



# WHO Global Health Expenditure Atlas

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**World Health  
Organization**

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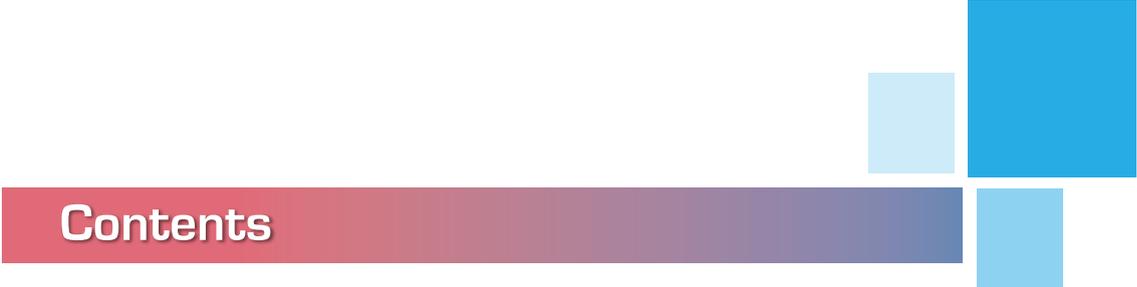
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## Contents

■ Foreword	1
■ Factsheet	2
■ Policy highlights	3
■ Health expenditures and universal coverage	7
■ Country profile by region 2010	
□ WHO African Region	11
□ WHO Region of the Americas	58
□ WHO South-East Asia Region	94
□ WHO European Region	106
□ WHO Eastern Mediterranean Region	160
□ WHO Western Pacific Region	182
■ World Health Statistics 2012 tables	210
■ Technical documentation	221

A decorative graphic at the top of the page consists of a horizontal gradient bar on the left transitioning from red to purple. To its right are several squares: a light blue square, a dark blue square, and another light blue square below the dark blue one.

# Foreword

- Foreword
- Factsheet
- Policy highlights
- Health expenditures and universal coverage
- Country profile by region 2010
- World Health Statistics 2012 tables
- Technical documentation

## Health financing March 2014

### Key facts<sup>1</sup>

- 100 million people are pushed into poverty every year because they have to pay directly for their health care.
- WHO recommends moving away from direct, out-of-pocket payments to using prepaid mechanisms to raise funds for health.
- In 2011, US\$ 6.9 trillion was spent on health.
- Typically between 20–40% of health spending is wasted.

A minimum of US\$ 44 is needed per person per year to provide basic, life-saving health services: 26 WHO Member States spend less than this in 2011<sup>2</sup>

Health financing is concerned with how financial resources are generated, allocated and used in health systems. Millions of people suffer and die because they do not have the money to pay for health care. Others suffer because they do pay: every year, 100 million people are pushed into poverty because they have had to pay directly for their health care.

WHO Member States have set themselves the target of developing their health financing systems to ensure and sustain universal health coverage. Universal coverage means that all people can use health services, while being protected against financial hardship associated with paying for them.

Issues in health financing include:

- raising sufficient funds for health
- protecting people from the financial consequences of ill health
- making optimum use of resources
- ensuring that health coverage is equitable.

### Raising funds for health<sup>3</sup>

Raising sufficient funds for health can be achieved in several ways.

#### 1. Making health a higher priority in government budgets

If 49 of the world's poorest countries allocated 15% of their government spending to health, this would represent an additional US\$ 15 billion per year for health.

#### 2. Making revenue collection more efficient

In Indonesia for example, clear and consistent regulations and a policy of zero-tolerance for corruption increased tax yield from 9.9% to 11% over four years; health spending benefited more than other sectors.

1 All the figures in the factsheet refer to 2011.

2 Democratic People's Republic of Korea, Somalia and Zimbabwe are excluded because of weak or no data.

3 This section is written from [http://www.who.int/whr/2010/media\\_centre/keymessages.pdf](http://www.who.int/whr/2010/media_centre/keymessages.pdf) and [http://www.who.int/features/factfiles/health\\_financing/en/index.html](http://www.who.int/features/factfiles/health_financing/en/index.html)



### 3. Diversifying sources of revenue

A 50% increase in tobacco tax would yield an additional US\$ 1.42 billion in 22 low-income countries, for example. A currency transaction levy is also feasible in many countries – India, for example, could raise \$US 370 million per year by implementing a 0.005% levy on foreign exchange transactions.

### 4. Increasing external support

If all donor countries were to immediately honor their overseas development assistance pledges, more than three million lives would be saved by 2015.

## Protecting people from the financial consequences of ill health

WHO recommends moving away from direct, out-of-pocket payments to using prepaid mechanisms to raise funds. In this way, people make compulsory contributions – through taxation and/or insurance contributions – to a pool of funds. They can then draw on these funds in case of illness, regardless of how much they have contributed. This approach helps to ensure access to health services and spread the financial risks across the population.

## Spending on health

Globally, US\$ 6.9 trillion was spent on health in 2011. There is wide variation between countries in the total spending on health per person per year, ranging from US\$ 9908 in Norway to US\$ 12 in Eritrea (see Table).

WHO estimates that a minimum of US\$ 44 is needed per person per year to provide basic, life-saving health services: 26 WHO Member States spend less than this (see Table).



**Table: Health expenditure data<sup>4</sup> (2011)<sup>5</sup>**

Total expenditure for health for 2011:	US\$ 6.9 trillion
Average Total expenditure for health per person per year:	US\$ 1008
Country with highest total spending on health per person:	Norway (US\$ 9908)
Country with lowest total spending per person on health:	Eritrea (US\$ 12)
Country with highest government spending per person on:	Norway (US\$ 8436)
Country with lowest government spending per person on:	Myanmar (US\$ 3)
Country with highest annual out-of-pocket household spending on health:	Switzerland (US\$ 2384)
Country with lowest annual out-of-pocket household spending on health:	Mozambique (US\$ 1.64)
Average amount spent per person on health in countries belonging to the Organisation for Economic Co-operation and Development (OECD):	US\$ 4584
Percentage of the world's population living in OECD countries:	18%
Percentage of the world's total health expenditure on health currently spent in OECD countries:	82%
WHO estimate of minimum spending per person per year needed to provide basic, life-saving services <sup>1</sup> :	US\$ 44
Number of WHO Member States where health spending – including spending by government, households and the private sector and funds provided by external donors – is lower than US\$ 44 per person per year:	26
Number of WHO Member States where health spending is lower than US\$ 20 per person per year:	6
Percentage of funds spent on health in the WHO African Region that has been provided by donors:	9.4%

The total spending on health per person for 2011 is positively correlated to the wealth of a country. The higher the country's gross domestic product, the higher the health expenditure (see Graph 1). There is also a positive correlation between the total health expenditure and health outcomes such as life expectancy (see Graph 2).

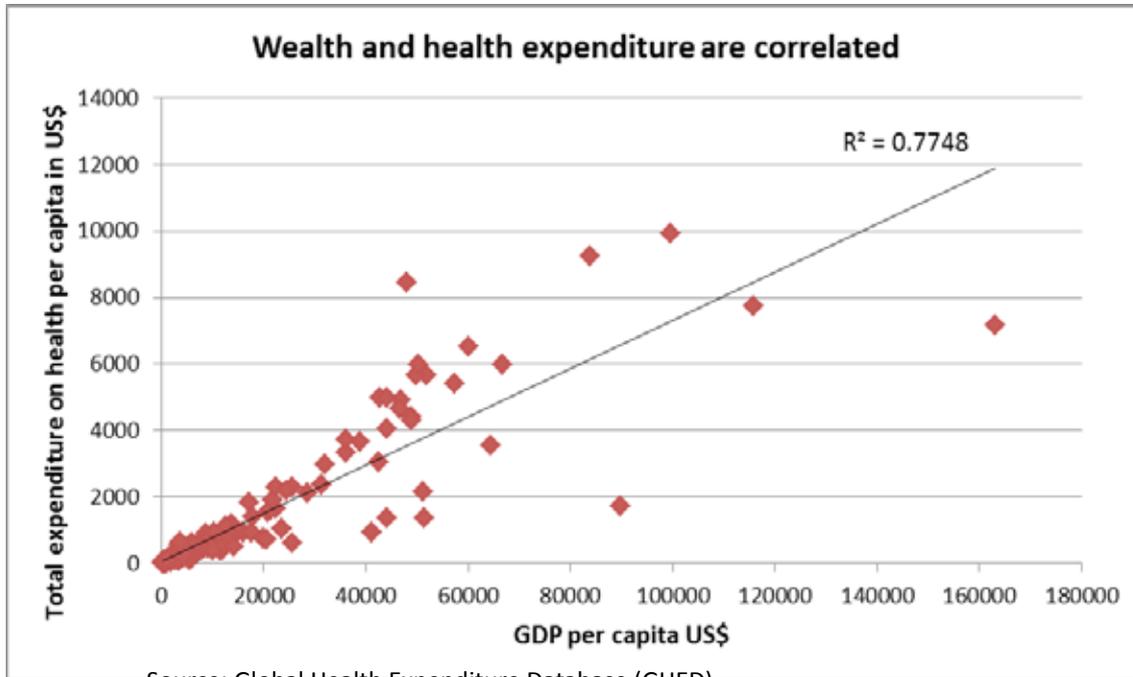
4 Democratic People's Republic of Korea, Somalia, Zimbabwe and Tuvalu (OOPs only), Kiribati (OOPs only) are excluded because of weak or no data.

5 For more data and indicators on health expenditure, please visit the Global Health Expenditure Database (GHED) <http://apps.who.int/nha/database/DataExplorerRegime.aspx>.

6 Source: Constraints to scaling up the health Millennium Development Goals: costing and financial gap analysis ([http://www.who.int/choice/publications/d\\_ScalingUp\\_MDGs\\_WHO\\_finalreport.pdf](http://www.who.int/choice/publications/d_ScalingUp_MDGs_WHO_finalreport.pdf))  
Note that recent yearly increases in US\$ expenditure levels partially result from recent variations in US\$ exchange rates.

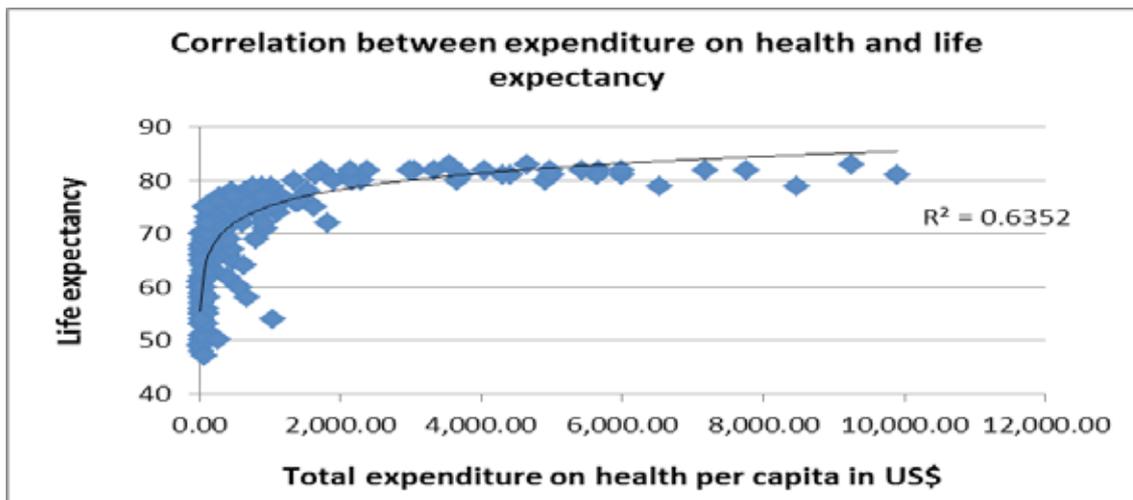
- Foreword
- Factsheet
- Policy highlights
- Health expenditures and universal coverage
- Country profile by region 2010
- World Health Statistics 2012 tables
- Technical documentation

Graph 1: The relationship between wealth and health expenditure (2011)



Source: Global Health Expenditure Database (GHED)

Graph 2: The relationship between health expenditure and life expectancy (2011)



Source: Global Health Expenditure Database (GHED)

### Making optimum use of resources

Spending money more efficiently and equitably will increase health coverage, increase financial protection and improve health outcomes. Typically between 20–40% of health spending is wasted, depriving many people of badly needed care.



Overpaying is one form of waste. For example, in some places medicine prices are up to 67 times the international average price, leading to less money being available for other health services.

Better use of medicines could save countries up to 5% of their health expenditure. France's strategy of using generic medicines instead of brand name ones, for example, led to savings equivalent to US\$ 1.94 billion in 2008.

Half to two-thirds of total government spending on health is used for hospital care. Globally, almost US\$ 300 billion is lost annually to hospital-related inefficiencies. By being more efficient, hospitals could achieve 15% more than they do now without spending any more.

### WHO response

WHO supports countries seeking to strengthen their health financing systems. It works with countries to devise ways of raising more funds for health equitably, to use the available funds efficiently and equitably, and to monitor the use of funds. It works with the international community to try to raise more, and more predictable funds for health.

WHO's work is guided by a 2005 World Health Assembly resolution that urges countries to develop health financing systems that allow all people access to needed services while avoiding catastrophic expenditure and impoverishment. This work consists of technical and policy support to countries, the provision and sharing of information, data and country experiences, capacity building and partnership.

### Related links

Global Health Expenditure Database [link to <http://apps.who.int/nha/database/DataExplorerRegime.aspx>]

Health system financing: country profiles [link to [http://apps.who.int/nha/database/StandardReport.aspx?ID=REPORT\\_COUNTRY\\_PROFILE](http://apps.who.int/nha/database/StandardReport.aspx?ID=REPORT_COUNTRY_PROFILE) ]

Health financing [link to [http://www.who.int/topics/health\\_economics/en/](http://www.who.int/topics/health_economics/en/) ]

## WHO/HA Policy Highlight No.1/March 2014 (based on 2011 data)

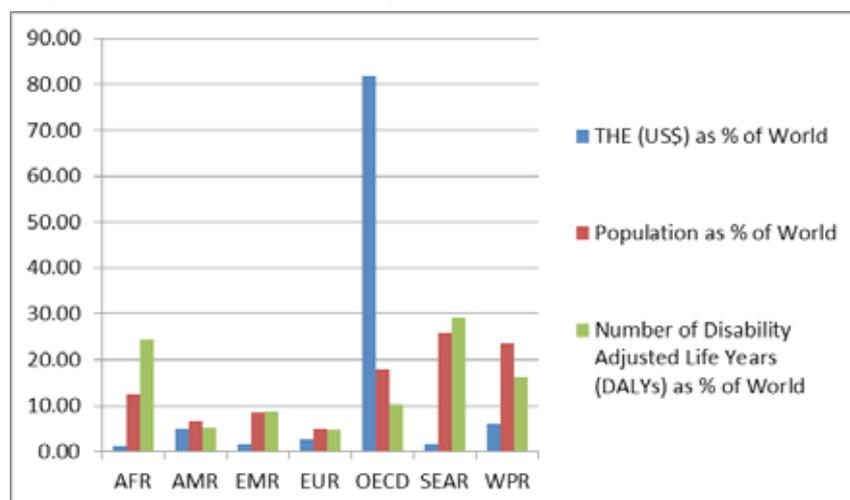
### Do health expenditures meet health needs?

In 2011, the world spent a total of US\$ 6.9 trillion on health at exchange rates or I\$ 7.2 trillion (International dollars taking into account the purchasing power of different national currencies). The geographical distribution of financial resources for health is uneven. There is a 20/80 syndrome in which 34 OECD countries make up less than 20% of the world's population but spend over 80% of the world's resources on health.

OECD countries spend a larger share of their GDP on health (12.33%), as compared to 6.15% in the African (AFR) and 3.64% in South East Asian (SEAR) regions of WHO. This translates to per capita spending of I\$4306 (US\$ 4584) in OECD countries compared to I\$142 (US\$ 68) in SEAR region. Linking this to epidemiology, the figure shows that though the poorer WHO regions like AFR and SEAR account for the largest share of the global burden of disease (over 50% of global disability-adjusted life years lost) and only 38% of the world's population, they spend 3% of global health resources. The Western Pacific (WPR) region without the four OECD Member States, Australia, Japan, New Zealand, and Republic of Korea, accounts for 23.5% of the world's population (dominated by China), about 16% of the global burden of disease but only 6% of the world's health resources. The region of the Americas (AMR) and Europe (EUR), excluding the OECD countries, account for about 11.5% of the world's population, 11% of the global burden of disease and spend only 7.49% of health resources.

Richer countries with smaller populations and lower disease burden use more health resources than poorer countries with larger populations and higher disease burden. This highlights the absolute need for additional resources for many poor countries and raises questions of efficiency in health spending in richer countries.

### Percentage distribution of Population, DALYs, and Total health expenditure by WHO regions and OECD, 2011 data



Disability Adjusted Life Years (DALYs) are from 2004

WHO regions exclude OECD countries

Source: WHO Health Accounts unit, Health System Governance and Financing, HGF, World Health Organization [www.who.int/health-accounts/en/](http://www.who.int/health-accounts/en/)

<ul style="list-style-type: none"> <li>■ Foreword</li> <li>■ Factsheet</li> <li>■ Policy highlights</li> <li>■ Health expenditures and universal coverage</li> <li>■ Country profile by region 2010</li> <li>■ World Health Statistics 2012 tables</li> <li>■ Technical documentation</li> </ul>	<ul style="list-style-type: none"> <li>□ Policy highlights</li> </ul>
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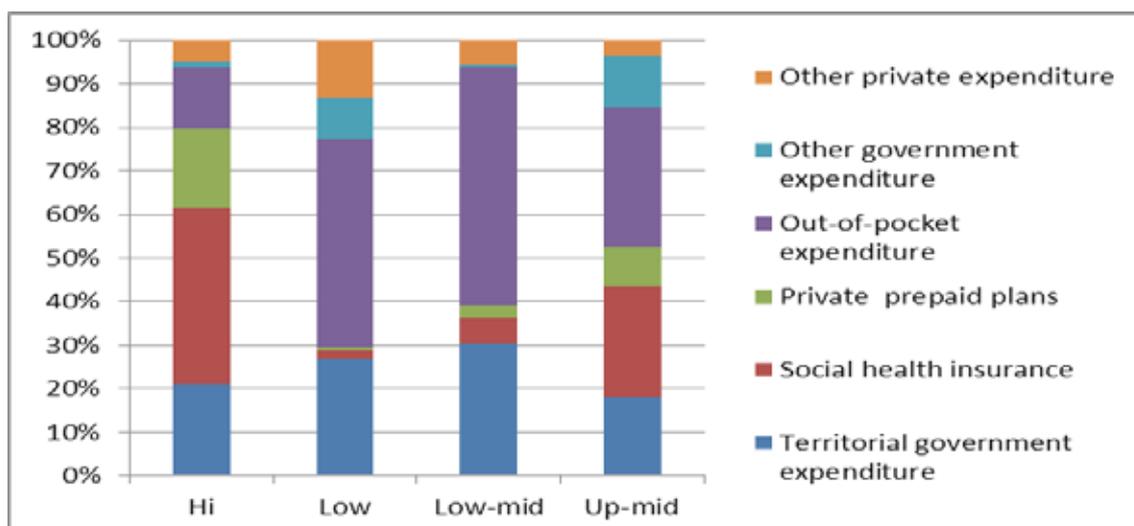
## WHO/HA Policy Highlight No.2/ March 2014 (based on 2011 data)

### Heavy reliance on out of pocket expenditures leads to financial barriers for poor.

The target for the first goal of the Millennium Declaration is to halve (between 1990 and 2015) the proportion of people with incomes less than one dollar a day. Out of pocket payments lead to financial barriers to access for the poor and for households purchasing medical goods and services result in fall below the poverty line (impoverishment) or suffer severe financial difficulties (i.e. they incur catastrophic expenditures). Household surveys have shown that on average, 100 million individuals are impoverished, and another 150 million individuals face severe financial difficulties during any given year because of these direct health expenditures.

In 2011, the world spent US\$6.9 trillion or I\$7.2 trillion (international dollars adjusting for differences in purchasing power between national currencies) on health. Low income countries with annual per capita incomes of less than US\$1,025 relied most heavily on out of pocket payments to finance health care. In these countries, the share of out-of-pocket payments in total health expenditures measured in US\$ terms was 48% compared to only 14% in countries with incomes higher than US\$12,476 per capita. Health expenses in most high income countries are raised largely through pre-payment mechanisms such as taxes or health insurance premiums, with potential for cross subsidizing and protecting households from financial catastrophe. These funds are channelled through private insurance, social security and government agencies who purchase or provide health services (see figure below).

### Components of health expenditure measured in US\$



World Bank country classification by according to 2011 GNI/capita:

High income: US\$12,476 or more; Upper middle income: US\$4,036 - \$12,475;

Low middle income: US\$1,026 - US\$4,035; Low income: US\$1,025 or less

Source: WHO Health Accounts unit, Health System Governance and Financing, HGF, World Health Organization [www.who.int/health-accounts/en/](http://www.who.int/health-accounts/en/)

		■ Foreword
		■ Factsheet
		■ Policy highlights
		■ Health expenditures and universal coverage
□ Policy highlights		■ Country profile by region 2010
		■ World Health Statistics 2012 tables
		■ Technical documentation

## HO/HA Policy Highlight No.3/ March 2014 (based on 2011 data)

### External AID for health remains insufficient in low income countries

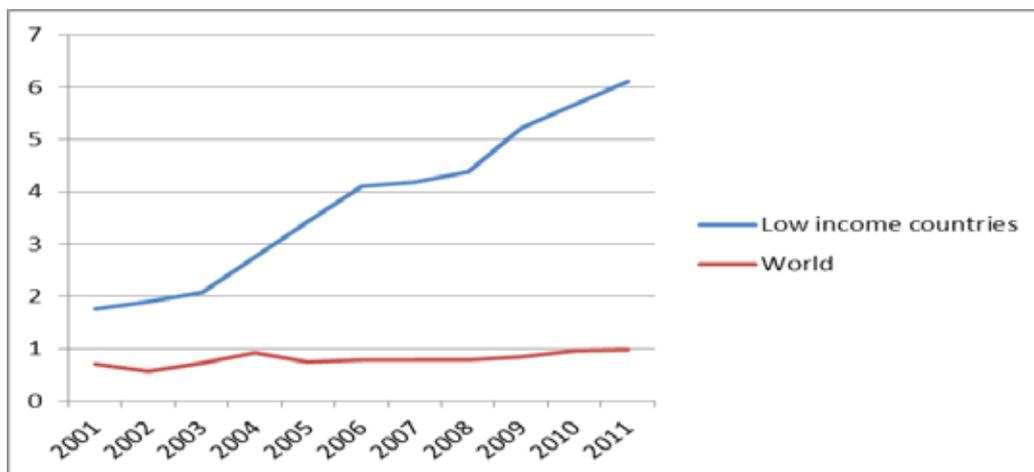
It has long been recognized that many countries lack sufficient funds to ensure universal access to critical health interventions and services. In response, the international community has increased their financial support to low and low-middle income countries, particularly related to the Millennium Development Goals (MDGs). Have these funds helped increase overall expenditures on health in poor countries? Are they sufficient?

Trends between 2001-2005 show significant increases in total expenditures on health in the group of low-income countries<sup>1</sup>. Taken as a group, these countries spent \$11 (in 2005 US\$) per capita health in 2001, a figure that includes contributions from external sources such as bilateral and multilateral partners and foundations. This had increased to \$15 in 2005, and \$21 in 2011. This represents an increase of 85% over the period.

At the same time, financial contributions from outside these countries for health also increased. External aid per capita received by the low-income countries have increased from US\$ 1.8 (2005 constant) in 2001 to \$6.1 in 2011, which is an increase of 25% per year. The relative contribution of these external resources to total expenditure on health has increased from 15.3% in 2001 to 29.4% in 2011 during the period concerned however remains relatively low. In individual countries, however, the contributions can be considerably higher, rising as high as 80% of total health expenditures.

The 2001 Report of the Commission on Macroeconomics and Health estimated that a minimum set of essential preventive and curative interventions, focusing largely on communicable diseases, would cost approximately \$34 per person. Despite the increase in aid, per capita expenditure on health across the group of low-income countries in 2011 was only \$21, of which only \$6.1 was financed through external aid.

### External Resources per capita by year (US\$ 2005 prices), excluding Somalia, South Sudan and Zimbabwe



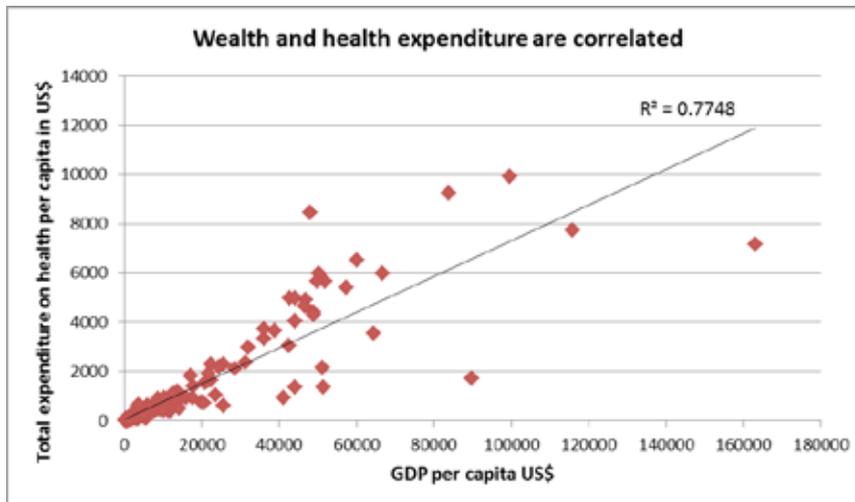
Source: WHO Health Accounts, Health System Governance and Financing, HGF, World Health Organization [www.who.int/health-accounts/en](http://www.who.int/health-accounts/en)

<sup>1</sup> World Bank country classification by income level per capita GNI(2011) of less than US \$1,025 for low-income countries. Source: WHO Health Accounts unit, Health System Governance and Financing, HGF, World Health Organization [www.who.int/health-accounts/en](http://www.who.int/health-accounts/en)

- Foreword
- Factsheet
- Policy highlights
- Health expenditures and universal coverage
- Country profile by region 2010
- World Health Statistics 2012 tables
- Technical documentation

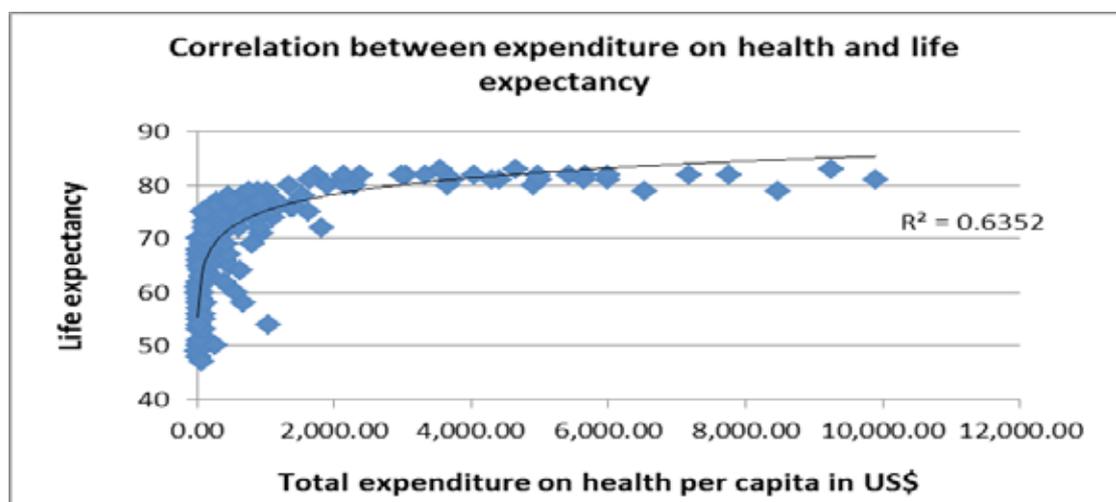
## WHO/HA Policy Highlight No. 4/ March 2014 (based on 2011 data)

### Wealth, health and health expenditure



The level of a nation’s wealth, as measured by its gross domestic product, is linked very closely to what it spends on health. The larger the per capita income, the larger the expenditure is on health. Some countries, however, spend appreciably more than would be expected by their income levels, and some appreciably less. There is no “recommended” level of spending on health. But the graph below shows that increasing health expenditures are associated with better health outcomes especially for low income countries.

Income level	Average* Gross Domestic Product (Per capita US\$)	Average* Total Health Expenditure (Per capita US\$)
High	38,192	4,583
Upper middle	6,821	408
Lower middle	1,900	82
Low	603	30
<b>World</b>	<b>10,065</b>	<b>1,008</b>



- Foreword
- Factsheet
- Policy highlights
- Health expenditures and universal coverage
- Country profile by region 2010
- World Health Statistics 2012 tables
- Technical documentation

Algeria	Lesotho
Angola	Liberia
Benin	Madagascar
Botswana	Malawi
Burkina Faso	Mali
Burundi	Mauritania
Cameroon	Mauritius
Republic of Cabo Verde	Mozambique
Central African Republic	Namibia
Chad	Niger
Comoros	Nigeria
Democratic Republic of Congo	Rwanda
Congo	Sao Tome and Principe
Côte d'Ivoire (Ivory Coast)	Senegal
Equatorial Guinea	Seychelles
Eritrea	Sierra Leone
Ethiopia	South Africa
Gabon	Swaziland
Gambia	Togo
Ghana	Uganda
Guinea	United Republic of Tanzania
Guinea-Bissau	Zambia
Kenya	Zimbabwe

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

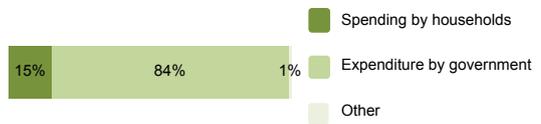


Algeria spent  
**11 billion US\$**  
on health care:  
**- \$279 per capita**  
**- 15% spent by households**

WHO FUNDS HEALTH CARE?



WHO BUYS HEALTH CARE?



Algeria:

\$5,310/capita

AFR up-mid income countries: \$6,402/capita

GDP per capita



Algeria:

72 years

AFR up-mid income countries: 63 years

Life expectancy



2009 data

Algeria: 120 per

100,000 live births

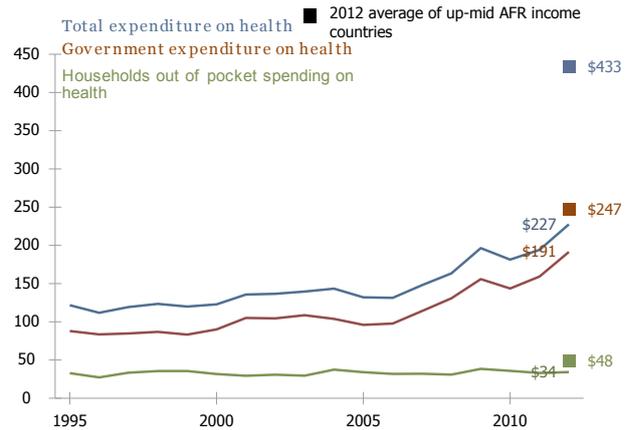
AFR up-mid income countries: 258 per 100,000 live births

Maternal mortality rate

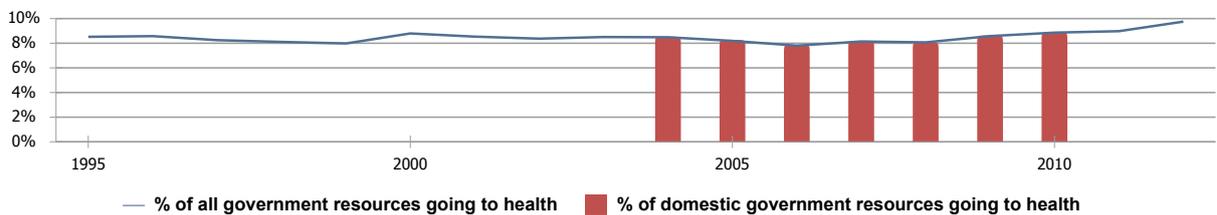


2008 data

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



**Government resources allocated to health**



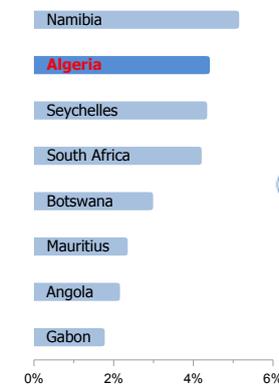
General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



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

Among up-mid AFR countries:

Total government expenditure is high as a % of GDP ((45%))

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

Government expenditure on health as a % of GDP is high ((4%))



Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Angola, 2012

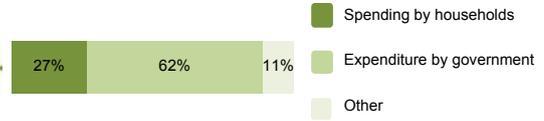


Angola spent  
**4.0 billion US\$**  
 on health care:  
 - **\$190 per capita**  
 - **27% spent by households**

WHO FUNDS HEALTH CARE?



WHO BUYS HEALTH CARE?



Angola:  
 \$5,482/capita

AFR up-mid income countries: \$6,402/capita

GDP per capita



Angola:  
 52 years

AFR up-mid income countries: 63 years

Life expectancy



2009 data

Angola: 610 per

100,000 live births

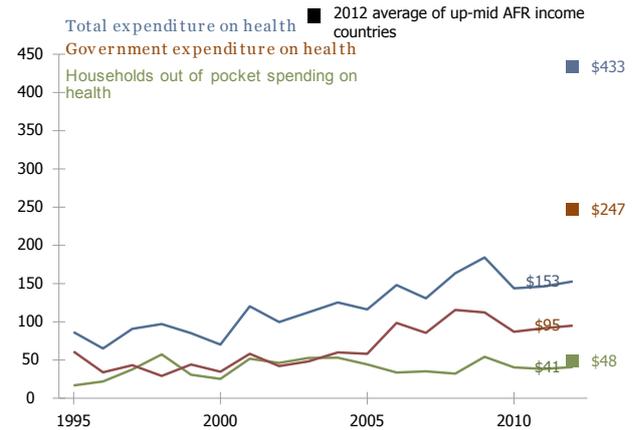
AFR up-mid income countries: 258 per 100,000 live births

Maternal mortality rate

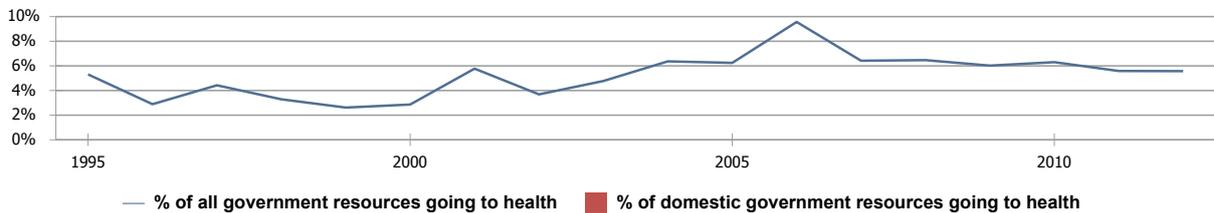


2008 data

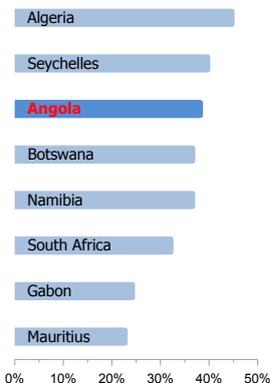
### Per capita expenditure in US\$ (constant 2012 US\$)



### Government resources allocated to health



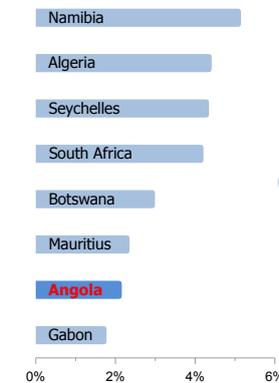
General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



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

Among up-mid AFR countries:

Total government expenditure is high as a % of GDP ((39%))

Share of government spending allocated to health is low ((6%))

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



Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Benin, 2012



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

WHO FUNDS HEALTH CARE?



WHO BUYS HEALTH CARE?



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

**GDP per capita**



• Benin:  
57 years  
• AFR low income countries: 54 years

**Life expectancy**



2009 data

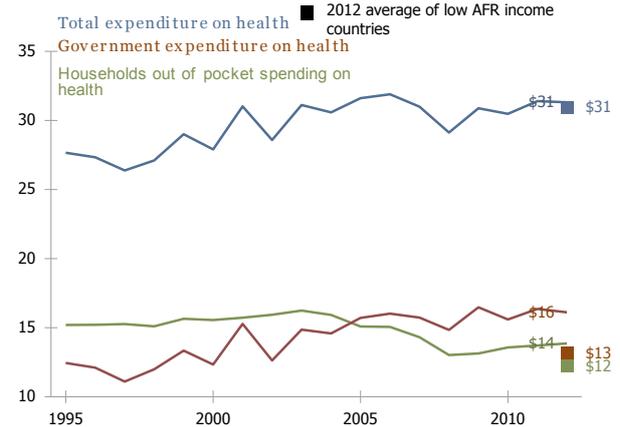
• Benin: 410 per  
100,000 live births  
• AFR low income countries:  
655 per 100,000 live births

**Maternal mortality rate**

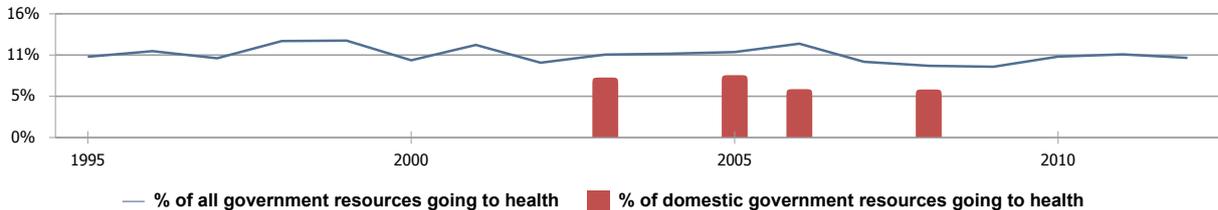


2008 data

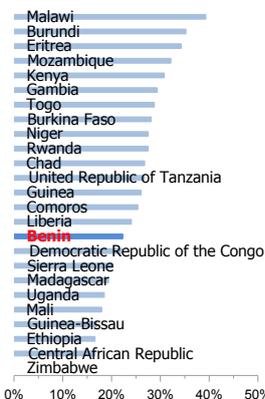
### Per capita expenditure in US\$ (constant 2012 US\$)



### Government resources allocated to health



### General government expenditure (GGE) % GDP



### General government expenditure on health % GGE



### General government expenditure on health % GDP



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

Among low AFR countries:

Total government expenditure is in the median range as a % of GDP ((22%))

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

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



Source : global health expenditure database

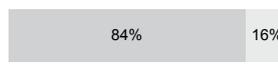
Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Botswana, 2012

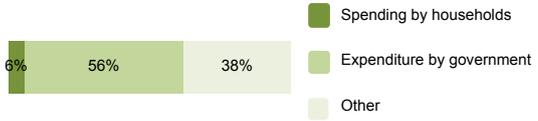


Botswana spent  
**770 million US\$**  
 on health care:  
 - **\$384 per capita**  
 - **6% spent by households**

WHO FUNDS HEALTH CARE?



WHO BUYS HEALTH CARE?



• Botswana:  
 \$7,238/capita  
 • AFR up-mid income countries: \$6,402/capita

### GDP per capita



• Botswana:  
 61 years  
 • AFR up-mid income countries: 63 years

### Life expectancy



2009 data

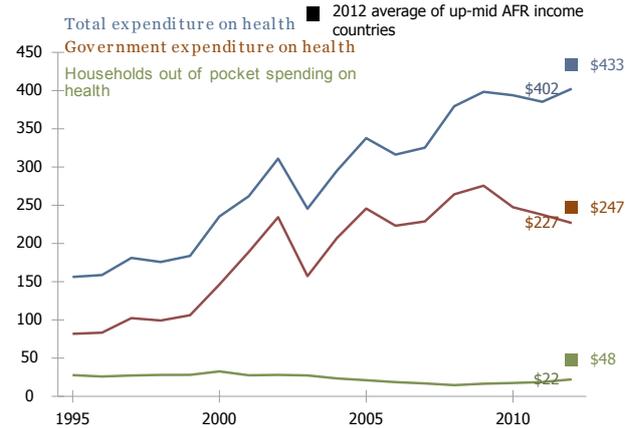
• Botswana: 190 per  
 100,000 live births  
 • AFR up-mid income countries: 258 per 100,000 live births

### Maternal mortality rate

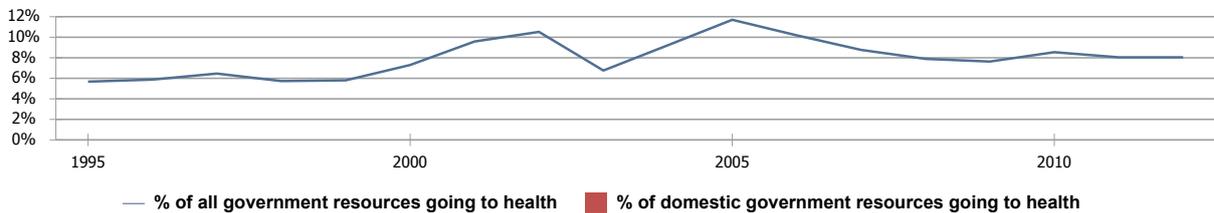


2008 data

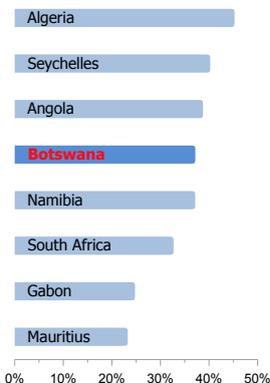
### Per capita expenditure in US\$ (constant 2012 US\$)



### Government resources allocated to health



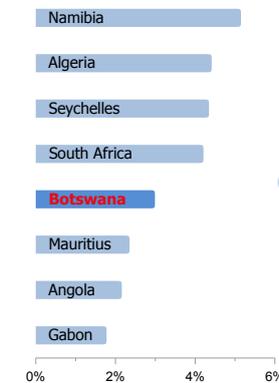
### General government expenditure (GGE) % GDP



### General government expenditure on health % GGE



### General government expenditure on health % GDP



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

Among up-mid AFR countries:

Total government expenditure is in the median range as a % of GDP ((37%))

Share of government spending allocated to health is low ((8%))

Government expenditure on health as a % of GDP is in the median range ((3%))



Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Burkina Faso, 2012

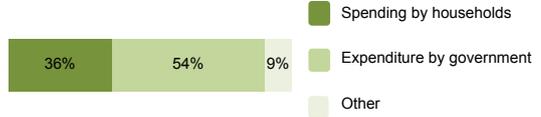


Burkina Faso spent **622 million US\$** on health care:  
**- \$38 per capita**  
**- 36% spent by households**

WHO FUNDS HEALTH CARE?



WHO BUYS HEALTH CARE?



Burkina Faso:

\$612/capita  
 • AFR low income countries: \$527/capita

GDP per capita



Burkina Faso:

52 years  
 • AFR low income countries: 54 years

Life expectancy



2009 data

Burkina Faso: 560 per

100,000 live births

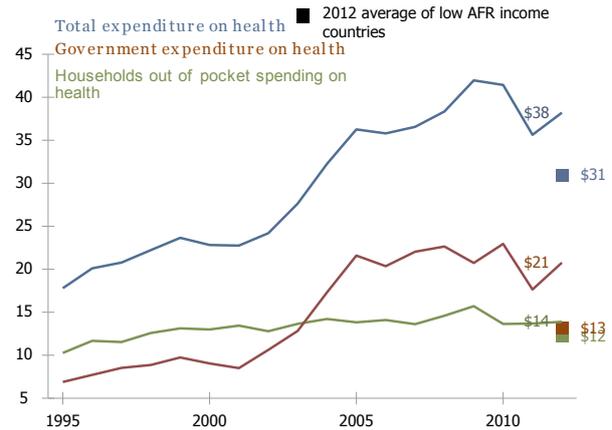
• AFR low income countries: 655 per 100,000 live births

Maternal mortality rate

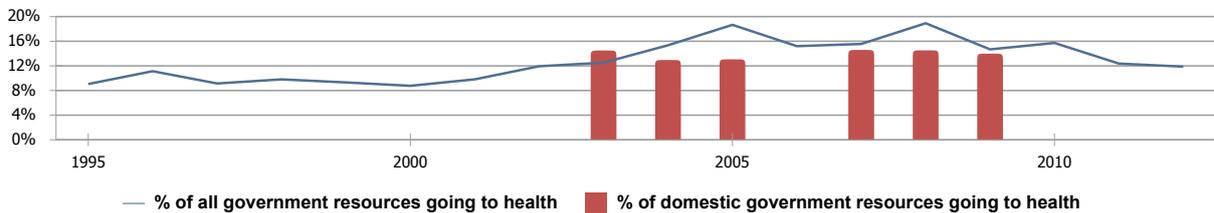


2008 data

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



### Government resources allocated to health



General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



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

Among low AFR countries:

Total government expenditure is high as a % of GDP ((28%))

Share of government spending allocated to health is in the median range ((12%))

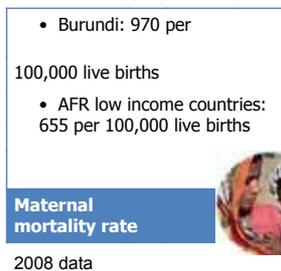
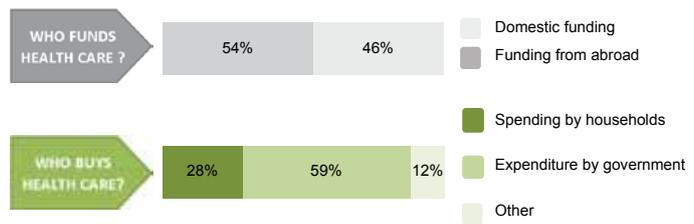
Government expenditure on health as a % of GDP is high ((3%))



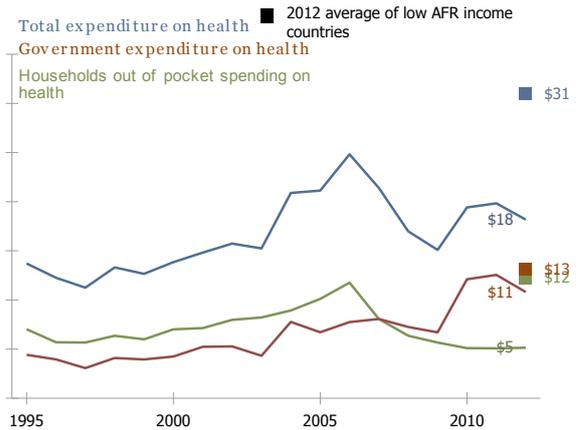
Source : global health expenditure database

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

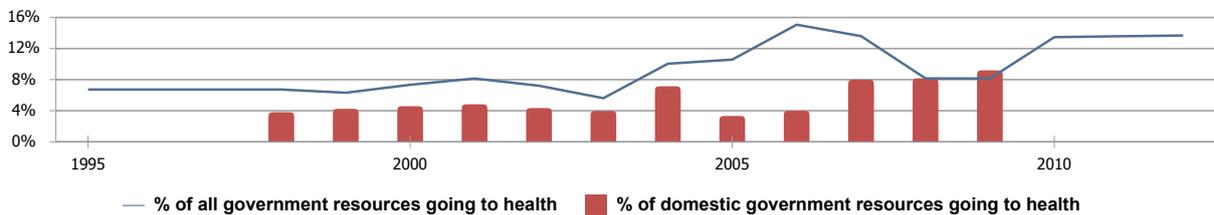
## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Burundi, 2012



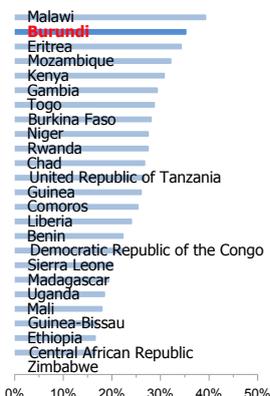
### Per capita expenditure in US\$ (constant 2012 US\$)



### Government resources allocated to health



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



#### General government expenditure on health % GGE



#### General government expenditure on health % GDP



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

Among low AFR countries:  
 Total government expenditure is high as a % of GDP ((35%))  
 Share of government spending allocated to health is high ((14%))  
 Government expenditure on health as a % of GDP is high ((5%))



Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Cabo Verde Republic of, 2012



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



Cabo Verde Republic of:  
 \$3,700/capita  
 AFR low-mid income countries: \$1,482/capita

**GDP per capita**



Cabo Verde Republic of:  
 71 years  
 AFR low-mid income countries: 56 years

**Life expectancy**



2009 data

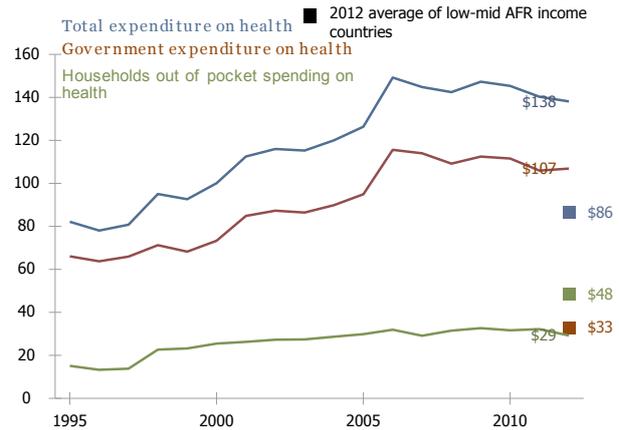
Cabo Verde Republic of:  
 94 per 100,000 live births  
 AFR low-mid income countries: 483 per 100,000 live births

**Maternal mortality rate**

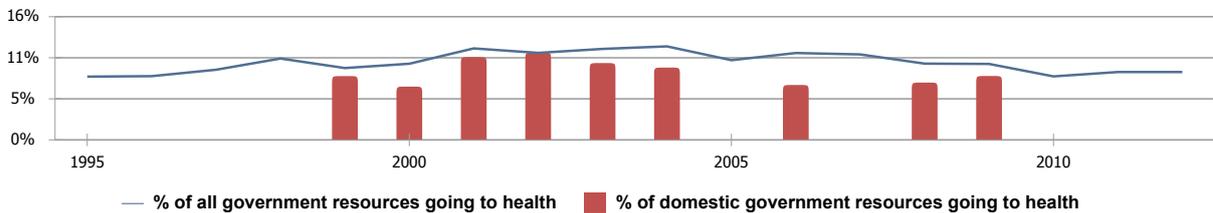


2008 data

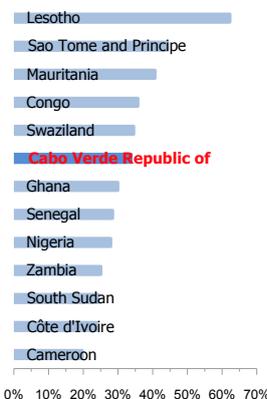
**Per capita expenditure in US\$ (constant 2012 US\$)**



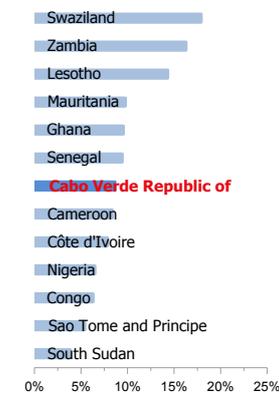
**Government resources allocated to health**



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



**General government expenditure on health % GGE**



**General government expenditure on health % GDP**



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

Among low-mid AFR countries:  
 Total government expenditure is in the median range as a % of GDP ((34%))  
 Share of government spending allocated to health is in the median range ((9%))  
 Government expenditure on health as a % of GDP is in the median range ((3%))



Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Cameroon, 2012

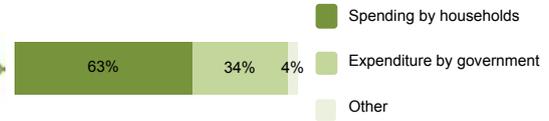


Cameroon spent  
**1.3 billion US\$**  
 on health care:  
 - **\$59 per capita**  
 - **63% spent by households**

WHO FUNDS HEALTH CARE?



WHO BUYS HEALTH CARE?



Cameroon:  
 \$1,151/capita  
 AFR low-mid income countries: \$1,482/capita

GDP per capita



Cameroon:  
 51 years  
 AFR low-mid income countries: 56 years

Life expectancy



2009 data

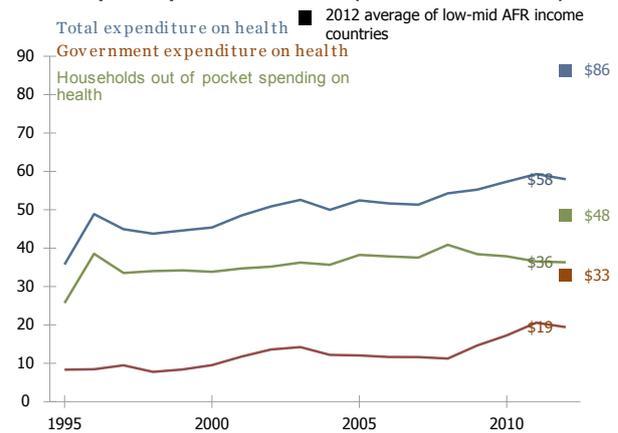
Cameroon: 600 per  
 100,000 live births  
 AFR low-mid income countries: 483 per 100,000 live births

Maternal mortality rate

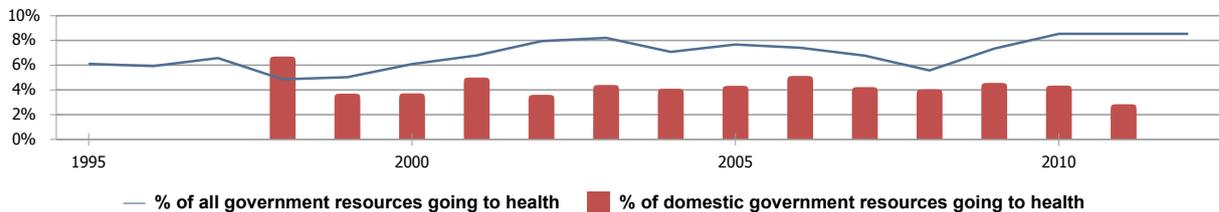


2008 data

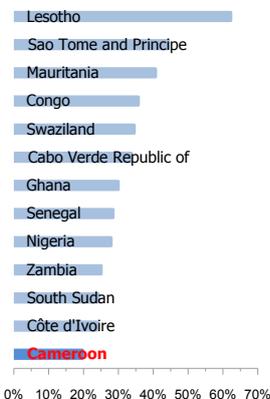
### Per capita expenditure in US\$ (constant 2012 US\$)



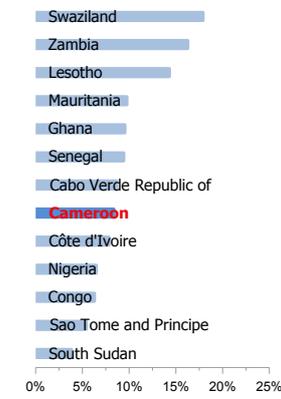
### Government resources allocated to health



General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



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

Among low-mid AFR countries:

Total government expenditure is low as a % of GDP ((20%))

Share of government spending allocated to health is in the median range ((9%))

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



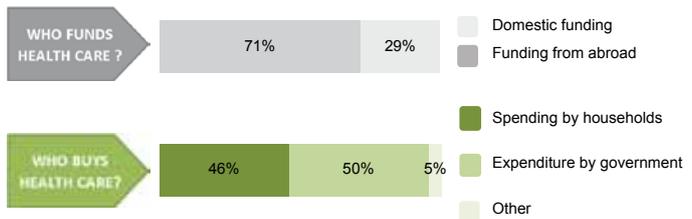
Source : global health expenditure database

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## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Central African Republic, 2012



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



**GDP per capita**

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

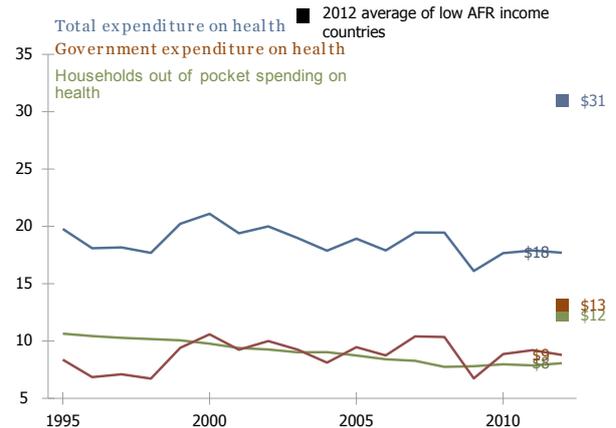
**Life expectancy**

- Central African Republic: 48 years
- AFR low income countries: 54 years

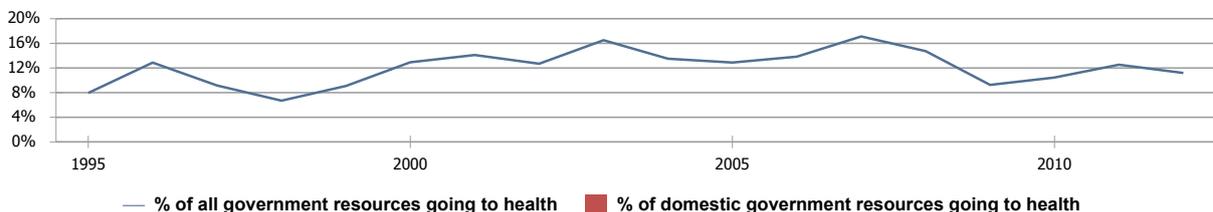
**Maternal mortality rate**

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

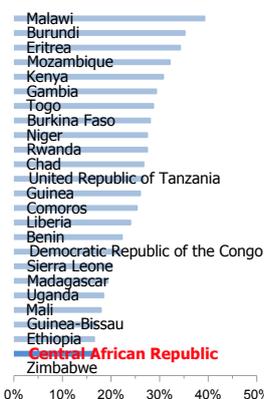
### Per capita expenditure in US\$ (constant 2012 US\$)



### Government resources allocated to health



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



#### General government expenditure on health % GGE



#### General government expenditure on health % GDP



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

Among low AFR countries:  
 Total government expenditure is low as a % of GDP ((17%))  
 Share of government spending allocated to health is in the median range ((11%))  
 Government expenditure on health as a % of GDP is low ((2%))



Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Chad, 2012

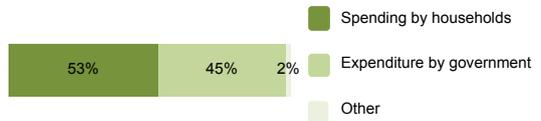


Chad spent  
**388 million US\$**  
 on health care:  
 - **\$31 per capita**  
 - **53% spent by households**

WHO FUNDS HEALTH CARE?



WHO BUYS HEALTH CARE?



Chad:  
 \$885/capita  
 AFR low income countries: \$527/capita

### GDP per capita



Chad:  
 48 years  
 AFR low income countries: 54 years

### Life expectancy



2009 data

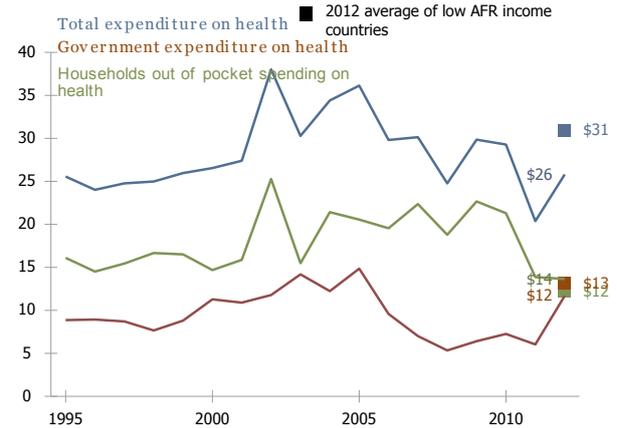
Chad: 1,200 per  
 100,000 live births  
 AFR low income countries:  
 655 per 100,000 live births

### Maternal mortality rate

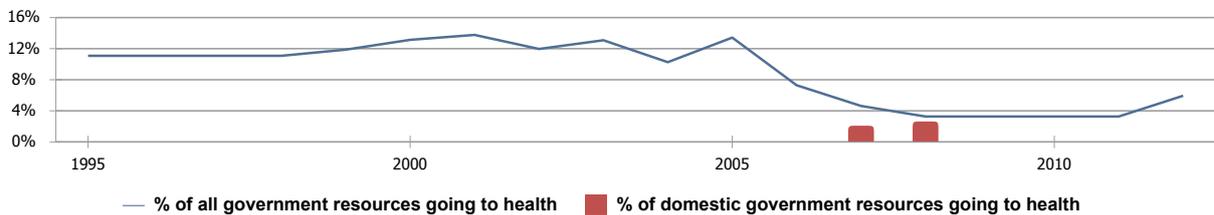


2008 data

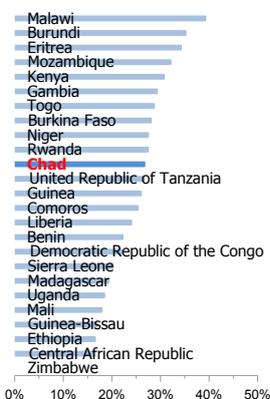
### Per capita expenditure in US\$ (constant 2012 US\$)



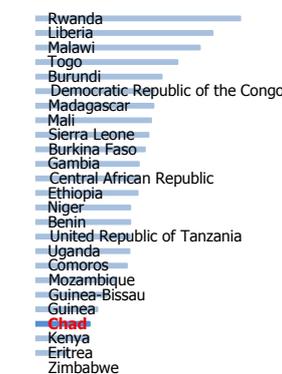
### Government resources allocated to health



### General government expenditure (GGE) % GDP



### General government expenditure on health % GGE



### General government expenditure on health % GDP



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

Among low AFR countries:

Total government expenditure is in the median range as a % of GDP ((27%))

Share of government spending allocated to health is low ((6%))

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



Source : global health expenditure database

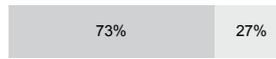
Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal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

### HEALTH SYSTEM FINANCING COUNTRY PROFILE: Comoros, 2012



Comoros spent  
**27 million US\$**  
on health care:  
**- \$38 per capita**  
**- 44% spent by households**

WHO FUNDS HEALTH CARE?



WHO BUYS HEALTH CARE?



• Comoros:  
\$831/capita  
• AFR low income countries: \$527/capita

GDP per capita



• Comoros:  
60 years  
• AFR low income countries: 54 years

Life expectancy



2009 data

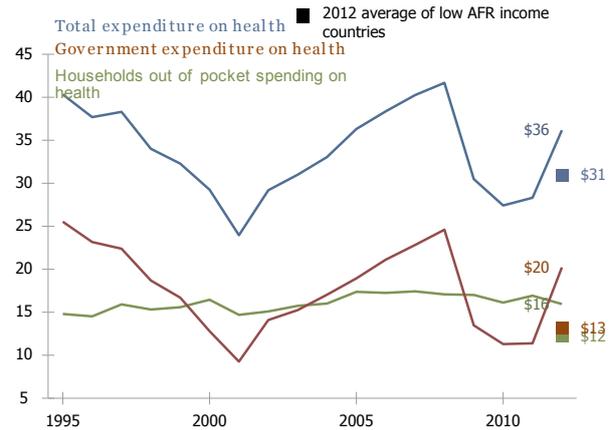
• Comoros: 340 per  
100,000 live births  
• AFR low income countries:  
655 per 100,000 live births

Maternal mortality rate

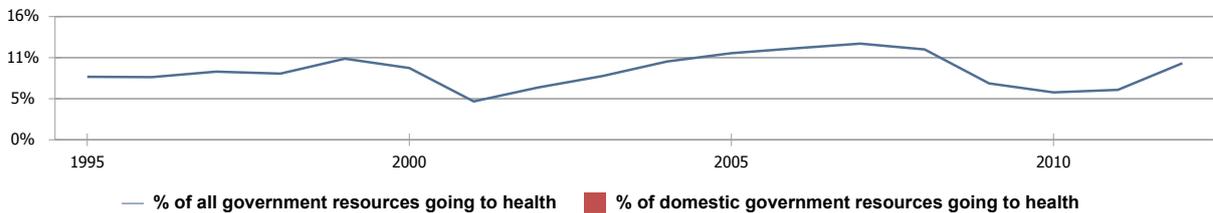


2008 data

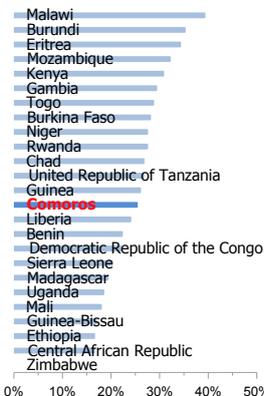
#### Per capita expenditure in US\$ (constant 2012 US\$)



#### Government resources allocated to health



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



#### General government expenditure on health % GGE



#### General government expenditure on health % GDP



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

Among low AFR countries:

Total government expenditure is in the median range as a % of GDP ((26%))

Share of government spending allocated to health is low ((10%))

Government expenditure on health as a % of GDP is in the median range ((3%))



Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Congo, 2012

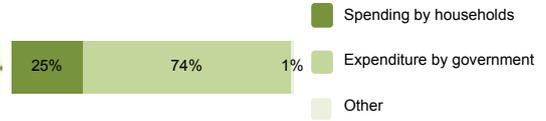


Congo spent  
**433 million US\$**  
 on health care:  
 - **\$100 per capita**  
 - **25% spent by households**

WHO FUNDS HEALTH CARE?



WHO BUYS HEALTH CARE?



Congo:  
 \$3,154/capita  
 AFR low-mid income countries: \$1,482/capita

GDP per capita



Congo:  
 55 years  
 AFR low-mid income countries: 56 years

Life expectancy

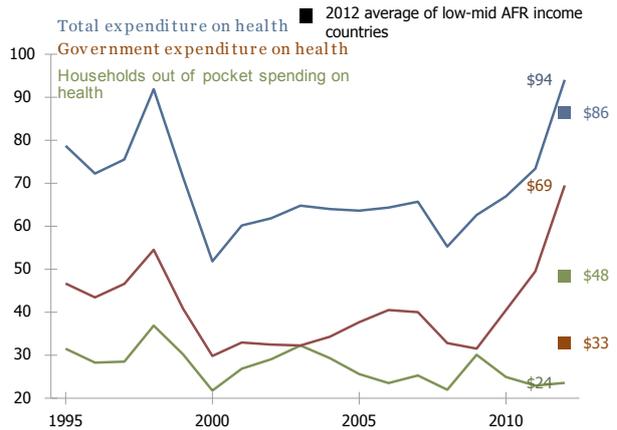


Congo: 580 per  
 100,000 live births  
 AFR low-mid income countries: 483 per 100,000 live births

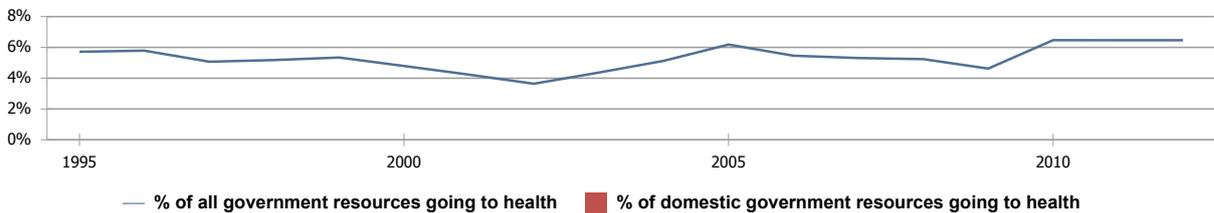
Maternal mortality rate



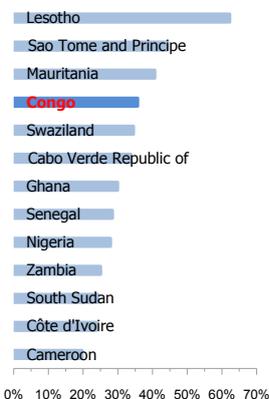
### Per capita expenditure in US\$ (constant 2012 US\$)



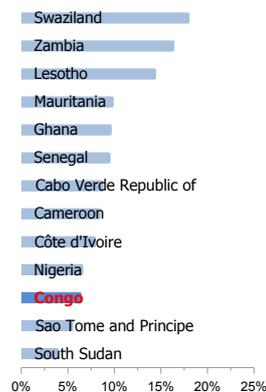
### Government resources allocated to health



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



#### General government expenditure on health % GGE



#### General government expenditure on health % GDP



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

Among low-mid AFR countries:  
 Total government expenditure is high as a % of GDP ((36%))  
 Share of government spending allocated to health is low ((6%))  
 Government expenditure on health as a % of GDP is in the median range ((2%))



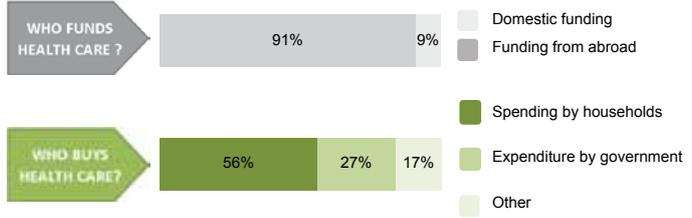
Source : global health expenditure database

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

**HEALTH SYSTEM FINANCING COUNTRY PROFILE: Côte d'Ivoire, 2012**



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



**GDP per capita**

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

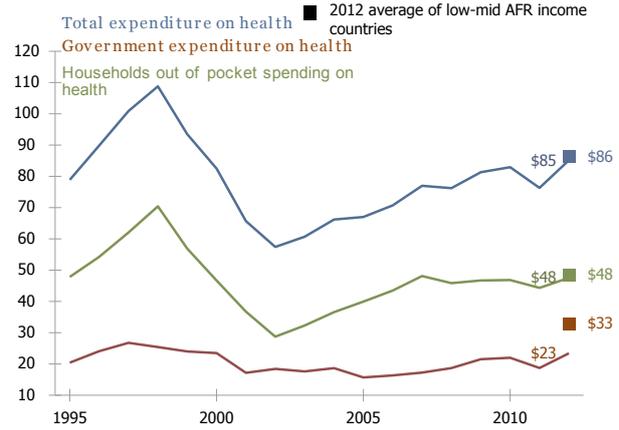


**Life expectancy**

- Côte d'Ivoire: 50 years
- AFR low-mid income countries: 56 years



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

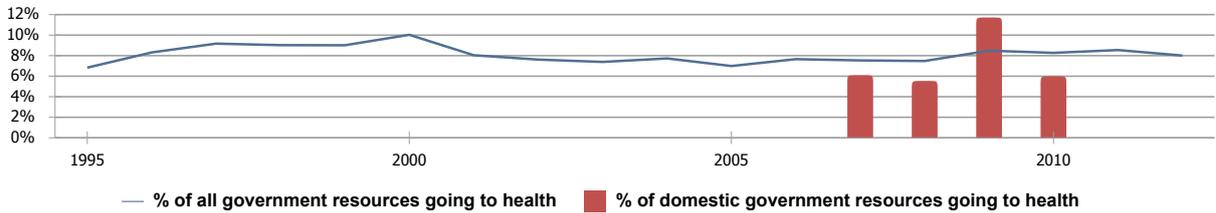


**Maternal mortality rate**

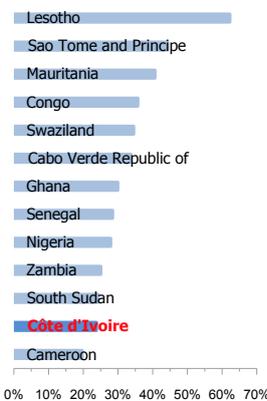
- Côte d'Ivoire: 470 per 100,000 live births
- AFR low-mid income countries: 483 per 100,000 live births



**Government resources allocated to health**



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



**General government expenditure on health % GGE**



**General government expenditure on health % GDP**



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

Among low-mid AFR countries:

- Total government expenditure is low as a % of GDP ((24%))
- Share of government spending allocated to health is in the median range ((8%))
- Government expenditure on health as a % of GDP is low ((2%))



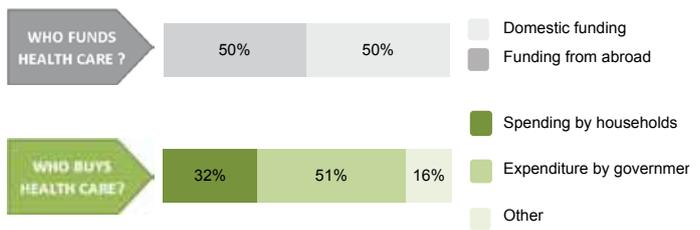
Source : global health expenditure database

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## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Democratic Republic of the Congo, 2012



Democratic Republic of the Congo spent **998 million US\$** on health care:  
 - **\$15 per capita**  
 - **32% spent by households**



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

### GDP per capita



Democratic Republic of the Congo:  
 49 years  
 AFR low income countries: 54 years

### Life expectancy



2009 data

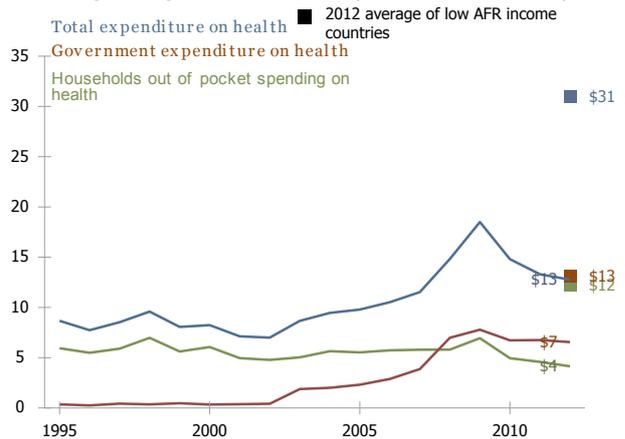
Democratic Republic of the Congo: 670 per 100,000 live births  
 AFR low income countries: 655 per 100,000 live births

### Maternal mortality rate

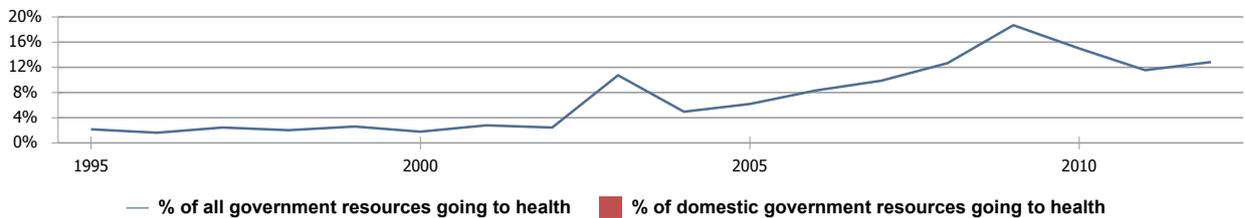


2008 data

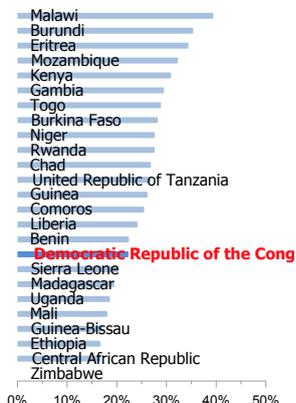
### Per capita expenditure in US\$ (constant 2012 US\$)



### Government resources allocated to health



### General government expenditure (GGE) % GDP



### General government expenditure on health % GGE



### General government expenditure on health % GDP



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

Among low AFR countries:

Total government expenditure is in the median range as a % of GDP ((22%))

Share of government spending allocated to health is high ((13%))

Government expenditure on health as a % of GDP is high ((3%))



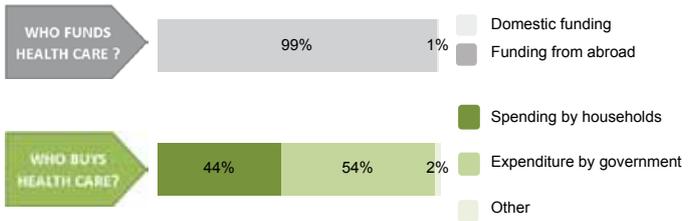
Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Equatorial Guinea, 2012



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



**GDP per capita**

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



**Life expectancy**

- Equatorial Guinea: 53 years
- AFR hi income countries: 53 years

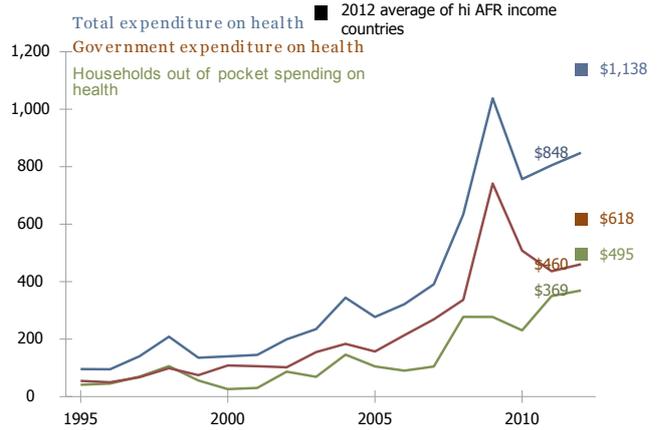


**Maternal mortality rate**

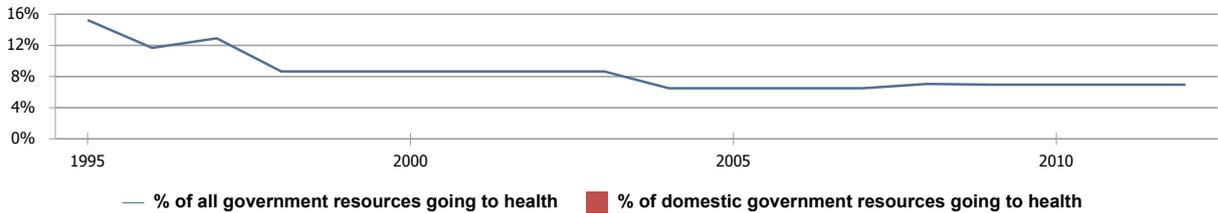
- Equatorial Guinea: 280 per 100,000 live births
- AFR hi income countries: 280 per 100,000 live births



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



### Government resources allocated to health



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



0% 10% 20% 30% 40% 50% 60% 70%

**General government expenditure on health % GGE**



0% 5% 10% 15% 20% 25% 30% 35% 40%

**General government expenditure on health % GDP**



0% 2% 4% 6% 8% 10% 12% 14% 16% 18% 20%

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

Among hi AFR countries:

Total government expenditure is in the median range as a % of GDP ((37%))

Share of government spending allocated to health is in the median range ((7%))

Government expenditure on health as a % of GDP is in the median range ((3%))



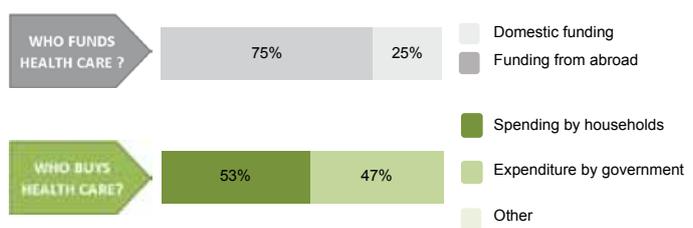
Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Eritrea, 2012



Eritrea spent  
**90 million US\$**  
 on health care:  
 - **\$15 per capita**  
 - **53% spent by households**



• Eritrea:  
 \$564/capita  
 • AFR low income countries: \$527/capita

**GDP per capita**



• Eritrea:  
 66 years  
 • AFR low income countries: 54 years

**Life expectancy**

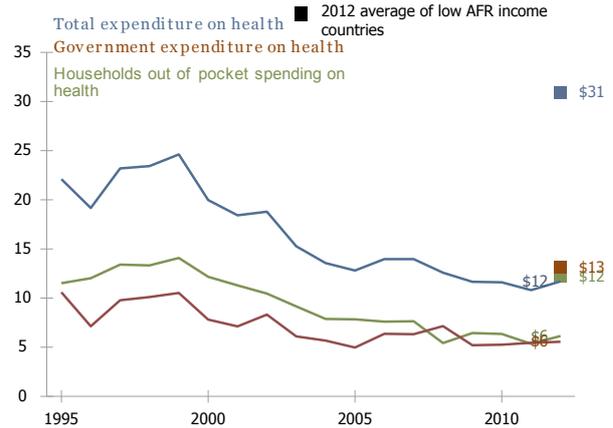


• Eritrea: 280 per  
 100,000 live births  
 • AFR low income countries:  
 655 per 100,000 live births

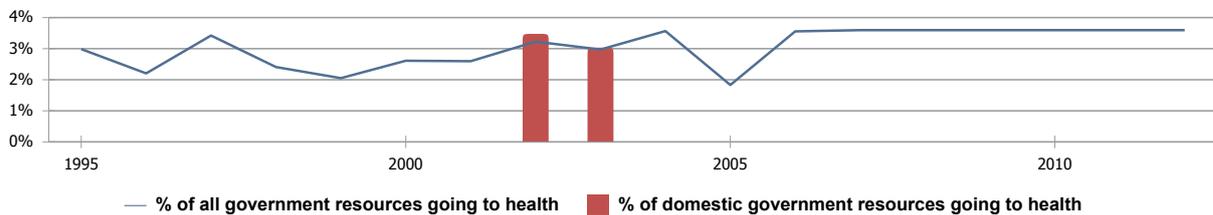
**Maternal mortality rate**



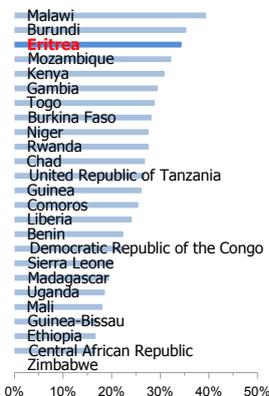
### Per capita expenditure in US\$ (constant 2012 US\$)



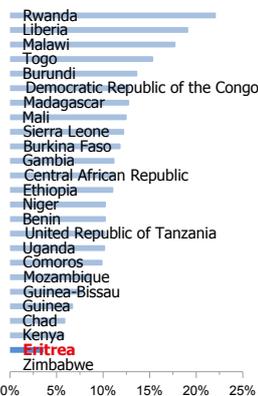
### Government resources allocated to health



### General government expenditure (GGE) % GDP



### General government expenditure on health % GGE



### General government expenditure on health % GDP



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

Among low AFR countries:

- Total government expenditure is high as a % of GDP ((34%))
- Share of government spending allocated to health is low ((4%))
- Government expenditure on health as a % of GDP is low ((1%))



Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Ethiopia, 2012

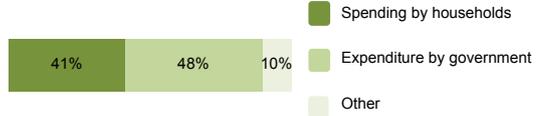


Ethiopia spent **1.6 billion US\$** on health care:  
 - **\$18 per capita**  
 - **41% spent by households**

WHO FUNDS HEALTH CARE?



WHO BUYS HEALTH CARE?



Ethiopia:  
 \$458/capita  
 AFR low income countries: \$527/capita

GDP per capita



Ethiopia:  
 54 years  
 AFR low income countries: 54 years

Life expectancy



2009 data

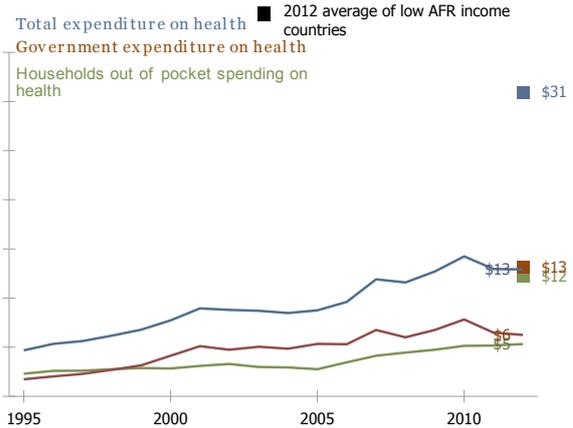
Ethiopia: 470 per 100,000 live births  
 AFR low income countries: 655 per 100,000 live births

Maternal mortality rate

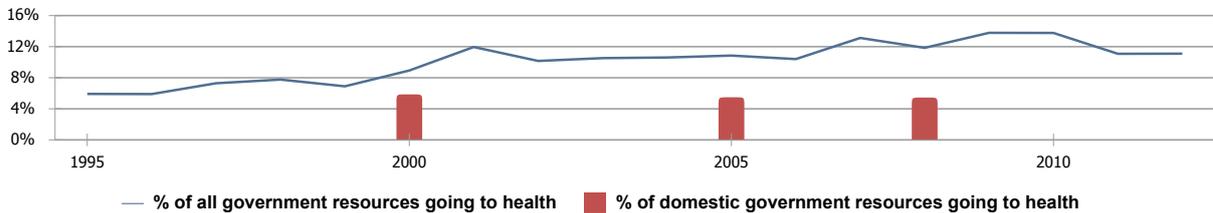


2008 data

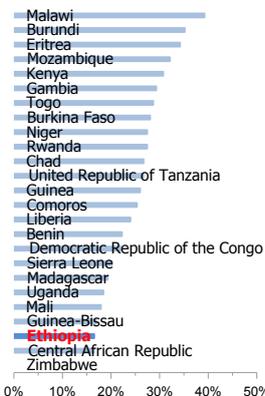
### Per capita expenditure in US\$ (constant 2012 US\$)



### Government resources allocated to health



### General government expenditure (GGE) % GDP



### General government expenditure on health % GGE



### General government expenditure on health % GDP



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

Among low AFR countries:  
 Total government expenditure is low as a % of GDP ((17%))  
 Share of government spending allocated to health is in the median range ((11%))  
 Government expenditure on health as a % of GDP is low ((2%))



Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Gabon, 2012

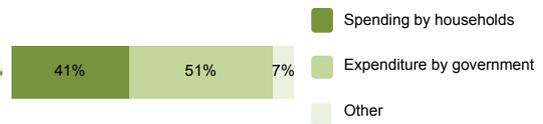


Gabon spent  
**648 million US\$**  
 on health care:  
 - **\$397 per capita**  
 - **41% spent by households**

WHO FUNDS HEALTH CARE?



WHO BUYS HEALTH CARE?



Gabon:  
 \$11,431/capita  
 • AFR up-mid income countries: \$6,402/capita

**GDP per capita**



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

**Life expectancy**

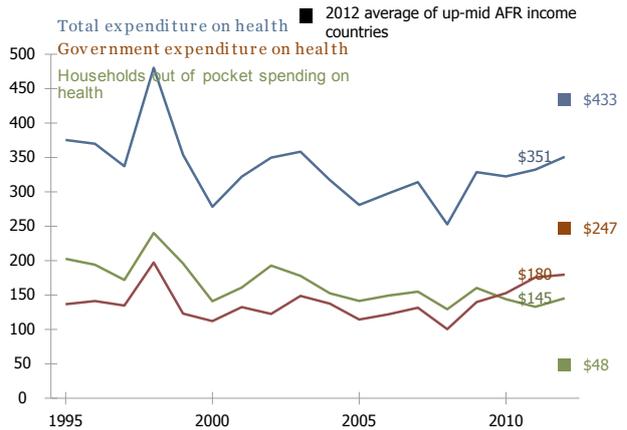


Gabon: 260 per  
 100,000 live births  
 • AFR up-mid income countries: 258 per 100,000 live births

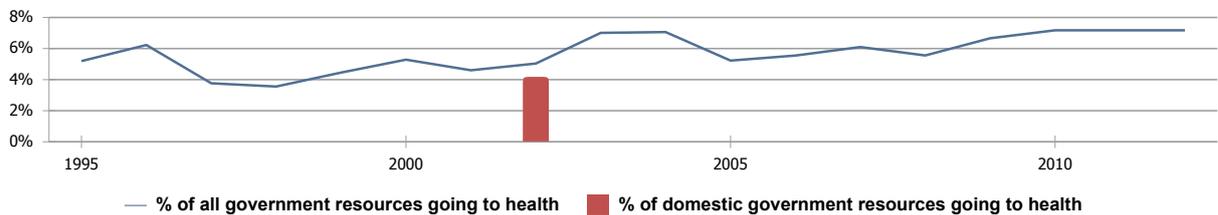
**Maternal mortality rate**



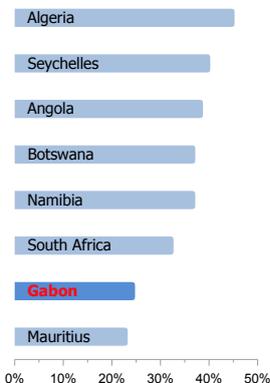
### Per capita expenditure in US\$ (constant 2012 US\$)



### Government resources allocated to health



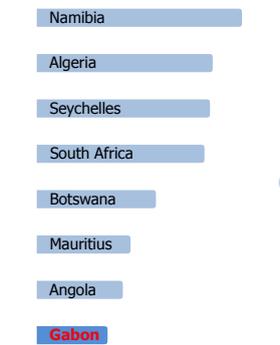
#### General government expenditure (GGE) % GDP



#### General government expenditure on health % GGE



#### General government expenditure on health % GDP



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

Among up-mid AFR countries:

Total government expenditure is low as a % of GDP ((25%))

Share of government spending allocated to health is low ((7%))

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



Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Gambia, 2012



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

WHO FUNDS HEALTH CARE?

51%

49%

Domestic funding  
Funding from abroad

WHO BUYS HEALTH CARE?

16%

66%

18%

Spending by households  
Expenditure by government  
Other

Gambia:  
\$512/capita  
AFR low income countries: \$527/capita

GDP per capita



Gambia:  
60 years  
AFR low income countries: 54 years

Life expectancy



2009 data

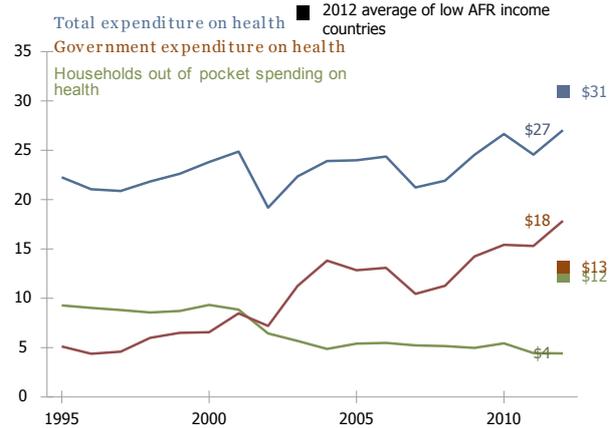
Gambia: 400 per  
100,000 live births  
AFR low income countries:  
655 per 100,000 live births

Maternal mortality rate

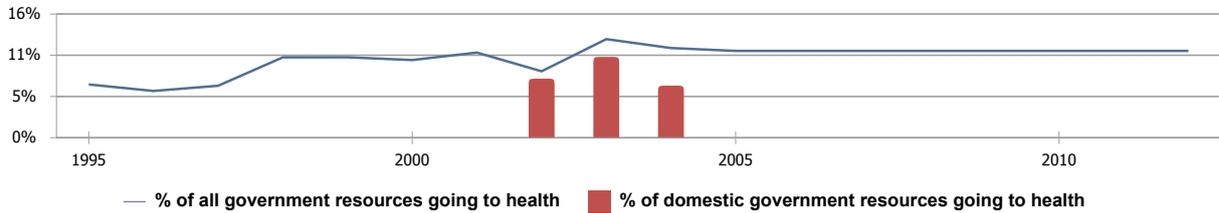


2008 data

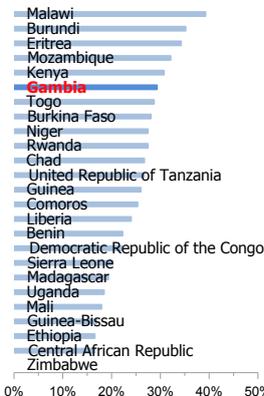
### Per capita expenditure in US\$ (constant 2012 US\$)



### Government resources allocated to health



General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



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

Among low AFR countries:

Total government expenditure is high as a % of GDP ((29%))

Share of government spending allocated to health is in the median range ((11%))

Government expenditure on health as a % of GDP is high ((3%))



Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Ghana, 2012



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

WHO FUNDS HEALTH CARE?

89% Domestic funding  
 11% Funding from abroad

WHO BUYS HEALTH CARE?

29% Spending by households  
 57% Expenditure by government  
 14% Other

Ghana:  
 \$1,605/capita  
 AFR low-mid income countries: \$1,482/capita

GDP per capita



Ghana:  
 60 years  
 AFR low-mid income countries: 56 years

Life expectancy



2009 data

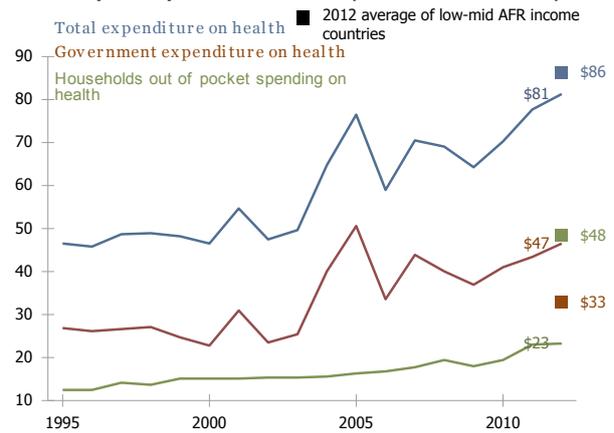
Ghana: 350 per 100,000 live births  
 AFR low-mid income countries: 483 per 100,000 live births

Maternal mortality rate

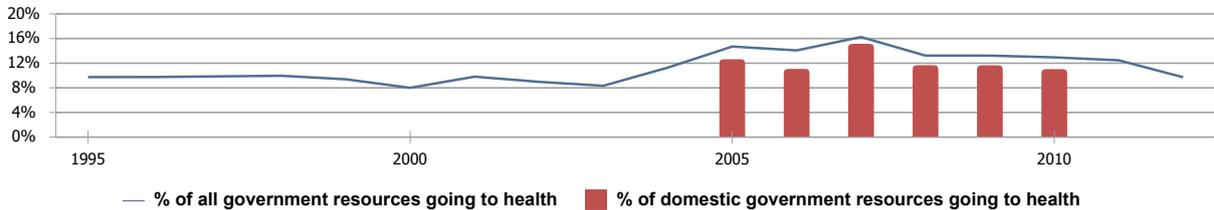


2008 data

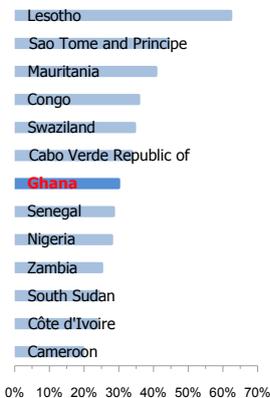
### Per capita expenditure in US\$ (constant 2012 US\$)



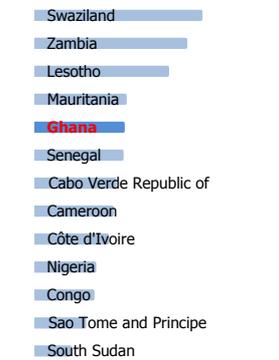
### Government resources allocated to health



General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



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

Among low-mid AFR countries:

Total government expenditure is in the median range as a % of GDP ((30%))

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

Government expenditure on health as a % of GDP is in the median range ((3%))



Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Guinea, 2012



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

WHO FUNDS HEALTH CARE?

