MINISTRY OF HEALTH
& MEDICAL SERVICES

FIJI HEALTH ACCOUNTS

NATIONAL HEALTH EXPENDITURE

2013-2018

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Abbreviations

CHE	Current Health Expenditure
CWMH	Colonial War Memorial Hospital
DBC	Disease Based Costing
DFAT	Department of Foreign Affairs and Trade
DIS	Disease
DMO	Divisional Medical Officers
FBOS	Fiji Bureau of Statistics
FJ$m	Fiji Dollars in Millions
FMIS	Financial Management Information System
FP	Factors of Healthcare Provision
FPBS	Fiji Pharmaceutical and Biomedical Services
FRCA	Fiji Revenue and Customs Authority
FS	Revenue of Financing Schemes
GCHE	Government Current Health Expenditure
GDP	Gross Domestic Product
GHE	Government Health Expenditure (GCHE plus capital spending)
GL	General Ledger
GP	General Practitioners
HAPT	Health Accounts Production Tool
HC	Health Care Functions
HF	Health Care Financing Schemes
HIES	Household Income and Expenditure Survey
HiT	Health in Transition
HK	Capital Expenditure
HP	Health Care Providers
HR	Human Resource
ICD-10AM	International Coding of Disease 10 Australian Modification
ICHA	International Classification of Health Accounts
ICT	Information Communications Technology
IP	Inpatient
KOICA	Korea International Cooperation Agency
MFAT	Ministry of Foreign Affairs and Trade (aka New Zealand Aid Programme NZAID)
MHMS	Ministry of Health and Medical Services
MS	Medical Superintendents
NCD	Non-communicable Diseases
NGOs	Non-government Organizations
NHA	National Health Accounts
OECD	Organisation for Economic Co-operation and Development
OOP	Out of Pocket Expenditure
OP	Outpatient
PATIS	Patient Information System
PCHE	Private Current Health Expenditure
PHC	Public Health Centres
PHIS	Public Health Information System
SDHs	Sub Divisional Hospital
SHA	System of Health Accounts
TB	Tuberculosis
TGE	Total Government Expenditure
TGHE	Total Government Health Expenditure
THE	Total Health Expenditure
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USD	United States Dollar
VAT	Value Added Tax
WHO	World Health Organization

Foreword

I am pleased to present the National Health Accounts [NHA] for the financial years 2013 – 2018. The report shows the expenditure trend over a 5 year period and provides relevant information on changes in financing mechanisms. The Ministry utilizes NHA both as a reference document for policy making as well as a tool to evaluate the efficient use of resources.

Over the years the NHA report has provided an in-depth understanding of health expenditure flows in the country and this information has been valuable in understanding the different sources of funding and changing trends. The Household out of pocket expenditure provides insight into the health service utilization and is an important indicator in guiding our work towards the universal health coverage approach.

Current Health Expenditure (CHE) in Fiji was estimated at FJ$478.4m in 2017-18 with per capita health spending of FJ$540.6 or USD$257.3 per capita. CHE in 2017-18 comprised of public funds of FJ$287.3m (60.1%), private funds of FJ$156.7m (32.8%) and development partner funds of FJ$34.4m (7.2%).

Curative care expenditure in 2017-18 constitutes of 57.4% of outpatient care expenditure and 42.6% of inpatient care expenditure. In 2017-18, Non-communicable Diseases (NCDs) including nutritional deficiencies and injuries accounted for the most expenditure and represents 40.2% of total CHE.

The Ministry's longer term approach is to work towards a broader health financing strategy to ensure equitable access to quality services and adequate financial risk protection. The NHA estimates provide baseline data to support the development of initiatives focusing on expanding service coverage and access as well as reducing out of pocket payment.

I acknowledge the contribution and efforts of the NHA Committee, including valuable support from other sectors and all stakeholders that supported this initiative. This report provides decision makers with information to formulate strategies to improve access, equity, efficiency and financial risk protection in order to progress towards the broader goal of Universal Health Coverage.

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Dr. James Fong
Acting Permanent Secretary for Health

Executive Summary

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$478.4m in 2017-18 with per capita health spending of FJ$540.6 or USD$257.3 per capita. CHE in 2017-18 comprised of public funds of FJ$287.3m (60.1%), private funds FJ$156.7m (32.8%) and development partner funds FJ$34.4m (7.2%). In 2017-18, CHE as a proportion of Gross Domestic Product (GDP) is estimated at 4.3%.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).

The Private sector financing which in 2017-2018 was 32.8% of CHE and was dominated by household spending. The majority of household spending was for Out of Pocket (OOP) expenditure. In 2017-18, OOP expenditure as a % of CHE was 19.4%.

Hospitals accounted for the largest amount of CHE (51.22%). 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.

Curative care accounted for the largest portion of CHE (51.9%) in 2017-18. There was a substantial increase in curative care expenditure; one of the reasons for this was the redistribution of ancillary services expenditure into curative care. Curative care expenditure in 2017-18 constitutes of 57.4% of outpatient care expenditure and 42.6% of inpatient care expenditure. Ambulatory health care accounted for 13% (FJ$62.1m) in 2017-18.

Government Current Health Expenditure (GCHE) per capita on hospitals and public health centres (excluding Specialized services) was FJ$255.50 in Northern, FJ$136.7 in Eastern, FJ$212.56 in Central and FJ$213.49 in Western. In 2017-18 the human resource cost on GCHE was $197.17m (68.6% of GCHE) and 41.2% of CHE. Government Capital spending was 8.0% of Government Health Expenditure (GHE) in 2017-18. This has increased since 2011 (7.4% of GHE).

In 2017-18, Non-communicable Diseases (NCDs) including nutritional deficiencies and injuries accounted for the most expenditure and represents 40.2% of total CHE. Communicable Diseases (CD) expenditure accounted for 31.8% and Maternal and Child Health (MCH) expenditure accounted for 4.3% 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 2013-18

No	Indicators	2013	2014	2015	2016-17	2017-18
1	Population	862,068	865,716	869,458	869,458	884,887
2	Gross Domestic Product (GDP) (FJ$m)	6,440.0	7,039.5	7,541.3	10,327.3	11,065.0
3	Total Government Expenditure (TGE) (FJ$m)	2,136.3	2,883.3	2,693.9	3,024.4	3,703.6
4	Current Health Expenditure (CHE) (FJ$m)	267.7	310.2	326.5	357.5	478.4
5	Capital expenditure (HK) (FJ$m)	24.2	32.7	36.9	38.1	42.7
6	CHE plus capital expenditure (FJ$m)	291.9	342.9	363.4	395.6	521.1
7	CHE per capita (FJ$)	310.5	358.3	375.6	411.2	540.6
8	Government Current health expenditure (GCHE) (FJ$m)	158.9	191.5	206.1	233.6	287.3
9	Private Current health expenditure (PCHE) (FJ$m)	97.7	106.8	112.1	110.9	156.7
10	Development partner Current health expenditure (FJ$m)	11.1	11.9	8.3	13.1	34.4
11	GCHE as a % CHE	59.4%	61.7%	63.1%	65.3%	60.1%
12	PCHE as a % of CHE	36.5%	34.4%	34.3%	31.0%	32.8%
13	Development partner Current health expenditure as a % CHE	4.1%	3.8%	2.5%	3.7%	7.2%
14	CHE as a % of GDP	4.2%	4.4%	4.3%	3.5%	4.3%
15	GCHE as a % of TGE	7.4%	6.6%	7.7%	7.7%	7.8%
16	GCHE as a % of GDP	2.5%	2.7%	2.7%	2.3%	2.6%
17	PCHE as a % of GDP	1.5%	1.5%	1.5%	1.1%	1.4%
18	GCHE per capita (FJ$)	184.3	221.2	237.0	268.6	324.7
19	Government financing Schemes as a % of CHE	59.3%	61.8%	63.1%	65.3%	60.1%
20	Voluntary Health Insurance Schemes as a % of CHE	8.6%	9.1%	13.5%	14.6%	13.3%
21	Out of Pocket (OOP) Expenditure as a % of CHE	27.9%	25.3%	21.0%	17.3%	19.4%
22	Curative expenditure as a % of CHE	41.5%	40.9%	50.3%	55.3%	51.9%
23	Inpatient expenditure as a % of Curative expenditure	40.5%	40.6%	41.9%	38.5%	42.6%
24	Outpatient expenditure as a % of Curative expenditure	59.5%	59.4%	58.1%	61.5%	57.4%
25	Preventive expenditure as a % of CHE	22.9%	25.0%	22.6%	22.1%	20.7%
26	Government Health Administration expenditure as a % of GCHE	9.2%	9.0%	10.1%	4.0%	6.2%
27	Hospital spending as a % of CHE	45.6%	46.3%	45.1%	50.8%	51.2%
28	Ambulatory health care as a % of CHE	22.8%	21.5%	22.2%	21.2%	13.0%
29	Medical goods as a % of CHE (excludes Government)	14.4%	11.7%	13.7%	12.2%	10.5%
30	Expenditure on Government Human Resources as a % of GCHE	59.6%	62.1%	61.0%	82.0%	68.7%
31	Government Pharmaceuticals (Drugs) Expenditure as a % of GCHE	6.2%	4.8%	6.6%	10.7%	16.2%
32	Capital expenditure as a % of CHE plus capital expenditure	8.3%	9.5%	10.1%	9.6%	8.2%

No	Indicators	2013	2014	2015	2016-17	2017-18
33	Government capital expenditure on health as a % of GHE (GCHE plus Government capital expenditure)	8.4%	11.3%	13.1%	11.2%	8.0%
34	Non-Communicable Diseases (NCD) expenditure as a % of CHE (NCD, Nutritional deficiencies, Injuries)	-	-	54.0%	54.8%	51.0%
35	Communicable Diseases (CD) expenditure as a % of CHE	-	-	23.3%	29.9%	31.8%
36	Maternal and Child Health (MCH) expenditure as a % of CHE	-	-	6.9%	5.5%	4.3%

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 onwards, 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 (MHMS) 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 MHMS 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).

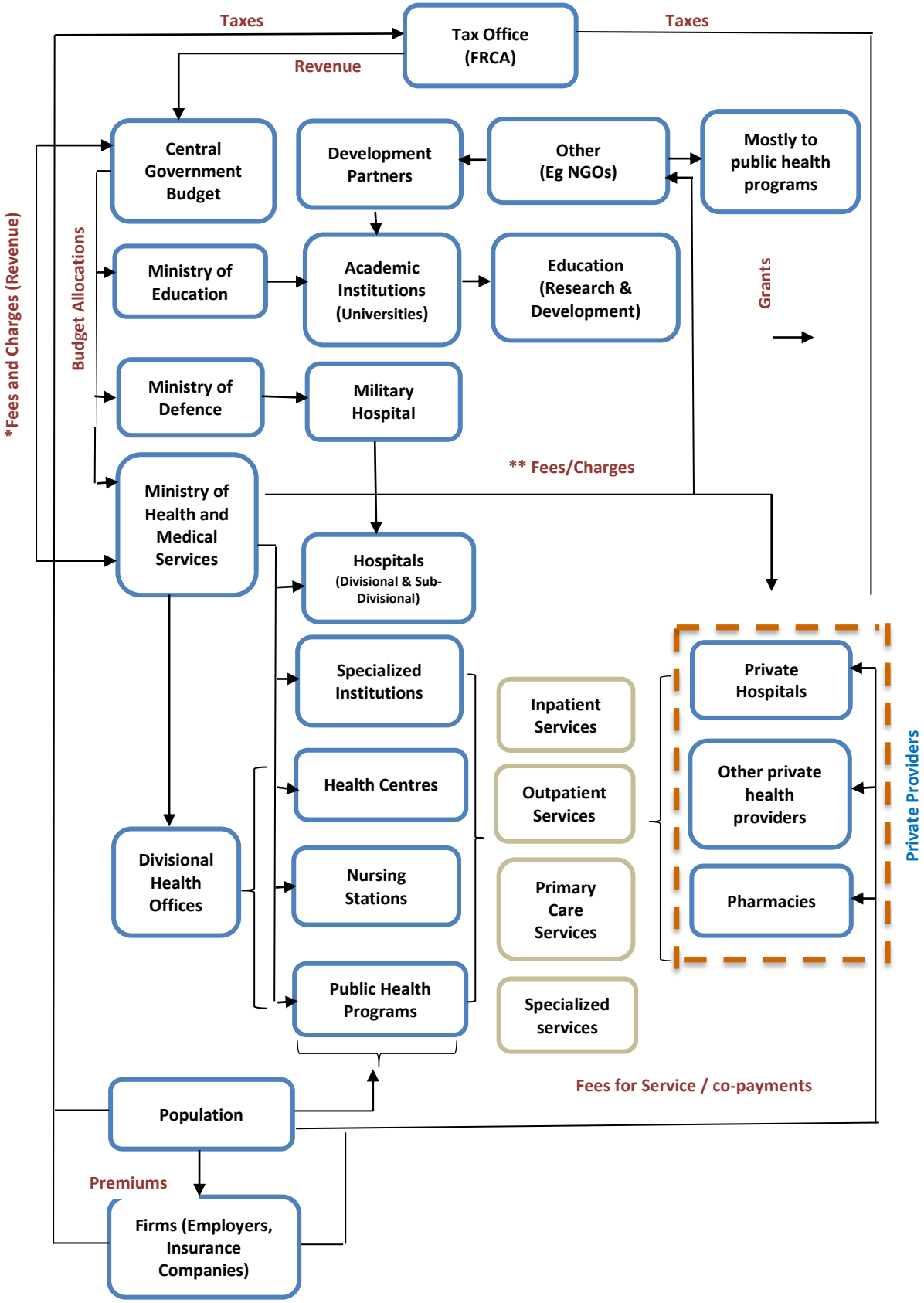
Seventeen sub-divisional hospitals also provide primary and secondary level clinical and preventive health services within a designated medical area that also has health centres and nursing stations under each of the health facility's providing primary health care services.

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

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

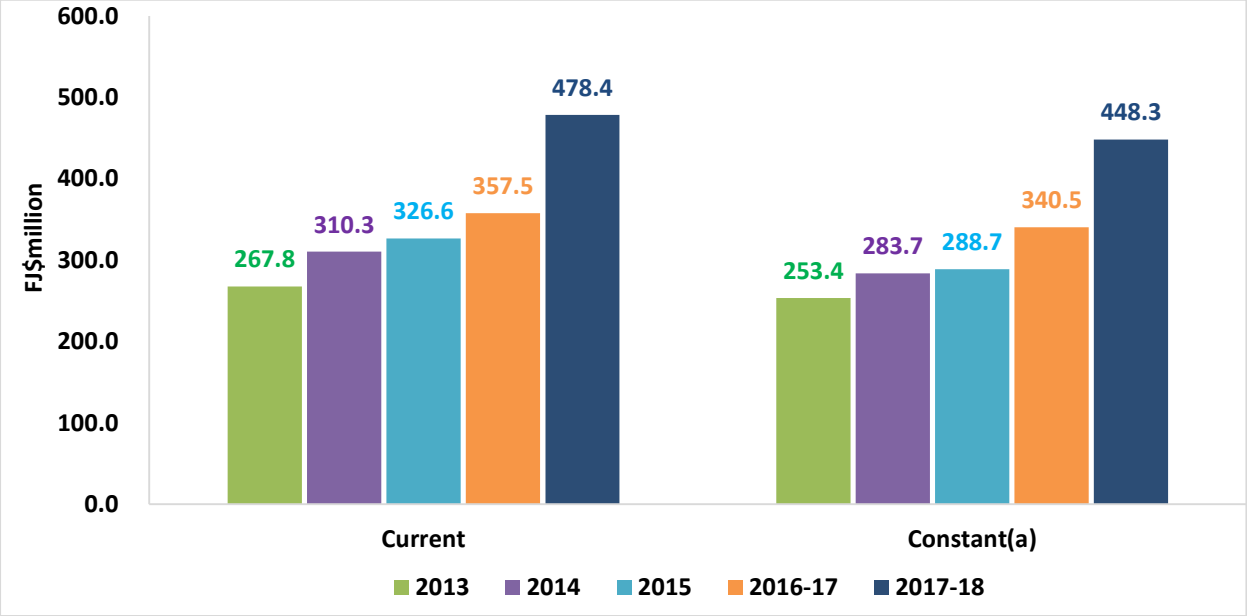
2. Current Health Expenditure

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 six 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

	Amount (FJ$m)		Growth Rate over Previous Year (%)	
Year	Current	Constant(a)	Current	Constant
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%
2016-17	357.5	340.5	9.5%	17.9%
2017-18	478.4	448.3	33.8%	31.6%

(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 (2013-18), health spending as a ratio of GDP averaged 4.1% (Table 2-2).

