of health care financing schemes (FS), 2015**

	Transfers from government domestic revenue (allocated to health purposes)	Transfers distributed by government from foreign origin	Voluntary prepayment	Other domestic revenues n.e.c.	Direct foreign transfers	All FS (FJ\$m)	Share of FP (%)
<b>Compensation of employees</b>	<b>125.72</b>	<b>0.74</b>	<b>7.72</b>	<b>16.69</b>	<b>0.53</b>	<b>151.41</b>	<b>46.37</b>
Wages and salaries	110.29	0.74	7.72	16.69	0.53	135.98	41.64
Social contributions - FNPF	10.87	-	-	-	-	10.87	3.33
All Other costs related to employees - Wages and Salaries - Allowances, OT, Relieving etc	4.56	-	-	-	-	4.56	1.40
<b>Materials and services used</b>	<b>64.96</b>	<b>0.69</b>	<b>34.30</b>	<b>53.41</b>	<b>1.35</b>	<b>154.71</b>	<b>47.38</b>
<b>Health care services</b>	<b>8.27</b>	<b>-</b>	<b>23.12</b>	<b>22.85</b>	<b>0.20</b>	<b>54.44</b>	<b>16.67</b>
Laboratory & Imaging services	-	-	16.17	-	-	16.17	4.95
Other health care services (n.e.c.)	8.27	-	6.95	22.85	0.20	38.27	11.72
<b>Health care goods</b>	<b>39.34</b>	<b>-</b>	<b>5.78</b>	<b>19.47</b>	<b>0.08</b>	<b>64.67</b>	<b>19.80</b>
Vaccines	5.71	-	-	-	0.03	5.74	1.76
Contraceptives	0.12	-	-	-	-	0.12	0.04
Other pharmaceuticals (n.e.c.) (Drugs)	13.63	-	2.10	7.99	-	23.72	7.26
Other and unspecified health care goods (n.e.c.)	19.88	-	3.67	11.48	0.05	35.08	10.74
<b>Non-health care services (SEG 4 Items related to Operations)</b>	<b>4.42</b>	<b>0.40</b>	<b>-</b>	<b>-</b>	<b>0.81</b>	<b>5.62</b>	<b>1.72</b>
Training	1.39	-	-	-	0.40	1.78	0.55
Technical Assistance	-	0.01	-	-	0.39	0.40	0.12
Other non-health care services (n.e.c.)	3.03	0.38	-	-	0.02	3.43	1.05
<b>Non-health care goods</b>	<b>12.94</b>	<b>0.29</b>	<b>5.40</b>	<b>11.09</b>	<b>0.08</b>	<b>29.80</b>	<b>9.12</b>
<b>Other materials and services used (n.e.c.)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>0.19</b>	<b>0.19</b>	<b>0.06</b>
<b>Other items of spending on inputs</b>	<b>15.43</b>	<b>0.04</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>15.47</b>	<b>4.74</b>
Taxes (VAT)	11.91	-	-	-	-	11.91	3.65
Other items of spending	3.52	0.04	-	-	-	3.57	1.09
<b>Unspecified factors of health care provision (n.e.c.)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>4.96</b>	<b>4.96</b>	<b>1.52</b>
<b>All FP (FJ\$m)</b>	<b>206.11</b>	<b>1.47</b>	<b>42.02</b>	<b>70.10</b>	<b>6.85</b>	<b>326.55</b>	<b>100.00</b>
<b>Share of FS (%)</b>	<b>63.12</b>	<b>0.45</b>	<b>12.87</b>	<b>21.47</b>	<b>2.10</b>	<b>100.00</b>	