90% Domestic funding  
10% Funding from abroad

WHO BUYS HEALTH CARE?

67% Spending by households  
28% Expenditure by government  
5% Other

• Guinea:  
\$508/capita  
• AFR low income countries: \$527/capita

**GDP per capita**



• Guinea:  
52 years  
• AFR low income countries: 54 years

**Life expectancy**



2009 data

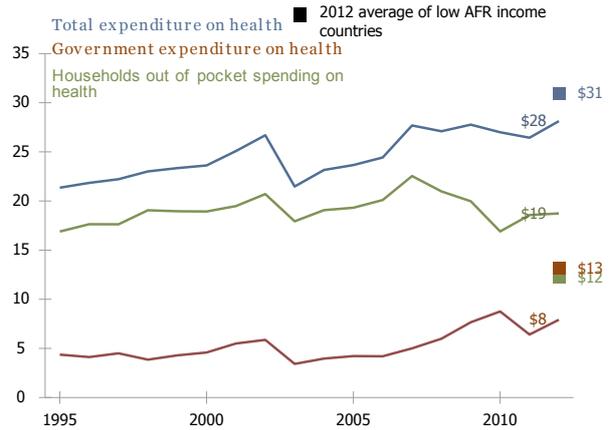
• Guinea: 680 per  
100,000 live births  
• AFR low income countries:  
655 per 100,000 live births

**Maternal mortality rate**

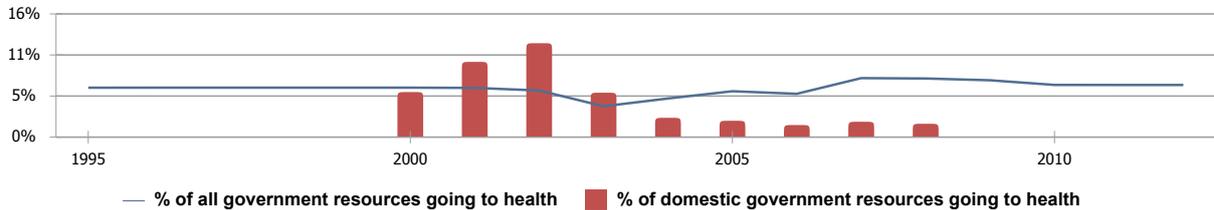


2008 data

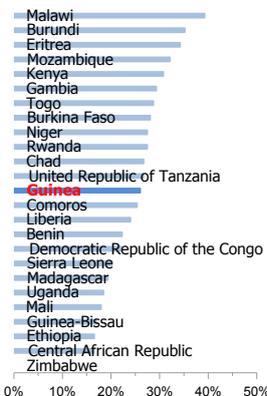
### Per capita expenditure in US\$ (constant 2012 US\$)



### Government resources allocated to health



General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



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

Among low AFR countries:

Total government expenditure is in the median range as a % of GDP ((26%))

Share of government spending allocated to health is low ((7%))

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



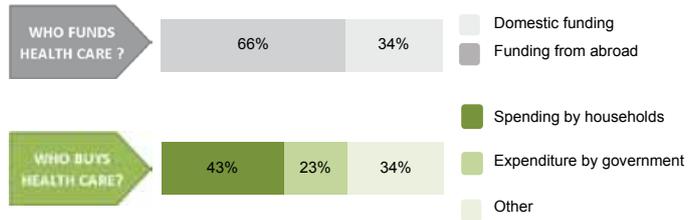
Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Guinea-Bissau, 2012



Guinea-Bissau spent  
**50 million US\$**  
 on health care:  
 - **\$30 per capita**  
 - **43% spent by households**



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

**GDP per capita**



Guinea-Bissau:  
 49 years  
 AFR low income countries: 54 years

**Life expectancy**



2009 data

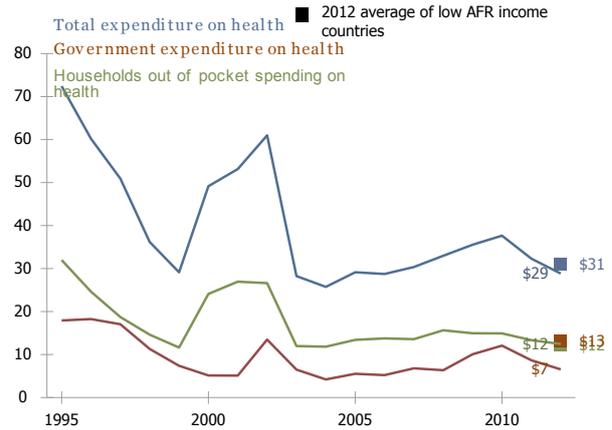
Guinea-Bissau: 1,000 per 100,000 live births  
 AFR low income countries: 655 per 100,000 live births

**Maternal mortality rate**

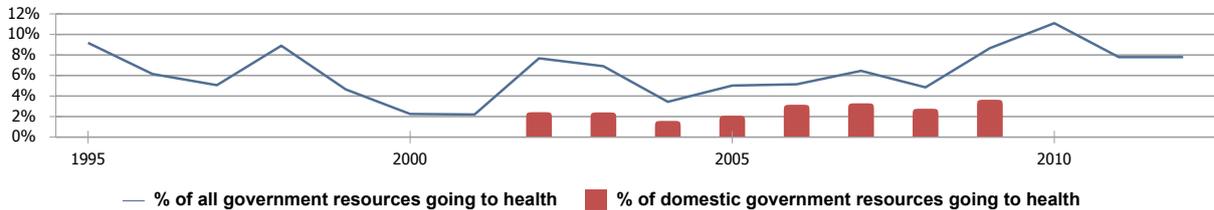


2008 data

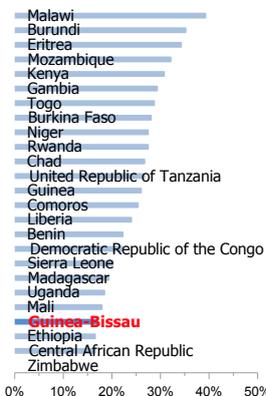
### Per capita expenditure in US\$ (constant 2012 US\$)



### Government resources allocated to health



### General government expenditure (GGE) % GDP



### General government expenditure on health % GGE



### General government expenditure on health % GDP



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

Among low AFR countries:  
 Total government expenditure is low as a % of GDP ((17%))  
 Share of government spending allocated to health is low ((8%))  
 Government expenditure on health as a % of GDP is low ((1%))



Source : global health expenditure database

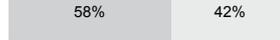
Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Kenya, 2012



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

WHO FUNDS HEALTH CARE?



WHO BUYS HEALTH CARE?



Domestic funding  
Funding from abroad  
Spending by households  
Expenditure by government  
Other

Kenya:  
\$940/capita  
AFR low income countries: \$527/capita

GDP per capita



Kenya:  
60 years  
AFR low income countries: 54 years

Life expectancy



2009 data

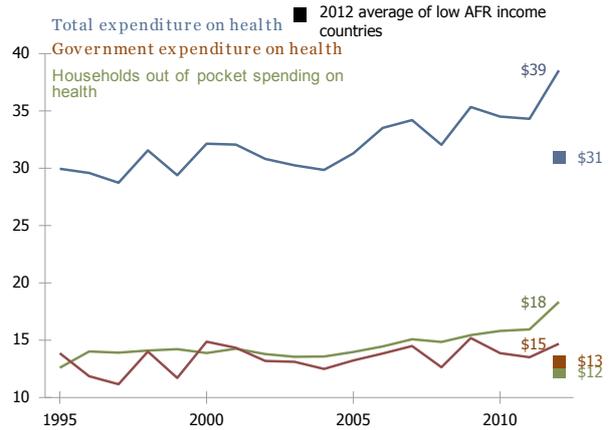
Kenya: 530 per  
100,000 live births  
AFR low income countries:  
655 per 100,000 live births

Maternal mortality rate

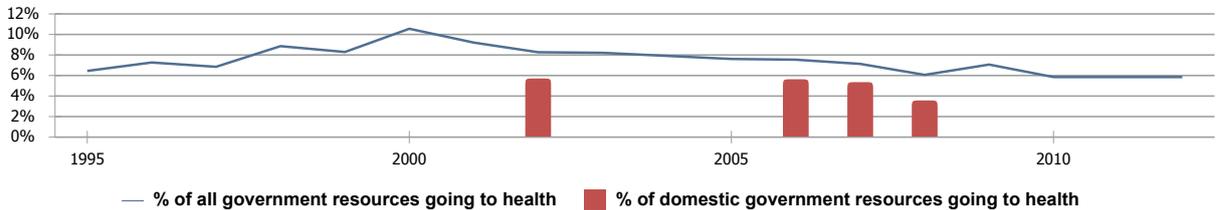


2008 data

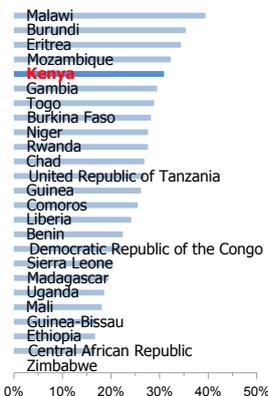
### Per capita expenditure in US\$ (constant 2012 US\$)



### Government resources allocated to health



General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



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

Among low AFR countries:

Total government expenditure is high as a % of GDP ((31%))

Share of government spending allocated to health is low ((6%))

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



Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Lesotho, 2012



Lesotho spent  
**283 million US\$**  
 on health care:  
 - **\$138 per capita**  
 - **15% spent by households**

WHO FUNDS HEALTH CARE?

70%

30%

Domestic funding  
 Funding from abroad

WHO BUYS HEALTH CARE?

15%

79%

7%

Spending by households  
 Expenditure by government  
 Other

Lesotho:  
 \$1,193/capita  
 AFR low-mid income countries: \$1,482/capita

GDP per capita



Lesotho:  
 48 years  
 AFR low-mid income countries: 56 years

Life expectancy



2009 data

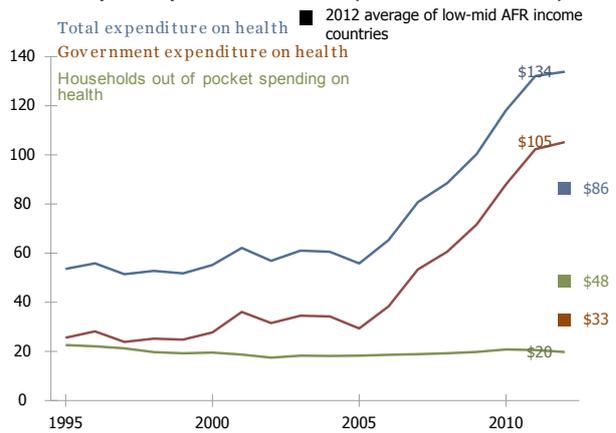
Lesotho: 530 per  
 100,000 live births  
 AFR low-mid income countries: 483 per 100,000 live births

Maternal mortality rate

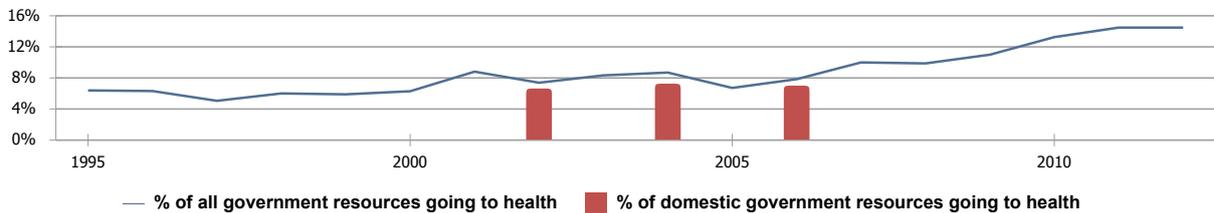


2008 data

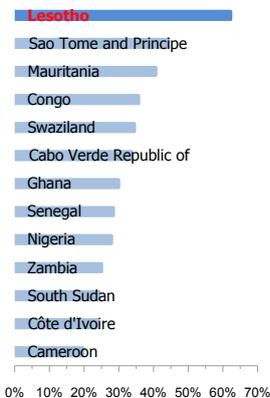
### Per capita expenditure in US\$ (constant 2012 US\$)



### Government resources allocated to health



General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



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

Among low-mid AFR countries:

Total government expenditure is high as a % of GDP ((63%))

Share of government spending allocated to health is high ((14%))

Government expenditure on health as a % of GDP is high ((9%))



Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Liberia, 2012



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

WHO FUNDS HEALTH CARE?

65%

35%

Domestic funding  
Funding from abroad

WHO BUYS HEALTH CARE?

21%

30%

49%

Spending by households  
Expenditure by government  
Other

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

GDP per capita



Liberia:  
56 years  
AFR low income countries: 54 years

Life expectancy



2009 data

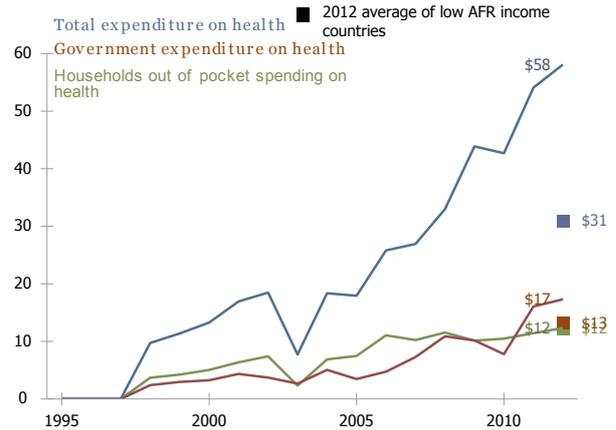
Liberia: 990 per  
100,000 live births  
AFR low income countries:  
655 per 100,000 live births

Maternal mortality rate

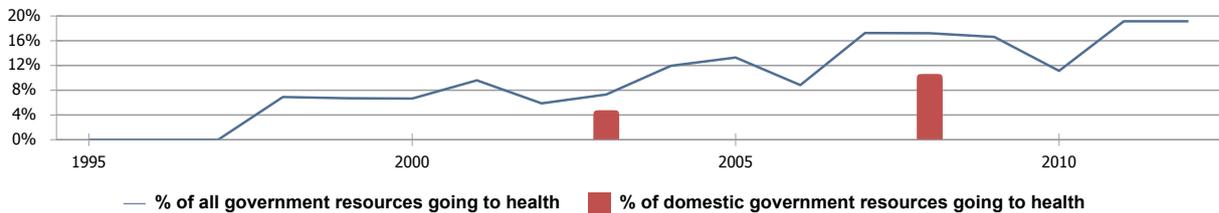


2008 data

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



### Government resources allocated to health



### General government expenditure (GGE) % GDP



### General government expenditure on health % GGE



### General government expenditure on health % GDP



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

Among low AFR countries:

Total government expenditure is in the median range as a % of GDP ((24%))

Share of government spending allocated to health is high ((19%))

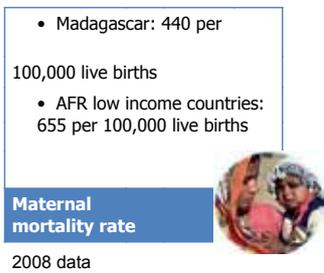
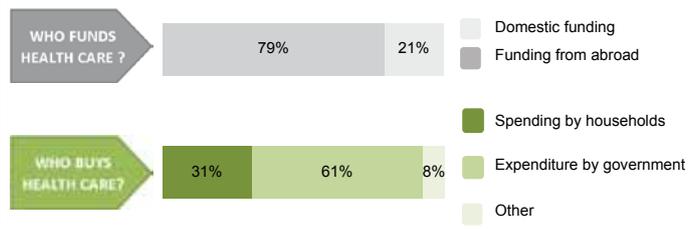
Government expenditure on health as a % of GDP is high ((5%))



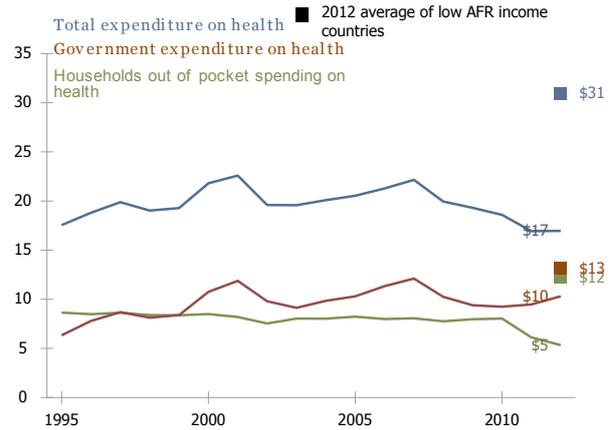
Source : global health expenditure database

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

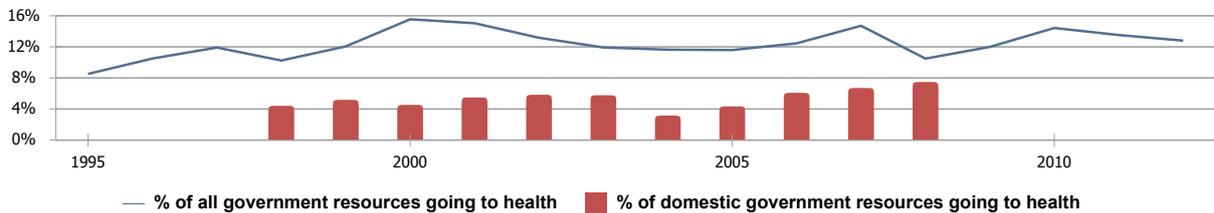
## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Madagascar, 2012



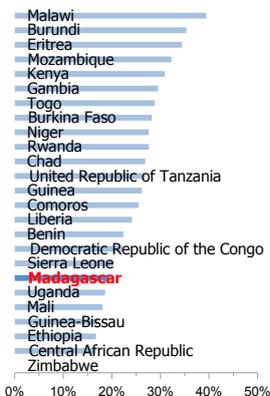
### Per capita expenditure in US\$ (constant 2012 US\$)



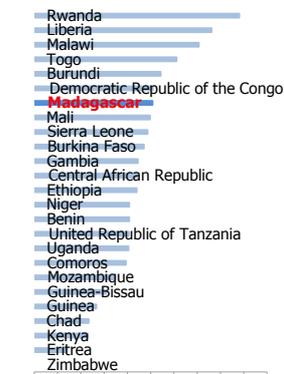
### Government resources allocated to health



### General government expenditure (GGE) % GDP



### General government expenditure on health % GGE



### General government expenditure on health % GDP



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

Among low AFR countries:

Total government expenditure is low as a % of GDP ((20%))

Share of government spending allocated to health is high ((13%))

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



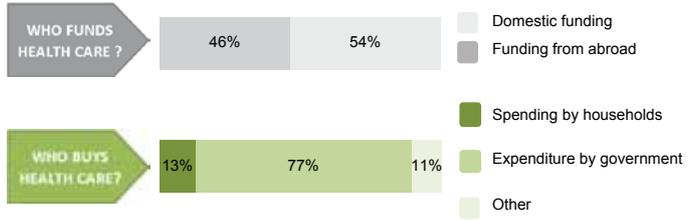
Source : global health expenditure database

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

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



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



• Malawi:  
\$268/capita  
• AFR low income countries: \$527/capita

**GDP per capita**



• Malawi:  
47 years  
• AFR low income countries: 54 years

**Life expectancy**

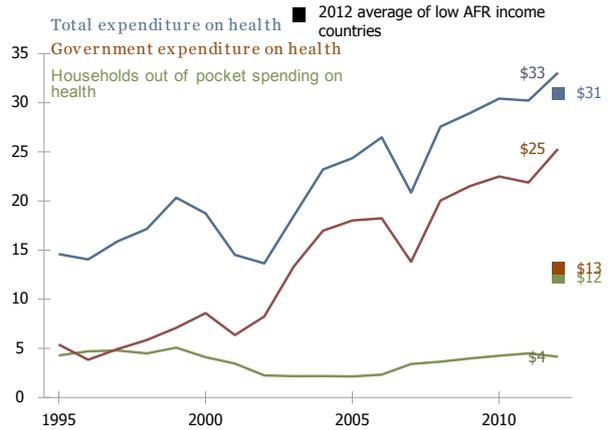


• Malawi: 510 per 100,000 live births  
• AFR low income countries: 655 per 100,000 live births

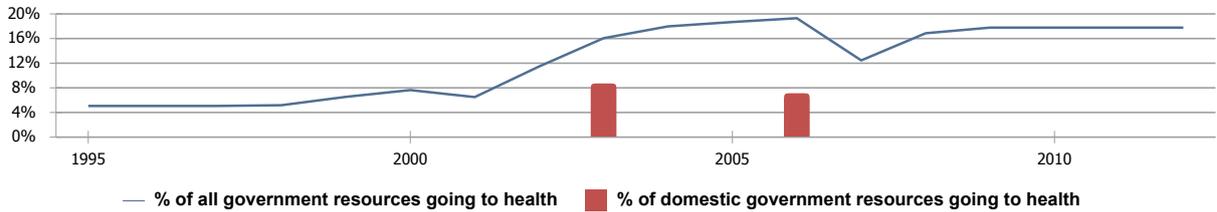
**Maternal mortality rate**



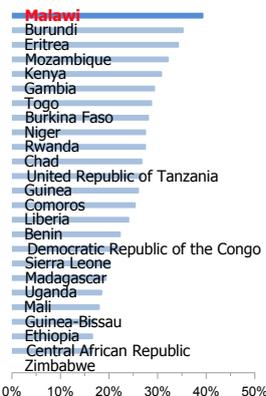
**Per capita expenditure in US\$ (constant 2012 US\$)**



**Government resources allocated to health**



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



**General government expenditure on health % GGE**



**General government expenditure on health % GDP**



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

Among low AFR countries:  
Total government expenditure is high as a % of GDP ((39%))  
Share of government spending allocated to health is high ((18%))  
Government expenditure on health as a % of GDP is high ((7%))



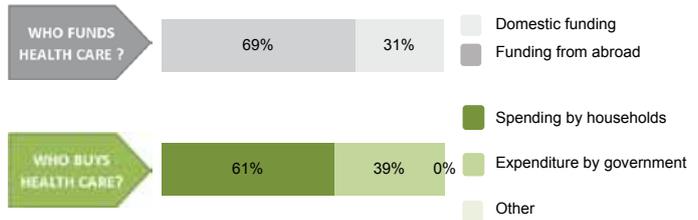
Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Mali, 2012



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



**GDP per capita**

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

**Life expectancy**

- Mali: 53 years
- AFR low income countries: 54 years

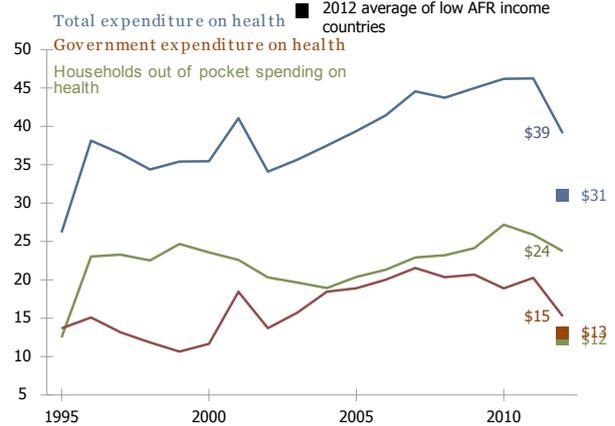
2009 data

**Maternal mortality rate**

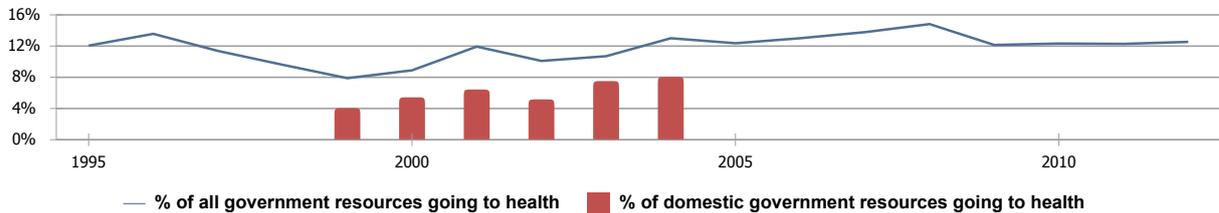
- Mali: 830 per 100,000 live births
- AFR low income countries: 655 per 100,000 live births

2008 data

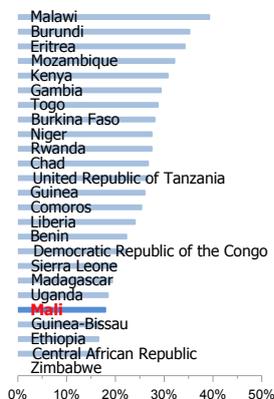
### Per capita expenditure in US\$ (constant 2012 US\$)



### Government resources allocated to health



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



#### General government expenditure on health % GGE



#### General government expenditure on health % GDP



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

Among low AFR countries:

- Total government expenditure is low as a % of GDP ((18%))
- Share of government spending allocated to health is high ((13%))
- Government expenditure on health as a % of GDP is in the median range ((2%))



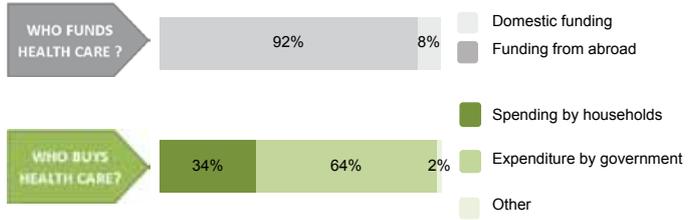
Source : global health expenditure database

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



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



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

**GDP per capita**



• Mauritania:  
 58 years  
 • AFR low-mid income countries: 56 years

**Life expectancy**



2009 data

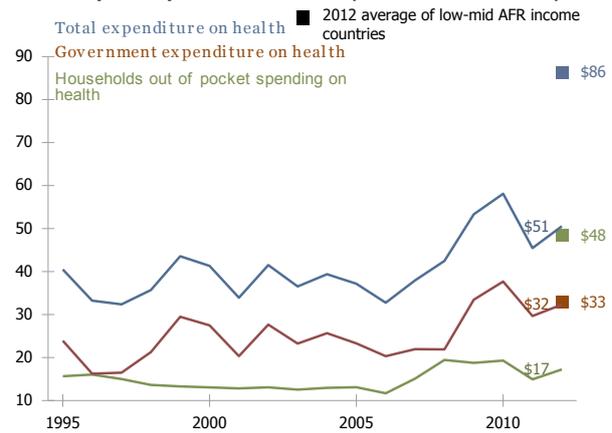
• Mauritania: 550 per 100,000 live births  
 • AFR low-mid income countries: 483 per 100,000 live births

**Maternal mortality rate**

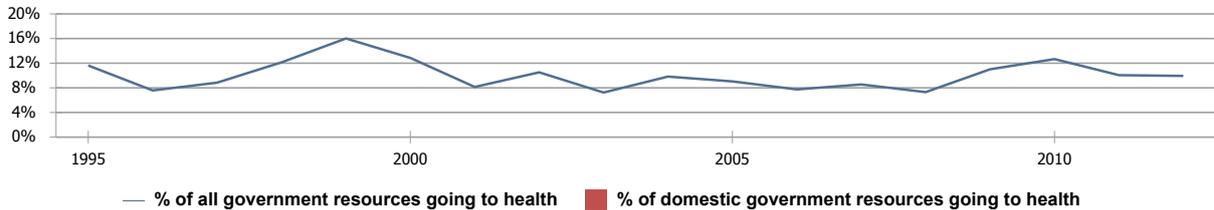


2008 data

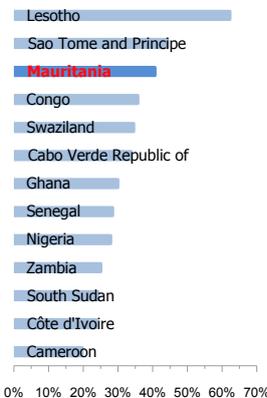
**Per capita expenditure in US\$ (constant 2012 US\$)**



**Government resources allocated to health**



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



**General government expenditure on health % GGE**



**General government expenditure on health % GDP**



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

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



Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Mauritius, 2012



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

WHO FUNDS HEALTH CARE?

100%

Domestic funding  
 Funding from abroad

WHO BUYS HEALTH CARE?

47%

49%

4%

Spending by households  
 Expenditure by government  
 Other

Mauritius:  
 \$9,238/capita  
 AFR up-mid income countries: \$6,402/capita

GDP per capita



Mauritius:  
 73 years  
 AFR up-mid income countries: 63 years

Life expectancy



2009 data

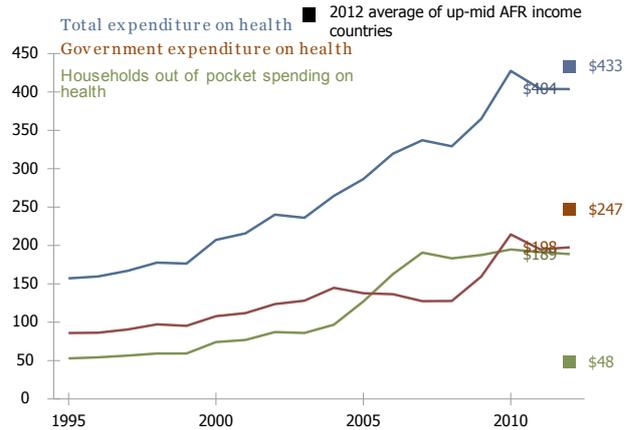
Mauritius: 36 per  
 100,000 live births  
 AFR up-mid income countries: 258 per 100,000 live births

Maternal mortality rate

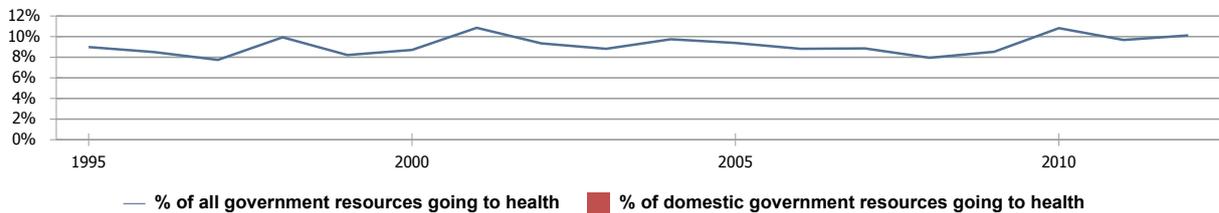


2008 data

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



### Government resources allocated to health



General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



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

Among up-mid AFR countries:

Total government expenditure is low as a % of GDP ((23%))

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

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



Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Mozambique, 2012



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



• Mozambique:

\$579/capita

• AFR low income countries: \$527/capita

**GDP per capita**



• Mozambique:

49 years

• AFR low income countries: 54 years

**Life expectancy**



2009 data

• Mozambique: 550 per

100,000 live births

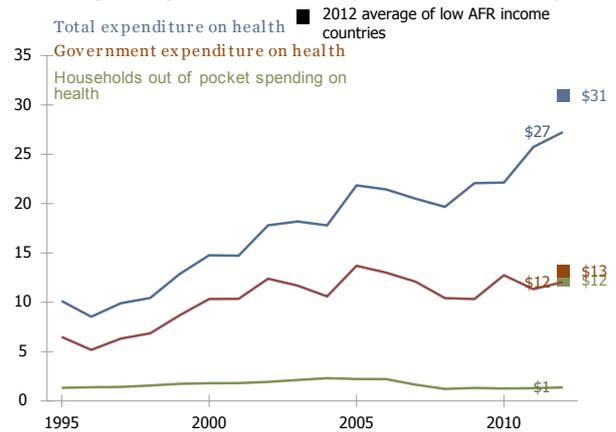
• AFR low income countries: 655 per 100,000 live births

**Maternal mortality rate**

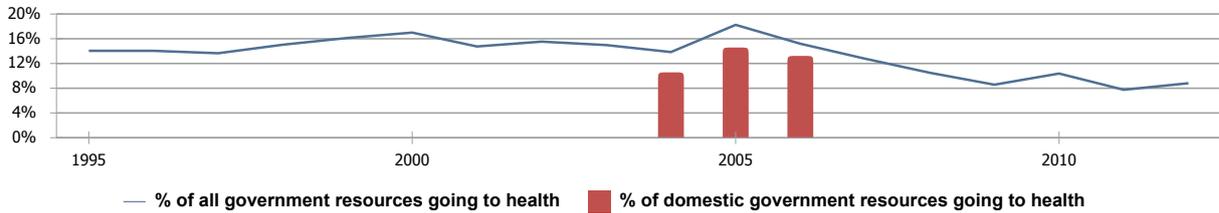


2008 data

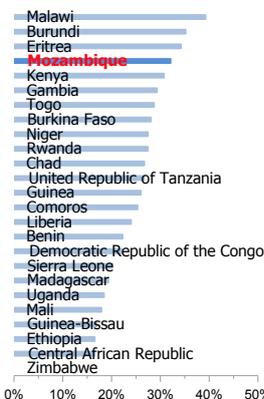
### Per capita expenditure in US\$ (constant 2012 US\$)



### Government resources allocated to health



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



**General government expenditure on health % GGE**



**General government expenditure on health % GDP**



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

Among low AFR countries:

Total government expenditure is high as a % of GDP ((32%))

Share of government spending allocated to health is low ((9%))

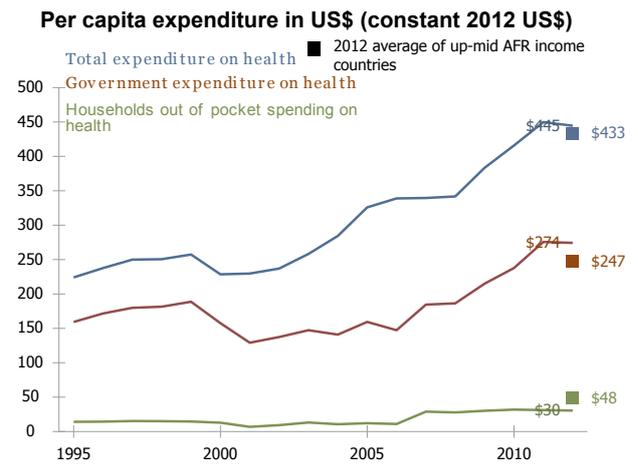
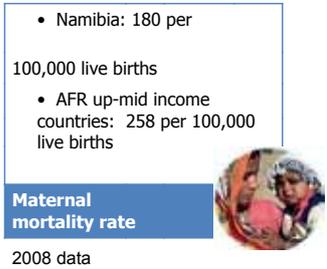
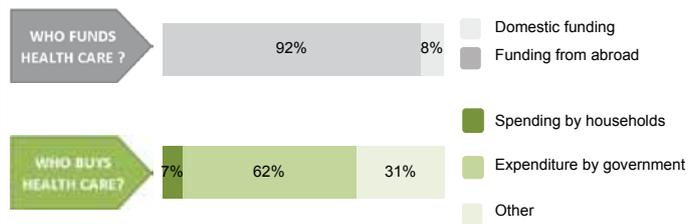
Government expenditure on health as a % of GDP is in the median range ((3%))



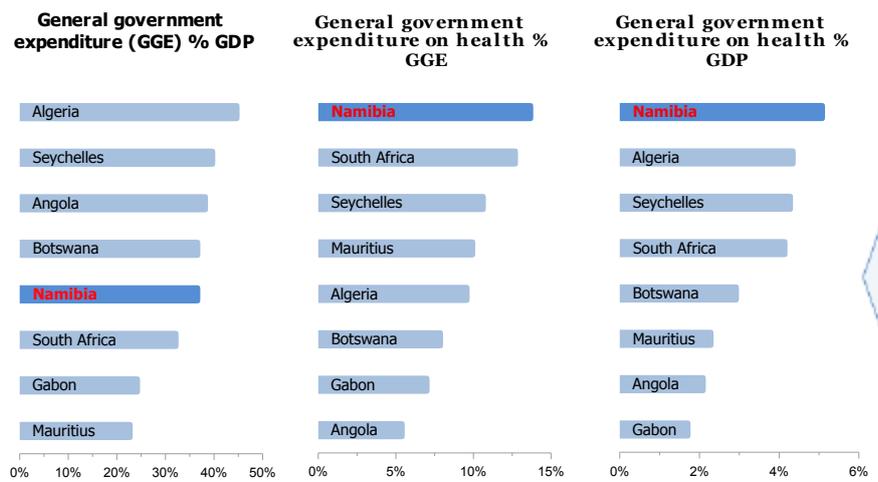
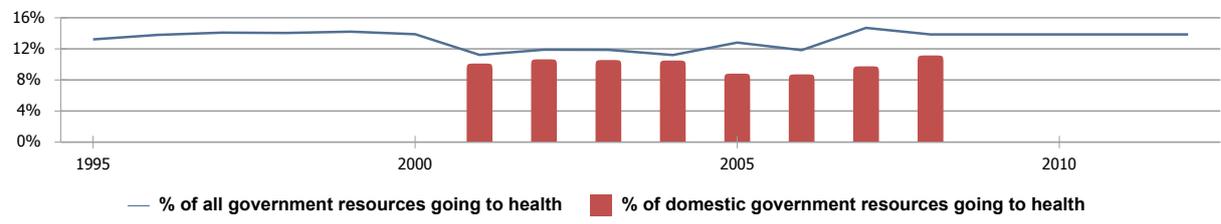
Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Namibia, 2012



### Government resources allocated to health



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

Among up-mid AFR countries:  
 Total government expenditure is in the median range as a % of GDP ((37%))  
 Share of government spending allocated to health is high ((14%))  
 Government expenditure on health as a % of GDP is high ((5%))

World Health Organization Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Niger, 2012

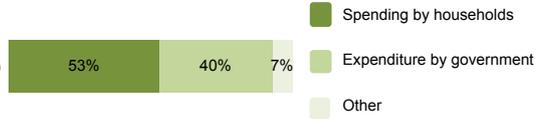


Niger spent  
**437 million US\$**  
on health care:  
**- \$25 per capita**  
**- 53% spent by households**

WHO FUNDS HEALTH CARE?



WHO BUYS HEALTH CARE?



• Niger:  
\$356/capita  
• AFR low income countries: \$527/capita

**GDP per capita**



• Niger:  
57 years  
• AFR low income countries: 54 years

**Life expectancy**



2009 data

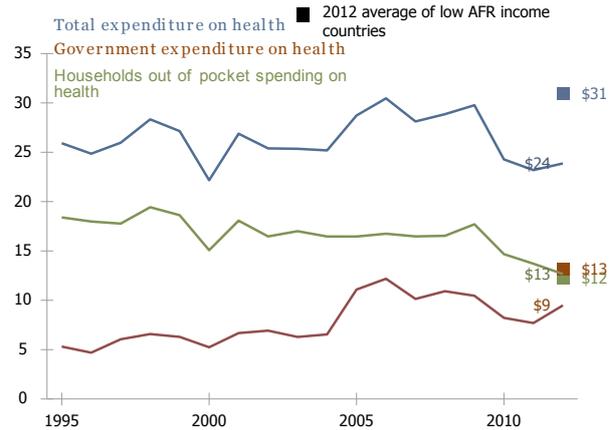
• Niger: 820 per  
100,000 live births  
• AFR low income countries:  
655 per 100,000 live births

**Maternal mortality rate**

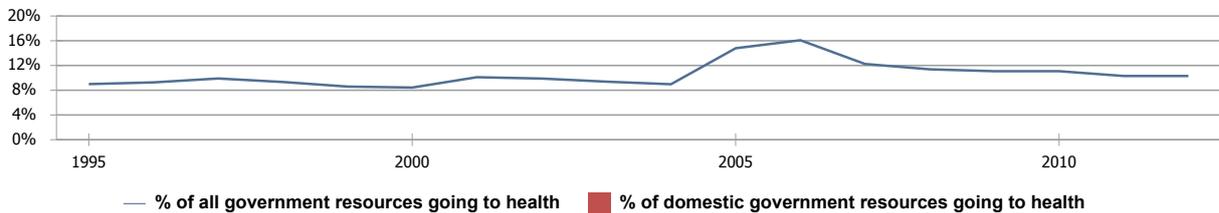


2008 data

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



### Government resources allocated to health



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



#### General government expenditure on health % GGE



#### General government expenditure on health % GDP



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

Among low AFR countries:

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

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

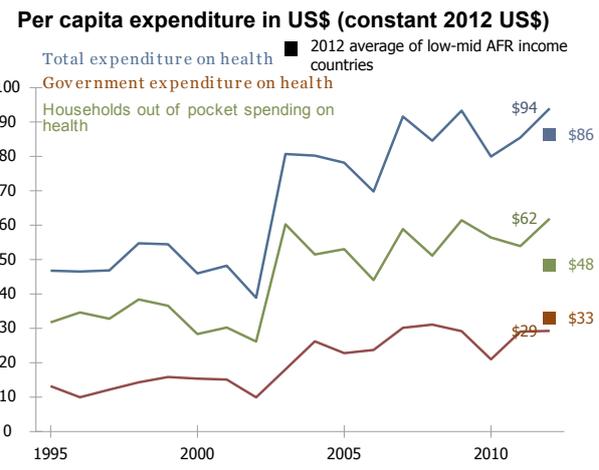
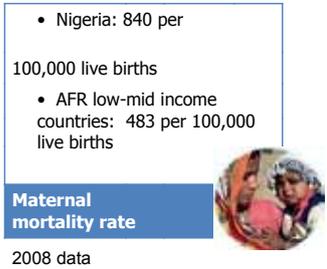
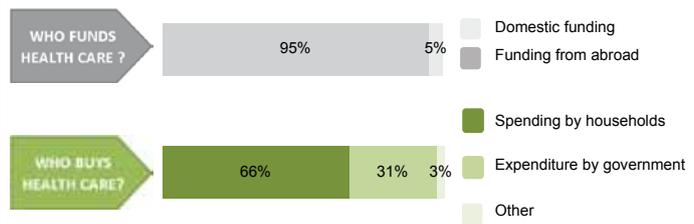
Government expenditure on health as a % of GDP is in the median range ((3%))



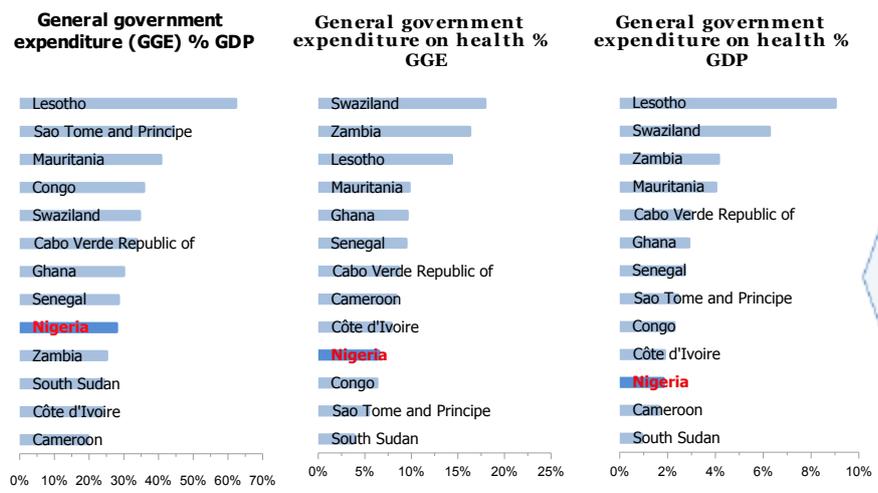
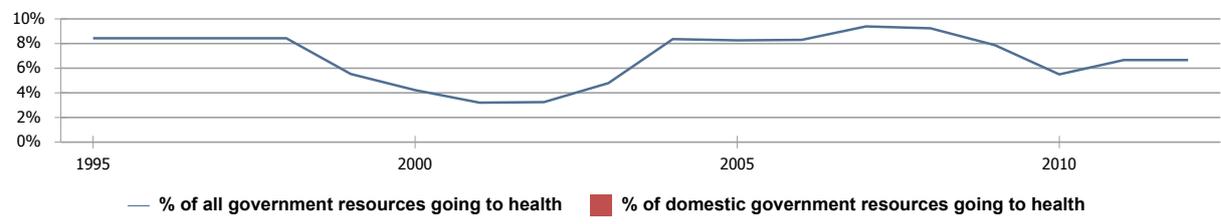
Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Nigeria, 2012



### Government resources allocated to health



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

Among low-mid AFR countries:  
 Total government expenditure is in the median range as a % of GDP ((28%))  
 Share of government spending allocated to health is low ((7%))  
 Government expenditure on health as a % of GDP is low ((2%))

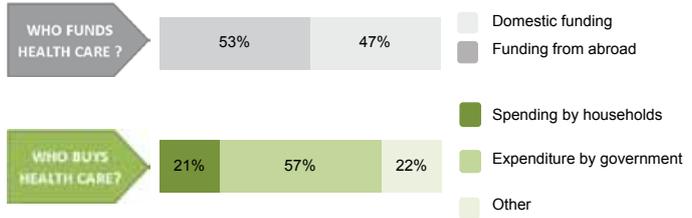
Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Rwanda, 2012



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



**GDP per capita**

- Rwanda: \$620/capita
- AFR low income countries: \$527/capita

**Life expectancy**

- Rwanda: 59 years
- AFR low income countries: 54 years

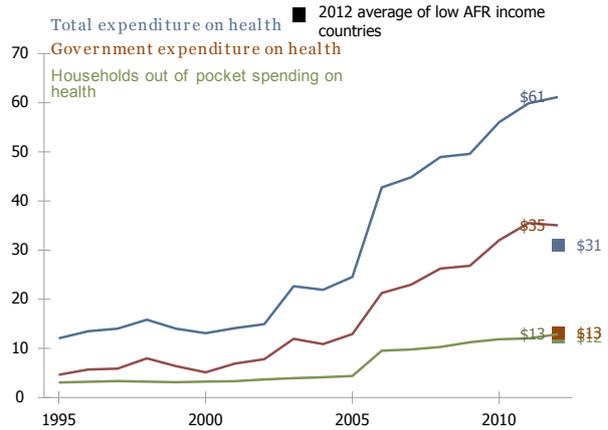
2009 data

**Maternal mortality rate**

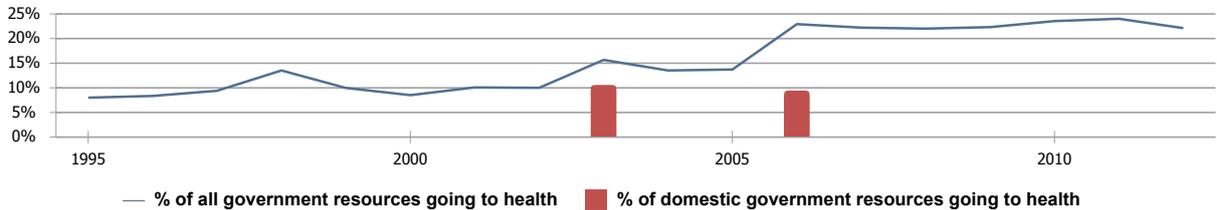
- Rwanda: 540 per 100,000 live births
- AFR low income countries: 655 per 100,000 live births

2008 data

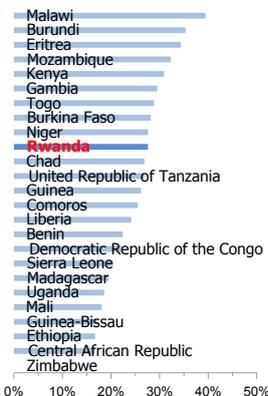
### Per capita expenditure in US\$ (constant 2012 US\$)



### Government resources allocated to health



### General government expenditure (GGE) % GDP



### General government expenditure on health % GGE



### General government expenditure on health % GDP



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

Among low AFR countries:  
 Total government expenditure is in the median range as a % of GDP ((28%))  
 Share of government spending allocated to health is high ((22%))  
 Government expenditure on health as a % of GDP is high ((6%))



Source : global health expenditure database

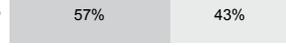
Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Sao Tome and Principe, 2012

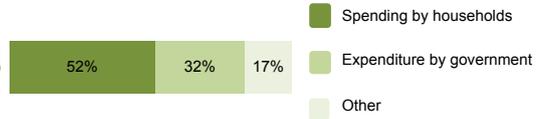


Sao Tome and Principe spent **21 million US\$** on health care:  
 - **\$109 per capita**  
 - **52% spent by households**

WHO FUNDS HEALTH CARE?



WHO BUYS HEALTH CARE?



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

### GDP per capita



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

### Life expectancy



2009 data

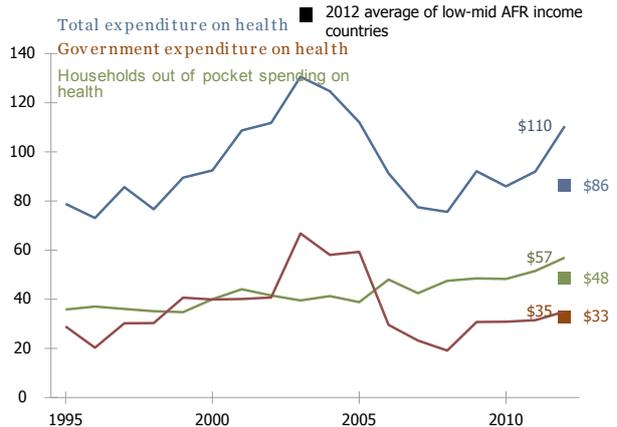
Sao Tome and Principe: 0 per 100,000 live births  
 AFR low-mid income countries: 483 per 100,000 live births

### Maternal mortality rate

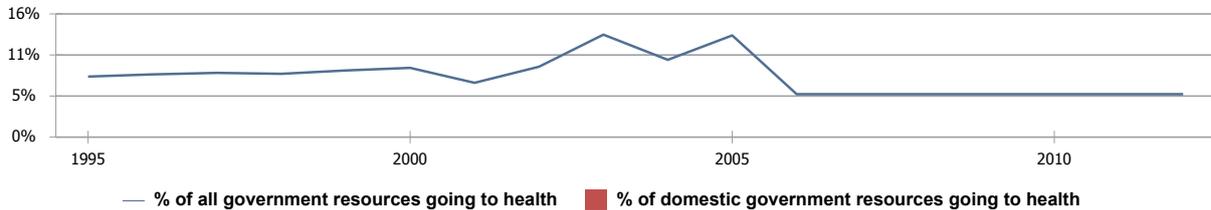
2008 data



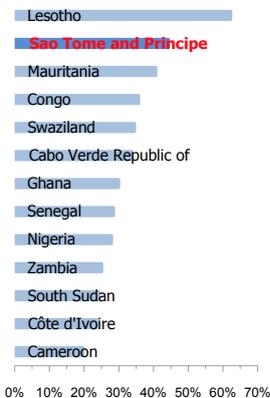
### Per capita expenditure in US\$ (constant 2012 US\$)



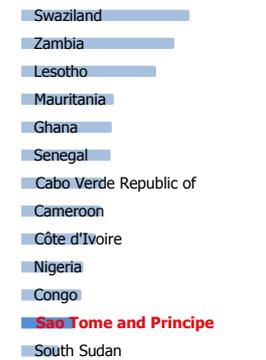
### Government resources allocated to health



### General government expenditure (GGE) % GDP



### General government expenditure on health % GGE



### General government expenditure on health % GDP



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

Among low-mid AFR countries:  
 Total government expenditure is high as a % of GDP ((45%))  
 Share of government spending allocated to health is low ((6%))  
 Government expenditure on health as a % of GDP is in the median range ((2%))



Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Senegal, 2012



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

WHO FUNDS HEALTH CARE?

81% Domestic funding  
19% Funding from abroad

WHO BUYS HEALTH CARE?

34% Spending by households  
56% Expenditure by government  
10% Other

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

**GDP per capita**



Senegal:  
62 years  
AFR low-mid income countries: 56 years

**Life expectancy**



2009 data

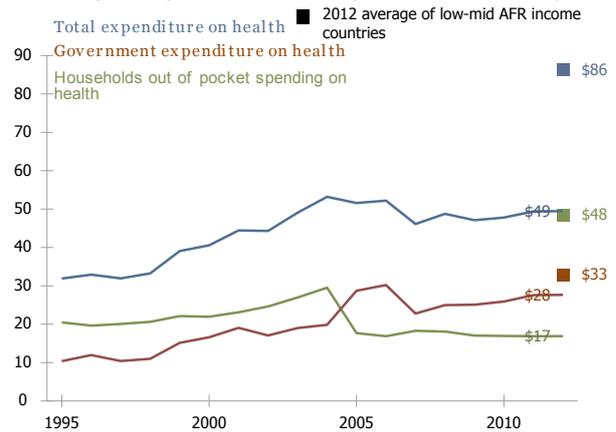
Senegal: 410 per  
100,000 live births  
AFR low-mid income countries: 483 per 100,000 live births

**Maternal mortality rate**

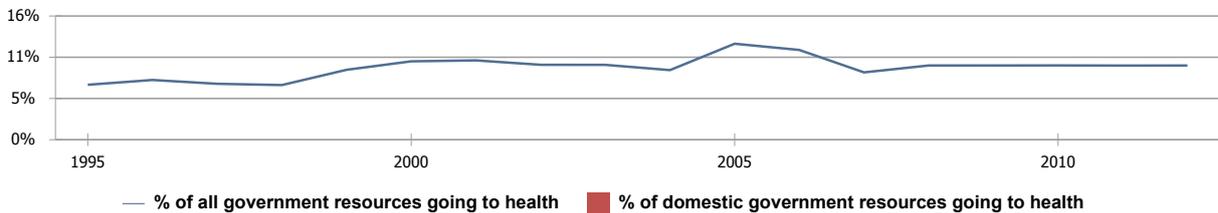


2008 data

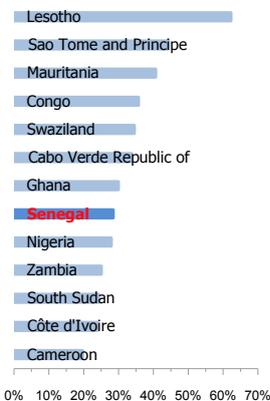
**Per capita expenditure in US\$ (constant 2012 US\$)**



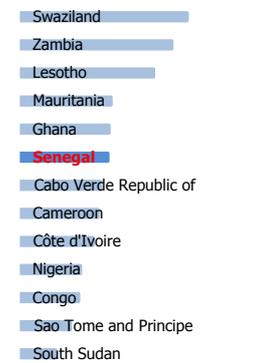
**Government resources allocated to health**



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



**General government expenditure on health % GGE**



**General government expenditure on health % GDP**



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

Among low-mid AFR countries:

Total government expenditure is in the median range as a % of GDP ((29%))

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

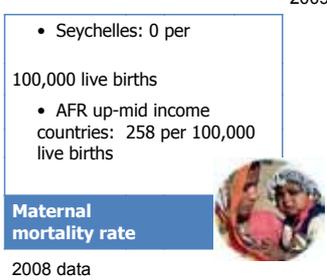
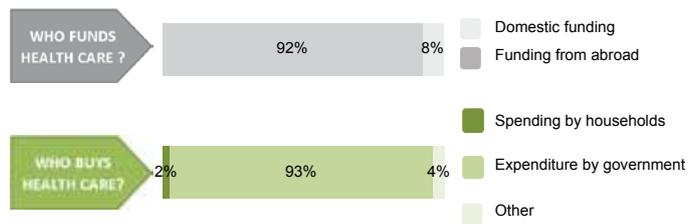
Government expenditure on health as a % of GDP is in the median range ((3%))



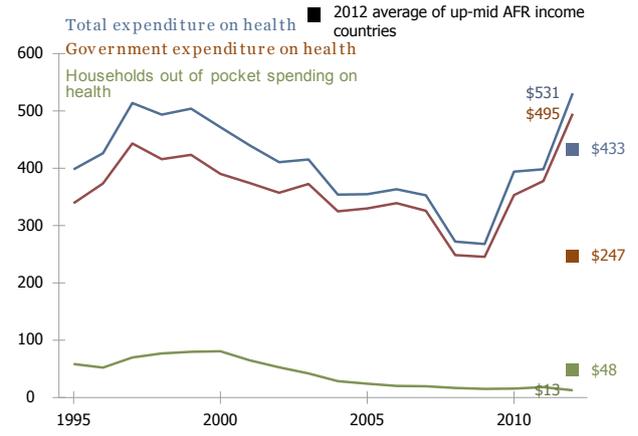
Source : global health expenditure database

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

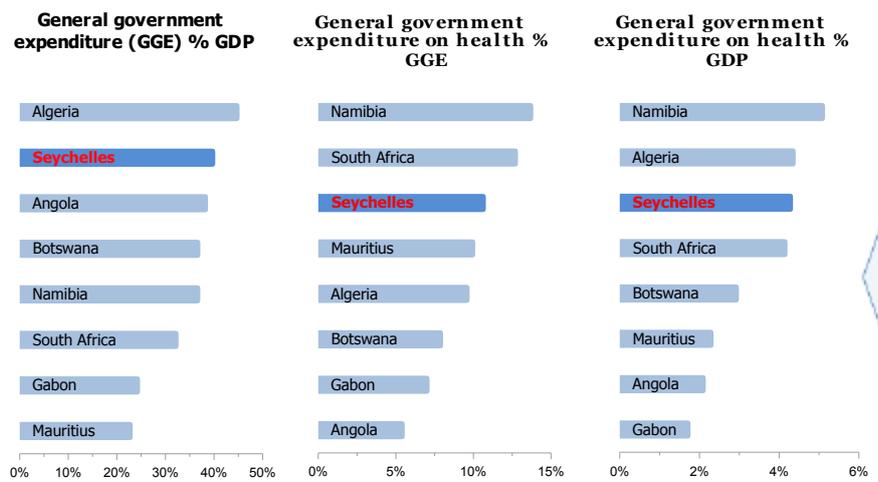
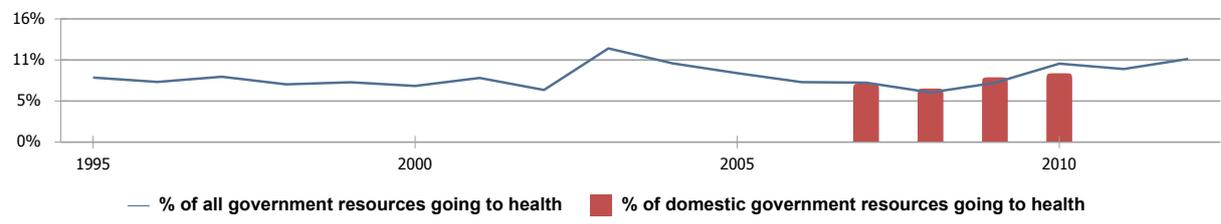
## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Seychelles, 2012



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



### Government resources allocated to health



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

Among up-mid AFR countries:  
 Total government expenditure is high as a % of GDP ((40%))  
 Share of government spending allocated to health is high ((11%))  
 Government expenditure on health as a % of GDP is high ((4%))

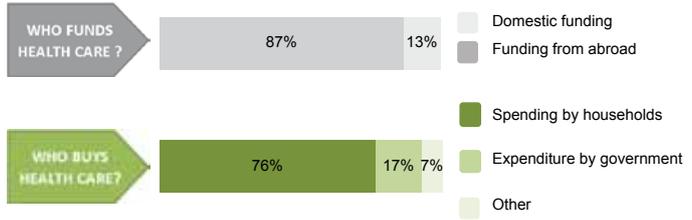
Source : global health expenditure database

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

**HEALTH SYSTEM FINANCING COUNTRY PROFILE: Sierra Leone, 2012**



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



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

**GDP per capita**



• Sierra Leone: 49 years  
 • AFR low income countries: 54 years

**Life expectancy**



2009 data

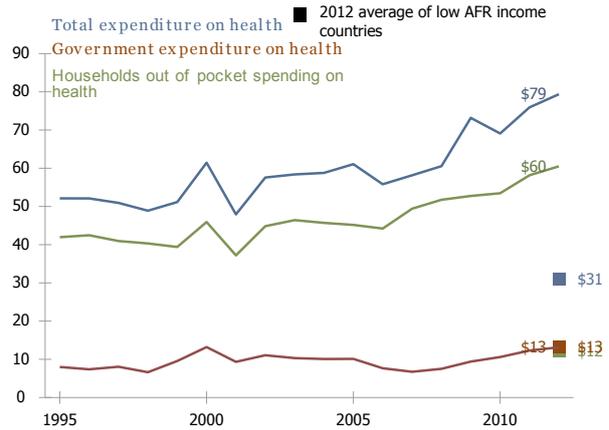
• Sierra Leone: 970 per 100,000 live births  
 • AFR low income countries: 655 per 100,000 live births

**Maternal mortality rate**

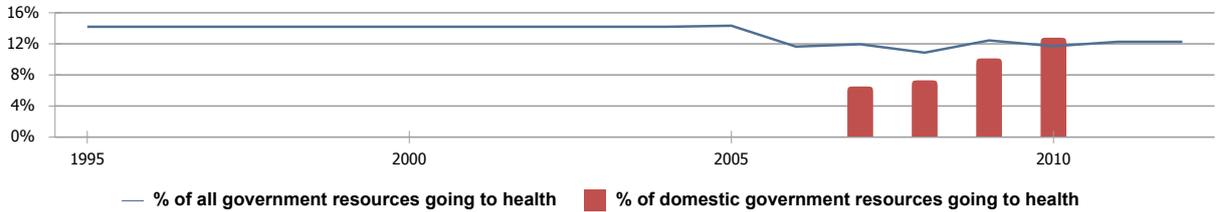


2008 data

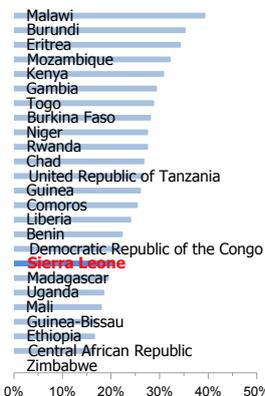
**Per capita expenditure in US\$ (constant 2012 US\$)**



**Government resources allocated to health**



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



**General government expenditure on health % GGE**



**General government expenditure on health % GDP**



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

Among low AFR countries:  
 Total government expenditure is low as a % of GDP ((20%))  
 Share of government spending allocated to health is in the median range ((12%))  
 Government expenditure on health as a % of GDP is in the median range ((2%))



Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: South Africa, 2012



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

WHO FUNDS HEALTH CARE?

98% Domestic funding  
 2% Funding from abroad

WHO BUYS HEALTH CARE?

7% Spending by households  
 48% Expenditure by government  
 45% Other

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

**GDP per capita**



• South Africa:  
 54 years  
 • AFR up-mid income countries: 63 years

**Life expectancy**



2009 data

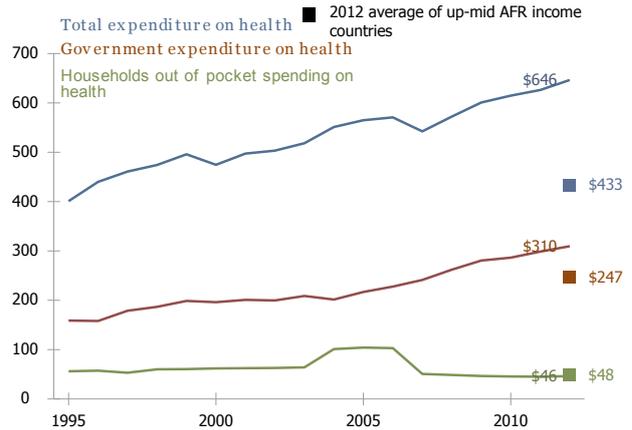
• South Africa: 410 per 100,000 live births  
 • AFR up-mid income countries: 258 per 100,000 live births

**Maternal mortality rate**

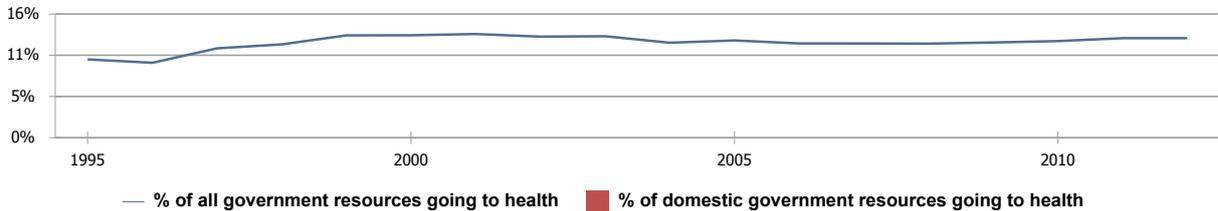


2008 data

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



### Government resources allocated to health



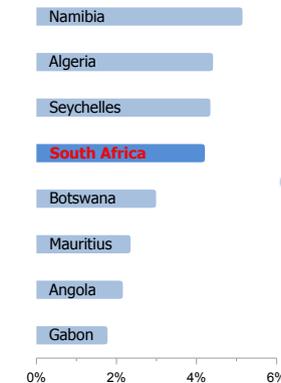
General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



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

Among up-mid AFR countries:

Total government expenditure is low as a % of GDP ((33%))

Share of government spending allocated to health is high ((13%))

Government expenditure on health as a % of GDP is in the median range ((4%))



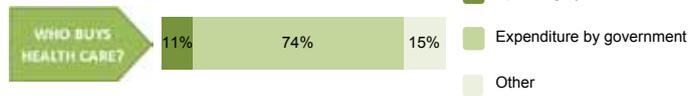
Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Swaziland, 2012



Swaziland spent **319 million US\$** on health care:  
 - **\$259 per capita**  
 - **11% spent by households**



• Swaziland:  
 \$3,042/capita  
 • AFR low-mid income countries: \$1,482/capita

**GDP per capita**



• Swaziland:  
 49 years  
 • AFR low-mid income countries: 56 years

**Life expectancy**



2009 data

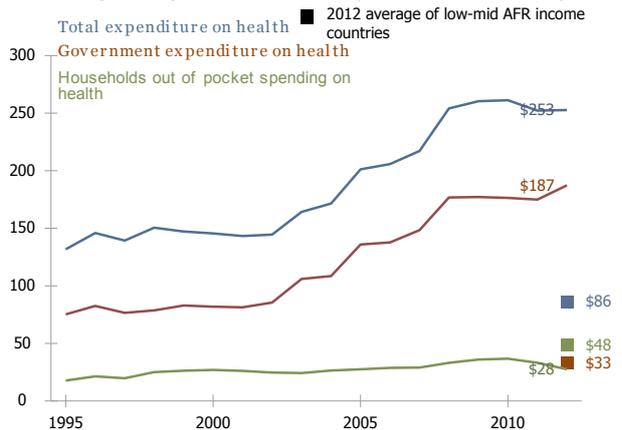
• Swaziland: 420 per 100,000 live births  
 • AFR low-mid income countries: 483 per 100,000 live births

**Maternal mortality rate**

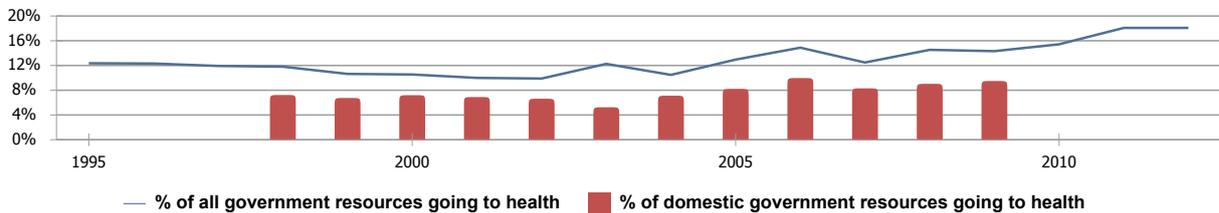


2008 data

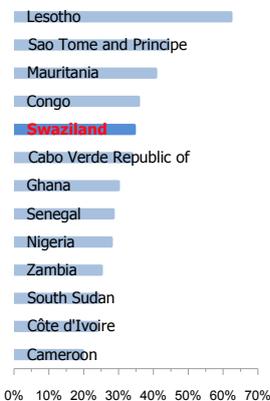
**Per capita expenditure in US\$ (constant 2012 US\$)**



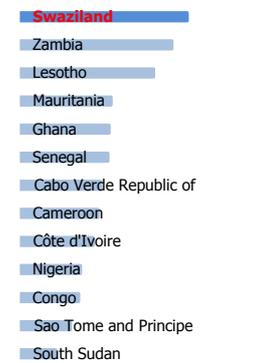
**Government resources allocated to health**



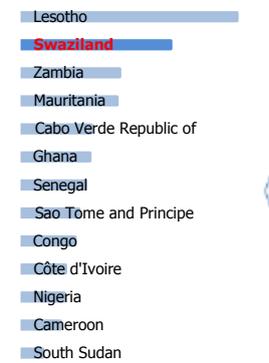
**General government expenditure (GGE) % GDP**



**General government expenditure on health % GGE**



**General government expenditure on health % GDP**



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

Among low-mid AFR countries:  
 Total government expenditure is in the median range as a % of GDP ((35%))  
 Share of government spending allocated to health is high ((18%))  
 Government expenditure on health as a % of GDP is high ((6%))



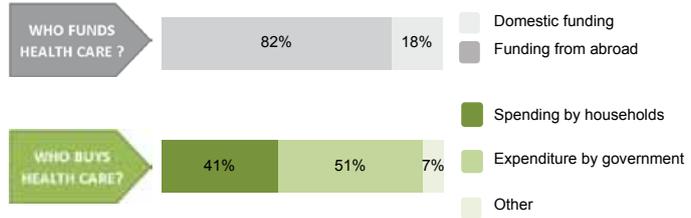
Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Togo, 2012



Togo spent  
**271 million US\$**  
 on health care:  
 - **\$41 per capita**  
 - **41% spent by households**



Togo:  
 \$472/capita  
 AFR low income countries: \$527/capita

### GDP per capita



Togo:  
 59 years  
 AFR low income countries: 54 years

### Life expectancy



2009 data

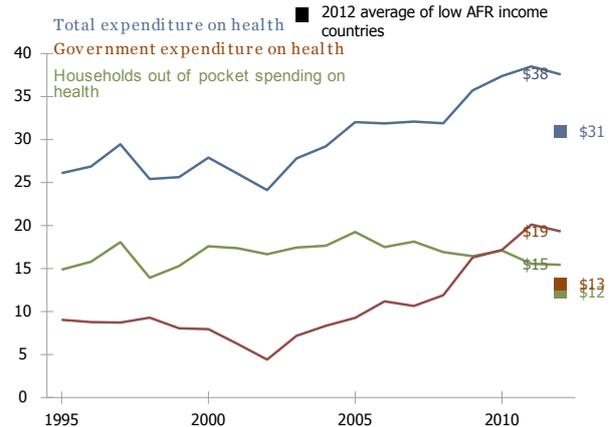
Togo: 350 per  
 100,000 live births  
 AFR low income countries:  
 655 per 100,000 live births

### Maternal mortality rate

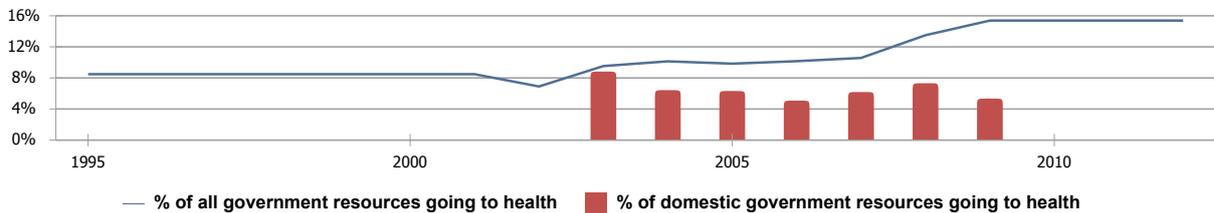


2008 data

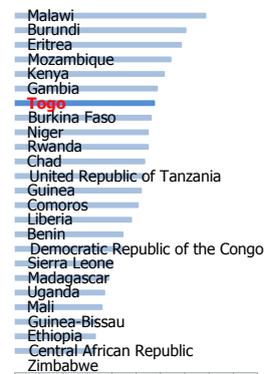
### Per capita expenditure in US\$ (constant 2012 US\$)



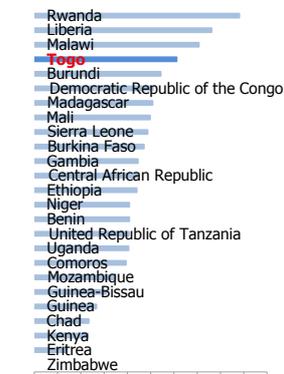
### Government resources allocated to health



### General government expenditure (GGE) % GDP



### General government expenditure on health % GGE



### General government expenditure on health % GDP



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

Among low AFR countries:

Total government expenditure is high as a % of GDP ((29%))

Share of government spending allocated to health is high ((15%))

Government expenditure on health as a % of GDP is high ((4%))



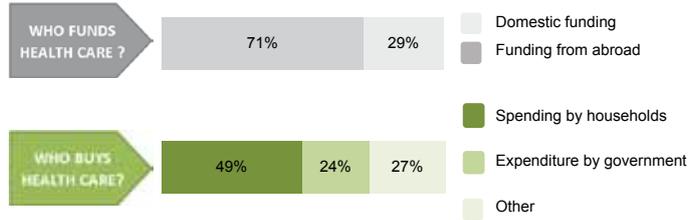
Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Uganda, 2012



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



• Uganda:  
 \$547/capita  
 • AFR low income countries: \$527/capita

**GDP per capita**



• Uganda:  
 52 years  
 • AFR low income countries: 54 years

**Life expectancy**



2009 data

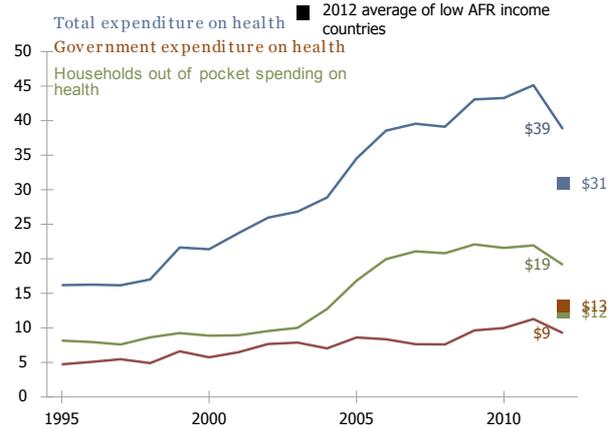
• Uganda: 430 per  
 100,000 live births  
 • AFR low income countries:  
 655 per 100,000 live births

**Maternal mortality rate**

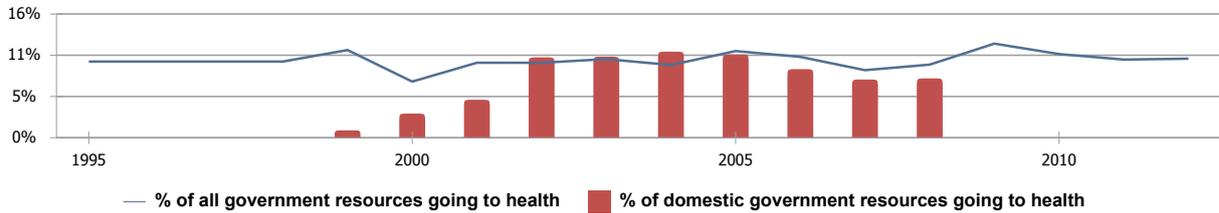


2008 data

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



**Government resources allocated to health**



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



**General government expenditure on health % GGE**



**General government expenditure on health % GDP**



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

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



Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: United Republic of Tanzania, 2012



United Republic of Tanzania spent  
**2.0 billion US\$**  
 on health care:  
 - **\$41 per capita**  
 - **32% spent by households**

WHO FUNDS HEALTH CARE?

62%

38%

Domestic funding  
 Funding from abroad

WHO BUYS HEALTH CARE?

32%

39%

29%

Spending by households  
 Expenditure by government  
 Other

United Republic of Tanzania:  
 \$591/capita  
 AFR low income countries: \$527/capita

GDP per capita



United Republic of Tanzania:  
 55 years  
 AFR low income countries: 54 years

Life expectancy



2009 data

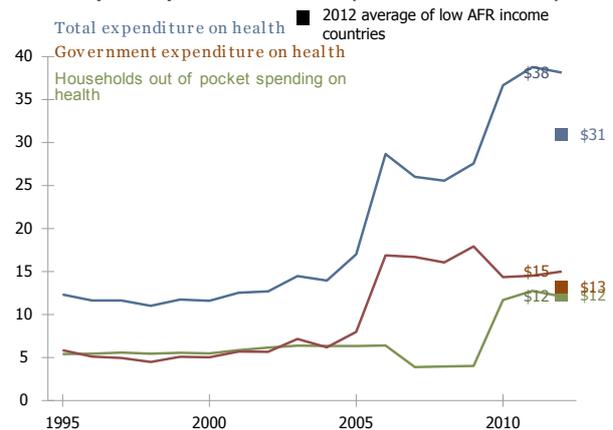
United Republic of Tanzania: 790 per 100,000 live births  
 AFR low income countries: 655 per 100,000 live births

Maternal mortality rate

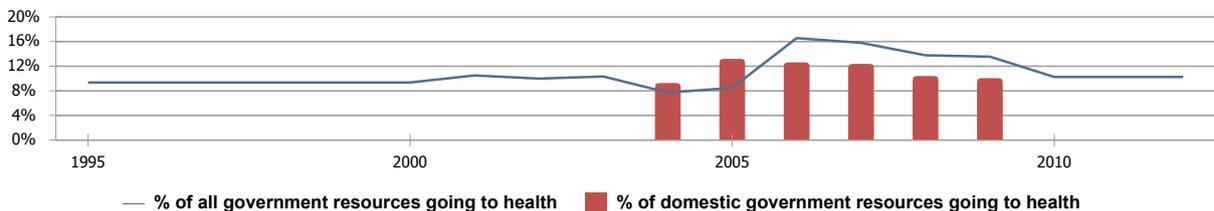


2008 data

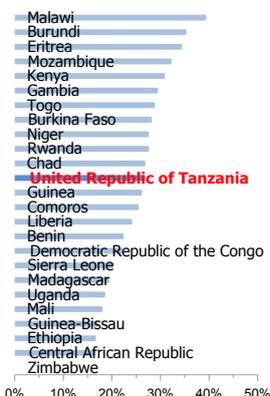
### Per capita expenditure in US\$ (constant 2012 US\$)



### Government resources allocated to health



### General government expenditure (GGE) % GDP



### General government expenditure on health % GGE



### General government expenditure on health % GDP



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

Among low AFR countries:

Total government expenditure is in the median range as a % of GDP ((27%))

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

Government expenditure on health as a % of GDP is in the median range ((3%))



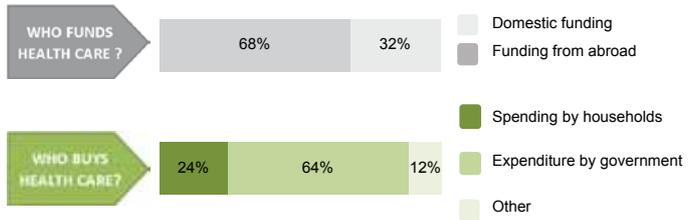
Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Zambia, 2012



Zambia spent  
**1.4 billion US\$**  
on health care:  
**- \$96 per capita**  
**- 24% spent by households**



**GDP per capita**

- Zambia: \$1,469/capita
- AFR low-mid income countries: \$1,482/capita



**Life expectancy**

- Zambia: 48 years
- AFR low-mid income countries: 56 years



2009 data

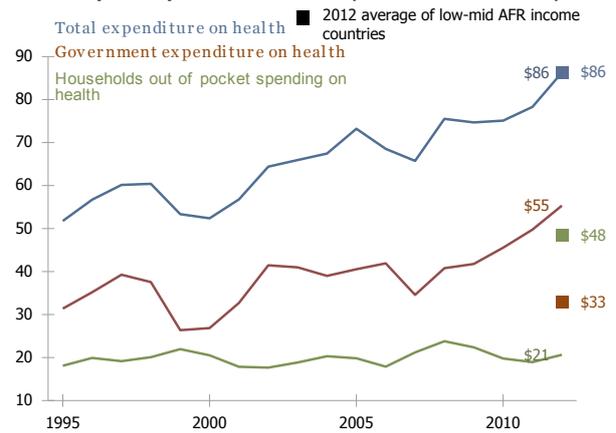
**Maternal mortality rate**

- Zambia: 470 per 100,000 live births
- AFR low-mid income countries: 483 per 100,000 live births

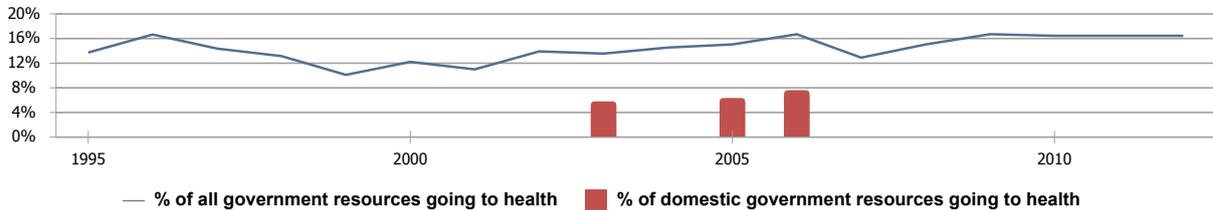


2008 data

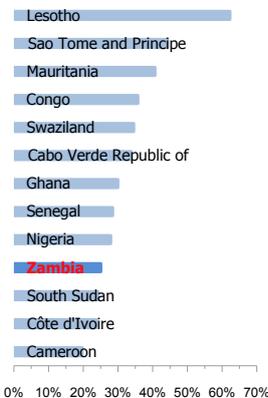
### Per capita expenditure in US\$ (constant 2012 US\$)



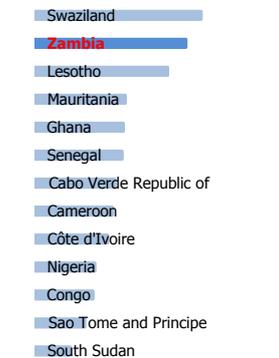
### Government resources allocated to health



### General government expenditure (GGE) % GDP



### General government expenditure on health % GGE



### General government expenditure on health % GDP



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

Among low-mid AFR countries:

- Total government expenditure is low as a % of GDP ((26%))
- Share of government spending allocated to health is high ((16%))
- Government expenditure on health as a % of GDP is high ((4%))



Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Zimbabwe, 2012



- Domestic funding
- Funding from abroad
- Spending by households
- Expenditure by government
- Other

**GDP per capita**

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

**Life expectancy**

- Zimbabwe: 49 years
- AFR low income countries: 54 years

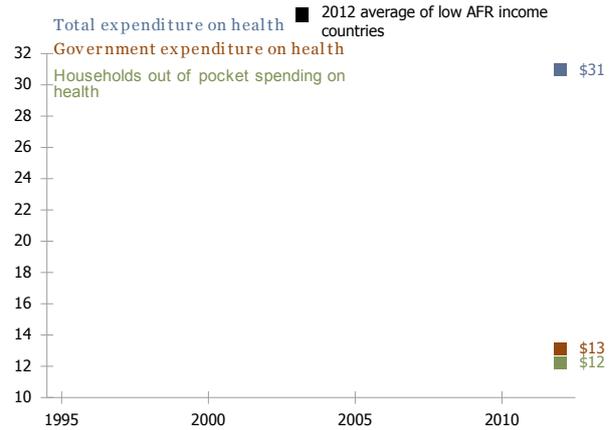
2009 data

**Maternal mortality rate**

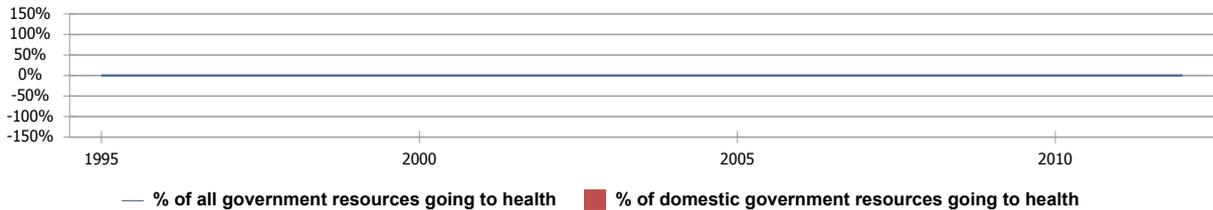
- Zimbabwe: 790 per 100,000 live births
- AFR low income countries: 655 per 100,000 live births

2008 data

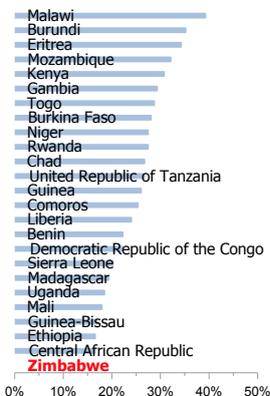
### Per capita expenditure in US\$ (constant 2012 US\$)



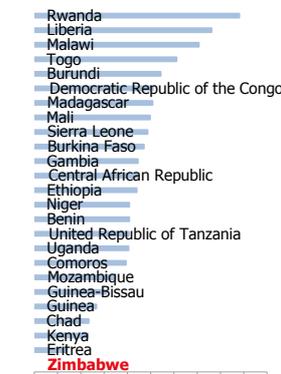
### Government resources allocated to health



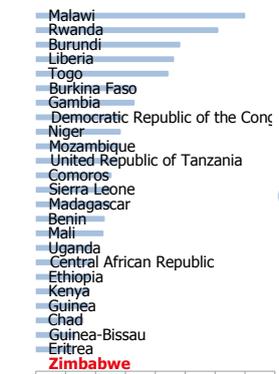
#### General government expenditure (GGE) % GDP



#### General government expenditure on health % GGE



#### General government expenditure on health % GDP



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

Among low AFR countries:  
 Total government expenditure is low as a % of GDP ((0%))  
 Share of government spending allocated to health is low ((0%))  
 Government expenditure on health as a % of GDP is low ((0%))



Source : global health expenditure database

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

# WHO Region of the Americas

- Foreword
- Factsheet
- Policy highlights
- Health expenditures and universal coverage
- Country profile by region 2010
- World Health Statistics 2012 tables
- Technical documentation

Antigua and Barbuda

Argentina

Bahamas

Barbados

Belize

Bolivia Plurinational States

Brazil

Canada

Chile

Colombia

Costa Rica

Cuba

Dominica

Dominican Republic

Ecuador

El Salvador

Grenada

Guatemala

Guyana

Haiti

Honduras

Jamaica

Mexico

Nicaragua

Panama

Paraguay

Peru

Saint Kitts and Nevis

Saint Lucia

Saint Vincent and Grenadines

Suriname

Trinidad and Tobago

United States of America

Uruguay

Venezuela (Bolivarian Republic of)

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Antigua and Barbuda, 2012



Antigua and Barbuda spent  
**61 million US\$**  
 on health care:  
 - **\$681 per capita**  
 - **22% spent by households**

WHO FUNDS HEALTH CARE?

100%

Domestic funding  
 Funding from abroad

WHO BUYS HEALTH CARE?