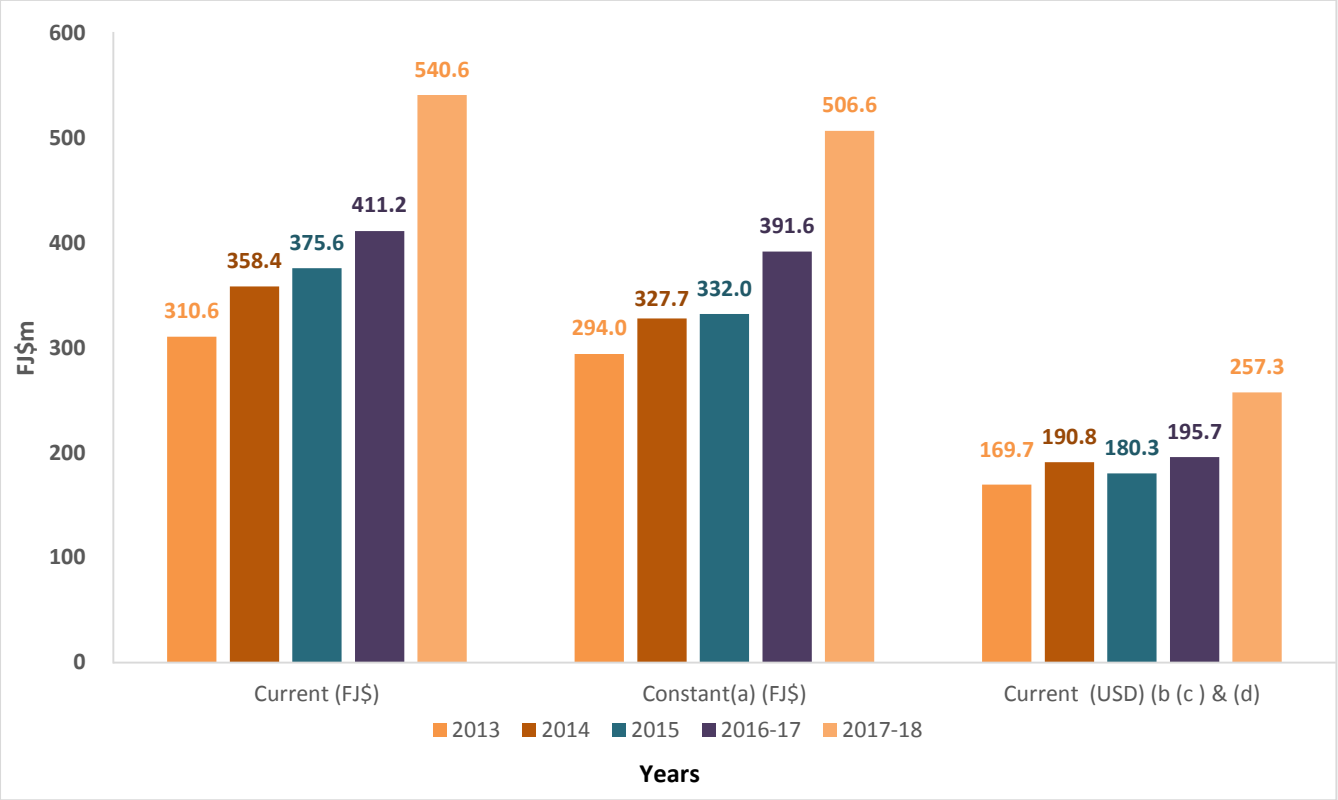
Table 2-2 CHE, GDP, Annual Growth Rates and Share of CHE to GDP

	Current Health Expenditure		GDP		
Year	**Amount (FJ$m)**	**Nominal Growth Rate (%)**	**Amount (FJ$m)**	**Nominal Growth Rate (%)**	**Ratio of CHE to GDP (%)**
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%
2016-17	357.5	9.5%	10,327.3	36.9%	3.5%
2017-18	478.4	33.8%	11,065.0	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 seven year period.

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



Source: Table 2-3

Table 2-3 Per Capita CHE and GDP

	Current Health Expenditure per Capita					GDP per Capita		
Year	**Current (FJ$)**	**Constant(a) (FJ$)**	**Current (USD) (b (c) & (d)**	**Real Growth Rate (%)**		**Current (FJ$m)**	**Constant (FJ$m)**	**Current (USD)**
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
2016-17	411.2	391.6	195.7	17.9%		11,878	11,312	5,652
2017-18	540.6	506.6	257.3	29.4%		12,504	11,718	5,951

(a) Constant CHE/Capita is derived by CHE/GDP Deflator of the same Year divide by Population.

GDP Deflator = GDP Current/GDP Constant for the Same Year

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

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

(d) USD Conversion: 2017-18- USD$1=FJD$2.10

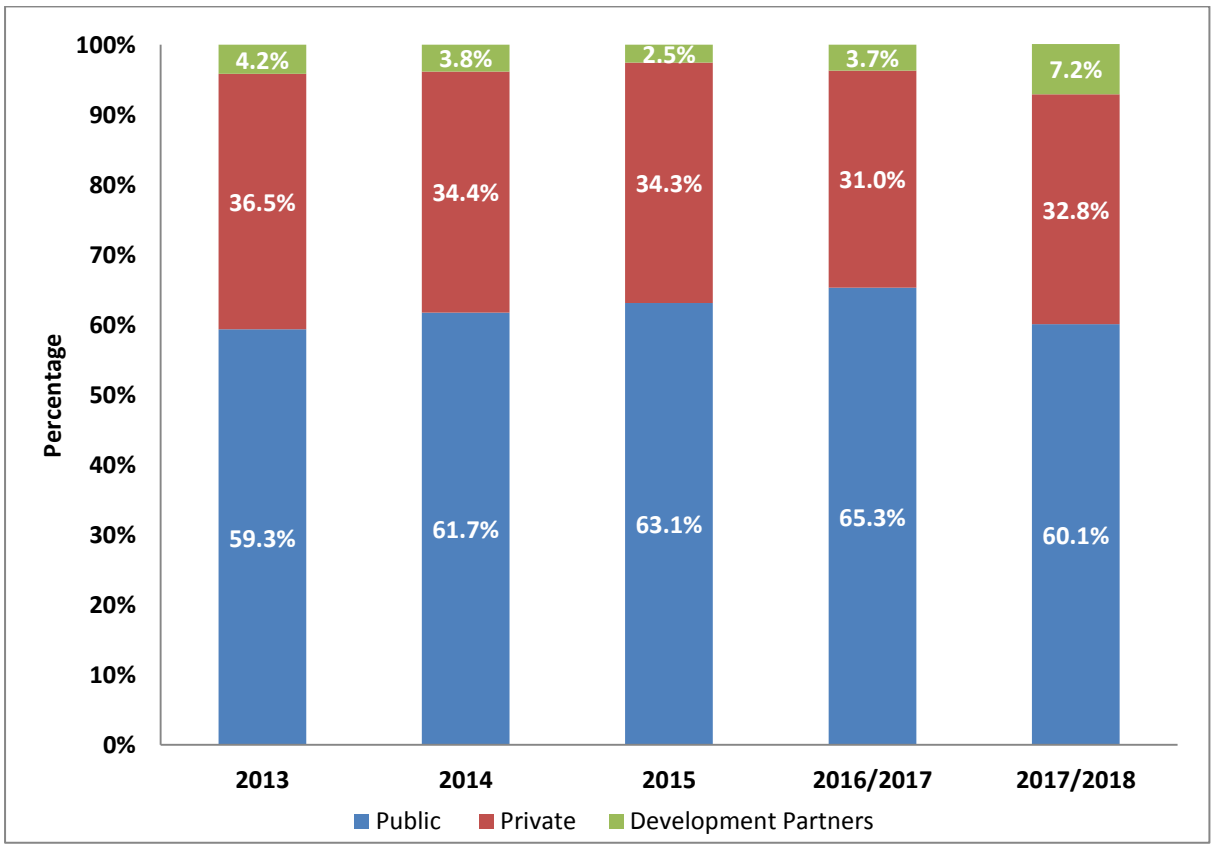
3. Financing of Current Health Expenditure

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

	Current Health Expenditure (FJ$m)			Share of Current Health Expenditure (%)				Current Health Expenditure as a Share of GDP (%)			
Year	**Public**	**Private**	**Development Partners**	**Public**	**Private**	**Development Partners**	**Total**	**Public**	**Private**	**Development Partners**	**Total**
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%
2016-17	233.6	110.9	13.1	65.3%	31.0%	3.7%	100%	2.3%	1.1%	0.1%	3.5%
2017-18	287.3	156.7	34.4	60.1%	32.8%	7.2%	100%	2.6%	1.4%	0.3%	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 as a share of CHE declined in 2015 but increased again in 2017-18. The CHE as a share of GDP for all sources remained steady (except for the year 2016-17).

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	2013	2014	2015	2016-17	2017-18
	Amount (FJ$m)	Amount (FJ$m)	Amount (FJ$m)	Amount (FJ$m)	Amount (FJ$m)
Government Schemes	**158.9**	**191.6**	**206.0**	**239.0**	**297.0**
Ministry of Health and Medical Services	156.1	187.8	206.0	239.0	295.9
Ministry of Defence	2.8	3.8	0.0	0.0	1.0
Voluntary Health Insurance Schemes	**23.1**	**28.3**	**44.2**	**52.3**	**63.8**
Employer-based insurance (other than enterprises schemes)	13.8	17.1	21.4	20.6	35.5
Government-based voluntary insurance	0.0	0.0	0.0	0.0	1.3
Other primary coverage schemes	6.3	7.7	20.6	26.8	16.4
NPISH (NPISH financing schemes (including funding from development agencies))	3.0	3.6	2.1	4.9	10.5
Household Out of Pocket	**74.6**	**78.5**	**68.7**	**61.9**	**93.5**
Households	74.6	78.5	68.7	61.9	93.5
Rest of the World	**11.1**	**11.8**	**7.7**	**4.4**	**24.1**
Total	**267.8**	**310.3**	**326.6**	**357.5**	**478.4**

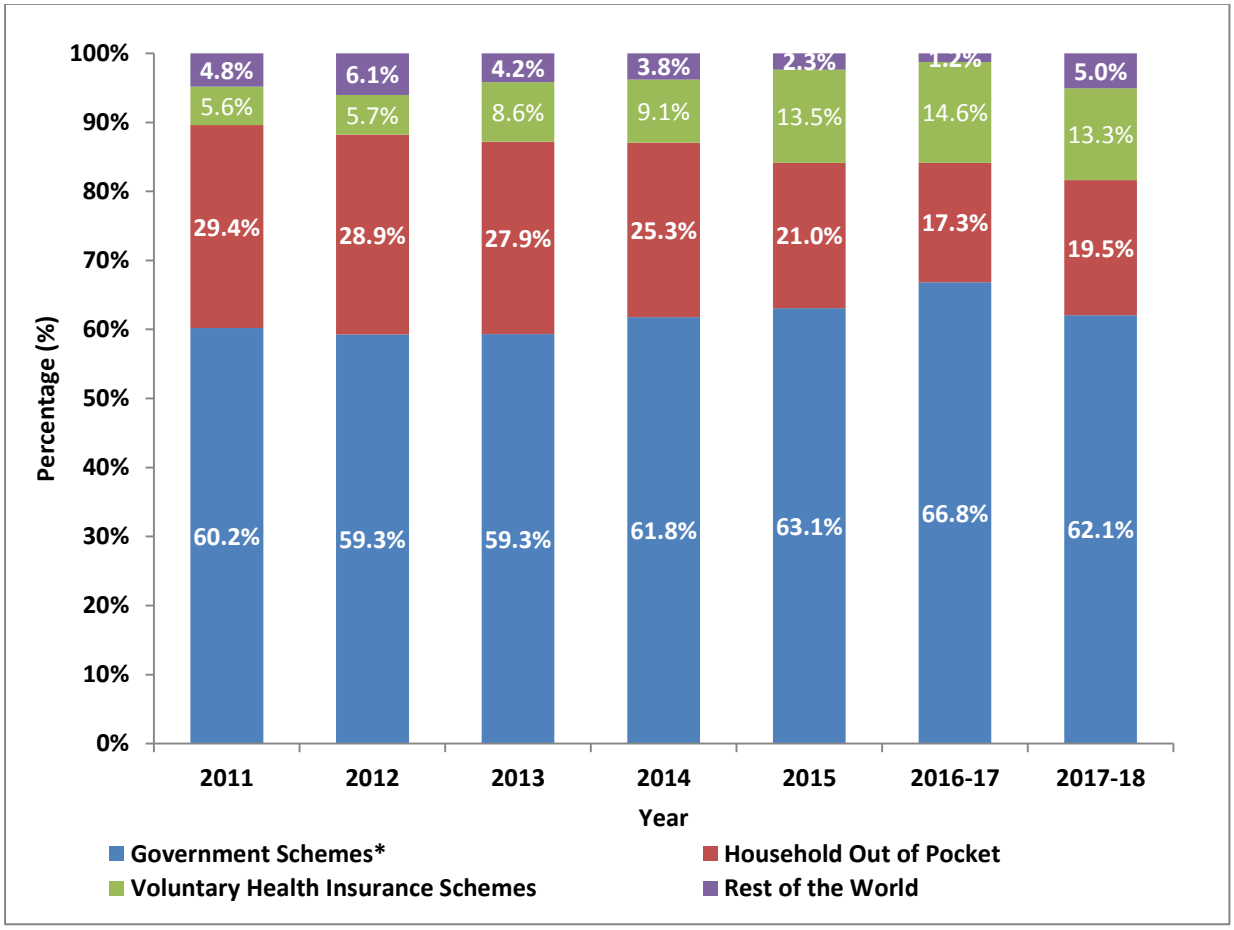
** In 2013 (FJ$13.6m) and 2014 (FJ$16.5m) was coded to Household Out of Pocket

Figure 3-2 provides the share of funding by 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 2017-18, the *Voluntary Health Insurance* had increased with a corresponding decrease in *Household Out-of-pocket (as compared to the 2015)*. 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.

Expenditure for development partners has also increased in 2017-18.

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



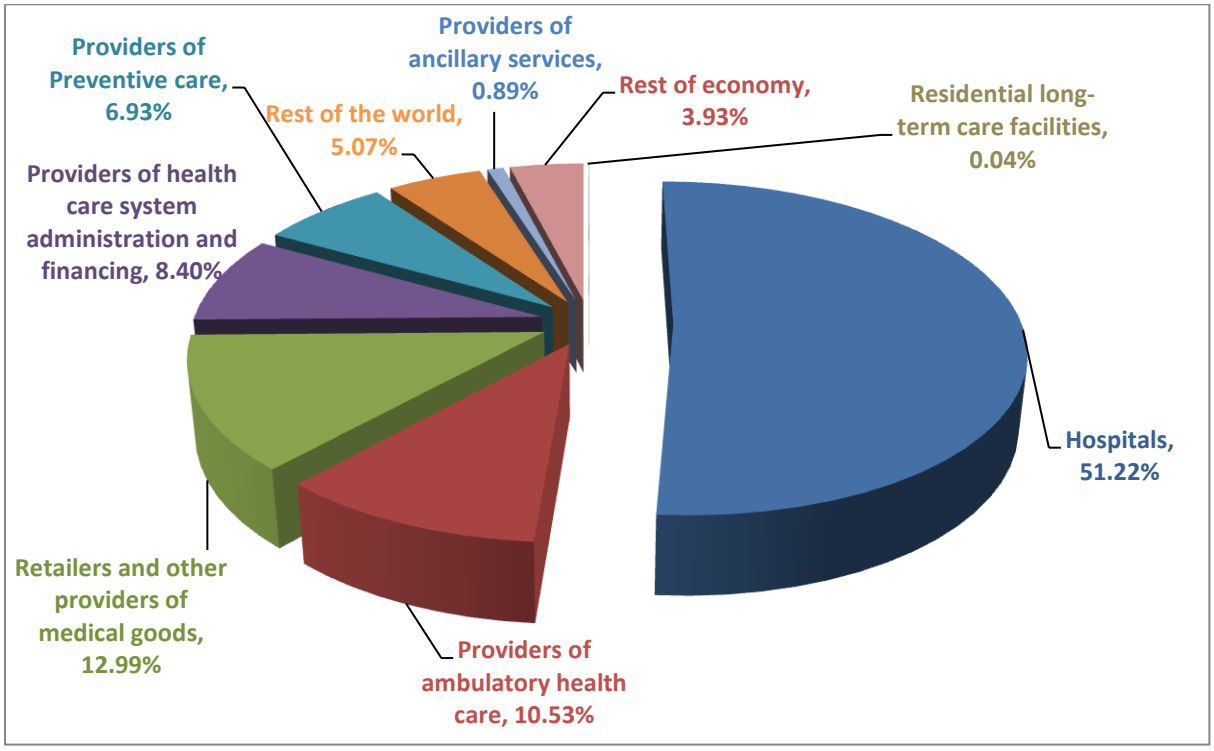
Source: Table 3-2

*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 (%), 2017-18



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	2013	2014	2015	2016-17	2017-18
Hospitals	122.1	143.7	147.2	181.8	245.0
Residential long-term care facilities	0.8	1.1	1.1	0.2	0.2
Providers of ambulatory health care	61.1	66.7	72.5	76.0	62.1
Providers of ancillary services	3.3	4.3	3.6	3.7	18.8
Retailers and other providers of medical goods	38.6	36.2	44.7	43.6	50.4
Providers of Preventive care	18.0	29.6	20.4	22.9	40.2
Providers of health care system administration and financing	12.3	14.4	22.1	14.9	33.2
Rest of economy	0.9	1.2	1.4	0.7	4.2
Rest of the world	10.6	13.2	13.5	13.7	24.3
Total	**267.8**	**310.3**	**326.6**	**357.5**	**478.4**

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 seven year period except for *ancillary services* and *preventive care*.