**Table 8: Classification of diseases / conditions (DIS) by Revenues of health care financing schemes (FS), 2015**

	Transfers from government domestic revenue (allocated to health purposes)	Transfers distributed by government from foreign origin	Voluntary prepayment (a + b)	Voluntary prepayment from individuals/ households (a)	Voluntary prepayment from employers (b)	Other domestic revenues n.e.c. (c + d)	Other revenues from households n.e.c. (c)	Other revenues from NPISH n.e.c. (d)	Direct foreign transfers	All FS (FJ\$m)	Share of DIS (%)
<b>Infectious and parasitic diseases</b>	<b>45.01</b>	<b>1.43</b>	<b>7.45</b>	<b>6.58</b>	<b>0.87</b>	<b>21.23</b>	<b>20.67</b>	<b>0.56</b>	<b>0.73</b>	<b>75.85</b>	<b>23.23</b>
HIV/AIDS	2.86	-	-	-	-	-	-	-	0.06	2.91	0.89
TB/HIV	0.82	1.43	-	-	-	-	-	-	0.40	2.64	0.81
STDs Other than HIV/AIDS	0.12	-	-	-	-	-	-	-	-	0.12	0.04
Unspecified HIV/AIDS and Other STDs (n.e.c.)	1.45	-	-	-	-	-	-	-	-	1.45	0.45
Tuberculosis (TB)	0.08	-	0.02	-	0.02	0.05	0.05	0.01	0.01	0.15	0.05
Respiratory infections	3.16	-	3.19	2.91	0.29	9.50	9.22	0.28	-	15.85	4.85
Diarrheal diseases	0.72	-	-	-	-	-	-	-	-	0.72	0.22
Neglected tropical diseases	3.81	-	0.02	-	0.02	0.06	0.06	0.01	0.13	4.01	1.23
Vaccine preventable diseases	9.91	0.00	-	-	-	-	-	-	0.13	10.04	3.07
Other and unspecified infectious and parasitic diseases (n.e.c.)	22.10	0.00	4.23	3.68	0.55	11.61	11.35	0.26	0.01	37.96	11.62
<b>Reproductive health</b>	<b>17.60</b>	<b>0.03</b>	<b>1.89</b>	<b>1.65</b>	<b>0.24</b>	<b>2.74</b>	<b>2.62</b>	<b>0.12</b>	<b>0.19</b>	<b>22.45</b>	<b>6.88</b>
Pregnancy	1.68	-	-	-	-	-	-	-	0.10	1.77	0.54
Obs and gynae	0.14	-	-	-	-	-	-	-	-	0.14	0.04
Other Maternal conditions	9.60	-	0.82	0.75	0.07	0.55	0.48	0.07	0.10	10.95	3.35
Perinatal conditions	2.79	0.01	0.25	0.23	0.02	0.18	0.16	0.02	-	3.22	0.99
Contraceptive management (family planning)	0.18	0.01	-	-	-	-	-	-	-	0.19	0.06
Male reproductive conditions	0.77	-	-	-	-	-	-	-	-	0.77	0.24
Unspecified reproductive health conditions (n.e.c.)	2.44	0.00	0.82	0.68	0.14	2.00	1.97	0.03	-	5.26	1.61
<b>Nutritional deficiencies</b>	<b>5.55</b>	<b>0.00</b>	<b>1.03</b>	<b>0.88</b>	<b>0.14</b>	<b>5.41</b>	<b>5.33</b>	<b>0.08</b>	<b>0.24</b>	<b>12.22</b>	<b>3.74</b>
<b>Noncommunicable diseases</b>	<b>73.85</b>	<b>0.01</b>	<b>24.44</b>	<b>9.25</b>	<b>15.19</b>	<b>34.79</b>	<b>34.24</b>	<b>0.56</b>	<b>1.57</b>	<b>134.67</b>	<b>41.24</b>
Neoplasms	4.14	0.00	5.40	0.81	4.58	-	-	-	-	9.54	2.92
Diabetes	5.03	0.00	-	-	-	-	-	-	0.25	5.28	1.62
Dual hypertension and diabetes	1.85	-	-	-	-	-	-	-	-	1.85	0.57
Other and unspecified endocrine and metabolic disorders (n.e.c.)	1.12	-	-	-	-	-	-	-	-	1.12	0.34
Hypertensive diseases	4.53	0.00	-	-	-	-	-	-	-	4.53	1.39
Other and unspecified cardiovascular diseases (n.e.c.)	7.34	0.00	7.34	1.11	6.23	-	-	-	-	14.68	4.50
Mental (psychiatric) disorders	4.45	-	-	-	-	-	-	-	0.14	4.59	1.41