22%

75%

2%

Spending by households  
 Expenditure by government  
 Other

Antigua and Barbuda:

\$13,207/capita

AMR hi income countries:  
 \$47,830/capita

GDP per capita



Antigua and Barbuda:

74 years

AMR hi income countries: 76 years

Life expectancy



2009 data

Antigua and Barbuda: 0 per

100,000 live births

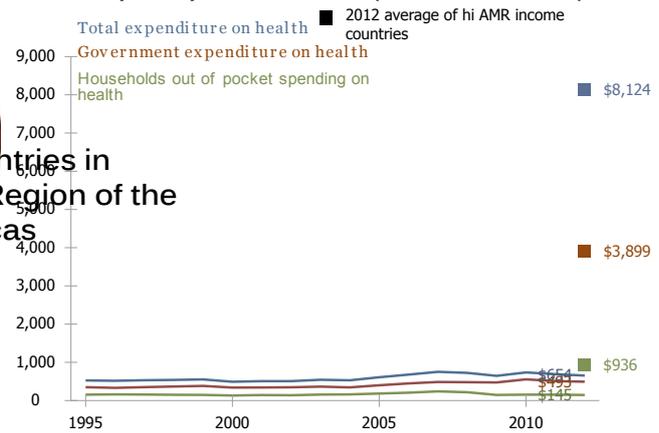
AMR hi income countries:  
 37 per 100,000 live births

Maternal mortality rate

2008 data

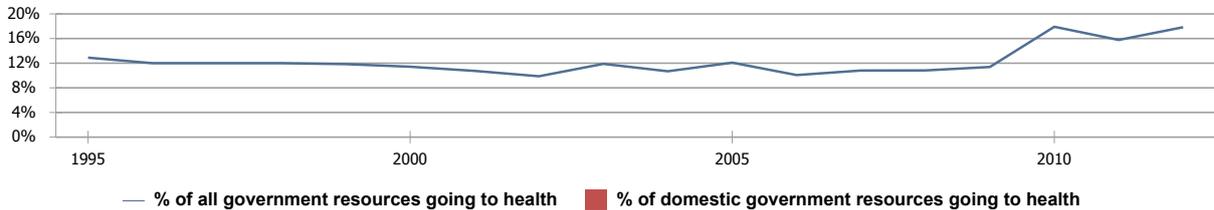


### Per capita expenditure in US\$ (constant 2012 US\$)

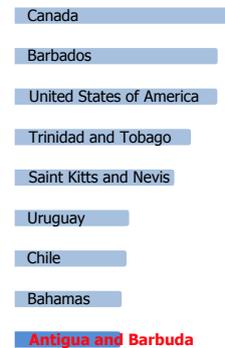


List of countries in WHO Region of the Americas

### Government resources allocated to health



General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



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

Among hi AMR countries:  
 Total government expenditure is low as a % of GDP ((22%))  
 Share of government spending allocated to health is high ((18%))  
 Government expenditure on health as a % of GDP is in the median range ((4%))



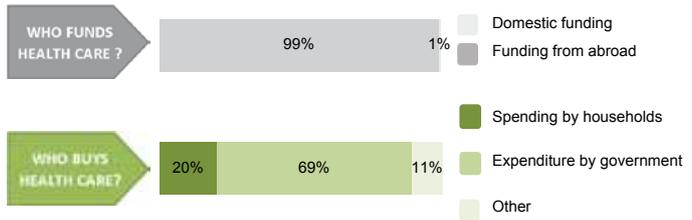
Source : global health expenditure database

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### HEALTH SYSTEM FINANCING COUNTRY PROFILE: Argentina, 2012



Argentina spent **41 billion US\$** on health care:  
 - **\$995 per capita**  
 - **20% spent by households**



• Argentina:  
 \$11,717/capita  
 • AMR up-mid income countries:  
 \$10,094/capita

**GDP per capita**



• Argentina:  
 75 years  
 • AMR up-mid income countries:  
 75 years

**Life expectancy**



2009 data

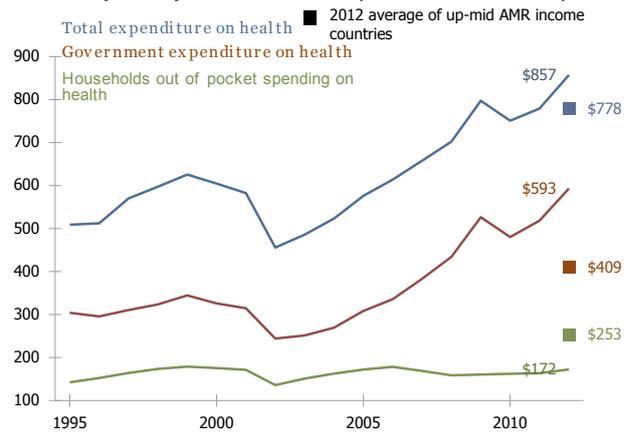
• Argentina: 70 per  
 100,000 live births  
 • AMR up-mid income countries:  
 83 per 100,000 live births

**Maternal mortality rate**

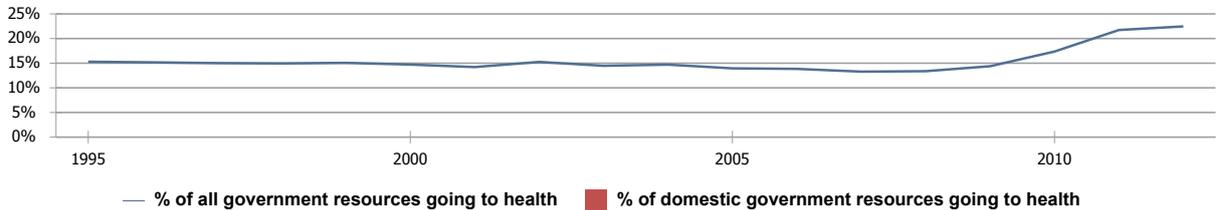


2008 data

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



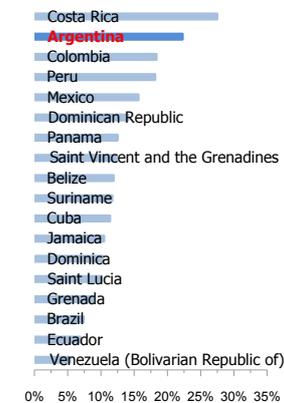
#### Government resources allocated to health



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



#### General government expenditure on health % GGE



#### General government expenditure on health % GDP



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

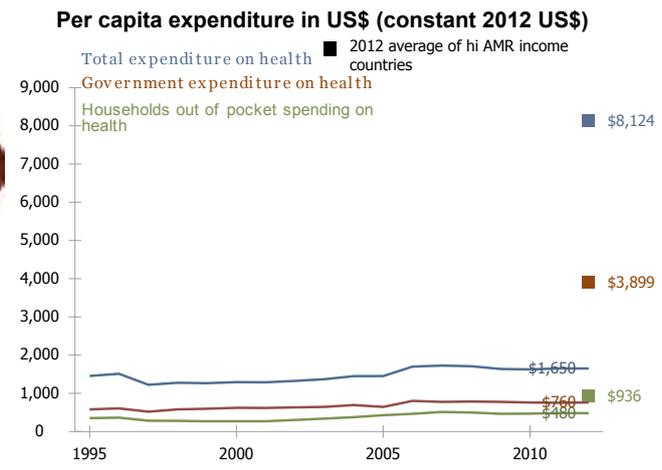
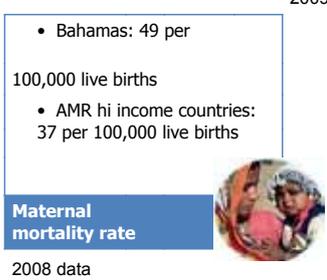
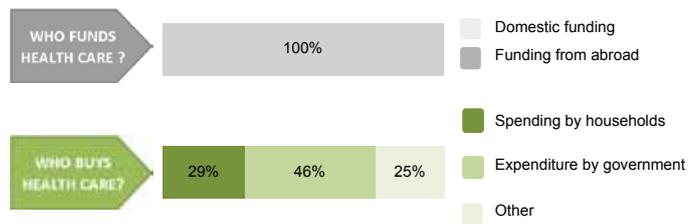
Among up-mid AMR countries:  
 Total government expenditure is low as a % of GDP ((26%))  
 Share of government spending allocated to health is high ((22%))  
 Government expenditure on health as a % of GDP is high ((6%))



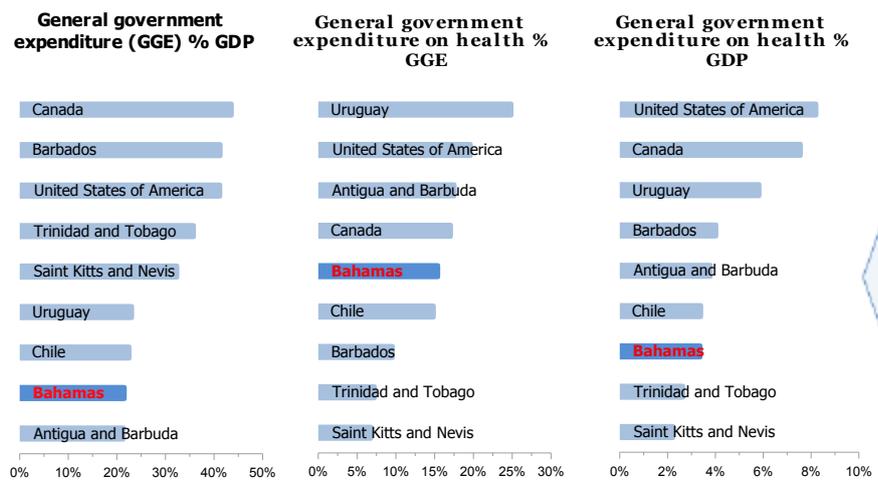
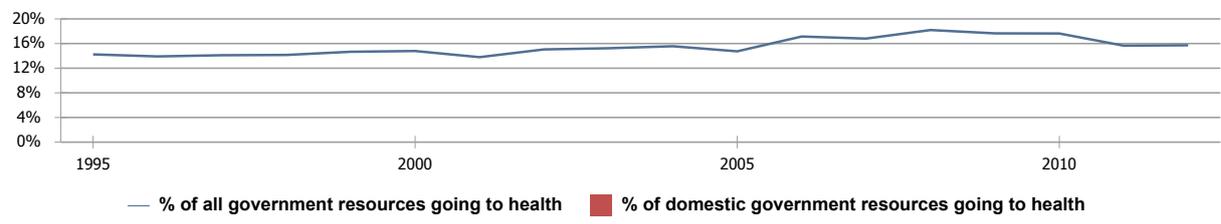
Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Bahamas, 2012



### Government resources allocated to health



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

Among hi AMR countries:  
 Total government expenditure is low as a % of GDP ((22%))  
 Share of government spending allocated to health is in the median range ((16%))  
 Government expenditure on health as a % of GDP is low ((3%))

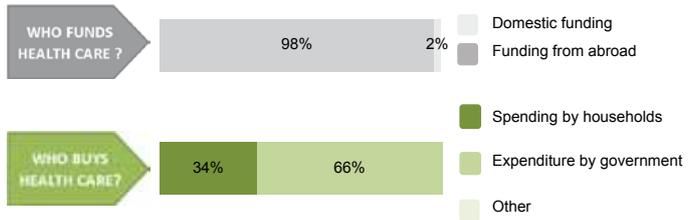
Source : global health expenditure database

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

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



Barbados spent  
**266 million US\$**  
on health care:  
- **\$938 per capita**  
- **34% spent by households**



• Barbados:  
\$14,917/capita  
• AMR hi income countries:  
\$47,830/capita

**GDP per capita**



• Barbados:  
76 years  
• AMR hi income countries:  
76 years

**Life expectancy**



2009 data

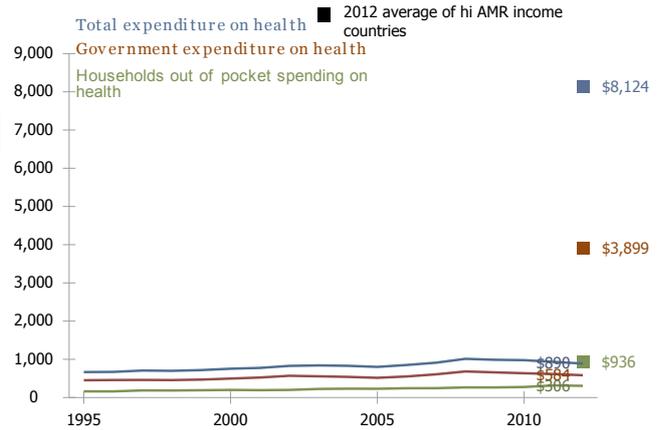
• Barbados: 64 per  
100,000 live births  
• AMR hi income countries:  
37 per 100,000 live births

**Maternal mortality rate**

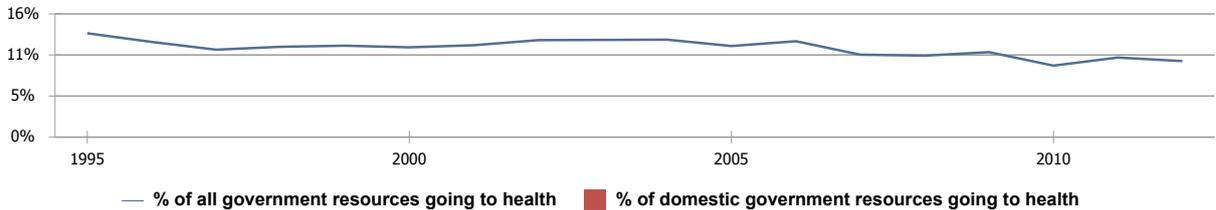


2008 data

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



**Government resources allocated to health**



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



**General government expenditure on health % GGE**



**General government expenditure on health % GDP**



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

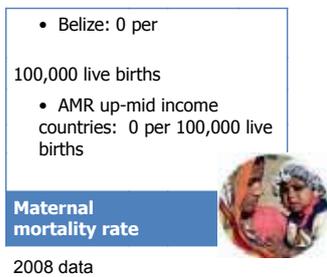
Among hi AMR countries:  
Total government expenditure is high as a % of GDP ((42%))  
Share of government spending allocated to health is low ((10%))  
Government expenditure on health as a % of GDP is in the median range ((4%))



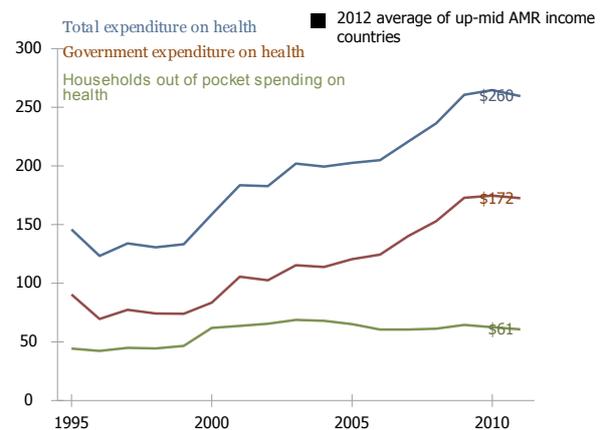
Source : global health expenditure database

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

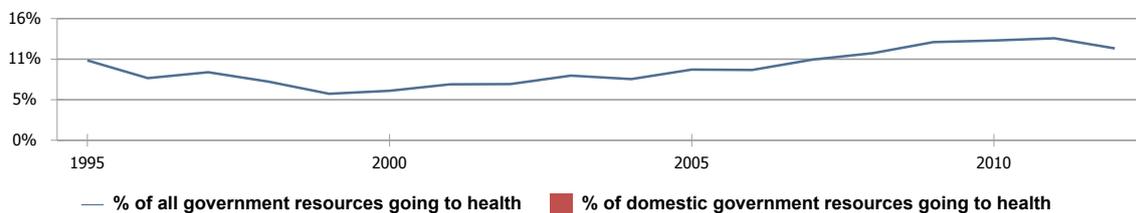
## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Belize, 2012



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



### Government resources allocated to health



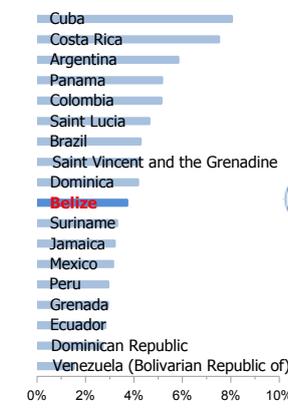
#### General government expenditure (GGE) % GDP



#### General government expenditure on health % GGE



#### General government expenditure on health % GDP



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

Among up-mid AMR countries:

Total government expenditure is in the median range as a % of GDP ((31%))

Share of government spending allocated to health is in the median range ((12%))

Government expenditure on health as a % of GDP is in the median range ((4%))



Source: National Health Accounts database, World Health Organization (nhaweb@who.int)

Footnote:

All the indicators refer to expenditures by Financing Agent classification except External resources which falls in to Financing Source classification. While the components of Total health expenditure (THE) would come up to 100% within the same classification, one cannot expect sum of components of different classifications to come up to THE.

**HEALTH SYSTEM FINANCING COUNTRY PROFILE: Bolivia Plurinational States of, 2012**

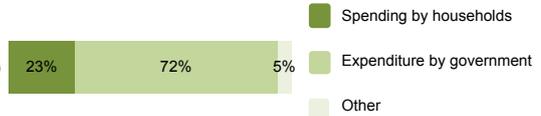


Bolivia Plurinational States of spent **1.6 billion US\$** on health care:  
 - **\$149 per capita**  
 - **23% spent by households**

WHO FUNDS HEALTH CARE?



WHO BUYS HEALTH CARE?



• Bolivia Plurinational States of :  
 \$2,576/capita  
 • AMR low-mid income countries: \$2,967/capita

**GDP per capita**



• Bolivia Plurinational States of :  
 68 years  
 • AMR low-mid income countries: 70 years

**Life expectancy**



2009 data

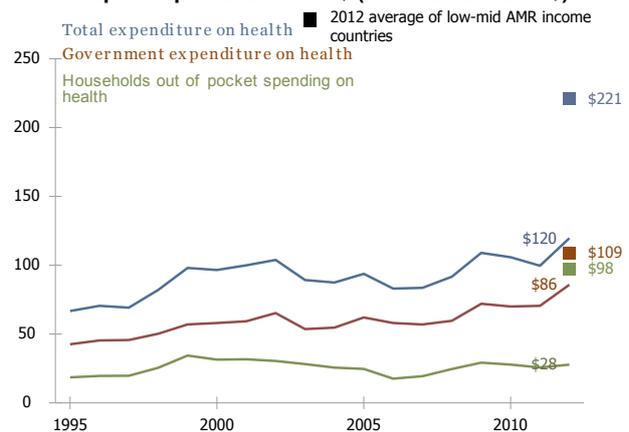
• Bolivia Plurinational States of : 180 per 100,000 live births  
 • AMR low-mid income countries: 139 per 100,000 live births

**Maternal mortality rate**

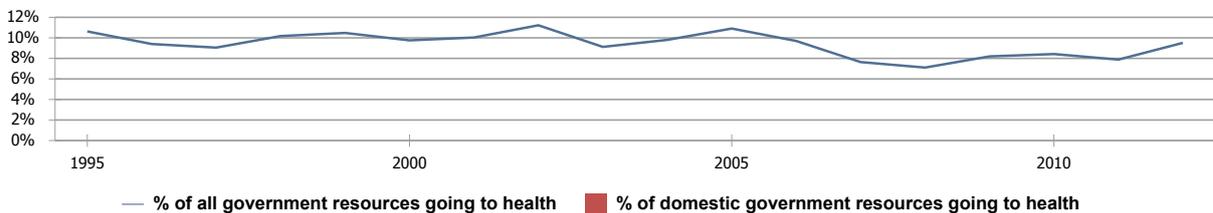


2008 data

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



**Government resources allocated to health**



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



**General government expenditure on health % GGE**



**General government expenditure on health % GDP**



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

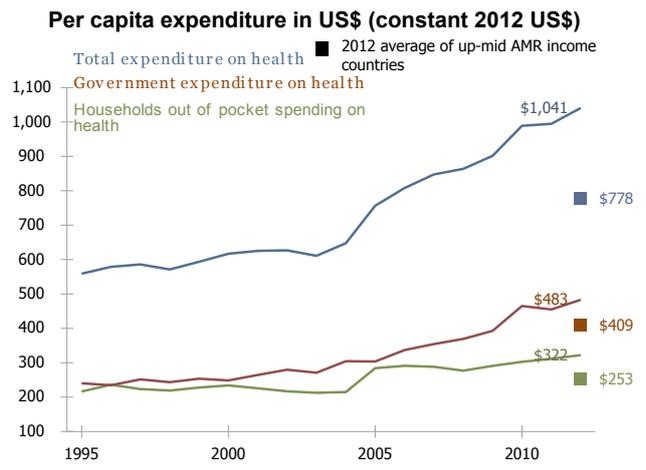
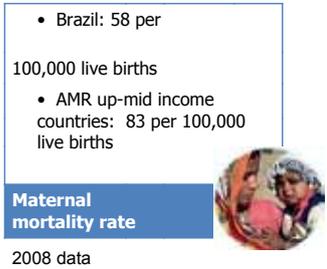
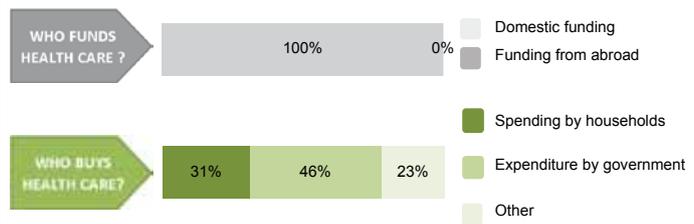
Among low-mid AMR countries:  
 Total government expenditure is high as a % of GDP ((44%))  
 Share of government spending allocated to health is low ((10%))  
 Government expenditure on health as a % of GDP is low ((4%))



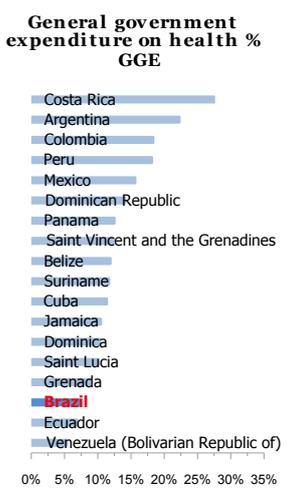
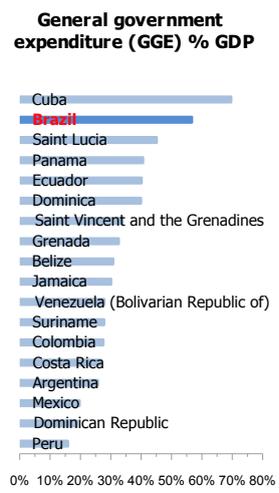
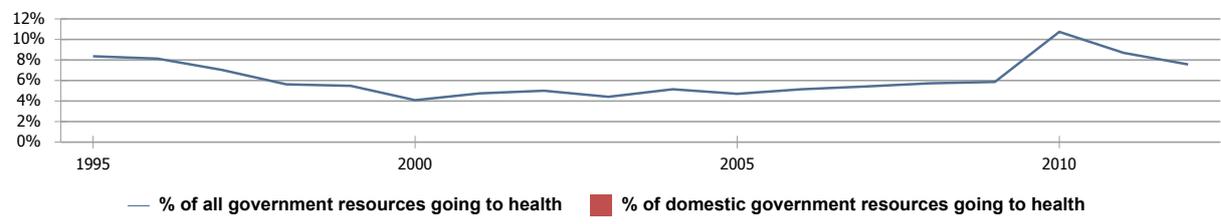
Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Brazil, 2012



### Government resources allocated to health



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

Among up-mid AMR countries:  
 Total government expenditure is high as a % of GDP ((57%))  
 Share of government spending allocated to health is low ((8%))  
 Government expenditure on health as a % of GDP is in the median range ((4%))

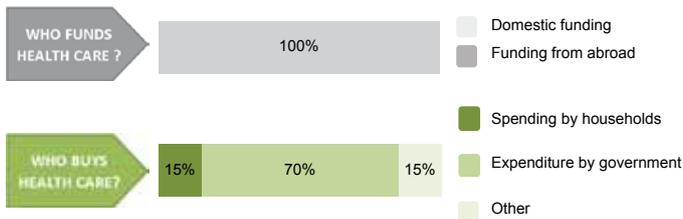
Source : global health expenditure database

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

### HEALTH SYSTEM FINANCING COUNTRY PROFILE: Canada, 2012



Canada spent **199 billion US\$** on health care:  
 - **\$5,741 per capita**  
 - **15% spent by households**



• Canada:  
 \$52,530/capita  
 • AMR hi income countries:  
 \$47,830/capita

**GDP per capita**



• Canada:  
 81 years  
 • AMR hi income countries:  
 76 years

**Life expectancy**



2009 data

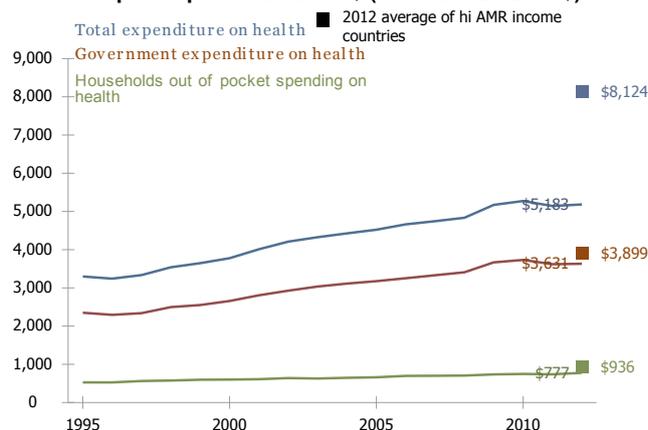
• Canada: 12 per  
 100,000 live births  
 • AMR hi income countries:  
 37 per 100,000 live births

**Maternal mortality rate**

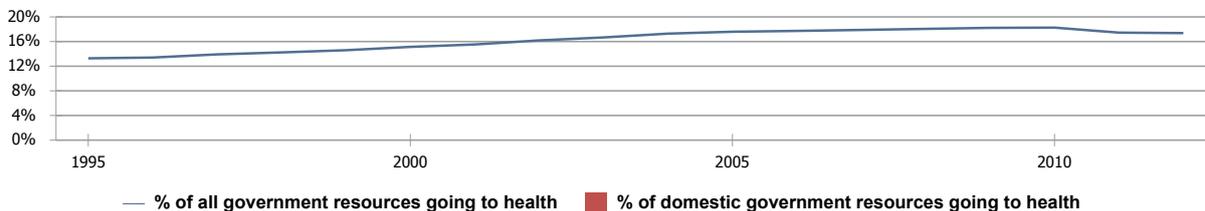


2008 data

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



#### Government resources allocated to health



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



#### General government expenditure on health % GGE



#### General government expenditure on health % GDP



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

Among hi AMR countries:

Total government expenditure is high as a % of GDP ((44%))

Share of government spending allocated to health is in the median range ((17%))

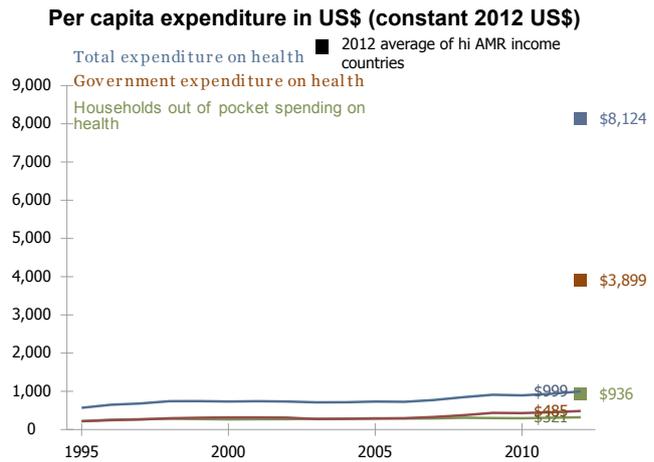
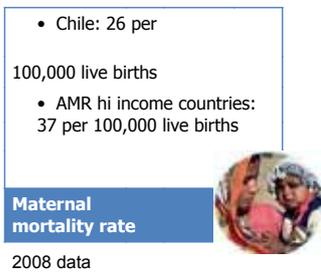
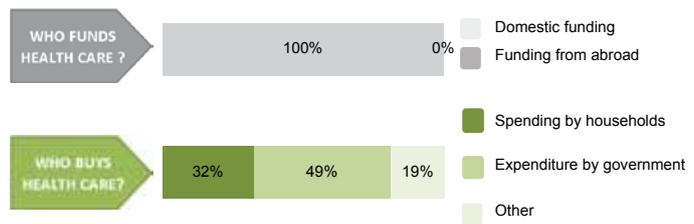
Government expenditure on health as a % of GDP is high ((8%))



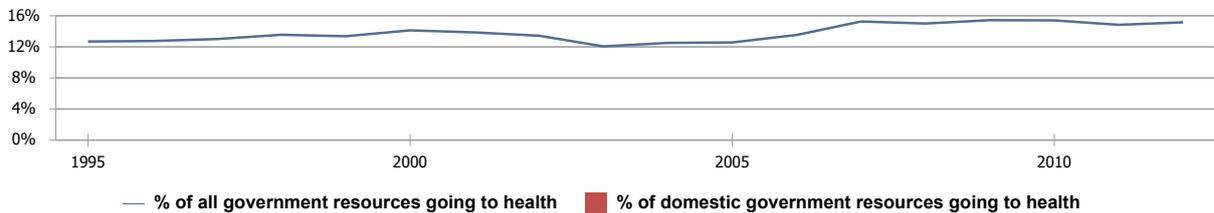
Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Chile, 2012



### Government resources allocated to health



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



#### General government expenditure on health % GGE



#### General government expenditure on health % GDP



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

Among hi AMR countries:  
 Total government expenditure is low as a % of GDP ((23%))  
 Share of government spending allocated to health is in the median range ((15%))  
 Government expenditure on health as a % of GDP is in the median range ((3%))



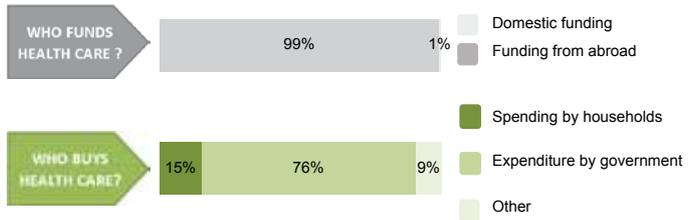
Source : global health expenditure database

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

### HEALTH SYSTEM FINANCING COUNTRY PROFILE: Colombia, 2012



Colombia spent **25 billion US\$** on health care:  
 - **\$530 per capita**  
 - **15% spent by households**



• Colombia:  
 \$7,752/capita  
 • AMR up-mid income countries:  
 \$10,094/capita

**GDP per capita**



• Colombia:  
 76 years  
 • AMR up-mid income countries: 75 years

**Life expectancy**



2009 data

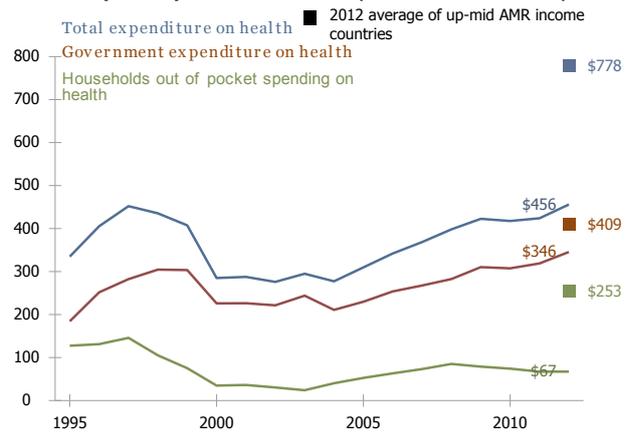
• Colombia: 85 per 100,000 live births  
 • AMR up-mid income countries: 83 per 100,000 live births

**Maternal mortality rate**

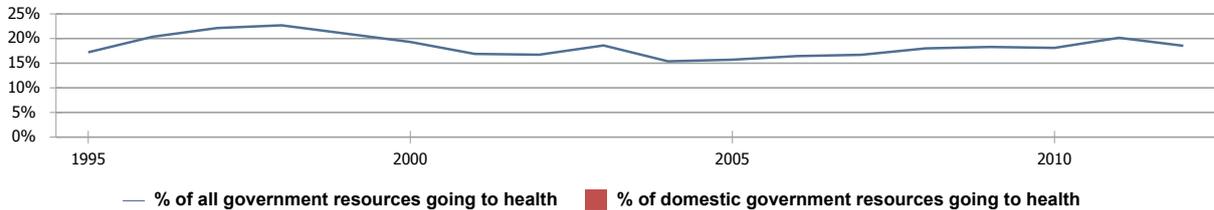


2008 data

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



#### Government resources allocated to health



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



#### General government expenditure on health % GGE



#### General government expenditure on health % GDP



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

Among up-mid AMR countries:  
 Total government expenditure is low as a % of GDP ((28%))  
 Share of government spending allocated to health is high ((19%))  
 Government expenditure on health as a % of GDP is high ((5%))



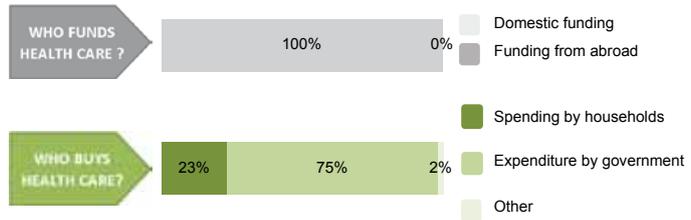
Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Costa Rica, 2012



Costa Rica spent  
**4.6 billion US\$**  
 on health care:  
 - **\$951 per capita**  
 - **23% spent by households**



Costa Rica:  
 \$9,387/capita  
 AMR up-mid income countries: \$10,094/capita

**GDP per capita**



Costa Rica:  
 79 years  
 AMR up-mid income countries: 75 years

**Life expectancy**



2009 data

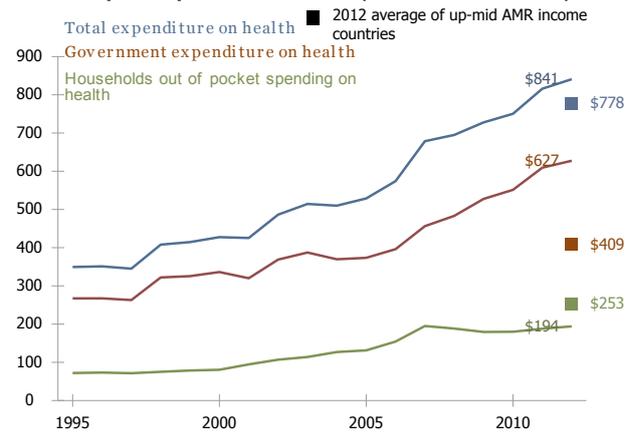
Costa Rica: 44 per 100,000 live births  
 AMR up-mid income countries: 83 per 100,000 live births

**Maternal mortality rate**

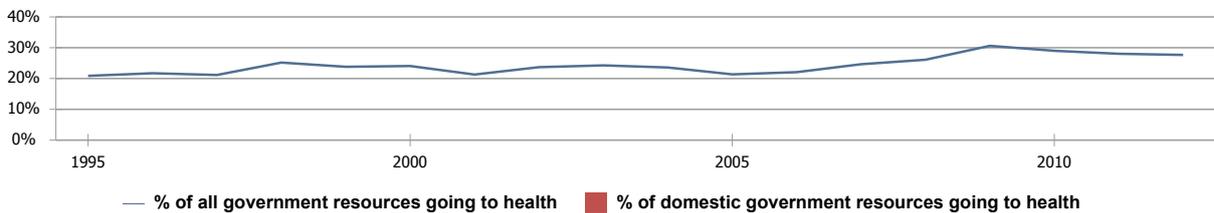


2008 data

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



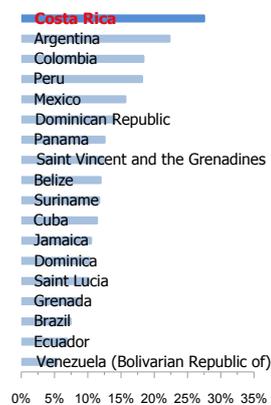
### Government resources allocated to health



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



#### General government expenditure on health % GGE



#### General government expenditure on health % GDP



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

Among up-mid AMR countries:  
 Total government expenditure is low as a % of GDP ((27%))  
 Share of government spending allocated to health is high ((28%))  
 Government expenditure on health as a % of GDP is high ((8%))



Source : global health expenditure database

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

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



Cuba spent  
**6.3 billion US\$**  
on health care:  
**- \$558 per capita**  
**- 6% spent by households**

WHO FUNDS HEALTH CARE?

100% Domestic funding  
0% Funding from abroad

WHO BUYS HEALTH CARE?

6% Spending by households  
94% Expenditure by government  
Other

• Cuba:  
\$6,498/capita

• AMR up-mid income countries:  
\$10,094/capita

**GDP per capita**



• Cuba:  
78 years

• AMR up-mid income countries: 75 years

**Life expectancy**



2009 data

• Cuba: 53 per

100,000 live births

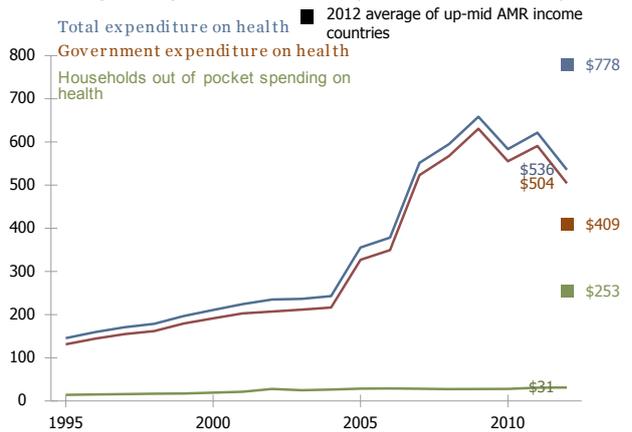
• AMR up-mid income countries: 83 per 100,000 live births

**Maternal mortality rate**

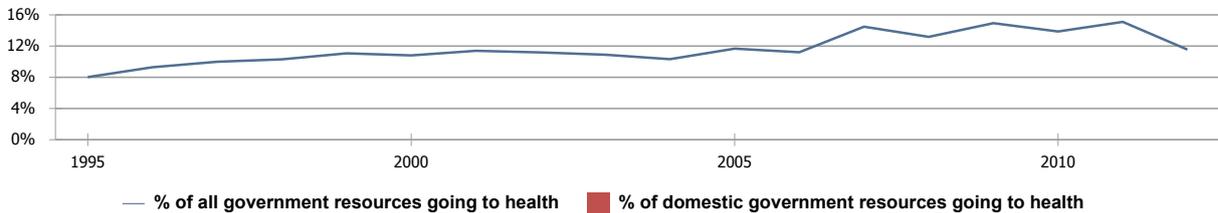


2008 data

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



**Government resources allocated to health**



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



**General government expenditure on health % GGE**



**General government expenditure on health % GDP**



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

Among up-mid AMR countries:

Total government expenditure is high as a % of GDP ((70%))

Share of government spending allocated to health is in the median range ((12%))

Government expenditure on health as a % of GDP is high ((8%))



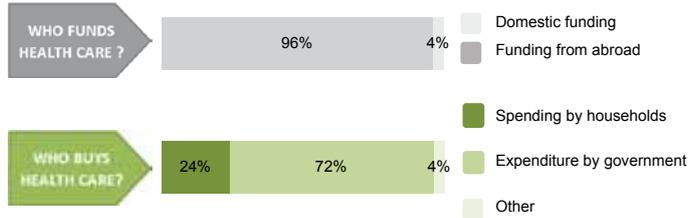
Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: *Dominica, 2012*



Dominica spent  
**28 million US\$**  
 on health care:  
 - **\$392 per capita**  
 - **24% spent by households**



• Dominica:  
 \$6,691/capita  
 • AMR up-mid income countries: \$10,094/capita

**GDP per capita**



• Dominica:  
 74 years  
 • AMR up-mid income countries: 75 years

**Life expectancy**



2009 data

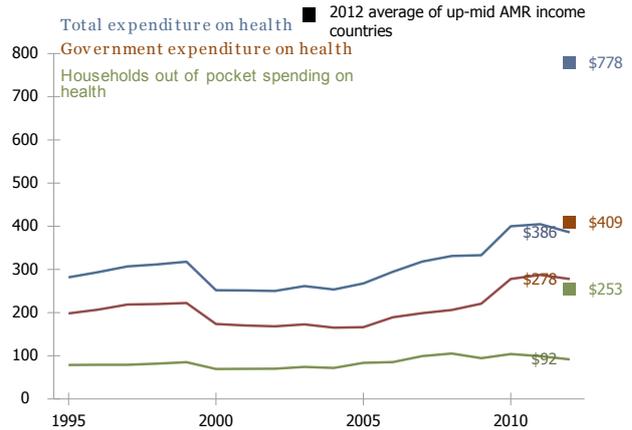
• Dominica: 0 per  
 100,000 live births  
 • AMR up-mid income countries: 83 per 100,000 live births

**Maternal mortality rate**

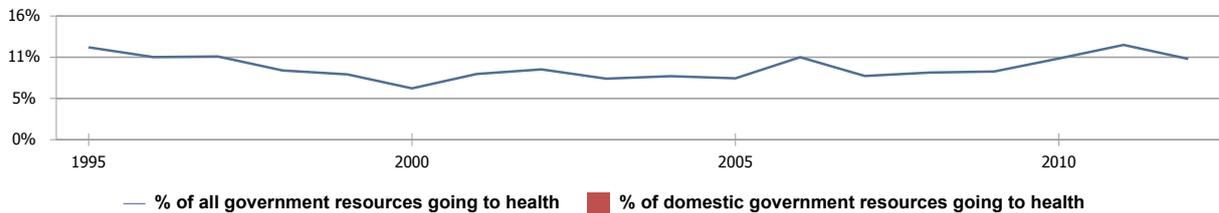


2008 data

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



### Government resources allocated to health



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



#### General government expenditure on health % GGE



#### General government expenditure on health % GDP



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

Among up-mid AMR countries:  
 Total government expenditure is high as a % of GDP ((40%))  
 Share of government spending allocated to health is low ((10%))  
 Government expenditure on health as a % of GDP is in the median range ((4%))



Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Dominican Republic, 2012



Dominican Republic spent  
**3.2 billion US\$**  
on health care:  
**- \$310 per capita**  
**- 39% spent by households**

WHO FUNDS HEALTH CARE?

95%

5%

Domestic funding  
Funding from abroad

WHO BUYS HEALTH CARE?

39%

51%

10%

Spending by households  
Expenditure by government  
Other

• Dominican Republic:  
\$5,731/capita

• AMR up-mid income countries:  
\$10,094/capita

**GDP per capita**



• Dominican Republic:  
71 years

• AMR up-mid income countries:  
75 years

**Life expectancy**



2009 data

• Dominican Republic: 100 per 100,000 live births

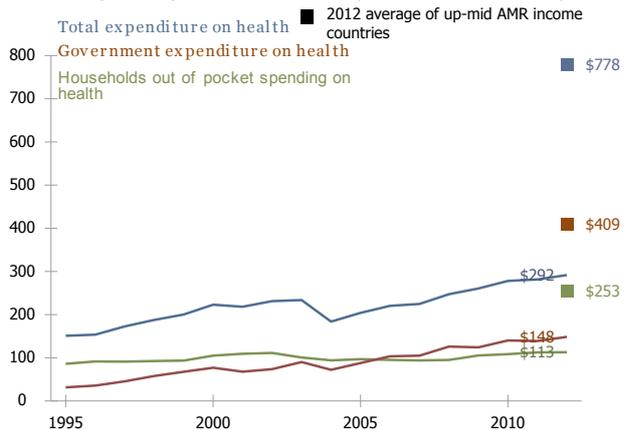
• AMR up-mid income countries: 83 per 100,000 live births

**Maternal mortality rate**

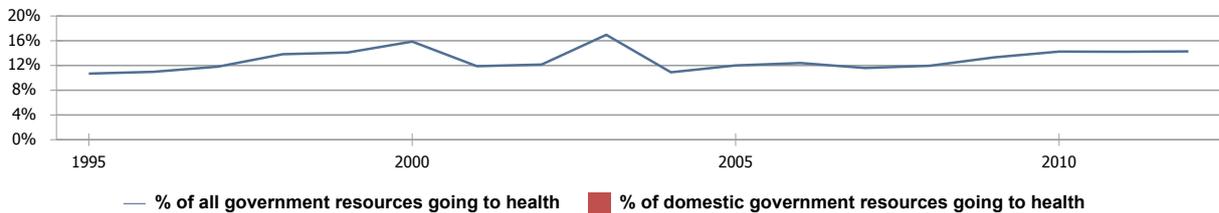


2008 data

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



### Government resources allocated to health



### General government expenditure (GGE) % GDP



### General government expenditure on health % GGE



### General government expenditure on health % GDP



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

Among up-mid AMR countries:

Total government expenditure is low as a % of GDP ((19%))

Share of government spending allocated to health is high ((14%))

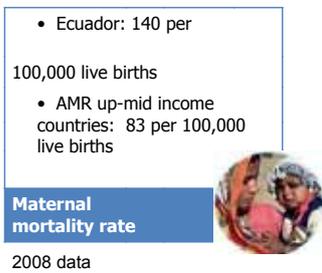
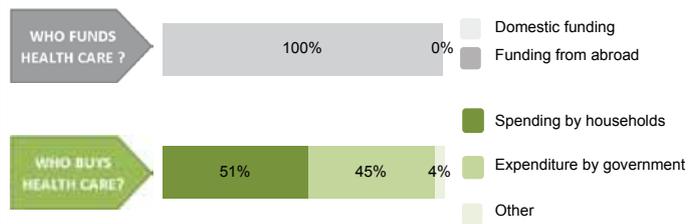
Government expenditure on health as a % of GDP is low ((3%))



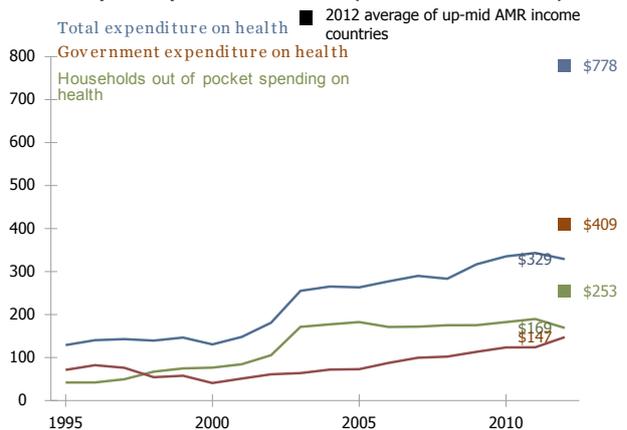
Source : global health expenditure database

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

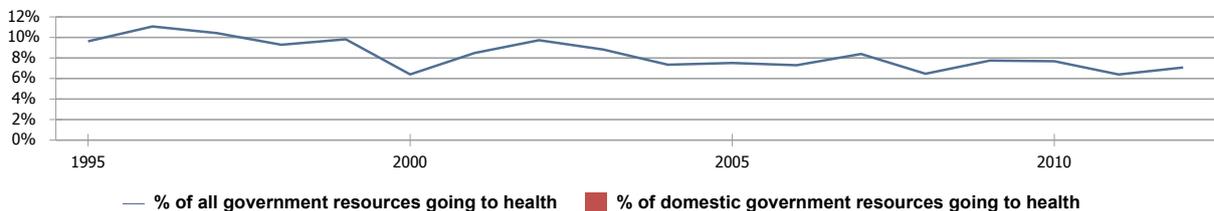
## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Ecuador, 2012



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



### Government resources allocated to health



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



#### General government expenditure on health % GGE



#### General government expenditure on health % GDP



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

Among up-mid AMR countries:  
 Total government expenditure is high as a % of GDP ((41%))  
 Share of government spending allocated to health is low ((7%))  
 Government expenditure on health as a % of GDP is low ((3%))



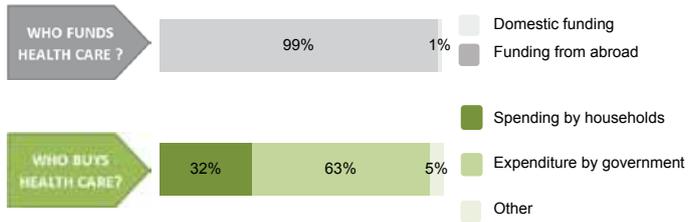
Source : global health expenditure database

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

**HEALTH SYSTEM FINANCING COUNTRY PROFILE: El Salvador, 2012**



El Salvador spent **1.6 billion US\$** on health care: **- \$254 per capita**  
**- 32% spent by households**



• El Salvador:  
\$3,777/capita  
• AMR low-mid income countries: \$2,967/capita

**GDP per capita**



• El Salvador:  
72 years  
• AMR low-mid income countries: 70 years

**Life expectancy**



2009 data

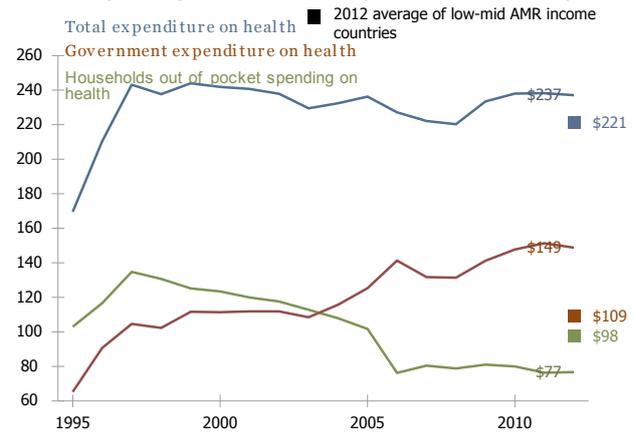
• El Salvador: 110 per 100,000 live births  
• AMR low-mid income countries: 139 per 100,000 live births

**Maternal mortality rate**

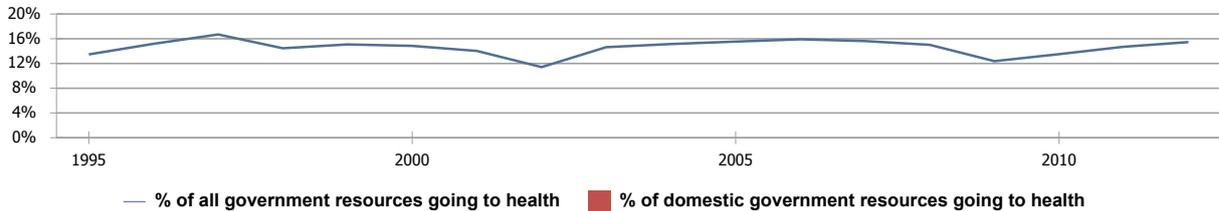


2008 data

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



**Government resources allocated to health**



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



**General government expenditure on health % GGE**



**General government expenditure on health % GDP**



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

Among low-mid AMR countries:

Total government expenditure is in the median range as a % of GDP ((27%))

Share of government spending allocated to health is in the median range ((15%))

Government expenditure on health as a % of GDP is in the median range ((4%))



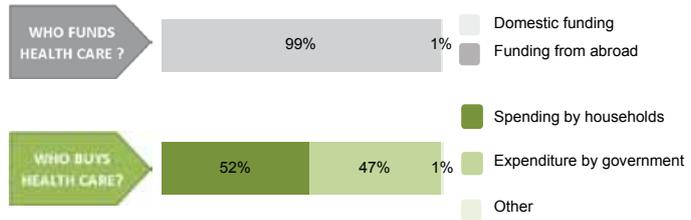
Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Grenada, 2012



Grenada spent  
**50 million US\$**  
 on health care:  
**- \$478 per capita**  
**- 52% spent by households**



Grenada:  
 \$7,485/capita  
 AMR up-mid income countries: \$10,094/capita

**GDP per capita**



Grenada:  
 73 years  
 AMR up-mid income countries: 75 years

**Life expectancy**



2009 data

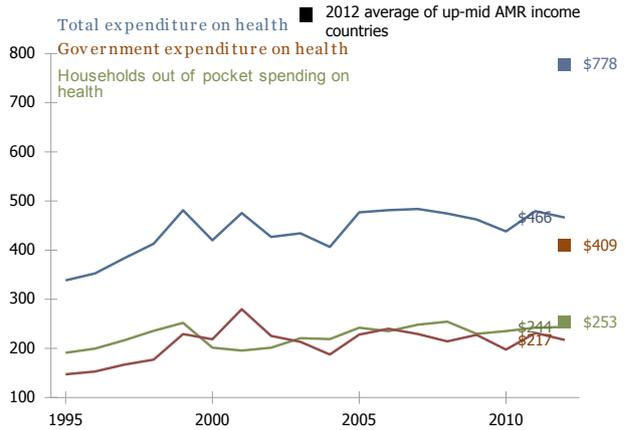
Grenada: 0 per  
 100,000 live births  
 AMR up-mid income countries: 83 per 100,000 live births

**Maternal mortality rate**

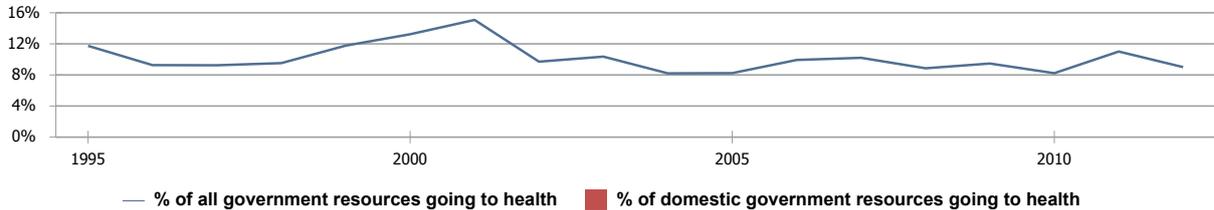


2008 data

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



### Government resources allocated to health



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



#### General government expenditure on health % GGE



#### General government expenditure on health % GDP



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

Among up-mid AMR countries:

Total government expenditure is in the median range as a % of GDP ((33%))

Share of government spending allocated to health is low ((9%))

Government expenditure on health as a % of GDP is low ((3%))



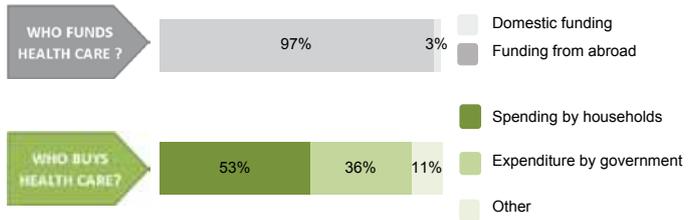
Source : global health expenditure database

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

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



Guatemala spent **3.4 billion US\$** on health care:  
 - \$226 per capita  
 - 53% spent by households



• Guatemala:  
 \$3,348/capita  
 • AMR low-mid income countries: \$2,967/capita

**GDP per capita**



• Guatemala:  
 69 years  
 • AMR low-mid income countries: 70 years

**Life expectancy**



2009 data

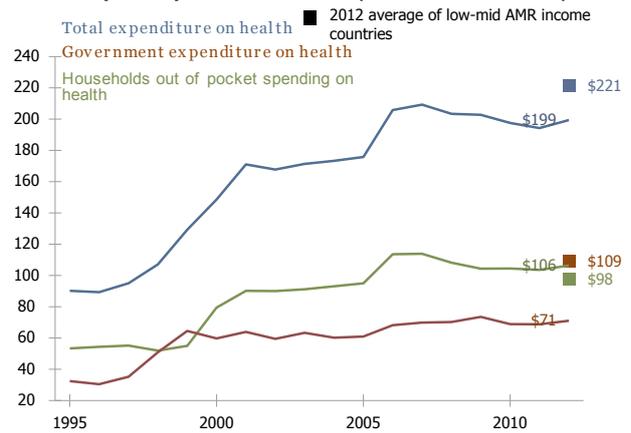
• Guatemala: 110 per 100,000 live births  
 • AMR low-mid income countries: 139 per 100,000 live births

**Maternal mortality rate**

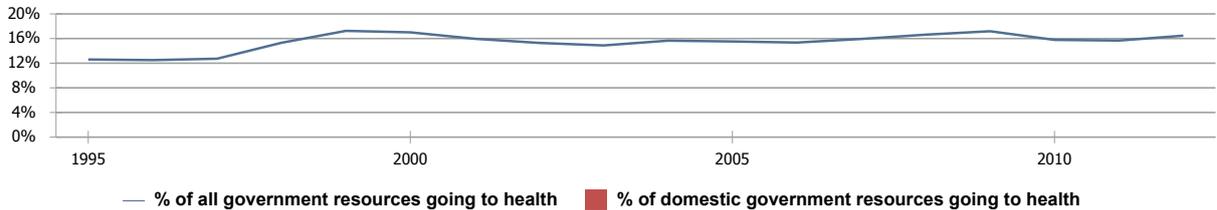


2008 data

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



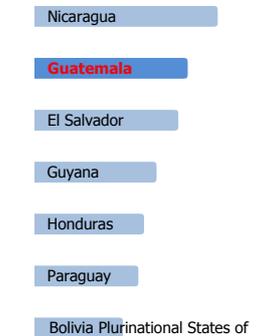
**Government resources allocated to health**



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



**General government expenditure on health % GGE**



**General government expenditure on health % GDP**



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

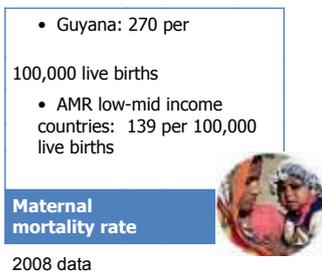
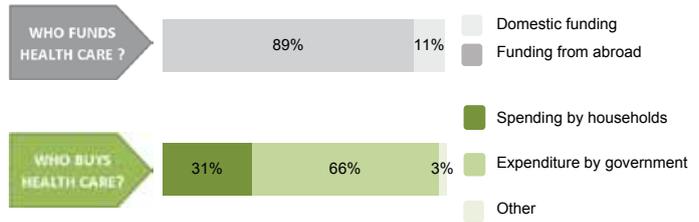
Among low-mid AMR countries:  
 Total government expenditure is low as a % of GDP ((15%))  
 Share of government spending allocated to health is high ((16%))  
 Government expenditure on health as a % of GDP is low ((2%))



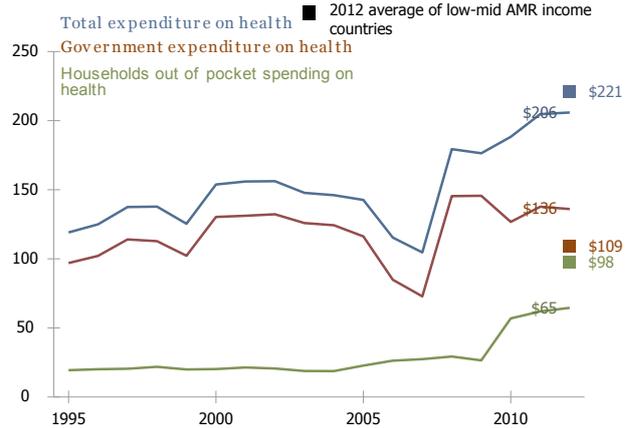
Source : global health expenditure database

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

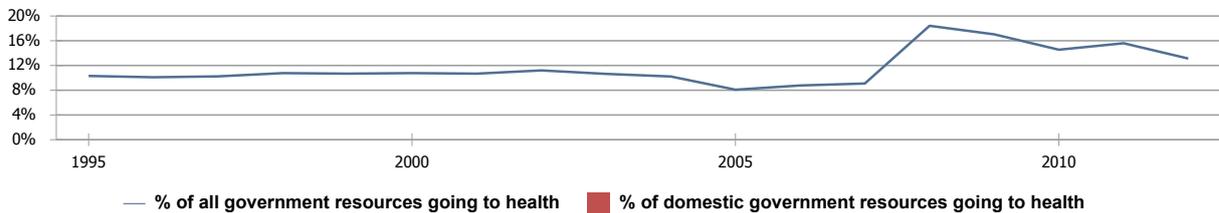
## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Guyana, 2012



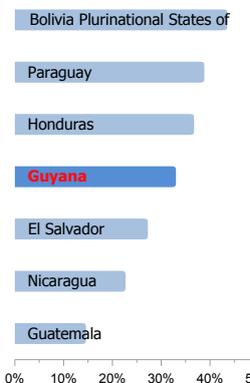
### Per capita expenditure in US\$ (constant 2012 US\$)



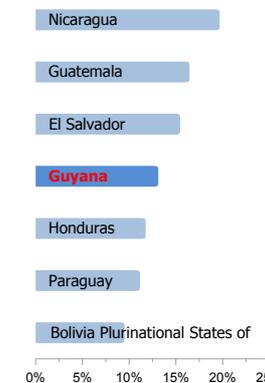
### Government resources allocated to health



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



#### General government expenditure on health % GGE



#### General government expenditure on health % GDP



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

Among low-mid AMR countries:  
 Total government expenditure is in the median range as a % of GDP ((33%))  
 Share of government spending allocated to health is in the median range ((13%))  
 Government expenditure on health as a % of GDP is in the median range ((4%))



Source : global health expenditure database

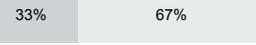
Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal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

### HEALTH SYSTEM FINANCING COUNTRY PROFILE: Haiti, 2012

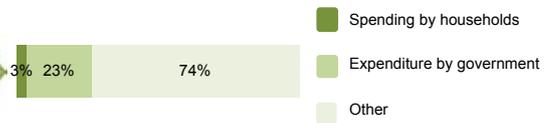


Haiti spent  
**535 million US\$**  
on health care:  
- **\$53 per capita**  
- **3% spent by households**

WHO FUNDS HEALTH CARE ?



WHO BUYS HEALTH CARE ?



• Haiti:  
\$816/capita  
• AMR low income countries: \$816/capita

**GDP per capita**



• Haiti:  
62 years  
• AMR low income countries: 62 years

**Life expectancy**



2009 data

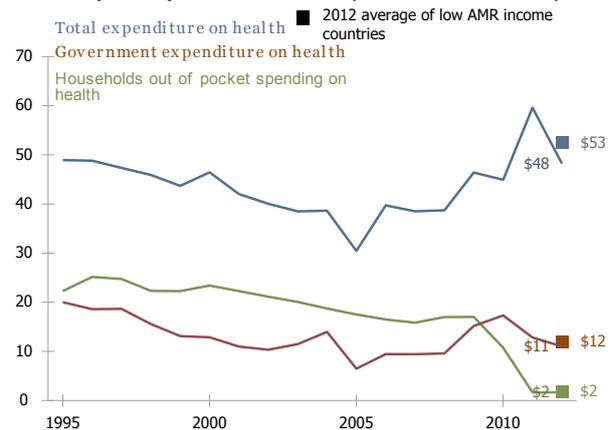
• Haiti: 300 per 100,000 live births  
• AMR low income countries: 300 per 100,000 live births

**Maternal mortality rate**

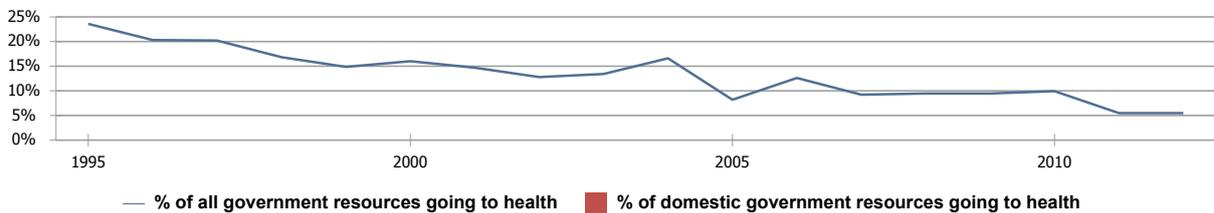
2008 data



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



**Government resources allocated to health**



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



0% 10% 20% 30% 40% 50% 60% 70%

**General government expenditure on health % GGE**



0% 5% 10% 15% 20% 25% 30% 35% 40%

**General government expenditure on health % GDP**



0% 2% 4% 6% 8% 10% 12% 14% 16% 18% 20%

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

Among low AMR countries:

Total government expenditure is in the median range as a % of GDP ((27%))

Share of government spending allocated to health is in the median range ((5%))

Government expenditure on health as a % of GDP is in the median range ((1%))



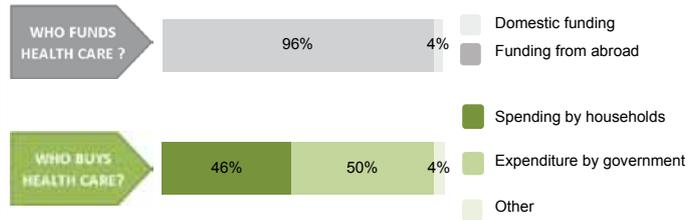
Source : global health expenditure database

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## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Honduras, 2012



Honduras spent  
**1.5 billion US\$**  
 on health care:  
 - **\$195 per capita**  
 - **46% spent by households**



Honduras:  
 \$2,268/capita  
 • AMR low-mid income countries: \$2,967/capita

### GDP per capita



Honduras:  
 69 years  
 • AMR low-mid income countries: 70 years

### Life expectancy



2009 data

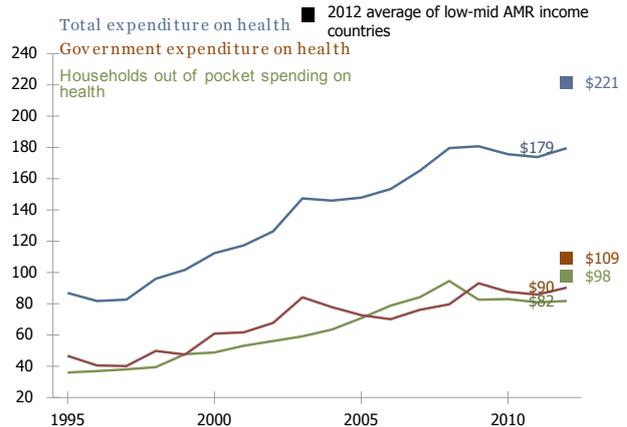
Honduras: 110 per  
 100,000 live births  
 • AMR low-mid income countries: 139 per 100,000 live births

### Maternal mortality rate

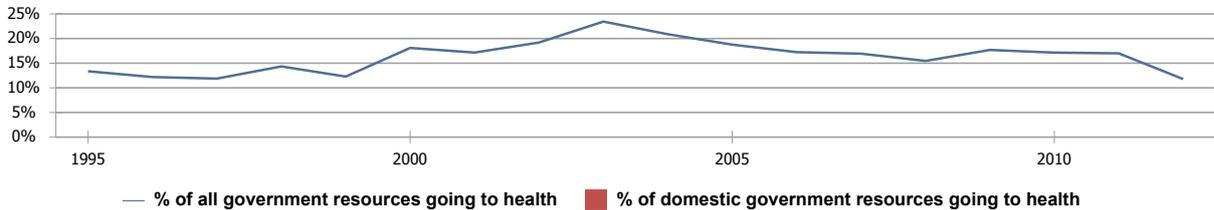


2008 data

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



### Government resources allocated to health



### General government expenditure (GGE) % GDP



### General government expenditure on health % GGE



### General government expenditure on health % GDP



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

Among low-mid AMR countries:

Total government expenditure is in the median range as a % of GDP ((37%))

Share of government spending allocated to health is in the median range ((12%))

Government expenditure on health as a % of GDP is in the median range ((4%))



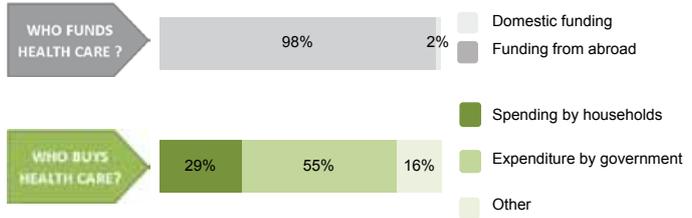
Source : global health expenditure database

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



Jamaica spent **882 million US\$** on health care:  
 - **\$318 per capita**  
 - **29% spent by households**



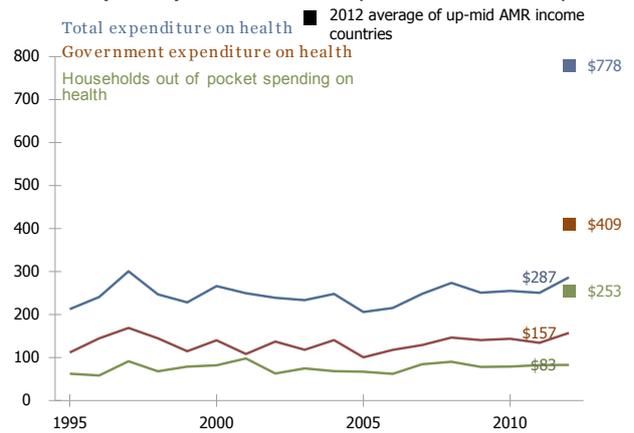
**GDP per capita**  
 • Jamaica: \$5,374/capita  
 • AMR up-mid income countries: \$10,094/capita



**Life expectancy**  
 • Jamaica: 71 years  
 • AMR up-mid income countries: 75 years



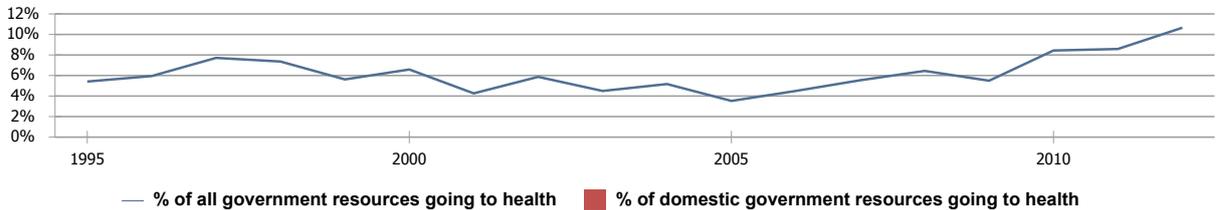
**Per capita expenditure in US\$ (constant 2012 US\$)**



**Maternal mortality rate**  
 • Jamaica: 89 per 100,000 live births  
 • AMR up-mid income countries: 83 per 100,000 live births



**Government resources allocated to health**



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

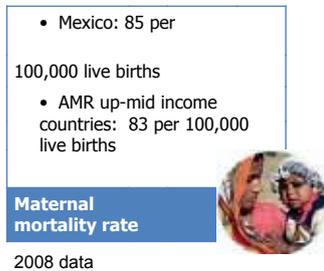
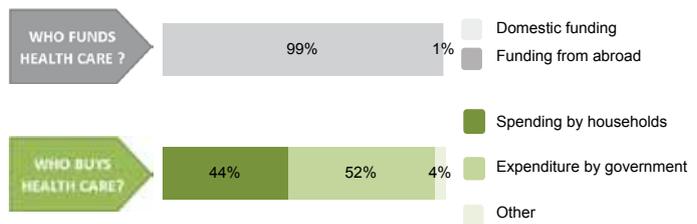
Among up-mid AMR countries:  
 Total government expenditure is in the median range as a % of GDP ((31%))  
 Share of government spending allocated to health is in the median range ((11%))  
 Government expenditure on health as a % of GDP is in the median range ((3%))



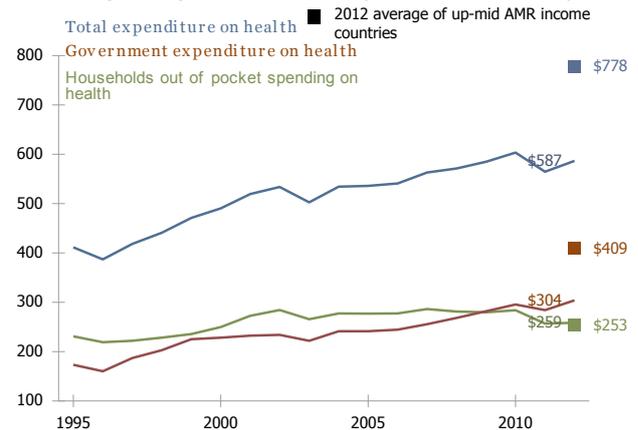
Source : global health expenditure database

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

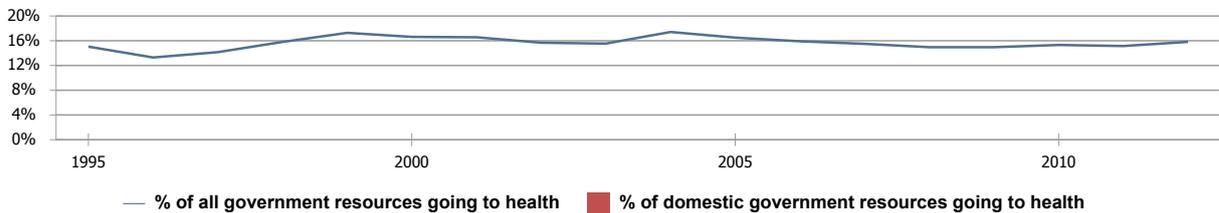
## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Mexico, 2012



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



### Government resources allocated to health



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



#### General government expenditure on health % GGE



#### General government expenditure on health % GDP



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

Among up-mid AMR countries:

- Total government expenditure is low as a % of GDP ((20%))
- Share of government spending allocated to health is high ((16%))
- Government expenditure on health as a % of GDP is low ((3%))



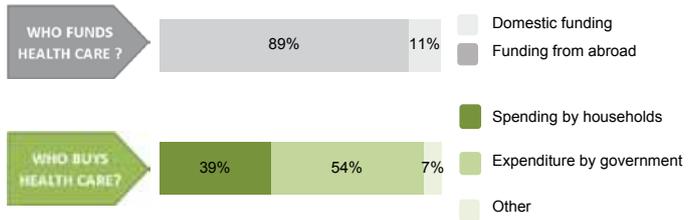
Source : global health expenditure database

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

### HEALTH SYSTEM FINANCING COUNTRY PROFILE: Nicaragua, 2012



Nicaragua spent **865 million US\$** on health care:  
 - **\$144 per capita**  
 - **39% spent by households**



• Nicaragua:  
 \$1,754/capita  
 • AMR low-mid income countries: \$2,967/capita

**GDP per capita**



• Nicaragua:  
 74 years  
 • AMR low-mid income countries: 70 years

**Life expectancy**



2009 data

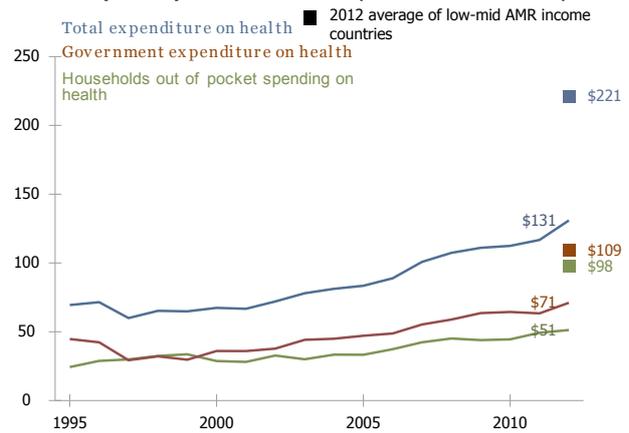
• Nicaragua: 100 per 100,000 live births  
 • AMR low-mid income countries: 139 per 100,000 live births

**Maternal mortality rate**

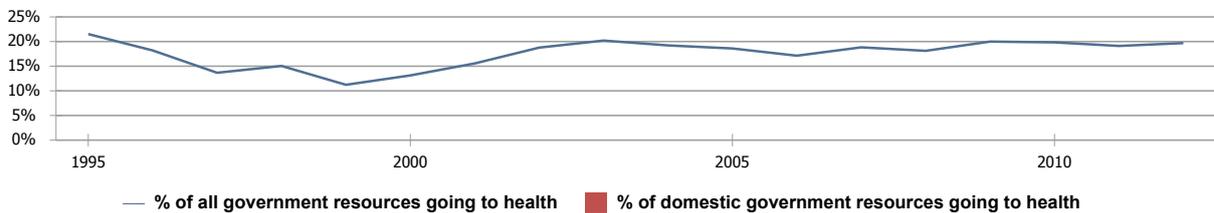


2008 data

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



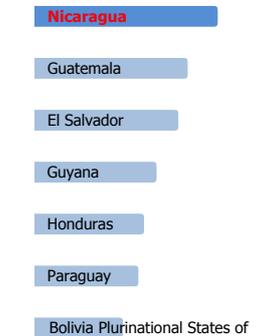
#### Government resources allocated to health



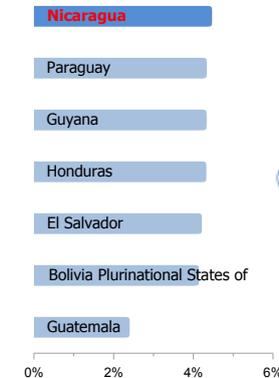
#### General government expenditure (GGE) % GDP



#### General government expenditure on health % GGE



#### General government expenditure on health % GDP



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

Among low-mid AMR countries:  
 Total government expenditure is low as a % of GDP ((23%))  
 Share of government spending allocated to health is high ((20%))  
 Government expenditure on health as a % of GDP is high ((4%))



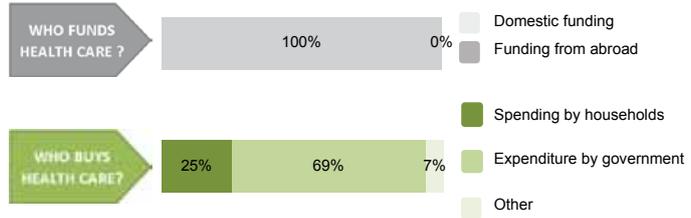
Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Panama, 2012



Panama spent  
**2.8 billion US\$**  
 on health care:  
 - **\$723 per capita**  
 - **25% spent by households**



• Panama:  
 \$9,534/capita  
 • AMR up-mid income countries:  
 \$10,094/capita

### GDP per capita



• Panama:  
 77 years  
 • AMR up-mid income countries:  
 75 years

### Life expectancy



2009 data

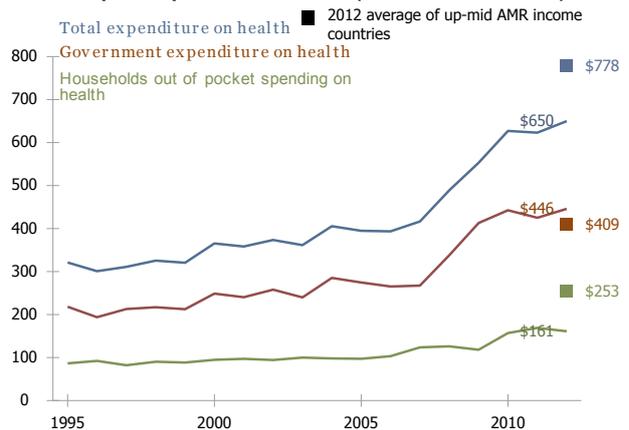
• Panama: 71 per  
 100,000 live births  
 • AMR up-mid income countries:  
 83 per 100,000 live births

### Maternal mortality rate

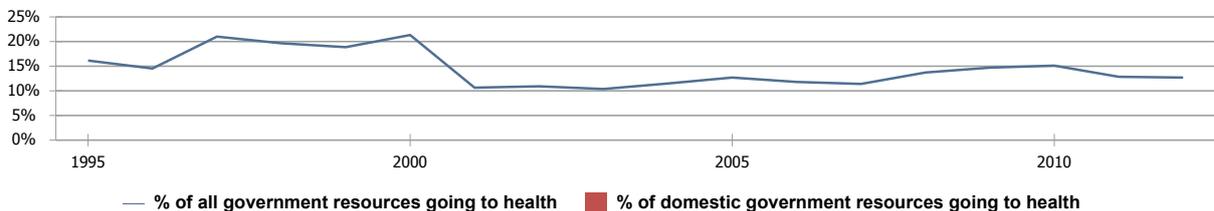


2008 data

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



### Government resources allocated to health



### General government expenditure (GGE) % GDP



### General government expenditure on health % GGE



### General government expenditure on health % GDP



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

Among up-mid AMR countries:

Total government expenditure is high as a % of GDP ((41%))

Share of government spending allocated to health is in the median range ((13%))

Government expenditure on health as a % of GDP is high ((5%))



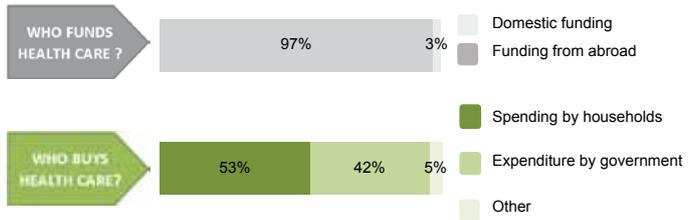
Source : global health expenditure database

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

### HEALTH SYSTEM FINANCING COUNTRY PROFILE: Paraguay, 2012



Paraguay spent **2.6 billion US\$** on health care:  
 - **\$392 per capita**  
 - **53% spent by households**



• Paraguay: \$3,799/capita  
 • AMR low-mid income countries: \$2,967/capita

**GDP per capita**



• Paraguay: 74 years  
 • AMR low-mid income countries: 70 years

**Life expectancy**



2009 data

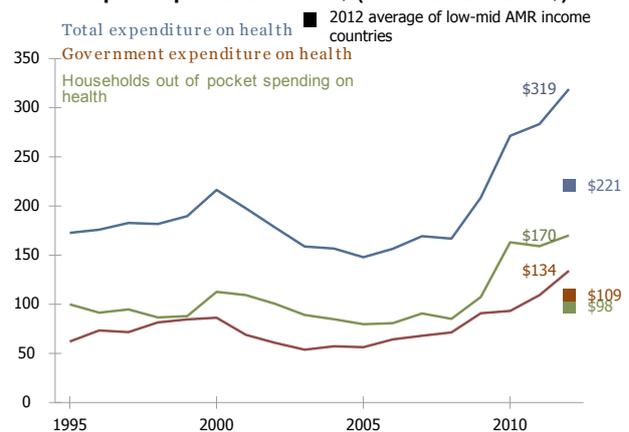
• Paraguay: 95 per 100,000 live births  
 • AMR low-mid income countries: 139 per 100,000 live births

**Maternal mortality rate**

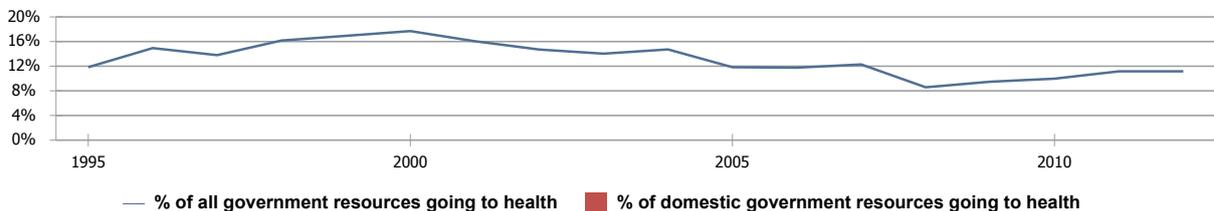


2008 data

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



**Government resources allocated to health**



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



**General government expenditure on health % GGE**



**General government expenditure on health % GDP**



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

Among low-mid AMR countries:  
 Total government expenditure is high as a % of GDP ((39%))  
 Share of government spending allocated to health is low ((11%))  
 Government expenditure on health as a % of GDP is high ((4%))



Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Peru, 2012



Peru spent  
**10 billion US\$**  
 on health care:  
**- \$337 per capita**  
**- 36% spent by households**

WHO FUNDS HEALTH CARE?

99% Domestic funding  
 1% Funding from abroad

WHO BUYS HEALTH CARE?

36% Spending by households  
 59% Expenditure by government  
 5% Other

Peru:  
 \$6,654/capita  
 • AMR up-mid income countries: \$10,094/capita

**GDP per capita**



Peru:  
 76 years  
 • AMR up-mid income countries: 75 years

**Life expectancy**



2009 data

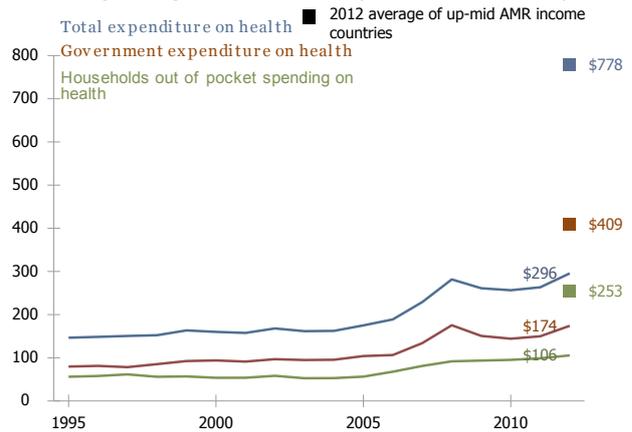
Peru: 98 per  
 100,000 live births  
 • AMR up-mid income countries: 83 per 100,000 live births

**Maternal mortality rate**

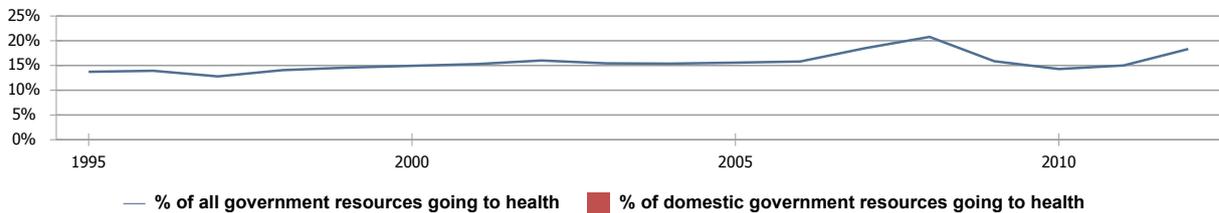


2008 data

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



### Government resources allocated to health



### General government expenditure (GGE) % GDP



### General government expenditure on health % GGE



### General government expenditure on health % GDP



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

Among up-mid AMR countries:  
 Total government expenditure is low as a % of GDP ((16%))  
 Share of government spending allocated to health is high ((18%))  
 Government expenditure on health as a % of GDP is low ((3%))



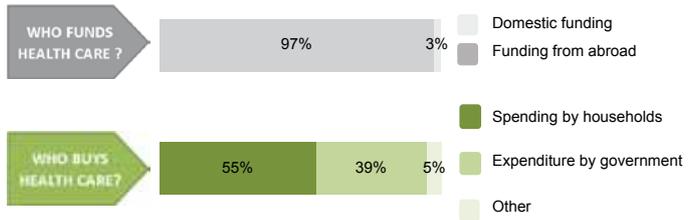
Source : global health expenditure database

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

### HEALTH SYSTEM FINANCING COUNTRY PROFILE: Saint Kitts and Nevis, 2012



Saint Kitts and Nevis spent **44 million US\$** on health care:  
 - **\$825 per capita**  
 - **55% spent by households**



• Saint Kitts and Nevis: \$13,967/capita  
 • AMR hi income countries: \$47,830/capita

**GDP per capita**



• Saint Kitts and Nevis: 74 years  
 • AMR hi income countries: 76 years

**Life expectancy**



2009 data

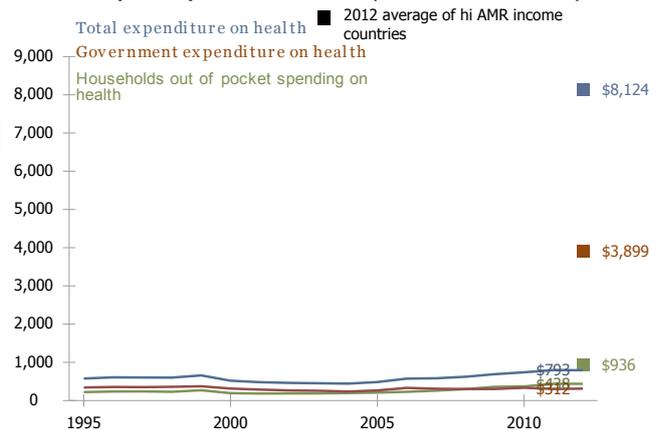
• Saint Kitts and Nevis: 0 per 100,000 live births  
 • AMR hi income countries: 37 per 100,000 live births

**Maternal mortality rate**

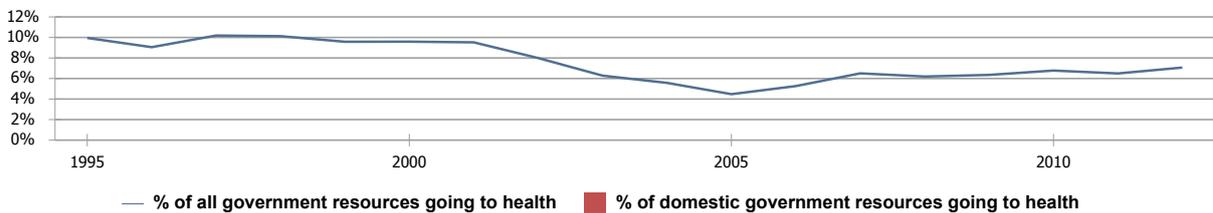


2008 data

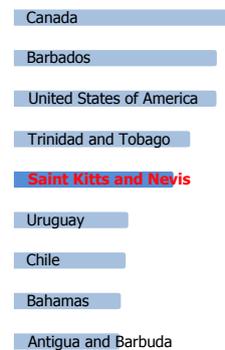
#### Per capita expenditure in US\$ (constant 2012 US\$)



#### Government resources allocated to health



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



#### General government expenditure on health % GGE



#### General government expenditure on health % GDP



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

Among hi AMR countries:  
 Total government expenditure is in the median range as a % of GDP ((33%))  
 Share of government spending allocated to health is low ((7%))  
 Government expenditure on health as a % of GDP is low ((2%))



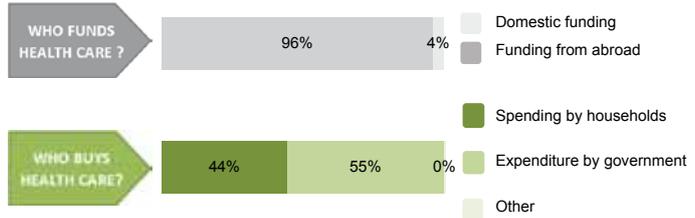
Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Saint Lucia, 2012



Saint Lucia spent  
**101 million US\$**  
 on health care:  
 - **\$556 per capita**  
 - **44% spent by households**



• Saint Lucia:  
 \$6,558/capita  
 • AMR up-mid income countries:  
 \$10,094/capita

**GDP per capita**



• Saint Lucia:  
 74 years  
 • AMR up-mid income countries:  
 75 years

**Life expectancy**

2009 data



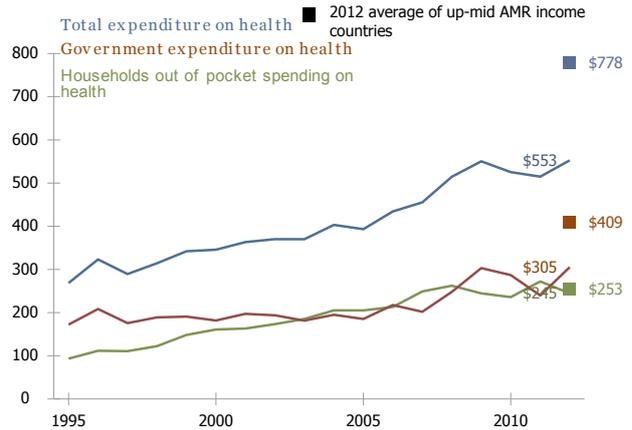
• Saint Lucia: 0 per  
 100,000 live births  
 • AMR up-mid income countries:  
 83 per 100,000 live births

**Maternal mortality rate**

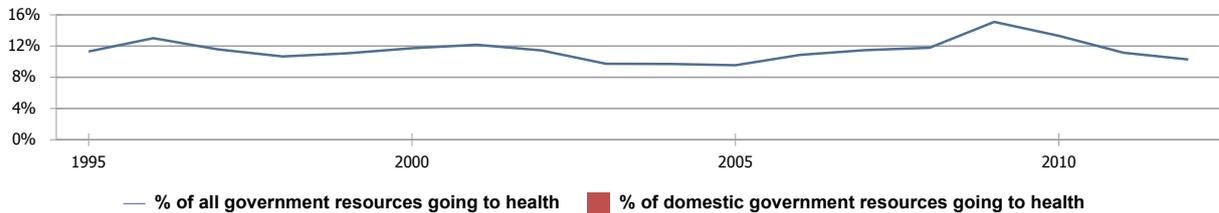
2008 data



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



### Government resources allocated to health



### General government expenditure (GGE) % GDP



### General government expenditure on health % GGE



### General government expenditure on health % GDP



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

Among up-mid AMR countries:

- Total government expenditure is high as a % of GDP ((46%))
- Share of government spending allocated to health is low ((10%))
- Government expenditure on health as a % of GDP is high ((5%))



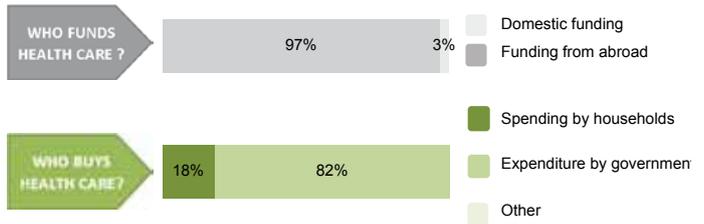
Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Saint Vincent and the Grenadines, 2012



Saint Vincent and the Grenadines spent **37 million US\$** on health care: **-\$340 per capita** **- 18% spent by households**



**GDP per capita**

- Saint Vincent and the Grenadines: \$6,515/capita
- AMR up-mid income countries: \$10,094/capita



**Life expectancy**

- Saint Vincent and the Grenadines: 73 years
- AMR up-mid income countries: 75 years

2009 data



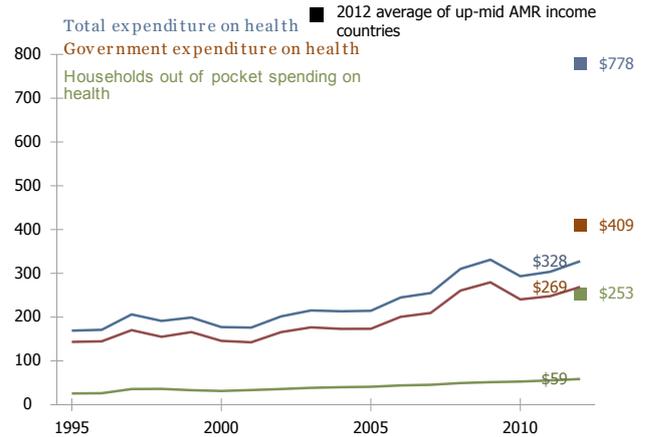
**Maternal mortality rate**

- Saint Vincent and the Grenadines: 0 per 100,000 live births
- AMR up-mid income countries: 83 per 100,000 live births

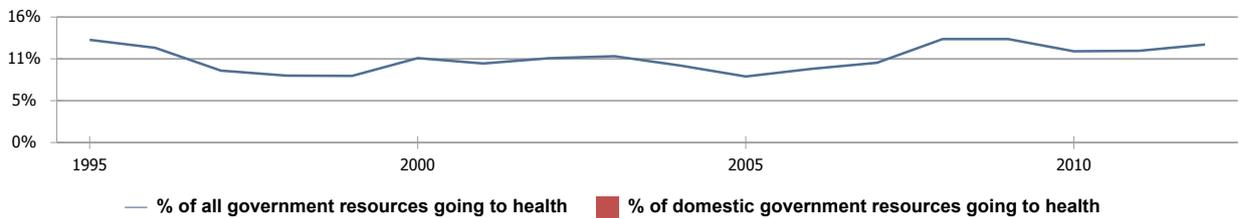
2008 data



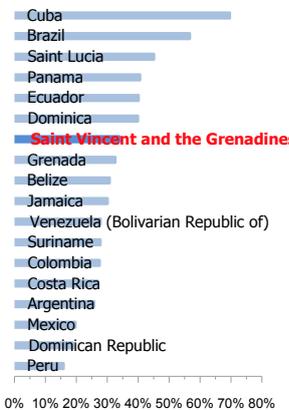
### Per capita expenditure in US\$ (constant 2012 US\$)



### Government resources allocated to health



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



#### General government expenditure on health % GGE



#### General government expenditure on health % GDP



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

Among up-mid AMR countries:

Total government expenditure is in the median range as a % of GDP ((34%))

Share of government spending allocated to health is in the median range ((12%))

Government expenditure on health as a % of GDP is in the median range ((4%))



Source : global health expenditure database

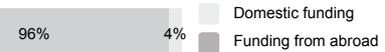
Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Suriname, 2012

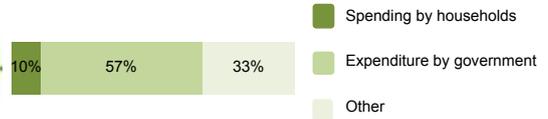


Suriname spent  
**278 million US\$**  
 on health care:  
 - **\$521 per capita**  
 - **10% spent by households**

WHO FUNDS HEALTH CARE?



WHO BUYS HEALTH CARE?



Suriname:  
 \$8,864/capita  
 AMR up-mid income countries:  
 \$10,094/capita

GDP per capita



Suriname:  
 72 years  
 AMR up-mid income countries:  
 75 years

Life expectancy



2009 data

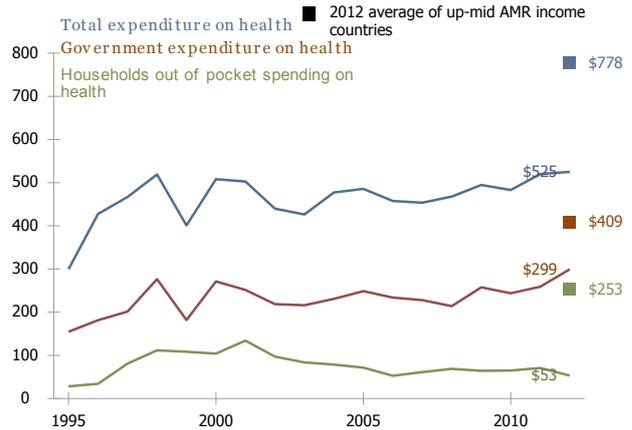
Suriname: 100 per  
 100,000 live births  
 AMR up-mid income countries:  
 83 per 100,000 live births

Maternal mortality rate

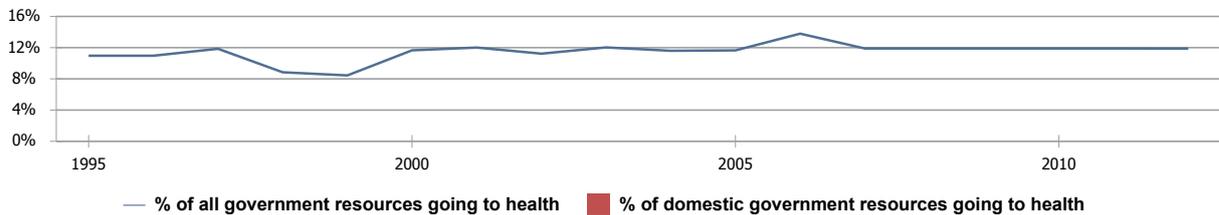


2008 data

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



### Government resources allocated to health



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



#### General government expenditure on health % GGE



#### General government expenditure on health % GDP



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

Among up-mid AMR countries:  
 Total government AMR expenditure is in the median range as a % of GDP ((28%))  
 Share of government spending allocated to health is in the median range ((12%))  
 Government expenditure on health as a % of GDP is in the median range ((3%))



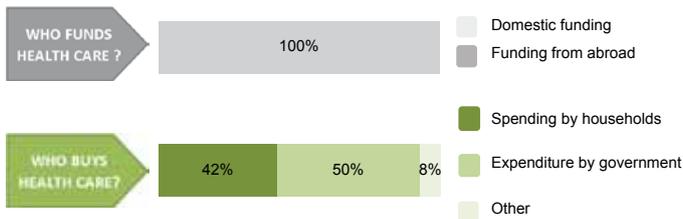
Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Trinidad and Tobago, 2012



Trinidad and Tobago spent **1.3 billion US\$** on health care:  
 - **\$972 per capita**  
 - **42% spent by households**



• Trinidad and Tobago:  
 \$17,861/capita  
 • AMR hi income countries:  
 \$47,830/capita

**GDP per capita**



• Trinidad and Tobago:  
 70 years  
 • AMR hi income countries:  
 76 years

**Life expectancy**



2009 data

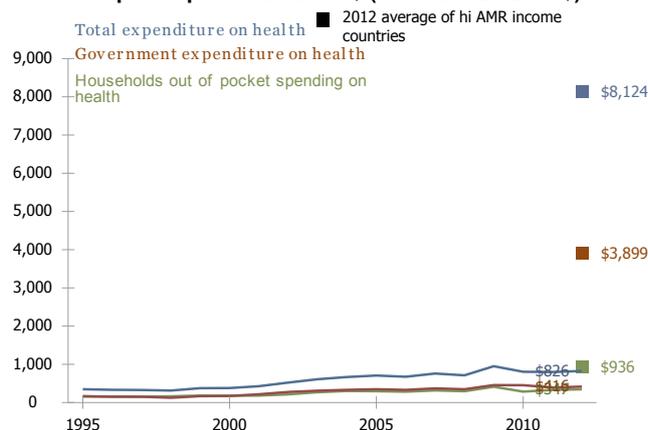
• Trinidad and Tobago: 55 per 100,000 live births  
 • AMR hi income countries: 37 per 100,000 live births

**Maternal mortality rate**

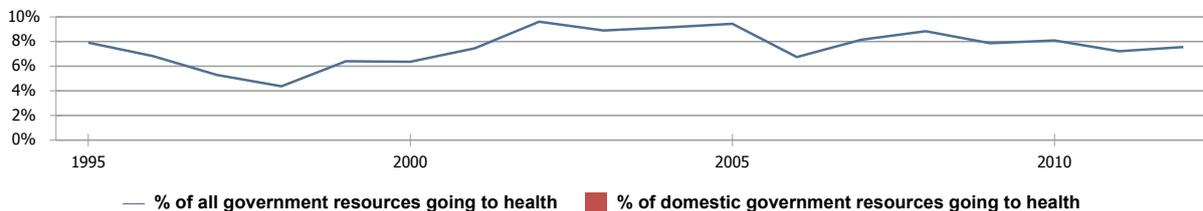


2008 data

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



### Government resources allocated to health



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



#### General government expenditure on health % GGE



#### General government expenditure on health % GDP



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

Among hi AMR countries:

Total government expenditure is in the median range as a % of GDP ((36%))

Share of government spending allocated to health is low ((8%))

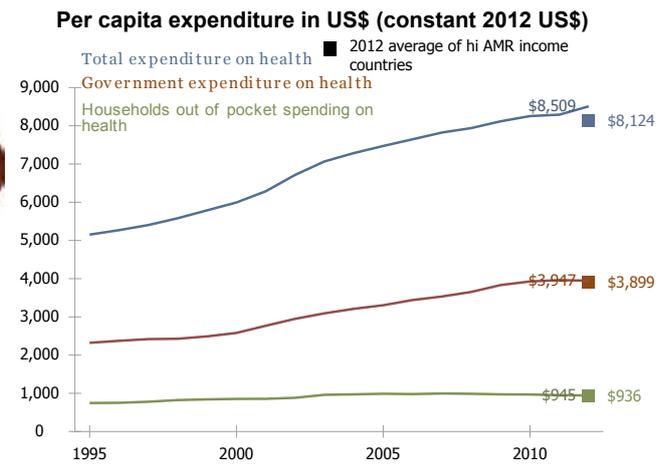
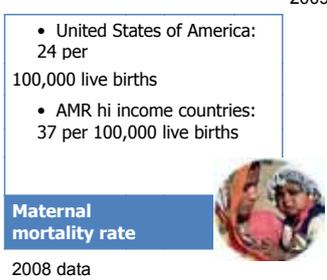
Government expenditure on health as a % of GDP is low ((3%))



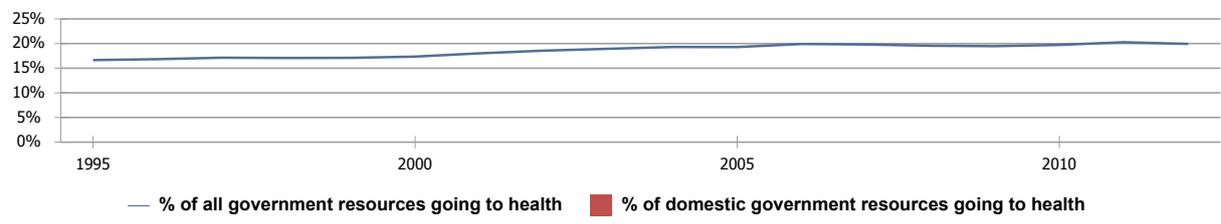
Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: United States of America, 2012



### Government resources allocated to health



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

Among hi AMR countries:  
 Total government expenditure is high as a % of GDP ((42%))  
 Share of government spending allocated to health is high ((20%))  
 Government expenditure on health as a % of GDP is high ((8%))

Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Uruguay, 2012



Uruguay spent  
**4.4 billion US\$**  
on health care:  
**- \$1,308 per capita**  
**- 17% spent by households**

WHO FUNDS HEALTH CARE?