Table 5-1 Current Health Expenditure by Function (FJ$m), 2013 to 2018

Health Care Functions	2013	2014	2015	2016-17	2017-18
Inpatient curative care	45.1	51.5	68.8	76.1	105.7
Outpatient curative care	66.2	75.3	95.3	121.6	142.5
Rehabilitative & Longterm Care	4.2	4.7	5.3	7.1	9.7
Ancillary services	31.5	39.9	13.4	10.8	35.9
Medical goods	42.0	41.3	46.3	47.3	55.0
Preventive care	61.3	77.6	73.6	78.9	98.8
Governance, and health system and financing administration	17.5	19.9	22.7	14.5	29.9
Other health care services not elsewhere classified (n.e.c.)	0.0	0.0	1.2	1.3	0.8
Total	**267.8**	**310.3**	**326.6**	**357.5**	**478.4**

(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 all the services has increased substantially in absolute terms, but the major change is seen in ancillary services.

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 2017 was made up of 22.1% inpatient and 29.8% 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 (%), 2013 to 2018

	Inpatient		Outpatient	
Year	**Public**	**Private**	**Public**	**Private**
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%
2016-17	75.2%	24.8%	66.8%	33.2%
2017-18	69.9%	30.1%	70.0%	30.0%

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, 2013 to 2018

Functions	2013		2014		2015		2016-17		2017-18	
	FJ$m	Share (%)	FJ$m	Share (%)	FJ$m	Share (%)	FJ$m	Share (%)	FJ$m	Share (%)
Prescribed medicines	24.2	57.7%	24.3	58.9%	22.0	47.6%	21.8	46.1%	18.1	33.0%
Over-the-counter medicines	12.3	29.4%	11.2	27.0%	17.4	37.7%	16.6	35.0%	17.1	31.1%
Other medical non-durable goods	2.7	6.4%	2.6	6.3%	2.2	4.8%	2.2	4.6%	2.0	3.7%
Glasses and other vision products	1.6	3.9%	1.7	4.2%	1.5	3.2%	3.7	7.8%	4.6	8.4%
All other medical durables, including medical technical devices	1.1	2.7%	1.5	3.6%	3.1	6.8%	3.1	6.5%	13.1	23.8%
Total	**42.0**	**100%**	**41.3**	**100%**	**46.3**	**100%**	**47.3**	**100%**	**55.0**	**100%**

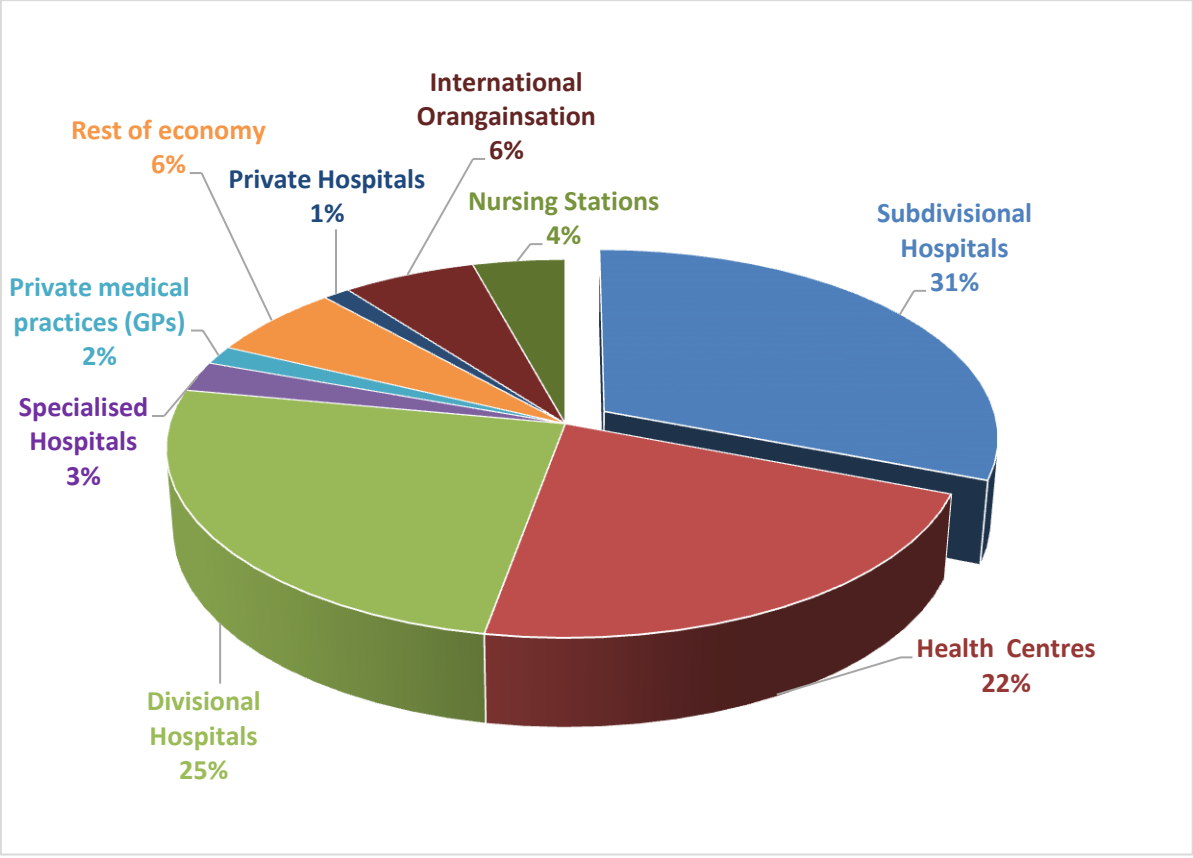
Table 5 shows expenditure on medical goods by subclasses. The expenditure on medical goods spent on prescribed medicines has been fairly stable till 2014 but after that it follow a decreasing trend, whilst the *All other medical durables, including medical technical devices* had increased.

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 programs.

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 60% of preventive care expenditure was incurred at hospitals whilst Health Centres account for 22%.

Figure 5-1 Share of Preventive care by providers (%), 2017-18



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 five (5) 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 2013. The highest expenditure on health was in 2017-2018 (FJ$293.0m) over the five year period.

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

Year	2013	2014	2015	2016-17	2017-18
Current (Nominal)	173	216	237	263	312
Constant (Real)	164	197	210	250	293

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

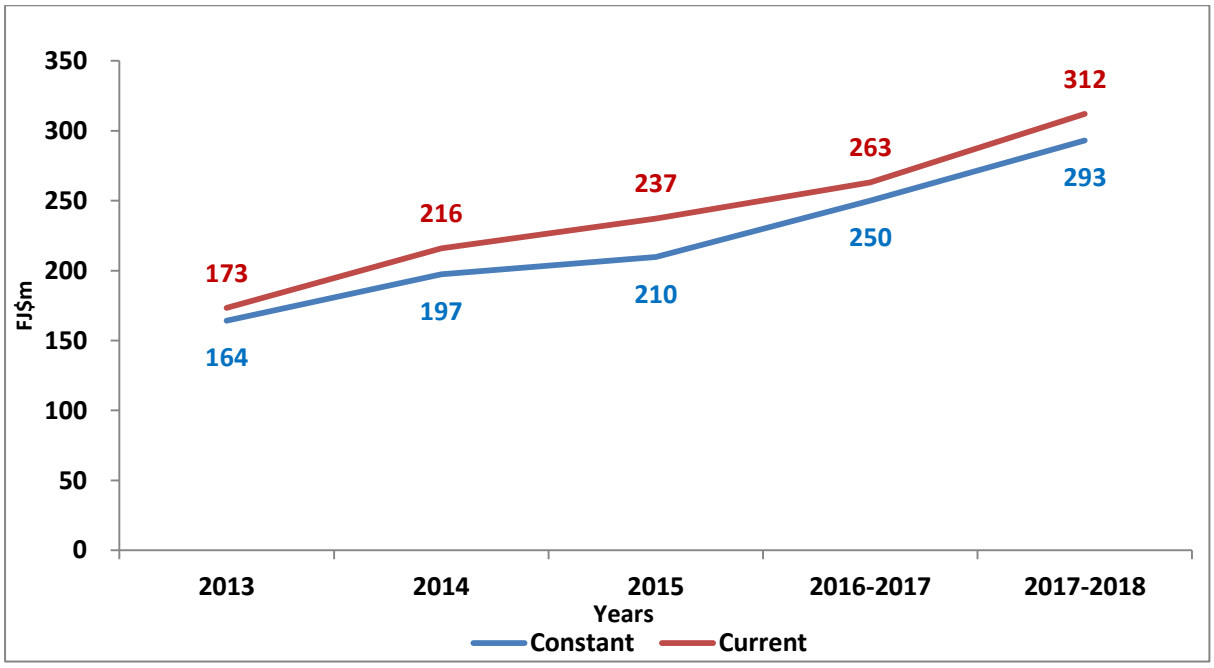
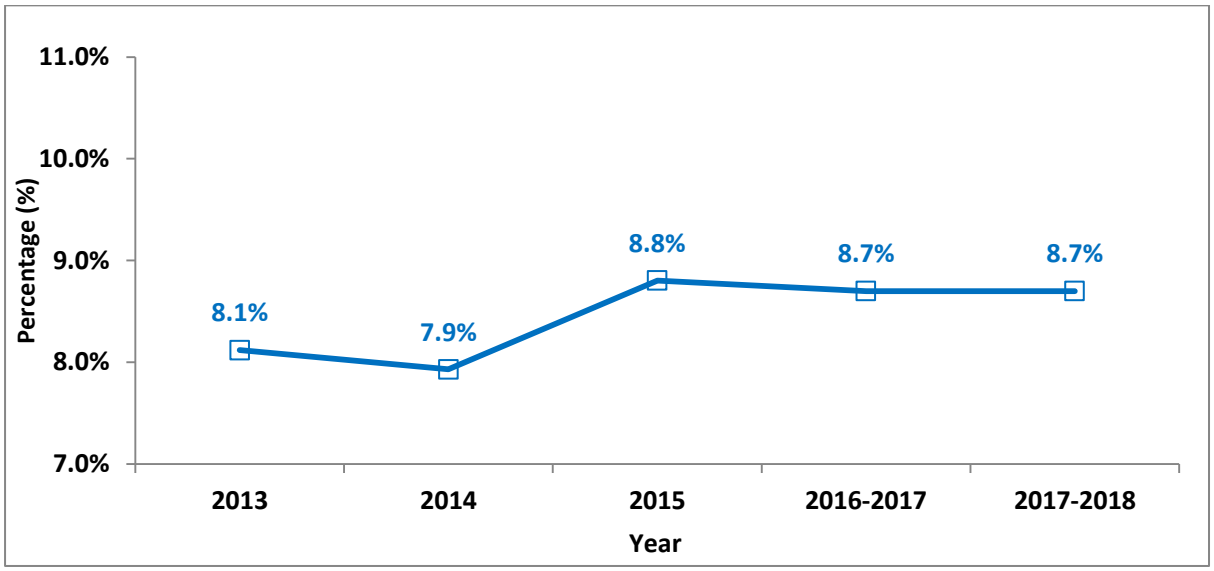


Figure 6-1 Government Health Expenditure in Real (Constant) and Nominal (Current) value

Source: Table 6-1

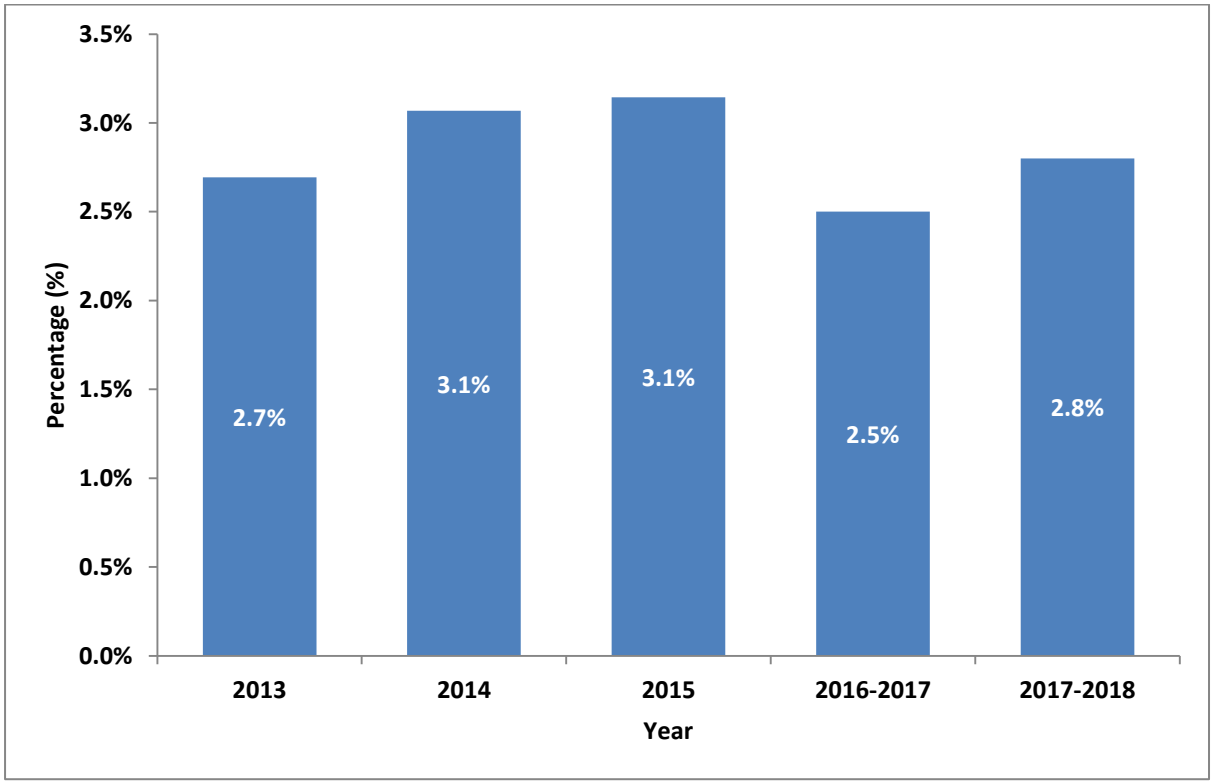
The GHE as a percentage of Total Government Expenditure (TGE) averaged around 8.7% and has remained relatively constant over the period from 2013 to 2017-18.

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



The drop in share for 2014 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 2013 to 2017-18. The percentage has remained relatively constant without any significant increase over the last five 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	2013	2014	2015	2016-17	2017-18
Hospitals	105.4	122.3	127.1	159.7	207.8
Residential long-term care facilities	0.8	1.1	1.1	0.2	0.2
Providers of ambulatory health care	27.1	28.1	37.4	37.2	26.8
Providers of ancillary services	2.6	3.3	3.1	2.6	1.8
Retailers and other providers of medical goods	0.2	0.3	0.4	3.1	1.0
Providers of Preventive care	10.7	21.3	14.0	15.0	23.3
Providers of health care system administration and financing	9.4	11.8	20.2	13.5	24.1
Rest of economy	0.9	1.2	1.4	0.5	0.1
Rest of the world	1.7	2.2	1.4	1.8	2.1
Total	**158.9**	**191.5**	**206.1**	**233.6**	**287.3**

Table 6-2 further shows the share of Government current health expenditures amongst the health providers from 2013 to 2018. *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, subdivisional hospitals and public health centres. The distribution of facilities by geographical divisions is 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	21	15	20	25
Nursing Stations	21	31	21	25
Specialized Hospitals	2	0	0	0

Collectively the divisional hospitals incurred the largest expenditure over the period. (Refer Table 6-3). Overall the expenditures in all divisions had increased in 2017-18 when compared to 2013 except for the Eastern division expenditure that had decreased in 2017-18 when compared with 2016-17.