<b>Table 8 Cont'd</b>	<b>Transfers from government domestic revenue (allocated to health purposes)</b>	<b>Transfers distributed by government from foreign origin</b>	<b>Voluntary prepayment (a + b)</b>	<b>Voluntary prepayment from individuals/ households (a)</b>	<b>Voluntary prepayment from employers (b)</b>	<b>Other domestic revenues n.e.c. (c + d)</b>	<b>Other revenues from households n.e.c. (c)</b>	<b>Other revenues from NPISH n.e.c. (d)</b>	<b>Direct foreign transfers</b>	<b>All FS (FJ\$m)</b>	<b>Share of DIS (%)</b>
Behavioural disorders	0.31	-	-	-	-	-	-	-	-	0.31	0.09
Neurological conditions	2.40	-	0.86	0.13	0.73	-	-	-	-	3.27	1.00
Unspecified mental & behavioural disorders and neurological conditions (n.e.c.)	0.36	-	-	-	-	-	-	-	0.35	0.71	0.22
Respiratory diseases	10.94	0.00	-	-	-	-	-	-	-	10.94	3.35
Diseases of the digestive	5.70	0.00	-	-	-	-	-	-	-	5.70	1.75
Diseases of the genito-urinary system	2.99	0.00	0.22	0.03	0.18	-	-	-	-	3.20	0.98
Eye conditions	0.69	-	0.67	0.22	0.44	3.21	3.20	0.01	-	4.57	1.40
Ear nose throat conditions	2.56	-	-	-	-	-	-	-	-	2.56	0.78
Skin conditions	0.32	-	-	-	-	-	-	-	-	0.32	0.10
Other Sense organ disorders	0.30	-	-	-	-	-	-	-	-	0.30	0.09
Oral diseases	8.38	-	0.33	0.22	0.11	3.90	3.88	0.02	-	12.61	3.86
Muscoskeletal	6.37	-	2.16	0.33	1.83	-	-	-	-	8.52	2.61
Other and unspecified noncommunicable diseases (n.e.c.)	4.08	0.00	7.47	6.39	1.08	27.69	27.15	0.53	0.83	40.08	12.27
<b>Injuries</b>	<b>25.21</b>	<b>-</b>	<b>1.52</b>	<b>1.31</b>	<b>0.22</b>	<b>2.71</b>	<b>2.63</b>	<b>0.08</b>	<b>-</b>	<b>29.44</b>	<b>9.02</b>
Attempted self-harm	0.03	-	-	-	-	-	-	-	-	0.03	0.01
Minor procedures	0.24	-	-	-	-	-	-	-	-	0.24	0.07
Dressings	19.19	-	-	-	-	-	-	-	-	19.19	5.88
Injections	0.44	-	-	-	-	-	-	-	-	0.44	0.13
Other Injuries	5.27	-	1.52	1.31	0.21	2.69	2.61	0.08	-	9.48	2.90
<b>Non-disease specific</b>	<b>22.24</b>	<b>-</b>	<b>0.25</b>	<b>0.21</b>	<b>0.04</b>	<b>0.61</b>	<b>0.60</b>	<b>0.01</b>	<b>1.84</b>	<b>24.95</b>	<b>7.64</b>
<b>Rehabilitative Care</b>	<b>1.62</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1.62</b>	<b>0.50</b>
<b>Long-term care</b>	<b>1.88</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1.88</b>	<b>0.58</b>
<b>Other and unspecified diseases/conditions (n.e.c.)</b>	<b>13.15</b>	<b>0.00</b>	<b>5.44</b>	<b>1.16</b>	<b>4.28</b>	<b>2.60</b>	<b>2.57</b>	<b>0.03</b>	<b>2.27</b>	<b>23.46</b>	<b>7.18</b>
<b>All DIS (FJ\$m)</b>	<b>206.11</b>	<b>1.47</b>	<b>42.02</b>	<b>21.04</b>	<b>20.98</b>	<b>70.10</b>	<b>68.66</b>	<b>1.44</b>	<b>6.85</b>	<b>326.55</b>	<b>100.00</b>
<b>Share of FS (%)</b>	<b>63.12</b>	<b>0.45</b>	<b>12.87</b>	<b>6.44</b>	<b>6.43</b>	<b>21.47</b>	<b>21.03</b>	<b>0.44</b>	<b>2.10</b>	<b>100.00</b>	

**Table 9: Capital Account (HK) by Institutional units providing revenues to financing schemes (FS.RI), 2015**

	Government	Corporations	Households	NPISH	Rest of the world	All FS.RI (FJ\$m)	Share of HK (%)
<b>Infrastructure</b>	<b>21.52</b>	<b>0.05</b>	<b>1.39</b>	<b>0.02</b>	<b>0.35</b>	<b>23.32</b>	<b>63.26</b>
Residential and non-residential buildings	21.51	0.04	1.16	0.02	0.35	23.08	62.61
Other structures	0.00	0.00	0.23	0.00	-	0.24	0.65
<b>Machinery and equipment</b>	<b>9.51</b>	<b>0.14</b>	<b>2.82</b>	<b>0.10</b>	<b>0.40</b>	<b>12.98</b>	<b>35.21</b>
Medical equipment	9.51	0.12	2.30	0.09	0.40	12.42	33.69
Transport equipment	0.00	0.01	0.16	0.00	-	0.17	0.47
ICT equipment	0.00	0.02	0.36	0.01	-	0.39	1.05
<b>Intellectual property products</b>	<b>0.00</b>	<b>0.01</b>	<b>0.42</b>	<b>0.01</b>	<b>-</b>	<b>0.44</b>	<b>1.20</b>
Computer software and databases	0.00	0.01	0.42	0.01	-	0.44	1.20
<b>Land</b>	<b>0.00</b>	<b>0.01</b>	<b>0.12</b>	<b>0.00</b>	<b>-</b>	<b>0.12</b>	<b>0.34</b>
<b>All HK (FJ\$m)</b>	<b>31.03</b>	<b>0.21</b>	<b>4.75</b>	<b>0.13</b>	<b>0.75</b>	<b>36.86</b>	<b>100.00</b>
<b>Share of FS.RI (%)</b>	<b>84.18</b>	<b>0.56</b>	<b>12.89</b>	<b>0.35</b>	<b>2.02</b>	<b>100.00</b>	

# **This report presents health expenditure estimates:**

- as proportion of gross domestic product (GDP)
- how much has been spent per person (per capita basis)
- by source of funding (where the money comes from)
- by financing schemes (who manages the funds)
- who provides the services ( providers)
- for what services the money was spent on (functions)
- how much is spent on health by Government and private sector
- how much health is funded by development partners
- how much is spent on capital
- by cost of inputs needed to produce the health care goods and services (Factors of Provision)
- by disease