100%

0% Domestic funding  
0% Funding from abroad

WHO BUYS HEALTH CARE?

17% 67% 17%

Spending by households  
Expenditure by government  
Other

• Uruguay:  
\$14,703/capita  
• AMR hi income countries:  
\$47,830/capita

**GDP per capita**



• Uruguay:  
76 years  
• AMR hi income countries:  
76 years

**Life expectancy**



2009 data

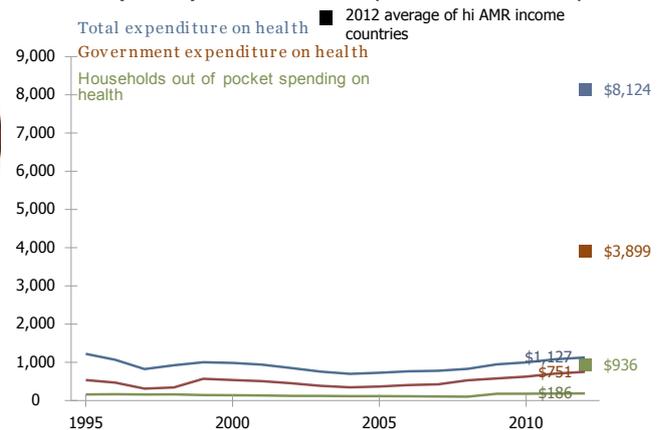
• Uruguay: 27 per  
100,000 live births  
• AMR hi income countries:  
37 per 100,000 live births

**Maternal mortality rate**

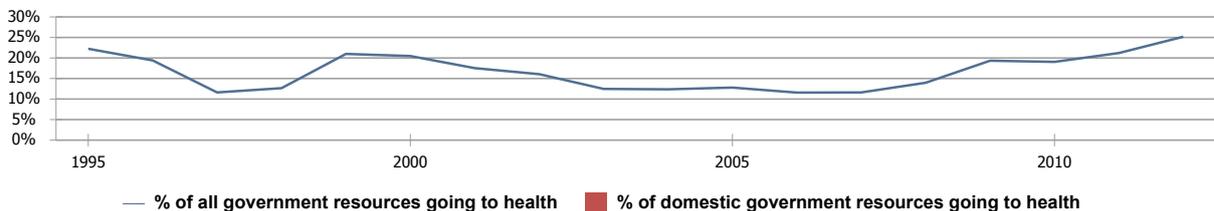


2008 data

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



### Government resources allocated to health



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



**General government expenditure on health % GGE**



**General government expenditure on health % GDP**



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

Among hi AMR countries:

Total government expenditure is in the median range as a % of GDP ((24%))

Share of government spending allocated to health is high ((25%))

Government expenditure on health as a % of GDP is high ((6%))



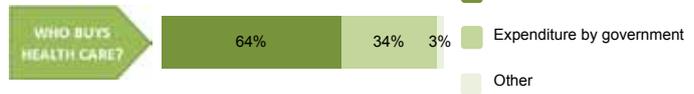
Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Venezuela (Bolivarian Republic of), 2012



Venezuela (Bolivarian Republic of) spent **18 billion US\$** on health care: **- \$593 per capita**  
**- 64% spent by households**



Venezuela (Bolivarian Republic of):  
 \$12,767/capita  
 AMR up-mid income countries: \$10,094/capita

**GDP per capita**



Venezuela (Bolivarian Republic of):  
 75 years  
 AMR up-mid income countries: 75 years

**Life expectancy**

2009 data



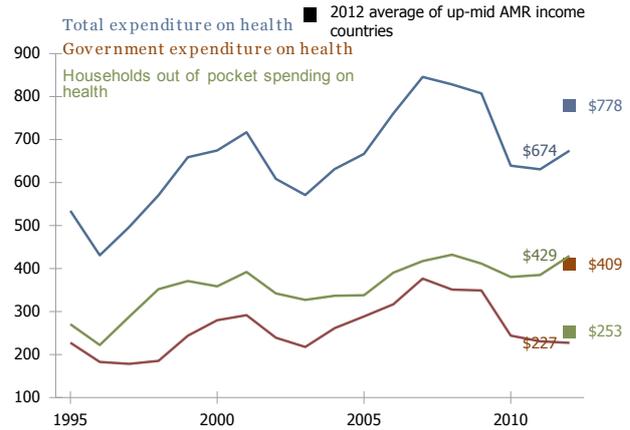
Venezuela (Bolivarian Republic of): 68 per 100,000 live births  
 AMR up-mid income countries: 83 per 100,000 live births

**Maternal mortality rate**

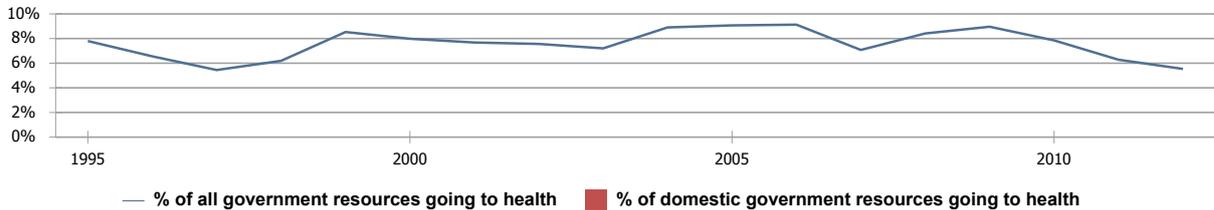
2008 data



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



### Government resources allocated to health



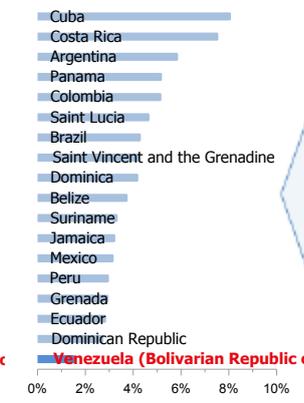
### General government expenditure (GGE) % GDP



### General government expenditure on health % GGE



### General government expenditure on health % GDP



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

Among up-mid AMR countries:  
 Total government expenditure is in the median range as a % of GDP ((28%))  
 Share of government spending allocated to health is low ((6%))  
 Government expenditure on health as a % of GDP is low ((2%))



Source : global health expenditure database

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

# WHO South-East Asia Region

- Foreword
- Factsheet
- Policy highlights
- Health expenditures and universal coverage
- Country profile by region 2010
- World Health Statistics 2012 tables
- Technical documentation

Bangladesh

Bhutan

Democratic People's Republic of  
Korea

India

Indonesia

Maldives

Myanmar

Nepal

Sri Lanka

Thailand

Timor-Leste

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Bangladesh, 2012



Bangladesh spent  
**4.0 billion US\$**  
 on health care:  
 - **\$26 per capita**  
 - **63% spent by households**

WHO FUNDS HEALTH CARE?

93% Domestic funding  
 7% Funding from abroad

WHO BUYS HEALTH CARE?

63% Spending by households  
 34% Expenditure by government  
 2% Other

• Bangladesh:  
 \$722/capita  
 • SEAR low income countries: \$801/capita



**GDP per capita**

• Bangladesh: 340 per  
 100,000 live births  
 • SEAR low income countries: 303 per 100,000 live births



**Maternal mortality rate**

2008 data

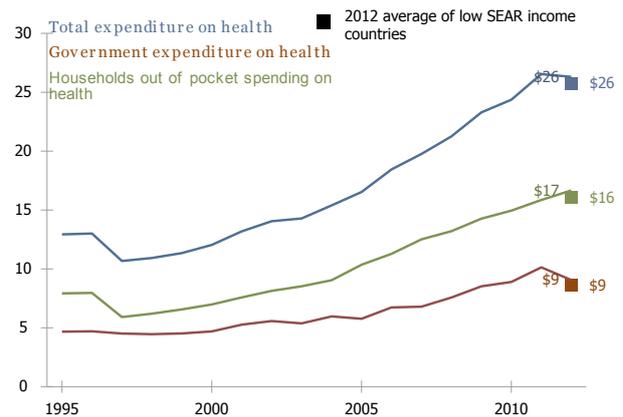
• Bangladesh:  
 65 years  
 • SEAR low income countries: 67 years



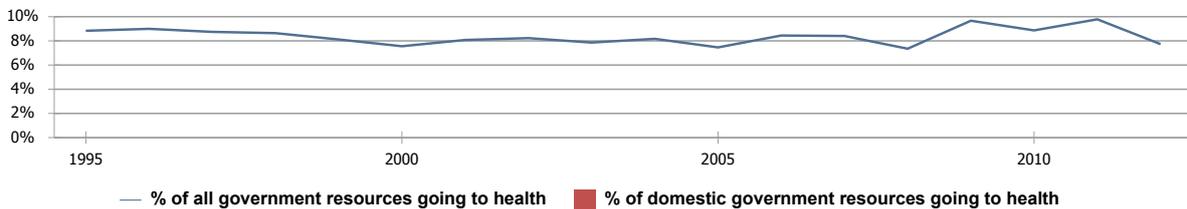
**Life expectancy**

2009 data

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



### Government resources allocated to health



General government expenditure (GGE) % GDP

Myanmar

Nepal

Bangladesh

Democratic People's Republic of Korea

General government expenditure on health % GGE

Nepal

Bangladesh

Myanmar

Democratic People's Republic of Korea

General government expenditure on health % GDP

Nepal

Bangladesh

Myanmar

Democratic People's Republic of Korea

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

Among low SEAR countries:

Total government expenditure is in the median range as a % of GDP ((16%))

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

Government expenditure on health as a % of GDP is in the median range ((1%))



Source : global health expenditure database

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

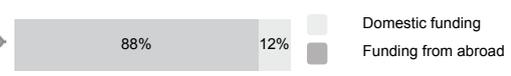
□ Countries in WHO South-East Asia Region

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

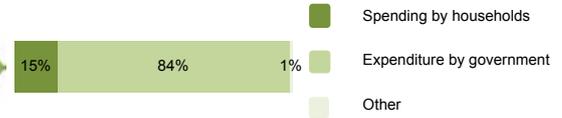


Bhutan spent  
**67 million US\$**  
on health care:  
**- \$90 per capita**  
**- 15% spent by households**

WHO FUNDS HEALTH CARE?



WHO BUYS HEALTH CARE?



• Bhutan:  
\$2,398/capita  
• SEAR low-mid income countries: \$1,856/capita

**GDP per capita**

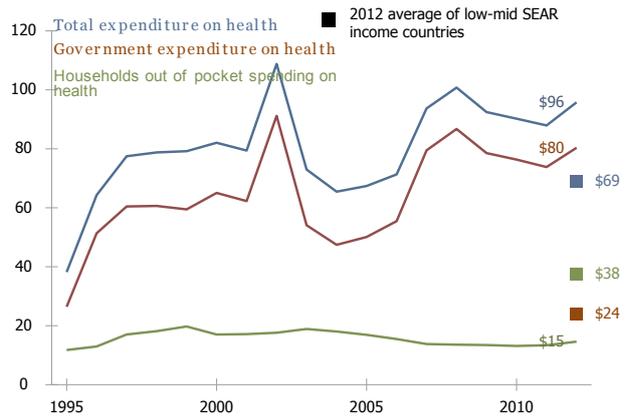


• Bhutan:  
63 years  
• SEAR low-mid income countries: 67 years

**Life expectancy**



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

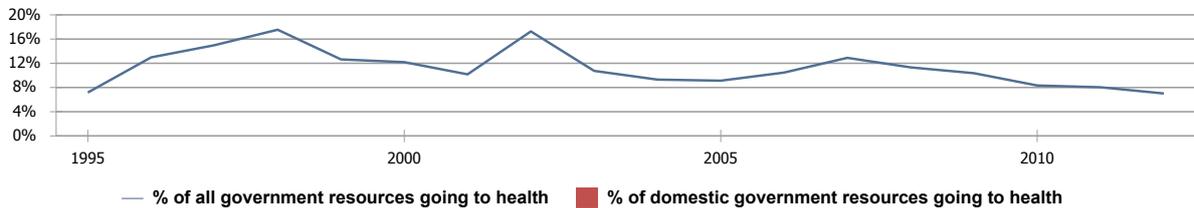


• Bhutan: 200 per 100,000 live births  
• SEAR low-mid income countries: 216 per 100,000 live births

**Maternal mortality rate**



**Government resources allocated to health**



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



**General government expenditure on health % GGE**



**General government expenditure on health % GDP**



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

Among low-mid SEAR countries:  
Total government expenditure is high as a % of GDP ((45%))  
Share of government spending allocated to health is high ((7%))  
Government expenditure on health as a % of GDP is high ((3%))



Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Democratic People's Republic of Korea, 2012



Democratic People's Republic of Korea spent **0 billion US\$** on health care:  
 - **\$0 per capita**  
 - **0% spent by households**

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

- Domestic funding
- Funding from abroad
- Spending by households
- Expenditure by government
- Other

Democratic People's Republic of Korea:  
 \$0/capita  
 SEAR low income countries: \$801/capita

### GDP per capita



Democratic People's Republic of Korea:  
 70 years  
 SEAR low income countries: 67 years

### Life expectancy



2009 data

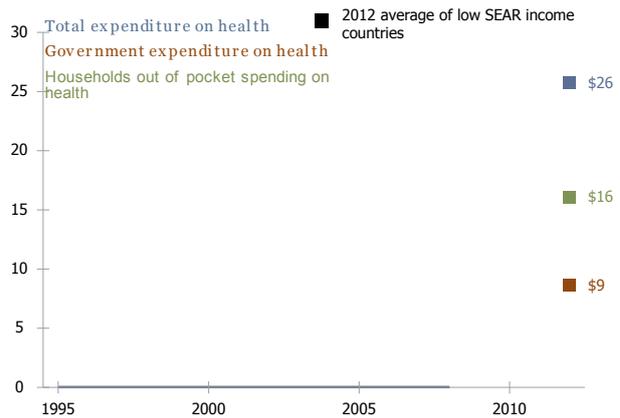
Democratic People's Republic of Korea: 250 per 100,000 live births  
 SEAR low income countries: 303 per 100,000 live births

### Maternal mortality rate

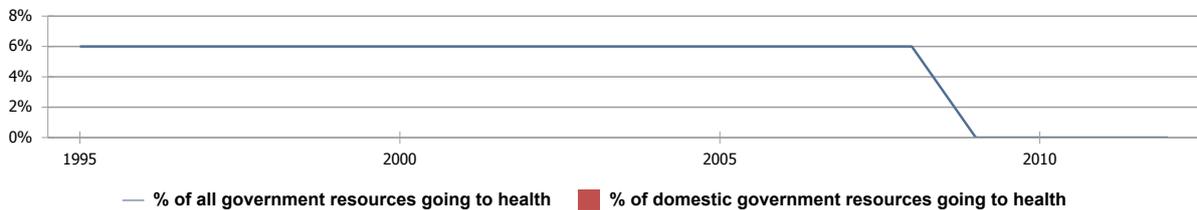


2008 data

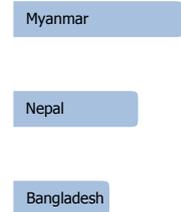
### Per capita expenditure in US\$ (constant 2012 US\$)



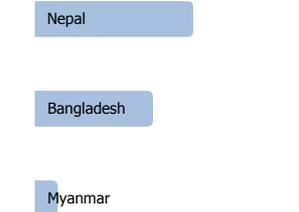
### Government resources allocated to health



### General government expenditure (GGE) % GDP



### General government expenditure on health % GGE



### General government expenditure on health % GDP



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

Among low SEAR countries:  
 Total government expenditure is low as a % of GDP ((0%))  
 Share of government spending allocated to health is low ((0%))  
 Government expenditure on health as a % of GDP is low ((0%))



Source : global health expenditure database

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

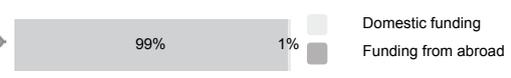
□ Countries in WHO South-East Asia Region

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

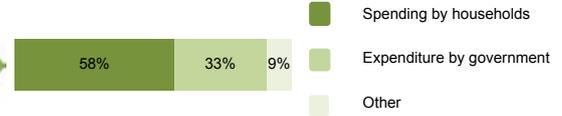


India spent  
**76 billion US\$**  
on health care:  
**- \$61 per capita**  
**- 58% spent by households**

WHO FUNDS HEALTH CARE ?



WHO BUYS HEALTH CARE ?



• India:  
\$1,516/capita  
• SEAR low-mid income countries: \$1,856/capita

**GDP per capita**



• India:  
65 years  
• SEAR low-mid income countries: 67 years

**Life expectancy**



2009 data

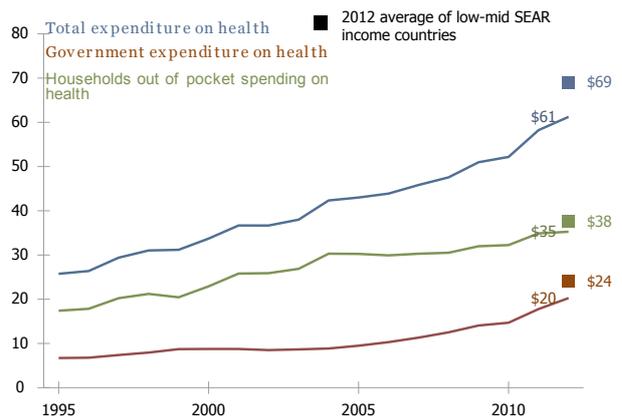
• India: 230 per  
100,000 live births  
• SEAR low-mid income countries: 216 per 100,000 live births

**Maternal mortality rate**

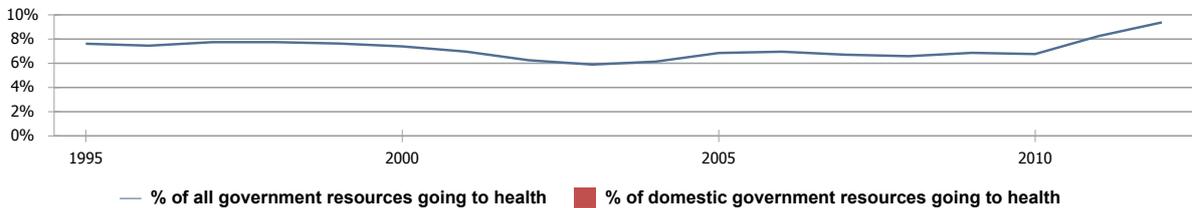


2008 data

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



**Government resources allocated to health**



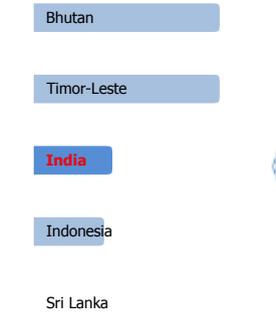
**General government expenditure (GGE) % GDP**



**General government expenditure on health % GGE**



**General government expenditure on health % GDP**



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

Among low-mid SEAR countries:  
Total government expenditure is low as a % of GDP ((14%))  
Share of government spending allocated to health is high ((9%))  
Government expenditure on health as a % of GDP is in the median range ((1%))



Source : global health expenditure database

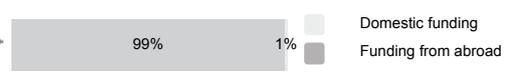
Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Indonesia, 2012



Indonesia spent  
**27 billion US\$**  
 on health care:  
 - **\$108 per capita**  
 - **45% spent by households**

WHO FUNDS HEALTH CARE?



WHO BUYS HEALTH CARE?



Indonesia:  
 \$3,557/capita  
 SEAR low-mid income countries: \$1,856/capita

GDP per capita



Indonesia:  
 68 years  
 SEAR low-mid income countries: 67 years

Life expectancy



2009 data

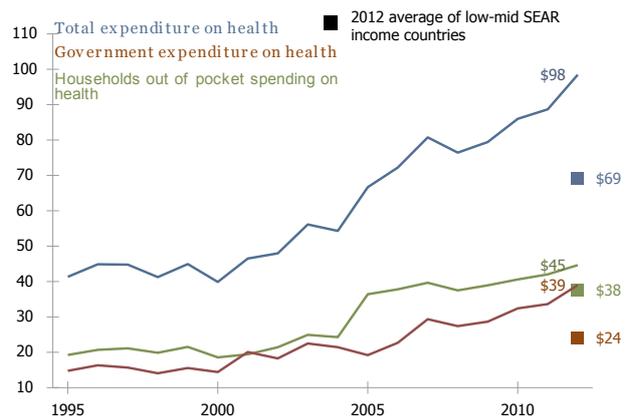
Indonesia: 240 per  
 100,000 live births  
 SEAR low-mid income countries: 216 per 100,000 live births

Maternal mortality rate

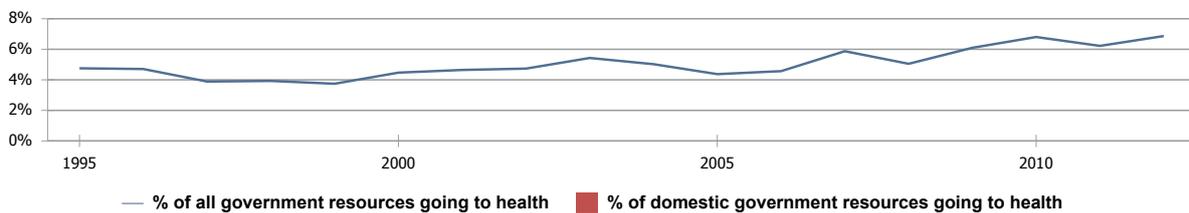


2008 data

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



### Government resources allocated to health



General government expenditure (GGE) % GDP

Timor-Leste

Bhutan

Indonesia

India

Sri Lanka

General government expenditure on health % GGE

India

Bhutan

Indonesia

Timor-Leste

Sri Lanka

General government expenditure on health % GDP

Bhutan

Timor-Leste

India

Indonesia

Sri Lanka

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

Among low-mid SEAR countries:

Total government expenditure is in the median range as a % of GDP ((17%))

Share of government spending allocated to health is in the median range ((7%))

Government expenditure on health as a % of GDP is low ((1%))

0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0%



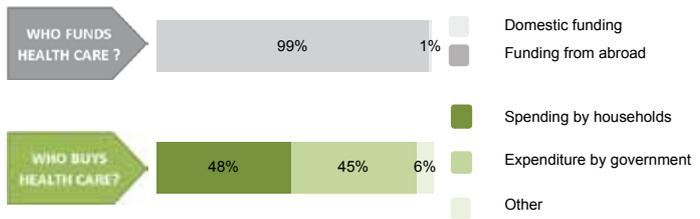
Source : global health expenditure database

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

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



Maldives spent **189 million US\$** on health care:  
 - **\$558 per capita**  
 - **48% spent by households**



• Maldives:  
 \$6,567/capita  
 • SEAR up-mid income countries: \$5,479/capita

**GDP per capita**



• Maldives:  
 75 years  
 • SEAR up-mid income countries: 73 years

**Life expectancy**



2009 data

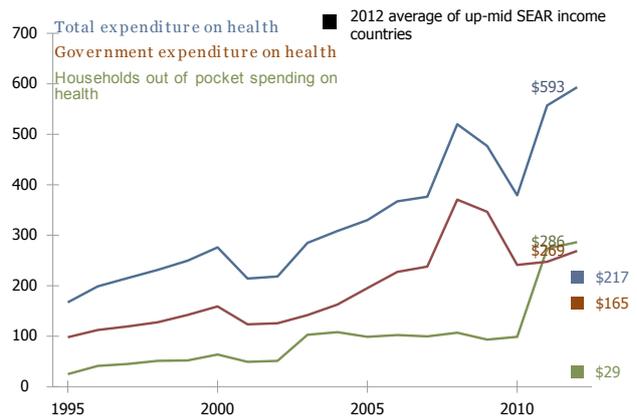
• Maldives: 37 per 100,000 live births  
 • SEAR up-mid income countries: 43 per 100,000 live births

**Maternal mortality rate**

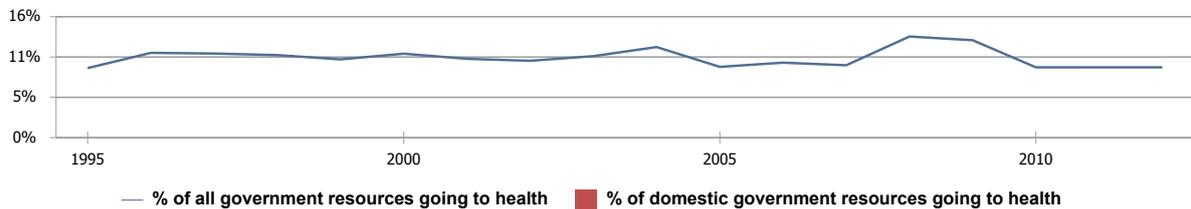


2008 data

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



**Government resources allocated to health**



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



**General government expenditure on health % GGE**



**General government expenditure on health % GDP**



0% 10% 20% 30% 40% 50%    0% 5% 10% 15%    0% 2% 4%

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

Among up-mid SEAR countries:  
 Total government expenditure is high as a % of GDP ((41%))  
 Share of government spending allocated to health is low ((9%))  
 Government expenditure on health as a % of GDP is high ((4%))



Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Myanmar, 2012



Myanmar spent  
**1.0 billion US\$**  
 on health care:  
 - **\$20 per capita**  
 - **71% spent by households**

WHO FUNDS HEALTH CARE?

92% Domestic funding  
 8% Funding from abroad

WHO BUYS HEALTH CARE?

71% Spending by households  
 24% Expenditure by government  
 5% Other

Myanmar:  
 \$1,108/capita  
 SEAR low income countries: \$801/capita

GDP per capita



Myanmar:  
 64 years  
 SEAR low income countries: 67 years

Life expectancy



2009 data

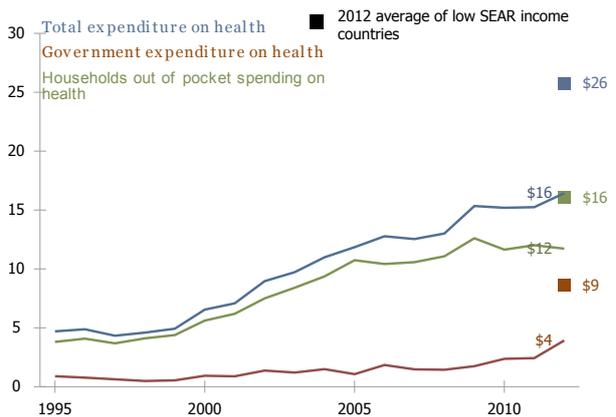
Myanmar: 240 per  
 100,000 live births  
 SEAR low income countries: 303 per 100,000 live births

Maternal mortality rate

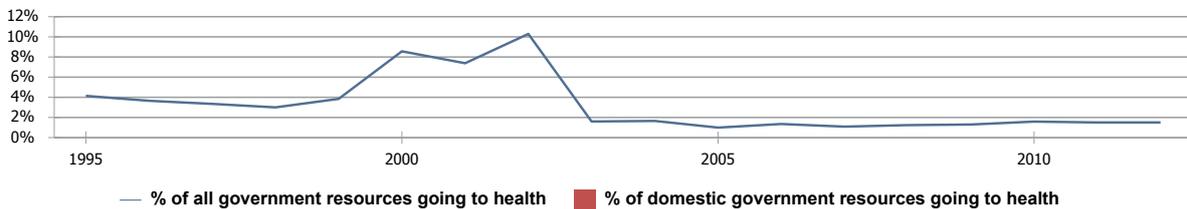


2008 data

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



### Government resources allocated to health



General government expenditure (GGE) % GDP

Myanmar

General government expenditure on health % GGE

Nepal

General government expenditure on health % GDP

Nepal

Nepal

Bangladesh

Bangladesh

Bangladesh

Myanmar

Myanmar

Democratic People's Republic of Korea

Democratic People's Republic of Korea

Democratic People's Republic of Korea

0% 10% 20% 30% 40% 0% 5% 10% 15% 0% 2% 4%

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

Among low SEAR countries:

Total government expenditure is high as a % of GDP ((28%))

Share of government spending allocated to health is in the median range ((2%))

Government expenditure on health as a % of GDP is in the median range ((0%))



Source : global health expenditure database

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

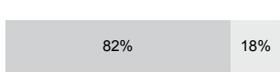
□ Countries in WHO South-East Asia Region

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

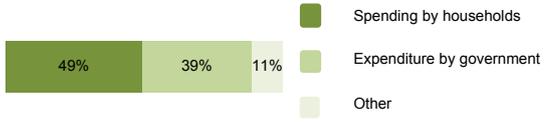


Nepal spent **985 million US\$** on health care:  
**- \$36 per capita**  
**- 49% spent by households**

WHO FUNDS HEALTH CARE?



WHO BUYS HEALTH CARE?



• Nepal:  
 \$656/capita  
 • SEAR low income countries: \$801/capita



**GDP per capita**

• Nepal:  
 67 years  
 • SEAR low income countries: 67 years



**Life expectancy**

2009 data

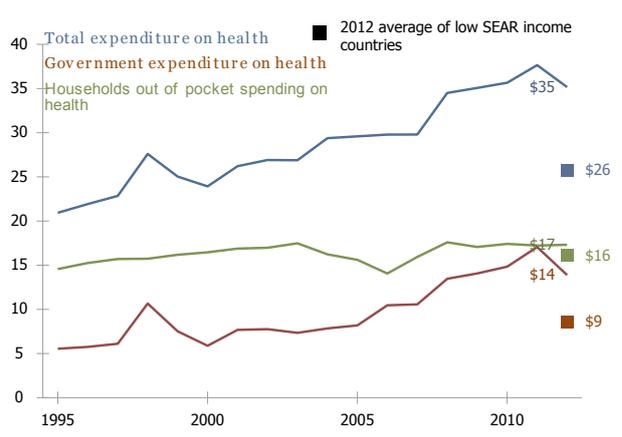
• Nepal: 380 per 100,000 live births  
 • SEAR low income countries: 303 per 100,000 live births



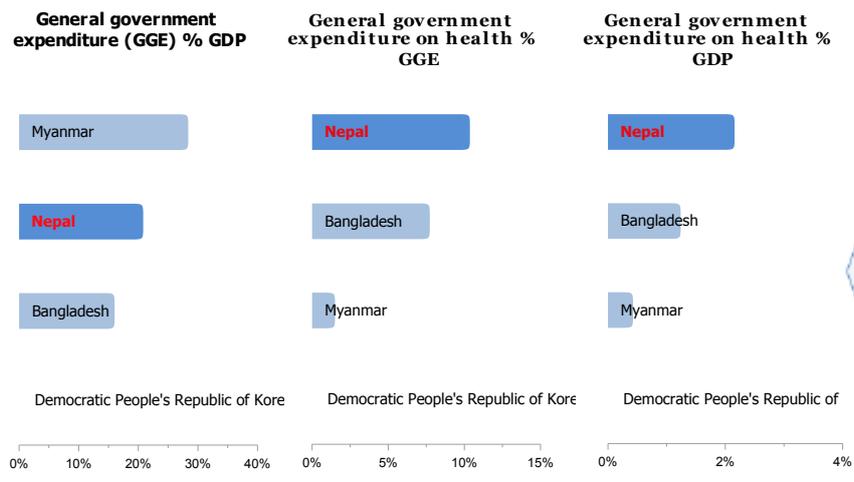
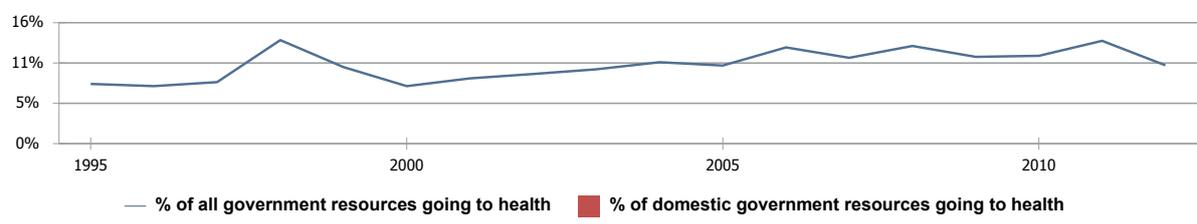
**Maternal mortality rate**

2008 data

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



**Government resources allocated to health**



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

Among low SEAR countries:  
 Total government expenditure is in the median range as a % of GDP ((21%))  
 Share of government spending allocated to health is high ((10%))  
 Government expenditure on health as a % of GDP is high ((2%))



Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Sri Lanka, 2012



Sri Lanka spent  
**0 billion US\$**  
 on health care:  
**- \$0 per capita**  
**- 0% spent by households**

WHO FUNDS HEALTH CARE?

WHO BUYS HEALTH CARE?

- Domestic funding
- Funding from abroad
- Spending by households
- Expenditure by government
- Other

Sri Lanka:  
 \$0/capita  
 SEAR low-mid income countries: \$1,856/capita

### GDP per capita



Sri Lanka:  
 71 years  
 SEAR low-mid income countries: 67 years

### Life expectancy



2009 data

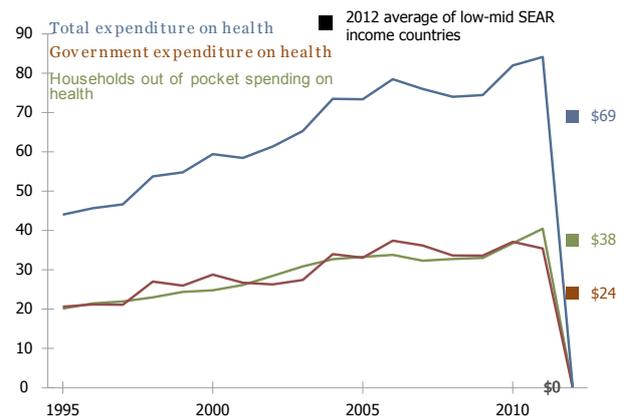
Sri Lanka: 39 per  
 100,000 live births  
 SEAR low-mid income countries: 216 per 100,000 live births

### Maternal mortality rate

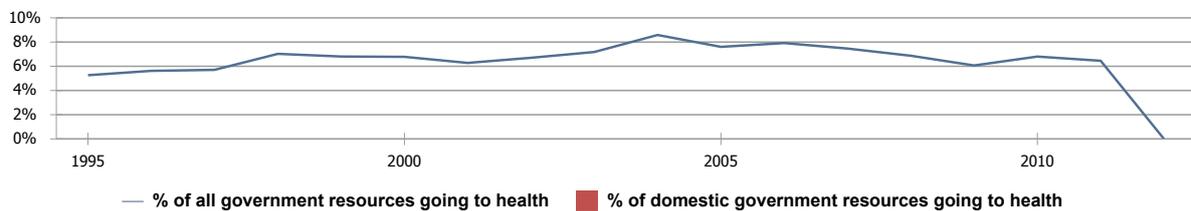


2008 data

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



### Government resources allocated to health



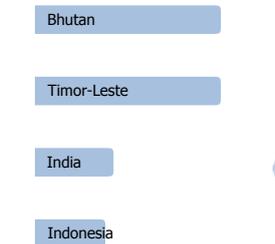
### General government expenditure (GGE) % GDP



### General government expenditure on health % GGE



### General government expenditure on health % GDP



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

Among low-mid SEAR countries:  
 Total government expenditure is low as a % of GDP ((0%))  
 Share of government spending allocated to health is low ((0%))  
 Government expenditure on health as a % of GDP is low ((0%))



Source : global health expenditure database

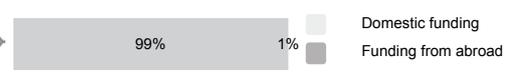
Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal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

### HEALTH SYSTEM FINANCING COUNTRY PROFILE: Thailand, 2012

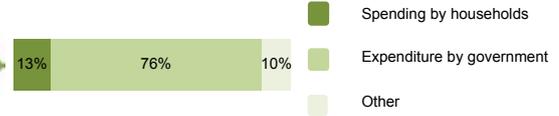


Thailand spent **14 billion US\$** on health care:  
 - **\$215 per capita**  
 - **13% spent by households**

WHO FUNDS HEALTH CARE?



WHO BUYS HEALTH CARE?



• Thailand:  
 \$5,474/capita  
 • SEAR up-mid income countries: \$5,479/capita

**GDP per capita**



• Thailand:  
 70 years  
 • SEAR up-mid income countries: 73 years

**Life expectancy**



2009 data

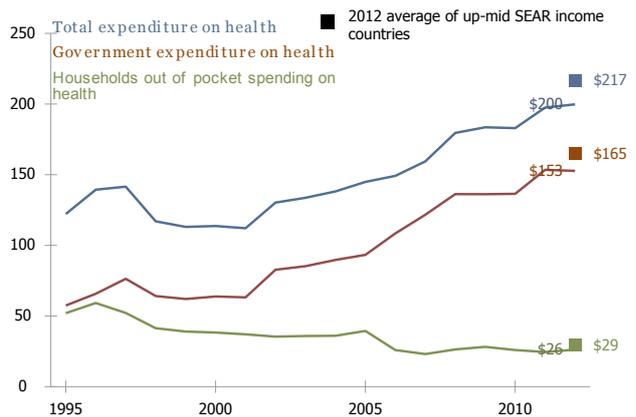
• Thailand: 48 per  
 100,000 live births  
 • SEAR up-mid income countries: 43 per 100,000 live births

**Maternal mortality rate**

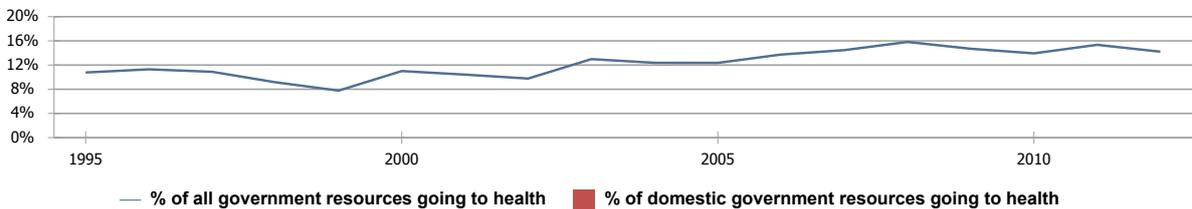


2008 data

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



**Government resources allocated to health**



General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



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

Among up-mid SEAR countries:  
 Total government expenditure is low as a % of GDP ((21%))  
 Share of government spending allocated to health is high ((14%))  
 Government expenditure on health as a % of GDP is low ((3%))



Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Timor-Leste, 2012



Timor-Leste spent

**55 million US\$**  
 on health care:  
 - **\$50 per capita**  
 - **4% spent by households**

WHO FUNDS HEALTH CARE?

55%

45%

Domestic funding  
 Funding from abroad

WHO BUYS HEALTH CARE?

4%

74%

22%

Spending by households  
 Expenditure by government  
 Other

• Timor-Leste:  
 \$1,160/capita  
 • SEAR low-mid income countries: \$1,856/capita

GDP per capita



• Timor-Leste:  
 67 years  
 • SEAR low-mid income countries: 67 years

Life expectancy



2009 data

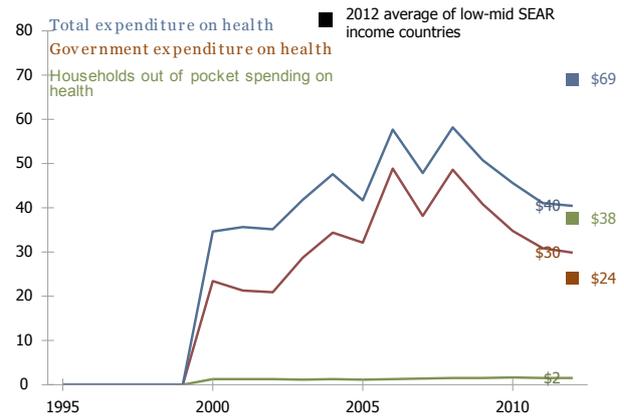
• Timor-Leste: 370 per  
 100,000 live births  
 • SEAR low-mid income countries: 216 per 100,000 live births

Maternal mortality rate

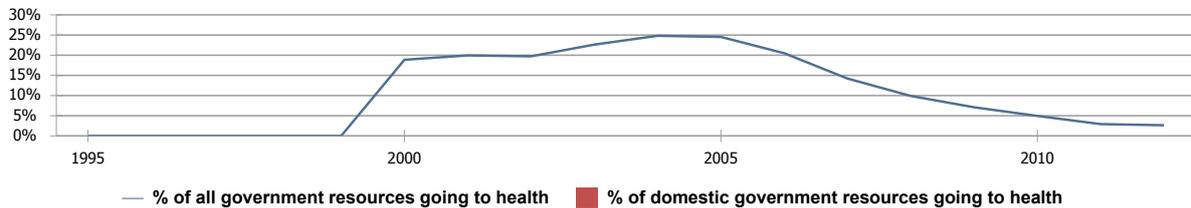


2008 data

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



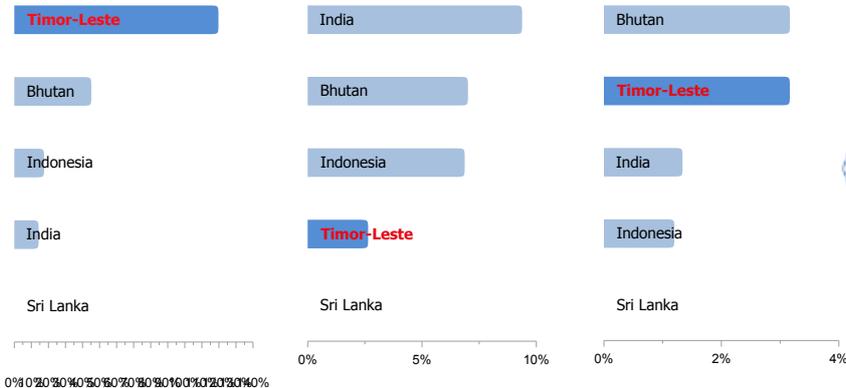
### Government resources allocated to health



General government expenditure (GGE) % GDP

General government expenditure on health % GGE

General government expenditure on health % GDP



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

Among low-mid SEAR countries:  
 Total government expenditure is high as a % of GDP ((120%))  
 Share of government spending allocated to health is low ((3%))  
 Government expenditure on health as a % of GDP is high ((3%))



Source : global health expenditure database

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

- Foreword
- Factsheet
- Policy highlights
- Health expenditures and universal coverage
- Country profile by region 2010
- World Health Statistics 2012 tables
- Technical documentation

Albania  
Andorra  
Armenia  
Austria  
Azerbaijan  
Belarus  
Belgium  
Bosnia and Herzegovina  
Bulgaria  
Croatia  
Cyprus  
Czech Republic  
Denmark  
Estonia  
Finland  
France  
Georgia  
Germany  
Greece  
Hungary  
Iceland  
Ireland  
Israel  
Italy  
Kazakhstan  
Kyrgyzstan  
Latvia  
Lithuania  
Luxembourg  
Malta  
Monaco  
Montenegro  
Netherlands  
Norway  
Poland  
Portugal  
Republic of Moldova  
Romania  
Russian Federation  
San Marino  
Serbia  
Slovakia  
Slovenia  
Spain  
Sweden  
Switzerland  
Tajikistan  
Turkey  
Turkmenistan  
Ukraine  
United Kingdom  
Uzbekistan  
Yugoslav Republic of Macedonia

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Albania, 2012



Albania spent  
**719 million US\$**  
 on health care:  
 - **\$228 per capita**  
 - **52% spent by households**

WHO FUNDS HEALTH CARE?

96% Domestic funding  
 4% Funding from abroad

WHO BUYS HEALTH CARE?

52% Spending by households  
 48% Expenditure by government  
 0% Other

Albania:  
 \$3,809/capita  
 EUR up-mid income countries: \$9,333/capita

### GDP per capita



Albania:  
 73 years  
 EUR up-mid income countries: 72 years

### Life expectancy



2009 data

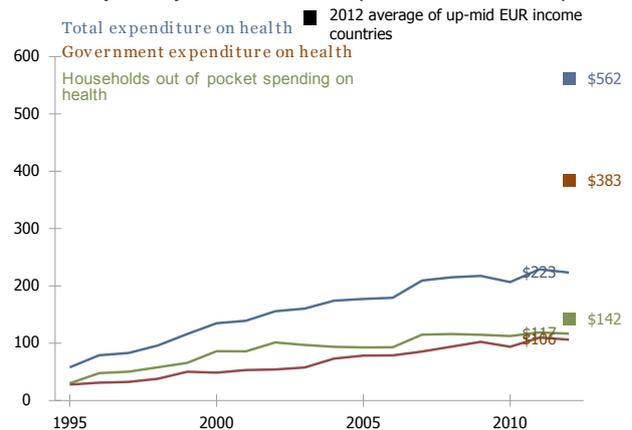
Albania: 31 per  
 100,000 live births  
 EUR up-mid income countries: 25 per 100,000 live births

### Maternal mortality rate

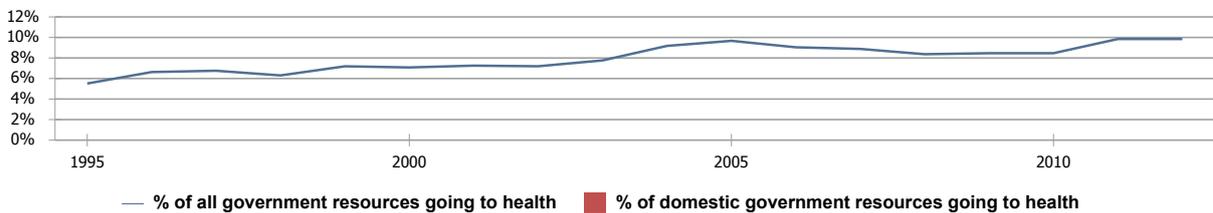


2008 data

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



### Government resources allocated to health



### General government expenditure (GGE) % GDP



### General government expenditure on health % GGE



### General government expenditure on health % GDP



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

Among up-mid EUR countries:  
 Total government expenditure is low as a % of GDP ((29%))  
 Share of government spending allocated to health is low ((10%))  
 Government expenditure on health as a % of GDP is low ((3%))



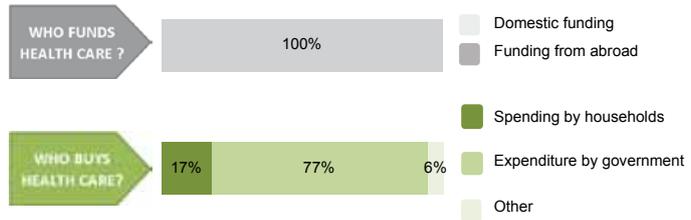
Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Andorra, 2012



Andorra spent  
**268 million US\$**  
on health care:  
**- \$3,057 per capita**  
**- 17% spent by households**



• Andorra:  
\$36,819/capita

• EUR hi income countries:  
\$31,080/capita

**GDP per capita**



• Andorra:  
82 years

• EUR hi income countries:  
79 years

**Life expectancy**



2009 data

• Andorra: 0 per  
100,000 live births

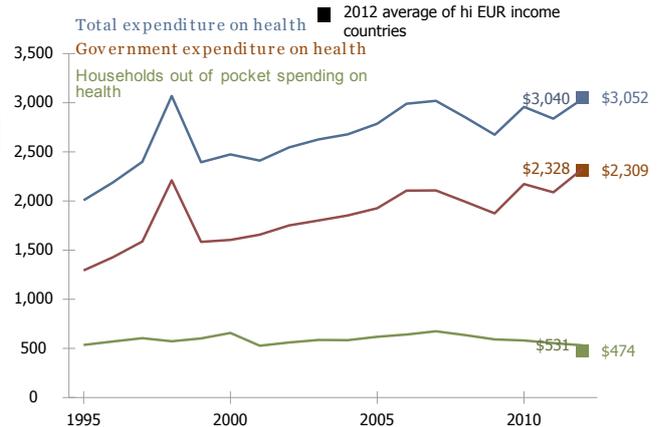
• EUR hi income countries:  
10 per 100,000 live births

**Maternal mortality rate**

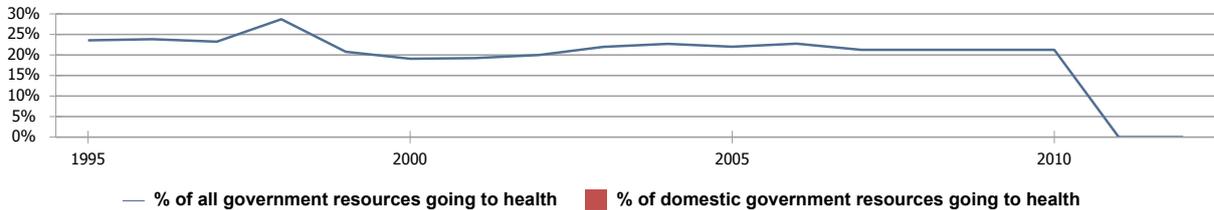


2008 data

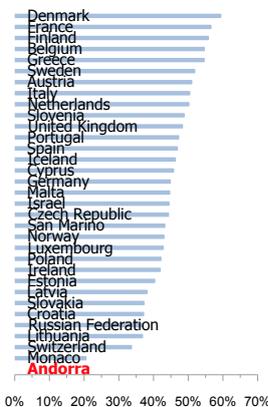
### Per capita expenditure in US\$ (constant 2012 US\$)



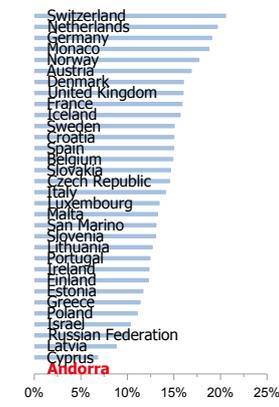
### Government resources allocated to health



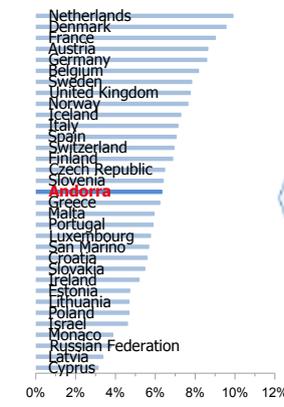
### General government expenditure (GGE) % GDP



### General government expenditure on health % GGE



### General government expenditure on health % GDP



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

Among hi EUR countries:  
Total government expenditure is low as a % of GDP ((0%))  
Share of government spending allocated to health is low ((0%))  
Government expenditure on health as a % of GDP is in the median range ((6%))



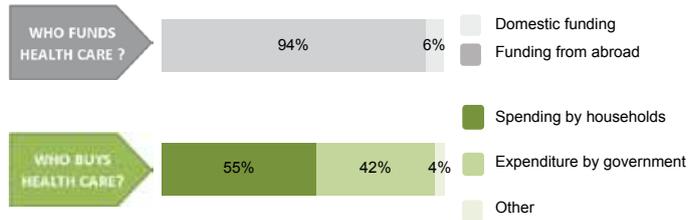
Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Armenia, 2012



Armenia spent  
**446 million US\$**  
 on health care:  
 - **\$150 per capita**  
 - **55% spent by households**



• Armenia:  
 \$3,351/capita  
 • EUR low-mid income countries: \$2,951/capita

### GDP per capita



• Armenia:  
 70 years  
 • EUR low-mid income countries: 69 years

### Life expectancy



2009 data

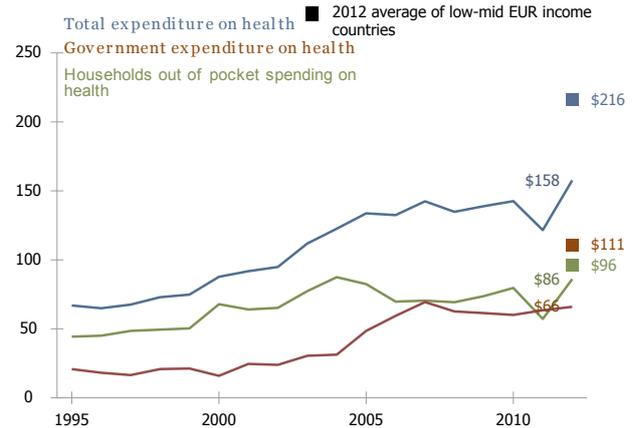
• Armenia: 29 per  
 100,000 live births  
 • EUR low-mid income countries: 41 per 100,000 live births

### Maternal mortality rate

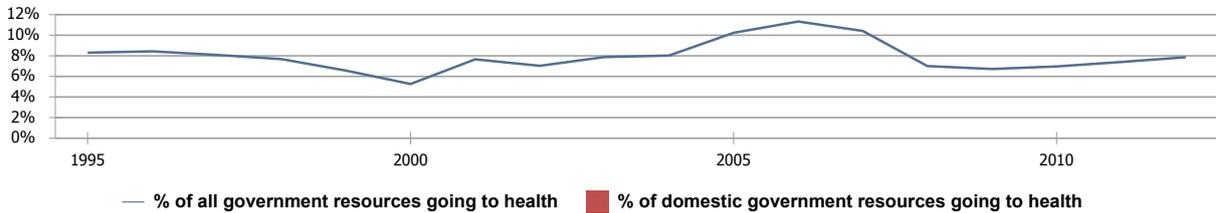


2008 data

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



### Government resources allocated to health



### General government expenditure (GGE) % GDP



### General government expenditure on health % GGE



### General government expenditure on health % GDP



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

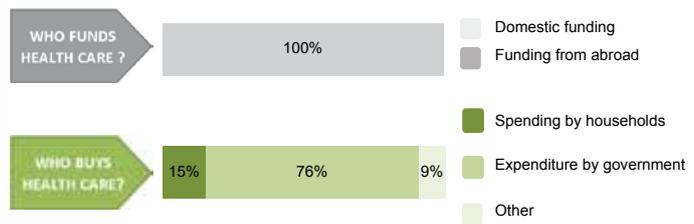
Among low-mid EUR countries:  
 Total government expenditure is low as a % of GDP ((24%))  
 Share of government spending allocated to health is low ((8%))  
 Government expenditure on health as a % of GDP is low ((2%))



Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Austria, 2012



• Austria:  
\$47,161/capita  
• EUR hi income countries:  
\$31,080/capita

**GDP per capita**



• Austria:  
80 years  
• EUR hi income countries:  
79 years

**Life expectancy**



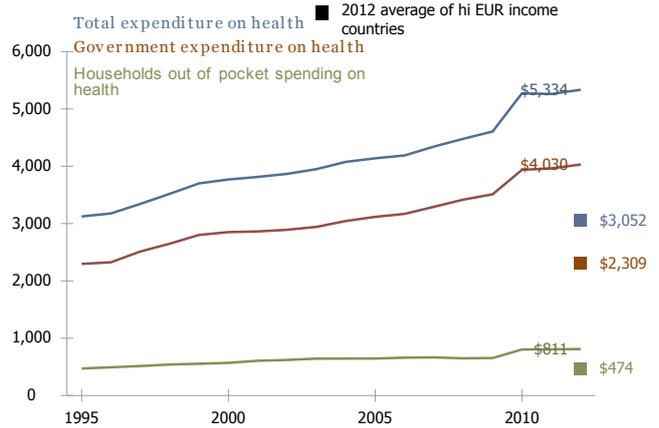
• Austria: 5 per  
100,000 live births  
• EUR hi income countries:  
10 per 100,000 live births

**Maternal mortality rate**

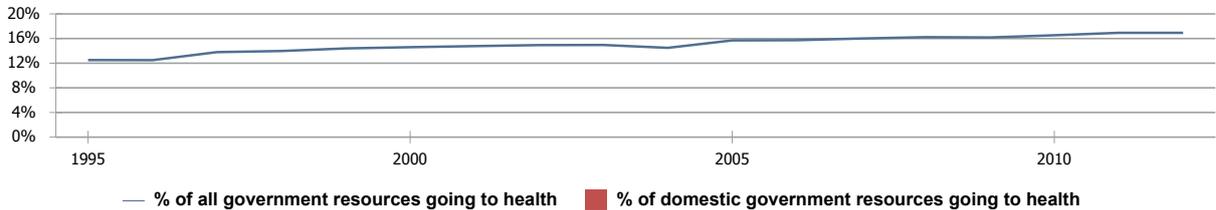
2008 data



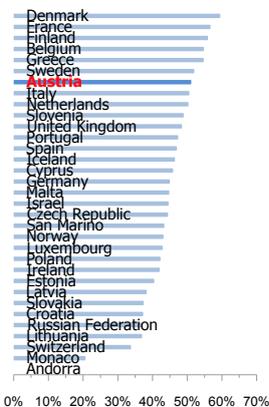
### Per capita expenditure in US\$ (constant 2012 US\$)



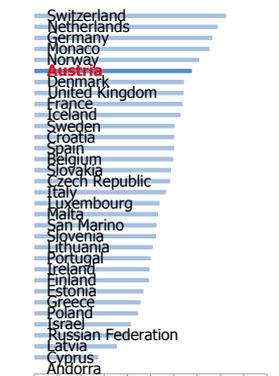
### Government resources allocated to health



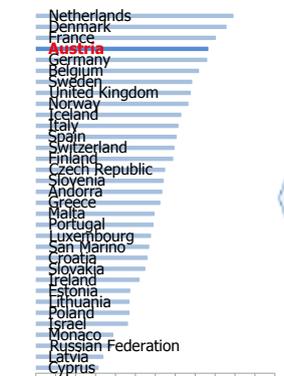
#### General government expenditure (GGE) % GDP



#### General government expenditure on health % GGE



#### General government expenditure on health % GDP



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

Among hi EUR countries:  
Total government expenditure is high as a % of GDP ((51%))  
Share of government spending allocated to health is high ((17%))  
Government expenditure on health as a % of GDP is high ((9%))



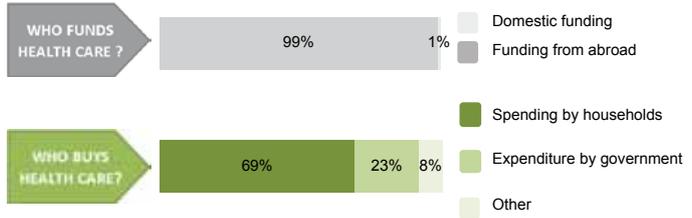
Source : global health expenditure database

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## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Azerbaijan, 2012



Azerbaijan spent  
**3.7 billion US\$**  
 on health care:  
 - **\$398 per capita**  
 - **69% spent by households**



**GDP per capita**

- Azerbaijan: \$7,383/capita
- EUR up-mid income countries: \$9,333/capita



**Life expectancy**

- Azerbaijan: 68 years
- EUR up-mid income countries: 72 years



2009 data

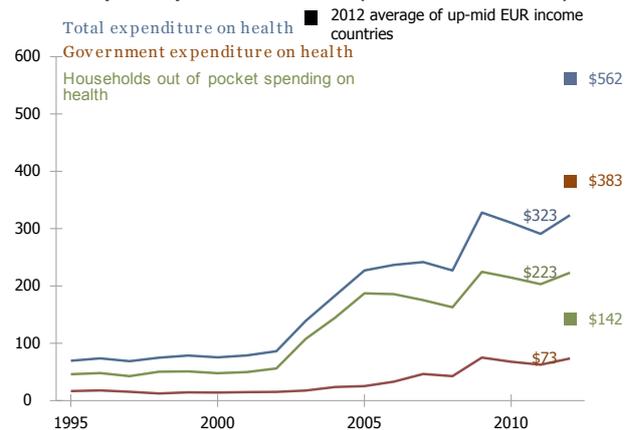
**Maternal mortality rate**

- Azerbaijan: 38 per 100,000 live births
- EUR up-mid income countries: 25 per 100,000 live births

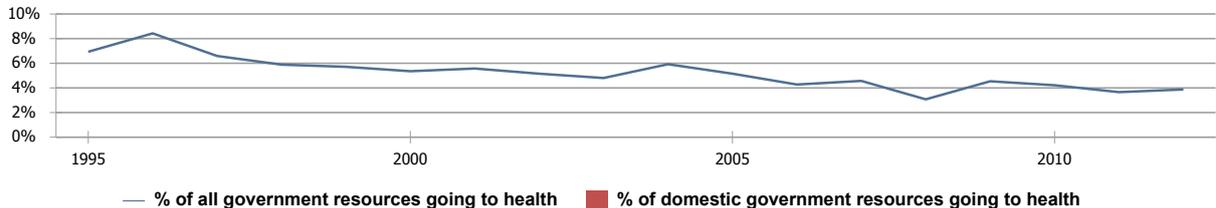


2008 data

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



### Government resources allocated to health



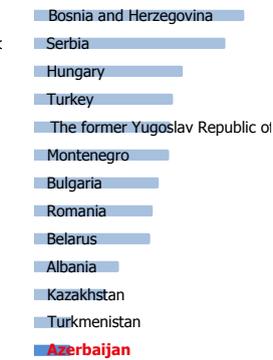
#### General government expenditure (GGE) % GDP



#### General government expenditure on health % GGE



#### General government expenditure on health % GDP



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

Among up-mid EUR countries:

Total government expenditure is in the median range as a % of GDP ((32%))

Share of government spending allocated to health is low ((4%))

Government expenditure on health as a % of GDP is low ((1%))



Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Belarus, 2012

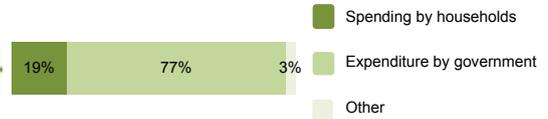


Belarus spent  
**3.2 billion US\$**  
on health care:  
**- \$339 per capita**  
**- 19% spent by households**

WHO FUNDS HEALTH CARE ?



WHO BUYS HEALTH CARE ?



• Belarus:  
\$6,726/capita  
• EUR up-mid income countries: \$9,333/capita

**GDP per capita**



• Belarus:  
70 years  
• EUR up-mid income countries: 72 years

**Life expectancy**



2009 data

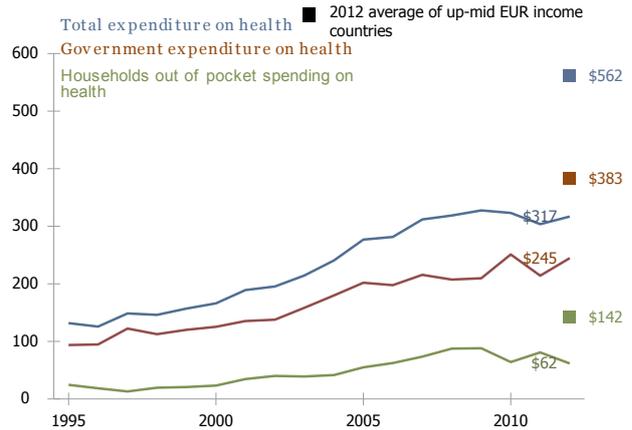
• Belarus: 15 per  
100,000 live births  
• EUR up-mid income countries: 25 per 100,000 live births

**Maternal mortality rate**

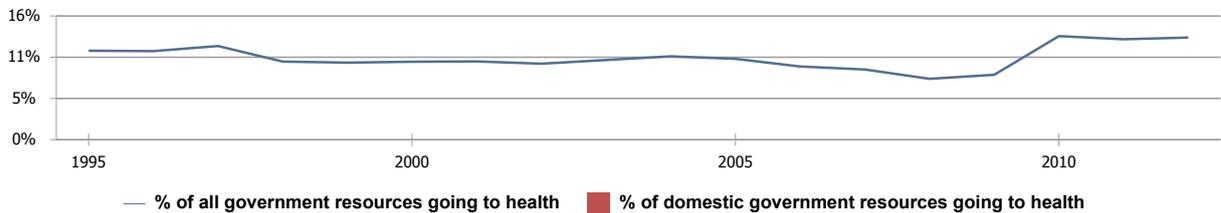


2008 data

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



### Government resources allocated to health



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



#### General government expenditure on health % GGE



#### General government expenditure on health % GDP



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

Among up-mid EUR countries:

Total government expenditure is low as a % of GDP ((29%))

Share of government spending allocated to health is high ((13%))

Government expenditure on health as a % of GDP is in the median range ((4%))



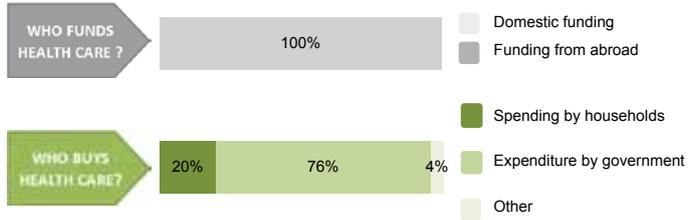
Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Belgium, 2012



Belgium spent  
**52 billion US\$**  
 on health care:  
 - **\$4,711 per capita**  
 - **20% spent by households**



• Belgium:  
 \$43,641/capita  
 • EUR hi income countries:  
 \$31,080/capita  
**GDP per capita**



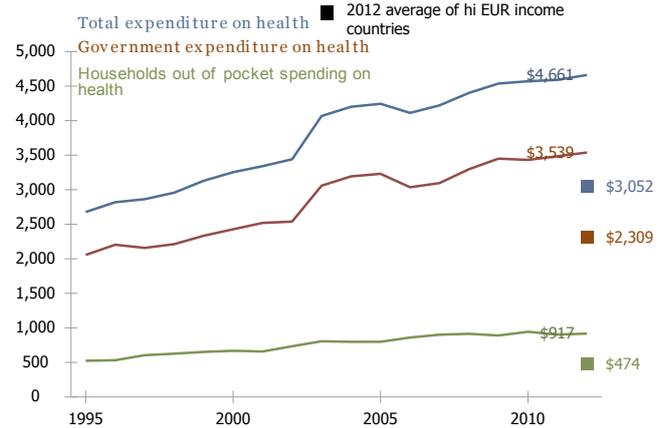
• Belgium:  
 80 years  
 • EUR hi income countries:  
 79 years  
**Life expectancy**



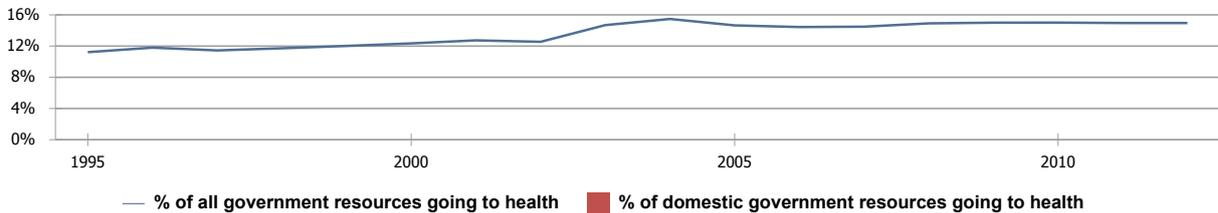
• Belgium: 5 per  
 100,000 live births  
 • EUR hi income countries:  
 10 per 100,000 live births  
**Maternal mortality rate**



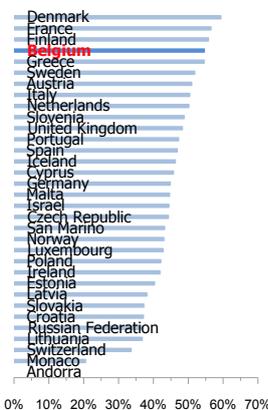
### Per capita expenditure in US\$ (constant 2012 US\$)



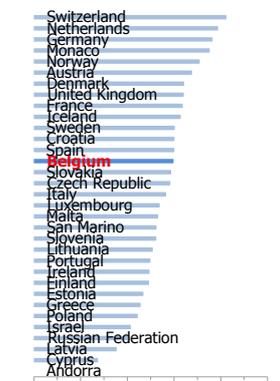
### Government resources allocated to health



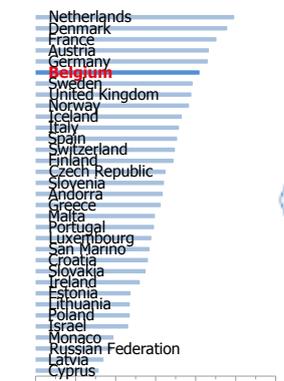
### General government expenditure (GGE) % GDP



### General government expenditure on health % GGE



### General government expenditure on health % GDP



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

Among hi EUR countries:

Total government expenditure is high as a % of GDP ((55%))

Share of government spending allocated to health is in the median range ((15%))

Government expenditure on health as a % of GDP is high ((8%))



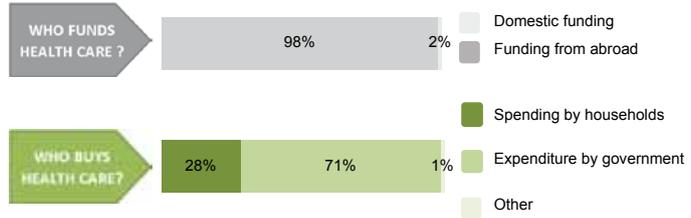
Source : global health expenditure database

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

### HEALTH SYSTEM FINANCING COUNTRY PROFILE: Bosnia and Herzegovina, 2012



Bosnia and Herzegovina spent **1.7 billion US\$** on health care: **- \$447 per capita**  
**- 28% spent by households**



**GDP per capita**

- Bosnia and Herzegovina: \$4,517/capita
- EUR up-mid income countries: \$9,333/capita

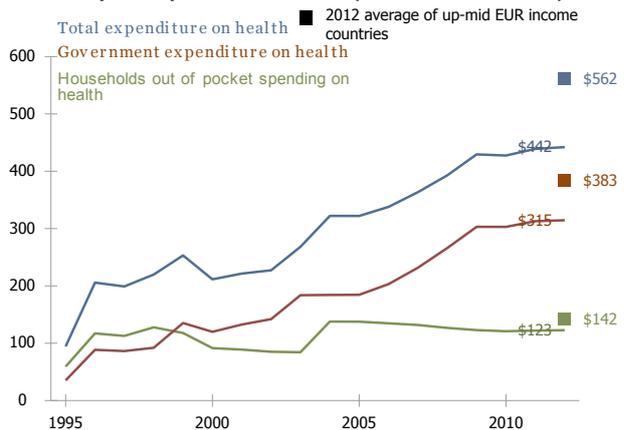


**Life expectancy**

- Bosnia and Herzegovina: 76 years
- EUR up-mid income countries: 72 years



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

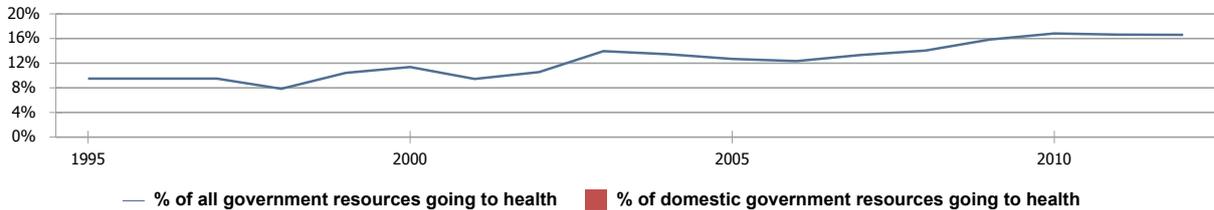


**Maternal mortality rate**

- Bosnia and Herzegovina: 9 per 100,000 live births
- EUR up-mid income countries: 25 per 100,000 live births



#### Government resources allocated to health



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



#### General government expenditure on health % GGE



#### General government expenditure on health % GDP



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

Among up-mid EUR countries:

Total government expenditure is high as a % of GDP ((42%))

Share of government spending allocated to health is high ((17%))

Government expenditure on health as a % of GDP is high ((7%))



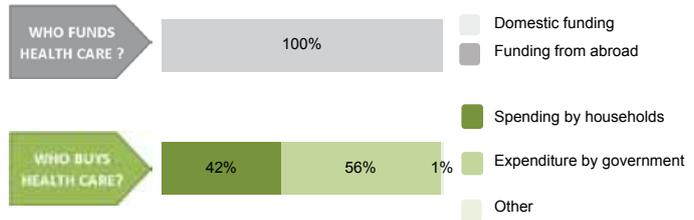
Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Bulgaria, 2012



Bulgaria spent  
**3.8 billion US\$**  
 on health care:  
 - **\$516 per capita**  
 - **42% spent by households**



**GDP per capita**

- Bulgaria: \$6,950/capita
- EUR up-mid income countries: \$9,333/capita



**Life expectancy**

- Bulgaria: 74 years
- EUR up-mid income countries: 72 years



2009 data

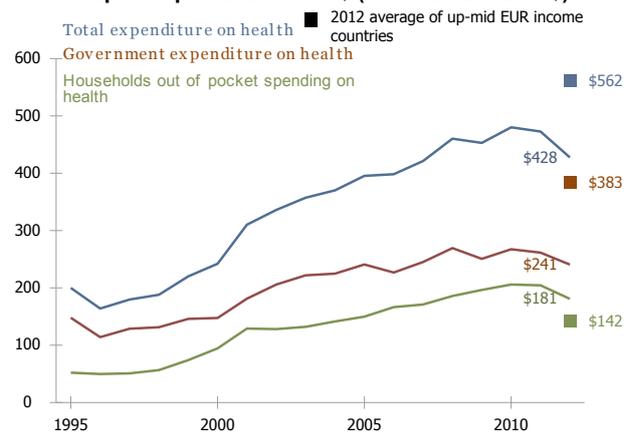
**Maternal mortality rate**

- Bulgaria: 13 per 100,000 live births
- EUR up-mid income countries: 25 per 100,000 live births

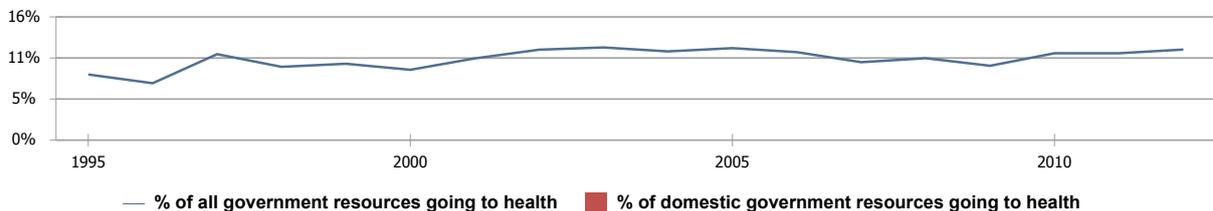


2008 data

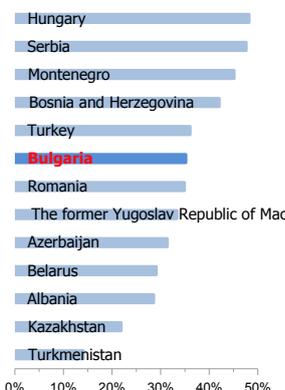
### Per capita expenditure in US\$ (constant 2012 US\$)



### Government resources allocated to health



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



#### General government expenditure on health % GGE



#### General government expenditure on health % GDP



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

Among up-mid EUR countries:

Total government expenditure is in the median range as a % of GDP ((36%))

Share of government spending allocated to health is in the median range ((12%))

Government expenditure on health as a % of GDP is in the median range ((4%))

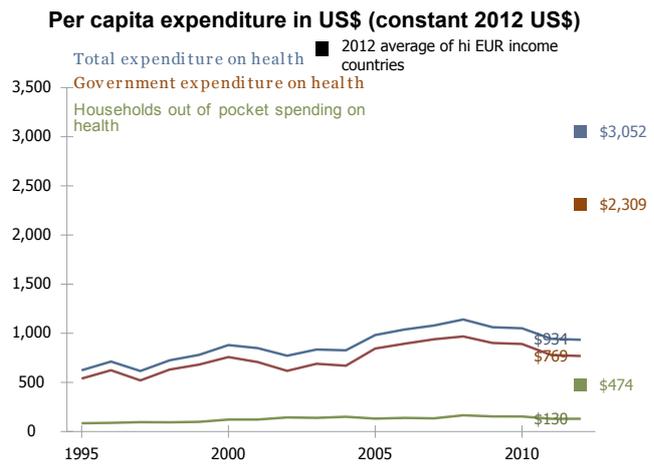
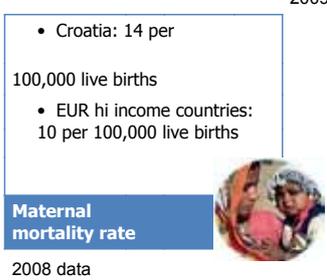
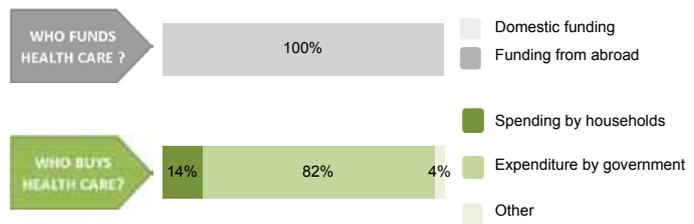


Source : global health expenditure database

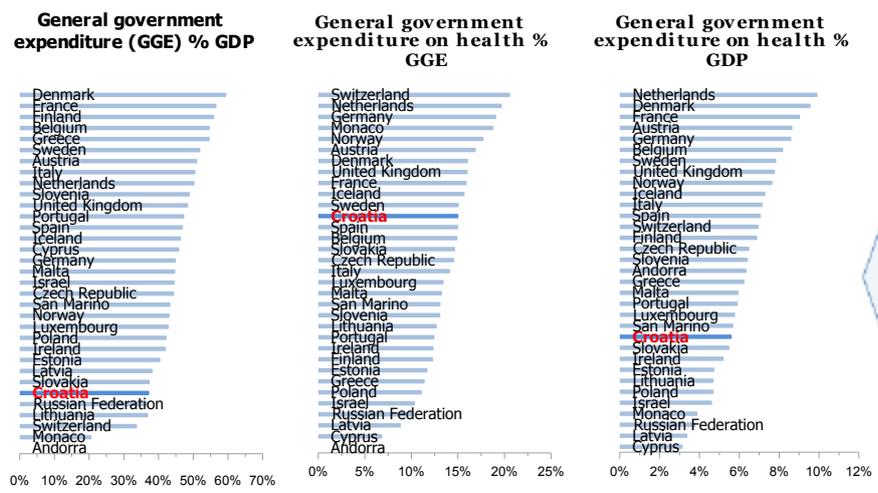
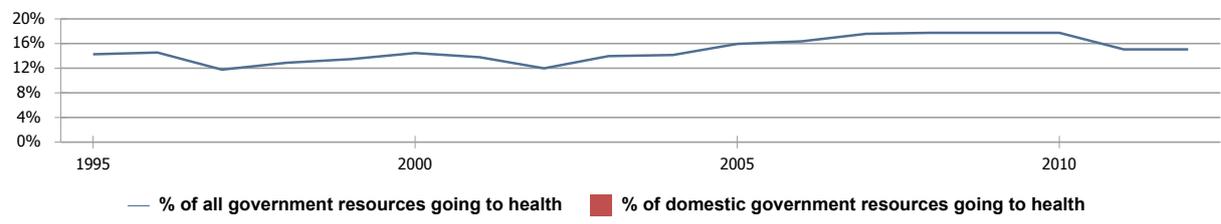
Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal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

□ Countries in WHO European Region

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



**Government resources allocated to health**



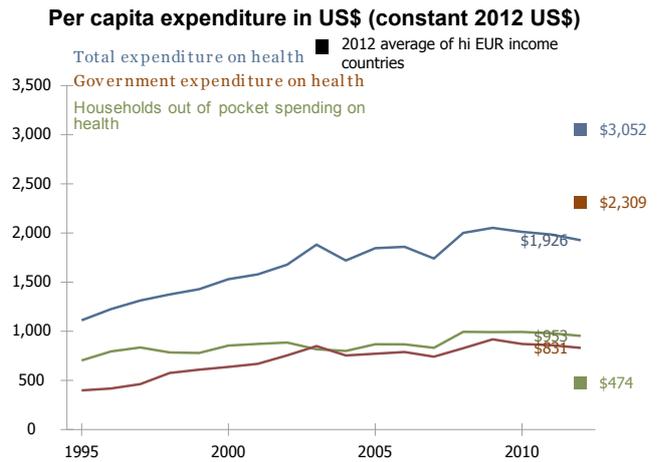
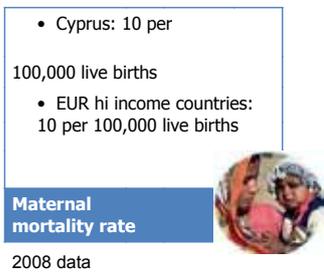
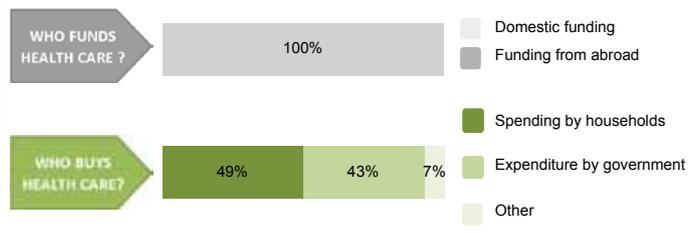
**Government's health spending as compared to other countries of the region**

Among hi EUR countries:  
Total government expenditure is low as a % of GDP ((37%))  
Share of government spending allocated to health is in the median range ((15%))  
Government expenditure on health as a % of GDP is low ((6%))

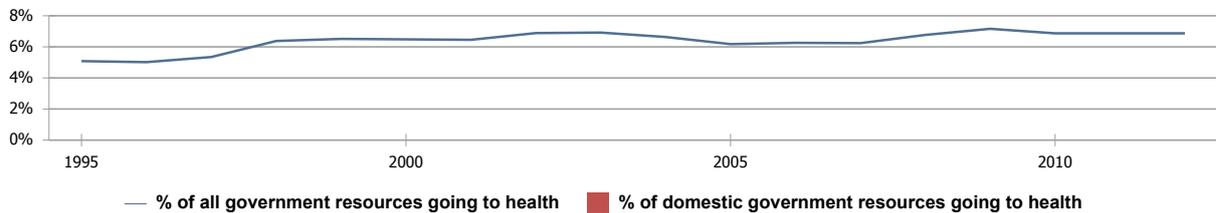
Source : global health expenditure database

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

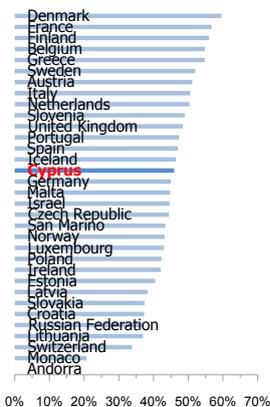
## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Cyprus, 2012



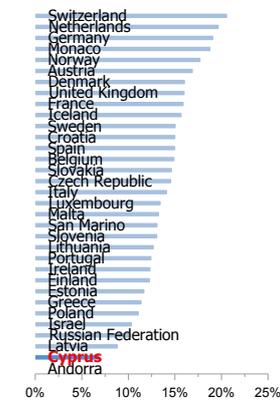
### Government resources allocated to health



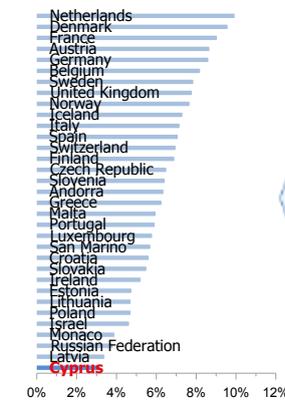
General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



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

Among hi EUR countries:  
 Total government expenditure is in the median range as a % of GDP ((46%))  
 Share of government spending allocated to health is low ((7%))  
 Government expenditure on health as a % of GDP is low ((3%))



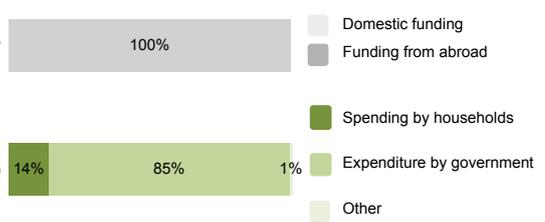
Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Czech Republic, 2012



Czech Republic spent  
**15 billion US\$**  
on health care:  
**- \$1,432 per capita**  
**- 14% spent by households**



• Czech Republic:

\$18,688/capita

- EUR hi income countries: \$31,080/capita

**GDP per capita**



• Czech Republic:

77 years

- EUR hi income countries: 79 years

**Life expectancy**



2009 data

• Czech Republic: 8 per

100,000 live births

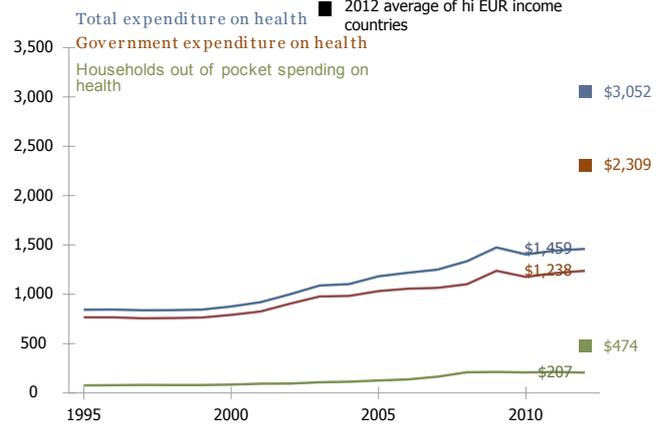
- EUR hi income countries: 10 per 100,000 live births

**Maternal mortality rate**

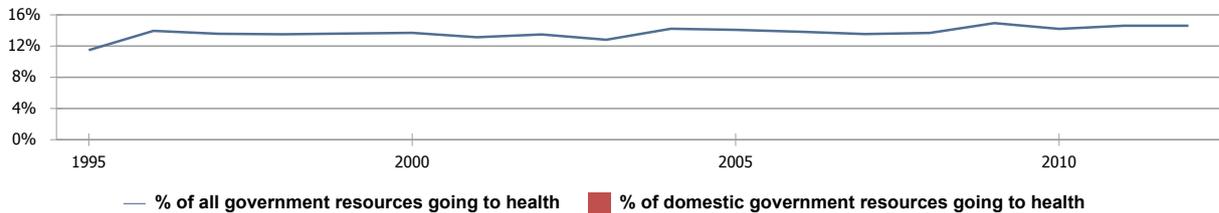


2008 data

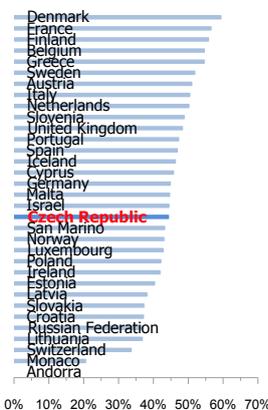
### Per capita expenditure in US\$ (constant 2012 US\$)



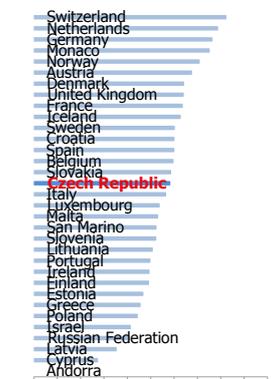
### Government resources allocated to health



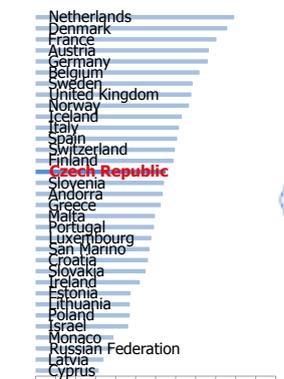
**General government expenditure (GGE) % GDP**



**General government expenditure on health % GGE**



**General government expenditure on health % GDP**



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

Among hi EUR countries:

Total government expenditure is in the median range as a % of GDP ((44%))

Share of government spending allocated to health is in the median range ((15%))

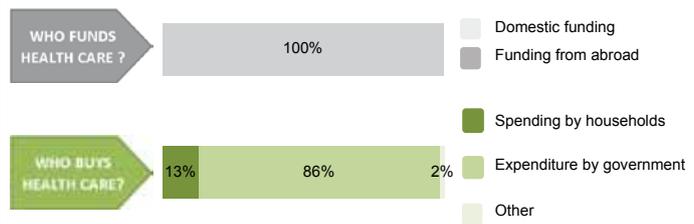
Government expenditure on health as a % of GDP is in the median range ((6%))



Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Denmark, 2012



Denmark:  
 \$56,311/capita  
 EUR hi income countries:  
 \$31,080/capita

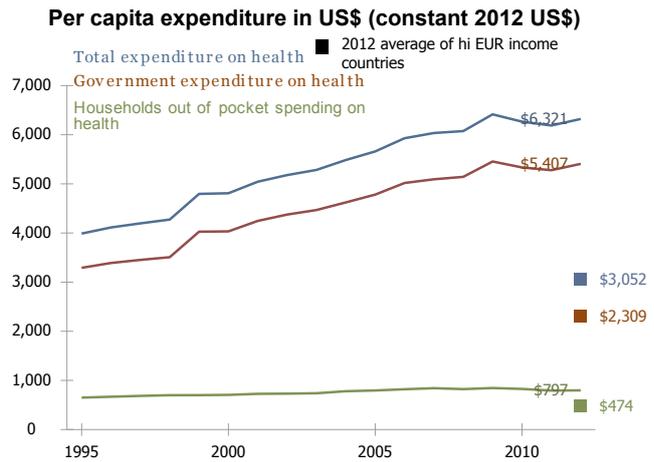
**GDP per capita**

Denmark:  
 79 years  
 EUR hi income countries:  
 79 years

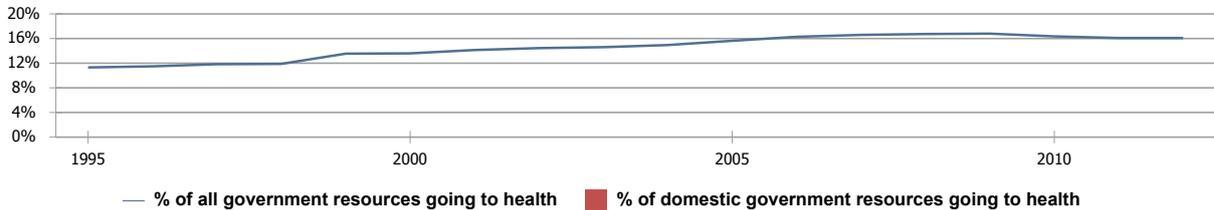
**Life expectancy**

Denmark: 5 per  
 100,000 live births  
 EUR hi income countries:  
 10 per 100,000 live births

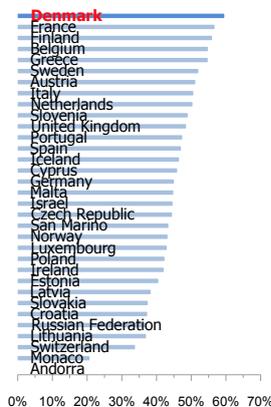
**Maternal mortality rate**



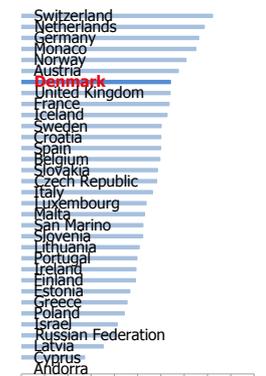
### Government resources allocated to health



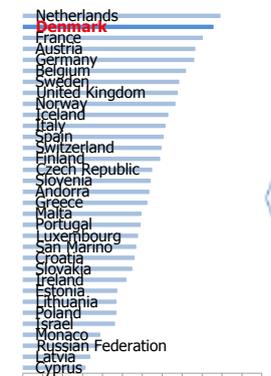
### General government expenditure (GGE) % GDP



### General government expenditure on health % GGE



### General government expenditure on health % GDP



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

Among hi EUR countries:  
 Total government expenditure is high as a % of GDP ((60%))  
 Share of government spending allocated to health is high ((16%))  
 Government expenditure on health as a % of GDP is high ((10%))



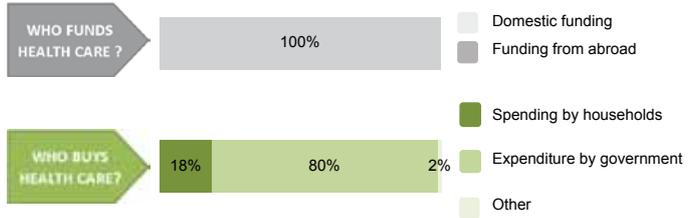
Source : global health expenditure database

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

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



Estonia spent  
**1.3 billion US\$**  
on health care:  
**- \$1,010 per capita**  
**- 18% spent by households**



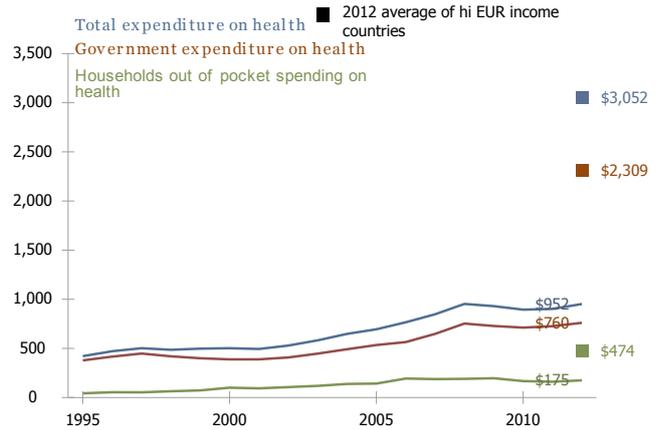
• Estonia:  
\$16,998/capita  
• EUR hi income countries:  
\$31,080/capita  
**GDP per capita**



• Estonia:  
75 years  
• EUR hi income countries:  
79 years  
**Life expectancy**



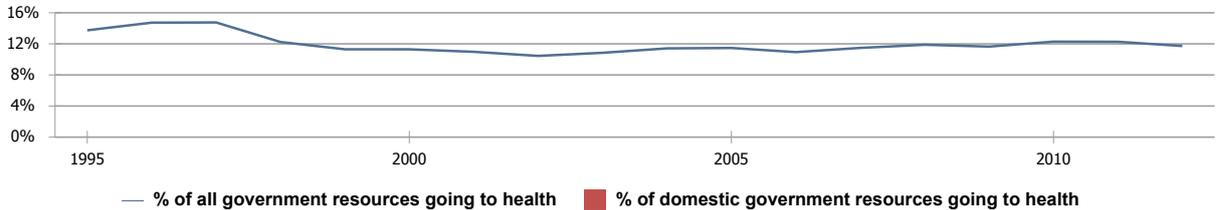
**Per capita expenditure in US\$ (constant 2012 US\$)**



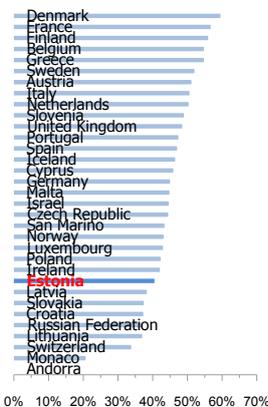
• Estonia: 12 per  
100,000 live births  
• EUR hi income countries:  
10 per 100,000 live births  
**Maternal mortality rate**



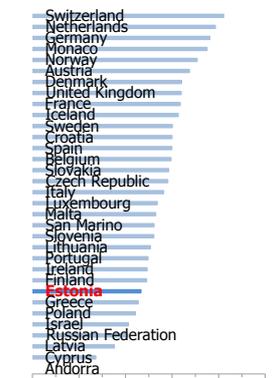
**Government resources allocated to health**



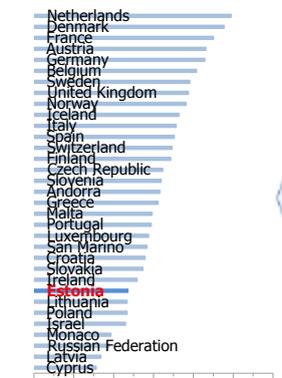
**General government expenditure (GGE) % GDP**



**General government expenditure on health % GGE**



**General government expenditure on health % GDP**



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

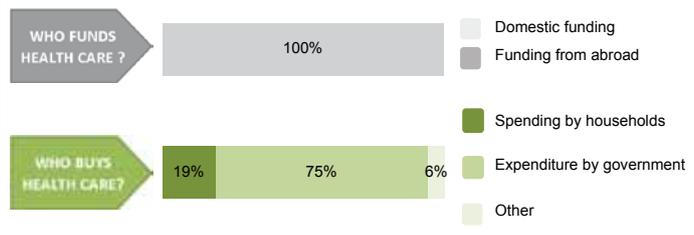
Among hi EUR countries:  
Total government expenditure is low as a % of GDP ((41%))  
Share of government spending allocated to health is low ((12%))  
Government expenditure on health as a % of GDP is low ((5%))



Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Finland, 2012



Finland:  
 \$46,261/capita  
 EUR hi income countries: \$31,080/capita

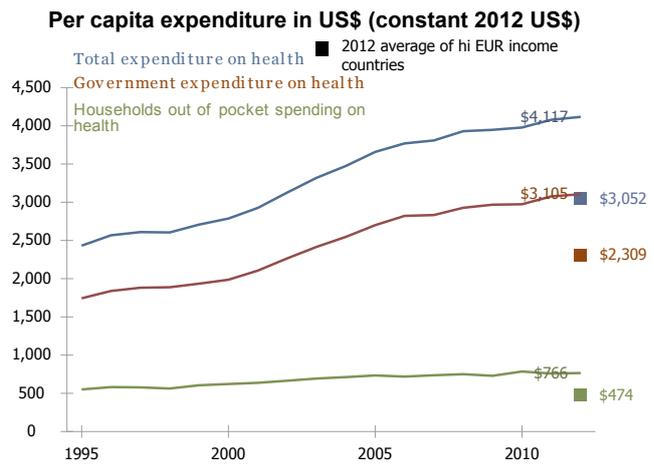
**GDP per capita**

Finland:  
 80 years  
 EUR hi income countries: 79 years

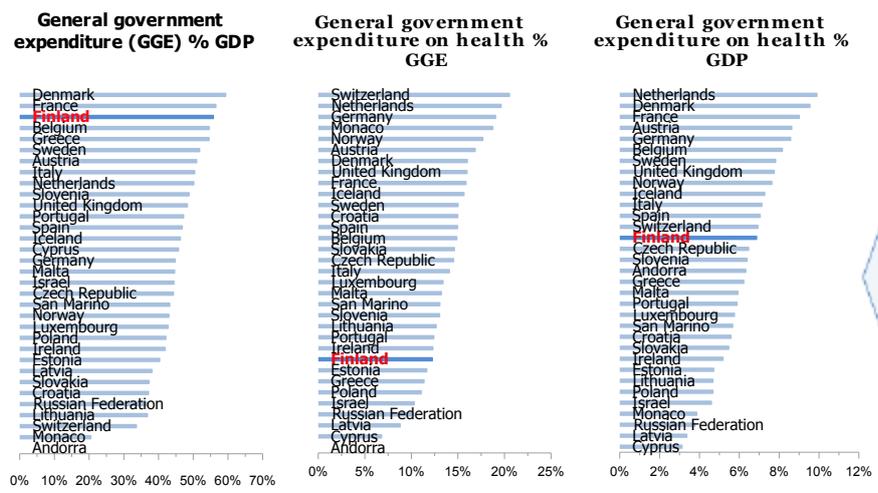
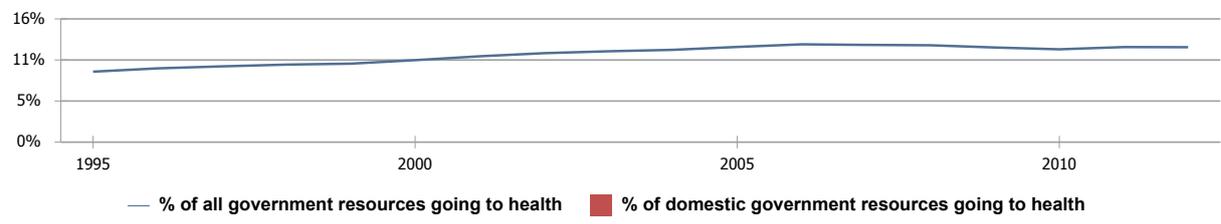
**Life expectancy**

Finland: 8 per 100,000 live births  
 EUR hi income countries: 10 per 100,000 live births

**Maternal mortality rate**



### Government resources allocated to health



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

Among hi EUR countries:  
 Total government expenditure is high as a % of GDP ((56%))  
 Share of government spending allocated to health is low ((12%))  
 Government expenditure on health as a % of GDP is in the median range ((7%))

Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: France, 2012



France spent  
**306 billion US\$**  
on health care:  
**- \$4,690 per capita**  
**- 7% spent by households**



• France:  
\$39,923/capita

• EUR hi income countries:  
\$31,080/capita

**GDP per capita**



• France:  
81 years

• EUR hi income countries:  
79 years

**Life expectancy**



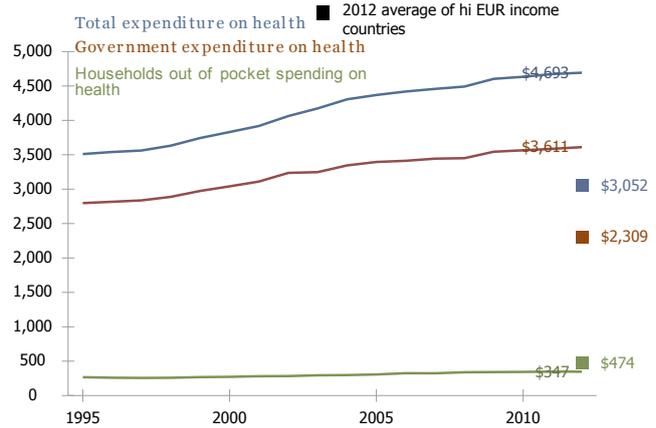
• France: 8 per  
100,000 live births

• EUR hi income countries:  
10 per 100,000 live births

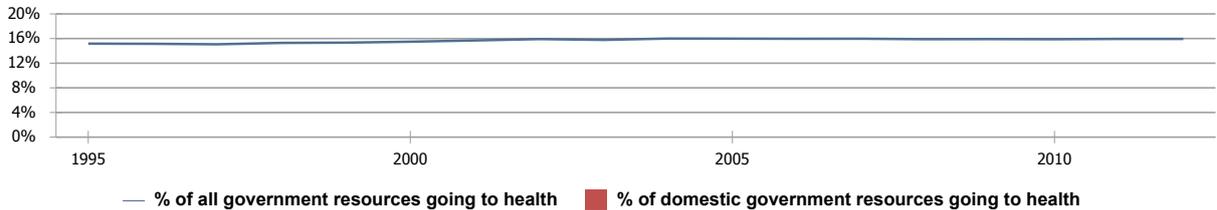
**Maternal mortality rate**



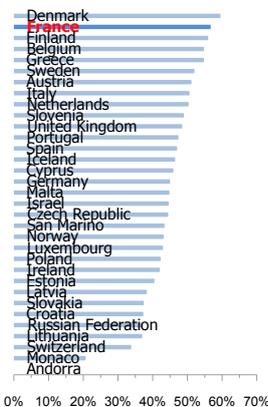
### Per capita expenditure in US\$ (constant 2012 US\$)



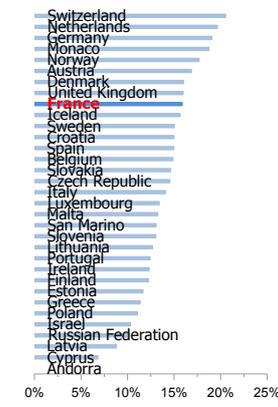
### Government resources allocated to health



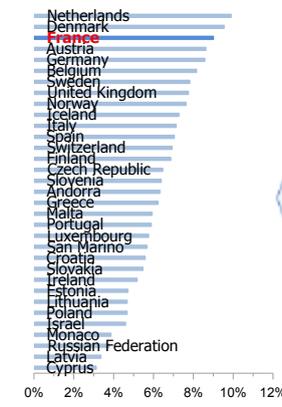
### General government expenditure (GGE) % GDP



### General government expenditure on health % GGE



### General government expenditure on health % GDP



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

Among hi EUR countries:  
Total government expenditure is high as a % of GDP ((57%))  
Share of government spending allocated to health is high ((16%))  
Government expenditure on health as a % of GDP is high ((9%))



Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Georgia, 2012



Georgia spent  
**1.5 billion US\$**  
 on health care:  
 - **\$333 per capita**  
 - **65% spent by households**

WHO FUNDS HEALTH CARE?