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

Providers by Geographic divisions	2013	2014	2015	2016-17	2017-18
Central	**54.7**	**56.2**	**64.2**	**77.3**	**96.7**
Divisional hospitals	35.0	35.6	38.9	48.4	65.6
Sub divisional Hospitals (SDHs)	6.3	7.1	7.8	9.1	20.7
Public Health Centres (PHC)	13.4	13.5	17.5	19.8	10.4
Eastern	**6.9**	**5.1**	**8.5**	**9.2**	**7.4**
Sub divisional Hospitals (SDHs)	4.3	4.5	5.3	5.6	5.9
Public Health Centres (PHC)	2.6	0.6	3.2	3.5	1.5
Western	**40.0**	**49.9**	**49.6**	**62.7**	**72.4**
Divisional hospitals	19.8	25.8	24.7	30.6	40.3
Sub divisional Hospitals (SDHs)	14.1	17.5	15.3	25.8	25.7
Public Health Centres (PHC)	6.1	6.6	9.6	6.4	6.5
Northern	**23.6**	**26.0**	**32.6**	**36.2**	**41.9**
Divisional hospitals	13.7	15.2	19.9	23.1	28.8
Sub divisional Hospitals (SDHs)	6.4	6.2	7.4	8.2	9.2
Public Health Centres (PHC)	3.5	4.6	5.3	4.9	3.9
Specialist Services (National Level)	**5.0**	**9.1**	**7.7**	**8.7**	**9.7**
Mental health hospitals	2.8	4.2	1.9	4.2	5.5
Tamavua hospital (TB and Leprosy)	2.2	4.9	5.8	4.4	4.2
Total	**130.2**	**146.2**	**162.6**	**194.0**	**228.1**

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

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

Province	2013	2014	2015	2016-17	2017-18
Ba	32.3	41.3	40.9	41.6	51.2
Bua	2.0	1.9	2.2	2.7	0.7
Cakaudrove	6.2	6.2	7.3	4.8	1.9
Kadavu	1.6	1.0	2.8	1.8	0.7
Lau	2.9	1.6	2.8	3.4	2.5
Lomaiviti	1.8	1.8	2.2	2.7	1.2
Macuata	15.3	17.7	23.2	26.1	31.2
Nadroga/Navosa	4.8	5.5	5.8	16.8	14.6
Naitasiri	5.4	6.5	7.8	3.2	1.4
Namosi	0.1	0.1	0.1	3.7	1.4
Ra	2.7	2.9	2.6	3.9	3.9
Rewa	38.5	39.0	44.0	67.7	75.5
Rotuma	0.7	0.7	0.8	1.0	0.8
Serua	2.6	2.1	3.0	3.7	1.4
Tailevu	7.9	8.2	9.4	2.7	0.8
Total	**124.6**	**136.5**	**154.8**	**185.7**	**188.9**

Note - Expenditure excludes specialized hospitals

The three provinces which received the largest budget allocation in the five year period were Rewa, Ba and Macuata (refer Table 6-4). The provinces that received the lowest budget allocation over this period 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 for 2017-2018 was computed using the 2017 census of population figures and for the rest of the years, projected population[1] figures provided by Fiji Bureau of Statistics were used. 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.

[1] 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	2013	2014	2015	2016-17	2017-18
Eastern Division	**170.66**	**125.75**	**210.01**	**217.97**	**136.37**
Rotuma	315.86	339.43	381.85	466.33	485.39
Lau	260.26	144.59	251.13	306.66	257.90
Kadavu	148.19	95.60	262.43	169.64	60.47
Lomaiviti	107.94	105.90	129.03	159.32	79.14
Northern Division	167.97	183.83	231.03	237.77	255.50
Macuata	205.25	236.74	307.95	346.35	472.47
Bua	136.59	128.24	149.15	181.88	43.88
Cakaudrove	122.27	122.14	141.64	94.41	36.68
Central Division	**154.26**	**157.82**	**180.77**	**227.50**	**212.56**
Rewa	369.81	373.86	419.33	645.28	698.53
Tailevu	137.40	142.15	162.12	46.14	12.85
Serua	140.20	111.30	159.96	196.16	67.61
Namosi	11.61	17.27	16.82	518.99	172.07
Naitasiri	32.40	38.84	46.76	18.91	7.81
Western Division	**120.84**	**150.34**	**148.53**	**187.86**	**206.74**
Ba	135.55	172.45	169.97	173.02	206.68
Ra	87.93	93.68	84.16	128.62	129.27
Nadroga/Navosa	79.04	91.17	95.87	276.65	247.00
Total	**144.50**	**157.69**	**177.99**	**213.59**	**213.49**

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	2013	2014	2015	2016-17	2017-18
Curative care	70.6	79.4	111.5	138.5	173.7
Inpatient curative care	**36.1**	**41.1**	**49.4**	**57.2**	**73.9**
Outpatient curative care	**34.4**	**38.3**	**62.1**	**81.3**	**99.7**
Rehabilitative care	3.4	3.6	3.5	7.0	9.6
Long-term care (health)	0.7	1.0	1.8	0.1	0.0
Ancillary services (non-specified by function)	20.6	25.2	3.1	2.6	5.5
Medical goods (non-specified by function)	0.7	1.8	0.5	3.1	1.0
Preventive care	48.3	63.1	63.7	68.4	76.2
Governance, and health system and financing administration	14.6	17.3	20.9	13.5	21.4
Other health care services not elsewhere classified (n.e.c.)	-	-	1.2	0.4	-
Total	**158.9**	**191.5**	**206.1**	**233.6**	**287.3**

Note: GCHE on medical goods for MHMS 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 2017-18 the spending on inpatient curative care was 42.6% and the outpatient curative care was 57.4%. Costs in nominal terms had not changed much till 2014 in both services but there was an increase in 2015 onwards. 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	2013	2014	2015	2016-17	2017-18
Information, education and counseling programmes	10.3	14.5	15.3	16.5	18.4
Immunisation programmes	8.7	10.3	9.8	10.9	11.6
Early disease detection programmes	9.1	12.3	10.8	12.2	12.8
Healthy condition monitoring programmes	10.3	13.6	11.6	10.4	10.4
Epidemiological surveillance and risk and disease control programmes	5.2	6.9	9.5	9.1	12.8
Preparing for disaster and emergency response programmes	4.6	5.6	6.7	9.3	10.2
Total	**48.3**	**63.1**	**63.7**	**68.4**	**76.2**

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

The GCHE on medical goods for all years are incorporated mostly into curative care (in-patient and outpatient care). Table 6-8 provides the Government expenditure on drugs since 2013.

Table 6-8 Government drugs expenditure

Year	2013	2014	2015	2016-17	2017-18
FJ$m	9.5	9.0	13.5	25.0	46.7

2013 – 2014 expenditure figures from FMIS system
2015 – Incudes 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 almost twice i.e. from FJ$80.6m in 2011 to FJ$156.7m in 2017-18 (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, 2013 to 2018

Description	2013		2014		2015		2016-17		2017-18	
	Amount (FJ$m)	Share (%)	Amount (FJ$m)	Share (%)	Amount (FJ$m)	Share (%)	Amount (FJ$m)	Share (%)	Amount (FJ$m)	Share (%)
Compulsory prepayment (Other, and unspecified, than FS.3)	-	-	-	-	-	-	-	-	**1.8**	**1.2**
Compulsory prepayment from individuals/ households	-	-	-	-	-	-	-	-	1.8	**1.2**
Voluntary prepayment	**34.4**	**35.2**	**41.8**	**39.1**	**42.0**	**37.5**	**47.4**	**42.7**	**51.9**	**33.1**
Voluntary prepayment from individuals/households	20.6	21.1	24.8	23.2	21.0	18.8	12.7	11.5	15.9	10.2
Voluntary prepayment from employers	13.8	14.2	17.1	16.0	21.0	18.7	34.7	31.3	36.0	23.0
Other voluntary prepaid revenues	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other domestic revenues n.e.c.	**63.3**	**64.8**	**65.0**	**60.9**	**70.1**	**62.5**	**63.5**	**57.3**	**102.9**	**65.7**
Other revenues from households n.e.c.	60.3	61.7	61.5	57.5	68.7	61.2	55.0	49.6	84.3	53.8
Other revenues from corporations n.e.c.	0.0	0.0%	0.0	0.0%	0.0	0.0%	6.9	6.2%	12.3	7.8
Other revenues from NPISH n.e.c.	3.0	3.0	3.6	3.3	1.4	1.3	1.6	1.4	6.3	4.0
TOTAL	**97.7**	**100%**	**106.8**	**100%**	**112.1**	**100%**	**110.9**	**100%**	**156.7**	**100%**

7.2. Private Current Health Expenditure by Financing Schemes

Households Out-of-pocket (OOP) was the dominant financing scheme over the last seven years. *OOP* accounted for 56.9% of PCHE in 2017-18. 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 2013 to 2018

Schemes	2013		2014		2015		2016-17		2017-18	
	Amount (FJ$m)	Share (%)	Amount (FJ$m)	Share (%)	Amount (FJ$m)	Share (%)	Amount (FJ$m)	Share (%)	Amount (FJ$m)	Share (%)
Voluntary health care payment schemes	**23.1**	**23.6%**	**28.3**	**26.5%**	**43.5**	**38.8%**	**55.1**	**49.7%**	**67.5**	**43.1%**
Employer-based insurance (other than enterprises schemes)	13.8	14.2%	17.1	16.0%	21.4	19.1%	20.6	18.6%	35.5	22.7%
Other primary coverage schemes	9.3	9.5%	11.3	10.6%	22.1	19.7%	34.5	31.1%	32.0	20.4%
Household Out-of-pocket (OOP)	**74.6**	**76.4%**	**78.5**	**73.5%**	**68.7**	**61.2%**	**55.8**	**50.3%**	**89.2**	**56.9%**
Out-of-pocket excluding cost-sharing	61.1	62.5%	62.3	58.3%	68.7	61.2%	55.8	50.3%	89.2	56.9%
Cost sharing with third-party payers	13.6	13.9%	16.2	15.1%	0.0	0.0%	0.0	0.0%	0.0	0.0%
TOTAL	**97.7**	**100%**	**106.8**	**100%**	**112.1**	**100%**	**110.9**	**100%**	**156.7**	**100%**

* 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 seven years (refer Table 7-3).

Table 7-3 Private Current Health Expenditure by Providers, 2013 to 2018

	2013		2014		2015		2016-17		2017-18	
Providers	**Amount (FJ$m)**	**Share (%)**	**Amount (FJ$m)**	**Share (%)**	**Amount (FJ$m)**	**Share (%)**	**Amount (FJ$m)**	**Share (%)**	**Amount (FJ$m)**	**Share (%)**
Hospitals	16.6	17.0%	21.2	19.9%	20.1	17.9%	22.0	19.9%	34.4	22.0%
Pvt Medical practices	26.9	27.6%	30.5	28.5%	27.2	24.3%	26.8	24.2%	23.9	15.3%
Dental Practice	4.1	4.2%	4.9	4.6%	4.3	3.8%	3.5	3.1%	4.9	3.1%
Eye Care	2.6	2.7%	2.9	2.7%	3.6	3.2%	4.9	4.4%	6.5	4.1%
Ambulatory health care centres	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	0.0%
Providers of ancillary services	0.6	0.7%	1.0	1.0%	0.5	0.4%	1.1	1.0%	17.0	10.8%
Retailers and other providers of medical goods	38.2	39.1%	35.7	33.4%	44.2	39.5%	40.6	36.6%	49.4	31.5%
Providers of preventive care							0.0	0.0%	1.5	1.0%
Providers of health care system administration and financing							0.0	0.0%	1.6	1.0%
Rest of the world	8.6	8.8%	10.6	9.9%	12.1	10.8%	12.0	10.8%	17.5	11.2%
TOTAL	**97.7**	**100%**	**106.8**	**100%**	**112.1**	**100%**	**110.9**	**100%**	**156.7**	**100%**

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 2017-18 inpatient care was 40.9% whilst outpatient was 59.1% of curative care. Expenditure on *Preventive care* also increased however the expenditure was mostly for immunization, early disease detection and with a major increase in Epidemiological surveillance and risk and disease control programmes.

Table 7-4 Private Current Health Expenditure by Functions, 2013 to 2018

	2013		2014		2015		2016-17		2017-18	
Functions	**Amount (FJ$m)**	**Share (%)**	**Amount (FJ$m)**	**Share (%)**	**Amount (FJ$m)**	**Share (%)**	**Amount (FJ$m)**	**Share (%)**	**Amount (FJ$m)**	**Share (%)**
Curative care	40.2	41.1%	46.8	43.8%	52.6	46.9%	56.2	50.7%	66.4	42.4%
Inpatient curative care	**8.7**	**8.9%**	**10.1**	**9.4%**	**19.4**	**17.3%**	**18.8**	**17.0%**	**27.2**	**17.4%**
Outpatient curative care	**31.4**	**32.2%**	**36.7**	**34.4%**	**33.2**	**29.6%**	**37.4**	**33.7%**	**39.2**	**25.0%**
Rehabilitative care	0.0	0.04%	0.0	0.05%	0.0	0.00%	0.01	0.01%	0.0	0.03%
Ancillary services (non-specified by function)	10.8	11.1%	14.6	13.7%	10.2	9.1%	8.2	7.4%	30.4	19.4%
Medical goods (non-specified by function)	41.1	42.0%	39.3	36.8%	45.8	40.8%	44.3	39.9%	54.0	34.5%
Preventive care	5.7	5.8%	6.1	5.7%	3.5	3.1%	2.2	1.99%	4.2	2.7%
Governance, and health system and financing administration	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	0.0%	1.6	1.0%
TOTAL	**97.7**	**100%**	**106.8**	**100%**	**112.1**	**100%**	**110.9**	**100%**	**156.7**	**100%**

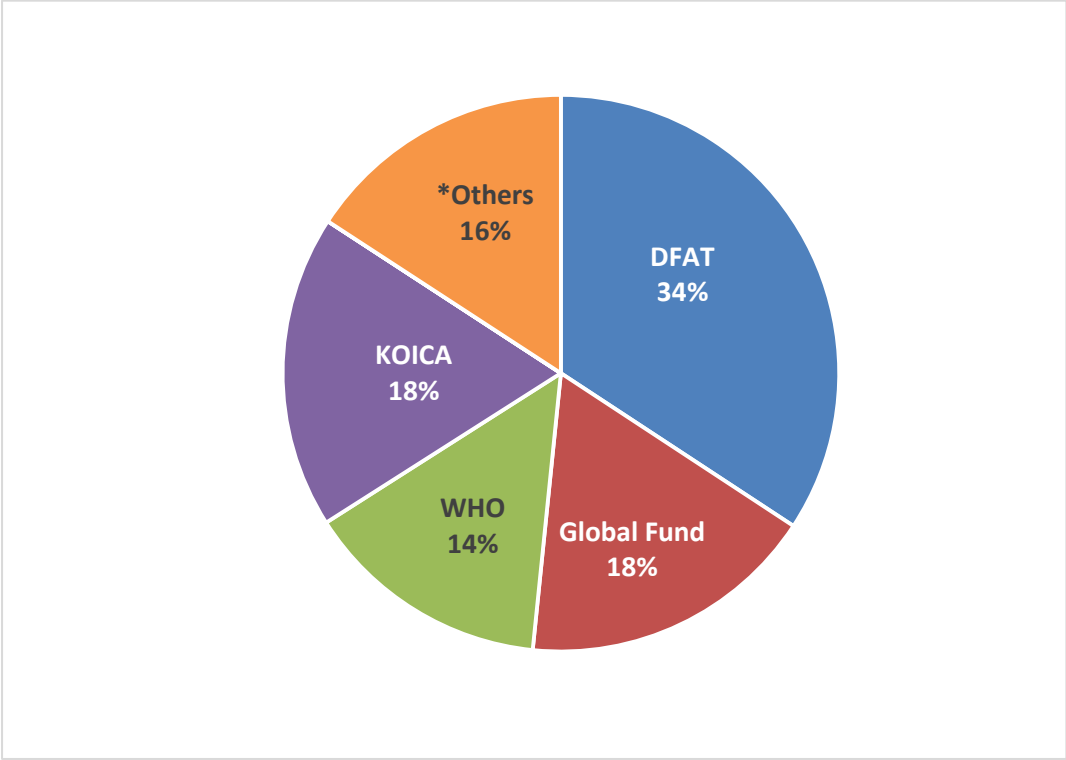
8. Development Partners (Rest of the World)

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

The Ministry of Health & Medical Services (MHMS) 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 2017-18.