97% Domestic funding  
 3% Funding from abroad

WHO BUYS HEALTH CARE?

65% Spending by households  
 18% Expenditure by government  
 17% Other

Georgia:  
 \$3,632/capita  
 EUR low-mid income countries: \$2,951/capita

### GDP per capita



Georgia:  
 71 years  
 EUR low-mid income countries: 69 years

### Life expectancy



2009 data

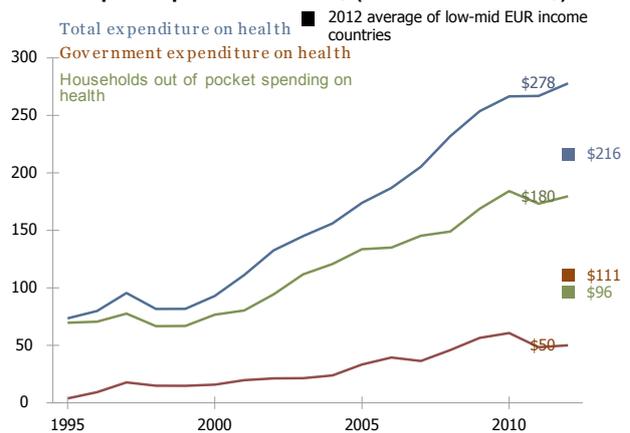
Georgia: 48 per  
 100,000 live births  
 EUR low-mid income countries: 41 per 100,000 live births

### Maternal mortality rate

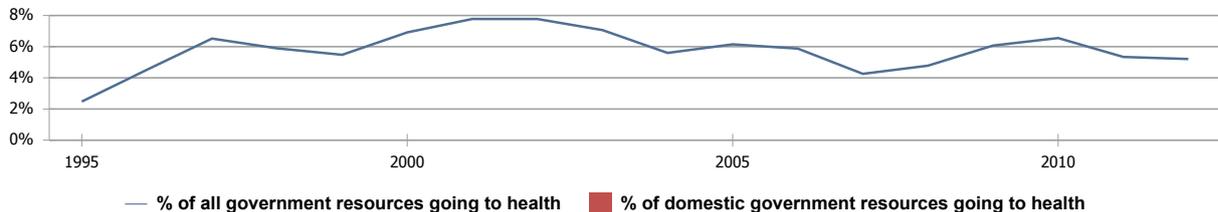


2008 data

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



### Government resources allocated to health



### General government expenditure (GGE) % GDP



### General government expenditure on health % GGE



### General government expenditure on health % GDP



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

Among low-mid EUR countries:  
 Total government expenditure is low as a % of GDP ((32%))  
 Share of government spending allocated to health is low ((5%))  
 Government expenditure on health as a % of GDP is low ((2%))



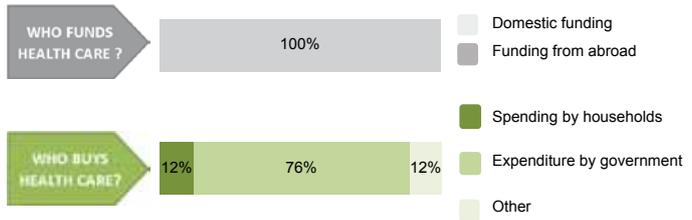
Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Germany, 2012



Germany spent  
**383 billion US\$**  
on health care:  
**- \$4,683 per capita**  
**- 12% spent by households**



• Germany:  
\$41,506/capita

• EUR hi income countries:  
\$31,080/capita

**GDP per capita**



• Germany:  
80 years

• EUR hi income countries:  
79 years

**Life expectancy**



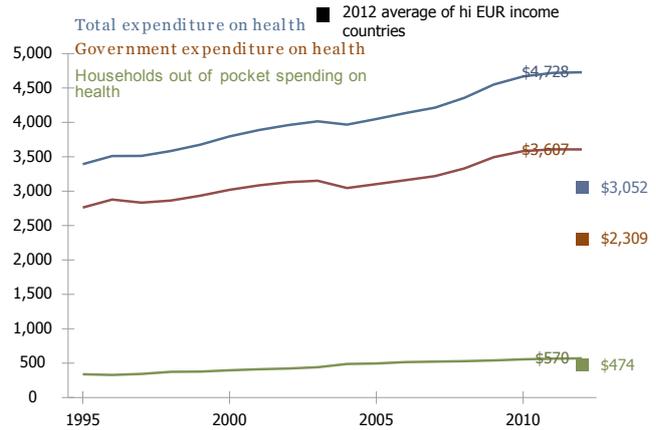
• Germany: 7 per  
100,000 live births

• EUR hi income countries:  
10 per 100,000 live births

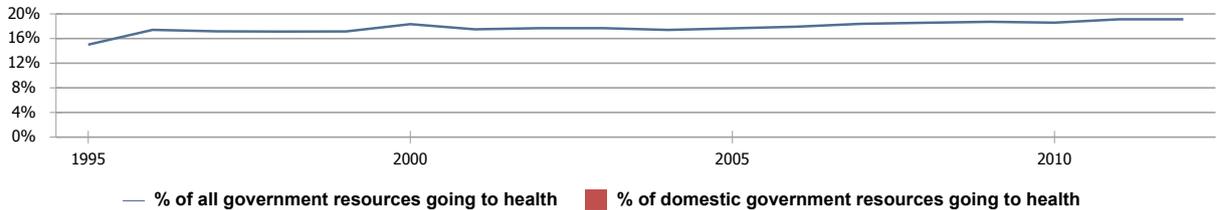
**Maternal mortality rate**



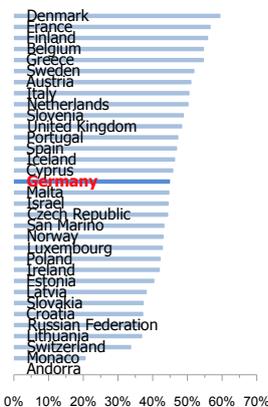
### Per capita expenditure in US\$ (constant 2012 US\$)



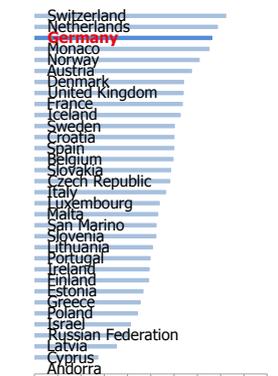
### Government resources allocated to health



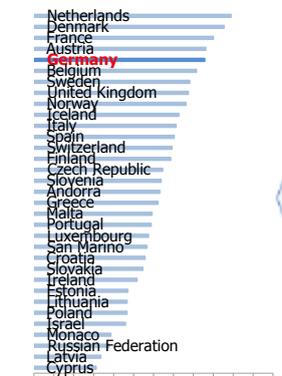
#### General government expenditure (GGE) % GDP



#### General government expenditure on health % GGE



#### General government expenditure on health % GDP



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

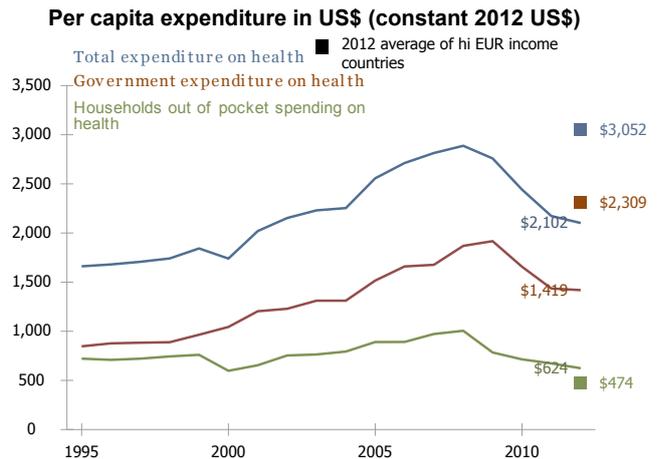
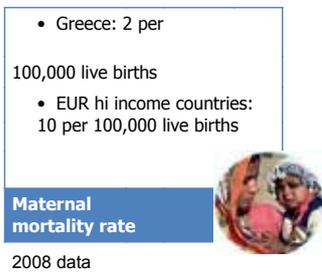
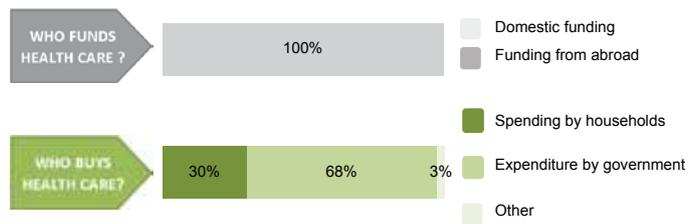
Among hi EUR countries:  
Total government expenditure is in the median range as a % of GDP ((45%))  
Share of government spending allocated to health is high ((19%))  
Government expenditure on health as a % of GDP is high ((9%))



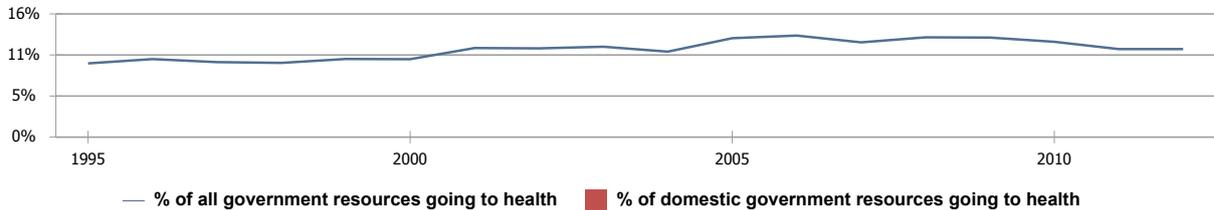
Source : global health expenditure database

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

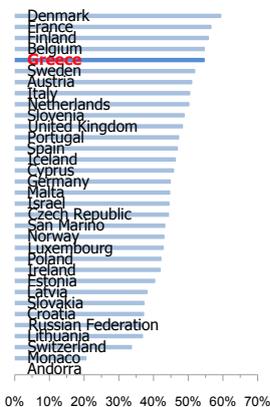
## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Greece, 2012



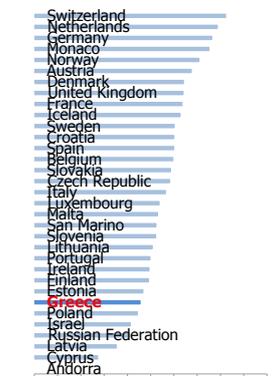
### Government resources allocated to health



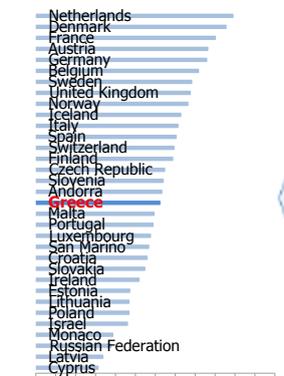
General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



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

Among hi EUR countries:

Total government expenditure is high as a % of GDP ((55%))

Share of government spending allocated to health is low ((11%))

Government expenditure on health as a % of GDP is in the median range ((6%))



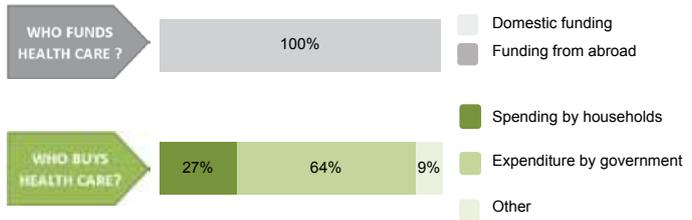
Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Hungary, 2012



Hungary spent **9.8 billion US\$** on health care:  
 - **\$987 per capita**  
 - **27% spent by households**



• Hungary:  
 \$12,615/capita  
 • EUR up-mid income countries: \$9,333/capita

### GDP per capita



• Hungary:  
 74 years  
 • EUR up-mid income countries: 72 years

### Life expectancy



2009 data

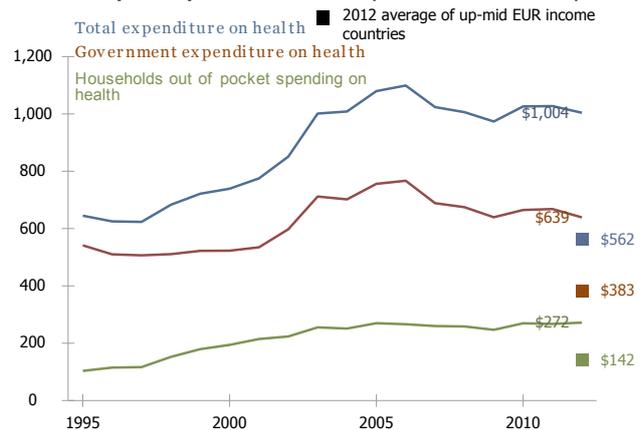
• Hungary: 13 per  
 100,000 live births  
 • EUR up-mid income countries: 25 per 100,000 live births

### Maternal mortality rate

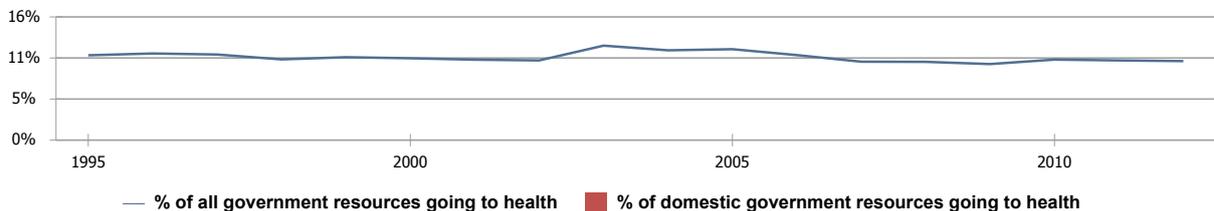


2008 data

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



### Government resources allocated to health



### General government expenditure (GGE) % GDP



### General government expenditure on health % GGE



### General government expenditure on health % GDP



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

Among up-mid EUR countries:

Total government expenditure is high as a % of GDP ((49%))

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

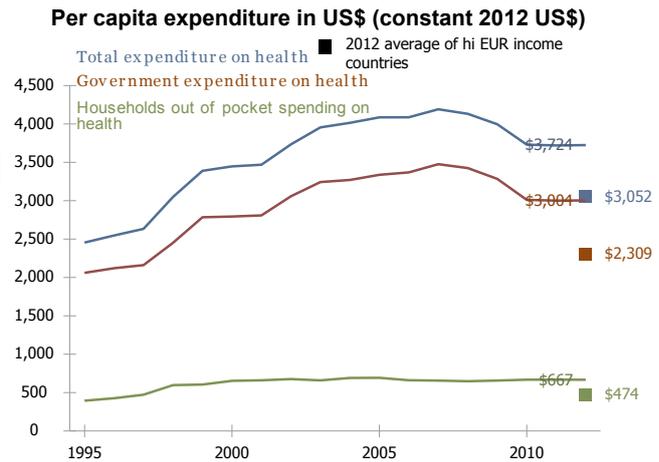
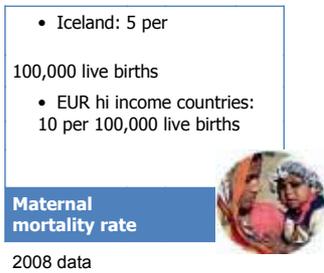
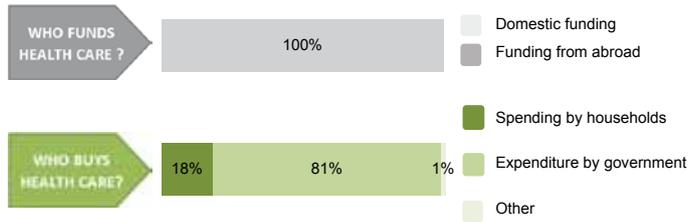
Government expenditure on health as a % of GDP is high ((5%))



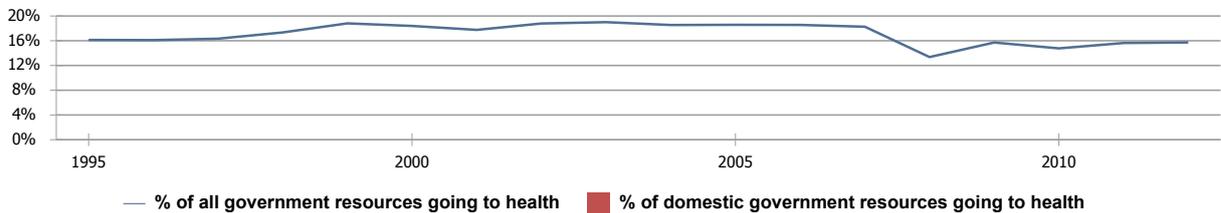
Source : global health expenditure database

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

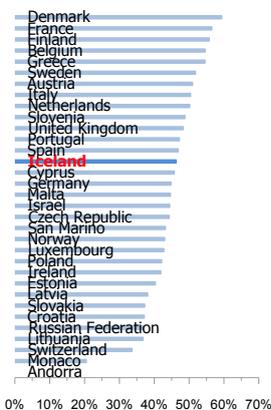
## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Iceland, 2012



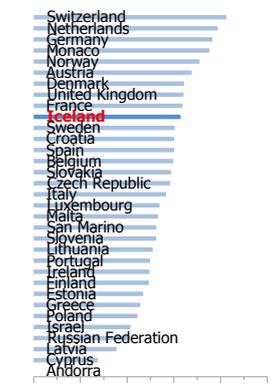
### Government resources allocated to health



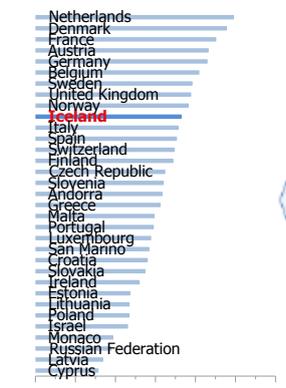
General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



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

Among hi EUR countries:

Total government expenditure is in the median range as a % of GDP ((46%))

Share of government spending allocated to health is high ((16%))

Government expenditure on health as a % of GDP is high ((7%))



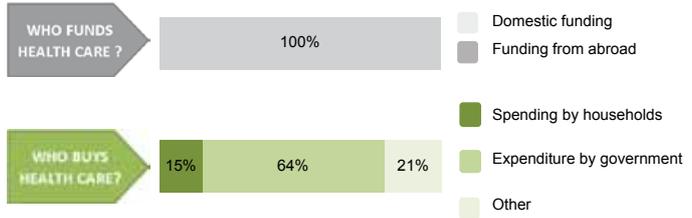
Source : global health expenditure database

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

### HEALTH SYSTEM FINANCING COUNTRY PROFILE: Ireland, 2012



Ireland spent  
**17 billion US\$**  
on health care:  
**- \$3,708 per capita**  
**- 15% spent by households**

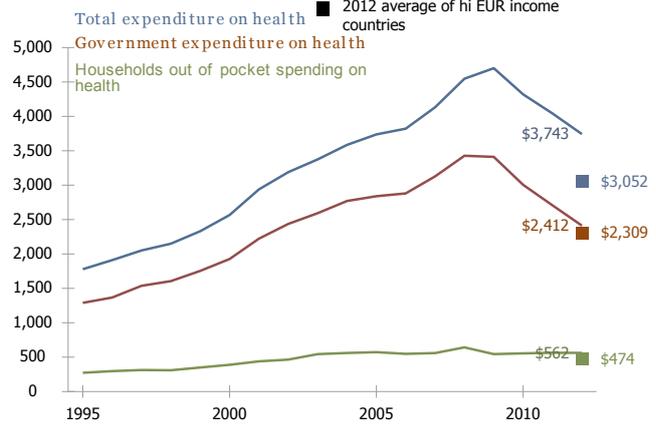


**GDP per capita**  
Ireland: \$45,867/capita  
EUR hi income countries: \$31,080/capita

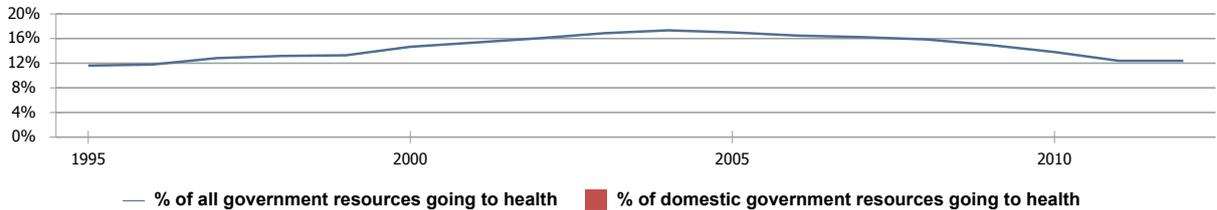
**Life expectancy**  
Ireland: 80 years  
EUR hi income countries: 79 years

**Maternal mortality rate**  
Ireland: 3 per 100,000 live births  
EUR hi income countries: 10 per 100,000 live births

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



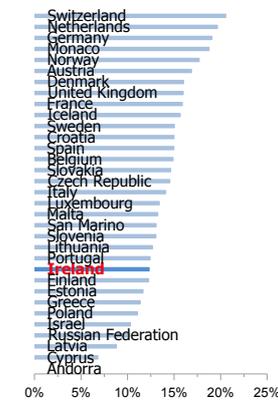
#### Government resources allocated to health



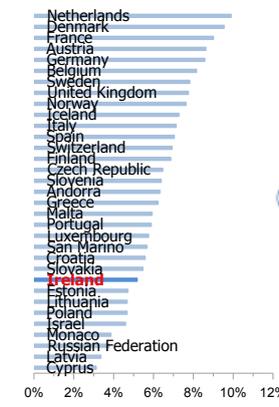
#### General government expenditure (GGE) % GDP



#### General government expenditure on health % GGE



#### General government expenditure on health % GDP



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

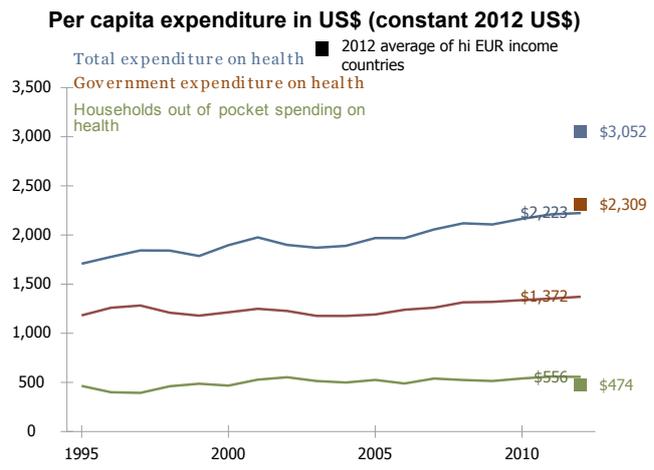
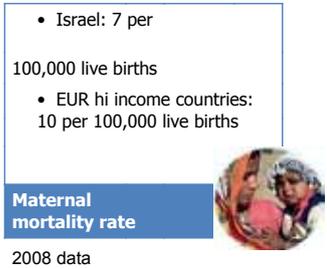
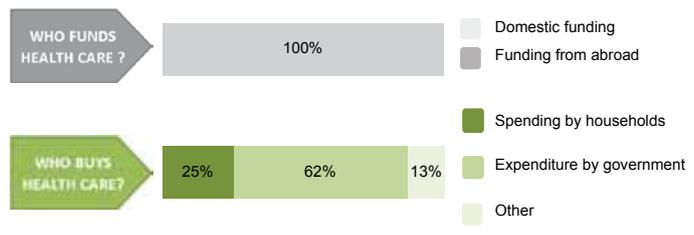
Among hi EUR countries:  
Total government expenditure is low as a % of GDP ((42%))  
Share of government spending allocated to health is low ((12%))  
Government expenditure on health as a % of GDP is low ((5%))



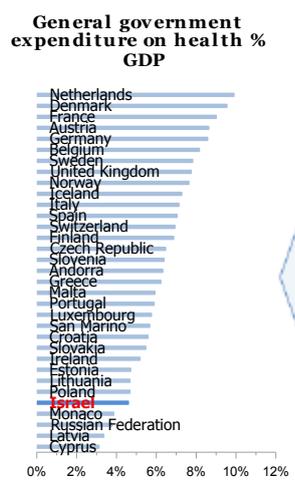
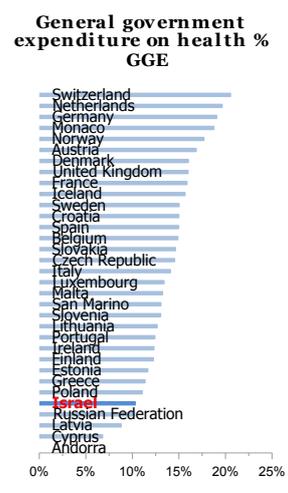
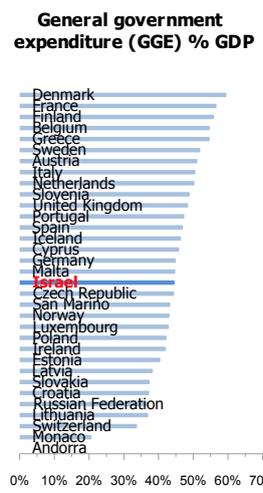
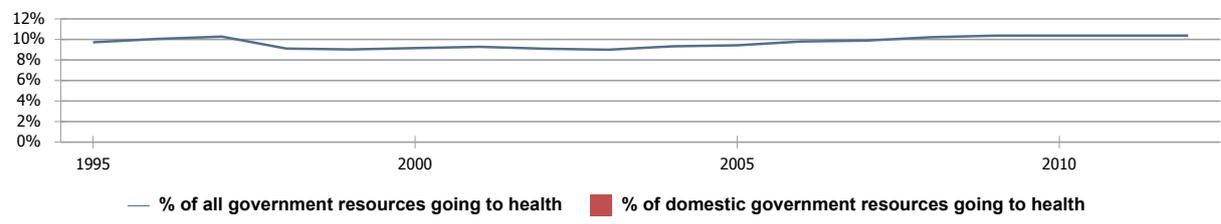
Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Israel, 2012



### Government resources allocated to health



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

Among hi EUR countries:  
 Total government expenditure is in the median range as a % of GDP ((45%))  
 Share of government spending allocated to health is low ((10%))  
 Government expenditure on health as a % of GDP is low ((5%))



Source : global health expenditure database

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

□ Countries in WHO European Region

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



Italy spent  
**184 billion US\$**  
on health care:  
**- \$3,032 per capita**  
**- 20% spent by households**

WHO FUNDS HEALTH CARE?

100%

Domestic funding  
Funding from abroad

WHO BUYS HEALTH CARE?

20%

78%

2%

Spending by households  
Expenditure by government  
Other

• Italy:  
\$33,081/capita  
• EUR hi income countries:  
\$31,080/capita

**GDP per capita**



• Italy:  
82 years  
• EUR hi income countries:  
79 years

**Life expectancy**



2009 data

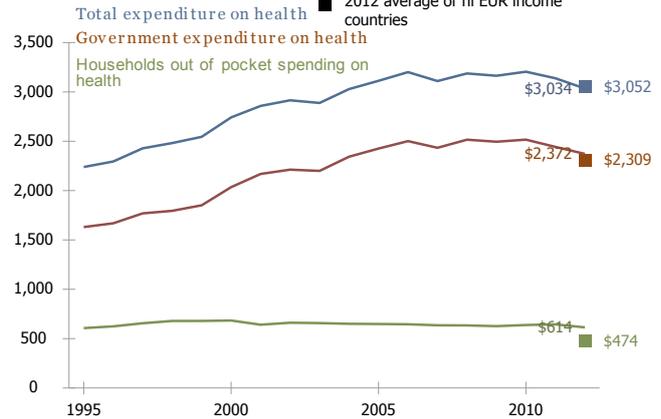
• Italy: 5 per  
100,000 live births  
• EUR hi income countries:  
10 per 100,000 live births

**Maternal mortality rate**

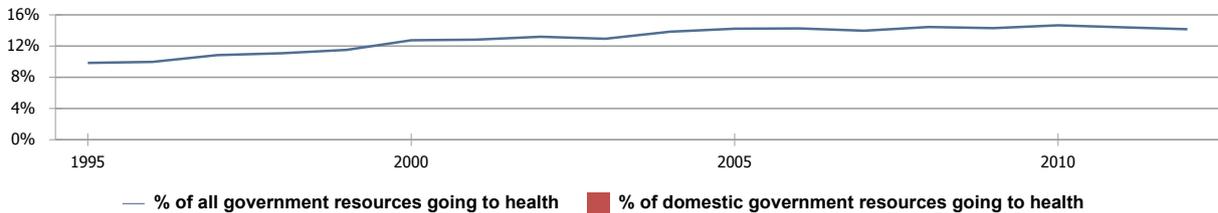


2008 data

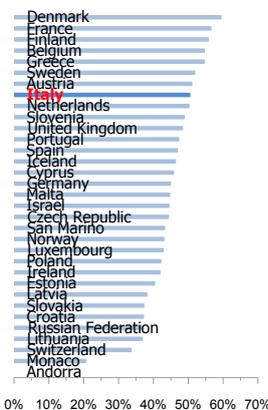
**Per capita expenditure in US\$ (constant 2012 US\$)**



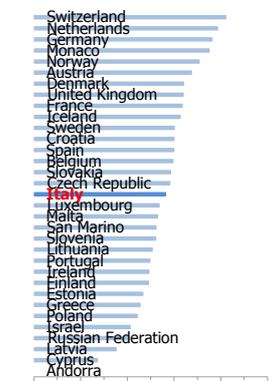
**Government resources allocated to health**



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



**General government expenditure on health % GGE**



**General government expenditure on health % GDP**



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

Among hi EUR countries:

Total government expenditure is high as a % of GDP ((51%))

Share of government spending allocated to health is in the median range ((14%))

Government expenditure on health as a % of GDP is high ((7%))



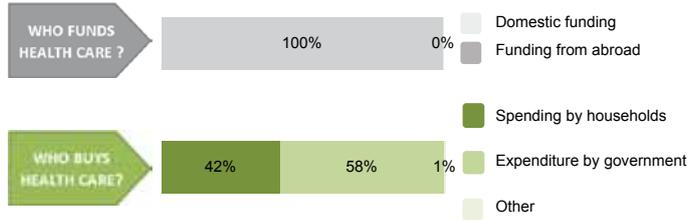
Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Kazakhstan, 2012



Kazakhstan spent  
**8.5 billion US\$**  
 on health care:  
 - **\$521 per capita**  
 - **42% spent by households**



**GDP per capita**

- Kazakhstan: \$12,455/capita
- EUR up-mid income countries: \$9,333/capita

**Life expectancy**

- Kazakhstan: 64 years
- EUR up-mid income countries: 72 years

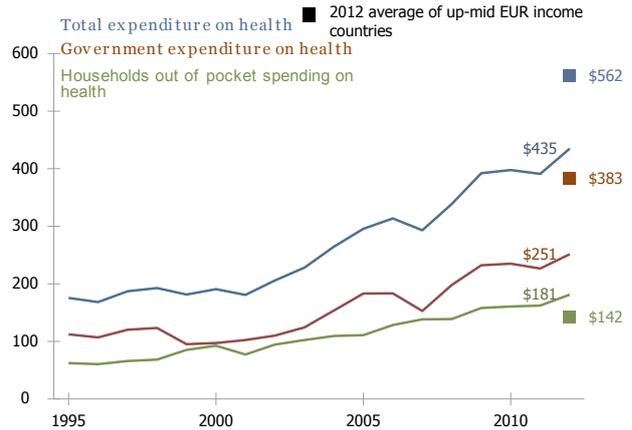
2009 data

**Maternal mortality rate**

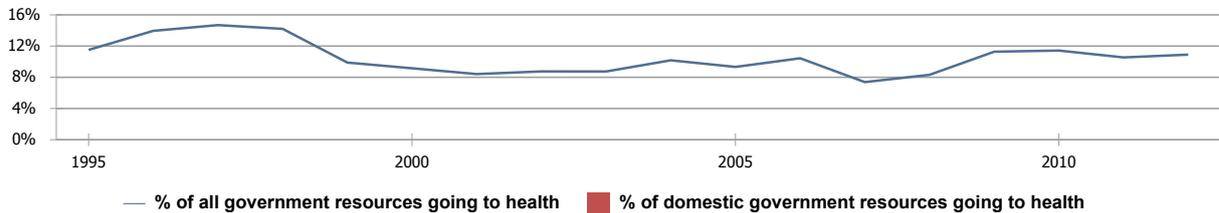
- Kazakhstan: 45 per 100,000 live births
- EUR up-mid income countries: 25 per 100,000 live births

2008 data

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



### Government resources allocated to health



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



#### General government expenditure on health % GGE



#### General government expenditure on health % GDP



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

Among up-mid EUR countries:

Total government expenditure is low as a % of GDP ((22%))

Share of government spending allocated to health is in the median range ((11%))

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



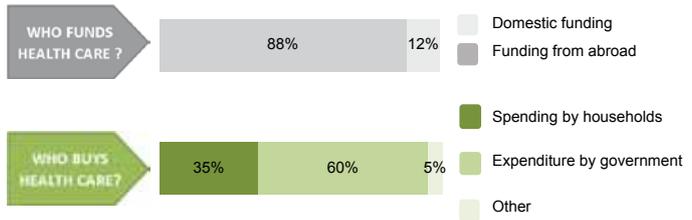
Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Kyrgyzstan, 2012



Kyrgyzstan spent **462 million US\$** on health care:  
 - **\$84 per capita**  
 - **35% spent by households**



• Kyrgyzstan:  
 \$1,183/capita  
 • EUR low-mid income countries: \$2,951/capita

### GDP per capita



• Kyrgyzstan:  
 66 years  
 • EUR low-mid income countries: 69 years

### Life expectancy



2009 data

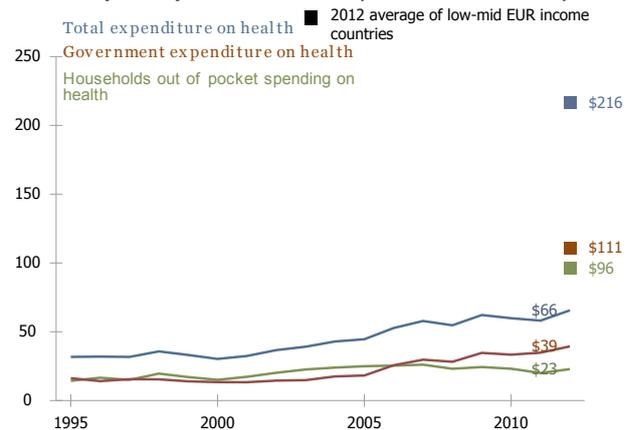
• Kyrgyzstan: 81 per 100,000 live births  
 • EUR low-mid income countries: 41 per 100,000 live births

### Maternal mortality rate

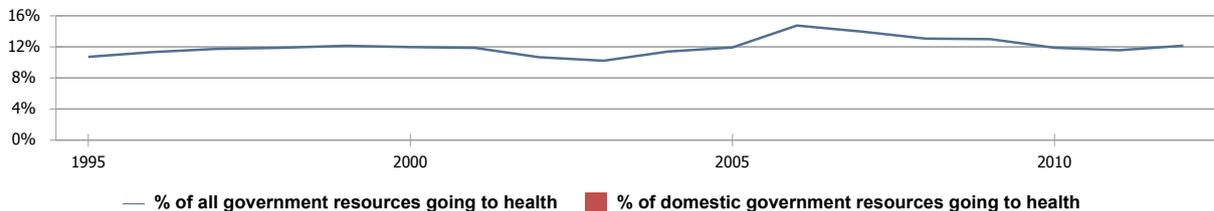


2008 data

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



### Government resources allocated to health



### General government expenditure (GGE) % GDP



### General government expenditure on health % GGE



### General government expenditure on health % GDP



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

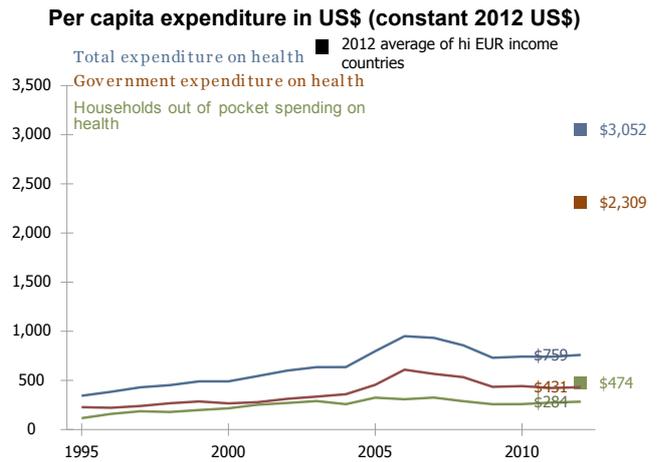
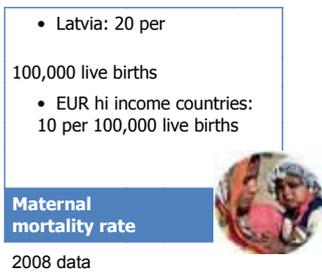
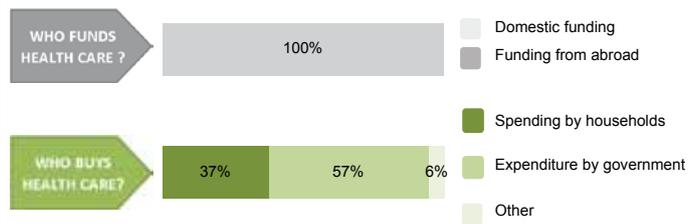
Among low-mid EUR countries:  
 Total government expenditure is in the median range as a % of GDP ((35%))  
 Share of government spending allocated to health is high ((12%))  
 Government expenditure on health as a % of GDP is high ((4%))



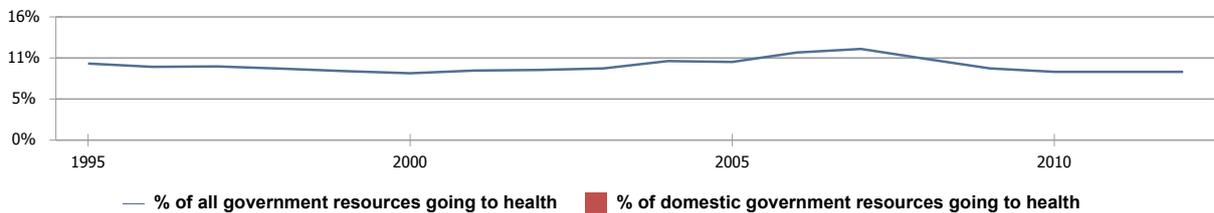
Source : global health expenditure database

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

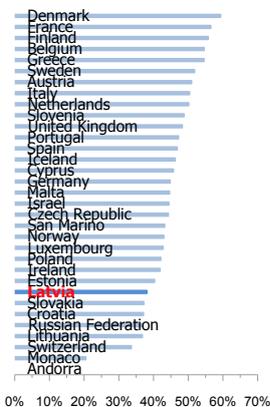
## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Latvia, 2012



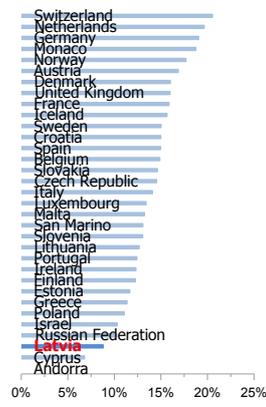
### Government resources allocated to health



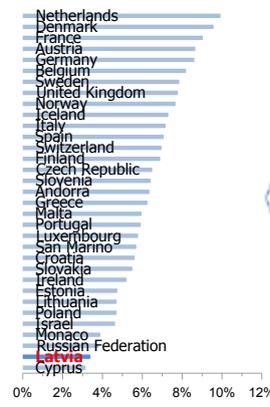
### General government expenditure (GGE) % GDP



### General government expenditure on health % GGE



### General government expenditure on health % GDP



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

Among hi EUR countries:  
 Total government expenditure is low as a % of GDP ((38%))  
 Share of government spending allocated to health is low ((9%))  
 Government expenditure on health as a % of GDP is low ((3%))



Source : global health expenditure database

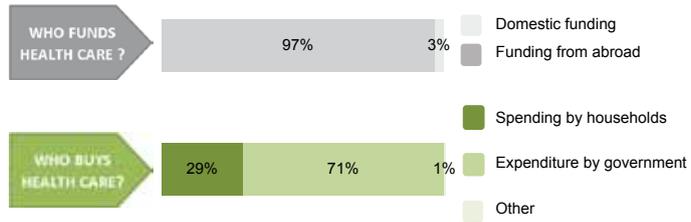
Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal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

□ Countries in WHO European Region

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



Lithuania spent  
**2.7 billion US\$**  
on health care:  
**- \$859 per capita**  
**- 29% spent by households**



Lithuania:  
\$12,915/capita

- EUR hi income countries: \$31,080/capita

**GDP per capita**



Lithuania:  
73 years

- EUR hi income countries: 79 years

**Life expectancy**



2009 data

Lithuania: 13 per 100,000 live births

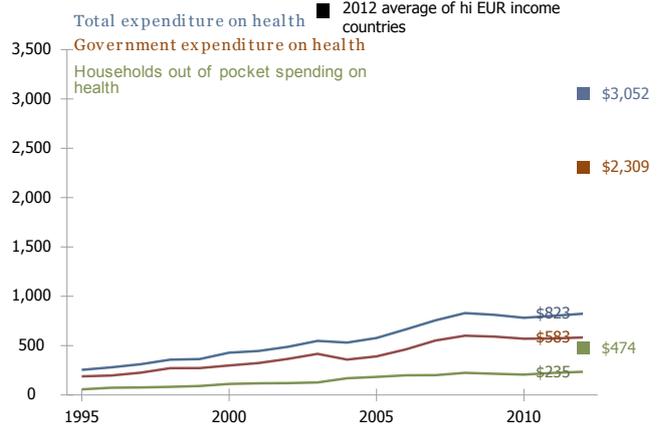
- EUR hi income countries: 10 per 100,000 live births

**Maternal mortality rate**

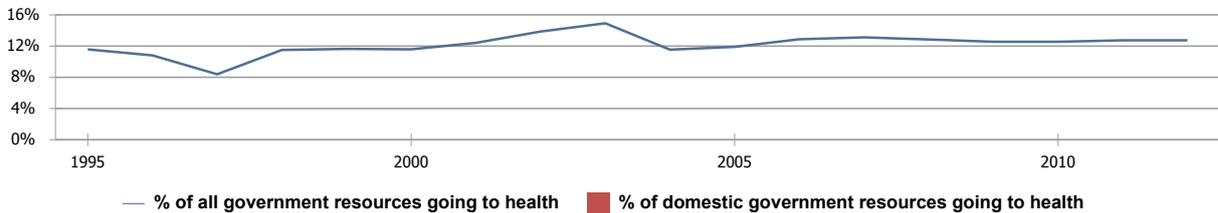
2008 data



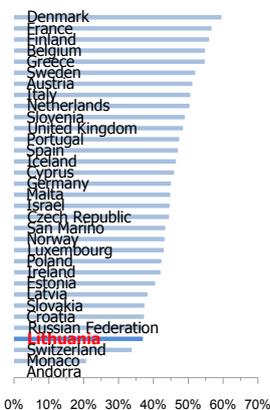
**Per capita expenditure in US\$ (constant 2012 US\$)**



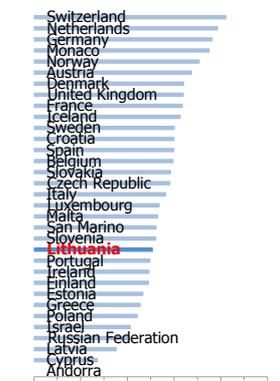
**Government resources allocated to health**



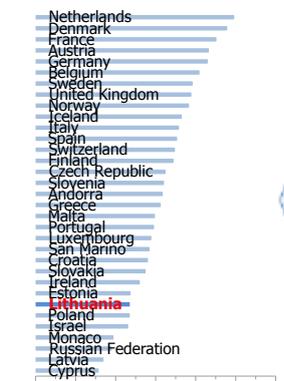
**General government expenditure (GGE) % GDP**



**General government expenditure on health % GGE**



**General government expenditure on health % GDP**



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

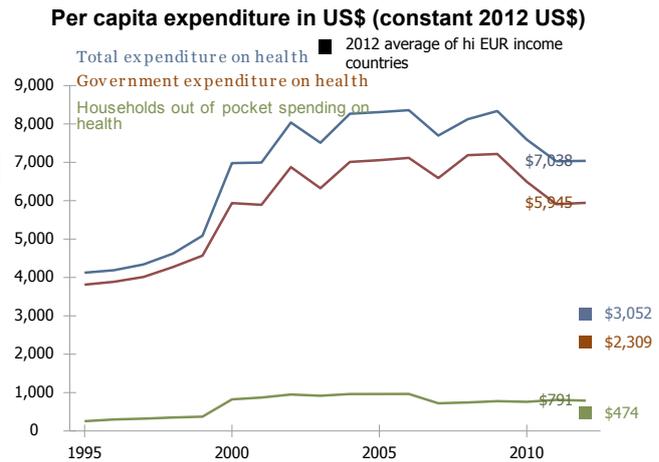
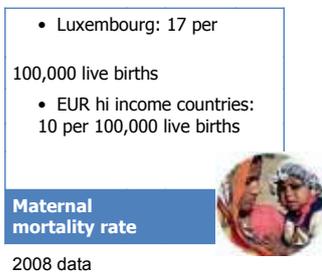
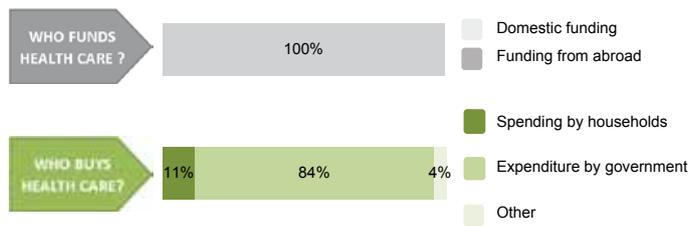
Among hi EUR countries:  
 Total government expenditure is low as a % of GDP ((37%))  
 Share of government spending allocated to health is in the median range ((13%))  
 Government expenditure on health as a % of GDP is low ((5%))



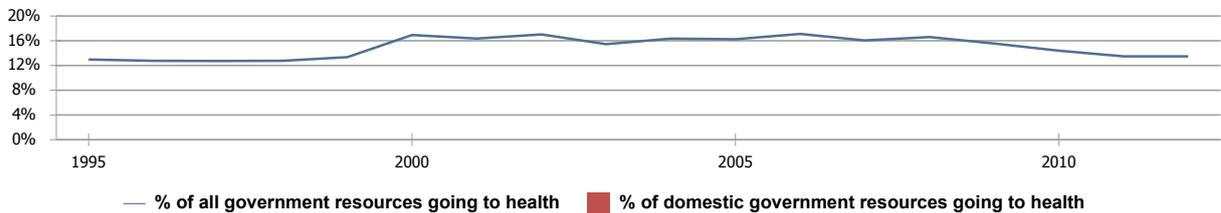
Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Luxembourg, 2012



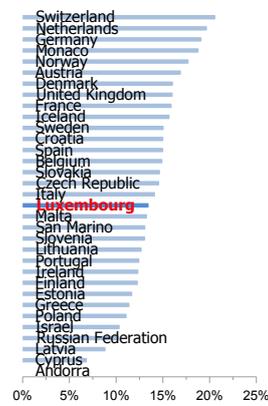
### Government resources allocated to health



### General government expenditure (GGE) % GDP



### General government expenditure on health % GGE



### General government expenditure on health % GDP



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

Among hi EUR countries:

- Total government expenditure is in the median range as a % of GDP ((43%))
- Share of government spending allocated to health is in the median range ((13%))
- Government expenditure on health as a % of GDP is in the median range ((6%))



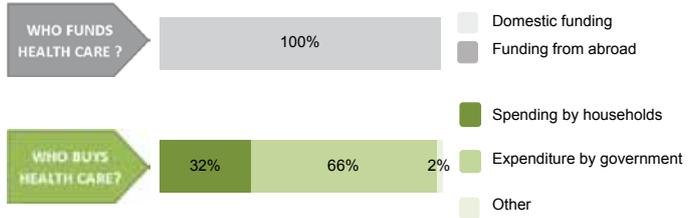
Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Malta, 2012



Malta spent  
**772 million US\$**  
on health care:  
**- \$1,835 per capita**  
**- 32% spent by households**



• Malta:  
\$20,184/capita

• EUR hi income countries:  
\$31,080/capita

**GDP per capita**



• Malta:  
80 years

• EUR hi income countries:  
79 years

**Life expectancy**



2009 data

• Malta: 8 per  
100,000 live births

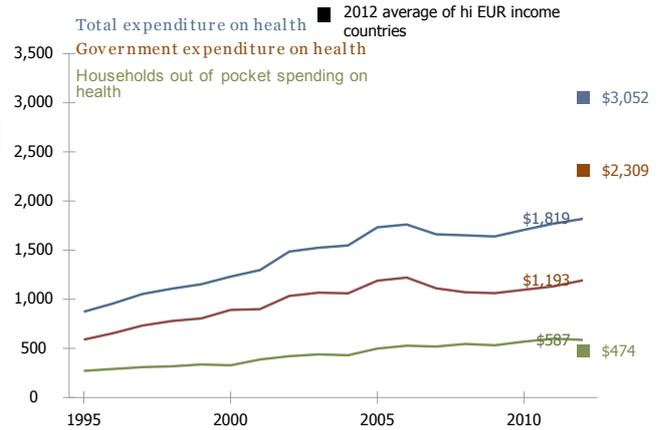
• EUR hi income countries:  
10 per 100,000 live births

**Maternal mortality rate**

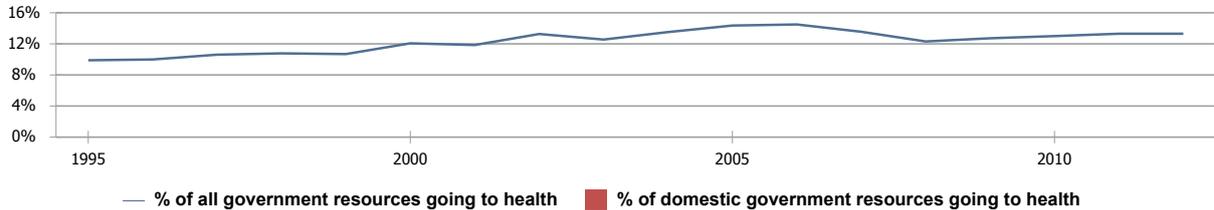


2008 data

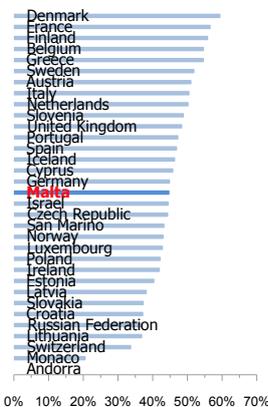
**Per capita expenditure in US\$ (constant 2012 US\$)**



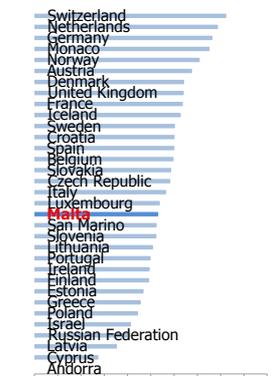
**Government resources allocated to health**



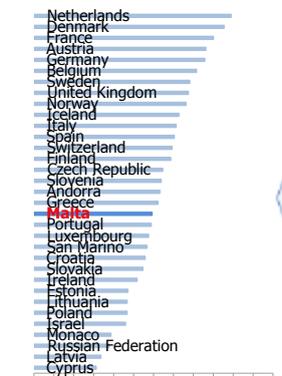
**General government expenditure (GGE) % GDP**



**General government expenditure on health % GGE**



**General government expenditure on health % GDP**



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

Among hi EUR countries:

Total government expenditure is in the median range as a % of GDP ((45%))

Share of government spending allocated to health is in the median range ((13%))

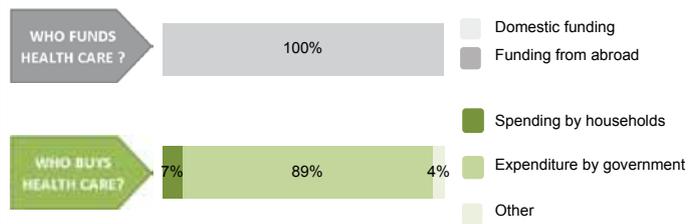
Government expenditure on health as a % of GDP is in the median range ((6%))



Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Monaco, 2012



Monaco:  
 \$152,481/capita  
 EUR hi income countries:  
 \$31,080/capita

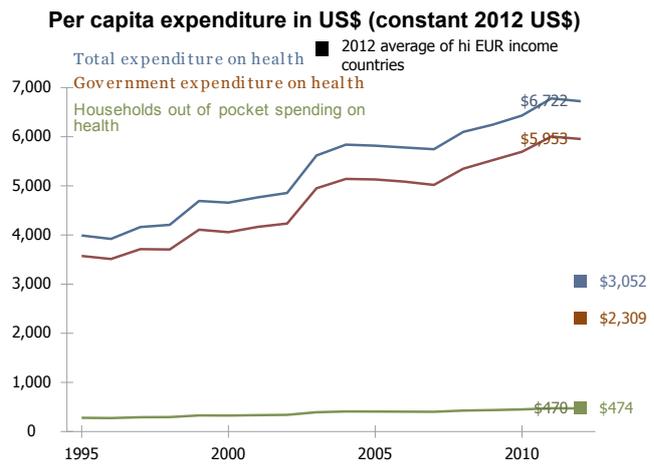
**GDP per capita**

Monaco:  
 82 years  
 EUR hi income countries:  
 79 years

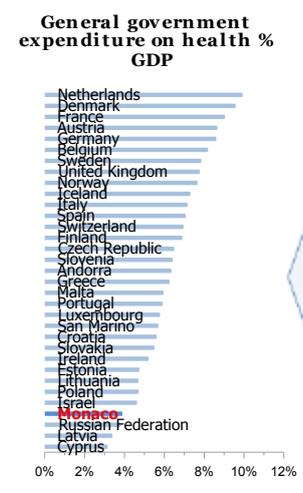
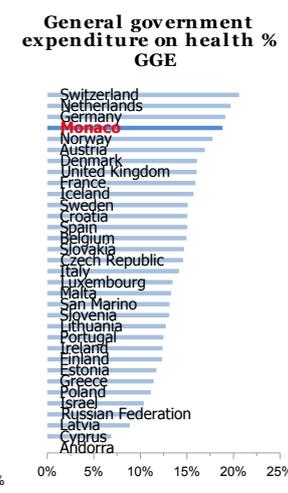
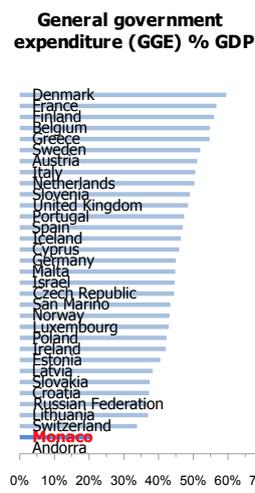
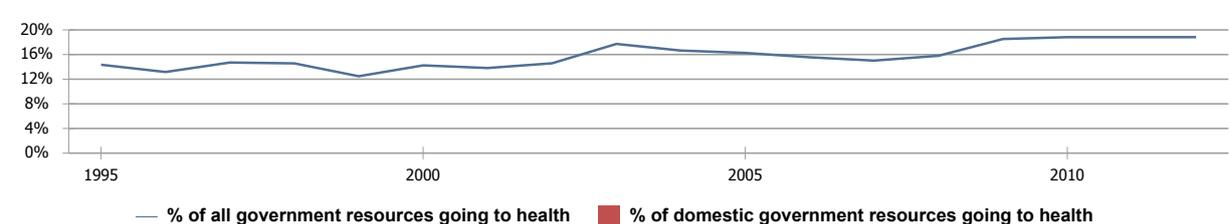
**Life expectancy**

Monaco: 0 per 100,000 live births  
 EUR hi income countries:  
 10 per 100,000 live births

**Maternal mortality rate**



### Government resources allocated to health



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

Among hi EUR countries:  
 Total government expenditure is low as a % of GDP ((21%))  
 Share of government spending allocated to health is high ((19%))  
 Government expenditure on health as a % of GDP is low ((4%))

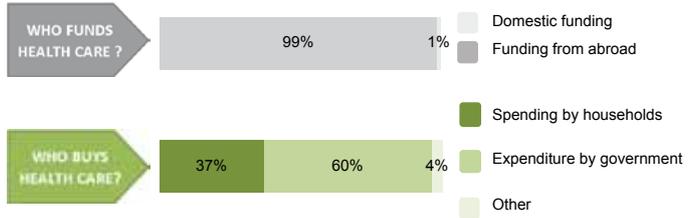
Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Montenegro, 2012



Montenegro spent **306 million US\$** on health care:  
 - **\$493 per capita**  
 - **37% spent by households**



• Montenegro:  
 \$6,514/capita  
 • EUR up-mid income countries: \$9,333/capita

### GDP per capita



• Montenegro:  
 75 years  
 • EUR up-mid income countries: 72 years

### Life expectancy



2009 data

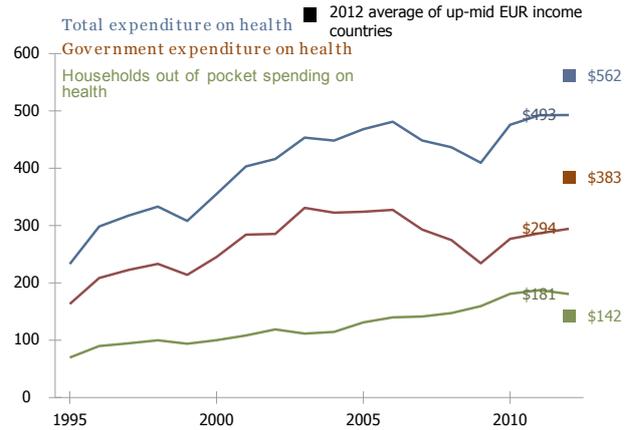
• Montenegro: 15 per  
 100,000 live births  
 • EUR up-mid income countries: 25 per 100,000 live births

### Maternal mortality rate

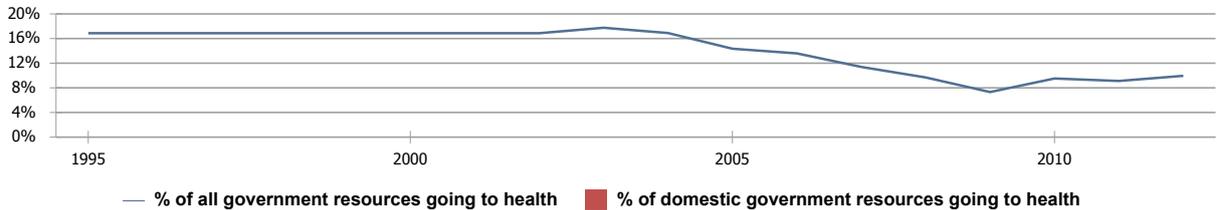


2008 data

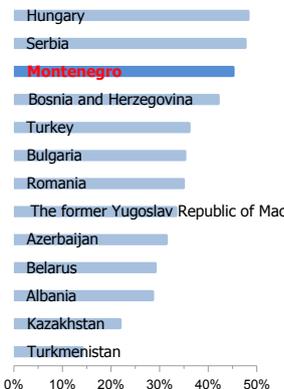
### Per capita expenditure in US\$ (constant 2012 US\$)



### Government resources allocated to health



### General government expenditure (GGE) % GDP



### General government expenditure on health % GGE



### General government expenditure on health % GDP



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

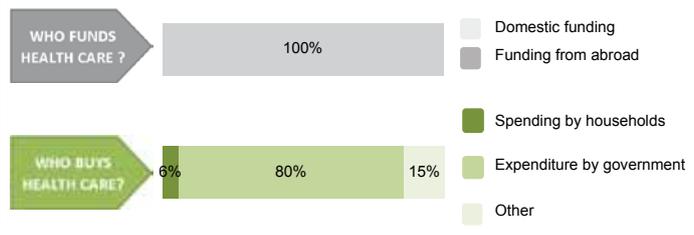
Among up-mid EUR countries:  
 Total government expenditure is high as a % of GDP ((45%))  
 Share of government spending allocated to health is low ((10%))  
 Government expenditure on health as a % of GDP is in the median range ((5%))



Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Netherlands, 2012



Netherlands:  
 \$46,128/capita  
 EUR hi income countries:  
 \$31,080/capita

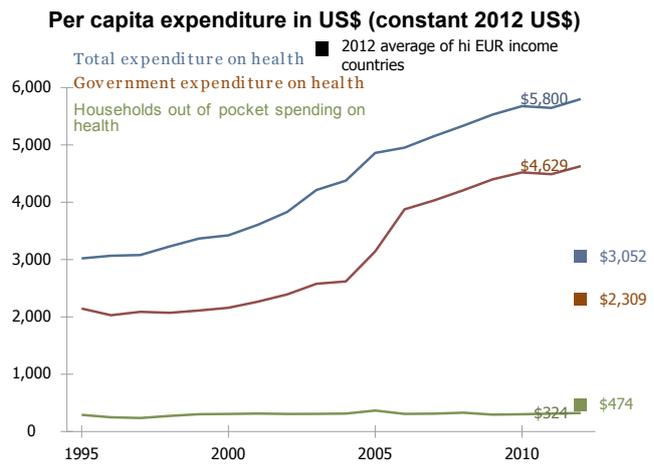
**GDP per capita**

Netherlands:  
 81 years  
 EUR hi income countries:  
 79 years

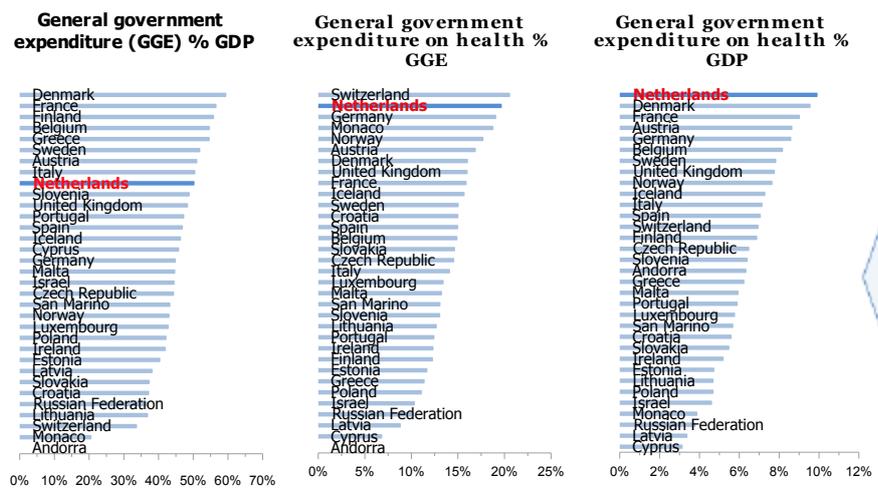
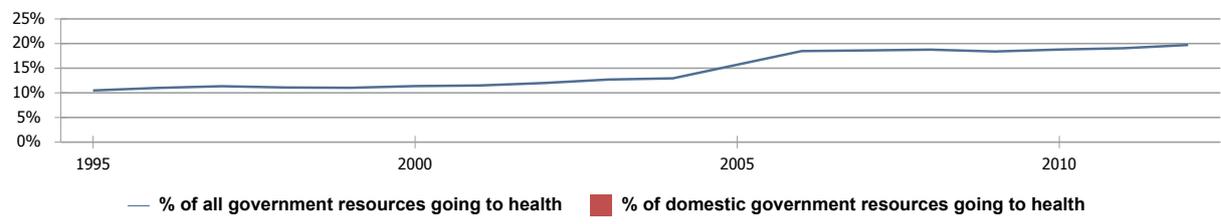
**Life expectancy**

Netherlands: 9 per 100,000 live births  
 EUR hi income countries:  
 10 per 100,000 live births

**Maternal mortality rate**



### Government resources allocated to health



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

Among hi EUR countries:  
 Total government expenditure is high as a % of GDP ((50%))  
 Share of government spending allocated to health is high ((20%))  
 Government expenditure on health as a % of GDP is high ((10%))

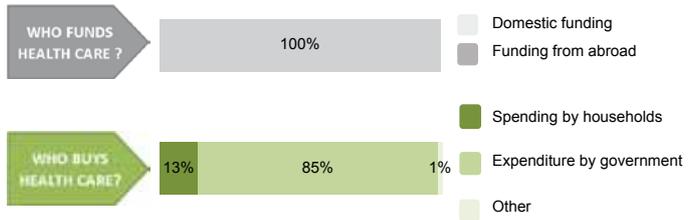
Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Norway, 2012



Norway spent  
**45 billion US\$**  
on health care:  
**- \$9,055 per capita**  
**- 13% spent by households**



• Norway:  
\$100,511/capita

• EUR hi income countries:  
\$31,080/capita

**GDP per capita**



• Norway:  
81 years

• EUR hi income countries:  
79 years

**Life expectancy**



2009 data

• Norway: 7 per  
100,000 live births

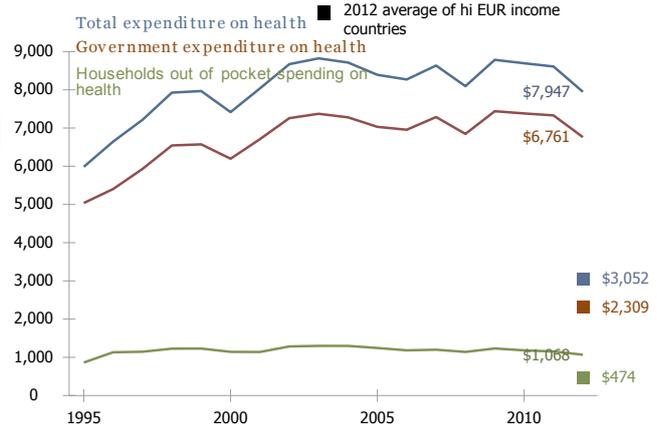
• EUR hi income countries:  
10 per 100,000 live births

**Maternal mortality rate**

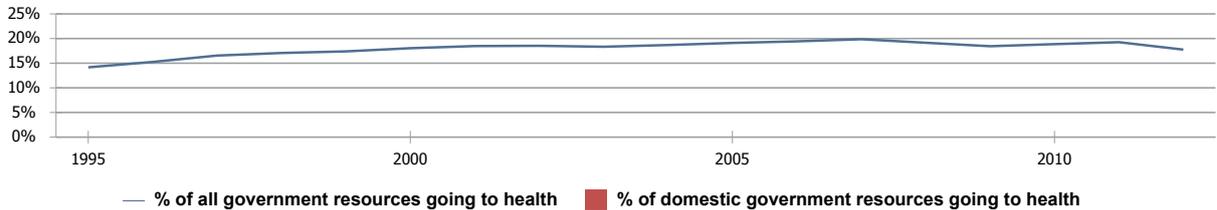
2008 data



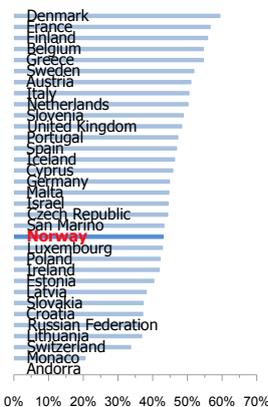
**Per capita expenditure in US\$ (constant 2012 US\$)**



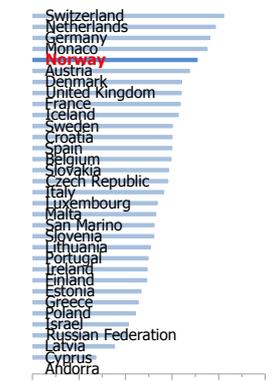
**Government resources allocated to health**



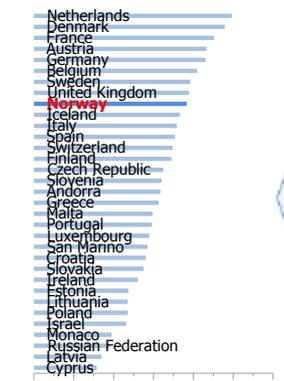
**General government expenditure (GGE) % GDP**



**General government expenditure on health % GGE**



**General government expenditure on health % GDP**



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

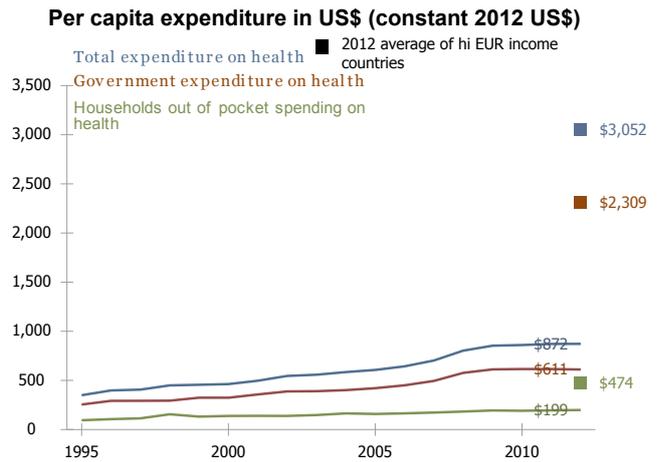
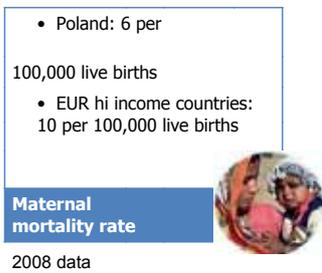
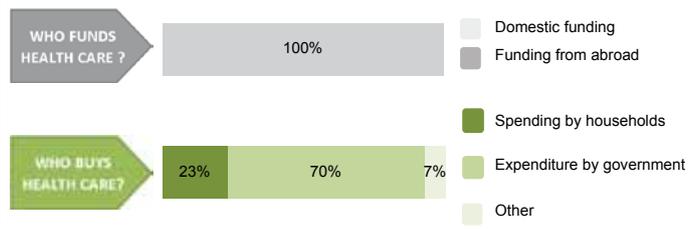
Among hi EUR countries:  
Total government expenditure is in the median range as a % of GDP ((43%))  
Share of government spending allocated to health is high ((18%))  
Government expenditure on health as a % of GDP is high ((8%))



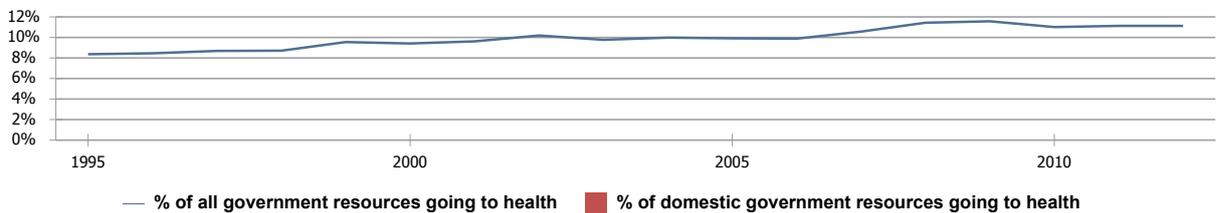
Source : global health expenditure database

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

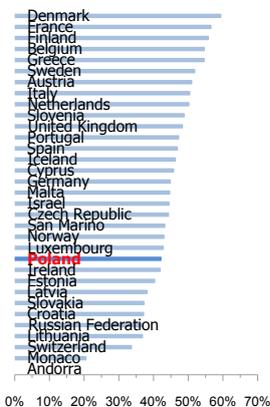
## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Poland, 2012



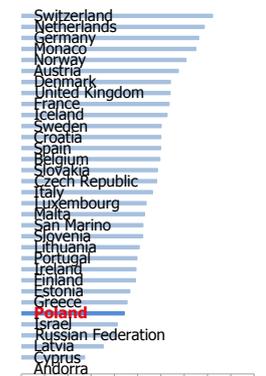
### Government resources allocated to health



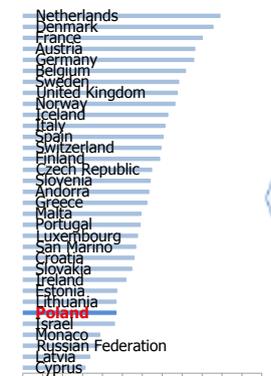
### General government expenditure (GGE) % GDP



### General government expenditure on health % GGE



### General government expenditure on health % GDP



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

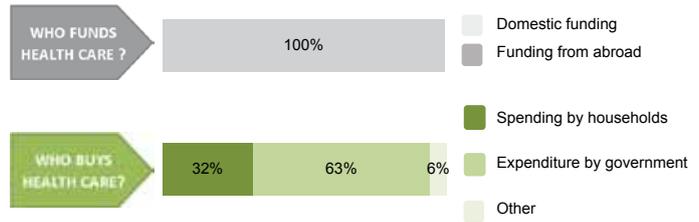
Among hi EUR countries:  
 Total government expenditure is low as a % of GDP ((42%))  
 Share of government spending allocated to health is low ((11%))  
 Government expenditure on health as a % of GDP is low ((5%))



Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Portugal, 2012



• Portugal:  
\$20,160/capita  
• EUR hi income countries:  
\$31,080/capita

**GDP per capita**

• Portugal:  
79 years  
• EUR hi income countries:  
79 years

**Life expectancy**

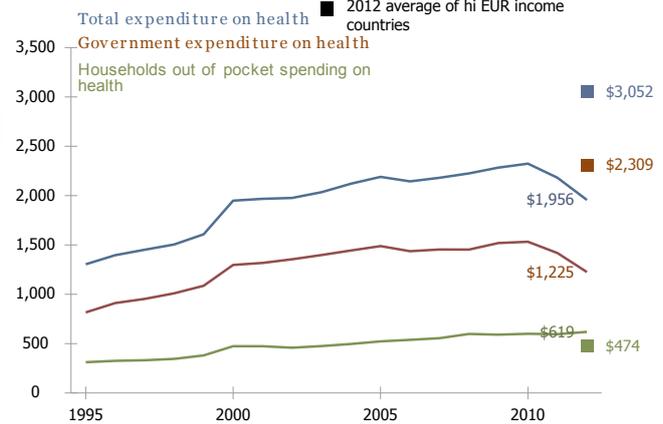
2009 data

• Portugal: 7 per  
100,000 live births  
• EUR hi income countries:  
10 per 100,000 live births

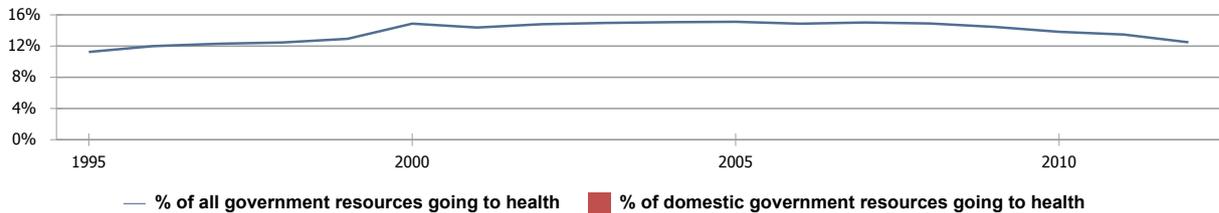
**Maternal mortality rate**

2008 data

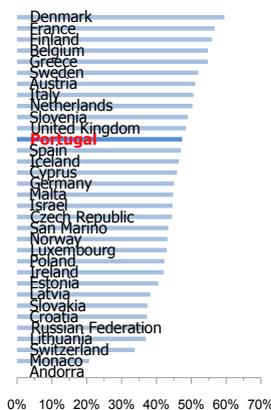
### Per capita expenditure in US\$ (constant 2012 US\$)



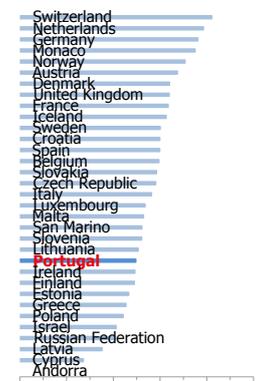
### Government resources allocated to health



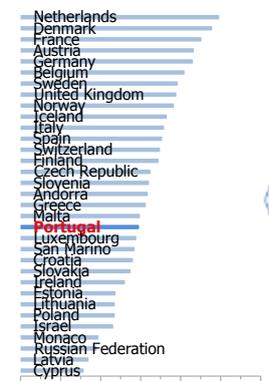
### General government expenditure (GGE) % GDP



### General government expenditure on health % GGE



### General government expenditure on health % GDP



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

Among hi EUR countries:  
Total government expenditure is in the median range as a % of GDP ((47%))  
Share of government spending allocated to health is low ((12%))  
Government expenditure on health as a % of GDP is in the median range ((6%))



Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Republic of Moldova, 2012



Republic of Moldova spent  
**850 million US\$**  
 on health care:  
 - **\$239 per capita**  
 - **45% spent by households**

WHO FUNDS HEALTH CARE?



WHO BUYS HEALTH CARE?



Republic of Moldova:

\$2,038/capita

EUR low-mid income countries: \$2,951/capita

**GDP per capita**



Republic of Moldova:

69 years

EUR low-mid income countries: 69 years

**Life expectancy**



2009 data

Republic of Moldova: 32 per 100,000 live births

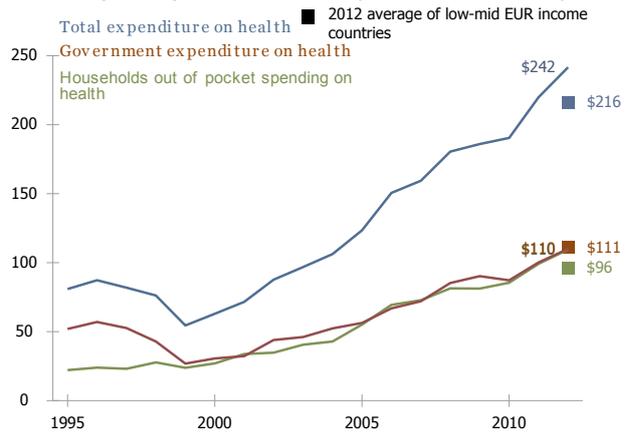
EUR low-mid income countries: 41 per 100,000 live births

**Maternal mortality rate**

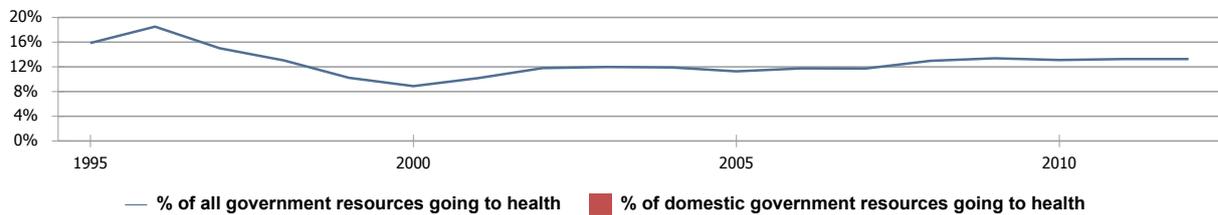


2008 data

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



### Government resources allocated to health



General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



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

Among low-mid EUR countries:

Total government expenditure is high as a % of GDP ((40%))

Share of government spending allocated to health is high ((13%))

Government expenditure on health as a % of GDP is high ((5%))



Source : global health expenditure database

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

### HEALTH SYSTEM FINANCING COUNTRY PROFILE: Romania, 2012



Romania spent **8.9 billion US\$** on health care:  
 - **\$420 per capita**  
 - **22% spent by households**

WHO FUNDS HEALTH CARE?

100%

Domestic funding  
 Funding from abroad

WHO BUYS HEALTH CARE?

22%

78%

Spending by households  
 Expenditure by government  
 Other

• Romania:  
 \$8,212/capita  
 • EUR up-mid income countries: \$9,333/capita

**GDP per capita**



• Romania:  
 73 years  
 • EUR up-mid income countries: 72 years

**Life expectancy**



2009 data

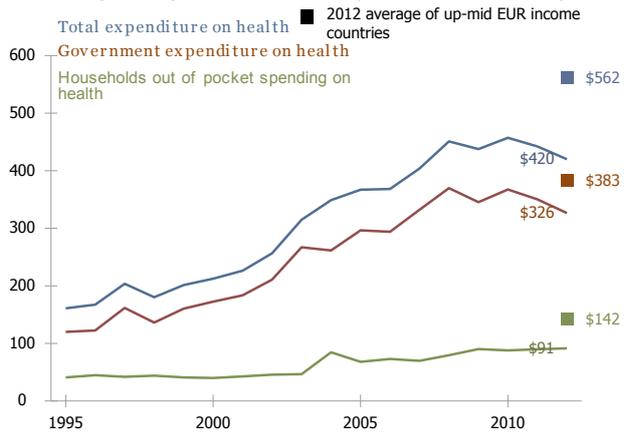
• Romania: 27 per  
 100,000 live births  
 • EUR up-mid income countries: 25 per 100,000 live births

**Maternal mortality rate**

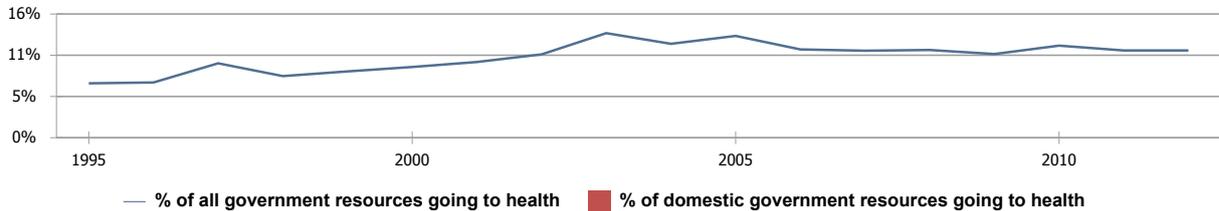


2008 data

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



#### Government resources allocated to health



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



#### General government expenditure on health % GGE



#### General government expenditure on health % GDP



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

Among up-mid EUR countries:

Total government expenditure is in the median range as a % of GDP ((35%))

Share of government spending allocated to health is in the median range ((11%))

Government expenditure on health as a % of GDP is in the median range ((4%))



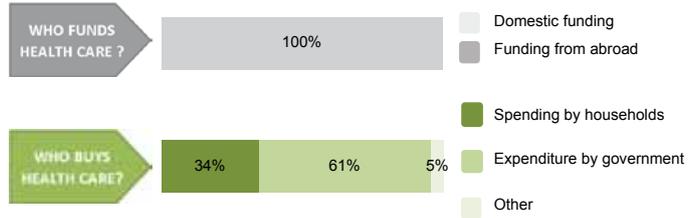
Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Russian Federation, 2012



Russian Federation spent  
**127 billion US\$**  
 on health care:  
 - **\$887 per capita**  
 - **34% spent by households**



Russian Federation:  
 \$14,178/capita  
 • EUR hi income countries: \$31,080/capita

**GDP per capita**



Russian Federation:  
 68 years  
 • EUR hi income countries: 79 years

**Life expectancy**



2009 data

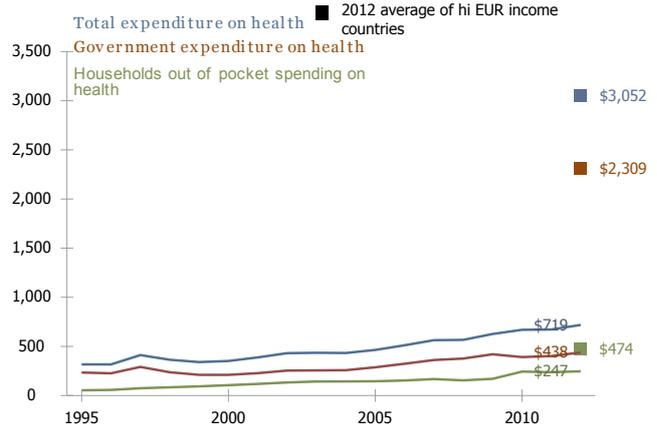
Russian Federation: 39 per 100,000 live births  
 • EUR hi income countries: 10 per 100,000 live births

**Maternal mortality rate**

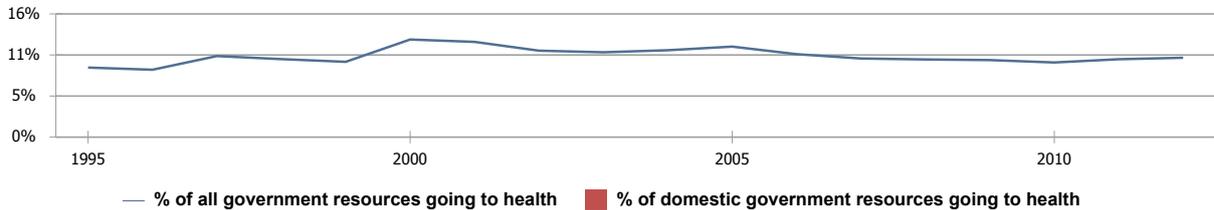


2008 data

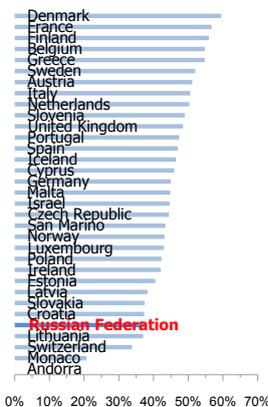
### Per capita expenditure in US\$ (constant 2012 US\$)



### Government resources allocated to health



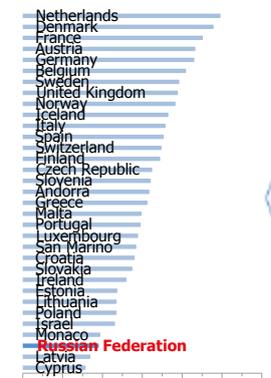
#### General government expenditure (GGE) % GDP



#### General government expenditure on health % GGE



#### General government expenditure on health % GDP



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

Among hi EUR countries:  
 Total government expenditure is low as a % of GDP ((37%))  
 Share of government spending allocated to health is low ((10%))  
 Government expenditure on health as a % of GDP is low ((4%))



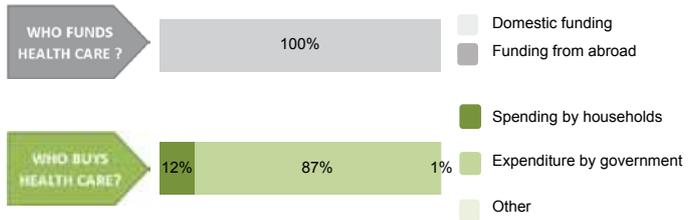
Source : global health expenditure database

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

**HEALTH SYSTEM FINANCING COUNTRY PROFILE: San Marino, 2012**



San Marino spent  
**121 million US\$**  
on health care:  
**- \$3,792 per capita**  
**- 12% spent by households**



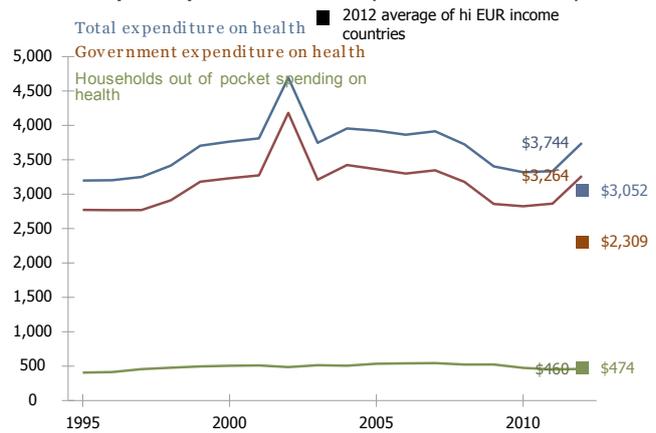
• San Marino:  
\$58,007/capita  
• EUR hi income countries:  
\$31,080/capita  
**GDP per capita**



• San Marino:  
83 years  
• EUR hi income countries:  
79 years  
**Life expectancy**



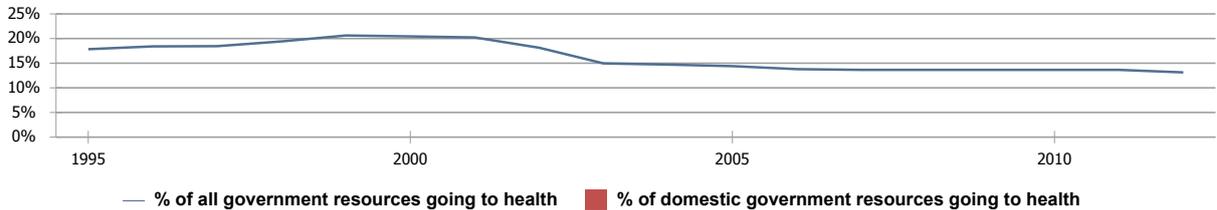
**Per capita expenditure in US\$ (constant 2012 US\$)**



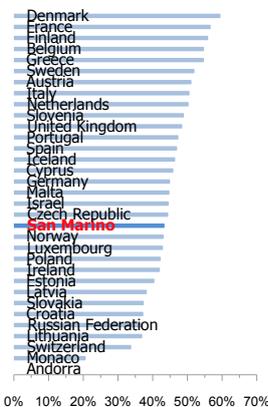
• San Marino: 0 per 100,000 live births  
• EUR hi income countries:  
10 per 100,000 live births  
**Maternal mortality rate**



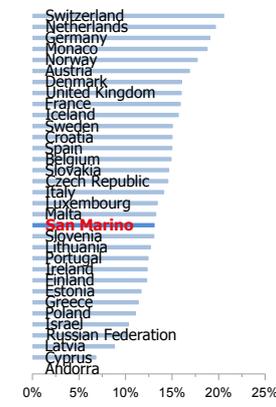
**Government resources allocated to health**



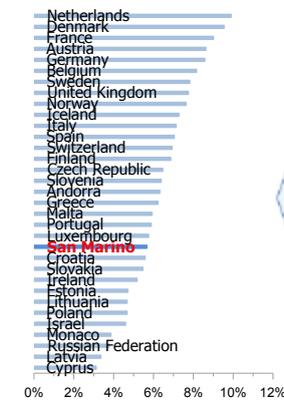
**General government expenditure (GGE) % GDP**



**General government expenditure on health % GGE**



**General government expenditure on health % GDP**



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

Among hi EUR countries:  
Total government expenditure is in the median range as a % of GDP ((43%))  
Share of government spending allocated to health is in the median range ((13%))  
Government expenditure on health as a % of GDP is in the median range ((6%))



Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Serbia, 2012



Serbia spent  
**4.0 billion US\$**  
 on health care:  
**- \$561 per capita**  
**- 37% spent by households**

WHO FUNDS HEALTH CARE?

100% Domestic funding  
 0% Funding from abroad

WHO BUYS HEALTH CARE?

37% Spending by households  
 61% Expenditure by government  
 2% Other

• Serbia:  
 \$5,360/capita  
 • EUR up-mid income countries: \$9,333/capita

**GDP per capita**



• Serbia:  
 74 years  
 • EUR up-mid income countries: 72 years

**Life expectancy**



2009 data

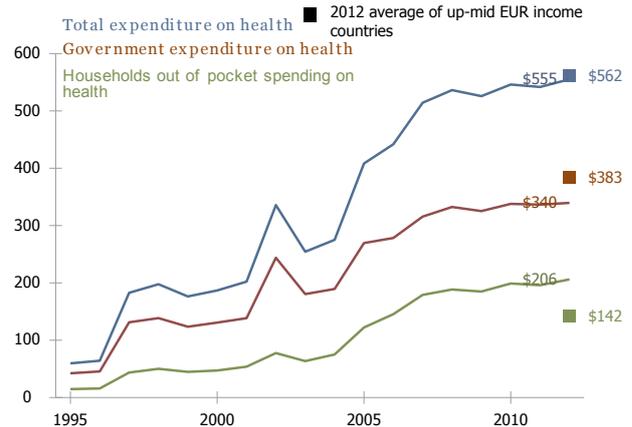
• Serbia: 8 per  
 100,000 live births  
 • EUR up-mid income countries: 25 per 100,000 live births

**Maternal mortality rate**

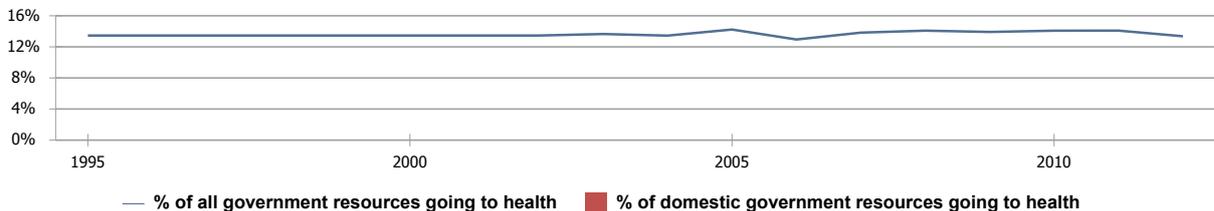


2008 data

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



### Government resources allocated to health



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



#### General government expenditure on health % GGE



#### General government expenditure on health % GDP



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

Among up-mid EUR countries:

Total government expenditure is high as a % of GDP ((48%))

Share of government spending allocated to health is high ((13%))

Government expenditure on health as a % of GDP is high ((6%))



Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Slovakia, 2012



Slovakia spent  
**7.2 billion US\$**  
on health care:  
**- \$1,326 per capita**  
**- 23% spent by households**

WHO FUNDS HEALTH CARE?

100%

Domestic funding  
Funding from abroad

WHO BUYS HEALTH CARE?

23% 71% 7%

Spending by households  
Expenditure by government  
Other

• Slovakia:  
\$16,990/capita  
• EUR hi income countries:  
\$31,080/capita

**GDP per capita**



• Slovakia:  
75 years  
• EUR hi income countries:  
79 years

**Life expectancy**



2009 data

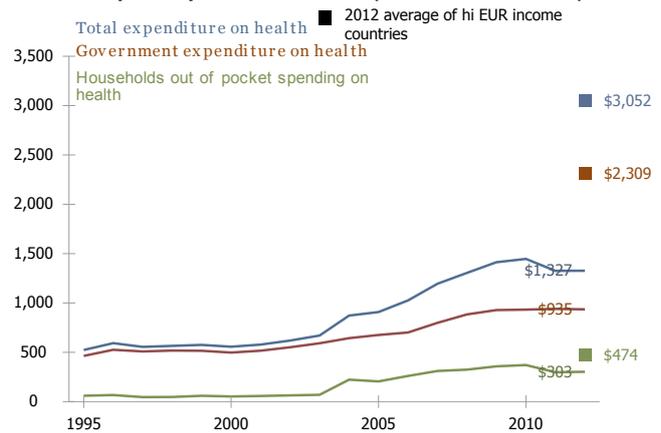
• Slovakia: 6 per  
100,000 live births  
• EUR hi income countries:  
10 per 100,000 live births

**Maternal mortality rate**

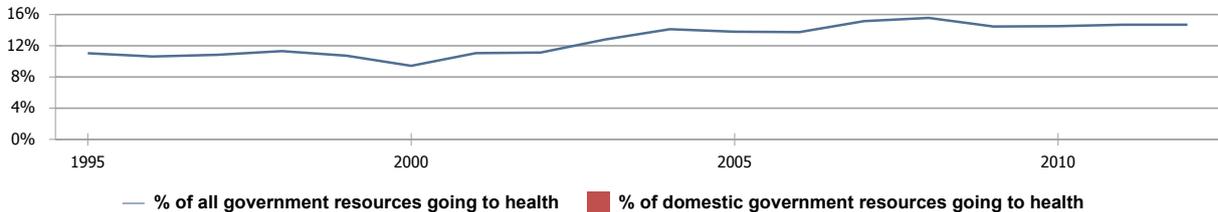


2008 data

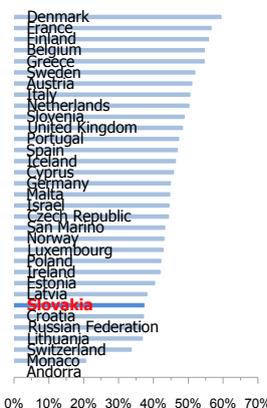
### Per capita expenditure in US\$ (constant 2012 US\$)



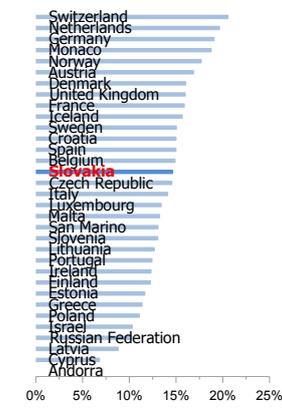
### Government resources allocated to health



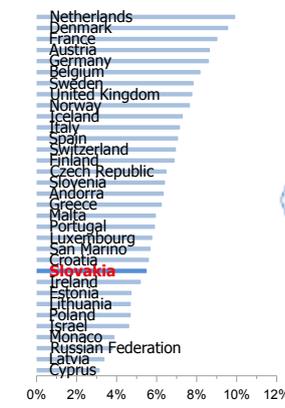
#### General government expenditure (GGE) % GDP



#### General government expenditure on health % GGE



#### General government expenditure on health % GDP



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

Among hi EUR countries:  
Total government expenditure is low as a % of GDP ((37%))  
Share of government spending allocated to health is in the median range ((15%))  
Government expenditure on health as a % of GDP is low ((6%))



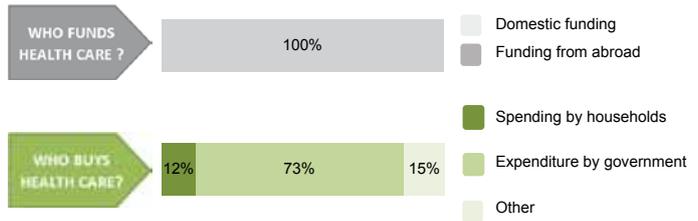
Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Slovenia, 2012



Slovenia spent  
**4.0 billion US\$**  
 on health care:  
**- \$1,942 per capita**  
**- 12% spent by households**



**GDP per capita**

- Slovenia: \$22,169/capita
- EUR hi income countries: \$31,080/capita



**Life expectancy**

- Slovenia: 79 years
- EUR hi income countries: 79 years

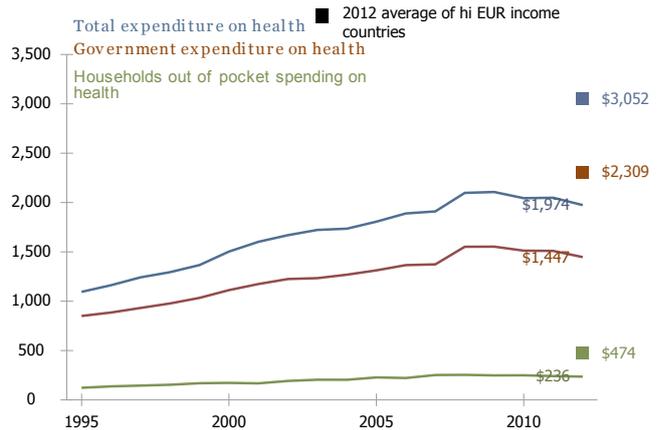


**Maternal mortality rate**

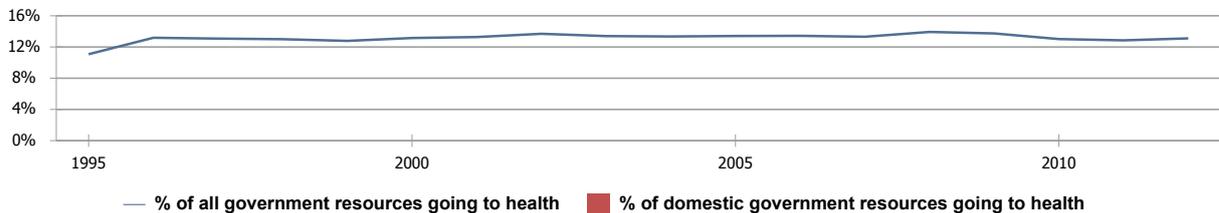
- Slovenia: 18 per 100,000 live births
- EUR hi income countries: 10 per 100,000 live births



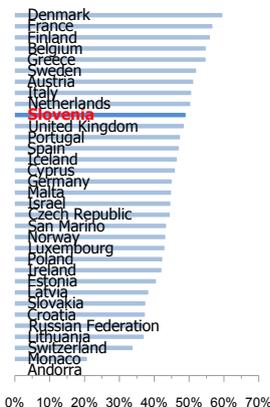
### Per capita expenditure in US\$ (constant 2012 US\$)



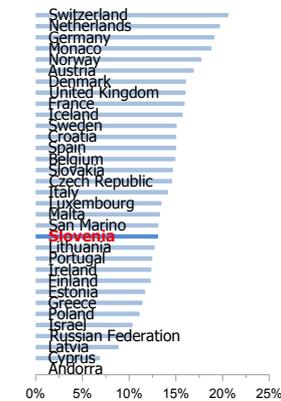
### Government resources allocated to health



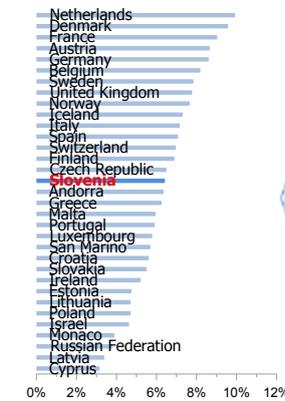
### General government expenditure (GGE) % GDP



### General government expenditure on health % GGE



### General government expenditure on health % GDP



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

Among hi EUR countries:

- Total government expenditure is high as a % of GDP ((49%))
- Share of government spending allocated to health is in the median range ((13%))
- Government expenditure on health as a % of GDP is in the median range ((6%))



Source : global health expenditure database

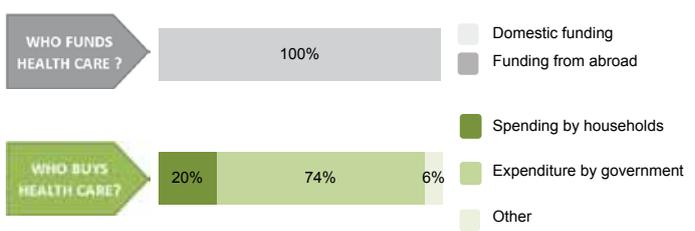
Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal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

□ Countries in WHO European Region

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



Spain spent **130 billion US\$** on health care:  
**- \$2,808 per capita**  
**- 20% spent by households**



**GDP per capita**

- Spain: \$29,191/capita
- EUR hi income countries: \$31,080/capita



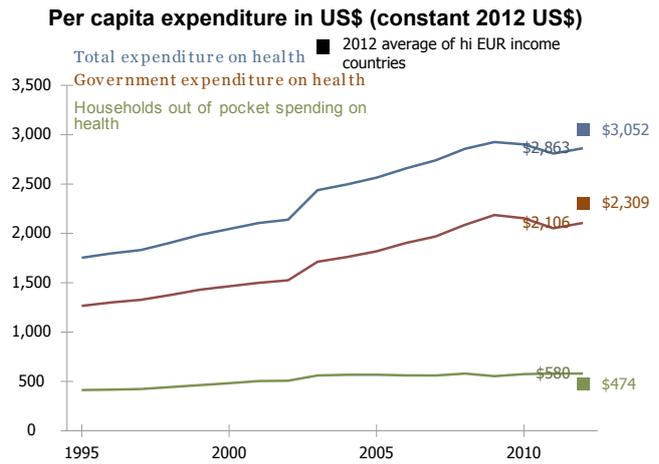
**Life expectancy**

- Spain: 82 years
- EUR hi income countries: 79 years

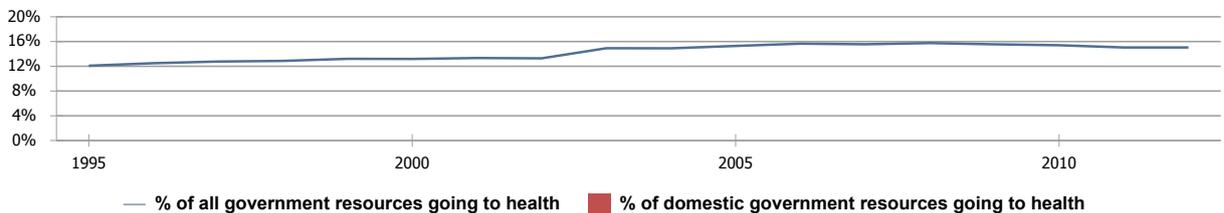


**Maternal mortality rate**

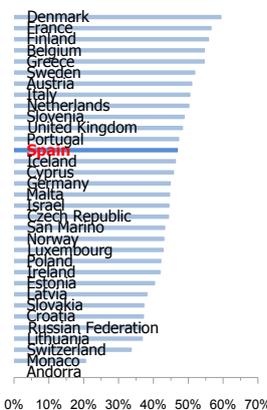
- Spain: 6 per 100,000 live births
- EUR hi income countries: 10 per 100,000 live births



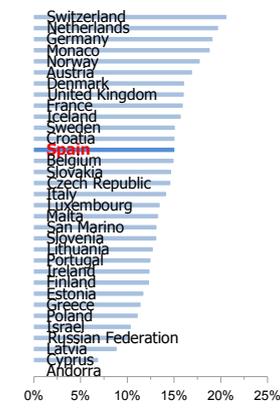
**Government resources allocated to health**



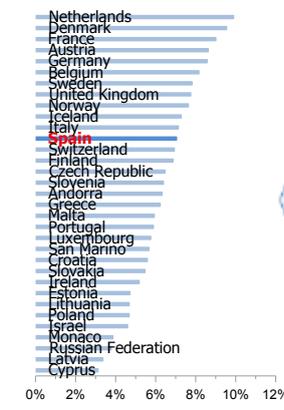
**General government expenditure (GGE) % GDP**



**General government expenditure on health % GGE**



**General government expenditure on health % GDP**



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

Among hi EUR countries:  
 Total government expenditure is in the median range as a % of GDP ((47%))  
 Share of government spending allocated to health is in the median range ((15%))  
 Government expenditure on health as a % of GDP is in the median range ((7%))



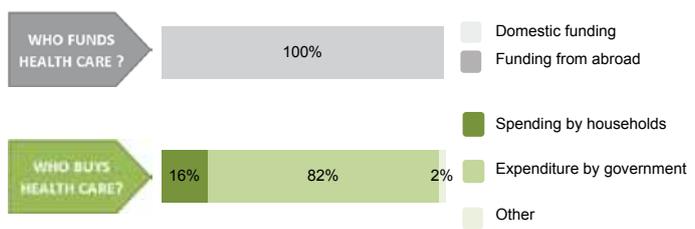
Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Sweden, 2012



Sweden spent  
**50 billion US\$**  
 on health care:  
 - **\$5,319 per capita**  
 - **16% spent by households**



Sweden:  
 \$55,339/capita  
 EUR hi income countries:  
 \$31,080/capita

### GDP per capita



Sweden:  
 81 years  
 EUR hi income countries:  
 79 years

### Life expectancy



2009 data

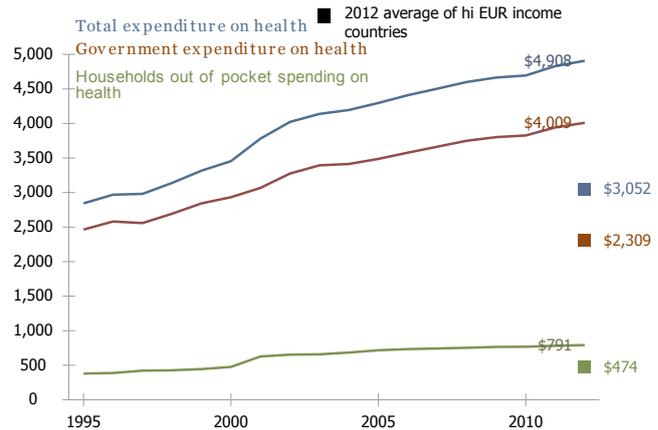
Sweden: 5 per  
 100,000 live births  
 EUR hi income countries:  
 10 per 100,000 live births

### Maternal mortality rate

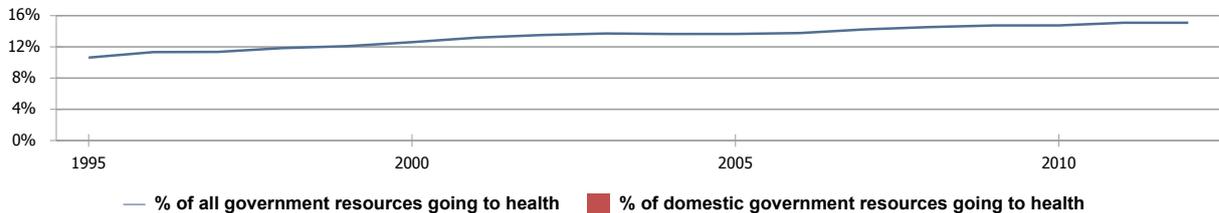


2008 data

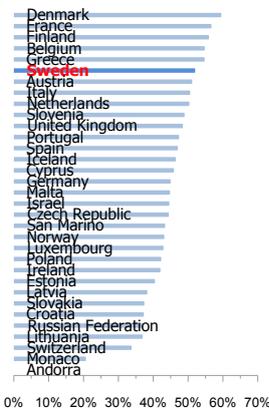
### Per capita expenditure in US\$ (constant 2012 US\$)



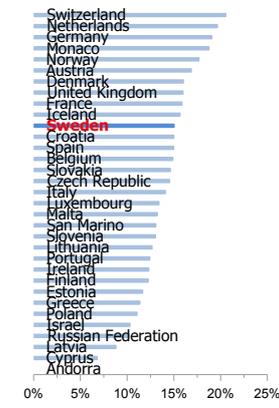
### Government resources allocated to health



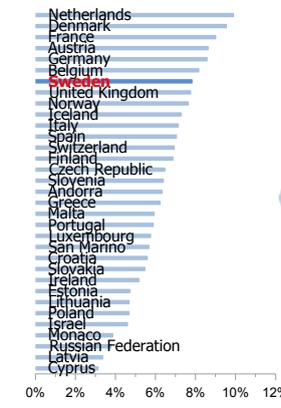
### General government expenditure (GGE) % GDP



### General government expenditure on health % GGE



### General government expenditure on health % GDP



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

Among hi EUR countries:  
 Total government expenditure is high as a % of GDP ((52%))  
 Share of government spending allocated to health is high ((15%))  
 Government expenditure on health as a % of GDP is high ((8%))



Source : global health expenditure database

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

□ Countries in WHO European Region

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

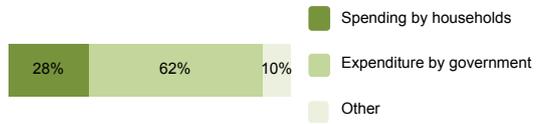


Switzerland spent **71 billion US\$** on health care:  
**- \$8,980 per capita**  
**- 28% spent by households**

WHO FUNDS HEALTH CARE?



WHO BUYS HEALTH CARE?



• Switzerland:  
 \$79,501/capita  
 • EUR hi income countries:  
 \$31,080/capita

**GDP per capita**



• Switzerland:  
 82 years  
 • EUR hi income countries:  
 79 years

**Life expectancy**



2009 data

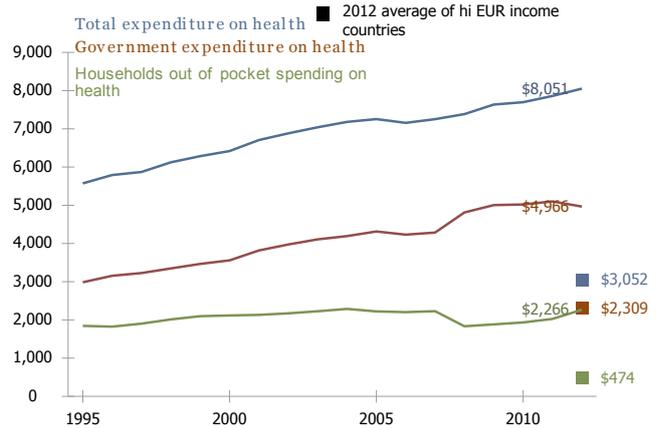
• Switzerland: 10 per 100,000 live births  
 • EUR hi income countries:  
 10 per 100,000 live births

**Maternal mortality rate**

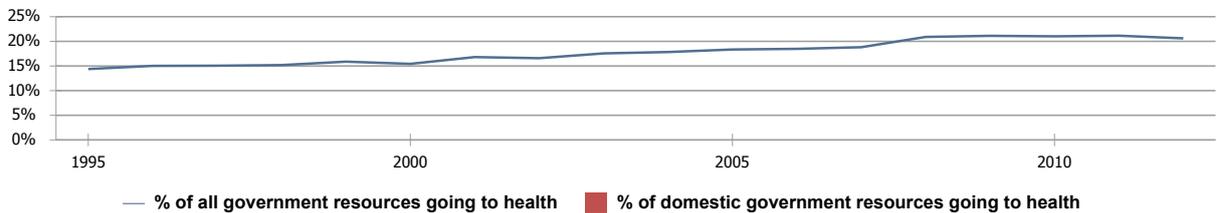


2008 data

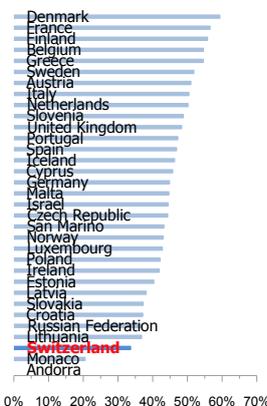
**Per capita expenditure in US\$ (constant 2012 US\$)**



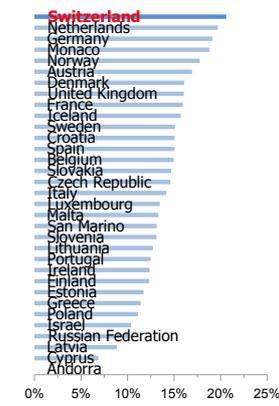
**Government resources allocated to health**



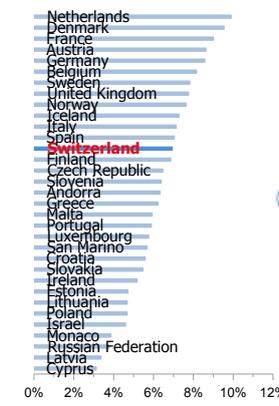
**General government expenditure (GGE) % GDP**



**General government expenditure on health % GGE**



**General government expenditure on health % GDP**



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

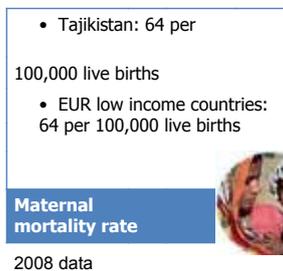
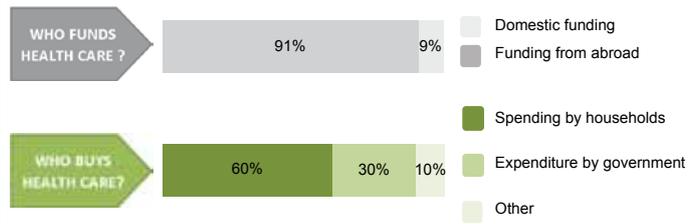
Among hi EUR countries:  
 Total government expenditure is low as a % of GDP ((34%))  
 Share of government spending allocated to health is high ((21%))  
 Government expenditure on health as a % of GDP is in the median range ((7%))



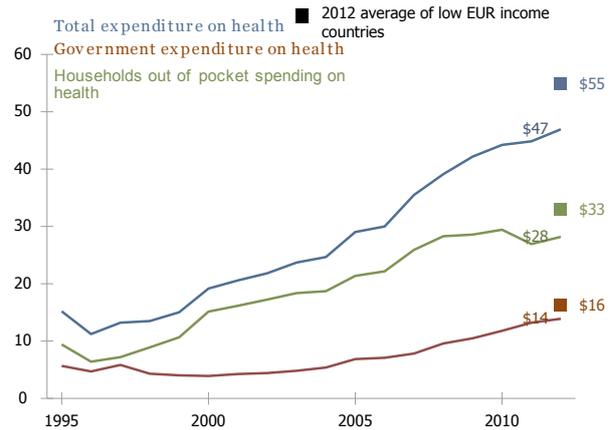
Source : global health expenditure database

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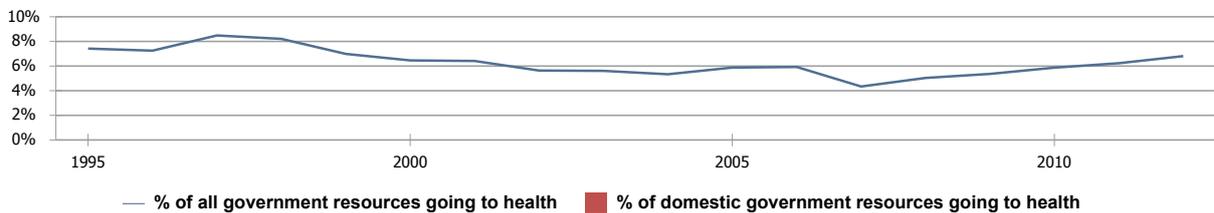
## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Tajikistan, 2012



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



### Government resources allocated to health



General government expenditure (GGE) % GDP

General government expenditure on health % GGE

General government expenditure on health % GDP



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

Among low EUR countries:

Total government expenditure is in the median range as a % of GDP ((25%))

Share of government spending allocated to health is in the median range ((7%))

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

0% 10% 20% 30% 40% 50% 60% 70%

0% 5% 10% 15% 20% 25% 30% 35% 40%

0% 2% 4% 6% 8% 10% 12% 14% 16% 18% 20%



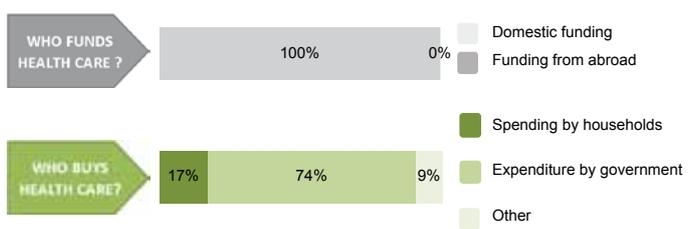
Source : global health expenditure database

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

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



Turkey spent **50 billion US\$** on health care:  
 - **\$665 per capita**  
 - **17% spent by households**



**GDP per capita**

- Turkey: \$10,557/capita
- EUR up-mid income countries: \$9,333/capita



**Life expectancy**

- Turkey: 75 years
- EUR up-mid income countries: 72 years

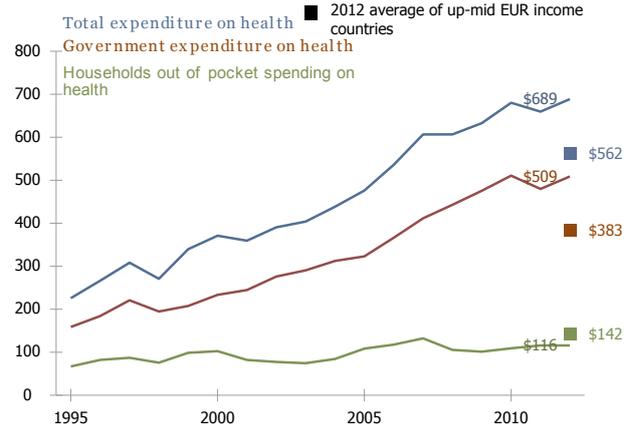


**Maternal mortality rate**

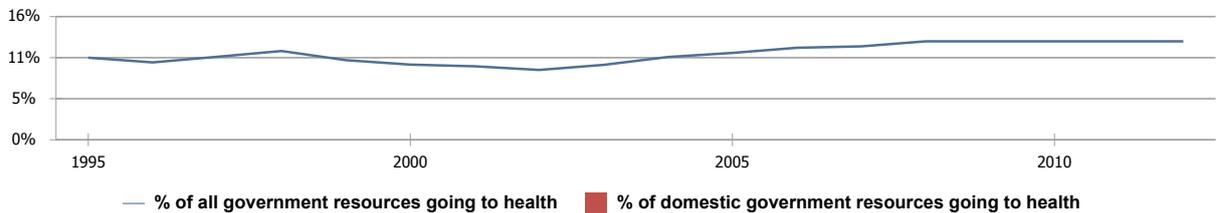
- Turkey: 23 per 100,000 live births
- EUR up-mid income countries: 25 per 100,000 live births



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



**Government resources allocated to health**



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



**General government expenditure on health % GGE**



**General government expenditure on health % GDP**



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

Among up-mid EUR countries:  
 Total government expenditure is in the median range as a % of GDP ((36%))  
 Share of government spending allocated to health is in the median range ((13%))  
 Government expenditure on health as a % of GDP is high ((5%))



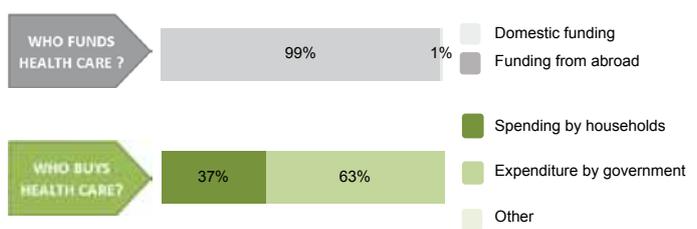
Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Turkmenistan, 2012



Turkmenistan spent **666 million US\$** on health care:  
 - **\$129 per capita**  
 - **37% spent by households**



**GDP per capita**

- Turkmenistan: \$6,511/capita
- EUR up-mid income countries: \$9,333/capita

**Life expectancy**

- Turkmenistan: 63 years
- EUR up-mid income countries: 72 years

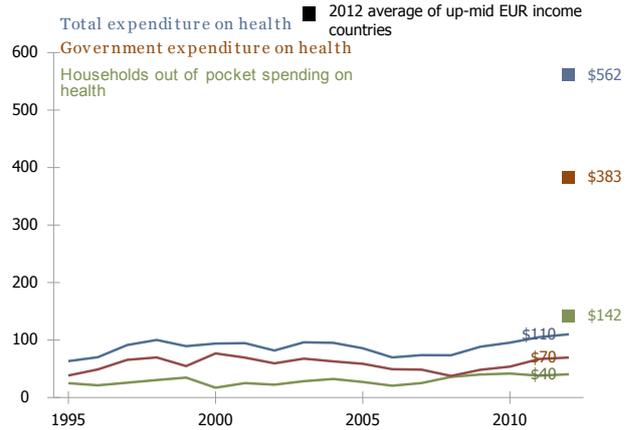
2009 data

**Maternal mortality rate**

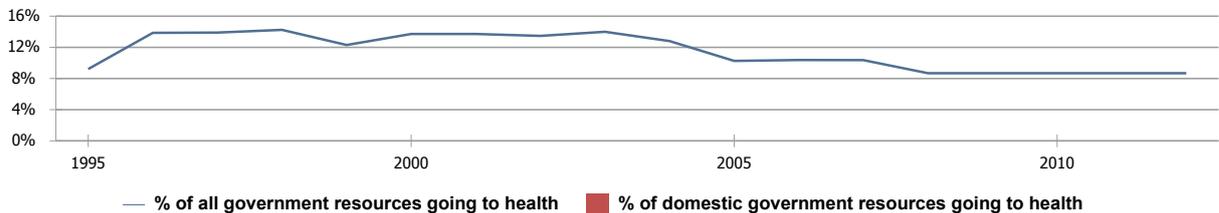
- Turkmenistan: 77 per 100,000 live births
- EUR up-mid income countries: 25 per 100,000 live births

2008 data

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



### Government resources allocated to health



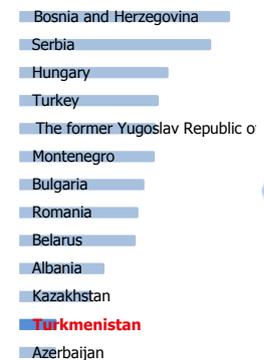
#### General government expenditure (GGE) % GDP



#### General government expenditure on health % GGE



#### General government expenditure on health % GDP



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

Among up-mid EUR countries:

- Total government expenditure is low as a % of GDP ((14%))
- Share of government spending allocated to health is low ((9%))
- Government expenditure on health as a % of GDP is low ((1%))



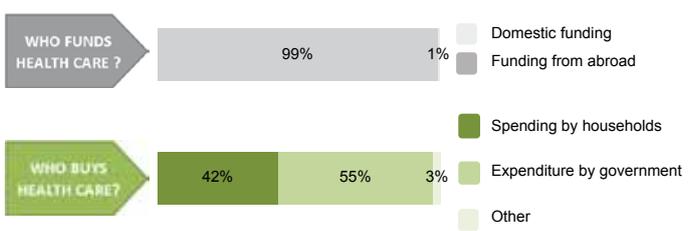
Source : global health expenditure database

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## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Ukraine, 2012



Ukraine spent  
**13 billion US\$**  
on health care:  
- **\$293 per capita**  
- **42% spent by households**



• Ukraine:  
\$3,872/capita  
• EUR low-mid income countries: \$2,951/capita

### GDP per capita



• Ukraine:  
68 years  
• EUR low-mid income countries: 69 years

### Life expectancy



2009 data

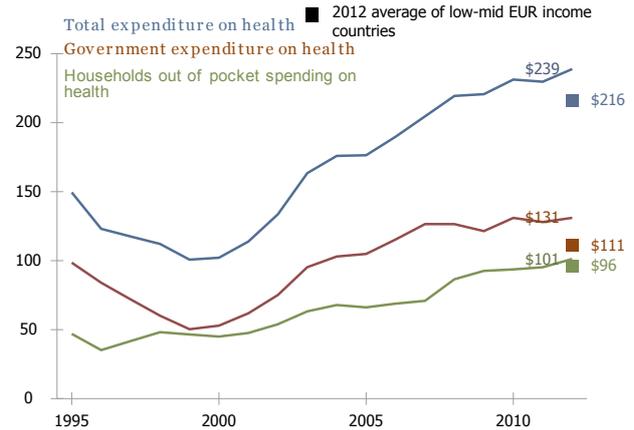
• Ukraine: 26 per  
100,000 live births  
• EUR low-mid income countries: 41 per 100,000 live births

### Maternal mortality rate

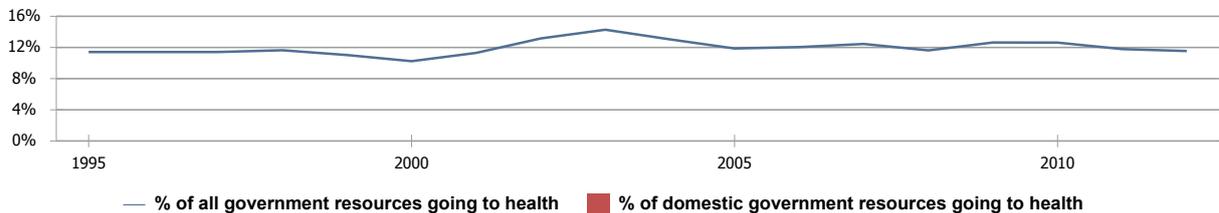


2008 data

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



### Government resources allocated to health



### General government expenditure (GGE) % GDP



### General government expenditure on health % GGE



### General government expenditure on health % GDP



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

Among low-mid EUR countries:

Total government expenditure is high as a % of GDP ((36%))

Share of government spending allocated to health is in the median range ((12%))

Government expenditure on health as a % of GDP is in the median range ((4%))



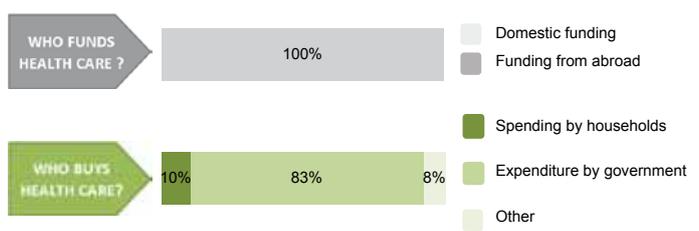
Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: United Kingdom, 2012



United Kingdom spent  
**230 billion US\$**  
 on health care:  
 - **\$3,647 per capita**  
 - **10% spent by households**



• United Kingdom:  
 \$38,657/capita

• EUR hi income countries:  
 \$31,080/capita

**GDP per capita**

• United Kingdom:  
 80 years

• EUR hi income countries:  
 79 years

**Life expectancy**

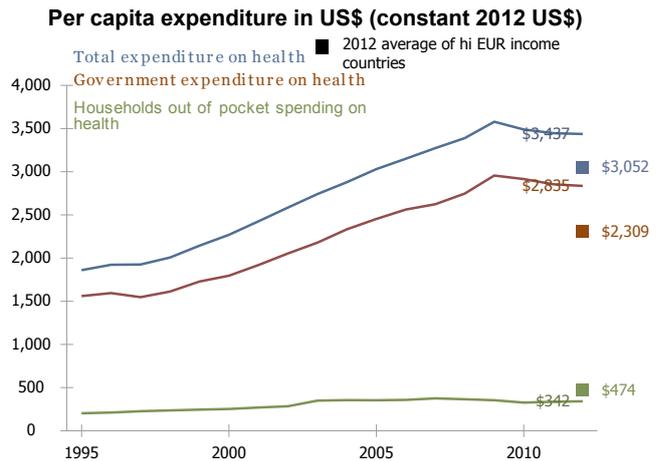
2009 data

• United Kingdom: 12 per  
 100,000 live births

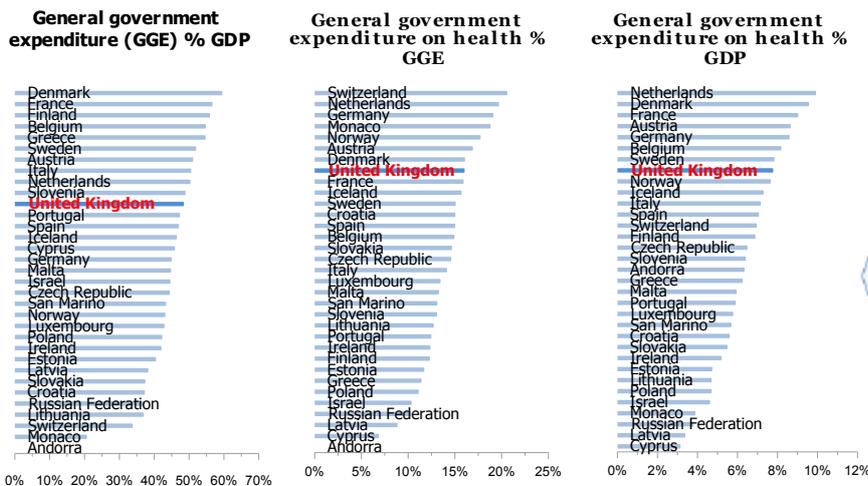
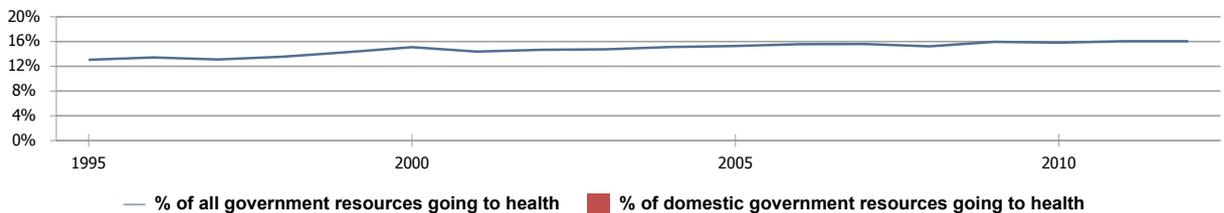
• EUR hi income countries:  
 10 per 100,000 live births

**Maternal mortality rate**

2008 data



### Government resources allocated to health



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

Among hi EUR countries:  
 Total government expenditure is high as a % of GDP ((49%))

Share of government spending allocated to health is high ((16%))

Government expenditure on health as a % of GDP is high ((8%))



Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Uzbekistan, 2012



Uzbekistan spent  
**3.0 billion US\$**  
on health care:  
- **\$105 per capita**  
- **44% spent by households**

WHO FUNDS HEALTH CARE?



WHO BUYS HEALTH CARE?



• Uzbekistan:  
\$1,789/capita  
• EUR low-mid income countries: \$2,951/capita

**GDP per capita**



• Uzbekistan:  
69 years  
• EUR low-mid income countries: 69 years

**Life expectancy**



2009 data

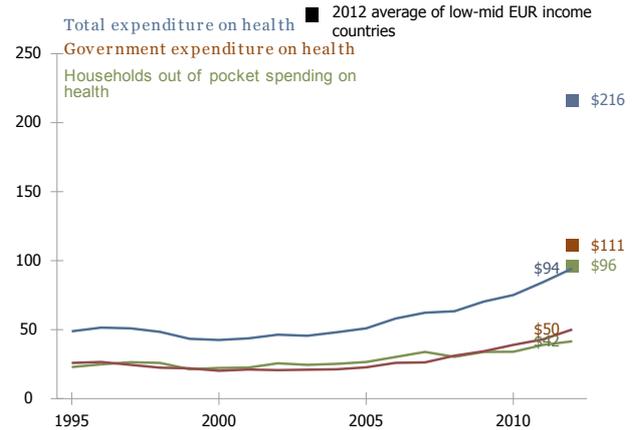
• Uzbekistan: 30 per  
100,000 live births  
• EUR low-mid income countries: 41 per 100,000 live births

**Maternal mortality rate**

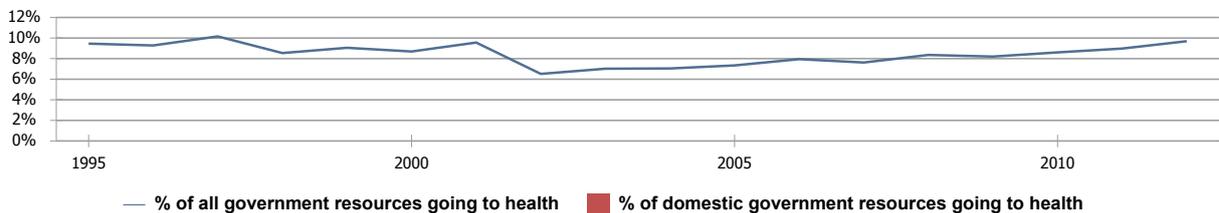


2008 data

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



### Government resources allocated to health



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



**General government expenditure on health % GGE**



**General government expenditure on health % GDP**



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

Among low-mid EUR countries:

Total government expenditure is in the median range as a % of GDP ((32%))

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

Government expenditure on health as a % of GDP is in the median range ((3%))



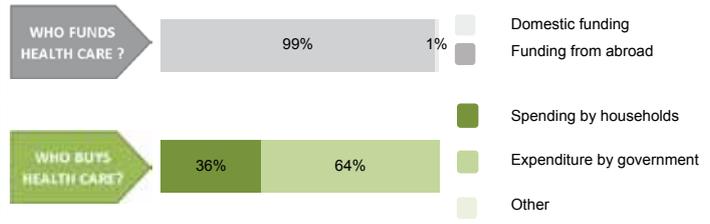
Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: The former Yugoslav Republic of Macedonia, 2012



The former Yugoslav Republic of Macedonia spent **689 million US\$** on health care:  
 - \$327 per capita  
 - 36% spent by households



**GDP per capita**

- The former Yugoslav Republic of Macedonia: \$4,590/capita
- EUR up-mid income countries: \$9,333/capita



**Life expectancy**

- The former Yugoslav Republic of Macedonia: 74 years
- EUR up-mid income countries: 72 years

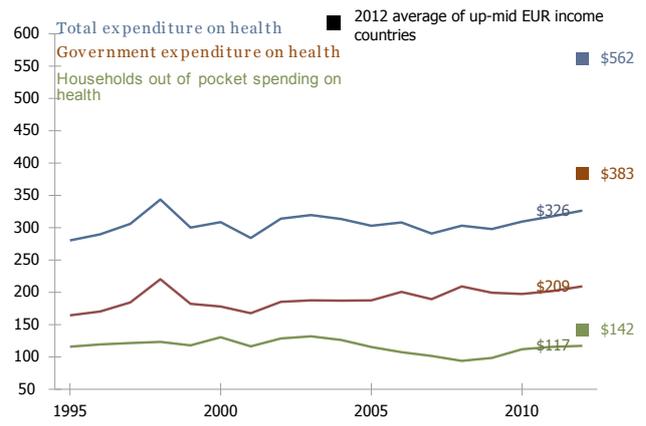


**Maternal mortality rate**

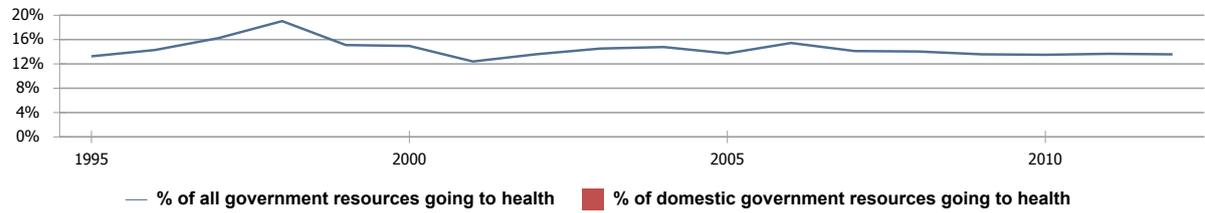
- The former Yugoslav Republic of Macedonia: 9 per 100,000 live births
- EUR up-mid income countries: 25 per 100,000 live births



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



### Government resources allocated to health



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

Among up-mid EUR countries:  
 Total government expenditure is in the median range as a % of GDP ((34%))

Share of government spending allocated to health is high ((14%))

Government expenditure on health as a % of GDP is in the median range ((5%))



Source : global health expenditure database

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

# WHO Eastern Mediterranean Region

- Foreword
- Factsheet
- Policy highlights
- Health expenditures and universal coverage
- Country profile by region 2010
- World Health Statistics 2012 tables
- Technical documentation

Afghanistan

Bahrain

Djibouti

Egypt

Iran (Islamic Republic of)

Iraq

Jordan

Kuwait

Lebanon

Libyan Arab Jamahiriya

Morocco

Oman

Pakistan

Qatar

Saudi Arabia

Somalia

Sudan

Syrian Arab Republic

Tunisia

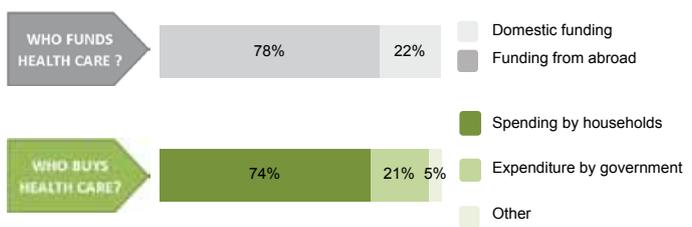
United Arab Emirates

Yemen

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Afghanistan, 2012



Afghanistan spent  
**1.7 billion US\$**  
 on health care:  
 - **\$51 per capita**  
 - **74% spent by households**



**GDP per capita**

- Afghanistan: \$595/capita
- EMR low income countries: \$595/capita

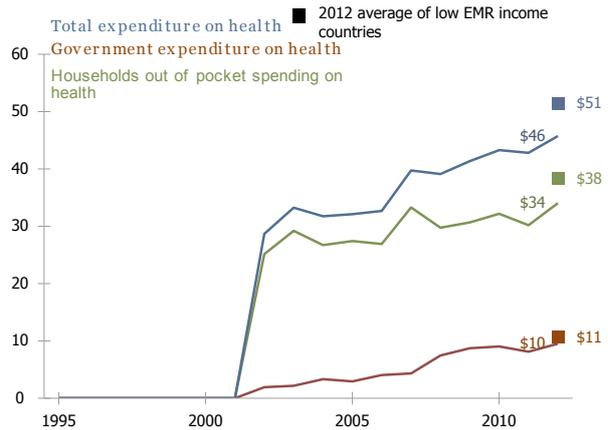


**Life expectancy**

- Afghanistan: 48 years
- EMR low income countries: 50 years



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

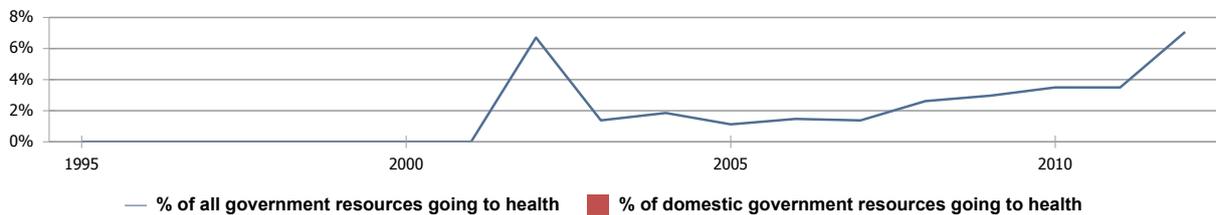


**Maternal mortality rate**

- Afghanistan: 1,400 per 100,000 live births
- EMR low income countries: 1,300 per 100,000 live births



### Government resources allocated to health



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



**General government expenditure on health % GGE**



**General government expenditure on health % GDP**



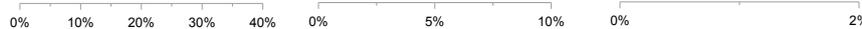
### Government's health spending as compared to other countries of the region

Among low EMR countries:

Total government expenditure is high as a % of GDP ((25%))

Share of government spending allocated to health is high ((7%))

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



Source : global health expenditure database

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

□ Countries in WHO Eastern Mediterranean Region

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

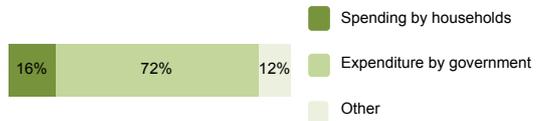


Bahrain spent **1.2 billion US\$** on health care:  
 - **\$895 per capita**  
 - **16% spent by households**

WHO FUNDS HEALTH CARE?



WHO BUYS HEALTH CARE?



**GDP per capita**  
 • Bahrain: \$23,039/capita  
 • EMR hi income countries: \$34,042/capita



**Life expectancy**  
 • Bahrain: 74 years  
 • EMR hi income countries: 76 years



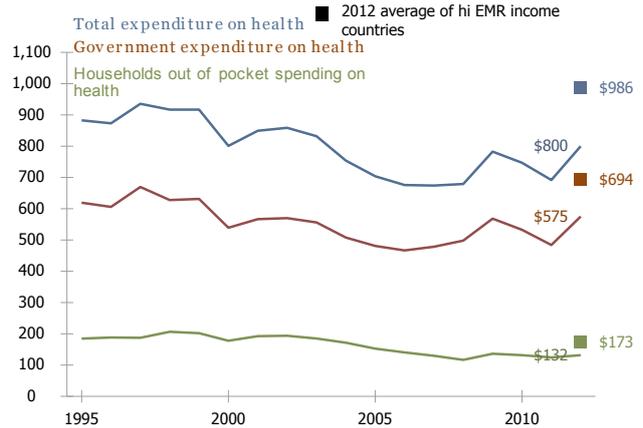
2009 data

**Maternal mortality rate**  
 • Bahrain: 19 per 100,000 live births  
 • EMR hi income countries: 15 per 100,000 live births

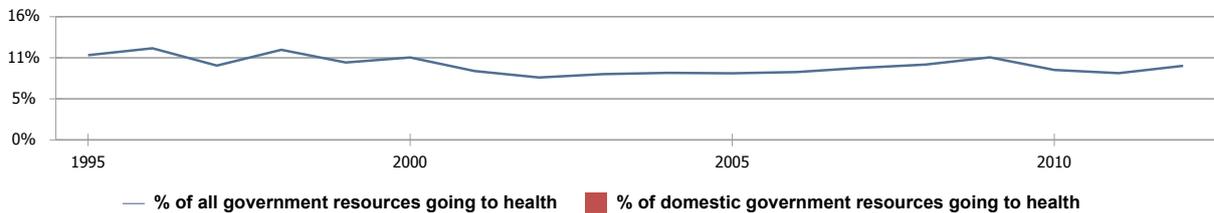


2008 data

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



**Government resources allocated to health**



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



**General government expenditure on health % GGE**



**General government expenditure on health % GDP**



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

Among hi EMR countries:  
 Total government expenditure is low as a % of GDP ((29%))  
 Share of government spending allocated to health is high ((10%))  
 Government expenditure on health as a % of GDP is high ((3%))



Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Djibouti, 2012



Djibouti spent  
**119 million US\$**  
 on health care:  
 - **\$129 per capita**  
 - **40% spent by households**

WHO FUNDS HEALTH CARE?



WHO BUYS HEALTH CARE?



Djibouti:  
 \$1,467/capita

EMR low-mid income countries: \$1,927/capita

GDP per capita



Djibouti:  
 60 years

EMR low-mid income countries: 66 years

Life expectancy



2009 data

Djibouti: 300 per 100,000 live births

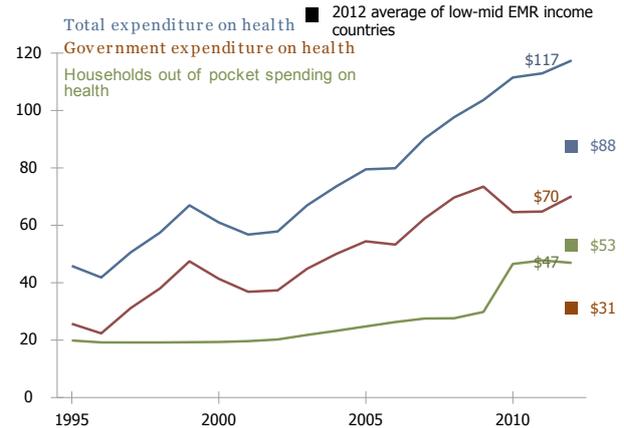
EMR low-mid income countries: 251 per 100,000 live births

Maternal mortality rate

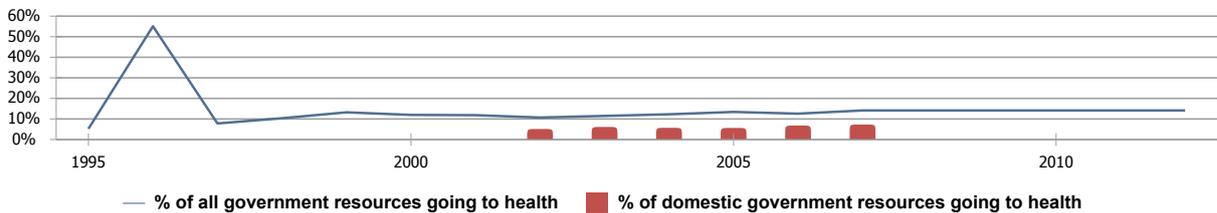


2008 data

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



### Government resources allocated to health



General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



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

Among low-mid EMR countries:  
 Total government expenditure is high as a % of GDP ((37%))  
 Share of government spending allocated to health is high ((14%))  
 Government expenditure on health as a % of GDP is high ((5%))



Source : global health expenditure database

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

□ Countries in WHO Eastern Mediterranean Region

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

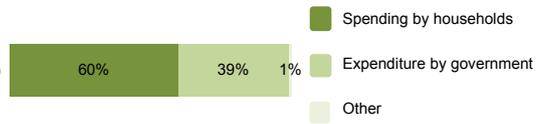


Egypt spent  
**13 billion US\$**  
on health care:  
**- \$152 per capita**  
**- 60% spent by households**

WHO FUNDS HEALTH CARE?



WHO BUYS HEALTH CARE?



• Egypt:  
\$3,033/capita  
• EMR low-mid income countries: \$1,927/capita

**GDP per capita**



• Egypt:  
71 years  
• EMR low-mid income countries: 66 years

**Life expectancy**



2009 data

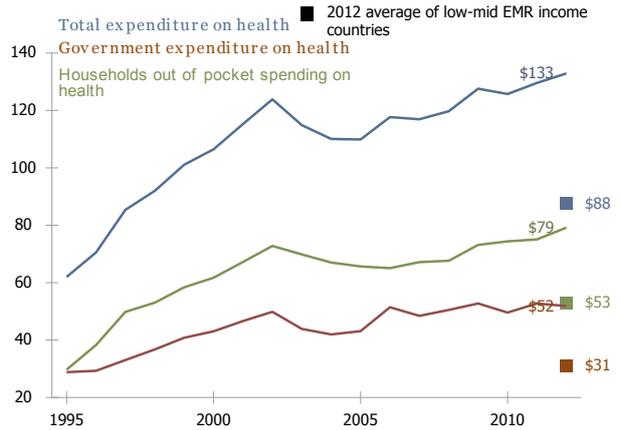
• Egypt: 82 per  
100,000 live births  
• EMR low-mid income countries: 251 per 100,000 live births

**Maternal mortality rate**

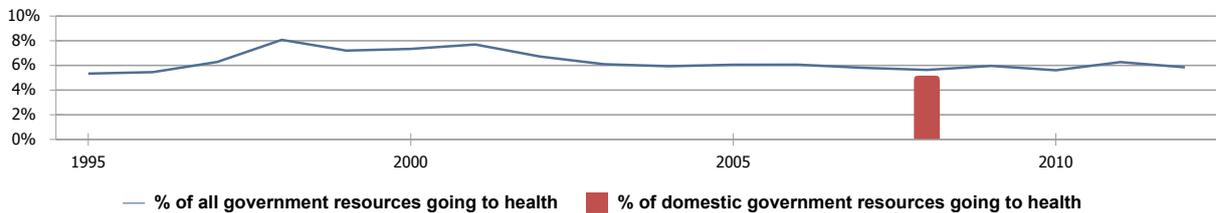


2008 data

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



**Government resources allocated to health**



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



**General government expenditure on health % GGE**



**General government expenditure on health % GDP**



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

Among low-mid EMR countries:

Total government expenditure is in the median range as a % of GDP ((33%))

Share of government spending allocated to health is in the median range ((6%))

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



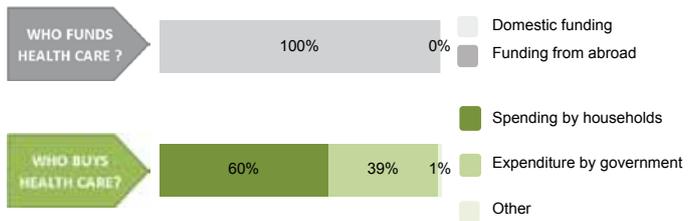
Source : global health expenditure database

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## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Egypt, 2012



Egypt spent  
**13 billion US\$**  
 on health care:  
 - **\$152 per capita**  
 - **60% spent by households**



Egypt:  
 \$3,033/capita  
 EMR low-mid income countries: \$1,927/capita

### GDP per capita



Egypt:  
 71 years  
 EMR low-mid income countries: 66 years

### Life expectancy



2009 data

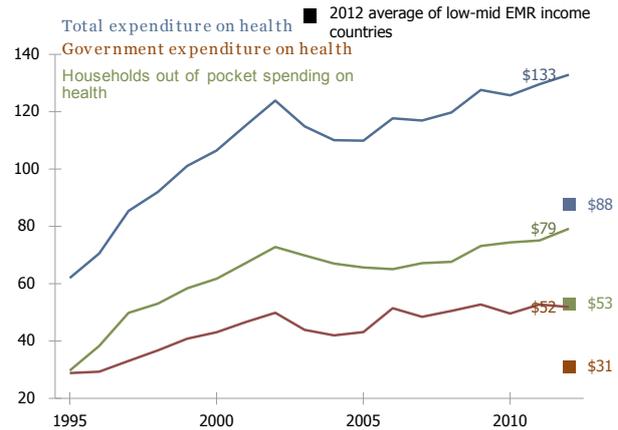
Egypt: 82 per  
 100,000 live births  
 EMR low-mid income countries: 251 per 100,000 live births

### Maternal mortality rate

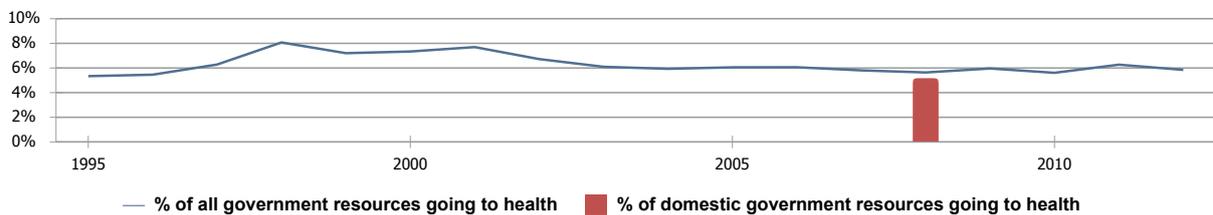


2008 data

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



### Government resources allocated to health



### General government expenditure (GGE) % GDP



### General government expenditure on health % GGE



### General government expenditure on health % GDP



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

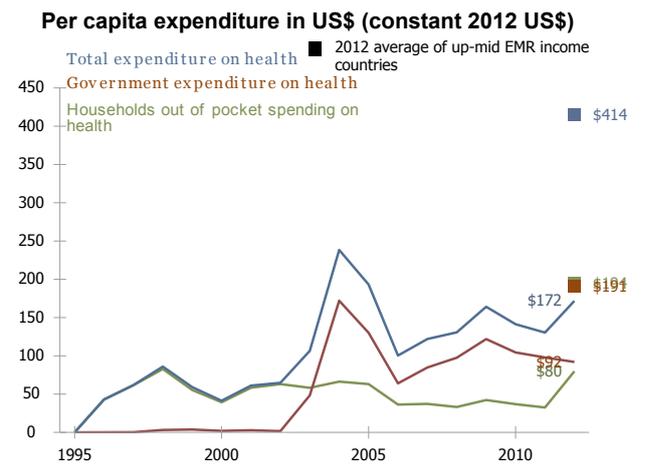
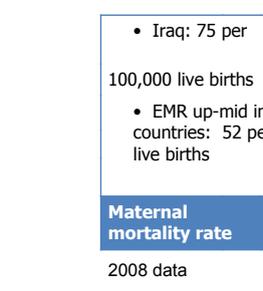
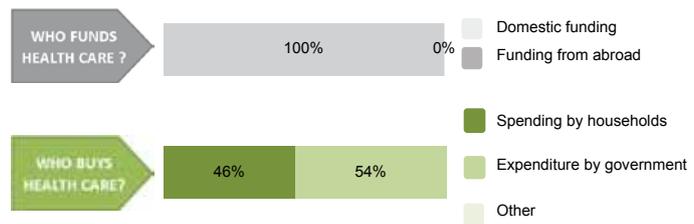
Among low-mid EMR countries:  
 Total government expenditure is in the median range as a % of GDP ((33%))  
 Share of government spending allocated to health is in the median range ((6%))  
 Government expenditure on health as a % of GDP is in the median range ((2%))



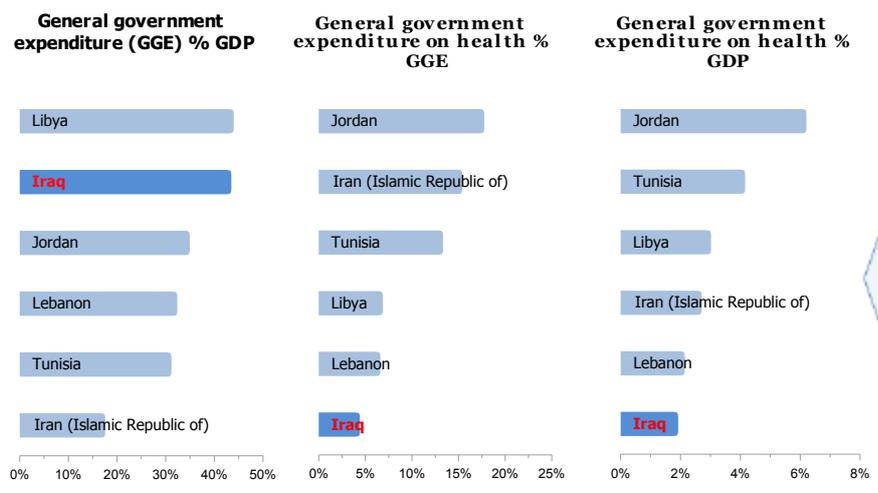
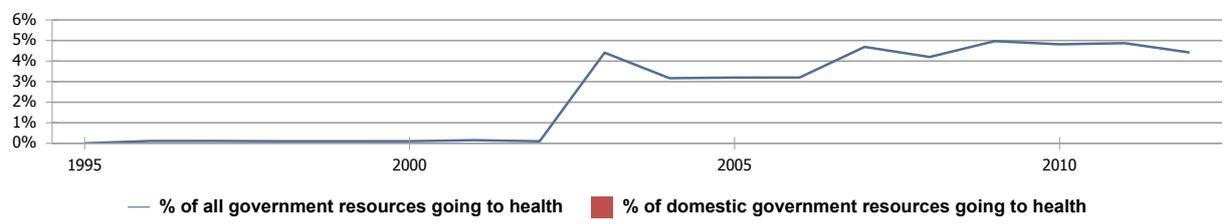
Source : global health expenditure database

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### HEALTH SYSTEM FINANCING COUNTRY PROFILE: Iraq, 2012



#### Government resources allocated to health



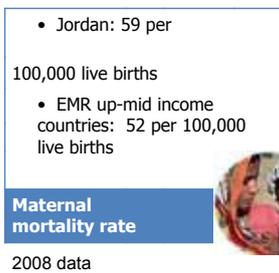
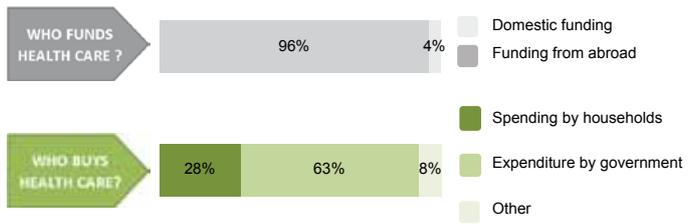
**Government's health spending as compared to other countries of the region**

Among up-mid EMR countries:  
Total government expenditure is high as a % of GDP ((43%))  
Share of government spending allocated to health is low ((4%))  
Government expenditure on health as a % of GDP is low ((2%))

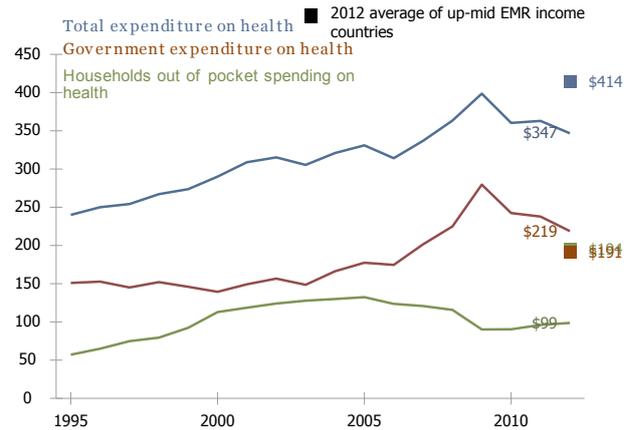
Source : global health expenditure database

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

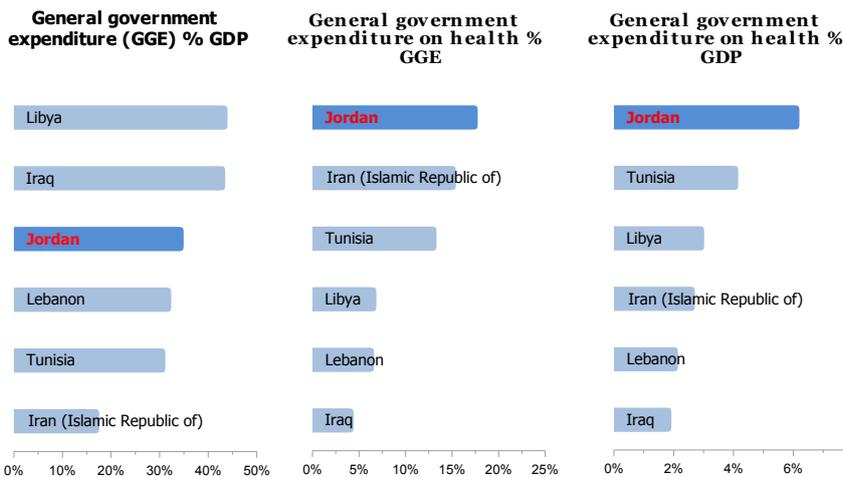
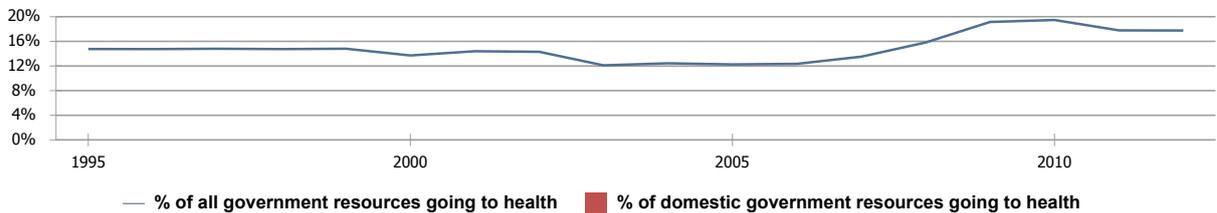
## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Jordan, 2012



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



### Government resources allocated to health



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

Among up-mid EMR countries:

- Total government expenditure is in the median range as a % of GDP ((35%))
- Share of government spending allocated to health is high ((18%))
- Government expenditure on health as a % of GDP is high ((6%))

Source : global health expenditure database

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

□ Countries in WHO Eastern Mediterranean Region

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

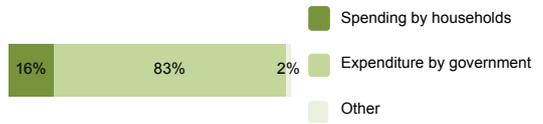


Kuwait spent **4.6 billion US\$** on health care:  
**- \$1,428 per capita**  
**- 16% spent by households**

WHO FUNDS HEALTH CARE ?



WHO BUYS HEALTH CARE ?

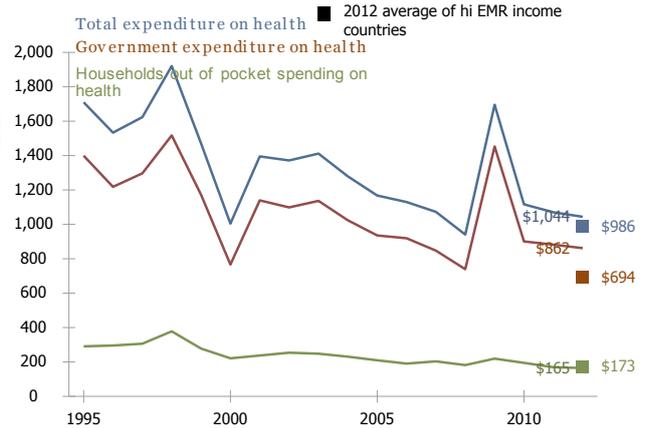


**GDP per capita**  
 • Kuwait: \$56,367/capita  
 • EMR hi income countries: \$34,042/capita

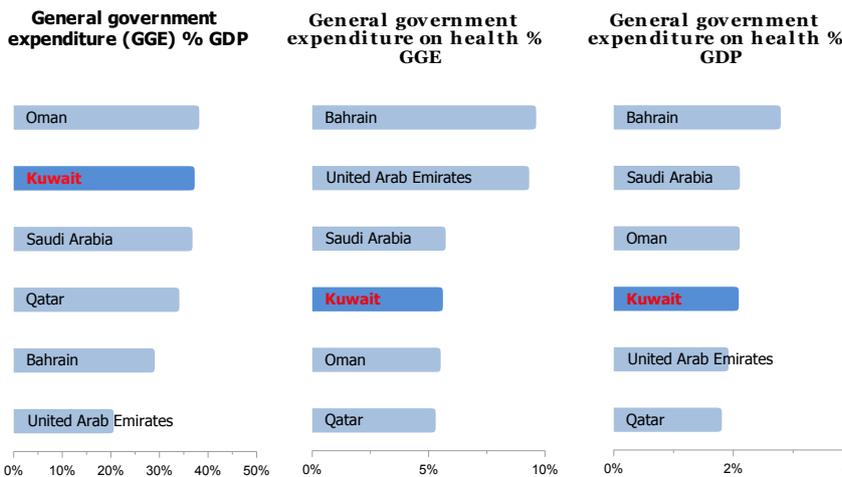
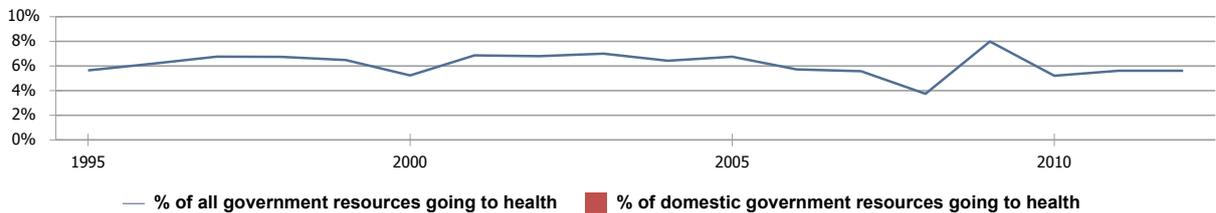
**Life expectancy**  
 • Kuwait: 78 years  
 • EMR hi income countries: 76 years

**Maternal mortality rate**  
 • Kuwait: 9 per 100,000 live births  
 • EMR hi income countries: 15 per 100,000 live births

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



**Government resources allocated to health**



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

Among hi EMR countries:  
 Total government expenditure is high as a % of GDP ((37%))  
 Share of government spending allocated to health is in the median range ((6%))  
 Government expenditure on health as a % of GDP is in the median range ((2%))



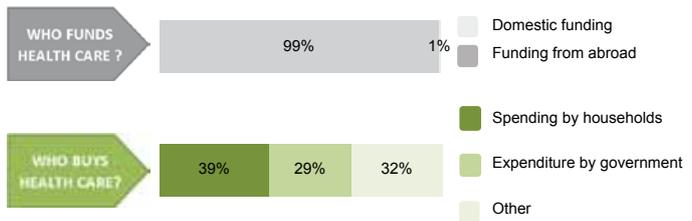
Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Lebanon, 2012



Lebanon spent  
**3.0 billion US\$**  
 on health care:  
 - **\$650 per capita**  
 - **39% spent by households**



Lebanon:  
 \$8,897/capita  
 EMR up-mid income countries: \$7,057/capita

### GDP per capita



Lebanon:  
 74 years  
 EMR up-mid income countries: 72 years

### Life expectancy



2009 data

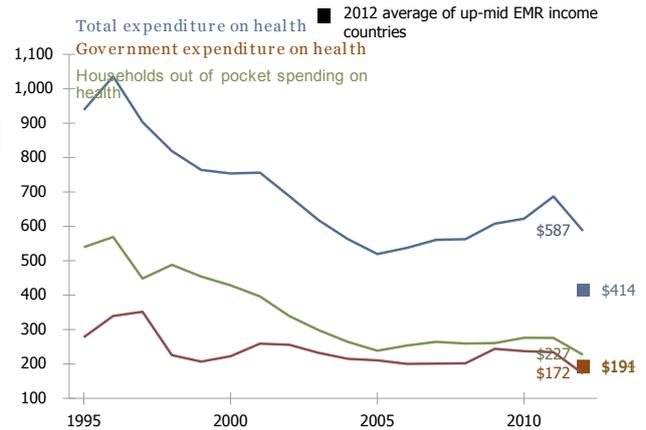
Lebanon: 26 per  
 100,000 live births  
 EMR up-mid income countries: 52 per 100,000 live births

### Maternal mortality rate

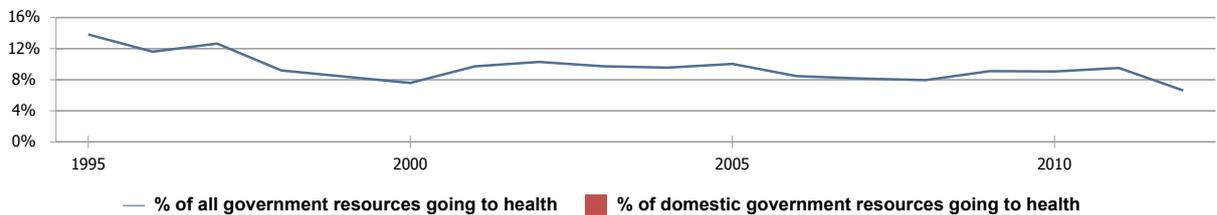


2008 data

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



### Government resources allocated to health



### General government expenditure (GGE) % GDP



### General government expenditure on health % GGE



### General government expenditure on health % GDP



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

Among up-mid EMR countries:

Total government expenditure is in the median range as a % of GDP ((32%))

Share of government spending allocated to health is low ((7%))

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



Source : global health expenditure database

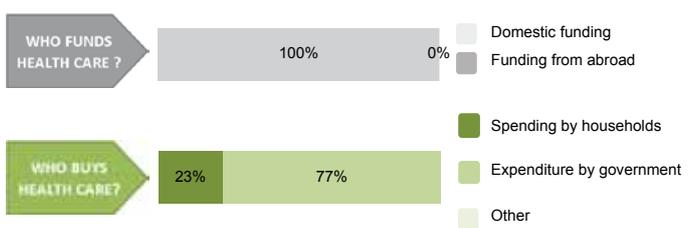
Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal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

□ Countries in WHO Eastern Mediterranean Region

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



Libya spent  
**3.7 billion US\$**  
on health care:  
**- \$578 per capita**  
**- 23% spent by households**



• Libya:  
\$14,808/capita  
• EMR up-mid income countries: \$7,057/capita

**GDP per capita**



• Libya:  
72 years  
• EMR up-mid income countries: 72 years

**Life expectancy**

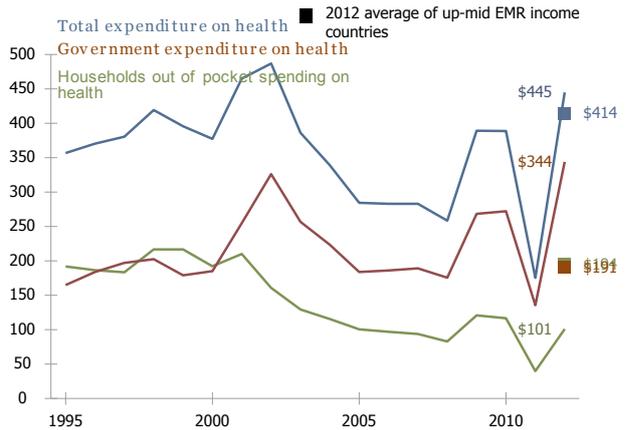


• Libya: 64 per 100,000 live births  
• EMR up-mid income countries: 52 per 100,000 live births

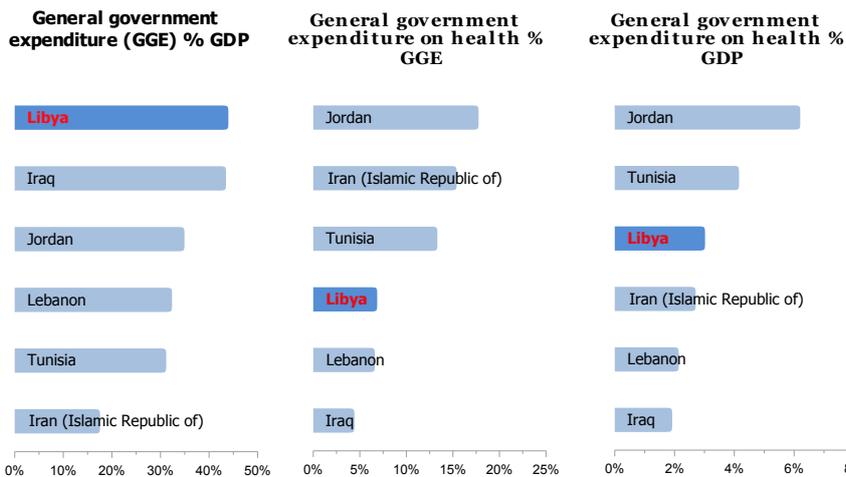
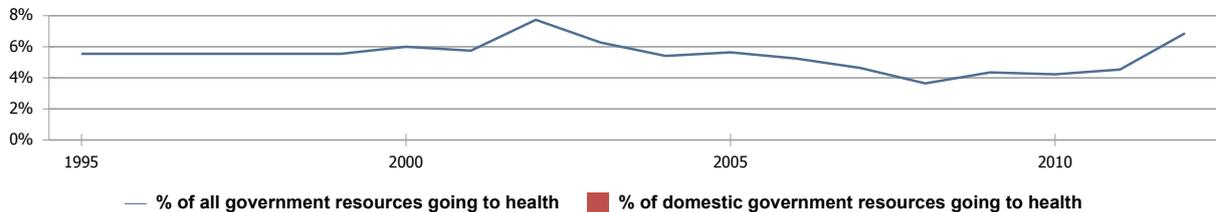
**Maternal mortality rate**



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



**Government resources allocated to health**



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

Among up-mid EMR countries:  
 Total government expenditure is high as a % of GDP ((44%))  
 Share of government spending allocated to health is in the median range ((7%))  
 Government expenditure on health as a % of GDP is in the median range ((3%))



Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Morocco, 2012

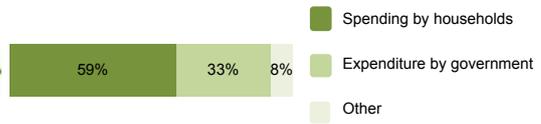


Morocco spent  
**6.2 billion US\$**  
 on health care:  
**- \$190 per capita**  
**- 59% spent by households**

WHO FUNDS HEALTH CARE?



WHO BUYS HEALTH CARE?