Figure 8-1 Share of funding by Development Partners (%), 2017-18



Source: Table 8-1

Note: This total development partner funding presented in the Figure comprises of Total Contribution, Current Health Expenditure (CHE) and 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 2017-18. 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)

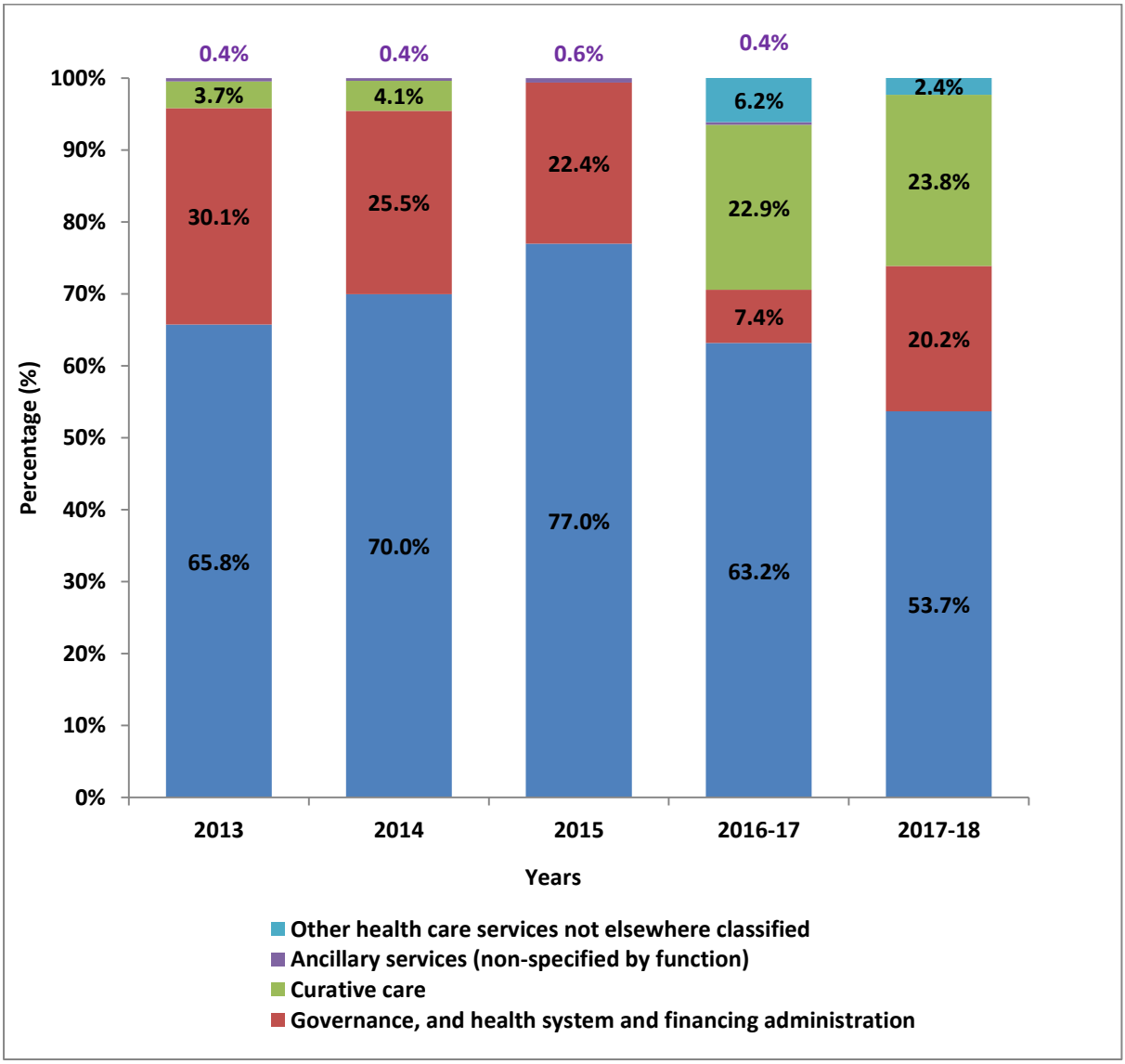
Development Partners	Current Health Expenditure (CHE)					Capital Expenditure(HK)					Total Contribution (CHE+HK)				
	2013	2014	2015	2016-17	2017-18	2013	2014	2015	2016-17	2017-18	2013	2014	2015	2016-17	2017-18
DFAT	9.4	8.4	5.1	2.0	7.3	3.6	2.7	0.4	-	-	12.9	11.1	5.6	2.0	7.3
WHO	1.1	1.0	0.6	0.9	3.1	-	-	-	-	-	1.1	1.0	0.6	0.9	3.1
Japan	-	-	-	-	1.5	-	-	-	-	-	-	-	-	-	1.5
China	-	0.2	-	-	-	-	-	-	-	-	-	0.2	-	-	-
NZAid	0.6	2.2	-	-	-	0.6	-	-	-	-	1.2	2.2	-	-	-
Global Fund	2.5	2.1	1.4	2.8	3.7	0.2	0.6	0.018	-	-	2.7	2.7	1.4	2.8	3.7
UNFPA	-	-	0.0	-	-	-	-	-	-	-	-	-	0.045	-	-
UNICEF	0.1	0.022	-	1.5	0.2	-	-	-	-	-	0.1	0.022	-	1.5	0.2
UNAIDS	0.033	0.033	-	-	0.2	-	-	-	-	-	0.033	0.033	-	-	0.2
KOICA	-	-	0.4	2.9	2.0	-	-	0.3	-	-	-	-	0.7	2.9	2.0
ROC (Taiwan)	-	-	0.4	-	-	-	-	-	-	-	-	-	0.4	-	-
UNDP	-	-	0.1	-	-	-	-	-	-	-	-	-	0.1	-	-
Other	-	-	0.3	3.1	3.2	-	-	-	-	-	-	-	0.3	3.1	3.2
MFAT			-	-	13.0			-	-	-			-	-	13.0
Secretariat of the Pacific Community			-	-	0.2			-	-	-			-	-	0.2
Total Donor Contribution	**13.6**	**14.1**	**8.3**	**13.1**	**34.4**	**4.4**	**3.3**	**0.7**	**-**	**-**	**18.0**	**17.4**	**9.1**	**13.1**	**34.4**

Note: USD Conversion: 2016-17- USD$1=FJD$2.11, 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 2017-18 was 53.7% as per Figure 8-2.

Figure 8-2 Share of Development Partners funding by Functions (%), 2017-18

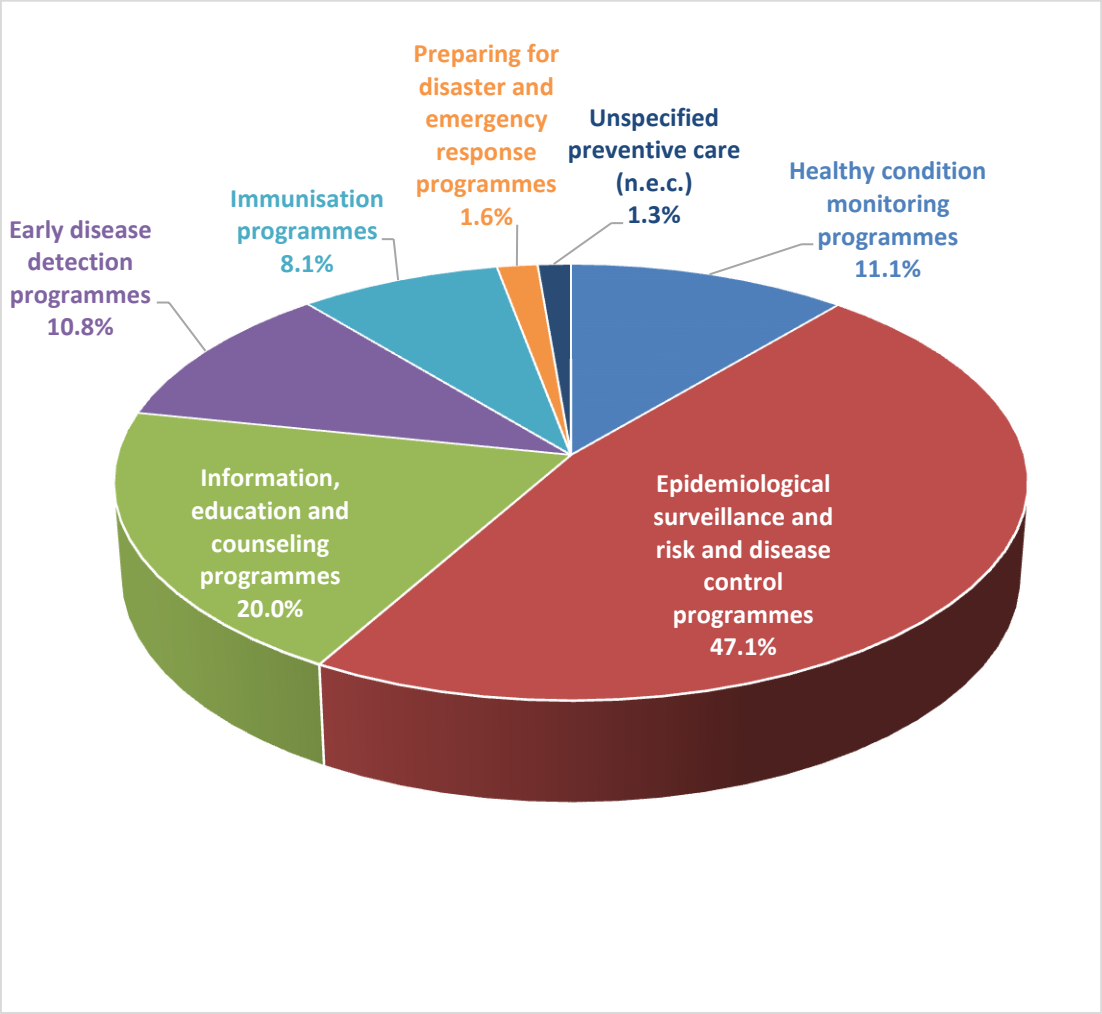


Preventative care and *Governance, health system, financing and administration* combined reflected above 70% of development partner investment in health sector.

Figure 8-2 provides the breakdown of the Preventive care funding by development partners into various preventive care categories. In 2017-18 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 (%), 2017-18



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 2013 to 2017-18. The expenditure had increased by more than twice the amount of FJ$27.6m from 2011 (FJ$15.1m) to 2017-18 (FJ$42.7m). 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

	2013	2014	2015	2016-17	2017-18
Capital Account	**Amount FJ$m**	**Amount FJ$m**	**Amount FJ$m**	**Amount FJ$m**	**Amount FJ$m**
Infrastructure	**11.1**	**18.1**	**23.3**	**26.4**	**19.2**
Residential and non-residential buildings	10.7	17.9	23.1	26.4	19.2
Other structures	0.4	0.2	0.2	0.0	0.0
Machinery and equipment	**9.8**	**11.9**	**13.0**	**10.1**	**18.8**
Medical equipment	8.0	10.2	12.4	9.4	16.6
Transport equipment	0.2	0.2	0.2	0.2	0.6
ICT equipment	0.5	0.7	0.4	0.5	1.5
Machinery and equipment	1.2	0.8	0.0	0.0	0.0
Intellectual property products	**0.5**	**0.6**	**0.4**	**0.7**	**0.7**
Computer software and databases	0.5	0.6	0.4	0.7	0.7
Non-produced non-financial assets	**0.1**	**0.1**	**0.1**	**0.2**	**0.3**
Non-produced non-financial assets	0.0	0.0	0.0	0.1	0.0
Land	0.1	0.1	0.1	0.1	0.3
Memorandum items	**2.7**	**2.0**	**0.0**	**0.0**	**0.0**
Education of health personnel	2.7	2.0	0.0	0.0	0.0
Unspecified gross fixed capital formation (n.e.c.)				0.0	3.0
Total	**24.2**	**32.7**	**36.9**	**38.1**	**42.7**

9.2. Capital Expenditure by Sectors

Table 9-2 shows the contribution of Capital Expenditure by each sector for the years 2013 to 2017-18. 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 2017-18 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

	2013	2014	2015	2016-17	2017-18
Sector	**Amount FJ$m**	**Amount FJ$m**	**Amount FJ$m**	**Amount FJ$m**	**Amount FJ$m**
Government	14.5	24.4	31.0	29.5	24.96
Private	5.2	5.0	5.1	7.9	16.14
Development Partners	4.4	3.3	0.7	0.0	0.91
TOTAL	**24.2**	**32.7**	**36.9**	**37.4**	**42.0**

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 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 2017-18, Government was largest by 67.5% followed by Private 31.5% and Development Partners 9.1%.

Figure 10-1 Share of expenditure by Factors of Health Care Provision by CHE (%), 2017-18

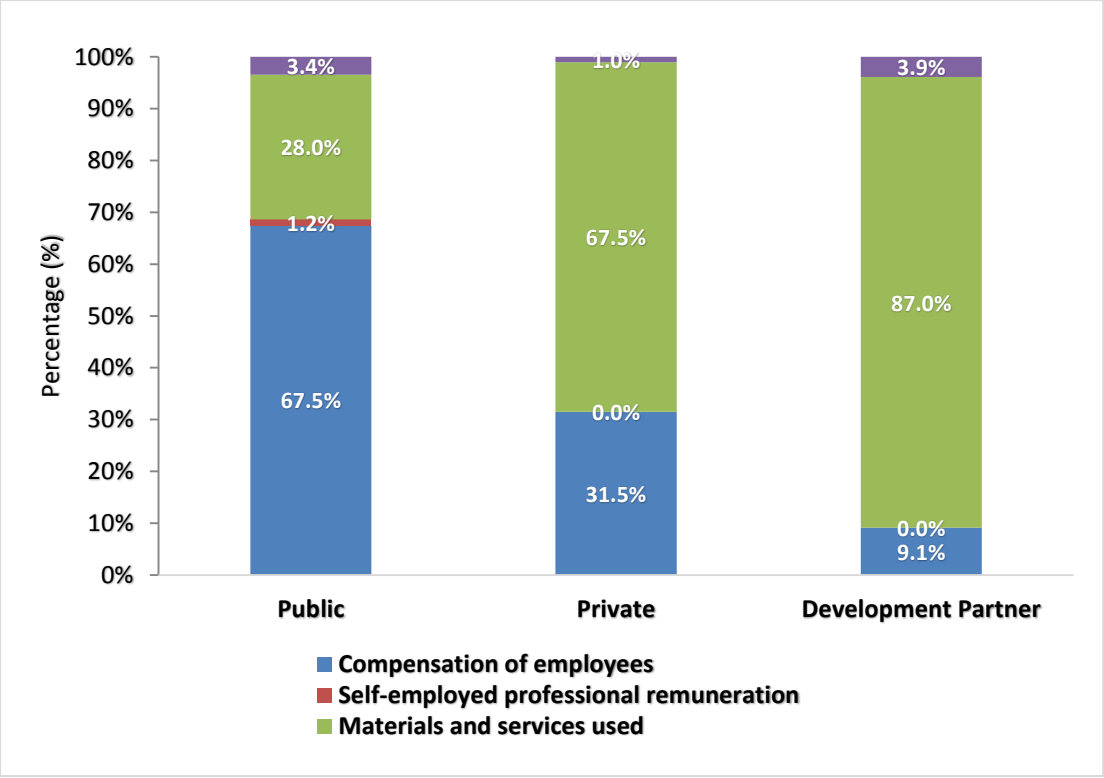


Figure 10-1 describes that Government had very high input costs in the production of health care services to maintain and sustain the level of service delivery.

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

Table 10-1 Factors of Provision by GCHE

Category	2013		2014		2015		2016-17		2017-18	
	Amt (FJ$m)	Share (%)	Amt (FJ$m)	Share (%)	Amt (FJ$m)	Share (%)	Amt (FJ$m)	Share (%)	Amt (FJ$m)	Share (%)
Wages and salaries	79.6	51.0%	103.9	55.4%	-	0.0%	170.94	73.2%	171.13	59.6%
FNPF	6.5	4.2%	8.8	4.7%	-	0.0%	12.24	5.2%	16.12	5.6%
Wages and Salaries - Allowances, OT, Relieving etc	7.2	4.6%	4.0	2.1%	-	0.0%	9.33	4.0%	6.61	2.3%
Self-employed professional remuneration	-	0.0%	-	0.0%	-	0.0%	0.00	0.0%	3.31	1.2%
Laboratory & Imaging services	14.1	9.0%	15.6	8.3%	-	0.0%	0.00	0.0%	1.48	0.5%
Health care services	-	0.0%	-	0.0%	5.7	97.9%	8.93	3.8%	9.01	3.1%
Vaccines	-	0.0%	-	0.0%	0.1	2.1%	0.00	0.0%	7.14	2.5%
Contraceptives	9.7	6.2%	9.0	4.8%	-	0.0%	0.00	0.0%	0.00	0.0%
ARV	22.5	14.4%	26.2	13.9%	-	0.0%	0.00	0.0%	0.00	0.0%
Pharmaceuticals (Drugs)	-	0.0%	-	0.0%	-	0.0%	0.31	0.1%	39.52	13.8%
Other health care goods	1.7	1.1%	1.6	0.9%	-	0.0%	10.49	4.5%	3.21	1.1%
Training	0.7	0.5%	0.9	0.5%	-	0.0%	0.44	0.2%	0.28	0.1%
Technical Assistance	-	0.0%	-	0.0%	-	0.0%	0.00	0.0%	0.00	0.0%
Indemnity	6.8	4.4%	10.3	5.5%	-	0.0%	0.00	0.0%	0.07	0.0%
Non-health care services	7.5	4.8%	7.4	3.9%	-	0.0%	9.97	4.3%	3.46	1.2%
Non-health care goods							6.01	2.6%	7.71	2.7%
Other materials and services used (n.e.c.)							0.00	0.0%	8.47	2.9%
Taxes (VAT)							1.95	0.8%	6.45	2.2%
Other items of spending							2.64	1.1%	3.35	1.2%
Unspecified factors of health care provision (n.e.c.)							0.32	0.1%	0.00	0.0%
Total	**156.1**	**100%**	**187.7**	**100%**	**5.8**	**100%**	**233.56**	**100.0%**	**287.32**	**100.0%**

The FP by GCHE presented in Table 10-1 is only for MHMS 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 2013 was FJ$156.1m and in 2017-18 was FJ$287.32m. The expenditure in 2017-18 had increased substantially. A major increase 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

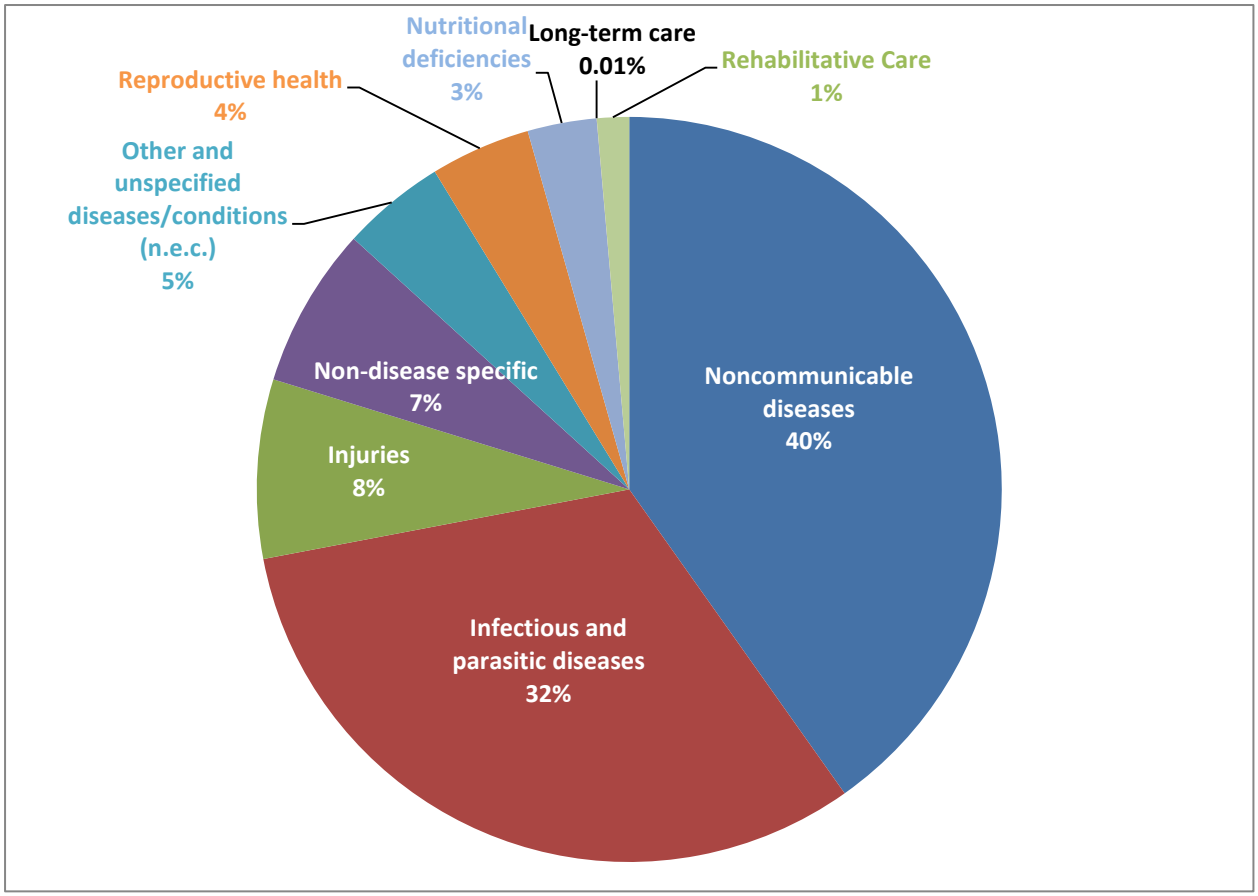
Table 11-1 shows the distribution of total CHE across the disease categories. NCDs account for the most expenditure and represents 40.2% of total CHE. Within the NCD category, cardiovascular diseases were the most dominant illness.

Table 11-1 Expenditure by disease categories (FJ$m), 2016 to 2018

	2016-17		2017-18	
Classification of diseases / conditions	**Amount (FJ$m)**	**Share (%)**	**Amount (FJ$m)**	**Share (%)**
Noncommunicable diseases	127.9	35.8%	192.2	40.2%
Infectious and parasitic diseases	106.9	29.9%	152.2	31.8%
Injuries	61.2	17.1%	37.2	7.8%
Non-disease specific	18.9	5.3%	33.4	7.0%
Other and unspecified diseases/conditions (n.e.c.)	14.6	4.1%	21.6	4.5%
Reproductive health	19.7	5.5%	20.8	4.3%
Nutritional deficiencies	7.0	1.9%	14.3	3.0%
Long-term care	0.0	0.0%	0.0	0.0%
Rehabilitative Care	1.3	0.4%	6.7	1.4%
Total	**357.5**	**100%**	**478.4**	**100%**

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 (%), 2017-18



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), 2017-18

Classification of diseases / conditions	Public	Private	Development Partners	Total (FJ$m)
Infectious and parasitic diseases	109.0	32.3	10.9	**152.2**
Reproductive health	13.3	7.4	0.1	**20.8**
Nutritional deficiencies	2.3	11.8	0.3	**14.3**
Noncommunicable diseases	99.3	78.0	14.9	**192.2**
Injuries	29.0	8.2	0.0	**37.2**
Non-disease specific	23.5	2.7	7.2	**33.4**
Rehabilitative Care	6.7	0.0	0.0	**6.7**
Long-term care	0.0	0.0	0.0	**0.0**
Other and unspecified diseases/conditions (n.e.c.)	4.3	16.3	0.9	**21.6**
Total	**287.3**	**156.7**	**34.4**	**478.4**

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 (%), 2017-18

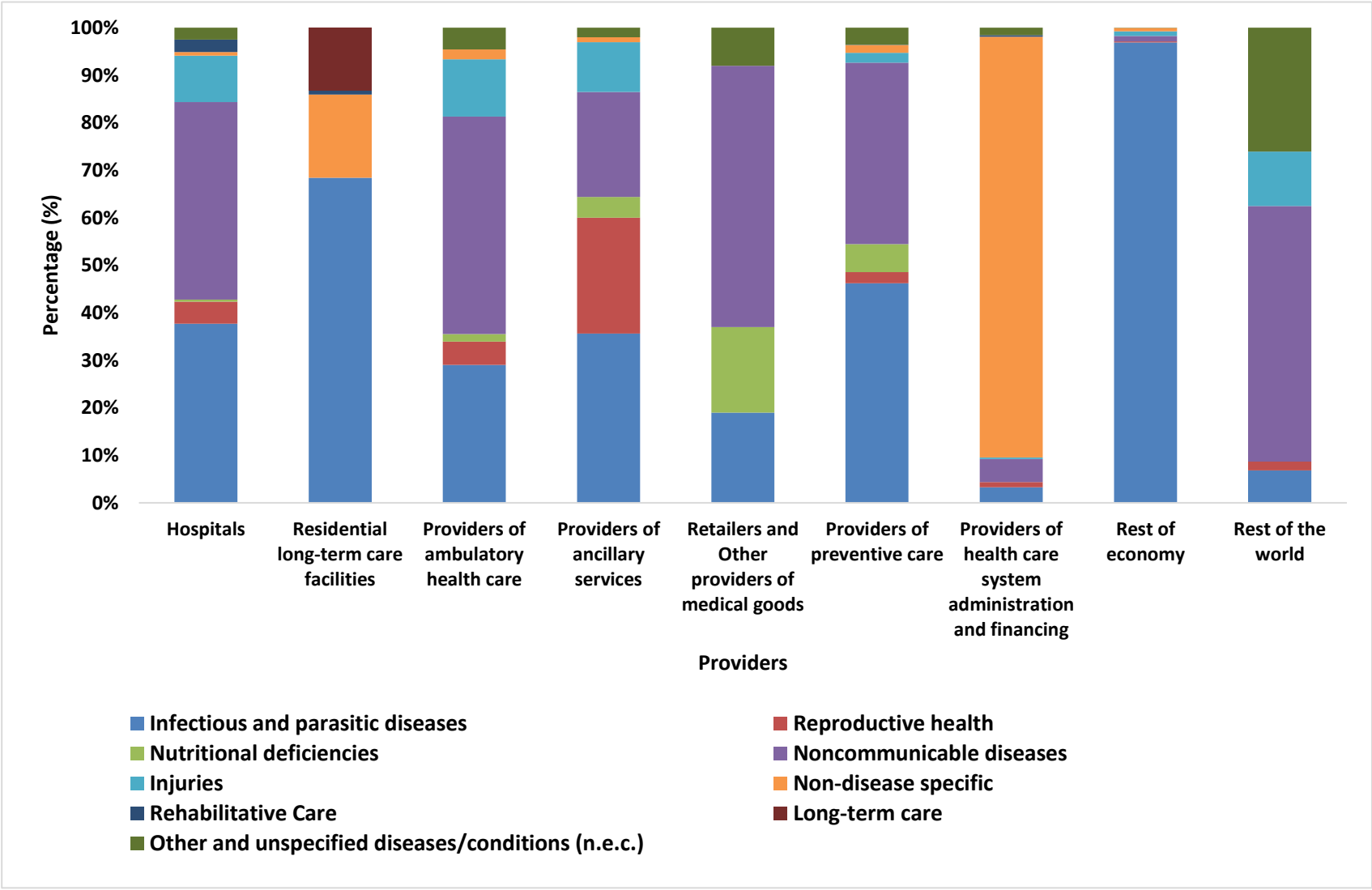


Table 11-3 shows the disease distribution across the functional classification. Again *Noncommunicable diseases* were highest amongst all patients seeking curative care (both inpatient and outpatient) in 2017-18.

Table 11-3 Disease expenditure by Functions (FJ$m), 2017-18

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	72.08	**56.84**	**15.12**	1.23	0.00	9.29	9.59	59.95	0.08	0.00
Reproductive health	13.06	**4.09**	**8.95**	0.20	0.00	5.31	0.01	2.19	0.02	0.00
Nutritional deficiencies	1.33	**0.46**	**0.88**	0.00	0.00	1.57	9.07	2.36	0.00	0.01
Noncommunicable diseases	119.36	**29.29**	**89.90**	1.47	0.00	14.11	32.18	24.89	0.11	0.10
Injuries	28.25	**6.79**	**21.46**	0.25	0.00	2.87	0.04	5.64	0.09	0.00
Non-disease specific	1.14	**0.30**	**0.84**	0.03	0.00	0.32	0.00	2.19	29.32	0.35
Rehabilitative Care	0.21	**0.00**	**0.21**	6.45	0.00	0.00	0.00	0.00	0.00	0.00
Long-term care	0.00	**0.00**	**0.00**	0.00	0.02	0.00	0.00	0.00	0.00	0.00
Other and unspecified diseases/conditions (n.e.c.)	12.76	**7.94**	**4.80**	0.01	0.00	2.45	4.12	1.61	0.25	0.37
Total	**248.20**	**105.71**	**142.16**	**9.64**	**0.02**	**35.93**	**55.01**	**98.84**	**29.89**	**0.82**

12. Primary Health Care

Primary healthcare (PHC) is considered as the pathway to Universal Health Coverage (UHC) and to achieving Sustainable Development Goals.

While there is no ready-made SHA 2011 classification for PHC, components of PHC expenditure can be identified within the SHA 2011 framework. The healthcare function (HC) and healthcare provider (HP) classifications can be used to define PHC expenditure for cross-country comparisons. It should be noted that in the SHA 2011 framework, capital and current expenditures are separated. Both HC and HP classifications exclude capital investment expenditure as the focus is on the consumption of the health services in a given period, set at 1 year.

According to the Global Health Expenditure Database definition the expenditure on primary health care in Fiji has been calculated.

FJ$M	All	Public	Private	Donor
Total	269.17	165.51	79.71	23.95

The 56.3 % of total CHE spent on primary health care. The government spent 61.5% of their CHE budget on primary health care, whereas the 38.5 % come from the private sector, which include development partners also.

13. 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 2017-18 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.

13.1. Fiji SHA 2011 Classifications

The existing Fiji SHA 2011 classification was mapped to the classification module in NHAPT for classifying health expenditures for 2017-18. 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.

13.2. Government data sources

Government data was primarily obtained from the following sources:

- Financial date from the Ministry of Economy FMIS
- Patient utilization data from the Health Information Unit for the MHMS
- 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 MHMS

13.2.1. Financial Data

The audited financial data for the years 2017-18 was obtained from the Ministry of Economy. 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.

13.2.1.1. Patient utilization data

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

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

13.2.1.2. Disease-based data

Inpatient disease data coded by ICD-10 classification was obtained from the Health Information Unit for the years 2017-18. This data had to be mapped to the disease classification in the NHAPT. While previous years expenditure for disease was reported using the ICD-10 classification. This year for the 2017-18 NHA report, they are presented using the NHAPT disease classification (called *DIS* in NHAPT).

13.2.1.3. 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.

13.2.2. Data estimation techniques

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

13.2.2.1. 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 MHMS and

the MOE were consulted. Coding of sources and schemes was not too difficult considering that the public health system is largely Government financed through tax revenue.

13.2.2.2. 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.

13.2.2.3. 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.

13.2.2.4. 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.

13.2.2.5. Disease-based expenditure

Coding of expenditure by disease was done using the patient utilization data from the Health Information Unit of the MHMS. 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 NHAPT.

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 NHAPT.

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 MHMS.

13.3. 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, 2014,2015 and 2017-18. 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**	**2017-18**	**2010**	**2012**	**2014**	**2015**	**2017-18**
General Practitioners	127	148	126	140	106	54	80	78	53	66
Private Dentist	35	37	33	38	39	35	81	85	74	72
Retail Pharmacies	54	55	58	60	71	54	56	66	72	83
Private Hospitals	1	2	2	3	5	100	100	100	67	80
Private Employers	0	17	27	25	12	57	24	52	20	33
Private Laboratory and X-Ray	3	2	2	2	5	67	50	100	100	60
Private Insurance	10	4	4	4	4	30	50	50	0	75
Private Optometrists	15	14	15	14	17	67	71	80	86	71
Development Partners	14	13	18	15	14	71	54	28	33	57
NGO's	29	19	25	23	12	3	5	0	13	33
Overall Response Rate Across all health providers surveyed						49	66	66	54	68

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

Daily revenue	Calculated using average fee per patient multiplied by total number of patients seen in a year
Weekly revenue	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
Monthly revenue	Average revenue reported per month multiplied by 12 months
Annual revenue	Annual revenue reported in survey

In the case of the non-responses and the outliers 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, two 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 along with insurance surveys. This amount was then distributed across the various classifications using responses from the 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.

13.3.1. 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.

- Unfortunately many who responded either provided responses that were incomplete or inaccurate. 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 inaccurate 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 NHAPT required that surveys for employers, donors and NGOs were generated automatically within NHAPT. 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.

13.4. Lessons learnt

This section details the lessons learnt from the entire process during the production of this 2017-18 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 to other mandatory processes. 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 NHA production, 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 MHMS.

- Institutional memory of the NHA process needs to 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 was employed in past productions of NHA.