Morocco:  
 \$2,974/capita

EMR low-mid income countries: \$1,927/capita

GDP per capita



Morocco:  
 73 years

EMR low-mid income countries: 66 years

Life expectancy



2009 data

Morocco: 110 per 100,000 live births

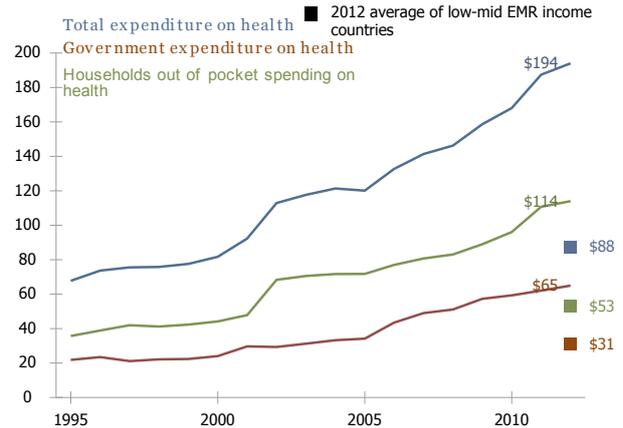
EMR low-mid income countries: 251 per 100,000 live births

Maternal mortality rate

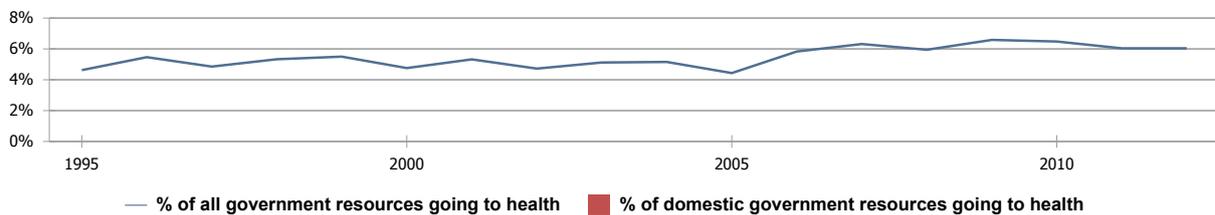


2008 data

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



### Government resources allocated to health



General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



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

Among low-mid EMR countries:

Total government expenditure is in the median range as a % of GDP ((35%))

Share of government spending allocated to health is in the median range ((6%))

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

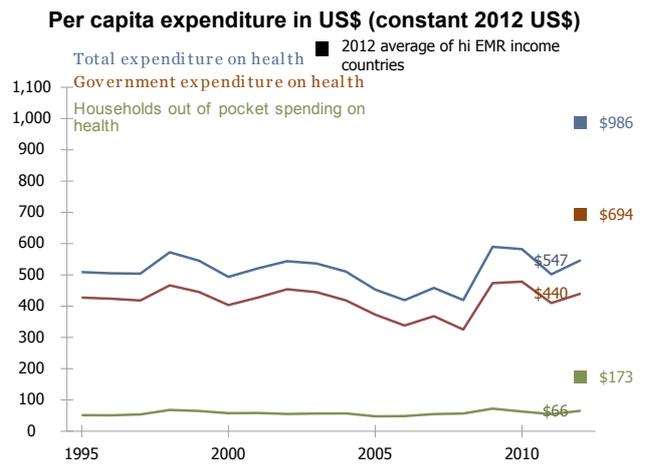
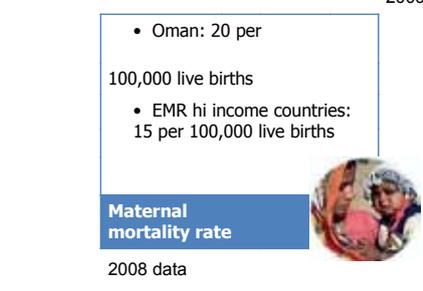


Source : global health expenditure database

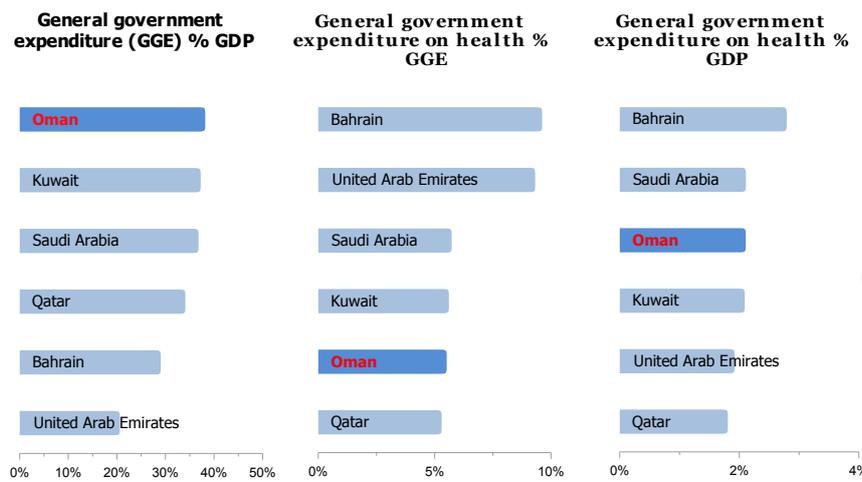
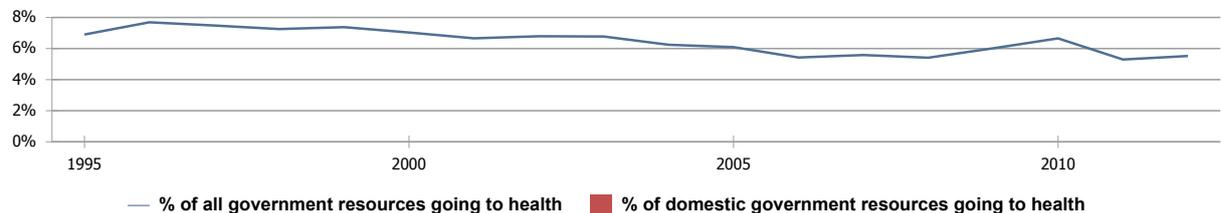
Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal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

□ Countries in WHO Eastern Mediterranean Region

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



**Government resources allocated to health**



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

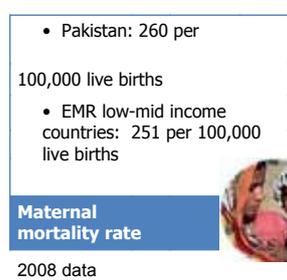
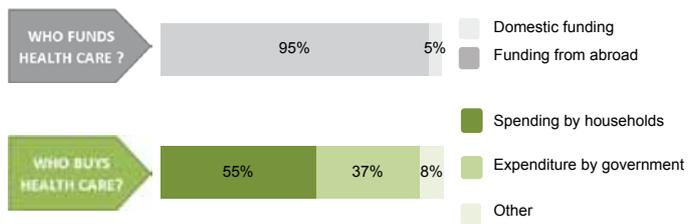
Among hi EMR countries:

- Total government expenditure is high as a % of GDP ((38%))
- Share of government spending allocated to health is low ((6%))
- Government expenditure on health as a % of GDP is in the median range ((2%))

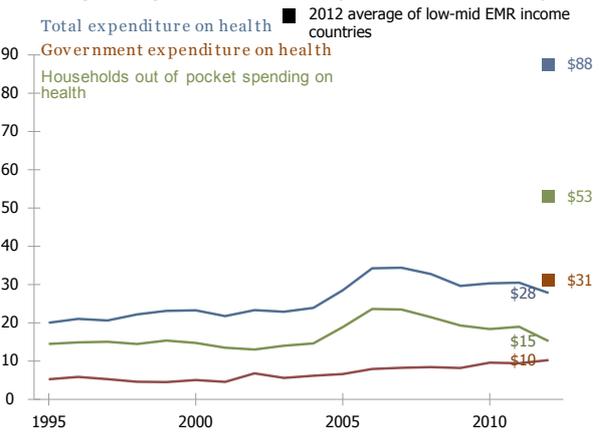
Source : global health expenditure database

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

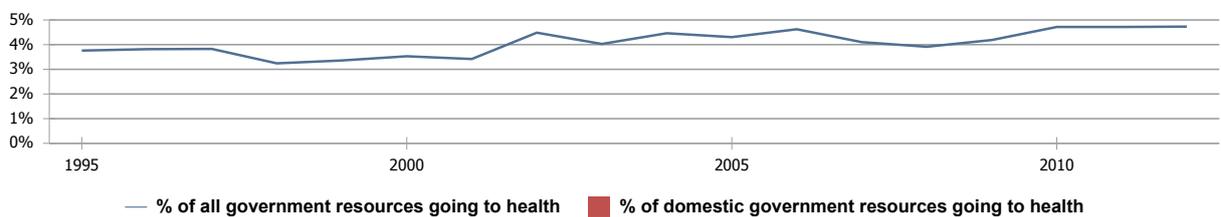
## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Pakistan, 2012



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



### Government resources allocated to health



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



#### General government expenditure on health % GGE



#### General government expenditure on health % GDP



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

Among low-mid EMR countries:  
 Total government expenditure is low as a % of GDP ((21%))  
 Share of government spending allocated to health is low ((5%))  
 Government expenditure on health as a % of GDP is low ((1%))

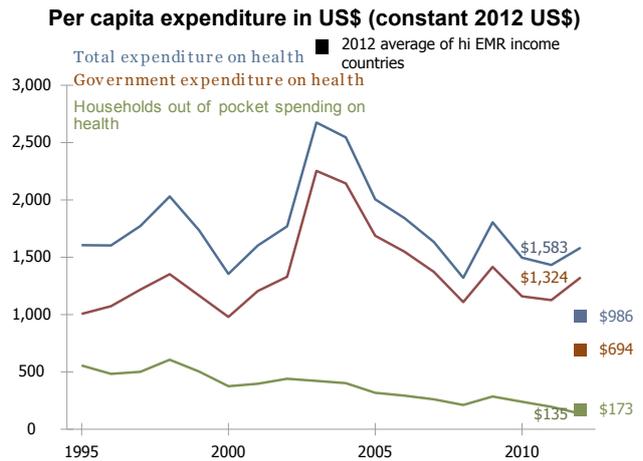
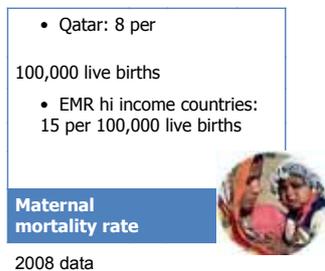


Source : global health expenditure database

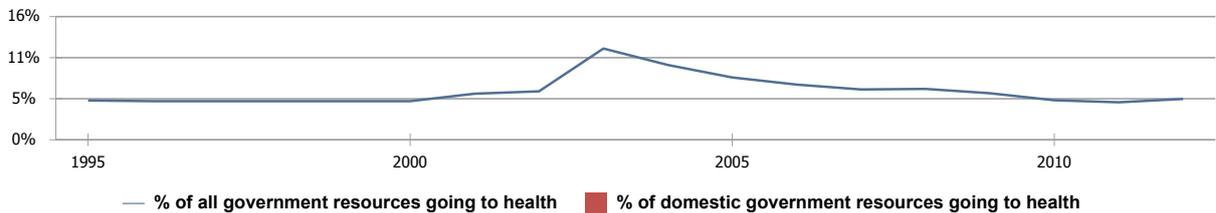
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□ Countries in WHO Eastern Mediterranean Region

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



**Government resources allocated to health**



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



**General government expenditure on health % GGE**



**General government expenditure on health % GDP**



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

Among hi EMR countries:  
Total government expenditure is in the median range as a % of GDP ((34%))  
Share of government spending allocated to health is low ((5%))  
Government expenditure on health as a % of GDP is low ((2%))



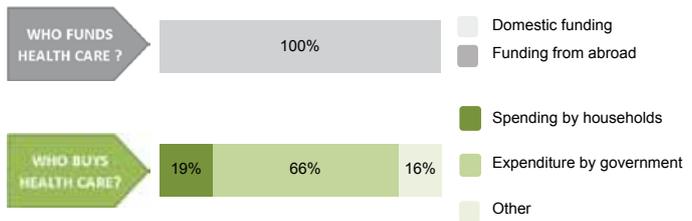
Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Saudi Arabia, 2012



Saudi Arabia spent  
**23 billion US\$**  
 on health care:  
 - **\$795 per capita**  
 - **19% spent by households**



• Saudi Arabia:  
 \$24,771/capita  
 • EMR hi income countries:  
 \$34,042/capita

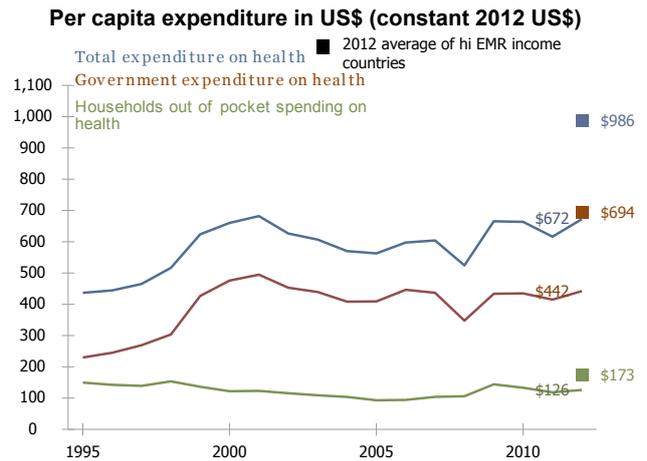
**GDP per capita**

• Saudi Arabia:  
 72 years  
 • EMR hi income countries: 76 years

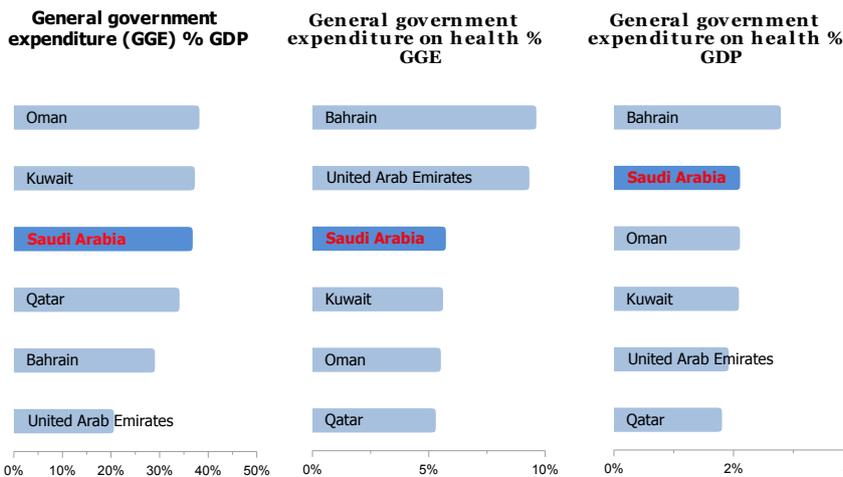
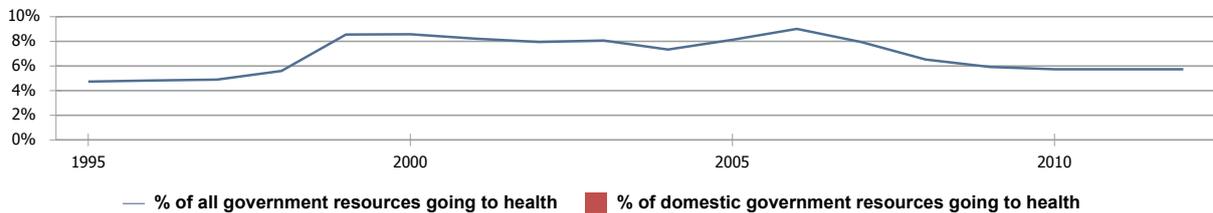
**Life expectancy**

• Saudi Arabia: 24 per  
 100,000 live births  
 • EMR hi income countries:  
 15 per 100,000 live births

**Maternal mortality rate**



### Government resources allocated to health



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

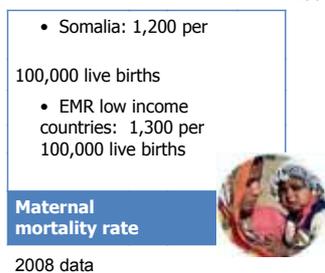
Among hi EMR countries:  
 Total government expenditure is in the median range as a % of GDP ((37%))  
 Share of government spending allocated to health is in the median range ((6%))  
 Government expenditure on health as a % of GDP is high ((2%))



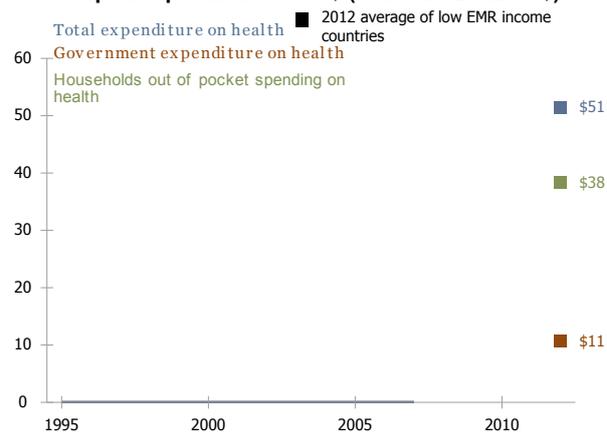
Source : global health expenditure database

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

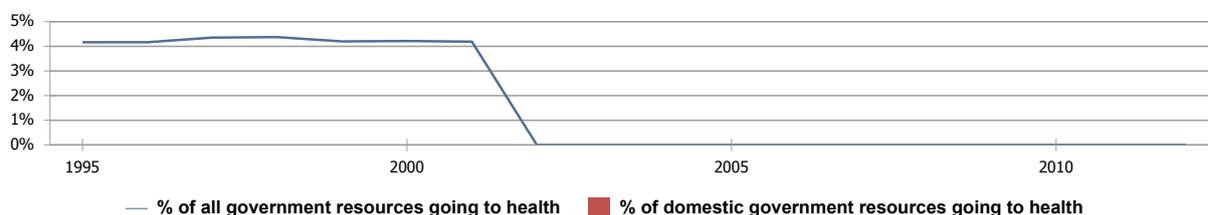
### HEALTH SYSTEM FINANCING COUNTRY PROFILE: Somalia, 2012



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



Government resources allocated to health



General government expenditure (GGE) % GDP



Somalia

General government expenditure on health % GGE



Somalia

General government expenditure on health % GDP



Somalia

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

Among low EMR countries:

- Total government expenditure is low as a % of GDP ((0%))
- Share of government spending allocated to health is low ((0%))
- Government expenditure on health as a % of GDP is low ((0%))



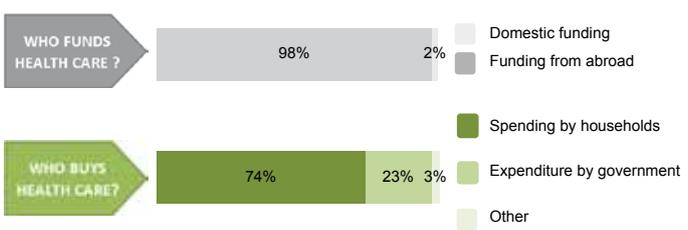
Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Sudan, 2012



Sudan spent  
**4.3 billion US\$**  
 on health care:  
 - **\$115 per capita**  
 - **74% spent by households**



**GDP per capita**

- Sudan: \$1,580/capita
- EMR low-mid income countries: \$1,927/capita



**Life expectancy**

- Sudan: 59 years
- EMR low-mid income countries: 66 years



2009 data

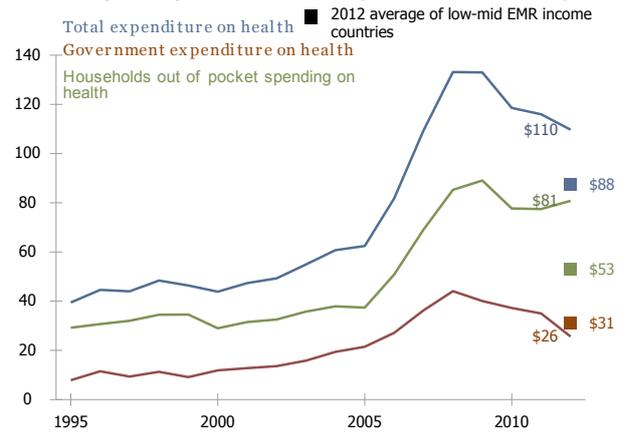
**Maternal mortality rate**

- Sudan: 750 per 100,000 live births
- EMR low-mid income countries: 251 per 100,000 live births

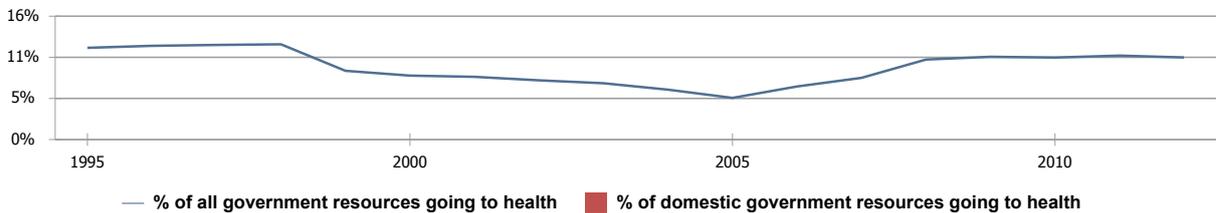


2008 data

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



### Government resources allocated to health



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



#### General government expenditure on health % GGE



#### General government expenditure on health % GDP



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

Among low-mid EMR countries:  
 Total government expenditure is low as a % of GDP ((16%))  
 Share of government spending allocated to health is high ((11%))  
 Government expenditure on health as a % of GDP is in the median range ((2%))



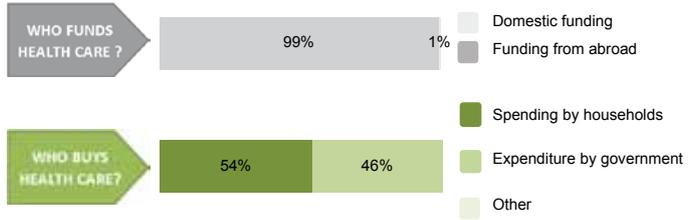
Source : global health expenditure database

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**HEALTH SYSTEM FINANCING COUNTRY PROFILE: Syrian Arab Republic, 2012**



Syrian Arab Republic spent  
**2.2 billion US\$**  
 on health care:  
 - **\$105 per capita**  
 - **54% spent by households**



• Syrian Arab Republic:  
 \$3,077/capita  
 • EMR low-mid income countries: \$1,927/capita

**GDP per capita**



• Syrian Arab Republic:  
 74 years  
 • EMR low-mid income countries: 66 years

**Life expectancy**

2009 data



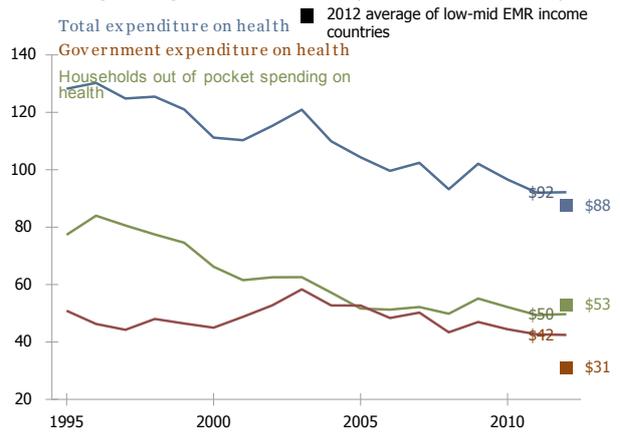
• Syrian Arab Republic: 46 per 100,000 live births  
 • EMR low-mid income countries: 251 per 100,000 live births

**Maternal mortality rate**

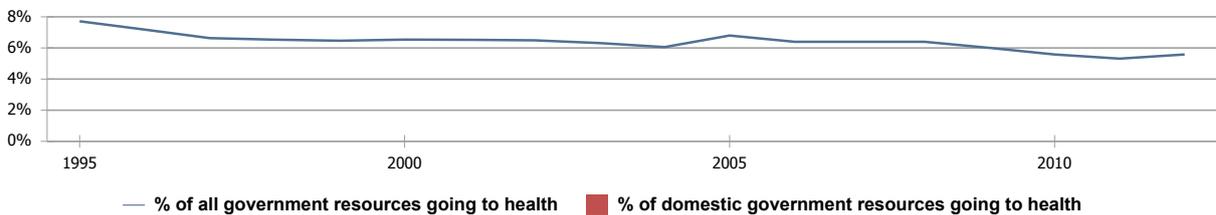
2008 data



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



**Government resources allocated to health**



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



**General government expenditure on health % GGE**



**General government expenditure on health % GDP**



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

Among low-mid EMR countries:

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

Share of government spending allocated to health is in the median range ((6%))

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



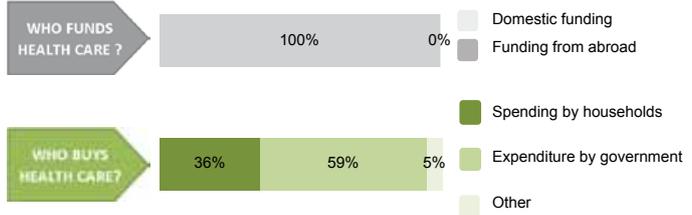
Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Tunisia, 2012



Tunisia spent  
**3.2 billion US\$**  
 on health care:  
 - **\$297 per capita**  
 - **36% spent by households**



**GDP per capita**

- Tunisia: \$4,216/capita
- EMR up-mid income countries: \$7,057/capita



**Life expectancy**

- Tunisia: 75 years
- EMR up-mid income countries: 72 years



2009 data

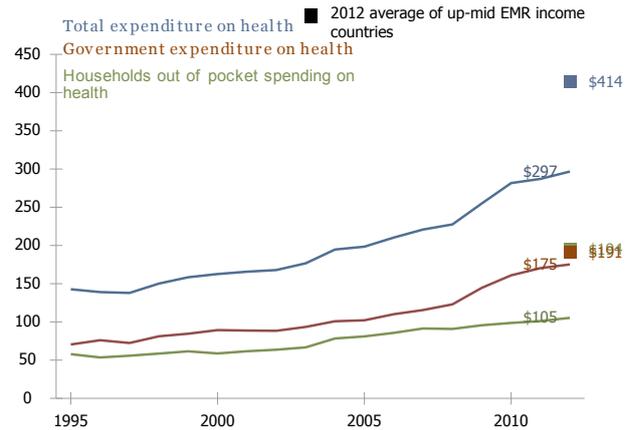
**Maternal mortality rate**

- Tunisia: 60 per 100,000 live births
- EMR up-mid income countries: 52 per 100,000 live births

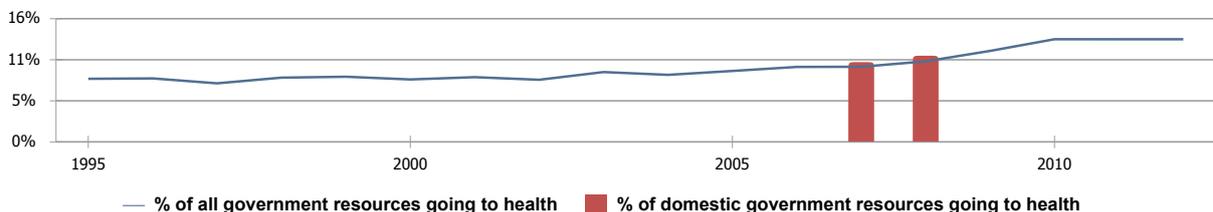


2008 data

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



### Government resources allocated to health



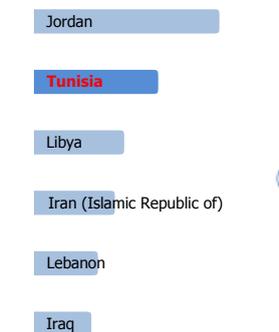
### General government expenditure (GGE) % GDP



### General government expenditure on health % GGE



### General government expenditure on health % GDP



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

Among up-mid EMR countries:

- Total government expenditure is low as a % of GDP ((31%))
- Share of government spending allocated to health is in the median range ((13%))
- Government expenditure on health as a % of GDP is high ((4%))



Source : global health expenditure database

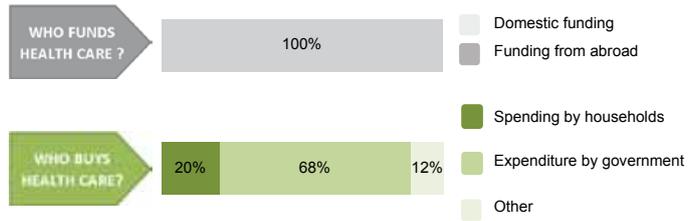
Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal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

□ Countries in WHO Eastern Mediterranean Region

**HEALTH SYSTEM FINANCING COUNTRY PROFILE: United Arab Emirates, 2012**



United Arab Emirates spent **11 billion US\$** on health care:  
 - **\$1,343 per capita**  
 - **20% spent by households**



• United Arab Emirates: \$47,348/capita  
 • EMR hi income countries: \$34,042/capita

**GDP per capita**



• United Arab Emirates: 78 years  
 • EMR hi income countries: 76 years

**Life expectancy**

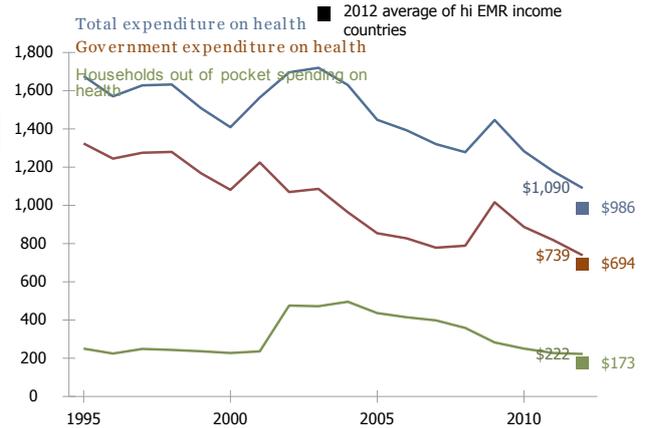


• United Arab Emirates: 10 per 100,000 live births  
 • EMR hi income countries: 15 per 100,000 live births

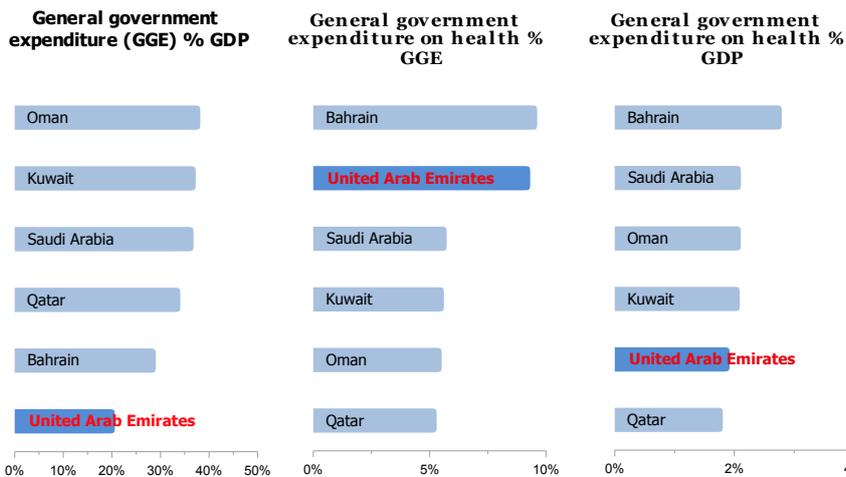
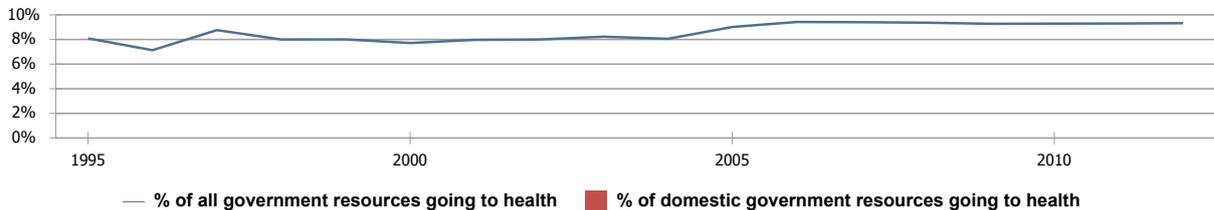
**Maternal mortality rate**



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



**Government resources allocated to health**



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

Among hi EMR countries:

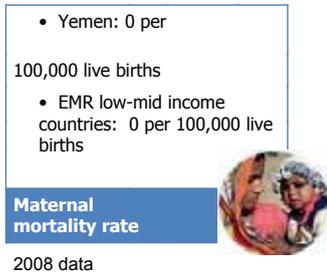
- Total government expenditure is low as a % of GDP ((21%))
- Share of government spending allocated to health is high ((9%))
- Government expenditure on health as a % of GDP is low ((2%))



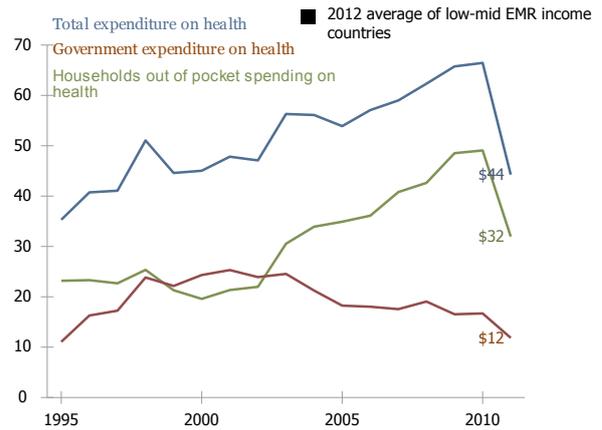
Source : global health expenditure database

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

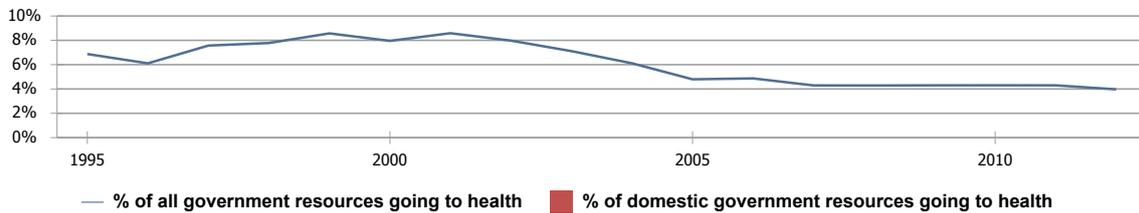
## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Yemen, 2012



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



### Government resources allocated to health



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



#### General government expenditure on health % GGE



#### General government expenditure on health % GDP



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

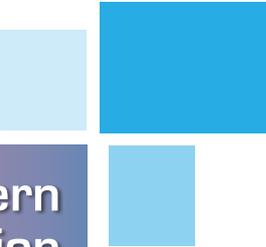
Among low-mid EMR countries:  
 Total government expenditure is high as a % of GDP ((38%))  
 Share of government spending allocated to health is low ((4%))  
 Government expenditure on health as a % of GDP is low ((2%))



Source: National Health Accounts database, World Health Organization (nhaweb@who.int)

Footnote:

All the indicators refer to expenditures by Financing Agent classification except External resources which falls in to Financing Source classification. While the components of Total health expenditure (THE) would come up to 100% within the same classification, one cannot expect sum of components of different classifications to come up to THE.



## WHO Western Pacific Region

- Foreword
- Factsheet
- Policy highlights
- Health expenditures and universal coverage
- Country profile by region 2010
- World Health Statistics 2012 tables
- Technical documentation

Australia

Brunei Darussalam

Cambodia

China

Cook Islands

Fiji

Japan

Kiribati

Lao People's Democratic Republic

Malaysia

Marshall Islands

Micronesia (Federated States of)

Mongolia

Nauru

New Zealand

Niue

Palau

Papua New Guinea

Philippines

Republic of Korea

Samoa

Singapore

Solomon Islands

Tonga

Tuvalu

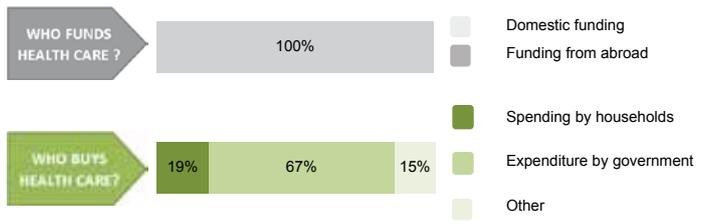
Vanuatu

Viet Nam

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Australia, 2012



Australia spent **141 billion US\$** on health care: **- \$6,140 per capita**  
**- 19% spent by households**



**GDP per capita**

- Australia: \$67,241/capita
- WPR hi income countries: \$43,291/capita



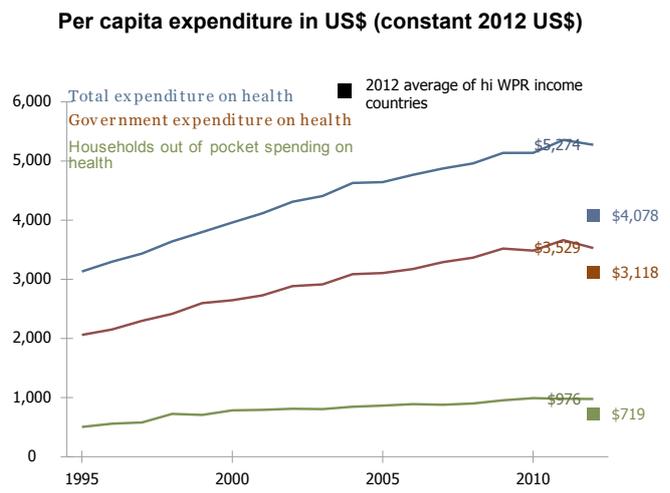
**Life expectancy**

- Australia: 82 years
- WPR hi income countries: 81 years

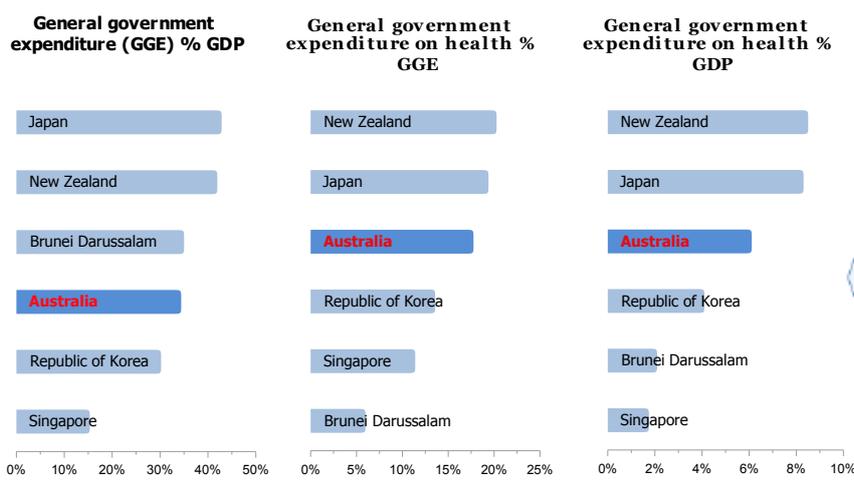
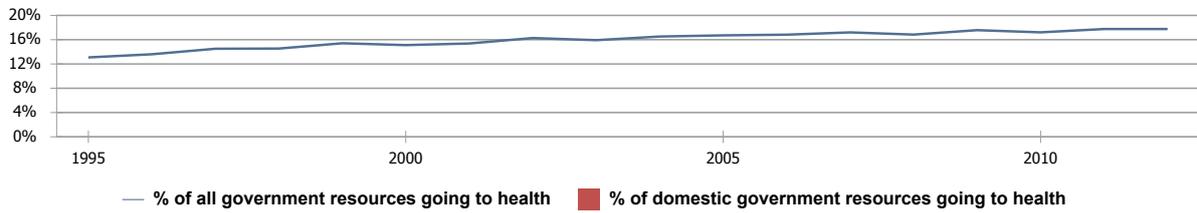


**Maternal mortality rate**

- Australia: 8 per 100,000 live births
- WPR hi income countries: 13 per 100,000 live births



### Government resources allocated to health



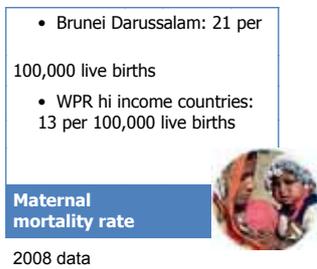
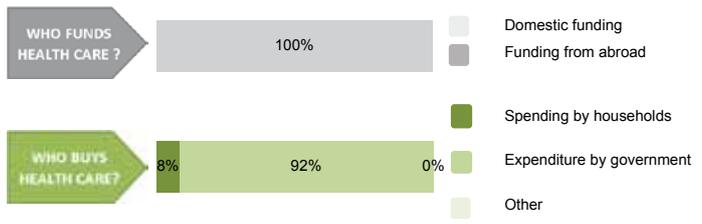
**Government's health spending as compared to other countries of the region**

Among hi WPR countries:  
 Total government expenditure is in the median range as a % of GDP ((34%))  
 Share of government spending allocated to health is in the median range ((18%))  
 Government expenditure on health as a % of GDP is in the median range ((6%))

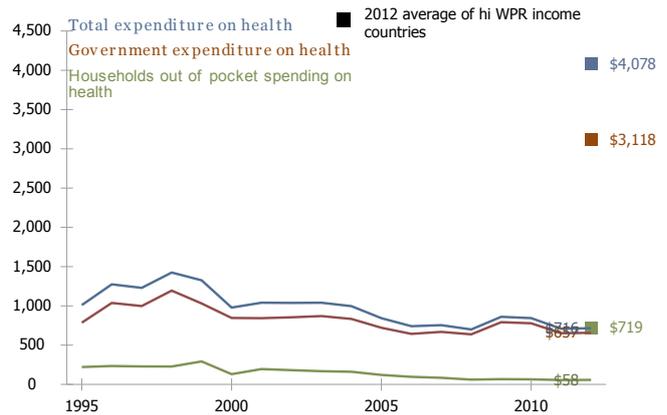
Source : global health expenditure database

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

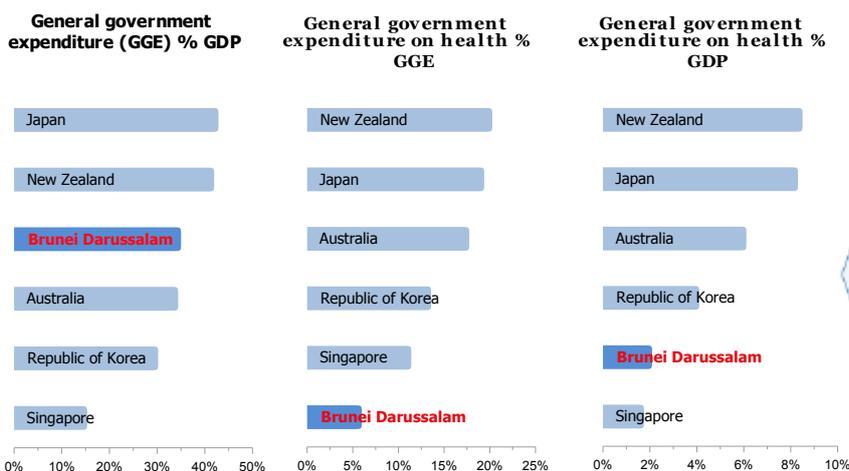
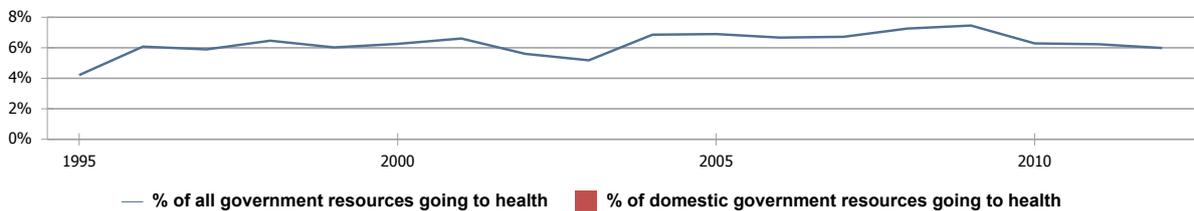
### HEALTH SYSTEM FINANCING COUNTRY PROFILE: Brunei Darussalam, 2012



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



Government resources allocated to health



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

Among hi WPR countries:  
 Total government expenditure is in the median range as a % of GDP ((35%))

Share of government spending allocated to health is low ((6%))

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



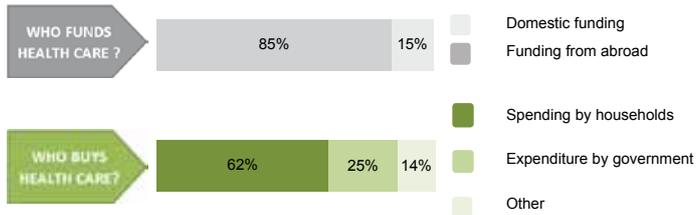
Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Cambodia, 2012



Cambodia spent  
**763 million US\$**  
 on health care:  
**- \$51 per capita**  
**- 62% spent by households**



**GDP per capita**

- Cambodia: \$946/capita
- WPR low income countries: \$946/capita



**Life expectancy**

- Cambodia: 61 years
- WPR low income countries: 61 years



2009 data

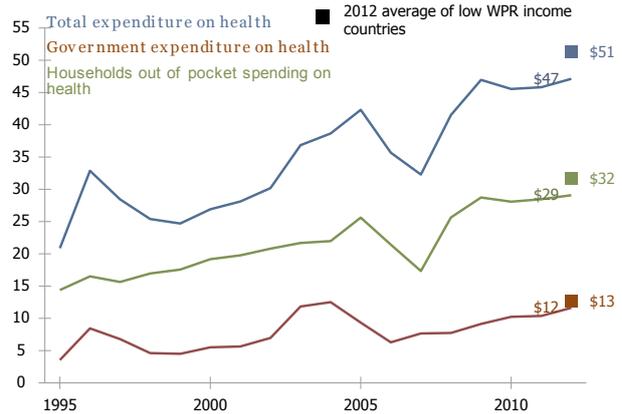
**Maternal mortality rate**

- Cambodia: 290 per 100,000 live births
- WPR low income countries: 290 per 100,000 live births

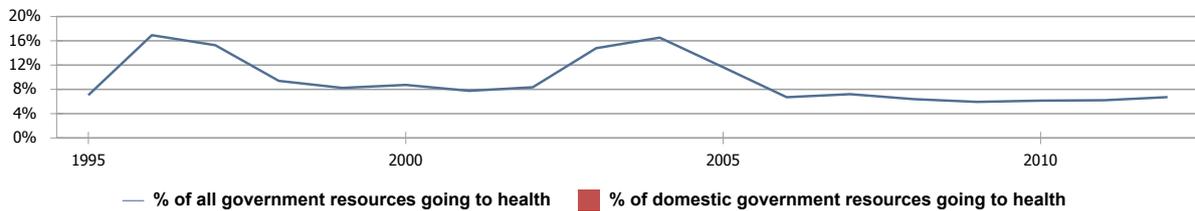


2008 data

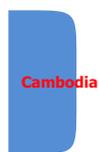
### Per capita expenditure in US\$ (constant 2012 US\$)



### Government resources allocated to health



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



0% 10% 20% 30% 40% 50% 60% 70%

**General government expenditure on health % GGE**



0% 5% 10% 15% 20% 25% 30% 35% 40%

**General government expenditure on health % GDP**



0% 2% 4% 6% 8% 10% 12% 14% 16% 18% 20%

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

Among low WPR countries:

Total government expenditure is in the median range as a % of GDP ((20%))

Share of government spending allocated to health is in the median range ((7%))

Government expenditure on health as a % of GDP is in the median range ((1%))



Source : global health expenditure database

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

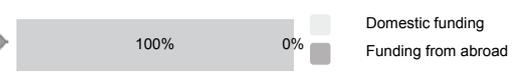
□ Countries in WHO Western Pacific Region

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

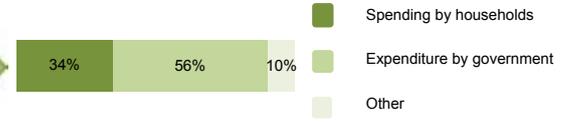


China spent **445 billion US\$** on health care:  
**- \$322 per capita**  
**- 34% spent by households**

WHO FUNDS HEALTH CARE?



WHO BUYS HEALTH CARE?



**GDP per capita**

- China: \$5,941/capita
- WPR up-mid income countries: \$6,032/capita

**Life expectancy**

- China: 74 years
- WPR up-mid income countries: 69 years

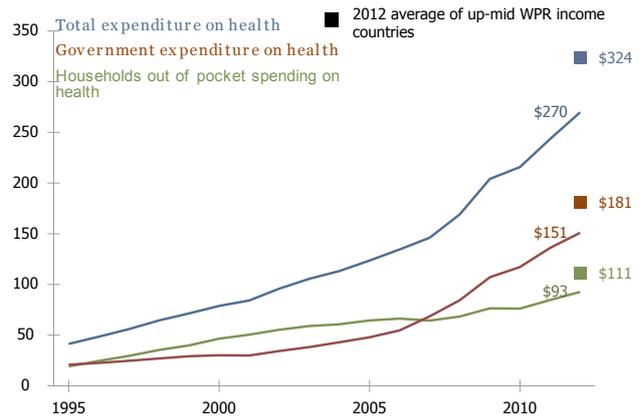
2009 data

**Maternal mortality rate**

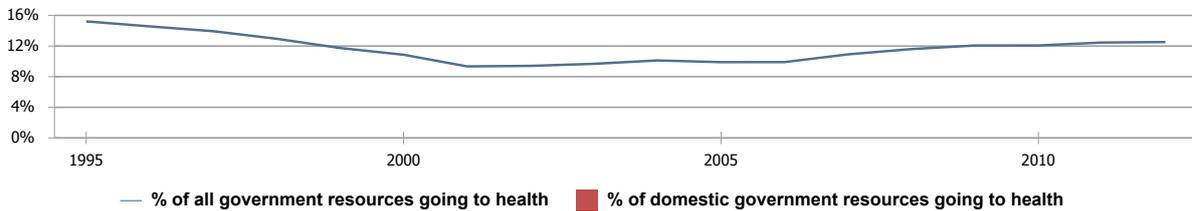
- China: 38 per 100,000 live births
- WPR up-mid income countries: 32 per 100,000 live births

2008 data

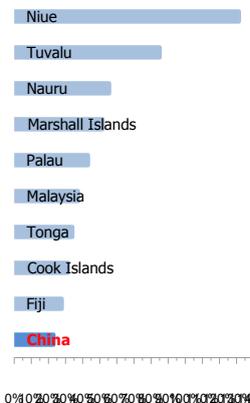
**Per capita expenditure in US\$ (constant 2012 US\$)**



**Government resources allocated to health**



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



**General government expenditure on health % GGE**



**General government expenditure on health % GDP**



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

Among up-mid WPR countries:  
 Total government expenditure is low as a % of GDP ((24%))  
 Share of government spending allocated to health is in the median range ((13%))  
 Government expenditure on health as a % of GDP is low ((3%))



Source : global health expenditure database

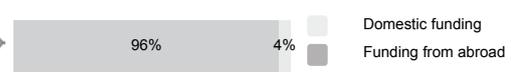
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## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Cook Islands, 2012



Cook Islands spent  
**10 million US\$**  
 on health care:  
**- \$511 per capita**  
**- 9% spent by households**

WHO FUNDS HEALTH CARE?



WHO BUYS HEALTH CARE?



Cook Islands:  
 \$14,913/capita  
 WPR up-mid income countries: \$6,032/capita

### GDP per capita



Cook Islands:  
 76 years  
 WPR up-mid income countries: 69 years

### Life expectancy



2009 data

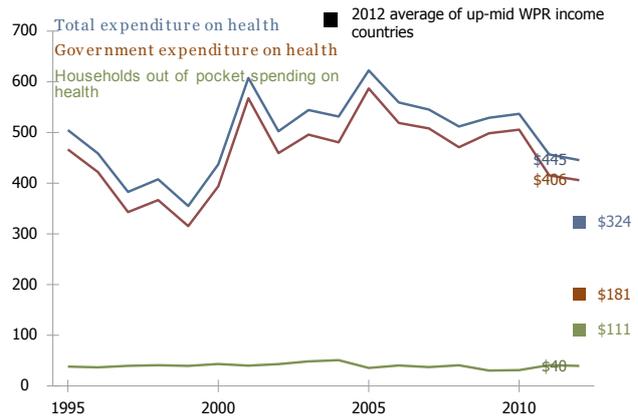
Cook Islands: 0 per  
 100,000 live births  
 WPR up-mid income countries: 32 per 100,000 live births

### Maternal mortality rate

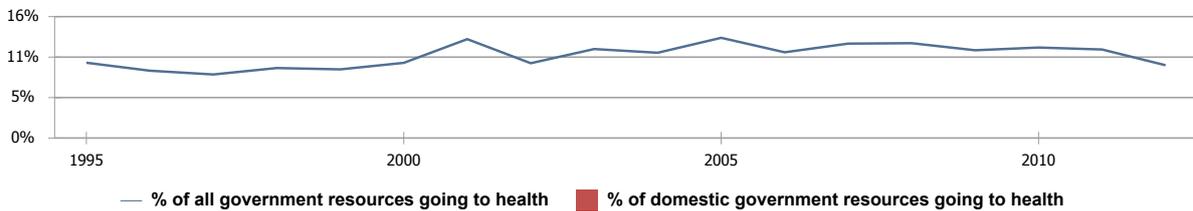


2008 data

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



### Government resources allocated to health



### General government expenditure (GGE) % GDP



### General government expenditure on health % GGE



### General government expenditure on health % GDP



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

Among up-mid WPR countries:

Total government expenditure is low as a % of GDP ((33%))

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

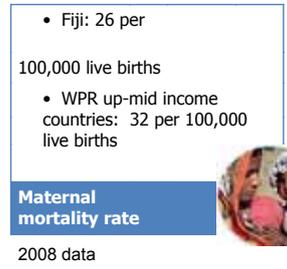
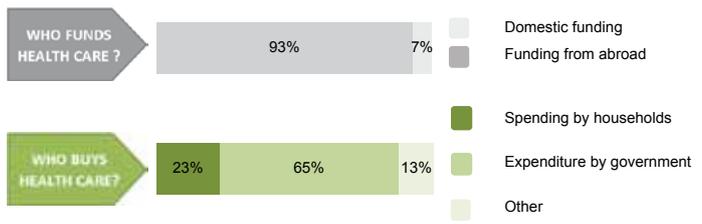
Government expenditure on health as a % of GDP is in the median range ((3%))



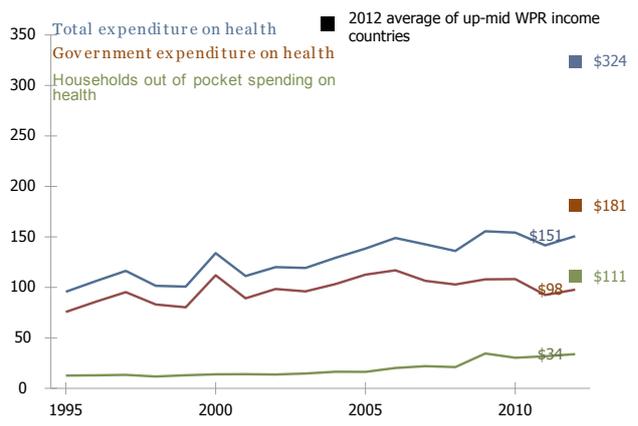
Source : global health expenditure database

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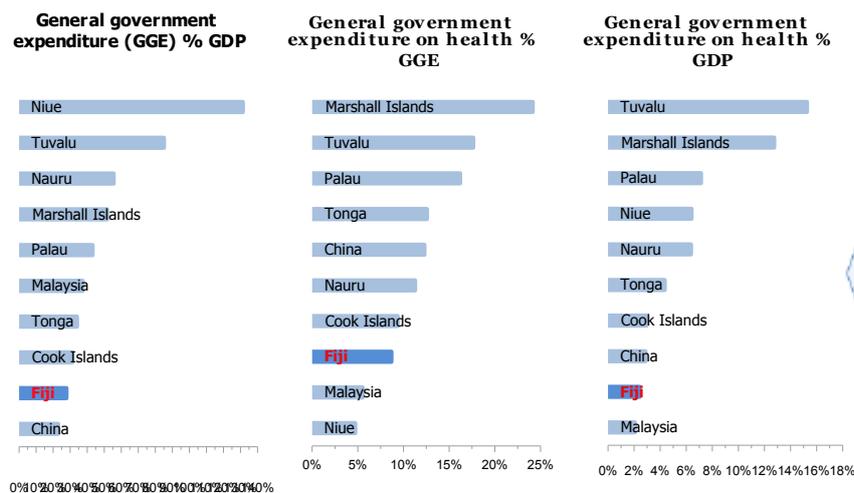
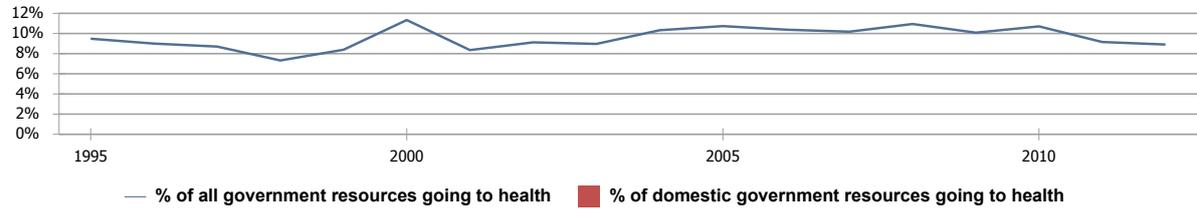
### HEALTH SYSTEM FINANCING COUNTRY PROFILE: Fiji, 2012



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



Government resources allocated to health



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

Among up-mid WPR countries:  
 Total government expenditure is low as a % of GDP ((29%))  
 Share of government spending allocated to health is low ((9%))  
 Government expenditure on health as a % of GDP is low ((3%))

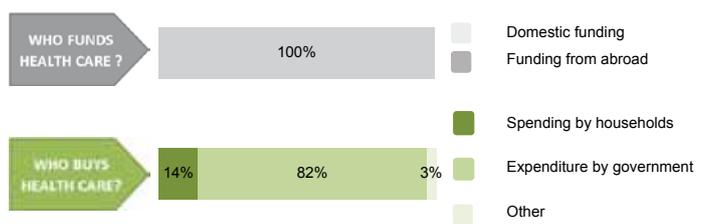
Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Japan, 2012



Japan spent  
**601 billion US\$**  
 on health care:  
**- \$4,752 per capita**  
**- 14% spent by households**



• Japan:  
 \$47,170/capita  
 • WPR hi income countries: \$43,291/capita

**GDP per capita**

• Japan:  
 83 years  
 • WPR hi income countries: 81 years

**Life expectancy**

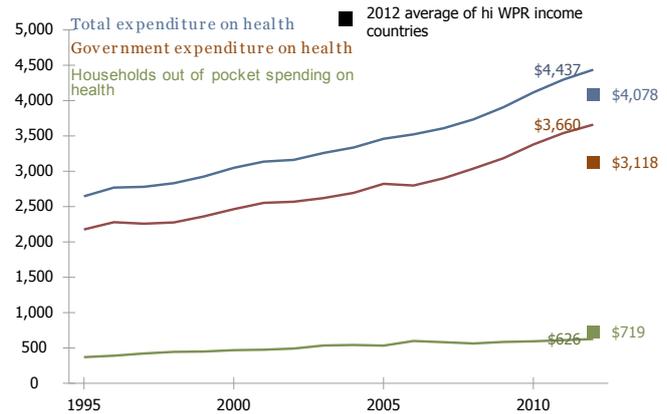
2009 data

• Japan: 6 per  
 100,000 live births  
 • WPR hi income countries: 13 per 100,000 live births

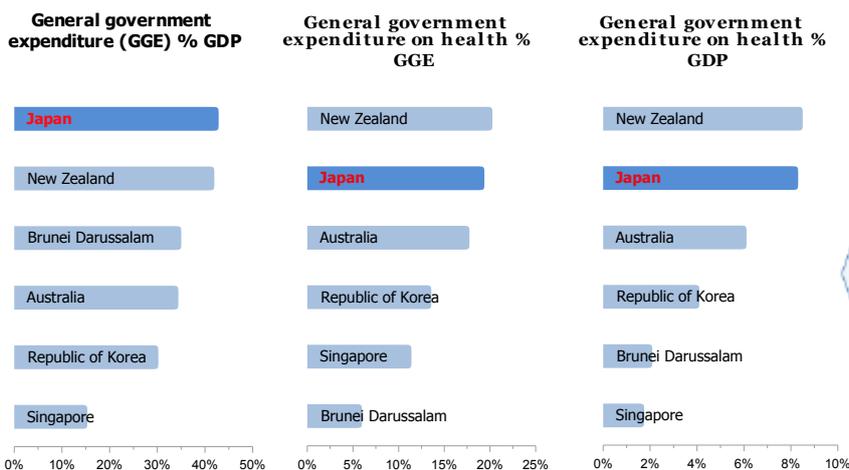
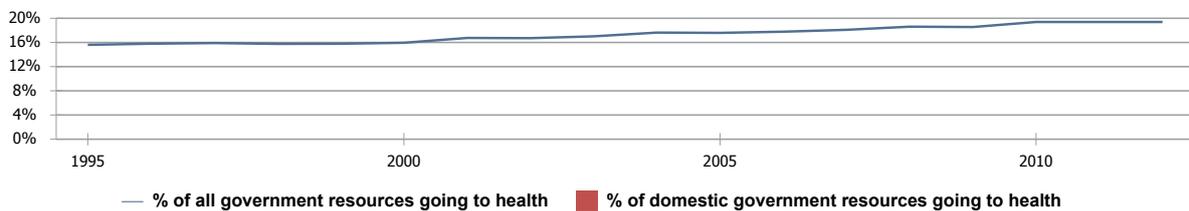
**Maternal mortality rate**

2008 data

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



Government resources allocated to health



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

Among hi WPR countries:

- Total government expenditure is high as a % of GDP ((43%))
- Share of government spending allocated to health is high ((19%))
- Government expenditure on health as a % of GDP is high ((8%))



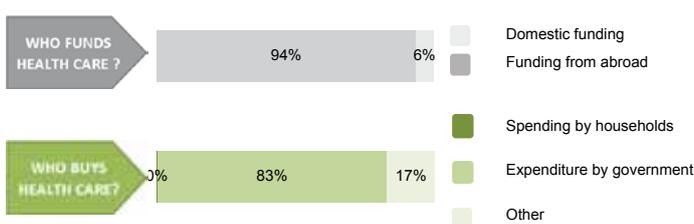
Source : global health expenditure database

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

### HEALTH SYSTEM FINANCING COUNTRY PROFILE: Kiribati, 2012



Kiribati spent **19 million US\$** on health care: **-\$187 per capita** **- 0% spent by households**



**GDP per capita**

- Kiribati: \$1,743/capita
- WPR low-mid income countries: \$2,095/capita



**Life expectancy**

- Kiribati: 68 years
- WPR low-mid income countries: 69 years

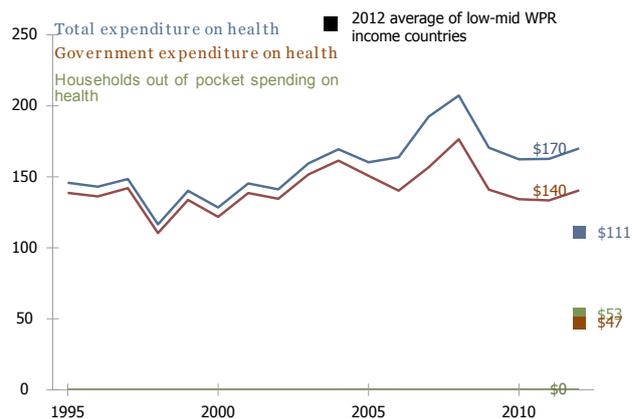


**Maternal mortality rate**

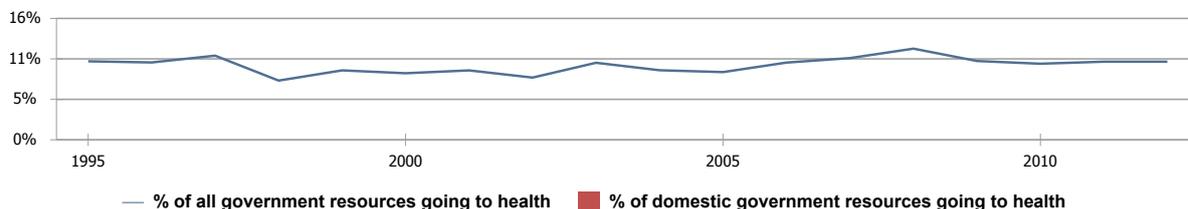
- Kiribati: 0 per 100,000 live births
- WPR low-mid income countries: 191 per 100,000 live births



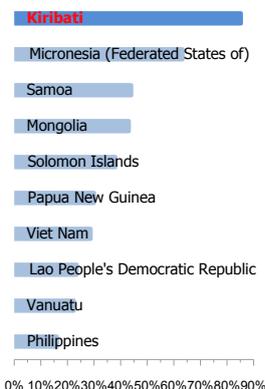
#### Per capita expenditure in US\$ (constant 2012 US\$)



#### Government resources allocated to health



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



#### General government expenditure on health % GGE



#### General government expenditure on health % GDP



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

Among low-mid WPR countries:

Total government expenditure is high as a % of GDP ((86%))

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

Government expenditure on health as a % of GDP is high ((9%))



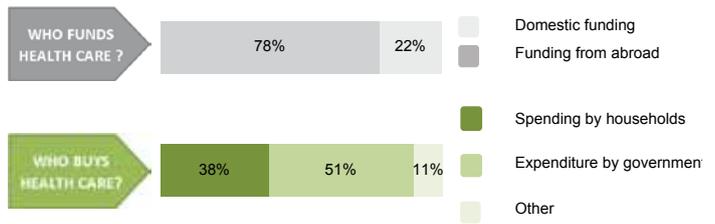
Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Lao People's Democratic Republic, 2012



Lao People's Democratic Republic spent **267 million US\$** on health care:  
 - **\$40 per capita**  
 - **38% spent by households**



Lao People's Democratic Republic:  
 \$1,395/capita  
 WPR low-mid income countries: \$2,095/capita

**GDP per capita**



Lao People's Democratic Republic:  
 63 years  
 WPR low-mid income countries: 69 years

**Life expectancy**

2009 data



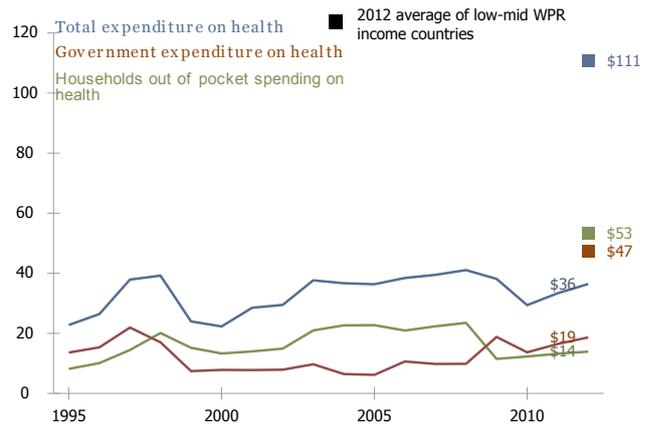
Lao People's Democratic Republic: 580 per 100,000 live births  
 WPR low-mid income countries: 191 per 100,000 live births

**Maternal mortality rate**

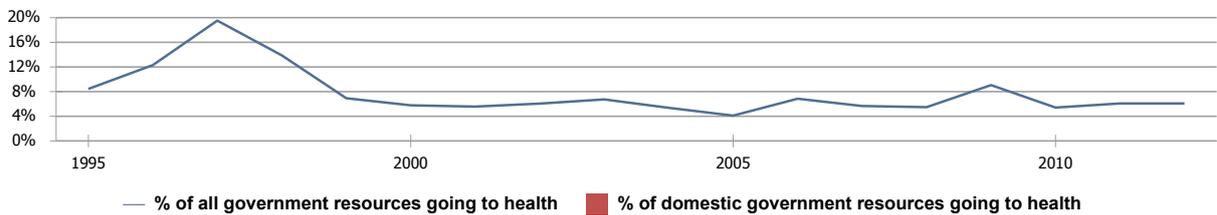
2008 data



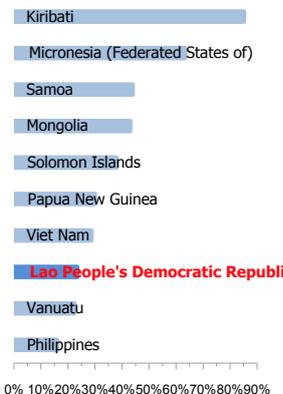
### Per capita expenditure in US\$ (constant 2012 US\$)



### Government resources allocated to health



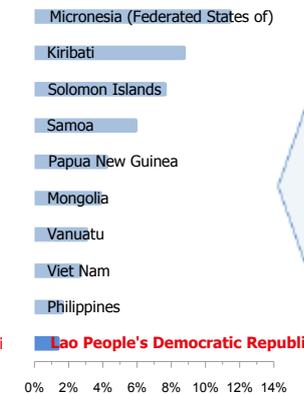
#### General government expenditure (GGE) % GDP



#### General government expenditure on health % GGE



#### General government expenditure on health % GDP



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

Among low-mid WPR countries:

- Total government expenditure is low as a % of GDP ((24%))
- Share of government spending allocated to health is low ((6%))
- Government expenditure on health as a % of GDP is low ((1%))



Source : global health expenditure database

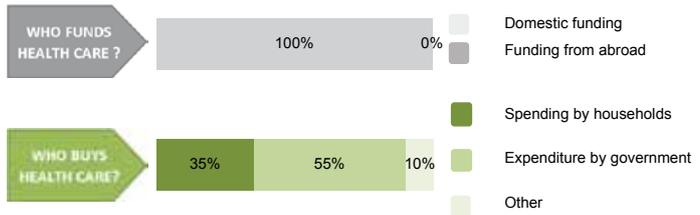
Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal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

□ Countries in WHO Western Pacific Region

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



Malaysia spent **12 billion US\$** on health care: **- \$419 per capita**  
**- 35% spent by households**



• Malaysia: \$10,381/capita  
• WPR up-mid income countries: \$6,032/capita

**GDP per capita**



• Malaysia: 73 years  
• WPR up-mid income countries: 69 years

**Life expectancy**



2009 data

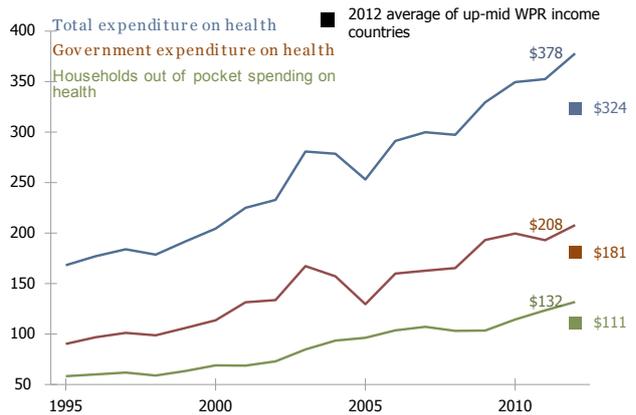
• Malaysia: 31 per 100,000 live births  
• WPR up-mid income countries: 32 per 100,000 live births

**Maternal mortality rate**

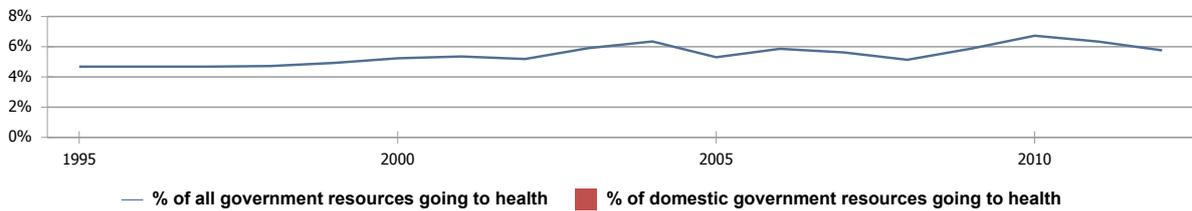


2008 data

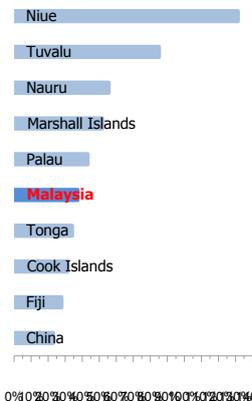
**Per capita expenditure in US\$ (constant 2012 US\$)**



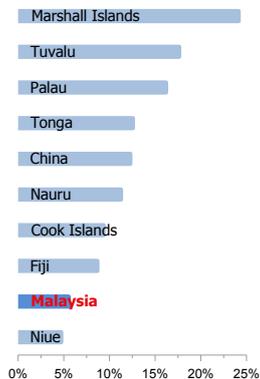
**Government resources allocated to health**



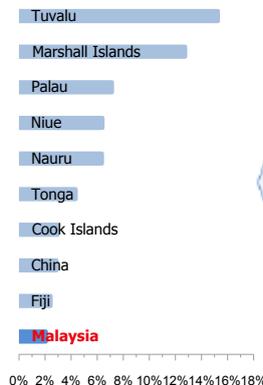
**General government expenditure (GGE) % GDP**



**General government expenditure on health % GGE**



**General government expenditure on health % GDP**



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

Among up-mid WPR countries:  
Total government expenditure is in the median range as a % of GDP ((39%))  
Share of government spending allocated to health is low ((6%))  
Government expenditure on health as a % of GDP is low ((2%))



Source : global health expenditure database

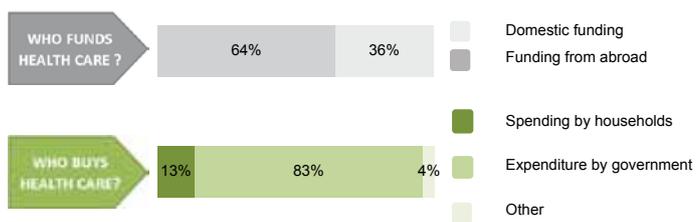
Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Marshall Islands, 2012



Marshall Islands spent

**31 million US\$**  
 on health care:  
 - **\$590 per capita**  
 - **13% spent by households**



• Marshall Islands:  
 \$3,773/capita  
 • WPR up-mid income countries: \$6,032/capita

**GDP per capita**



• Marshall Islands:  
 59 years  
 • WPR up-mid income countries: 69 years

**Life expectancy**



2009 data

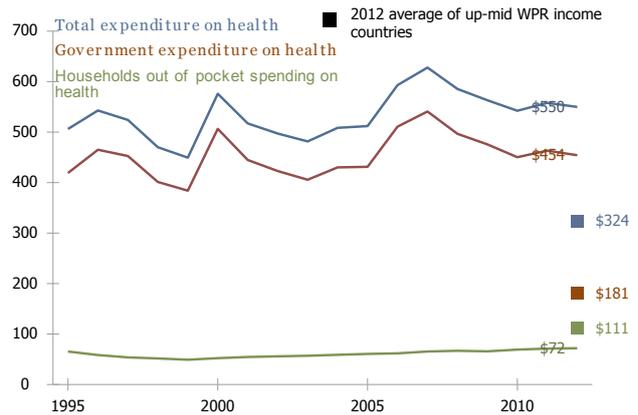
• Marshall Islands: 0 per  
 100,000 live births  
 • WPR up-mid income countries: 32 per 100,000 live births

**Maternal mortality rate**

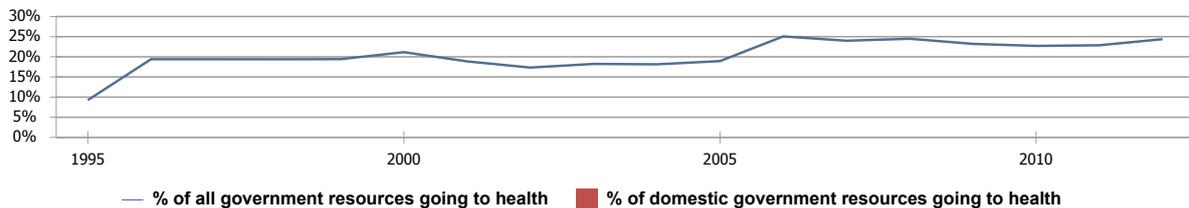


2008 data

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



### Government resources allocated to health



General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



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

Among up-mid WPR countries:

Total government expenditure is in the median range as a % of GDP ((53%))

Share of government spending allocated to health is high ((24%))

Government expenditure on health as a % of GDP is high ((13%))



Source : global health expenditure database

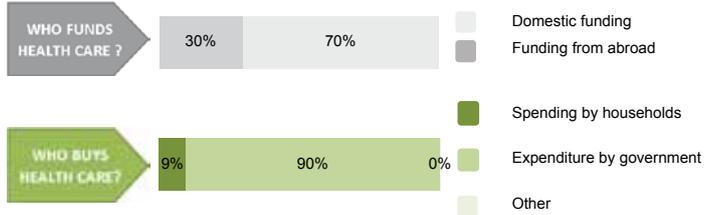
Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal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

Countries in WHO Western Pacific Region

**HEALTH SYSTEM FINANCING COUNTRY PROFILE: Micronesia (Federated States of), 2012**



Micronesia (Federated States of) spent **42 million US\$** on health care:  
**- \$405 per capita**  
**- 9% spent by households**



**GDP per capita**

- Micronesia (Federated States of): \$3,164/capita
- WPR low-mid income countries: \$2,095/capita



**Life expectancy**

- Micronesia (Federated States of): 69 years
- WPR low-mid income countries: 69 years

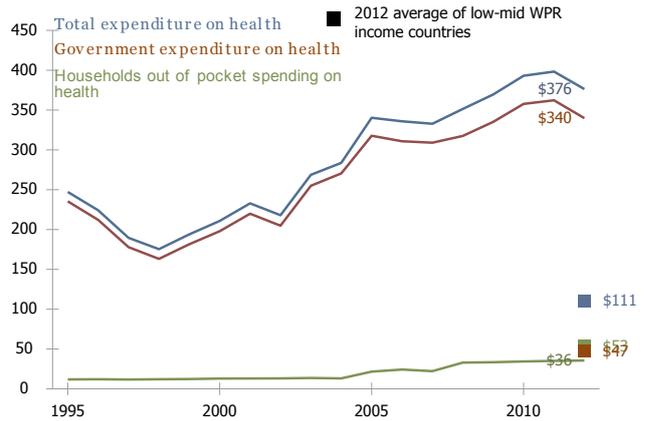


**Maternal mortality rate**

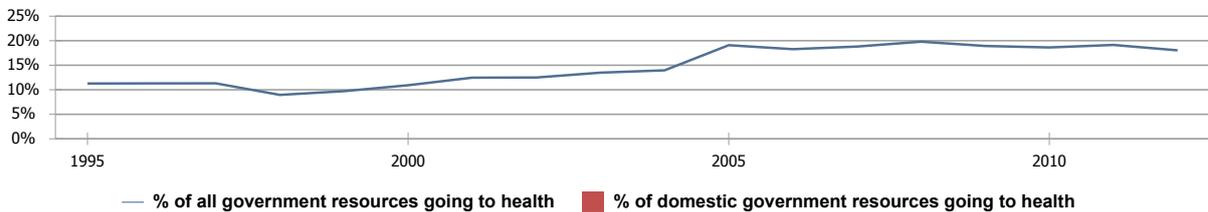
- Micronesia (Federated States of): 0 per 100,000 live births
- WPR low-mid income countries: 191 per 100,000 live births



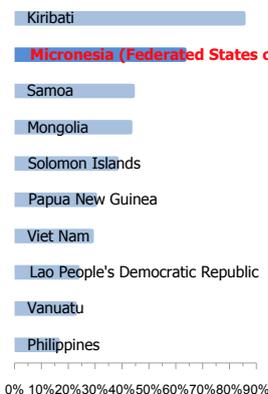
**Per capita expenditure in US\$ (constant 2012 US\$)**



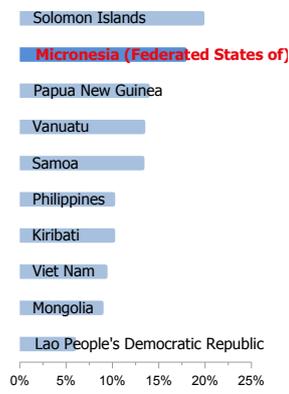
**Government resources allocated to health**



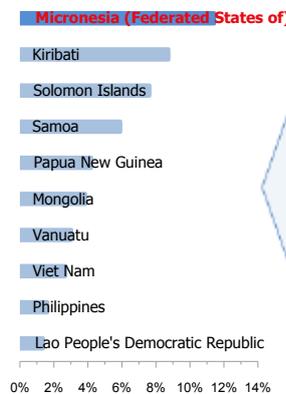
**General government expenditure (GGE) % GDP**



**General government expenditure on health % GGE**



**General government expenditure on health % GDP**



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

Among low-mid WPR countries:

- Total government expenditure is high as a % of GDP ((64%))
- Share of government spending allocated to health is high ((18%))
- Government expenditure on health as a % of GDP is high ((12%))



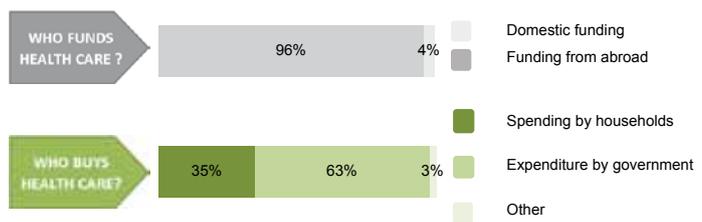
Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Mongolia, 2012



Mongolia spent **649 million US\$** on health care:  
**- \$232 per capita**  
**- 35% spent by households**



**GDP per capita**

- Mongolia: \$3,673/capita
- WPR low-mid income countries: \$2,095/capita

**Life expectancy**

- Mongolia: 69 years
- WPR low-mid income countries: 69 years

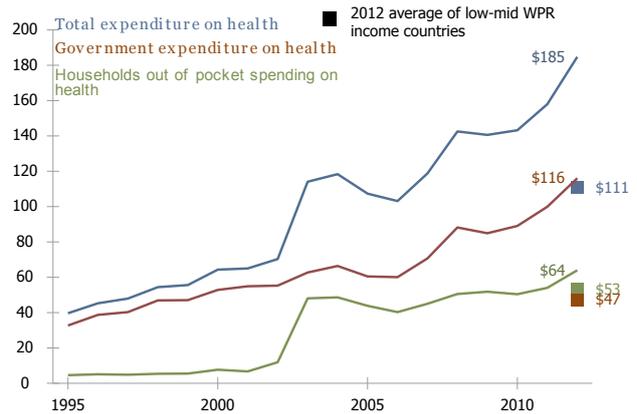
2009 data

**Maternal mortality rate**

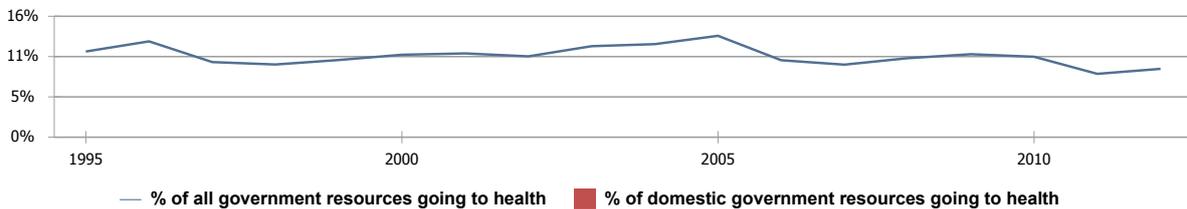
- Mongolia: 65 per 100,000 live births
- WPR low-mid income countries: 191 per 100,000 live births

2008 data

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



### Government resources allocated to health



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



#### General government expenditure on health % GGE



#### General government expenditure on health % GDP



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

Among low-mid WPR countries:

- Total government expenditure is in the median range as a % of GDP ((44%))
- Share of government spending allocated to health is low ((9%))
- Government expenditure on health as a % of GDP is in the median range ((4%))



Source : global health expenditure database

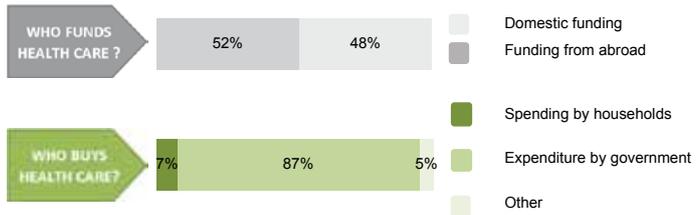
Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal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

□ Countries in WHO Western Pacific Region

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



Nauru spent  
**6 million US\$**  
on health care:  
**- \$564 per capita**  
**- 7% spent by households**



• Nauru:  
\$7,532/capita  
• WPR up-mid income countries: \$6,032/capita

**GDP per capita**



• Nauru:  
60 years  
• WPR up-mid income countries: 69 years

**Life expectancy**



2009 data

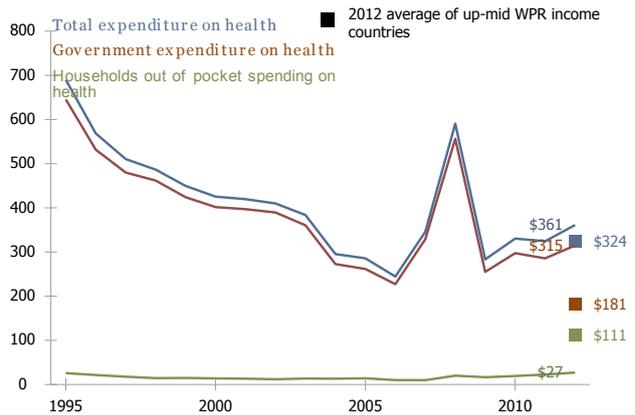
• Nauru: 0 per  
100,000 live births  
• WPR up-mid income countries: 32 per 100,000 live births

**Maternal mortality rate**

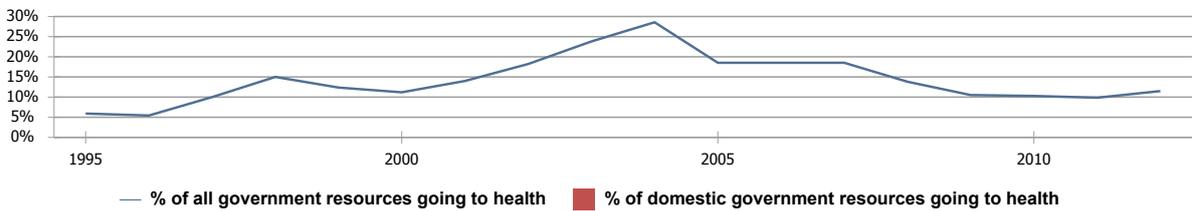


2008 data

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



**Government resources allocated to health**



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



**General government expenditure on health % GGE**



**General government expenditure on health % GDP**



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

Among up-mid WPR countries:

Total government expenditure is high as a % of GDP ((57%))

Share of government spending allocated to health is in the median range ((11%))

Government expenditure on health as a % of GDP is in the median range ((7%))



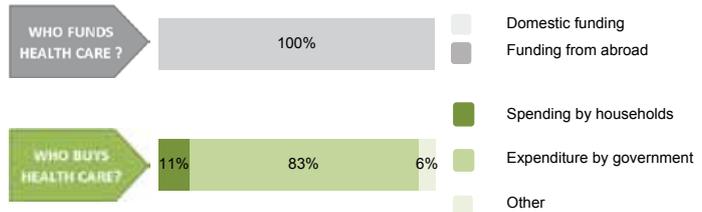
Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: New Zealand, 2012



New Zealand spent  
**15 billion US\$**  
 on health care:  
 - **\$3,292 per capita**  
 - **11% spent by households**



**GDP per capita**

- New Zealand: \$32,016/capita
- WPR hi income countries: \$43,291/capita



**Life expectancy**

- New Zealand: 81 years
- WPR hi income countries: 81 years

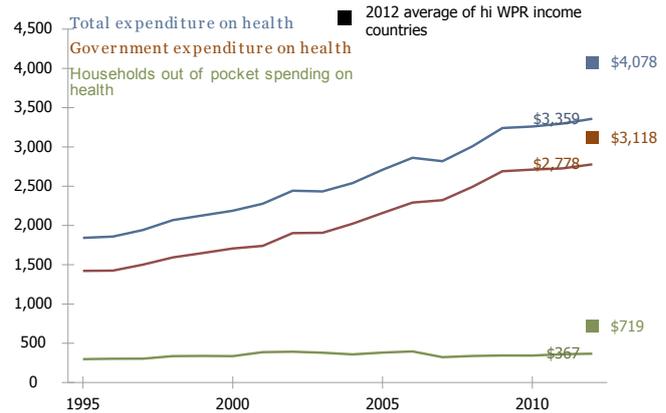


**Maternal mortality rate**

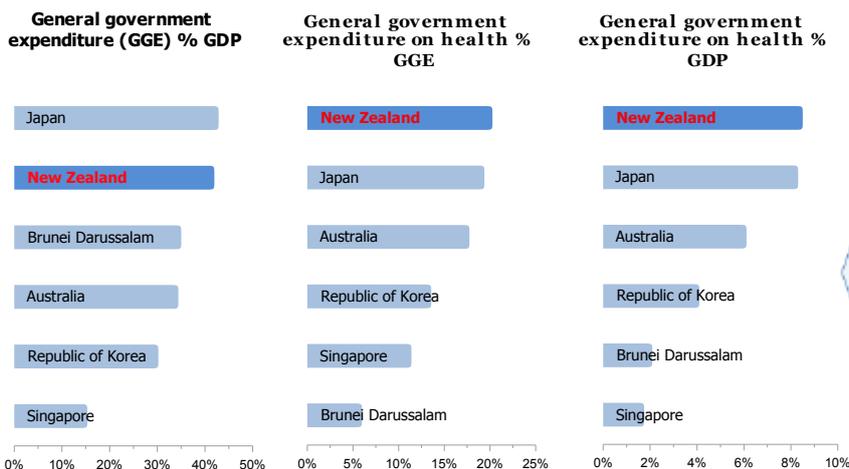
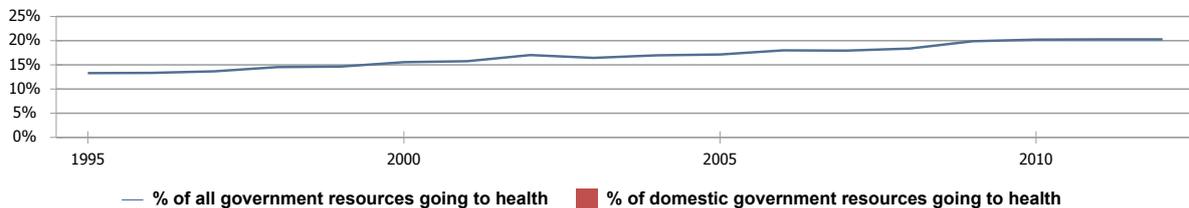
- New Zealand: 14 per 100,000 live births
- WPR hi income countries: 13 per 100,000 live births



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



### Government resources allocated to health



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

Among hi WPR countries:

- Total government expenditure is high as a % of GDP ((42%))
- Share of government spending allocated to health is high ((20%))
- Government expenditure on health as a % of GDP is high ((9%))

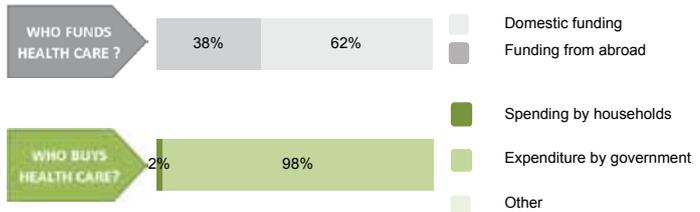
Source : global health expenditure database

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

### HEALTH SYSTEM FINANCING COUNTRY PROFILE: Niue, 2012



Niue spent  
**2 million US\$**  
on health care:  
**- \$1,270 per capita**  
**- 2% spent by households**



• Niue:  
\$18,992/capita  
• WPR up-mid income countries: \$6,032/capita

**GDP per capita**



• Niue:  
72 years  
• WPR up-mid income countries: 69 years

**Life expectancy**

2009 data



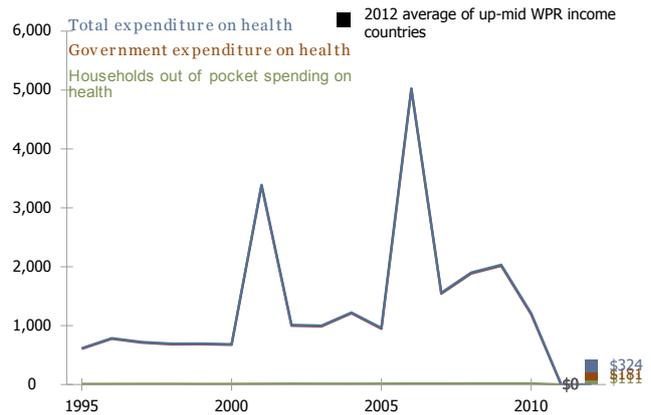
• Niue: 0 per  
100,000 live births  
• WPR up-mid income countries: 32 per 100,000 live births

**Maternal mortality rate**

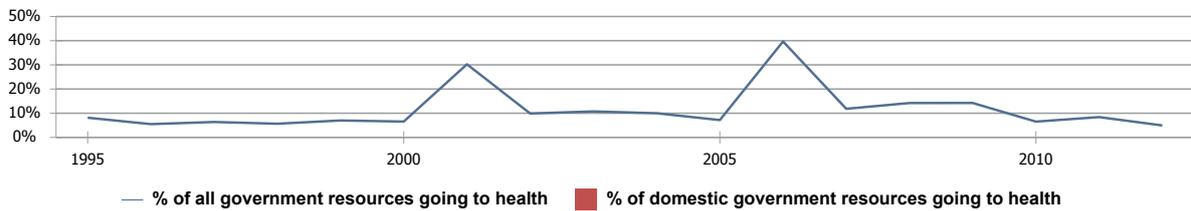
2008 data



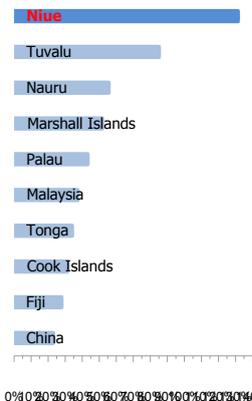
#### Per capita expenditure in US\$ (constant 2012 US\$)



#### Government resources allocated to health



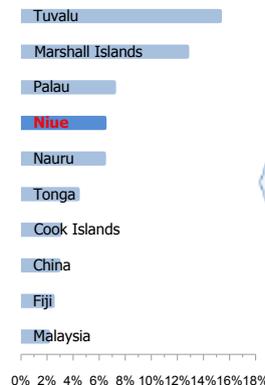
#### General government expenditure (GGE) % GDP



#### General government expenditure on health % GGE



#### General government expenditure on health % GDP



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

Among up-mid WPR countries:

Total government expenditure is high as a % of GDP ((133%))

Share of government spending allocated to health is low ((5%))

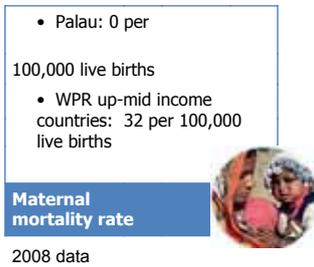
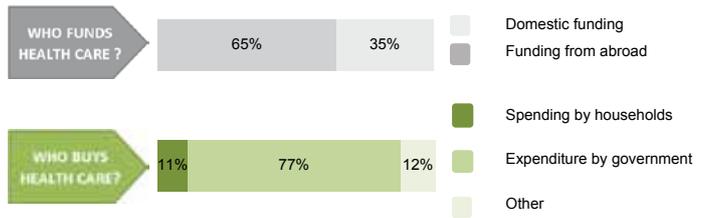
Government expenditure on health as a % of GDP is in the median range ((7%))



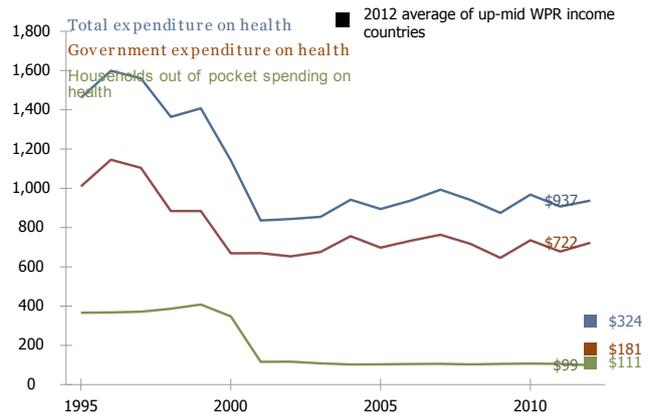
Source : global health expenditure database

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

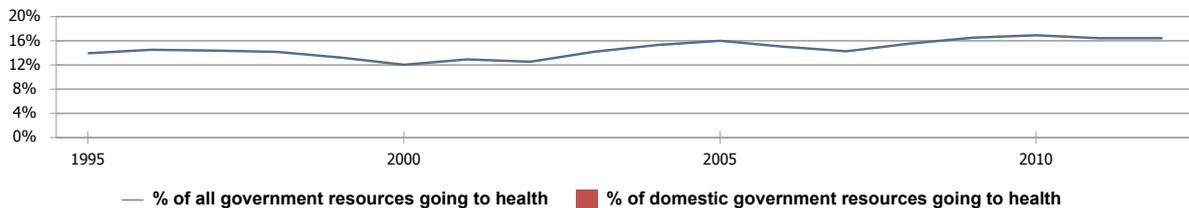
## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Palau, 2012



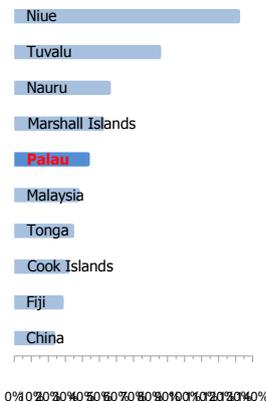
### Per capita expenditure in US\$ (constant 2012 US\$)



### Government resources allocated to health



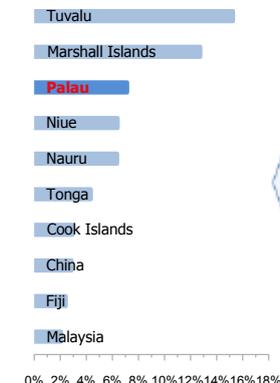
#### General government expenditure (GGE) % GDP



#### General government expenditure on health % GGE



#### General government expenditure on health % GDP



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

Among up-mid WPR countries:

Total government expenditure is in the median range as a % of GDP ((44%))

Share of government spending allocated to health is high ((16%))

Government expenditure on health as a % of GDP is high ((7%))

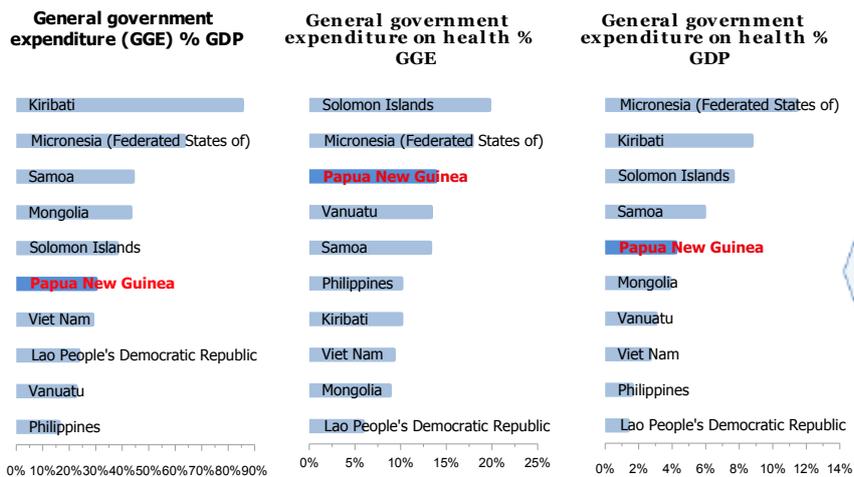
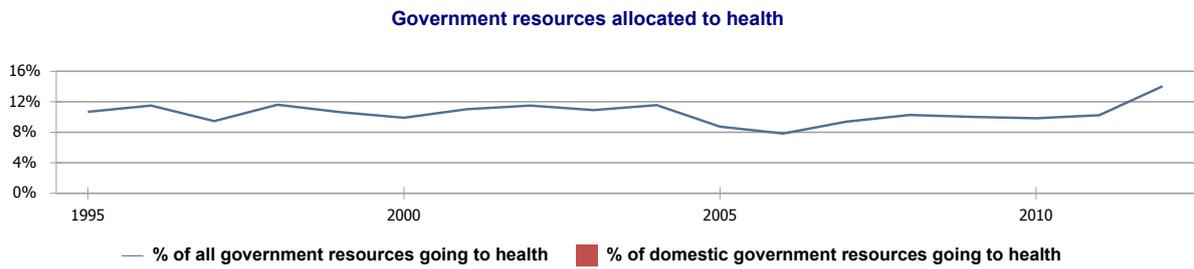
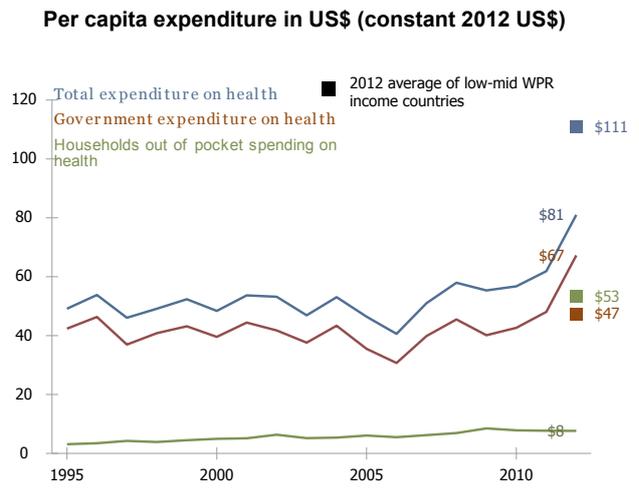
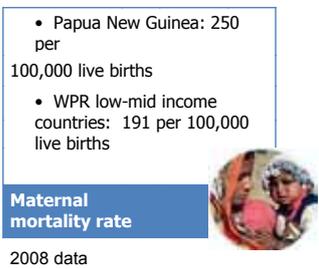
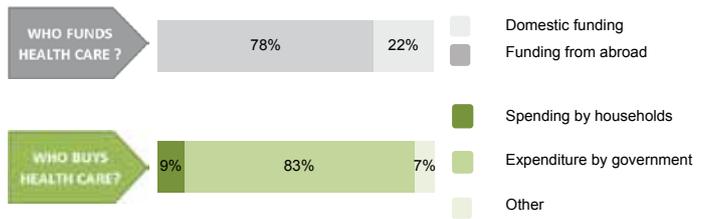


Source : global health expenditure database

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

Countries in WHO Western Pacific Region

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



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

Among low-mid WPR countries:  
 Total government expenditure is in the median range as a % of GDP ((31%))  
 Share of government spending allocated to health is high ((14%))  
 Government expenditure on health as a % of GDP is in the median range ((4%))

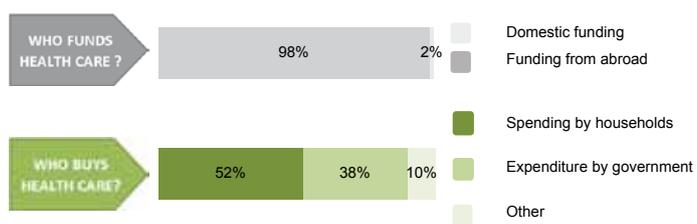
Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Philippines, 2012



Philippines spent  
**11 billion US\$**  
 on health care:  
 - **\$119 per capita**  
 - **52% spent by households**



Philippines:  
 \$2,588/capita  
 • WPR low-mid income countries: \$2,095/capita

**GDP per capita**



Philippines:  
 70 years  
 • WPR low-mid income countries: 69 years

**Life expectancy**



2009 data

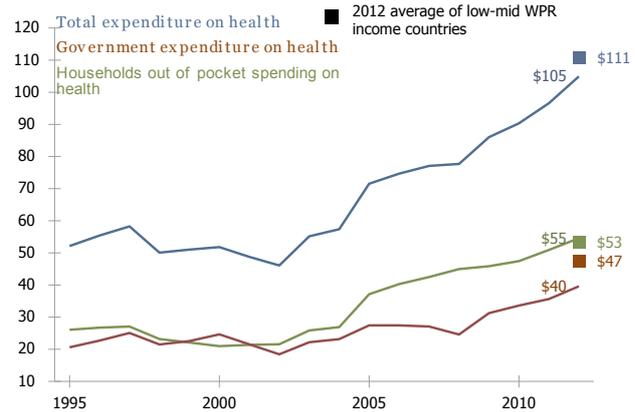
Philippines: 94 per  
 100,000 live births  
 • WPR low-mid income countries: 191 per 100,000 live births

**Maternal mortality rate**

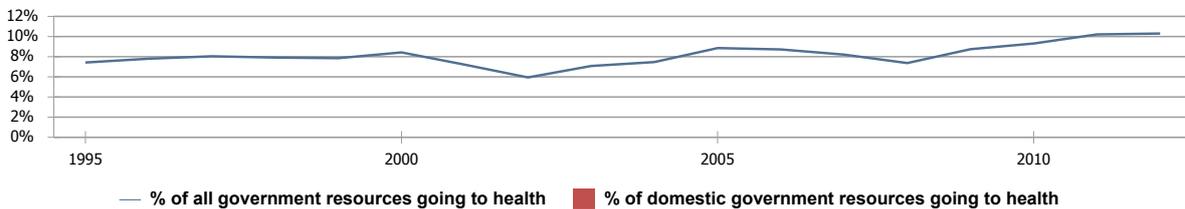


2008 data

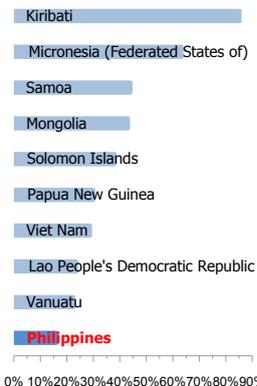
### Per capita expenditure in US\$ (constant 2012 US\$)



### Government resources allocated to health



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



#### General government expenditure on health % GGE



#### General government expenditure on health % GDP



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

Among low-mid WPR countries:  
 Total government expenditure is low as a % of GDP ((17%))  
 Share of government spending allocated to health is in the median range ((10%))  
 Government expenditure on health as a % of GDP is low ((2%))



Source : global health expenditure database

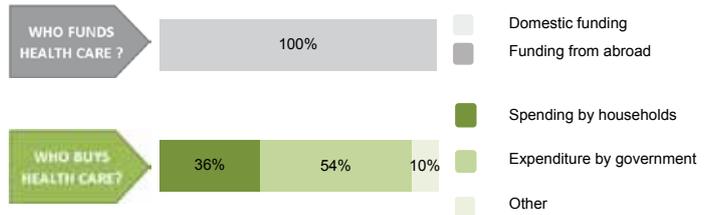
Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal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

□ Countries in WHO Western Pacific Region

**HEALTH SYSTEM FINANCING COUNTRY PROFILE: Republic of Korea, 2012**



Republic of Korea spent **85 billion US\$** on health care:  
**- \$1,703 per capita**  
**- 36% spent by households**



• Republic of Korea:  
 \$22,590/capita  
 • WPR hi income countries:  
 \$43,291/capita

**GDP per capita**



• Republic of Korea:  
 80 years  
 • WPR hi income countries:  
 81 years

**Life expectancy**



2009 data

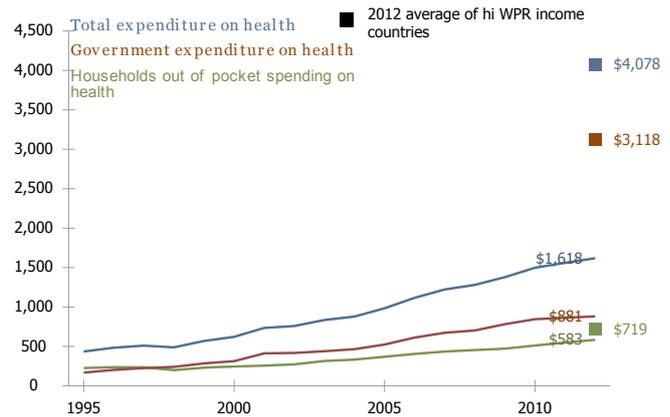
• Republic of Korea: 18 per 100,000 live births  
 • WPR hi income countries:  
 13 per 100,000 live births

**Maternal mortality rate**

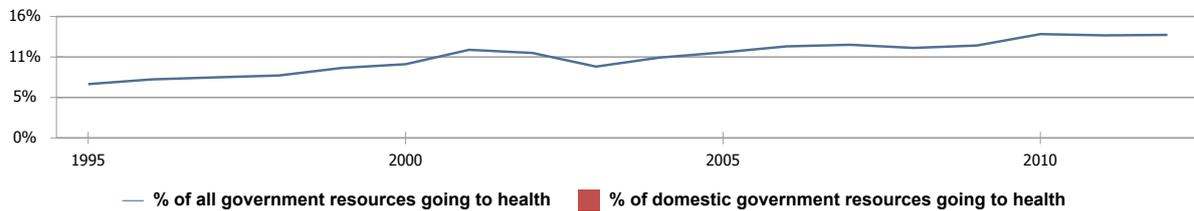


2008 data

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



**Government resources allocated to health**



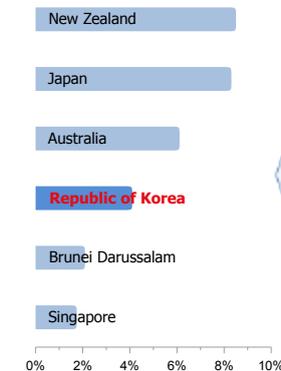
**General government expenditure (GGE) % GDP**



**General government expenditure on health % GGE**



**General government expenditure on health % GDP**



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

Among hi WPR countries:  
 Total government expenditure is low as a % of GDP ((30%))  
 Share of government spending allocated to health is in the median range ((14%))  
 Government expenditure on health as a % of GDP is in the median range ((4%))



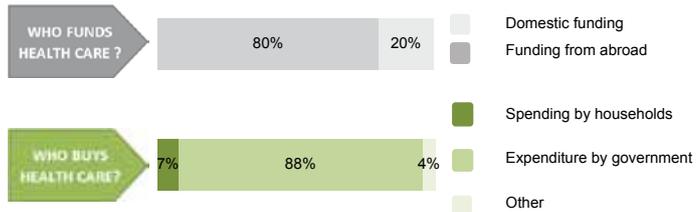
Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Samoa, 2012



Samoa spent  
**46 million US\$**  
 on health care:  
**- \$245 per capita**  
**- 7% spent by households**



• Samoa:  
 \$3,598/capita  
 • WPR low-mid income countries: \$2,095/capita

### GDP per capita



• Samoa:  
 70 years  
 • WPR low-mid income countries: 69 years

### Life expectancy



2009 data

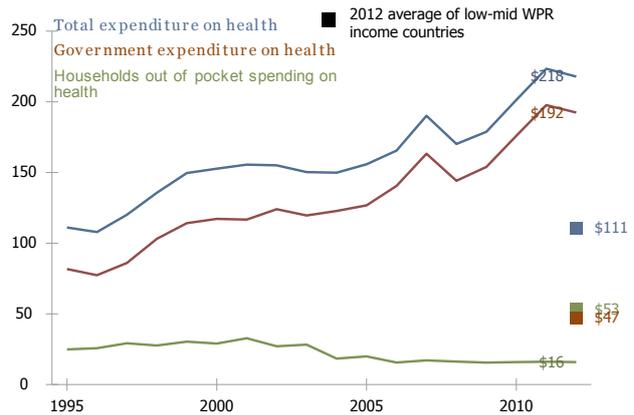
• Samoa: 0 per  
 100,000 live births  
 • WPR low-mid income countries: 191 per 100,000 live births

### Maternal mortality rate

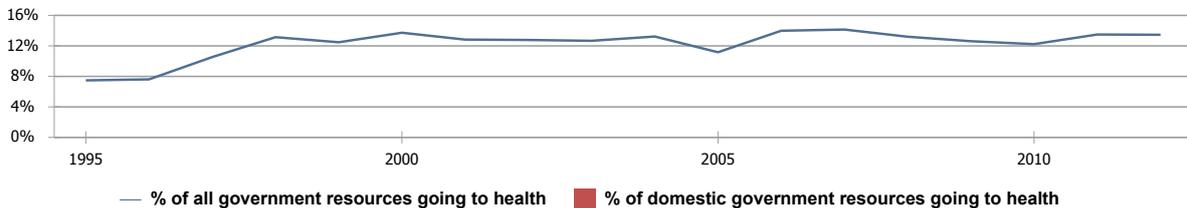


2008 data

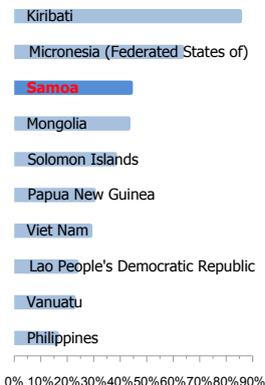
### Per capita expenditure in US\$ (constant 2012 US\$)



### Government resources allocated to health



### General government expenditure (GGE) % GDP



### General government expenditure on health % GGE



### General government expenditure on health % GDP



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

Among low-mid WPR countries:

Total government expenditure is high as a % of GDP ((45%))

Share of government spending allocated to health is in the median range ((13%))

Government expenditure on health as a % of GDP is in the median range ((6%))



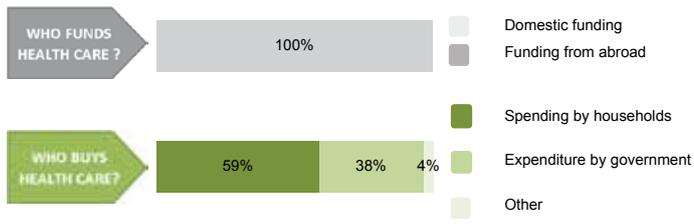
Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Singapore, 2012



Singapore spent **13 billion US\$** on health care:  
 - **\$2,426 per capita**  
 - **59% spent by households**



• Singapore:  
 \$52,141/capita  
 • WPR hi income countries:  
 \$43,291/capita

**GDP per capita**



• Singapore:  
 82 years  
 • WPR hi income countries:  
 81 years

**Life expectancy**



2009 data

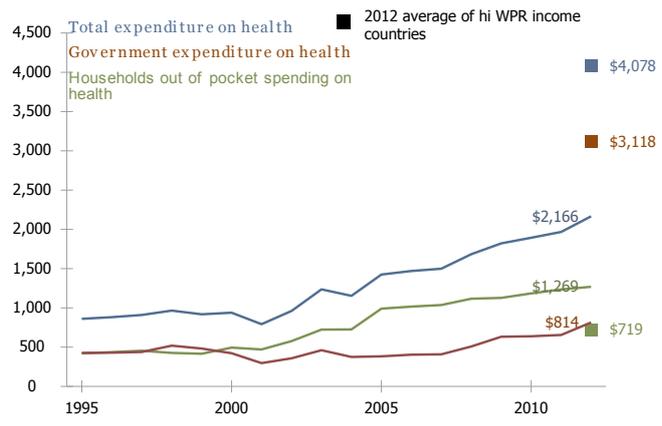
• Singapore: 9 per  
 100,000 live births  
 • WPR hi income countries:  
 13 per 100,000 live births

**Maternal mortality rate**

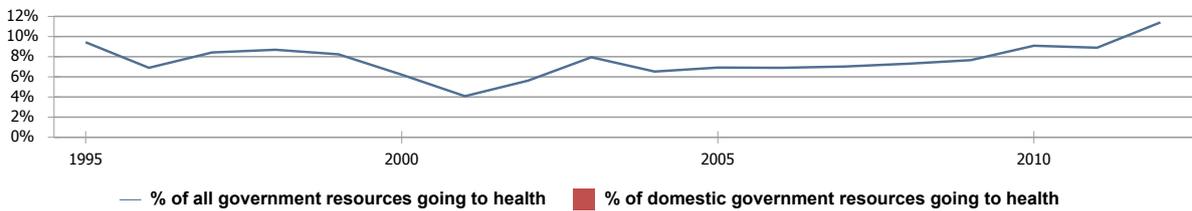


2008 data

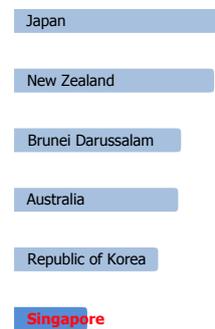
### Per capita expenditure in US\$ (constant 2012 US\$)



### Government resources allocated to health



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



**General government expenditure on health % GGE**



**General government expenditure on health % GDP**



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

Among hi WPR countries:  
 Total government expenditure is low as a % of GDP ((15%))  
 Share of government spending allocated to health is low ((11%))  
 Government expenditure on health as a % of GDP is low ((2%))



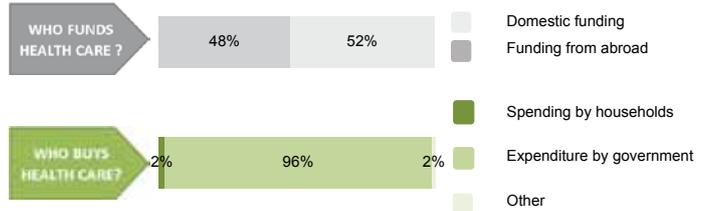
Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Solomon Islands, 2012



Solomon Islands spent **81 million US\$** on health care:  
**- \$148 per capita**  
**- 2% spent by households**



**GDP per capita**

- Solomon Islands: \$1,835/capita
- WPR low-mid income countries: \$2,095/capita



**Life expectancy**

- Solomon Islands: 71 years
- WPR low-mid income countries: 69 years



2009 data

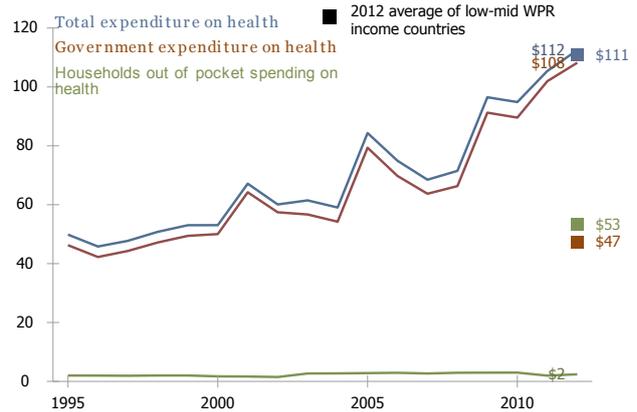
**Maternal mortality rate**

- Solomon Islands: 100 per 100,000 live births
- WPR low-mid income countries: 191 per 100,000 live births

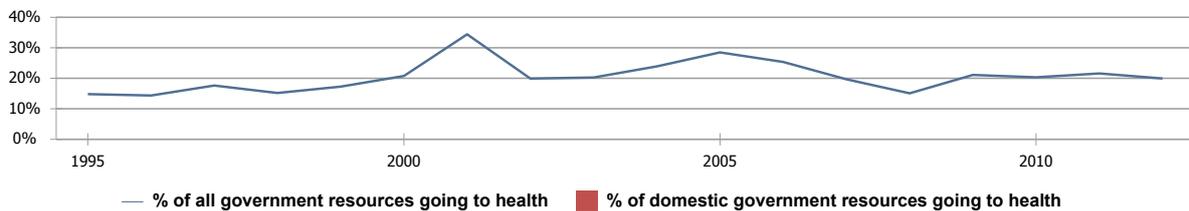


2008 data

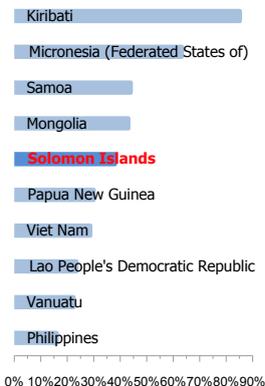
### Per capita expenditure in US\$ (constant 2012 US\$)



### Government resources allocated to health



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



#### General government expenditure on health % GGE



#### General government expenditure on health % GDP



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

Among low-mid WPR countries:

Total government expenditure is in the median range as a % of GDP ((39%))

Share of government spending allocated to health is high ((20%))

Government expenditure on health as a % of GDP is high ((8%))

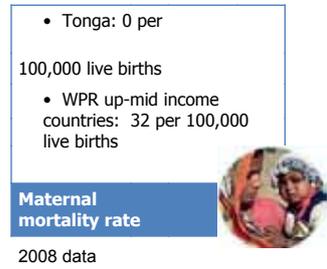
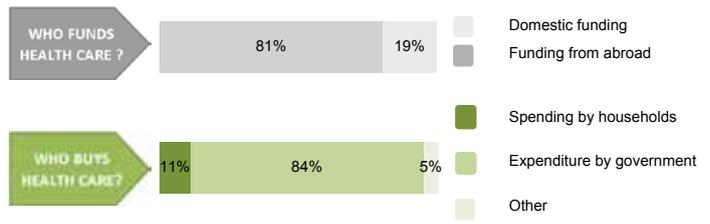


Source : global health expenditure database

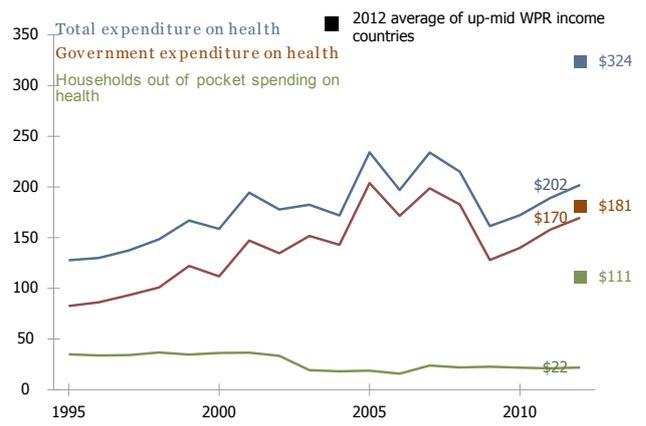
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□ Countries in WHO Western Pacific Region

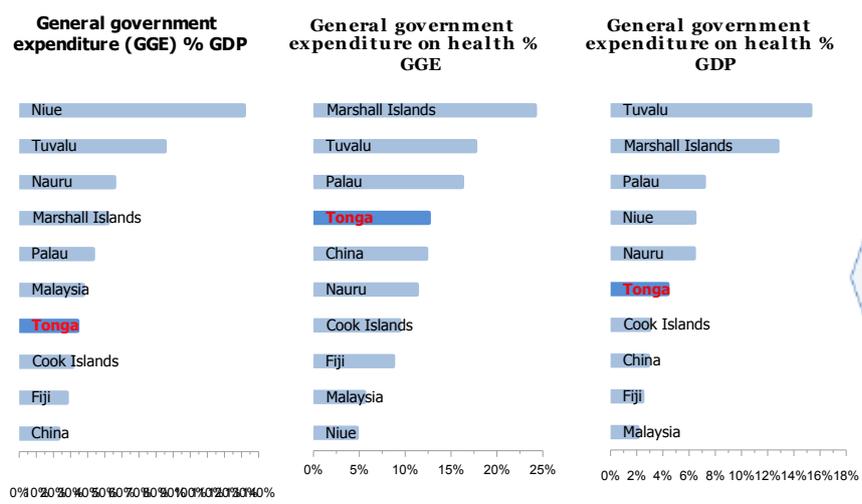
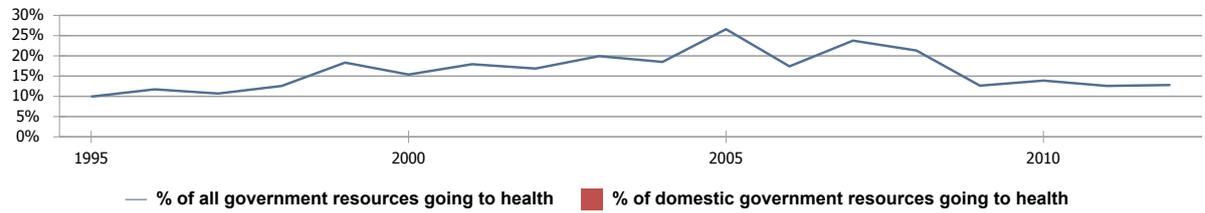
**HEALTH SYSTEM FINANCING COUNTRY PROFILE: Tonga, 2012**



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



**Government resources allocated to health**



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

Among up-mid WPR countries:  
 Total government expenditure is in the median range as a % of GDP ((35%))

Share of government spending allocated to health is in the median range ((13%))

Government expenditure on health as a % of GDP is in the median range ((5%))

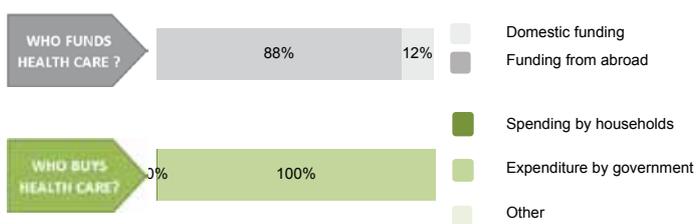
Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Tuvalu, 2012



Tuvalu spent  
**6 million US\$**  
 on health care:  
**- \$577 per capita**  
**- 0% spent by households**



• Tuvalu:  
 \$3,740/capita  
 • WPR up-mid income countries: \$6,032/capita

### GDP per capita



• Tuvalu:  
 64 years  
 • WPR up-mid income countries: 69 years

### Life expectancy



2009 data

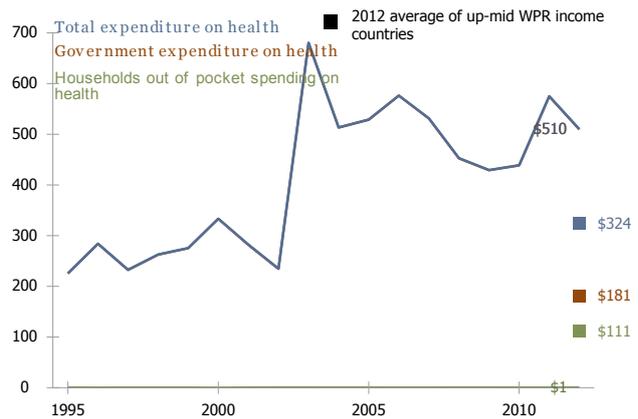
• Tuvalu: 0 per  
 100,000 live births  
 • WPR up-mid income countries: 32 per 100,000 live births

### Maternal mortality rate

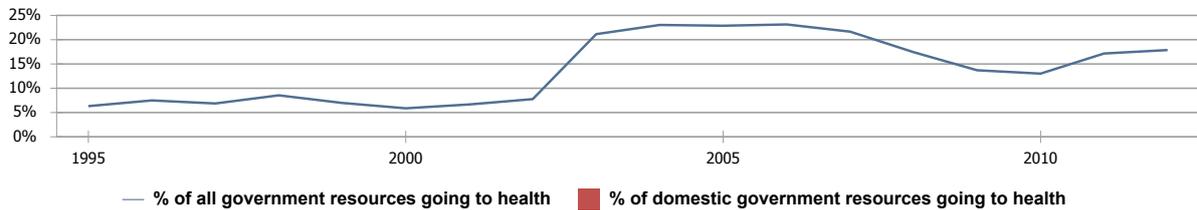


2008 data

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



### Government resources allocated to health



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



#### General government expenditure on health % GGE



#### General government expenditure on health % GDP



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

Among up-mid WPR countries:

Total government expenditure is high as a % of GDP ((86%))

Share of government spending allocated to health is high ((18%))

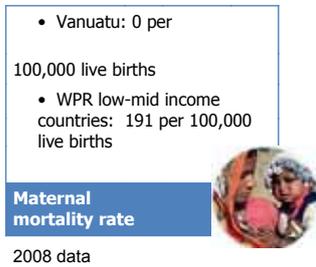
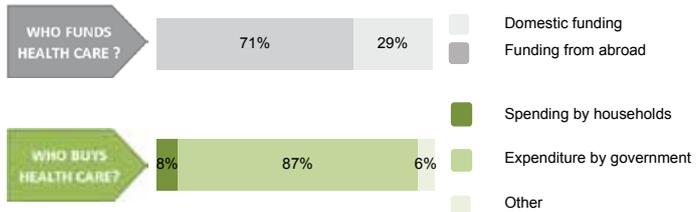
Government expenditure on health as a % of GDP is high ((15%))



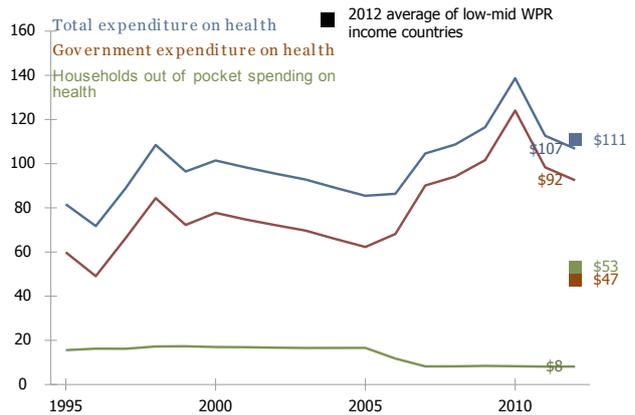
Source : global health expenditure database

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

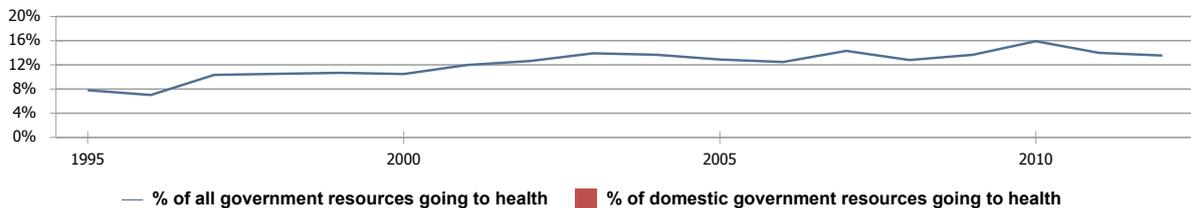
## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Vanuatu, 2012



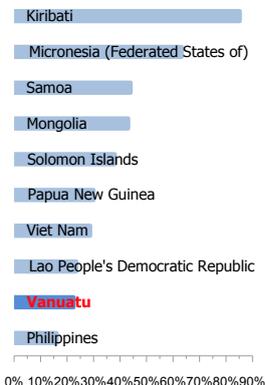
Per capita expenditure in US\$ (constant 2012 US\$)



Government resources allocated to health



General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



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

Among low-mid WPR countries:  
 Total government expenditure is low as a % of GDP ((23%))  
 Share of government spending allocated to health is in the median range ((14%))  
 Government expenditure on health as a % of GDP is in the median range ((3%))



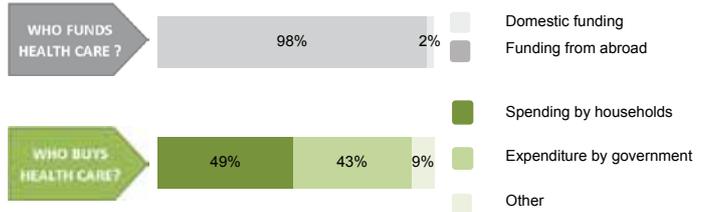
Source : global health expenditure database

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

## HEALTH SYSTEM FINANCING COUNTRY PROFILE: Viet Nam, 2012



Viet Nam spent  
**9.3 billion US\$**  
 on health care:  
 - **\$102 per capita**  
 - **49% spent by households**



• Viet Nam:  
**\$1,560/capita**  
 • WPR low-mid income countries: \$2,095/capita

**GDP per capita**

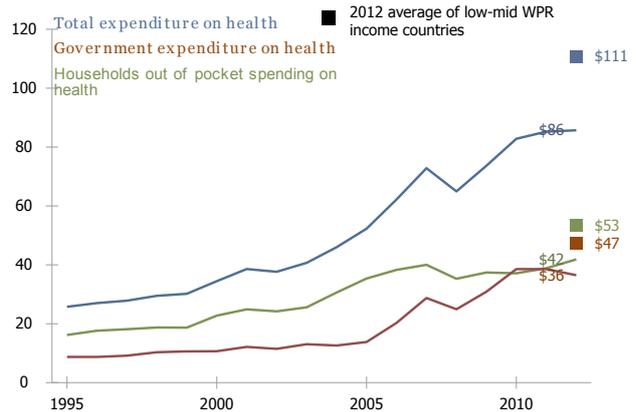
• Viet Nam:  
 72 years  
 • WPR low-mid income countries: 69 years

**Life expectancy**

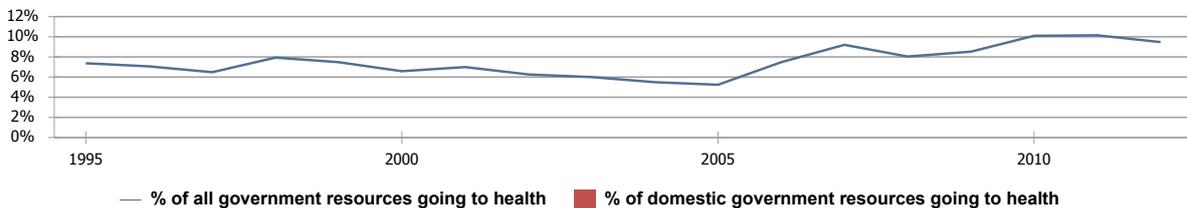
• Viet Nam: 56 per  
 100,000 live births  
 • WPR low-mid income countries: 191 per 100,000 live births

**Maternal mortality rate**

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



### Government resources allocated to health



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



#### General government expenditure on health % GGE



#### General government expenditure on health % GDP



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

Among low-mid WPR countries:  
 Total government expenditure is in the median range as a % of GDP ((30%))  
 Share of government spending allocated to health is low ((9%))  
 Government expenditure on health as a % of GDP is low ((3%))



Source : global health expenditure database

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

# World Health Statistics 2012 tables

- Foreword
- Factsheet
- Policy highlights
- Health expenditures and universal coverage
- Country profile by region 2010
- World Health Statistics 2012 tables
- Technical documentation

World Health Statistics 2012 tables present data on government, private, external, social security and out-of-pocket expenditures on health. These data are generated from information that has been collected by WHO since 1999. The most comprehensive and consistent data on health financing are generated from national health accounts (NHAs) that collect expenditure information within an internationally recognized framework. NHAs trace financing as it flows from funding sources to decision-makers (who decide upon the use of the funds) and then to the providers and beneficiaries of health services. Not all countries maintain or update NHAs – in such cases, data are obtained through technical contacts in the country or from publicly available documents and reports. Missing values are estimated using various accounting techniques depending upon the data available for each country.<sup>32</sup> WHO sends all such estimates to the respective ministries of health every year for validation.

<sup>32</sup>. To obtain the latest updates, a full series or more-disaggregated health expenditures including metadata and sources, please see: <http://www.who.int/nha/>

Member State	Health expenditure ratios <sup>a</sup>											
	Total expenditure on health as % of gross domestic product		Central government expenditure on health as % of total expenditure on health <sup>b</sup>		Private expenditure on health as % of total expenditure on health <sup>b</sup>		Central government expenditure on health as % of total government expenditure		External resources for health as % of total expenditure on health <sup>c</sup>		Social security expenditure on health as % of central government expenditure on health	
	2008	2009	2008	2009	2008	2009	2008	2009	2008	2009	2008	2009
Afghanistan <sup>a,f</sup>	...	7.6	...	11.6	...	88.4	...	1.6	...	24.3	...	0
Albania	6.4	6.9	36.1	41.2	63.9	58.8	7.0	8.4	6.0	2.7	20.4	70.9
Algeria	3.5	4.6	73.3	79.3	26.7	20.7	9.0	8.6	0.1	0.1	35.5	31.1
Andorra	7.6	7.5	64.8	70.1	35.2	29.9	19.1	21.3	0	0	89.1	88.0
Angola <sup>g</sup>	2.4	4.9	78.2	89.9	20.8	10.1	3.3	10.1	3.6	2.8	0	0
Antigua and Barbuda <sup>g</sup>	4.8	4.8	69.0	67.1	31.0	32.9	12.1	8.0	0	0	0	0
Argentina	9.0	9.5	55.4	66.4	44.6	33.6	14.7	22.2	0	0.1	59.5	59.4
Armenia	6.3	4.6	18.1	43.5	81.9	56.5	4.6	6.6	8.7	8.4	0	0
Australia <sup>g</sup>	8.0	8.7	66.8	68.0	33.2	32.0	15.1	16.8	0	0	0	0
Austria	9.9	11.0	76.8	77.7	23.2	22.3	14.6	16.2	0	0	58.8	57.4
Azerbaijan <sup>l</sup>	4.7	5.8	18.5	23.1	81.5	76.9	5.4	4.5	4.0	0.7	0	0
Bahamas <sup>g</sup>	5.9	8.3	47.6	46.8	52.4	53.2	14.5	15.2	0	0	1.8	3.1
Bahrain	3.9	4.7	67.5	70.1	32.5	29.9	10.2	11.4	0	0	0.4	1.3
Bangladesh	2.8	3.4	39.0	33.0	61.0	67.0	7.6	7.4	6.9	7.9	0	0
Barbados	6.3	5.9	65.8	58.6	34.2	41.4	11.7	7.8	4.0	2.2	0	0.3
Belarus	6.1	6.1	75.5	64.0	24.5	36.0	10.1	8.4	0.1	0.2	0	0
Belgium <sup>l</sup>	8.1	10.8	74.6	75.1	25.4	24.9	12.3	15.1	0	0	85.4	84.9
Belize <sup>g</sup>	4.0	5.5	52.8	63.8	47.2	36.2	6.5	11.8	2.1	0.7	0	3.3
Benin	4.3	4.3	44.2	53.8	55.8	46.2	10.0	9.2	17.0	26.6	0.5	0.5
Bhutan <sup>g</sup>	6.9	5.1	79.3	86.5	20.7	13.5	12.2	12.1	21.3	8.1	0	0
Bolivia (Plurinational State of)	6.1	5.1	60.1	64.6	39.9	35.4	9.8	7.3	6.0	7.0	62.0	38.3
Bosnia and Herzegovina	7.0	10.9	57.6	61.3	42.4	38.7	11.4	15.1	9.2	1.6	97.7	94.7
Botswana	4.7	10.0	62.2	76.0	37.8	24.0	7.6	17.0	0.5	19.5	0	0
Brazil	7.2	8.8	40.3	43.6	59.7	56.4	4.1	5.9	0.5	0	0	0
Brunei Darussalam	4.2	3.0	86.5	85.2	13.5	14.8	6.3	7.5	...	...	...	...
Bulgaria	6.2	7.2	60.9	55.4	39.1	44.6	9.1	9.8	1.9	0	12.0	64.6
Burkina Faso <sup>g</sup>	5.1	6.6	39.6	49.7	60.4	50.3	8.8	13.6	13.9	26.0	0.8	0.5
Burundi <sup>g,o</sup>	6.3	11.4	28.6	36.0	71.4	64.0	7.5	8.1	18.6	45.4	25.1	23.0
Cambodia <sup>g</sup>	6.3	5.3	20.4	36.6	79.6	63.4	8.7	9.8	8.6	22.0	...	...
Cameroon <sup>g,o</sup>	4.5	4.9	20.8	25.9	79.2	74.1	6.1	7.3	4.2	10.9	3.9	5.2
Canada	8.8	11.4	70.4	70.6	29.6	29.4	15.1	18.3	0	0	2.0	1.9
Cape Verde	4.6	3.9	73.5	74.1	26.5	25.9	9.6	9.7	13.5	7.4	36.1	27.5
Central African Republic	3.8	4.0	41.4	34.2	58.6	65.8	10.1	8.5	20.3	10.1	0	0
Chad	6.3	4.6	42.5	19.7	57.5	80.3	13.1	3.3	24.9	10.4	0	0
Chile	8.3	8.4	41.6	47.6	58.4	52.4	14.1	16.2	0	0	15.0	14.2
China <sup>h,k</sup>	4.6	5.1	38.3	52.5	61.7	47.5	10.9	12.1	0.1	0.1	57.2	64.7
Colombia <sup>g</sup>	7.3	7.6	70.7	71.1	29.3	28.9	21.4	19.3	0.3	0.1	60.2	48.6
Comoros <sup>g</sup>	2.9	3.2	52.8	53.2	47.2	46.8	9.3	7.3	25.7	18.2	0	0
Congo	2.1	2.8	57.7	47.5	42.3	52.5	4.8	5.3	4.6	7.0	0	0
Cook Islands <sup>l,m</sup>	3.4	4.3	90.5	93.8	9.5	6.2	9.9	11.6	2.2	3.8	0	0
Costa Rica	6.5	10.5	76.8	67.4	23.2	32.6	21.7	30.6	1.0	0.2	89.6	85.6
Côte d'Ivoire	5.1	5.2	26.3	20.9	73.7	79.1	7.2	5.1	5.4	10.5	0	0
Croatia	7.8	7.8	86.1	84.9	13.9	15.1	14.5	17.7	0.4	0	97.6	91.0
Cuba	6.1	12.1	90.1	92.7	9.9	7.3	10.8	14.9	0.2	0.1	0	0
Cyprus	5.8	6.1	41.7	41.5	58.3	58.5	6.5	5.5	0	0	0	0.3
Czech Republic	6.3	8.0	90.3	84.0	9.7	16.0	13.7	14.9	0	0	89.5	90.2
Democratic People's Republic of Korea	...	...	...	...	...	...	...	...	...	...	...	...
Democratic Republic of the Congo <sup>g</sup>	4.9	9.6	4.1	44.7	95.9	55.3	1.8	12.5	2.8	34.3	0	0
Denmark	8.7	11.5	83.9	85.0	16.1	15.0	13.6	16.8	0	0	0	0

- Foreword
- Factsheet
- Policy highlights
- Health expenditures and universal coverage
- Country profile by region 2010
- World Health Statistics 2012 tables
- Technical documentation

Health expenditure ratios <sup>a</sup>				Per capita health expenditures <sup>b</sup>								Member State
Out-of-pocket expenditure as % of private expenditure on health		Private prepaid plans as % of private expenditure on health		Per capita total expenditure on health at average exchange rate (EUR)		Per capita total expenditure on health <sup>c</sup> (PPP int. \$)		Per capita government expenditure on health at average exchange rate (EUR)		Per capita government expenditure on health <sup>c</sup> (PPP int. \$)		
2004	2008	2004	2008	2008	2009	2008	2009	2008	2009	2008	2009	
...	94.0	...	0	...	34	...	46	...	4	...	5	Afghanistan <sup>d</sup>
99.9	99.8	0	0	75	260	266	591	27	107	96	244	Albania
96.7	94.7	3.1	5.1	63	181	188	365	46	143	138	289	Algeria
75.5	74.7	22.3	23.1	1330	3364	1967	3403	862	2368	1275	2385	Andorra
100	100	0	0	16	201	56	297	13	181	45	267	Angola <sup>e</sup>
86.8	88.9	13.2	11.1	408	601	585	873	281	403	409	585	Antigua and Barbuda <sup>e</sup>
63.3	59.2	32.6	32.8	689	734	816	1386	382	488	452	921	Argentina
94.2	92.9	0	0.5	39	129	128	245	7	56	23	106	Armenia
59.7	61.0	21.8	25.2	1713	3945	2253	3484	1145	2683	1505	2369	Australia <sup>e</sup>
66.1	64.7	20.7	19.6	2374	5035	2862	4288	1824	3910	2199	3330	Austria
77.6	90.1	0.3	0.7	30	293	102	554	6	65	19	128	Azerbaijan <sup>f</sup>
40.2	54.0	58.6	45.1	1098	1741	1365	2086	523	815	650	977	Bahamas <sup>e</sup>
68.7	57.2	25.4	26.7	497	771	815	1083	335	540	551	759	Bahrain
95.1	96.5	0.1	0.3	10	21	24	53	4	7	9	18	Bangladesh
77.3	80.6	22.7	19.4	601	843	791	1179	396	484	520	690	Barbados
57.1	74.8	0.1	0.1	63	311	319	782	48	199	241	501	Belarus
80.9	80.1	15.4	19.1	1844	4749	2246	3948	1376	3587	1676	2965	Belgium <sup>f</sup>
83.0	74.3	2.6	12.4	132	242	197	398	69	154	104	251	Belize <sup>e</sup>
99.9	92.7	0.1	7.3	16	34	53	69	7	18	23	37	Benin
100	96.3	0	0	52	91	165	254	41	78	131	220	Bhutan <sup>e</sup>
81.6	77.2	8.1	19.1	61	90	182	237	37	58	115	153	Bolivia (Plurinational State of)
100	100	0	0	106	496	315	934	61	303	182	573	Bosnia and Herzegovina
36.7	29.5	4.1	5.6	152	581	400	1296	94	442	249	985	Botswana
63.6	57.2	34.3	41.0	265	734	502	921	107	320	202	401	Brazil
98.8	98.9	0.6	0.5	551	833	1284	1516	477	710	1111	1291	Brunei Darussalam
100	97.1	0	1.0	98	463	385	996	60	256	235	551	Bulgaria
94.4	73.8	1.0	3.7	11	39	39	89	4	19	16	44	Burkina Faso <sup>e</sup>
70.6	61.5	0.3	0.2	7	19	20	45	2	7	6	16	Burundi <sup>g,h</sup>
89.5	86.8	0	0	19	41	58	110	4	15	12	40	Cambodia <sup>e</sup>
94.4	94.5	0	0	27	60	74	117	6	16	15	30	Cameroon <sup>g,h</sup>
53.7	49.6	38.8	43.2	2089	4519	2519	4314	1470	3191	1772	3047	Canada
99.6	99.7	0.4	0.3	57	150	95	174	42	111	70	129	Cape Verde
95.0	95.0	0	0	10	18	26	30	4	6	11	10	Central African Republic
96.2	96.7	0.4	0.2	11	28	42	60	4	6	18	12	Chad
62.2	64.6	37.8	35.4	405	802	768	1209	169	382	320	576	Chile
95.6	78.9	1.0	6.9	43	191	108	347	17	100	41	182	China <sup>h,k</sup>
76.7	74.8	23.3	25.2	184	392	429	687	130	278	303	488	Colombia <sup>e</sup>
100	100	0	0	10	24	27	34	5	13	14	18	Comoros <sup>e</sup>
100	100	0	0	22	67	58	108	13	32	34	52	Congo
100	100	0	0	175	435	241	382	158	408	218	358	Cook Islands <sup>l,m</sup>
88.2	87.6	2.3	7.4	266	667	471	1155	204	449	362	778	Costa Rica
98.1	98.8	1.9	1.2	32	61	81	96	8	13	21	20	Côte d'Ivoire
100	95.9	0	4.1	377	1112	947	1566	325	944	730	1320	Croatia
91.9	100	0	0	168	672	148	478	151	623	134	443	Cuba
95.7	83.5	4.3	9.4	744	1794	1107	1874	310	745	461	778	Cyprus
100	90.0	0	1.3	361	1496	961	2107	326	1255	896	1769	Czech Republic
...	...	...	...	...	...	...	...	...	...	...	...	Democratic People's Republic of Korea
75.4	64.8	0	0.2	13	17	11	31	<1	7	<1	14	Democratic Republic of the Congo <sup>e</sup>
90.9	88.1	8.7	11.5	2609	6452	2507	4345	2189	5487	2103	3685	Denmark

World Health Statistics 2012 tables

- Foreword
- Factsheet
- Policy highlights
- Health expenditures and universal coverage
- Country profile by region 2010
- World Health Statistics 2012 tables
- Technical documentation

Member State	Health expenditure ratios <sup>a</sup>											
	Total expenditure on health as % of gross domestic product		Central government expenditure on health as % of total expenditure on health <sup>b</sup>		Private expenditure on health as % of total expenditure on health <sup>b</sup>		Central government expenditure on health as % of total government expenditure		External resources for health as % of total expenditure on health <sup>c</sup>		Social security expenditure on health as % of central government expenditure on health	
	2009	2010	2009	2010	2009	2010	2009	2010	2009	2010	2009	2010
Djibouti	5.8	7.8	67.8	69.3	32.2	30.7	12.0	14.1	32.6	26.3	11.3	9.6
Dominica	5.9	6.2	69.0	65.2	31.0	34.8	6.6	8.3	3.7	3.1	0	0
Dominican Republic	6.3	5.9	34.5	41.4	65.5	58.6	15.9	12.4	2.0	0.8	17.0	24.4
Ecuador <sup>a</sup>	4.2	8.8	31.2	34.9	68.8	65.1	6.4	7.7	4.1	0.7	28.0	38.3
Egypt	5.4	4.8	40.5	39.5	59.5	60.5	7.3	5.6	1.0	1.5	24.3	23.1
El Salvador	8.0	6.8	45.2	60.3	54.8	39.7	14.3	12.3	0.9	7.5	44.2	37.5
Equatorial Guinea <sup>a*</sup>	1.9	4.5	48.3	76.0	53.7	24.0	7.8	7.0	8.8	2.8	0	0
Eritrea <sup>a</sup>	5.3	2.8	47.6	47.7	52.4	52.3	3.7	3.8	25.7	61.9	0	0
Estonia	6.0	6.7	67.9	78.4	32.2	21.6	11.3	11.7	0.8	63.1	86.0	86.4
Ethiopia <sup>a</sup>	4.3	4.4	53.6	53.6	46.4	46.4	8.5	13.3	16.5	38.0	0	0
Fiji <sup>a*</sup>	3.8	4.9	84.1	69.4	15.9	30.6	11.3	10.1	7.5	6.1	0	0
Finland	7.2	9.0	71.3	74.7	28.7	25.3	10.6	12.1	0	0	19.5	19.9
France	10.1	11.9	79.4	77.9	20.6	22.1	15.5	16.3	0	0	94.3	90.5
Gabon <sup>a</sup>	2.5	3.6	42.0	47.9	58.0	52.1	4.8	6.6	2.6	1.7	5.7	24.9
Gambia	5.8	6.1	33.9	53.4	66.2	46.6	8.8	11.3	22.2	25.4	0	0
Georgia <sup>a</sup>	6.9	10.2	17.0	22.3	83.0	77.7	6.9	6.1	5.4	5.5	46.0	82.5
Germany	10.4	11.7	79.5	76.9	20.5	23.1	18.3	18.7	0	0	87.3	88.7
Ghana	4.7	5.0	48.7	56.7	51.3	43.3	8.3	12.4	14.5	14.4	0	27.1
Greece	7.9	10.6	60.0	61.7	40.0	38.3	10.1	12.1	0	0	45.9	51.8
Grenada <sup>a</sup>	6.6	6.2	52.0	49.2	48.0	50.8	13.2	9.5	0	3.8	0	0.2
Guatemala	5.5	6.9	39.9	37.0	60.2	63.0	16.7	17.0	3.4	2.3	52.3	45.0
Guinea	5.7	5.3	18.7	8.2	81.3	91.8	6.4	1.8	13.4	5.3	1.1	3.8
Guinea-Bissau <sup>a</sup>	6.2	8.6	16.2	10.6	83.8	89.4	2.3	4.1	46.5	17.4	5.4	2.7
Guyana <sup>a</sup>	5.6	5.6	82.4	54.9	17.6	45.1	10.0	10.0	4.1	35.6	7.7	0
Haiti	6.1	6.1	27.7	21.8	72.3	78.2	16.0	6.0	9.4	40.8	0	0
Honduras <sup>a</sup>	5.4	7.0	66.8	66.3	33.2	33.7	18.1	17.7	3.1	6.9	13.7	25.3
Hungary	7.2	7.6	70.7	69.7	29.3	30.3	10.6	10.3	0	0	83.9	84.3
Iceland	9.7	9.8	81.5	82.2	18.5	17.8	18.9	15.7	0	0	32.4	35.2
India	4.4	4.2	26.0	30.3	74.0	69.7	3.6	3.7	0.5	1.1	18.3	17.4
Indonesia <sup>a</sup>	2.0	2.5	36.1	46.1	63.9	53.9	4.5	6.8	0	1.4	6.3	15.1
Iran (Islamic Republic of) <sup>a*</sup>	4.6	5.7	41.6	41.1	58.4	58.9	8.4	10.5	0	0	57.8	55.6
Iraq <sup>a*</sup>	2.8	8.4	1.1	78.1	98.9	21.9	0.1	7.0	12.9	1.5	0	0
Ireland	6.1	9.4	75.1	75.0	24.9	25.0	14.7	14.5	0	0	1.2	0.9
Israel	7.3	7.6	64.0	60.3	36.0	39.7	9.7	10.4	0	0	67.0	64.1
Italy	8.0	9.4	72.5	77.9	27.5	22.1	12.7	14.2	0	0	0.1	0.2
Jamaica	5.5	4.9	52.6	55.4	47.4	44.6	6.6	5.4	1.8	1.9	0	0
Japan	7.7	9.5	80.8	82.3	19.2	17.7	15.9	18.4	0	0	84.9	87.7
Jordan <sup>a</sup>	9.7	9.6	48.0	70.3	52.0	29.7	10.9	18.6	4.5	4.2	9.7	26.5
Kazakhstan	4.2	4.5	50.9	59.2	49.1	40.8	9.2	11.3	7.3	0.3	0	0
Kenya	4.7	4.8	46.3	43.3	53.7	56.7	10.3	7.3	8.0	34.0	10.9	10.8
Kiribati <sup>a</sup>	7.9	13.0	94.6	84.7	5.4	15.3	8.7	13.0	28.4	36.2	0	0
Kuwait <sup>a</sup>	2.5	3.8	76.0	85.4	24.0	14.6	5.5	5.6	0	0	0	0
Kyrgyzstan	4.7	6.4	44.3	53.0	55.7	47.0	12.0	11.7	9.9	12.6	10.0	70.1
Lao People's Democratic Republic <sup>a</sup>	3.3	4.3	35.1	29.3	64.9	71.7	5.8	5.9	29.2	18.8	1.2	5.0
Latvia	6.0	6.6	54.4	61.6	45.6	38.4	8.7	9.2	0.5	0	0	0
Lebanon <sup>a</sup>	9.9	7.4	32.6	41.9	67.4	58.1	7.9	9.5	2.3	1.2	49.0	58.7
Lesotho	7.0	9.4	51.2	74.3	48.8	25.7	6.5	10.3	3.1	27.3	0	0
Liberia	5.1	12.2	26.4	34.5	73.6	65.5	9.0	13.8	10.1	47.0	0	0
Libya <sup>a*</sup>	3.3	3.9	57.2	66.1	42.8	33.9	6.0	5.5	0	1.0	...	...

- Foreword
- Factsheet
- Policy highlights
- Health expenditures and universal coverage
- Country profile by region 2010
- World Health Statistics 2012 tables
- Technical documentation

Health expenditure ratios <sup>a</sup>				Per capita health expenditures <sup>b</sup>								Member State
Out-of-pocket expenditure as % of private expenditure on health		Private medical plans as % of private expenditure on health		Per capita total expenditure on health at average exchange rate (2010)		Per capita total expenditure on health <sup>c</sup> (PPP int. \$)		Per capita government expenditure on health at average exchange rate (2010)		Per capita government expenditure on health <sup>c</sup> (PPP int. \$)		
2004	2008	2004	2008	2004	2008	2004	2008	2004	2008	2004	2008	
98.4	99.1	1.6	0.9	44	94	90	180	30	65	61	124	Djibouti
88.9	84.2	11.1	15.8	231	342	378	592	159	223	261	386	Dominica
71.9	65.7	18.7	22.5	175	279	326	507	80	115	112	210	Dominican Republic
85.3	75.4	4.8	12.0	54	321	201	692	17	112	63	241	Ecuador*
97.4	97.7	0.4	1.7	79	114	196	286	32	45	79	113	Egypt
94.6	87.9	5.4	12.1	177	228	367	439	80	137	166	265	El Salvador
90.9	92.1	0	0	46	804	148	1560	21	612	69	1186	Equatorial Guinea**
100	100	0	0	9	11	30	16	4	5	14	8	Eritrea*
54.1	97.4	0	1.1	250	967	596	1338	189	758	404	1049	Estonia
79.2	79.9	0.5	1.5	5	16	20	42	3	8	11	23	Ethiopia*
63.5	72.2	26.2	19.3	80	144	133	194	67	100	111	135	Fiji**
77.7	75.3	8.8	8.5	1689	4078	1853	3226	1210	3047	1320	2410	Finland
34.4	33.1	61.6	60.1	2203	4840	2546	3969	1749	3772	2021	3093	France
100	100	0	0	102	266	293	511	43	127	123	245	Gabon*
53.8	48.4	2.3	3.1	19	27	59	83	6	14	20	45	Gambia
98.4	85.6	0.6	5.3	45	251	143	487	8	56	24	108	Georgia*
55.6	56.6	40.3	40.3	2387	4723	2679	4219	1898	3630	2130	3243	Germany
64.4	66.6	10.6	6.2	12	54	45	77	6	31	22	43	Ghana
94.5	94.5	5.5	5.5	917	3015	1451	3054	550	1859	871	1883	Greece
100	97.8	0	0	339	462	514	639	177	227	267	314	Grenada*
89.7	84.3	4.2	4.8	95	184	194	322	38	68	77	119	Guatemala
99.5	99.4	0	0	21	25	44	60	4	2	8	5	Guinea
61.4	73.9	0	0	11	48	63	91	2	5	10	10	Guinea-Bissau*
76.5	17.9	0	0	54	152	123	166	45	83	102	91	Guyana*
89.7	47.8	0	0	26	40	61	71	7	9	17	15	Haiti
91.4	89.4	8.6	10.6	62	134	138	268	42	89	92	178	Honduras*
89.8	78.3	0.6	8.9	326	957	853	1510	231	667	603	1053	Hungary
100	92.3	0	0	3034	3698	2929	3577	2473	3039	2306	2940	Iceland
91.8	86.4	1.1	4.6	20	44	67	124	5	13	17	38	India
72.9	75.2	6.4	3.1	15	56	45	100	5	26	16	46	Indonesia*
96.2	96.6	3.6	3.2	231	297	306	728	96	118	127	299	Iran (Islamic Republic of)**
100	100	...	...	34	200	77	342	<1	156	<1	267	Iraq**
60.8	49.1	30.9	44.2	1561	4719	1762	3761	1172	3531	1322	2814	Ireland
68.5	73.5	8.7	16.6	1457	2004	1726	2111	932	1209	1106	1274	Israel
89.1	88.8	3.2	4.5	1554	3323	2064	3071	1127	2588	1496	2392	Italy
65.0	71.0	30.0	25.6	189	228	317	379	100	126	167	210	Jamaica
80.1	82.1	12.7	12.7	2934	3754	1974	3045	2290	3090	1595	2507	Japan
74.9	77.0	5.3	18.2	189	373	305	493	81	262	147	347	Jordan*
98.6	98.8	0.2	0.2	51	326	189	514	26	193	101	305	Kazakhstan
80.4	76.7	6.6	9.3	19	36	53	75	9	15	25	33	Kenya
1.7	0.6	0	0	64	159	166	294	61	134	157	249	Kiribati*
93.2	90.6	6.8	9.4	488	1579	705	1671	370	1349	535	1428	Kuwait*
89.3	88.5	0	0	13	57	62	148	6	30	27	78	Kyrgyzstan
91.8	70.7	0	0.5	11	39	40	92	4	11	14	26	Lao People's Democratic Republic*
96.8	97.3	3.2	2.1	197	756	479	1066	107	466	261	657	Latvia
77.8	73.5	19.3	22.1	455	617	754	965	148	259	246	404	Lebanon*
74.0	69.0	0	0	27	75	68	139	14	56	35	103	Lesotho
49.4	52.2	0	0	10	28	21	50	3	10	6	17	Liberia
100	100	0	0	216	427	374	722	124	282	214	478	Libya**

- Foreword
- Factsheet
- Policy highlights
- Health expenditures and universal coverage
- Country profile by region 2010
- World Health Statistics 2012 tables
- Technical documentation

Member State	Health expenditure ratios <sup>a</sup>											
	Total expenditure on health as % of gross domestic product		Central government expenditure on health as % of total expenditure on health <sup>b</sup>		Private expenditure on health as % of total expenditure on health <sup>b</sup>		Central government expenditure on health as % of total government expenditure		External resources for health as % of total expenditure on health <sup>c</sup>		Social security expenditure on health as % of general government expenditure on health	
	2008	2010	2008	2010	2008	2010	2008	2010	2008	2010	2008	2010
Lithuania	6.5	7.5	69.7	73.4	30.3	26.6	11.6	12.6	1.7	1.1	89.3	82.9
Luxembourg	7.5	7.9	85.1	84.0	14.9	16.0	16.9	15.4	0	0	71.0	81.0
Madagascar <sup>d</sup>	3.7	4.2	66.5	64.5	33.5	35.5	15.5	14.7	20.1	15.1	0	0
Malawi	6.1	6.7	45.8	65.2	54.2	34.8	9.0	14.2	26.9	80.0	0	0
Malaysia <sup>e</sup>	3.1	4.6	59.0	55.7	41.0	44.3	8.0	8.4	0.7	0	0.7	0.8
Maldives <sup>e</sup>	7.1	6.4	58.5	60.7	41.5	39.3	11.3	7.9	2.7	1.1	0	1.1
Malï	6.3	5.5	32.9	47.2	67.1	52.8	8.9	10.0	7.8	26.3	0	0
Malta	6.7	8.5	72.5	64.8	27.5	35.2	12.1	12.7	0	0	0	0
Marshall Islands	22.6	18.9	88.0	84.0	12.0	16.0	21.1	19.5	33.1	51.4	35.0	9.8
Mauritania <sup>e</sup>	6.0	4.2	66.5	52.8	33.5	47.2	12.8	7.3	11.2	14.4	8.7	15.3
Mauritius	3.7	5.6	52.0	37.1	48.0	62.9	8.7	8.3	1.4	1.6	0	0
Mexico	5.1	6.5	46.6	48.3	53.4	51.6	16.6	11.9	1.0	0	67.6	54.6
Micronesia (Federated States of) <sup>e</sup>	8.1	13.4	93.9	90.7	6.1	9.3	10.9	18.9	71.5	68.9	21.4	17.6
Monaco <sup>e</sup>	3.2	4.2	87.1	88.0	12.9	12.0	14.2	18.5	0	0	98.1	98.7
Mongolia	5.5	5.7	81.9	54.8	18.1	45.2	10.7	8.8	28.1	4.0	24.5	37.1
Montenegro <sup>d</sup>	7.9	9.4	69.1	71.3	30.9	28.7	16.9	13.6	0	1.1	99.0	97.9
Morocco	4.2	5.2	29.4	38.8	70.6	61.2	4.0	7.2	0.5	0.2	0	22.9
Mozambique	6.0	5.4	72.4	73.1	27.6	26.9	17.0	12.2	26.2	33.6	0.3	0.4
Myanmar <sup>h,i</sup>	2.1	2.1	13.4	11.3	96.6	98.7	1.2	1.0	1.1	9.2	3.1	1.3
Namibia <sup>e</sup>	6.1	7.2	68.9	55.0	31.1	45.0	13.1	12.1	3.8	12.6	1.8	2.6
Nauru	12.3	11.2	81.5	68.5	18.5	31.5	11.2	9.2	10.9	39.2	0	0
Nepal <sup>e</sup>	5.2	5.5	21.7	32.0	78.3	68.0	6.5	7.7	15.9	16.4	0	4.6
Netherlands	8.0	12.0	63.1	79.0	36.9	14.3	11.4	18.4	0	0	99.9	89.7
New Zealand	7.6	10.0	78.0	83.0	22.0	17.0	15.6	19.8	0	0	0	11.7
Nicaragua	7.0	9.6	53.5	54.8	46.5	45.2	13.1	18.1	7.8	13.6	27.0	22.6
Niger	3.4	5.4	43.8	50.3	56.2	49.7	8.4	11.1	39.8	19.9	3.3	1.3
Nigeria <sup>g</sup>	4.6	6.1	33.5	35.1	66.5	64.9	4.2	5.9	16.2	5.1	0	0
Niue	7.9	17.5	96.5	99.3	1.5	0.7	6.5	15.8	4.5	60.7	0	0
Norway	8.4	9.7	82.5	84.1	17.4	15.9	16.4	17.4	0	0	17.1	14.1
Oman	3.1	3.0	81.8	78.8	18.2	21.2	7.1	5.8	0	0	0	0
Pakistan	3.0	2.2	21.2	34.8	78.8	65.2	2.3	3.3	0.8	4.4	5.8	4.1
Palau <sup>e</sup>	12.8	10.6	66.3	79.0	33.7	22.0	12.0	14.3	29.0	39.7	0	0
Panama	7.8	8.1	68.1	74.8	31.9	25.2	21.3	14.7	1.0	0.1	50.0	35.6
Papua New Guinea <sup>h,m</sup>	4.0	3.7	81.7	70.6	18.3	29.4	9.9	8.5	23.8	21.5	0	0
Paraguay <sup>d</sup>	9.4	6.6	39.9	39.0	60.1	61.0	17.7	10.4	2.8	2.6	52.4	57.0
Peru	4.7	5.3	58.7	57.7	41.3	42.3	14.9	15.9	1.1	1.0	49.5	44.5
Philippines <sup>d</sup>	3.2	3.6	47.6	35.1	52.4	64.9	8.4	7.1	3.5	1.0	14.7	27.5
Poland	5.5	7.4	70.0	72.3	30.0	27.7	9.4	11.9	0	0.1	82.6	83.7
Portugal	9.3	10.7	66.0	67.8	34.0	32.2	15.0	14.6	0	0	1.7	1.7
Qatar <sup>e</sup>	2.3	2.6	68.8	78.4	31.2	21.6	5.0	6.4	0	0	0	0
Republic of Korea	4.5	6.9	48.6	58.2	51.4	41.8	9.7	12.2	0	0	77.3	76.9
Republic of Moldova <sup>o</sup>	6.7	12.5	48.5	48.5	51.5	51.5	9.5	13.4	14.7	7.0	0	86.3
Romania	5.2	5.6	67.7	79.0	32.3	21.0	9.1	10.8	5.7	0	0	80.7
Russian Federation	5.4	5.6	59.9	63.4	40.1	36.6	12.7	8.5	0.2	0	40.3	38.7
Rwanda	4.2	10.1	39.2	48.6	60.8	51.4	8.2	20.1	52.0	49.0	6.4	3.8
Saint Kitts and Nevis <sup>e</sup>	5.5	5.1	60.3	49.0	39.7	51.0	9.5	5.4	5.4	1.7	0.5	0.5
Saint Lucia <sup>e</sup>	5.1	8.4	61.9	63.0	38.1	37.0	11.7	14.8	0.4	1.9	4.9	2.2
Saint Vincent and the Grenadines <sup>e</sup>	3.7	4.6	82.2	84.3	17.8	15.7	10.8	11.5	0.3	2.7	0	0
Samoa <sup>h,m</sup>	6.0	5.4	76.7	85.3	23.3	14.7	21.4	18.3	16.2	11.3	0.3	0.8

- Foreword
- Factsheet
- Policy highlights
- Health expenditures and universal coverage
- Country profile by region 2010
- World Health Statistics 2012 tables
- Technical documentation

Health expenditure ratios <sup>a</sup>				Per capita health expenditures <sup>b</sup>								Member State
Out-of-pocket expenditures as % of private expenditures on health		Private medical plans as % of private expenditures on health		Per capita total expenditures on health at average exchange rate (2010)		Per capita total expenditures on health <sup>c</sup> (PPP int. \$)		Per capita government expenditures on health at average exchange rate (2010)		Per capita government expenditures on health <sup>c</sup> (PPP int. \$)		
2004	2008	2004	2008	2008	2009	2008	2009	2008	2009	2008	2009	
86.2	97.3	0.3	2.4	212	836	559	1292	148	614	390	949	Lithuania
79.0	72.8	13.1	20.1	3474	8262	4011	6592	2955	6942	3412	5538	Luxembourg
52.8	68.2	10.8	15.2	9	18	30	41	6	11	20	26	Madagascar*
40.6	27.2	7.9	15.4	9	25	36	65	4	17	16	42	Malawi
72.2	76.8	12.5	14.7	125	316	281	629	73	176	166	350	Malaysia*
55.4	71.6	3.4	4.6	162	355	217	457	95	216	127	277	Maldives*
99.1	98.5	0.1	0.5	15	33	46	57	5	16	15	27	Mali
96.9	92.6	3.1	6.3	643	1668	1248	2141	466	1081	904	1387	Malta
75.2	75.2	24.8	24.8	486	540	333	392	410	454	293	329	Marshall Islands
94.5	94.5	0.6	0.6	24	38	73	79	16	20	48	42	Mauritania*
74.6	88.8	8.3	6.3	145	282	305	714	75	142	159	265	Mauritius
95.3	92.3	4.7	7.7	328	525	508	922	153	253	237	445	Mexico
100	97.5	0	0	170	336	213	424	160	305	200	384	Micronesia (Federated States of)*
54.3	58.2	45.7	41.8	2435	6658	2823	5932	2121	5857	2459	5219	Monaco <sup>d</sup>
96.9	92.1	0	0	22	97	90	217	18	53	74	119	Mongolia
91.1	91.0	0	0	117	621	474	1215	81	443	328	866	Montenegro <sup>e</sup>
76.6	86.3	23.4	13.7	54	152	109	241	16	59	32	93	Morocco
45.7	44.3	0	0	14	23	27	47	10	17	19	35	Mozambique
99.2	92.4	0	0	3	14	14	36	<1	2	2	4	Myanmar <sup>f1</sup>
18.2	17.9	77.3	61.2	126	297	243	448	87	163	168	246	Namibia*
15.8	15.8	0	0	333	595	500	256	271	408	407	175	Nauru
91.2	72.4	0.1	0.4	11	24	42	63	2	8	9	20	Nepal*
24.3	40.3	43.0	35.7	1925	5751	2340	4891	1214	4546	1476	3858	Netherlands
89.9	82.6	28.5	29.3	1051	2702	1603	2907	820	2243	1250	2414	New Zealand
91.6	92.6	0.6	2.6	54	104	133	254	29	57	71	139	Nicaragua
80.4	84.5	9.0	4.4	5	19	17	37	2	10	7	19	Niger
92.7	95.6	5.1	3.1	17	67	60	136	6	23	20	48	Nigeria*
100	100	0	0	318	1825	814	3280	313	1812	802	3257	Niue
95.8	95.2	0	0	3155	7533	3042	5353	2603	6335	2509	4502	Norway
64.4	63.5	21.3	24.0	264	520	657	826	216	410	537	651	Oman
80.6	81.9	0.2	0.4	15	20	49	57	3	7	10	20	Pakistan
71.3	40.3	28.7	43.3	902	954	1427	1431	532	666	946	1115	Palau*
81.3	80.2	18.7	19.8	305	564	560	1054	208	422	381	788	Panama
96.0	55.9	5.5	5.5	26	44	69	95	21	31	56	80	Papua New Guinea <sup>f2</sup>
86.6	89.7	13.4	10.3	124	147	316	295	50	57	126	115	Paraguay*
81.3	84.7	15.0	12.1	97	236	231	466	57	136	135	289	Peru
77.2	83.6	11.1	10.6	34	66	77	133	16	23	37	47	Philippines*
100	80.6	0.8	2.1	247	829	583	1391	173	600	409	1006	Poland
73.2	77.8	9.6	14.0	1086	2365	1654	2690	704	1604	1092	1825	Portugal
84.5	73.3	...	25.5	688	1612	1517	1965	473	1264	1044	1541	Qatar*
80.9	77.5	9.4	12.5	508	1184	771	1879	247	689	375	1093	Republic of Korea
83.3	84.8	0	0.4	24	191	98	357	11	92	47	173	Republic of Moldova*
100	98.0	0	0.4	87	432	297	818	59	341	201	646	Romania
74.7	82.1	8.1	10.5	96	476	369	1043	57	302	221	661	Russian Federation
40.7	44.4	0.9	10.2	9	52	25	111	4	25	10	54	Rwanda
94.2	94.6	5.8	5.4	387	523	564	689	233	256	340	337	Saint Kitts and Nevis*
97.4	98.5	2.6	1.5	231	467	376	798	143	294	233	502	Saint Lucia*
100	100	0	0	137	286	234	487	113	241	192	411	Saint Vincent and the Grenadines*
81.6	63.0	0	0	79	154	163	234	61	132	125	200	Samoa <sup>f3</sup>

World Health Statistics 2012 tables

- Foreword
- Factsheet
- Policy highlights
- Health expenditures and universal coverage
- Country profile by region 2010
- World Health Statistics 2012 tables
- Technical documentation

Member State

Member State	Health expenditure ratios <sup>a</sup>											
	Total expenditure on health as % of gross domestic product		General government expenditure on health as % of total expenditure on health <sup>b</sup>		Private expenditure on health as % of total expenditure on health <sup>b</sup>		General government expenditure on health as % of total government expenditure		External resources for health as % of total expenditure on health <sup>c</sup>		Social security expenditure on health as % of general government expenditure on health	
	2008	2009	2008	2009	2008	2009	2008	2009	2008	2009	2008	2009
San Marino	7.5	7.1	86.0	85.2	14.0	14.6	20.4	13.6	0	0	100	85.9
Sao Tome and Principe	9.5	7.2	38.1	40.1	61.9	59.9	9.0	13.2	30.7	37.9	0	0
Saudi Arabia	4.3	4.4	71.6	62.4	28.4	37.6	9.2	6.4	0	0	0	0
Senegal	4.3	5.7	38.8	54.5	63.2	45.5	8.5	11.8	17.4	14.5	8.8	4.1
Serbia <sup>1)</sup>	7.4	10.5	70.0	61.9	30.0	38.1	13.5	13.9	1.1	1.6	92.5	93.5
Seychelles <sup>a</sup>	4.8	3.3	82.7	92.7	17.3	7.3	7.3	9.0	6.1	6.2	5.0	1.2
Sierra Leone <sup>a</sup>	15.6	13.9	13.2	10.5	86.8	89.5	7.4	6.4	6.2	20.1	0	0
Singapore <sup>a</sup>	2.4	4.1	51.4	36.1	48.6	63.9	6.2	8.3	0	0	4.8	16.1
Slovakia	5.5	9.1	89.4	65.7	10.6	34.3	9.4	14.5	0.9	0	98.2	89.7
Slovenia	8.3	9.3	74.0	73.4	26.0	26.6	13.1	13.8	0.2	0	93.7	89.9
Solomon Islands <sup>1)</sup>	6.9	8.7	94.6	93.5	5.4	6.5	20.7	23.7	13.1	29.4	0	0
Somalia	...	...	...	...	...	...	...	...	...	...	...	...
South Africa <sup>a</sup>	8.5	9.2	40.5	43.8	59.5	56.2	10.9	11.4	0.3	1.8	3.3	2.5
Spain	7.2	9.6	71.6	73.6	28.4	26.4	13.2	15.2	0	0	9.6	6.0
Sri Lanka	3.7	3.2	48.8	46.2	51.2	53.8	6.8	5.9	0.3	2.5	0.3	0.1
Sudan <sup>a</sup>	3.4	7.3	27.3	27.5	72.7	72.5	8.3	9.9	4.4	3.8	8.1	11.6
Suriname <sup>a</sup>	8.0	7.5	48.8	51.0	51.2	49.0	9.7	11.9	10.9	3.0	40.7	41.7
Swaziland	5.4	6.7	56.3	66.5	43.7	33.5	10.5	10.1	5.8	11.4	0	0
Sweden	8.2	10.0	84.9	81.5	15.1	18.5	12.6	14.8	0	0	0	0
Switzerland	10.2	11.4	55.4	58.7	44.6	40.3	16.0	19.9	0	0	72.8	68.4
Syrian Arab Republic <sup>a</sup>	4.9	3.5	40.4	46.0	59.6	54.0	6.5	6.0	0.1	0.8	...	...
Tajikistan	4.6	5.9	20.4	24.9	79.6	75.1	6.5	5.4	2.3	8.5	0	0
Thailand <sup>a</sup>	3.4	4.2	56.1	74.6	43.9	25.4	9.9	13.3	0	0.3	9.4	10.1
The former Yugoslav Republic of Macedonia	8.8	6.9	57.5	66.5	42.5	33.5	14.8	12.5	2.8	1.4	97.4	92.9
Timor-Leste <sup>a</sup>	8.4	11.9	74.9	66.1	25.1	33.9	12.7	7.8	55.6	36.0	0	0
Togo	4.7	7.4	31.1	43.0	68.9	57.0	8.5	15.4	6.5	13.6	11.7	6.5
Tonga <sup>1)</sup>	6.1	4.6	70.7	79.3	29.3	20.7	13.3	11.4	22.3	11.6	0	0
Trinidad and Tobago	3.9	5.8	43.0	60.6	57.0	39.4	5.8	9.6	6.8	0.3	0	0
Tunisia <sup>a</sup>	6.0	6.4	54.9	54.9	45.1	45.1	8.1	10.7	0.9	1.2	29.9	48.4
Turkey	4.9	6.7	62.9	75.1	37.1	24.9	9.8	12.8	0.1	0	55.5	60.1
Turkmenistan <sup>1)</sup>	4.0	2.5	79.6	59.2	20.4	40.8	13.7	9.9	1.4	0.2	6.5	6.5
Tuvalu <sup>1)</sup>	10.9	14.3	99.8	84.7	0.2	0.1	5.0	10.0	44.0	15.2	0	0
Uganda <sup>a</sup>	6.6	8.5	26.8	21.8	73.2	78.2	7.3	13.6	28.3	20.4	0	0
Ukraine	5.6	7.8	51.8	55.0	48.2	45.0	8.4	8.9	0.5	0.5	0	0.5
United Arab Emirates	2.6	4.4	65.1	76.9	34.9	23.1	7.6	8.8	0	0	0	0
United Kingdom	7.0	9.8	79.2	84.1	20.8	15.9	15.1	16.0	0	0	0	0
United Republic of Tanzania <sup>a</sup>	3.4	5.5	43.4	66.1	56.6	33.9	10.2	12.9	27.8	53.4	0	3.3
United States of America	13.4	17.6	43.2	47.7	56.8	52.3	17.1	19.6	0	0	33.5	86.4
Uruguay	8.5	8.4	72.3	65.3	27.7	34.7	20.5	20.2	0	0	27.4	57.9
Uzbekistan	5.7	5.9	44.1	45.3	55.9	54.7	6.0	8.0	6.2	0.9	0	0
Vanuatu <sup>1)</sup>	3.6	4.9	76.6	89.8	23.4	10.2	10.5	16.4	2.5	23.3	0	0
Venezuela (Bolivarian Republic of)	5.7	6.0	41.5	40.0	58.5	60.0	8.0	8.6	0.7	0	34.6	30.8
Viet Nam	5.3	6.9	30.9	37.5	69.1	62.5	6.6	7.8	2.6	3.0	19.7	36.0
Yemen <sup>a</sup>	4.5	5.5	53.8	26.5	46.2	73.5	8.3	4.3	8.0	5.3	0	0
Zambia	5.7	6.2	51.3	58.6	48.7	41.4	9.4	15.7	17.8	38.5	0	0
Zimbabwe	...	...	...	...	...	...	...	...	...	...	...	...

- Foreword
- Factsheet
- Policy highlights
- Health expenditures and universal coverage
- Country profile by region 2010
- World Health Statistics 2012 tables
- Technical documentation

Health expenditure ratios <sup>a</sup>				Per capita health expenditures <sup>b</sup>								Member State
Out-of-pocket expenditure as % of private expenditure on health		Private prepaid plans as % of private expenditure on health		Per capita total expenditure on health at average exchange rate (2010)		Per capita total expenditure on health <sup>c</sup> (PPP int. \$)		Per capita government expenditure on health at average exchange rate (2010)		Per capita government expenditure on health <sup>c</sup> (PPP int. \$)		
2004	2008	2004	2008	2004	2008	2004	2008	2004	2008	2004	2008	
95.9	96.4	4.1	3.6	2158	3884	2466	2838	1855	3291	2120	2417	San Marino
80.7	75.3	0	0	52	93	304	144	20	37	116	58	Sao Tome and Principe
86.7	52.3	10.4	31.7	400	608	767	964	287	379	550	602	Saudi Arabia
91.6	78.5	7.1	17.9	21	60	59	108	8	32	22	58	Senegal
84.2	92.2	0	1.9	60	576	432	1162	42	367	302	719	Serbia <sup>14</sup>
99.0	67.7	0	23.0	377	301	803	712	311	279	664	660	Seychelles <sup>1</sup>
94.9	89.5	0.6	1.0	24	45	59	110	3	5	8	12	Sierra Leone <sup>8</sup>
94.5	85.5	0	11.9	580	1531	822	2111	298	553	422	762	Singapore <sup>6</sup>
89.2	89.4	0	0	208	1474	604	2084	186	968	540	1389	Slovakia
44.1	48.7	51.0	46.9	830	2231	1450	2551	614	1638	1073	1873	Slovenia
54.2	54.2	0	0	48	102	91	227	46	95	86	213	Solomon Islands <sup>15</sup>
...	...	...	...	...	...	...	...	...	...	...	...	Somalia
25.0	29.6	69.9	66.1	251	521	564	930	102	228	228	407	South Africa <sup>4</sup>
83.1	76.1	13.7	20.3	1040	3032	1537	3067	745	2232	1101	2258	Spain
83.3	82.5	2.6	4.9	32	65	101	149	16	30	49	69	Sri Lanka
90.9	96.2	2.7	1.0	12	94	42	159	3	26	11	44	Sudan <sup>7</sup>
44.0	21.9	0.8	16.7	152	467	350	567	74	238	171	289	Suriname <sup>5</sup>
42.4	42.1	18.9	18.8	75	168	195	336	42	112	110	223	Swaziland
91.1	90.1	0	1.2	2280	4347	2286	3722	1935	3543	1941	3033	Sweden
74.0	75.7	23.8	21.9	3519	7185	3210	5105	1951	4290	1779	3049	Switzerland
100	100	...	...	59	95	163	182	24	44	66	84	Syrian Arab Republic <sup>16</sup>
99.0	90.3	0	0.1	6	44	40	123	1	11	8	31	Tajikistan
76.9	59.6	12.8	28.5	66	160	165	327	37	119	93	244	Thailand <sup>3</sup>
99.2	99.1	0	0	157	311	520	763	90	207	299	508	The former Yugoslav Republic of Macedonia
30.9	25.6	0	0	32	65	64	103	24	43	48	68	Timor-Leste <sup>2</sup>
86.6	84.2	5.4	4.3	13	41	36	74	4	18	11	32	Togo
77.5	67.8	10.6	17.9	91	142	162	207	65	113	115	164	Tonga <sup>17</sup>
86.3	81.8	7.1	14.7	245	848	479	1466	105	514	206	888	Trinidad and Tobago
80.3	87.0	17.9	11.2	122	243	291	479	67	133	160	263	Tunisia <sup>1</sup>
74.6	64.4	11.8	7.3	205	575	454	967	129	432	286	719	Turkey
100	100	0	0	45	92	83	181	36	55	66	107	Turkmenistan <sup>13</sup>
100	100	0	0	161	396	226	382	161	335	225	323	Tuvalu <sup>18</sup>
56.7	63.6	0.1	0.2	16	44	46	118	4	10	12	26	Uganda <sup>9</sup>
91.4	93.3	1.1	2.0	36	200	184	496	19	110	95	273	Ukraine
77.0	73.3	11.4	15.7	885	1704	1019	1956	577	1311	664	1505	United Arab Emirates
64.7	62.0	7.8	6.5	1759	3440	1828	3438	1393	2895	1447	2893	United Kingdom
83.5	41.7	4.5	10.1	10	27	25	73	4	18	11	48	United Republic of Tanzania <sup>10</sup>
25.5	23.4	80.3	82.7	4703	7960	4703	7960	2032	3795	2032	3795	United States of America
67.7	40.0	32.3	60.0	584	787	719	1089	422	514	520	718	Uruguay
97.0	81.4	0	16.3	32	73	82	177	14	33	36	80	Uzbekistan
71.6	56.7	10.7	20.6	52	123	120	210	40	110	92	188	Vanuatu <sup>12</sup>
90.9	90.6	3.2	3.4	274	688	482	734	114	275	200	294	Venezuela (Bolivarian Republic of)
95.6	92.7	0	0	21	77	74	204	6	29	23	76	Viet Nam
94.5	98.6	2.2	1.3	25	63	89	139	14	17	48	37	Yemen <sup>1</sup>
80.4	67.4	0.9	3.7	18	63	52	90	9	37	27	53	Zambia
...	...	...	...	...	...	...	...	...	...	...	...	Zimbabwe

World Health Statistics 2012 tables

- Foreword
- Factsheet
- Policy highlights
- Health expenditures and universal coverage
- Country profile by region 2010
- World Health Statistics 2012 tables
- Technical documentation

### Ranges of country values

Minimum	1.9	2.1	1.1	8.2	0.2	0.1	0.1	1	0	0	0	0
Median	5.8	6.6	57.6	61	42.4	39	9.9	11.4	5.4	7	24.8	26.8
Maximum	22.6	18.9	99.8	99.3	98.9	91.8	21.7	30.6	71.5	80	100	98.7

### WHO region

African Region	5.5	6.5	43.9	49.3	56.1	50.7	8.2	9.6	6.5	10.2	7.9	7.0
Region of the Americas	11.4	14.4	45.1	49.3	54.9	50.7	14.5	16.9	0.1	0.1	31.7	72.0
South-East Asia Region	3.7	3.8	31.9	37.1	68.9	62.9	4.4	4.9	0.9	1.6	13.3	14.4
European Region	8.0	9.3	73.9	74.9	26.1	24.8	14.0	14.6	0.1	0.1	52.2	49.5
Eastern Mediterranean Region	4.2	4.7	47.2	50.9	52.8	49.1	6.9	7.1	1.0	1.1	18.4	19.4
Western Pacific Region	6.0	6.5	63.9	64.4	36.1	35.6	13.8	14.4	0.2	0.2	68.1	68.6

### Income group

Low income	4.2	4.9	36.2	38.9	63.8	61.1	8.0	8.5	14.1	25.7	2.1	3.6
Lower middle income	4.2	4.4	33.6	39.0	66.4	61.0	4.9	5.5	2.5	2.4	14.7	15.0
Upper middle income	5.5	6.1	48.1	54.8	51.9	45.1	9.3	10.5	0.5	0.2	39.9	45.7
High income	9.9	12.5	59.5	61.9	40.5	38.0	15.3	17.1	0.0	0.0	47.1	65.2

### Global

Global	8.2	9.4	56.3	59.1	43.7	40.8	13.3	14.3	0.3	0.4	45.1	59.5
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■ Global health expenditure database. Geneva, World Health Organization, February 2012 (latest updates are available at: <http://www.who.int/databases/country/health/tables>). All the indicators refer to expenditures by financing agent except "colored resources for health" which is a financing source. WHO regional, income-group and global aggregates are calculated using Purchasing Power Parity (PPP) loans. When the number is smaller than 0.005% the percentage may appear as zero. For per capita expenditure indicators, this is expressed as -ct. In countries whose fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2008 data will cover the fiscal year 2007-08), unless otherwise stated for the country. Absolute values of expenditures are expressed in constant terms (current prices). National currency unit per US\$ is calculated using the average exchange rates for the year. For 2008, the use of yearly average exchange rates (compared to year-end exchange rates) may not fully reflect the impact of the global financial crisis.

■ In some cases, the sum of general government and private expenditures on health may not add up to 100% because of rounding.

■ Care needs to be taken in interpreting national accounts figures. Most are taken from the OECD DAD/CBS database except where a specific full national health account study has been conducted. The figures show discrepancies in significant countries as reported by donors, with a lag of one year to account for the delay between dissemination and expenditure. Prior to 2002, dissemination data are not available and conventional methods are used instead.

■ For each country, the PPP value resulting from the 2008 international comparison project, published by the World Bank, has been used. For countries where this is not available, PPP values have been calculated by WHO.

■ A new basis for these estimates was provided by new NSA reports, surveys, National Accounts notes, economic information and/or country notifications.

■ Non-profit institutions—such as nongovernmental organizations (NGOs)—that provide support to households are accounted for in "colored assistance" and recorded under government expenditure. Gross domestic product (GDP) includes both full and final GDPs (for example, output). Government expenditures include colored assistance (a-fund budget).

■ Error estimates should be viewed with caution as these are derived from source data.

■ About 30% of the expenditure is national facilities for care of the aged has a health purpose, but this is difficult to estimate reliably, and is thus not included under health at present. Such health-purpose expenditures were about US\$ 2.1 billion in 2008-09 or 0.3% of GDP. The data for 2007 correspond to the fiscal year 2007-08 starting on 1 July 2007. All 2008 values are WHO estimates unless otherwise specified.

■ Adjustments for currency change (from old to new series) were made for the entire Acetaminophen series starting from World Health Statistics 2008.

■ From 2008 onwards, the basic information used changed from national accounts to NSA.

■ A huge increase in colored resource health expenditure has been reported by national sources.

■ Fiscal year starts in July and expenditure data have been allocated to the later calendar year (i.e. 2008 data cover the fiscal year 2007-08).

■ Assumption made that all colored funding was channelled through government.

- Foreword
- Factsheet
- Policy highlights
- Health expenditures and universal coverage
- Country profile by region 2010
- World Health Statistics 2012 tables
- Technical documentation

Health expenditure ratios <sup>a</sup>				Per capita health expenditures <sup>b</sup>								Member State
Out-of-pocket expenditures as % of private expenditures on health		Private provision plus as % of private expenditures on health		Per capita total expenditures on health at average exchange rate (2005)		Per capita total expenditures on health <sup>c</sup> (PPP int. \$)		Per capita government expenditures on health at average exchange rate (2005)		Per capita government expenditures on health <sup>c</sup> (PPP int. \$)		
2004	2008	2004	2008	2008	2008	2008	2008	2008	2008	2008	2008	
1.7	0.6	0	0	3	11	11	16	<1	2	<1	4	Minimum
81.3	80.6	7.5	9.4	106	292	266	493	66	160	157	271	Median
100	100	77.3	66.1	4703	8262	4703	7960	2955	6942	3412	5538	Maximum
56.7	61.6	35.1	29.0	35	82	88	157	15	41	39	77	African Region
33.0	31.2	54.6	56.8	1851	3197	1967	3346	829	1586	896	1648	Region of the Americas
89.0	84.4	2.3	5.2	19	48	62	120	6	19	20	44	South-East Asia Region
68.6	69.7	21.5	21.2	937	2204	1215	2218	706	1677	898	1661	European Region
88.2	88.2	5.4	7.7	93	175	173	324	45	96	82	165	Eastern Mediterranean Region
86.1	78.6	7.2	9.8	289	516	296	614	210	361	189	395	Western Pacific Region
83.8	78.4	1.3	2.1	11	25	29	59	4	10	10	23	Low income
90.0	87.8	2.5	4.3	24	62	75	144	8	25	25	56	Lower middle income
79.6	75.1	15.7	16.9	116	326	242	585	55	177	117	309	Upper middle income
38.7	37.0	48.6	50.8	2567	4692	2662	4504	1524	2946	1583	2788	High income
50.5	50.2	38.7	38.9	485	900	568	990	280	549	320	584	Global

<sup>a</sup> Increases in governmental expenditures on health are due to increased in capital expenditures.

<sup>b</sup> As a result of social health-care reforms in Georgia, public compulsory insurance has since 2007 been implemented by private insurance companies. The voucher cost of this insurance is treated as general government health expenditures.

<sup>c</sup> Exchange rate changed in 2008 from multiple to a managed floating exchange rate. Inter-bank market rate used prior to 2008.

<sup>d</sup> The estimates do not include expenditures for Northern Iraq.

<sup>e</sup> Social Security expenditures include expenditures by three public schemes (National Social Security Fund; Civil servants cooperative; and Military fund).

<sup>f</sup> After the declaration of independence on 3 June 2006, Serbia and Montenegro are now separate states. Health expenditures for the previous years have been collected separately for each of the two countries.

<sup>g</sup> The serial exchange rate is used to estimate the per capita figures.

<sup>h</sup> The health expenditure data as well as the population data after 2000 do not include Timor-Leste. Data on GDP and private health-consumption expenditure exclude Timor-Leste from 2000.

<sup>i</sup> The estimates do not include the expenditures of the provinces of Kosovo and Metohia, which are under the administration of the United Nations.

<sup>j</sup> The exchange rate used for the Syrian Arab Republic is the rate for non-commercial transactions from the Central Bank of Syria.

<sup>k</sup> GDP does not include the income from petroleum. The country became independent in

2002. However, MHA estimates have been produced for previous years based on the available macro data. Until 2007, the fiscal year ended in June. There was then a four-month period in the second quarter of 2007 during which the fiscal year was aligned with the calendar year. Expenditure data have been allocated proportionally to the previous calendar year (i.e. 2006 data cover the fiscal year 2006-08).

<sup>l</sup> On 1 January 2000, Kazakhstan introduced the new serial ISO code 'KAZ'. The exchange rate between the old and the new currency is 1 'TMT' = 5000 'KZM'. The other health-expenditure series has been adjusted.

- Foreword
- Factsheet
- Policy highlights
- Health expenditures and universal coverage
- Country profile by region 2010
- World Health Statistics 2012 tables
- Technical documentation

**Expenditure on health is about WHO BUYS HEALTH CARE.** Households are the main private sector actor. Other private sector actors include non-profit institutions, private insurances, and enterprises.

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

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

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

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

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

<sup>2</sup> WHO regions: [link](#)

<sup>3</sup> World Bank income groups: [link](#)

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







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