- The mapping of raw financial data to the SHA-2011 classifications was not straight forward. Some of the limitations had to do with the way in which the FMIS system recorded and captured the data. A discussion between the MHMS and the Ministry of Economy 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 be 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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15. 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

16. Matrices

Table 1: Financing schemes (HF) by Revenues of health care financing schemes (FS), 2017-18

	Transfers from government domestic revenue (allocated to health purposes)	**Transfers distributed by government from foreign origin**	**Compulsory prepayment (Other, and unspecified, than FS.3)**	**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**	**Share of HF (%)**
Government schemes and compulsory contributory health care financing schemes	**285.8**	**4.8**	**1.8**	**-**	**-**	**-**	**3.0**	**1.5**	**297.0**	**62.1%**
Voluntary health care payment schemes	**1.5**	**-**	**-**	**51.9**	**15.9**	**36.0**	**15.6**	**4.0**	**73.0**	**15.3%**
Employer-based insurance (Other than enterprises schemes)	-	-	-	35.5	-	35.5	-	-	35.5	7.4%
Other primary coverage schemes	1.3	-	-	15.9	15.9	-	0.5	-	17.7	3.7%
NPISH financing schemes (including development agencies)	0.2	-	-	-	-	-	6.3	4.0	10.5	2.2%
Enterprise financing schemes	-	-	-	0.5	-	0.5	8.7	-	9.2	1.9%
Household out-of-pocket payment	**-**	**-**	**-**	**-**	**-**	**-**	**84.3**	**-**	**84.3**	**17.6%**
Out-of-pocket excluding cost-sharing	**-**	**-**	-	-	-	-	84.3	-	84.3	17.6%
Rest of the world financing schemes (non-resident)	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**24.1**	**24.1**	**5.0%**
All HF	**287.3**	**4.8**	**1.8**	**53.8**	**17.8**	**36.0**	**102.9**	**29.6**	**478.4**	**100.0%**
Share of FS (%)	**60.1%**	**1.0%**	**0.4%**	**11.2%**	**3.7%**	**7.5%**	**21.5%**	**6.2%**	**100.0%**	

Table 2: Health care providers (HP) by Revenues of health care financing schemes (FS), 2017-18

	Transfers from government domestic revenue (allocated to health purposes)	Transfers distributed by government from foreign origin	Compulsory prepayment (Other, and unspecified)	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	Share of HP (%)
Hospitals	**207.76**	**0.03**	**1.84**	**18.27**	**5.60**	**12.67**	**14.31**	**2.83**	**245.04**	**45.08**
Divisional Hospitals	135.11	-	-	0.31	0.06	0.25	-	2.83	138.25	25.69
Subdivisional Hospitals	61.46	-	-	-	-	-	-	-	61.46	10.95
Private general hospitals	0.38	-	-	17.96	5.55	12.42	14.30	-	32.65	6.08
Mental health hospitals	5.45	0.03	-	-	-	-	-	-	5.48	0.59
Specialised hospitals (Other than mental health hospitals)	4.23	-	-	-	-	-	-	-	4.23	1.76
Residential long-term care facilities	**0.18**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**0.18**	**0.32**
Providers of ambulatory health care	**26.84**	**-**	**-**	**8.32**	**2.71**	**5.60**	**26.97**	**-**	**62.12**	**22.21**
Private medical practices (GPs)	0.17	-	-	6.98	2.11	4.87	16.97	-	24.11	8.34
Other Dental practice	-	-	-	0.16	0.06	0.10	4.70	-	4.85	1.29
Nursing stations	4.30	-	-	-	-	-	-	-	4.30	0.53
Optometrists	0.01	-	-	1.18	0.54	0.64	5.31	-	6.50	1.13
Family planning centres (other)	-	-	-	-	-	-	-	-	0.00	0.02
Public Health Centres(All Other ambulatory centres)	22.28	-	-	-	-	-	-	-	22.28	10.89
Providers of ancillary services	**1.83**	**-**	**-**	**-**	**-**	**-**	**16.98**	**-**	**18.81**	**1.09**
Providers of patient transportation and emergency rescue	1.63	-	-	-	-	-	0.56	-	2.19	0.71
Medical and diagnostic laboratories	-	-	-	-	-	-	16.42	-	16.42	0.33
Other providers of ancillary services	0.20	-	-	-	-	-	-	-	0.20	0.06
Retailers and Other providers of medical goods	**1.01**	**-**	**-**	**8.06**	**4.53**	**3.53**	**41.30**	**-**	**50.37**	**13.68**
Providers of preventive care	**23.30**	**4.42**	**-**	**-**	**-**	**-**	**1.51**	**10.98**	**40.20**	**6.25**
Providers of health care system administration and financing	**24.12**	**0.37**		**0.09**		**0.09**	**1.56**	**7.01**	**33.15**	**6.76**
Government health administration agencies	24.12	0.37	-	-	-	-	1.56	7.01	33.07	6.76
Rest of economy	**0.14**	**-**	**-**	**-**	**-**	**-**	**-**	**4.10**	**4.24**	**0.44**
Rest of the world	**2.15**	**-**	**-**	**17.20**	**3.09**	**14.11**	**0.28**	**4.62**	**24.25**	**4.15**
ALL HP	**287.32**	**4.82**	**1.84**	**51.93**	**15.94**	**36.00**	**102.90**	**29.55**	**478.36**	**100.00**
Share of FS (%)	**60.06**	**1.01**	**0.38**	**10.86**	**3.33**	**7.52**	**21.51**	**6.18**	**100.00**	

Table 3: Health care providers (HP) by Financing schemes (HF), 2017-18

	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	Share HP (%)
Hospitals	**210.72**	**24.33**	**4.32**	**18.67**	**1.34**	**9.98**	**-**	**245.04**	**51.22**
Divisional Hospitals	136.58	1.67	-	0.32	1.34	-	-	138.25	28.90
Subdivisional Hospitals	61.46	-	-	-	-	-	-	61.46	12.85
Private general hospitals	-	22.66	4.31	18.35	-	9.98	-	32.65	6.82
Mental health hospitals	5.48	-	-	-	-	-	-	5.48	1.15
Specialised hospitals (Other than mental health hospitals)	4.23	-	-	-	-	-	-	4.23	0.89
Residential long-term care facilities	**-**	**0.18**	**-**	**-**	**0.18**	**-**	**-**	**0.18**	**0.04**
Providers of ambulatory health care	**26.65**	**9.98**	**0.83**	**8.50**	**0.64**	**25.49**	**-**	**62.12**	**12.99**
Private medical practices (GPs)	-	8.40	0.66	7.15	0.60	15.71	-	24.11	5.04
Dental practice	-	0.26	0.05	0.16	0.05	4.60	-	4.86	1.02
Nursing stations	4.30	-	-	-	-	-	-	4.30	0.90
Optometrists	-	1.32	0.13	1.19	-	5.18	-	6.50	1.36
Ambulatory health care centres	22.28	-	-	-	-	-	-	22.28	4.66
Providers of ancillary services	**1.83**	**7.46**	**3.28**	**-**	**4.17**	**9.52**	**-**	**18.81**	**3.93**
Providers of patient transportation and emergency rescue	1.63	0.56	-	-	0.56	-	-	2.19	0.46
Medical and diagnostic laboratories	-	6.90	3.28	-	3.61	9.52	-	16.42	3.43
Other providers of ancillary services	0.20	-	-	-	-	-	-	0.20	0.04
Retailers and Other providers of medical goods	**1.01**	**10.07**	**0.50**	**8.06**	**1.51**	**39.29**	**-**	**50.37**	**10.53**
Pharmacies	1.01	10.07	0.50	8.06	1.51	39.29	-	50.37	10.53
Providers of preventive care	**29.17**	**2.69**	**-**	**-**	**2.69**	**-**	**8.35**	**40.20**	**8.40**
Providers of health care system administration and financing	**26.05**	**0.09**	**-**	**0.09**	**-**	**-**	**7.01**	**33.15**	**6.93**
Government health administration agencies	26.05	-	-	-	-	-	7.01	33.07	6.91
Other Government health administration agencies	0.32	-	-	-	-	-	-	0.32	0.07
Rest of economy	**0.14**	**-**	**-**	**-**	**-**	**-**	**4.10**	**4.24**	**0.89**
Rest of the world	**1.41**	**18.22**	**0.26**	**17.95**	**-**	**-**	**4.62**	**24.25**	**5.07**
All HP	**296.98**	**73.02**	**9.20**	**53.27**	**10.54**	**84.28**	**24.09**	**478.36**	**100.00**
Share HF (%)	**63.10**	**13.53**	**6.55**	**6.32**	**0.66**	**21.03**	**2.35**	**100.00**	

Table 4: Health care providers (HP) by Health care functions (HC), 2017-18

	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.)	ALL HC	Share of HP (%)
Hospitals	**83.70**	**100.65**	**9.39**		**11.86**	**0.08**	**39.36**			**245.04**	**51.22**
Divisional Hospitals	48.71	66.81	3.33	-	2.87	-	16.53			138.25	28.90
Subdivisional Hospitals	19.20	20.98	1.50		0.08		19.70			61.46	12.85
Private general hospitals	12.57	10.33	0.00		8.85	0.08	0.82			32.65	6.82
Mental health hospitals	2.11	1.19	0.62		0.05		1.51			5.48	1.15
Specialised hospitals (Other than mental health hospitals)	0.18	0.13	3.85		0.02		0.06			4.23	0.89
Residential long-term care facilities		-	**0.03**	**0.02**			**0.13**			**0.18**	**0.04**
Providers of ambulatory health care	**2.94**	**33.46**	**0.08**		**2.85**	**4.40**	**18.39**			**62.12**	**12.99**
Private medical practices (GPs)	2.72	17.50	0.00		2.82	0.03	1.05			24.11	5.04
Dental practice	0.04	4.81	0.00		0.01	0.00	0.00			4.86	1.02
Nursing stations		1.51					2.80			4.30	0.90
Optometrists	0.17	1.93	0.00		0.03	4.37	0.00			6.50	1.36
Ambulatory health care centres	0.01	7.72	0.08				14.47			22.28	4.66
Providers of ancillary services		-			**18.81**					**18.81**	**3.93**
Providers of patient transportation and emergency rescue					2.19					2.19	0.46
Medical and diagnostic laboratories					16.42					16.42	3.43
Other providers of ancillary services					0.20					0.20	0.04
Retailers and Other providers of medical goods						**50.37**				**50.37**	**10.53**
Providers of preventive care	**0.38**	**2.37**	**0.02**		**0.56**	**0.01**	**36.06**		**0.79**	**40.20**	**8.40**
Providers of health care system administration and financing	**0.90**	**1.70**	**0.11**				**0.55**	**29.89**		**33.15**	**6.93**
Government health administration agencies	0.90	1.70	0.11				0.55	29.80		33.07	6.91
Rest of economy	**0.04**	**0.04**	**0.00**				**4.12**		**0.03**	**4.24**	**0.89**
Rest of the world	**17.75**	**4.27**	**0.01**		**1.85**	**0.15**	**0.23**			**24.25**	**5.07**
ALL HP	**105.71**	**142.49**	**9.64**	**0.02**	**35.93**	**55.01**	**98.84**	**29.89**	**0.82**	**478.36**	**100.00**
Share of HC (%)	**22.10**	**29.79**	**2.02**	**0.01**	**7.51**	**11.50**	**20.66**	**6.25**	**0.17**	**100.00**	

Table 5: Health care functions (HC) by Revenues of health care financing schemes (FS), 2017-18

	Transfers from government domestic revenue (allocated to health purposes)	Transfers distributed by government from foreign origin	Compulsory prepayment (Other, and unspecified, than FS.3)	Voluntary prepayment (a+b)	Voluntary prepayment from individuals/ households (a)	Voluntary prepayment from employers (b)	Other domestic revenues n.e.c. (c+d+e)	Other revenues from households n.e.c. (c)	Other revenues from corporations n.e.c.(e)	Other revenues from NPISH n.e.c. (d)	Direct foreign transfers	All FS	Share of HC (%)
Curative care	**173.66**	**0.34**	**1.18**	**35.51**	**8.68**	**26.83**	**29.67**	**25.48**	**3.65**	**0.54**	**7.85**	**248.20**	**51.89**
Inpatient curative care	**73.91**	**0.02**	**0.59**	**22.29**	**4.65**	**17.64**	**4.28**	**2.79**	**1.49**	**-**	**4.62**	**105.71**	**22.10**
General inpatient curative care	53.84	-	0.42	5.08	1.56	3.52	4.01	2.79	1.21	-	-	63.35	13.24
Specialised inpatient curative care	20.00	0.02	0.17	17.20	3.09	14.11	0.28		0.28	-	4.62	42.29	8.84
Outpatient curative care	**99.74**	**-**	**0.59**	**13.22**	**4.03**	**9.19**	**25.39**	**22.69**	**2.16**	**0.54**	**3.22**	**142.16**	**29.72**
General outpatient curative care	58.92	-	0.35	9.94	2.75	7.19	15.69	14.23	1.01	0.45	-	84.90	17.75
Dental outpatient curative care	12.48	-	0.13	0.18	0.06	0.12	4.70	4.60	0.05	0.05	-	17.49	3.66
Specialised outpatient curative care	15.33	-	0.11	1.96	0.72	1.24	3.14	2.50	0.60	0.04	3.22	23.76	4.97
Day curative care	13.01	-	-	1.14	0.49	0.64	1.86	1.35	0.51	-	-	16.01	3.35
Rehabilitative care	**9.57**	**0.03**	**0.04**	**0.01**	**0.00**	**0.01**	**0.00**		**0.00**	**-**	**-**	**9.64**	**2.02**
Long-term care (health)	**0.02**	**-**	**-**	**-**						**-**	**-**	**0.02**	**0.01**
Ancillary services (non-specified by function)	**5.51**	**-**	**-**	**6.55**	**2.07**	**4.49**	**23.87**	**14.80**	**4.83**	**4.24**	**-**	**35.93**	**7.51**
Laboratory services	0.28	-	-	3.59	1.12	2.47	17.09	10.73	3.42	2.94	-	20.96	4.38
Imaging services	0.06	-	-	2.96	0.95	2.01	6.22	4.07	1.41	0.74	-	9.24	1.93
Patient transportation	5.18	-	-	-	-	-	0.56	-	-	0.56	-	5.74	1.20
Unspecified ancillary services (n.e.c.)	-	-	-	-	-	-	-	-	-	-	-	0.00	0.00
Medical goods (non-specified by function)	**1.02**	**-**	**-**	**8.96**	**4.93**	**4.03**	**45.02**	**42.92**	**0.60**	**1.51**		**55.01**	**11.50**
Prescribed medicines	0.36	-	-	2.90	1.63	1.27	14.87	14.14	0.18	0.54	-	18.13	3.79
Over-the-counter medicines	0.34	-	-	2.74	1.54	1.20	14.04	13.36	0.17	0.51	-	17.13	3.58
Other medical non-durable goods	0.04	-	-	0.32	0.18	0.14	1.65	1.57	0.02	0.06	-	2.01	0.42

Therapeutic appliances and Other medical goods	0.18	-	-	2.19	1.12	1.07	10.33	9.91	0.17	0.24	-	12.70	2.65
Preventive care	**76.18**	**4.30**	**0.63**	**0.81**	**0.26**	**0.56**	**2.78**	**1.10**	**1.65**	**0.03**	**14.14**	**98.84**	**20.66**
Information, education and counseling (IEC) programmes	18.40	0.16	0.11	0.37	0.07	0.30	0.02	0.01	0.01	-	3.53	22.58	4.72
Immunisation programmes	11.65	-	0.13	0.00	0.00	0.00	0.00	-	0.00	-	1.48	13.27	2.77
Early disease detection programmes	12.84	-	0.11	0.01	0.00	0.01	0.00	-	0.00	-	1.99	14.95	3.13
Healthy condition monitoring programmes	10.38	0.01	0.09	0.00	0.00	0.00	0.00	-	0.00	-	2.04	12.53	2.62
Epidemiological surveillance and risk and disease control programmes	12.76	3.87	0.11	0.01	0.00	0.01	1.49	-	1.49	-	4.81	23.05	4.82
Preparing for disaster and emergency response programmes	10.14	0.25	0.07	-	-	-	-	-	-	-	0.04	10.51	2.20
Unspecified preventive care (n.e.c.)	0.01	-	-	0.42	0.19	0.23	1.27	1.08	0.16	0.03	0.24	1.95	0.41
Governance, and health system and financing administration	**21.36**	**0.15**	**-**	**0.09**	**-**	**0.09**	**1.56**	**-**	**1.56**	**-**	**6.74**	**29.89**	**6.25**
Other health care services not elsewhere classified (n.e.c.)	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**0.82**	**0.82**	**0.17**
All HC	**287.32**	**4.82**	**1.84**	**51.93**	**15.94**	**36.00**	**102.90**	**84.30**	**12.27**	**6.33**	**29.55**	**478.36**	**100.00**
Share of FS (%)	**60.06**	**1.01**	**0.38**	**10.86**	**3.33**	**7.52**	**21.51**	**17.62**	**2.57**	**1.32**	**6.18**	**100.00**	

Table 6: Health care functions (HC) by Financing schemes (HF), 2017-18

	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	Share of HC (%)
Curative care	**174.03**	**44.07**	**3.62**	**36.68**	**3.77**	**25.48**	**4.62**	**292.27**	**61.10**
Inpatient curative care	**73.67**	**24.62**	**1.47**	**23.15**	**-**	**2.79**	**4.62**	**130.33**	**27.25**
General inpatient curative care	54.15	6.40	1.21	5.20	-	2.79	-	69.76	14.58
Specialised inpatient curative care	19.45	18.22	0.26	17.95	-	-	**4.62**	60.51	12.65
Outpatient curative care	**87.01**	**17.81**	**1.65**	**12.40**	**3.77**	**21.33**	**-**	**143.96**	**30.09**
General outpatient curative care	58.99	11.68	1.00	10.23	0.45	14.23	-	96.59	20.19
Specialised outpatient curative care	15.42	5.84	0.60	1.98	3.26	2.50	-	29.60	6.19
Dental outpatient curative care	12.61	0.28	0.05	0.19	0.05	4.60	-	17.77	3.71
Day curative care	13.01	1.64	0.51	1.14	-	1.35	-	17.65	3.69
Unspecified curative care (n.e.c.)	0.33	-	0.00	0.01	0.03	-	-	0.37	0.08
Rehabilitative care	**9.60**	**0.05**			**0.02**	**-**	**-**	**9.67**	**2.02**
Long-term care (health)		**0.02**			**0.02**	**-**	**-**	**0.05**	**0.01**
Ancillary services (non-specified by function)	**5.38**	**15.76**	**4.82**	**6.69**	**4.24**	**14.80**	-	**51.69**	**10.81**
Laboratory services	0.20	10.03	3.42	3.67	2.94	10.73	-	30.99	6.48
Imaging services	-	5.17	1.41	3.02	0.74	4.07	-	14.41	3.01
Patient transportation	5.18	0.56	-	-	0.56	-	-	6.29	1.32
Medical goods (non-specified by function)	**1.01**	**11.09**	**0.59**	**8.97**	**1.52**	**42.91**	-	**66.09**	**13.82**
Prescribed medicines	0.36	3.63	0.18	2.90	0.54	14.14	-	21.76	4.55
Over-the-counter medicines	0.34	3.43	0.17	2.74	0.51	13.36	-	20.55	4.30
Other medical non-durable goods	0.04	0.40	0.02	0.32	0.06	1.57	-	2.42	0.51
Therapeutic appliances and Other medical goods	0.16	2.62	0.17	2.20	0.25	9.91	-	15.32	3.20
Unspecified medical goods (n.e.c.)	0.10	1.01	0.05	0.81	0.15	3.93	-	6.04	1.26
Preventive care	**83.91**	**1.95**	**0.16**	**0.83**	**0.96**	**1.08**	**11.90**	**100.79**	**21.07**
Information, education and counseling (IEC) programmes	18.50	1.32	0.01	0.38	0.93		2.77	23.90	5.00
Immunisation programmes	13.26	0.00	0.00	0.00				13.27	2.77
Early disease detection programmes	12.95	0.01	0.00	0.01			1.99	14.96	3.13
Healthy condition monitoring programmes	10.48	0.00	0.00	0.00			2.04	12.53	2.62
Epidemiological surveillance and risk and disease control programmes	18.23	0.01	0.00	0.01			4.81	23.06	4.82

	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	Share of HC (%)
Preparing for disaster and emergency response programmes	10.47						0.04	10.51	2.20
Unspecified preventive care (n.e.c.)	0.01	0.61	0.16	0.42	0.03	1.08	0.24	2.55	0.53
Governance, and health system and financing administration	**23.06**	**0.09**		**0.09**			**6.74**	**29.97**	**6.27**
Other health care services not elsewhere classified (n.e.c.)							**0.82**	**0.82**	**0.17**
All HC	**296.98**	**73.02**	**9.20**	**53.26**	**10.53**	**84.28**	**24.09**	**478.37**	**100.00**
Share of HF (%)	**62.08**	**15.26**	**1.92**	**11.13**	**2.20**	**17.62**	**5.04**	**100.00**	

Table 7: Factors of health care provision (FP) by Revenues of health care financing schemes (FS), 2017-18

	Transfers from government domestic revenue (allocated to health purposes)	Transfers distributed by government from foreign origin	Compulsory prepayment (Other, and unspecified, than FS.3)	Voluntary prepayment	Other domestic revenues n.e.c.	Direct foreign transfers	All FS	Share of FP (%)
Compensation of employees	**193.86**	**1.23**		**11.17**	**38.19**	**1.89**	**246.35**	**51.50**
Wages and salaries	171.13	1.23		11.17	38.19	1.83	221.73	46.35
Social contributions - FNPF	16.12					-	16.12	3.37
All Other costs related to employees - Wages and Salaries - Allowances, OT, Relieving etc	6.61					0.07	6.67	1.40
Self-employed professional remuneration	**3.31**					**-**	**3.31**	**0.69**
Materials and services used	**80.35**	**2.25**	**1.84**	**40.76**	**63.15**	**27.66**	**216.01**	**45.16**
Health care services	**10.49**	**0.02**	**1.84**	**31.08**	**19.54**	**7.97**	**70.95**	**14.83**
Laboratory & Imaging services	1.48			4.61	0.07	-	6.16	1.29
Other health care services (n.e.c.)	9.01	0.02	1.84	26.48	19.47	7.97	64.79	13.54
Health care goods	**49.87**	**0.09**		**5.02**	**26.38**	**1.48**	**82.84**	**17.32**
ARV		0.02				-		0.00
Vaccines	7.14					1.48	8.62	1.80
Other pharmaceuticals (n.e.c.) (Drugs)	39.52			1.69	8.47	-	49.68	10.39
Other and unspecified health care goods (n.e.c.)	3.21	0.08		3.33	17.90	-	24.52	5.13
Non-health care services (SEG 4 Items related to Operations)	**3.81**	**1.70**		**4.66**	**17.23**	**18.18**	**45.58**	**9.53**
Training	0.28	0.03				4.08	4.39	0.92
Technical Assistance		0.90				14.08	14.99	3.13
Operational research		0.05				0.00		0.00
Indeminity	0.07					-		0.00
Other non-health care services (n.e.c.)	3.46	0.71		4.66	17.23	0.02	26.08	5.45
Non-health care goods	**7.71**	**0.43**				**-**	**8.13**	**1.70**
Other materials and services used (n.e.c.)	**8.47**	**0.01**				**0.02**	**8.51**	**1.78**
Other items of spending on inputs	**9.80**	**1.33**			**1.56**	**-**	**12.69**	**2.65**
Taxes (VAT)	6.45					-	6.45	1.35
Other items of spending	3.35	1.33			1.56	-	6.24	1.30
Unspecified factors of health care provision (n.e.c.)	**0.00**					**-**	**0.00**	**0.00**
All FP	**287.32**	**4.82**	**1.84**	**51.93**	**102.90**	**29.55**	**478.36**	**100.00**
Share of FS (%)	**60.06**	**1.01**	**0.38**	**10.86**	**21.51**	**6.18**	**100.00**	

Table 8: Classification of diseases / conditions (DIS) by Revenues of health care financing schemes (FS), 2017-18

	Transfers from governmen t domestic revenue (allocated to health purposes)	**Transfers distributed by government from foreign origin**	**Compulsory prepayment (Other, and unspecified, than FS.3)**	**Voluntary prepayment (a + b)**	Voluntary prepayment from individuals/ households (a)	Voluntary prepayment from employers (b)	**Other domestic revenues n.e.c. (c + d+e)**	Other revenues from households n.e.c. (c)	Other revenues from corporations n.e.c.	Other revenues from NPISH n.e.c. (d)	**Direct foreign transfers**	**All FS**	**Share of DIS(%)**
Infectious and parasitic diseases	**108.96**	**3.88**	**1.64**	**6.51**	**2.35**	**4.16**	**24.17**	**18.53**	**3.65**	**2.00**	**7.05**	**152.22**	**31.82**
HIV/AIDS	22.41	0.07	0.44	0.07	0.01	0.06	0.00		0.00			22.99	4.81
TB/HIV	7.01	1.33	0.13	0.21	0.04	0.17	0.02	0.01	0.01			8.71	1.82
STDs Other than HIV/AIDS	0.45											0.45	0.09
Other OIs due to AIDS	0.99		0.02	0.04	0.01	0.03	0.00		0.00			1.05	0.22
Unspecified HIV/AIDS and Other STDs (n.e.c.)	4.56		0.26	0.40	0.07	0.33	0.04		0.01	0.03	0.76	6.02	1.26
Tuberculosis (TB)	19.81	2.43	0.51	0.85	0.15	0.70	0.01		0.01		0.62	24.22	5.06
Malaria	3.42		0.11	0.10	0.02	0.08	0.00		0.00			3.63	0.76
Respiratory infections	5.62		0.02	0.20	0.04	0.16	2.49	1.44	0.50	0.54		8.32	1.74
Diarrheal diseases	4.79		0.04	0.11	0.02	0.09	0.02	0.01	0.01			4.95	1.04
Neglected tropical diseases	4.72	0.04	0.02	0.04	0.01	0.03	0.02	0.01	0.01		4.07	8.91	1.86
Vaccine preventable diseases	8.86		0.01	0.06	0.03	0.04	0.09	0.06	0.03		1.48	10.50	2.19
Other and unspecified infectious and parasitic diseases (n.e.c.)	21.56	0.01		3.78	1.83	1.94	19.82	16.03	2.73	1.06	0.12	45.29	9.47
Reproductive health	**13.26**	**0.05**	**0.07**	**1.30**	**0.38**	**0.92**	**6.06**	**3.97**	**1.02**	**1.07**	**0.04**	**20.79**	**4.35**
Pregnancy	0.55			0.11	0.05	0.06	0.28	0.12	0.05	0.11	-	0.94	0.20
Obs and gynae	0.98			0.13	0.02	0.11	0.00		0.00		-	1.11	0.23
Other Maternal conditions	1.39			0.18	0.03	0.15	0.00		0.00		-	1.57	0.33
Perinatal conditions	5.77	0.02		0.41	0.12	0.28	0.31	0.21	0.09	0.02	-	6.51	1.36
Contraceptive management (family planning)	0.40										-	0.40	0.08
Male reproductive conditions	1.26			0.13	0.02	0.11	0.00		0.00		-	1.39	0.29
Unspecified reproductive health conditions (n.e.c.)	2.92	0.03	0.07	0.34	0.13	0.21	5.46	3.64	0.87	0.95	0.04	8.87	1.85

	Transfers from government domestic revenue (allocated to health purposes)	Transfers distributed by government from foreign origin	Compulsory prepayment (Other, and unspecified, than FS.3)	Voluntary prepayment (a + b)	Voluntary prepayment from individuals/ households (a)	Voluntary prepayment from employers (b)	Other domestic revenues n.e.c. (c + d+e)	Other revenues from households n.e.c. (c)	Other revenues from corporations n.e.c.	Other revenues from NPISH n.e.c. (d)	Direct foreign transfers	All FS	Share of DIS(%)
Nutritional deficiencies	**2.29**	**0.28**		**2.01**	**1.07**	**0.95**	**9.75**	**8.79**	**0.48**	**0.48**	**0.01**	**14.34**	**3.00**
Noncommunicable diseases	**99.35**	**0.20**	**0.13**	**25.29**	**8.62**	**16.67**	**52.58**	**45.94**	**4.62**	**2.02**	**14.69**	**192.23**	**40.19**
Neoplasms	3.06		0.02	3.85	0.72	3.13	0.24	0.12	0.11	0.01	0.07	7.24	1.51
Diabetes	2.61		0.02	0.22	0.04	0.18	0.00		0.00		0.06	2.91	0.61
Dual hypertension and diabetes	0.00										-	0.00	0.00
Other and unspecified endocrine and metabolic disorders (n.e.c.)	2.35		0.02	0.10	0.02	0.08	0.04		0.00	0.04	-	2.51	0.52
Hypertensive diseases	5.08		0.04	0.26	0.05	0.22	0.00		0.00		-	5.38	1.13
Other and unspecified cardiovascular diseases (n.e.c.)	5.46		0.04	3.23	0.66	2.58	0.51	0.32	0.18		0.04	9.28	1.94
Mental (psychiatric) disorders	0.27			0.01	0.00	0.01	0.00		0.00		-	0.28	0.06
Behavioural disorders	0.02										-	0.02	0.00
Neurological conditions	0.17						0.03			0.03	-	0.21	0.04
Unspecified mental & behavioural disorders and neurological conditions (n.e.c.)	4.10	0.03									-	4.13	0.86
Respiratory diseases	13.84			4.73	1.96	2.77	11.79	10.51	0.91	0.36	-	30.36	6.35
Diseases of the digestive	9.76			1.17	0.37	0.80	1.04	0.68	0.29	0.07	-	11.97	2.50
Diseases of the genito-urinary system	0.14			2.45	0.95	1.50	3.13	2.19	0.92	0.02	-	5.72	1.20
Eye conditions	8.74			1.31	0.57	0.74	5.31	5.18	0.13		3.24	18.60	3.89
Ear nose throat conditions	2.47			0.23	0.06	0.18	0.11	0.08	0.03		-	2.82	0.59
Skin conditions	5.79			1.27	0.36	0.91	0.81	0.56	0.25	0.01	-	7.87	1.65
Other Sense organ disorders	0.14										-	0.14	0.03
Oral diseases	11.43			0.16	0.06	0.10	4.70	4.60	0.05	0.05	-	16.28	3.40
Muscoskeletal	12.38			1.83	0.50	1.33	1.09	0.74	0.33	0.02	0.03	15.33	3.20
Other and unspecified noncommunicable	11.53	0.17		4.46	2.31	2.15	23.77	20.96	1.40	1.42	11.25	51.19	10.70

	Transfers from government domestic revenue (allocated to health purposes)	Transfers distributed by government from foreign origin	Compulsory prepayment (Other, and unspecified, than FS.3)	Voluntary prepayment (a + b)	Voluntary prepayment from individuals/ households (a)	Voluntary prepayment from employers (b)	Other domestic revenues n.e.c. (c + d+e)	Other revenues from households n.e.c. (c)	Other revenues from corporations n.e.c.	Other revenues from NPISH n.e.c. (d)	Direct foreign transfers	All FS	Share of DIS(%)
diseases (n.e.c.)													
Injuries	**28.98**			**5.11**	**1.03**	**4.08**	**3.06**	**2.03**	**0.56**	**0.48**	**-**	**37.15**	**7.77**
Attempted self-harm	0.17			0.03	0.01	0.03	0.00		0.00		-	0.20	0.04
Minor procedures	25.33			4.33	0.78	3.55	0.07		0.07		-	29.73	6.22
Other Injuries	3.47			0.75	0.25	0.51	2.99	2.03	0.49	0.48	-	7.22	1.51
Non-disease specific	**23.46**	**0.15**		**0.25**	**0.08**	**0.17**	**2.42**	**0.80**	**1.59**	**0.03**	**7.08**	**33.36**	**6.97**
Rehabilitative Care	**6.66**										**-**	**6.66**	**1.39**
Long-term care	**0.02**										**-**	**0.02**	**0.01**
Other and unspecified diseases/conditions (n.e.c.)	**4.33**	**0.26**		**11.46**	**2.42**	**9.04**	**4.85**	**4.24**	**0.37**	**0.25**	**0.68**	**21.58**	**4.51**
All DIS	**287.32**	**4.82**	**1.84**	**51.93**	**15.94**	**36.00**	**102.90**	**84.30**	**12.27**	**6.33**	**29.55**	**478.36**	**100.00**
Share of FS (%)	**60.06**	**1.01**	**0.38**	**10.86**	**3.33**	**7.52**	**21.51**	**17.62**	**2.57**	**1.32**	**6.18**	**100.00**	

Table 9: Capital Account (HK) by Institutional units providing revenues to financing schemes (FS.RI), 2017-18

	Government	Corporations	Households	NPISH	Rest of the world	All FS.RI	Share of HK (%)
Infrastructure	**17.31**	**1.91**				**19.22**	**45.74**
Residential and non-residential buildings	17.31	1.91				19.22	45.74
Other structures						0.00	0.00
Machinery and equipment	**7.42**	**9.97**		**0.51**	**0.85**	**18.75**	**44.64**
Medical equipment	6.79	8.89		0.31	0.62	16.62	39.56
Transport equipment		0.22		0.15	0.23	0.60	1.44
ICT equipment	0.62	0.86		0.05		1.53	3.64
Intellectual property products		**0.73**				**0.73**	**1.75**
Computer software and databases		0.73				0.73	1.75
Land		**0.27**				**0.27**	**0.65**
Unspecified gross fixed capital formation (n.e.c.)	**0.23**	**2.74**			**0.06**	**3.03**	**7.22**
All HK	**24.96**	**15.63**	**0.00**	**0.51**	**0.91**	**42.01**	**100.00**
Share of FS.RI (%)	**59.42**	**37.20**	**0.00**	**1.22**	**2.16**	**100.00**	