



**REPORT OF THE NATIONAL HEALTH ACCOUNTS  
ESTIMATES FOR THE GAMBIA (FY2018 – FY2019)**

**MINISTRY OF HEALTH**

**DIRECTORATE OF PLANNING & INFORMATION**

**HEALTH FINANCING UNIT**

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A special word of thanks also goes to the World Health Organization (WHO) Country Office for all the technical support given to promote and sustain the development of NHA in the Gambia.

This Report was the product of the collective effort of the NHA Core Team which comprise representatives from relevant institutions.

The Ministry of Health is particularly indebted to all other Ministries, Departments and Agencies (MDAs) as well as other institutions including all private stakeholders for their support in the successful development of the current health accounts.

The Gambia National Health Accounts (NHA) study for the Financial Year (FY) 2018 and 2019 is based on the internationally standardized Systems of Health Accounts (SHA 2011).

Special gratitude is extended to the Gambia Bureau of Statistics (GBoS) for enabling us to use **Integrated Household Survey report (IHS, 2020)** that gives us statistical data on household expenditures on health.

On a final note, the Ministry of Health and the NHA Secretariat in particular, wish to profoundly thank and acknowledge the efforts of institutions/entities for providing us with necessary health expenditure data for the FY2018 - 19. We appreciate the fact that without their cooperation this report would not have been produced.

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## Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
BEN	Beneficiary
CHE	Current Health Expenditure
CMH	Commission for Macroeconomics and Health
DIS	Disease
FA	Financing Agent
FP	Factors of Provision
FS	Financing Source/Revenues of financing schemes
FS.RI	Institutional units providing revenues to financing Schemes
FY	Fiscal Year
GboS	Gambia Bureau of Statistics
GCF	Gross Capital Formation
GDP	Gross Domestic Product
GGE	General Government Expenditure
GHE	Government Health Expenditure
HC	Health Care functions
HF	Health Care Financing Scheme
HFP	Health Financing Policy
IHS	Integrated Household Survey
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HP	Health Care Providers
HSS	Health System Strengthening
ICT	Information Communication Technology
MoH	Ministry of Health
n.e.c	Not Elsewhere Classified
NCD	Non – Communicable Disease
NGO	Non - Governmental Organization
NHA	National Health Account
NAPT	National Account Production Tool
NPISH	Non-Profit Institutions Serving Households
OOPE	Out – Of – Pocket Expenditure

PCU	Project Coordination Unit
PPP	Public-private Partnership
SDGs	Sustainable Development Goals
SHA	Systems of Health Accounts
SHIS	Social Health Insurance Scheme
TA	Technical Assistant
TB	Tuberculosis
THE	Total Health Expenditure
UHC	Universal Health Coverage
WHO	World Health Organization

## EXECUTIVE SUMMARY

The National Health Financing Policy 2017 – 2030 highlighted measures for the country to work towards improving healthcare service delivery in the country and this requires management to make key policy decisions that are evidence-based.

National Health Accounts methodology is therefore a reliable way of achieving this evidence because it is a systematic, comprehensive, and consistent tool for monitoring and tracking of resource flows into a country's health system. It is, therefore, a tool specifically designed to inform the health policy process, including policy design, implementation and policy dialogue.

In view of this, the Ministry of Health (MoH) in partnership with development partners such as Global Fund to fight HIV/AIDS, Tuberculosis and Malaria (GFATM) have jointly supported the NHA rounds of FY2018 - 19. It is noteworthy to posit that information obtained from the previous rounds were largely used to convince government and development partners to introduce National Health Insurance Scheme in the country.

In addition, the findings and/or results of this current survey (NHA, 2018 - 19) will inform other policy processes to ensure better service delivery.

This report therefore provides narrative explanation of the Gambia National Health Accounts (NHA) study for financial years (FY2018 - 19) as analyzed using System of Health Accounts (SHA 11) by The Gambia NHA Core Team.

### Key Health Expenditure Estimates for The Gambia for FY2018 & FY2019

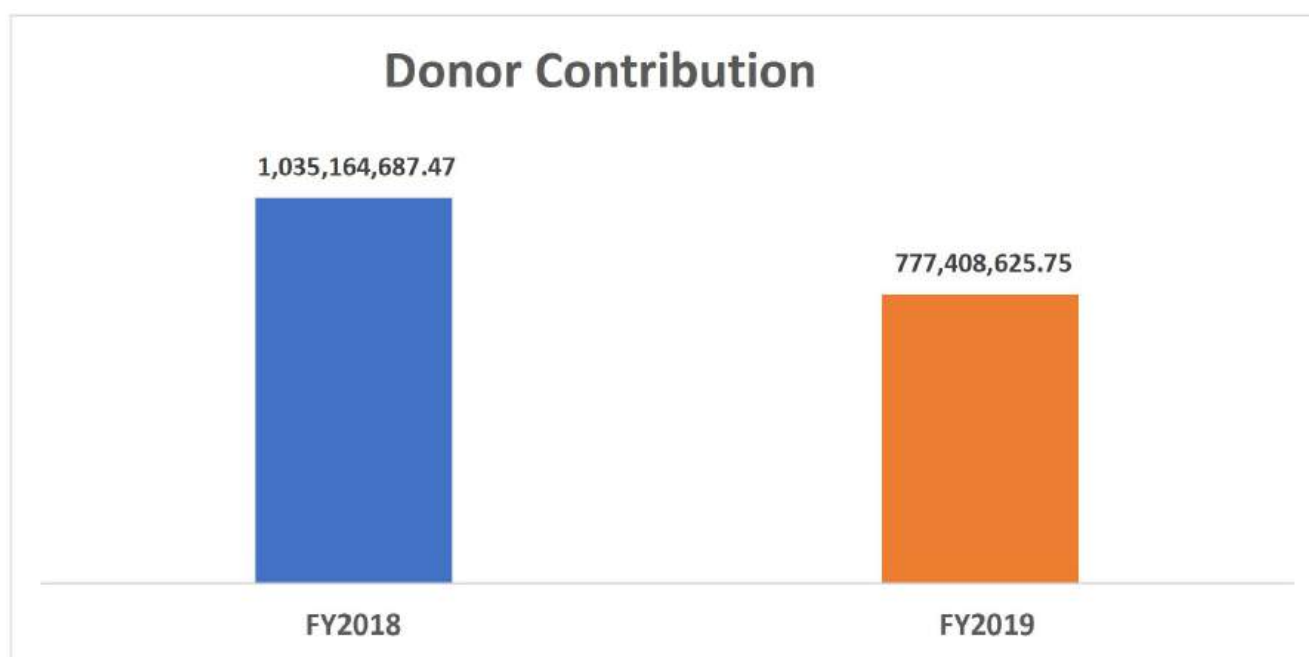
- **Total Health Expenditure (THE)** for The Gambia for the FY2018 and FY2019 are estimated at **D2,671,015,801.19** (5.10% of GDP or \$25.26 per capita) and **D2,837,801,068.34** (3.24% of GDP or \$24.97 per capita) respectively. Total Health Expenditure constitutes current and capital expenditures incurred by Government, Private employers, insurance, NGOs, donors, and household.



- ***Current Health Expenditure (CHE)*** for FY2018 and FY2019 are at **D2,451,995,928.40** (91.80% of THE) and **D2,676,228,747.05** (94.31% of THE) respectively.
- ***Capital expenditures*** for FY2018 and FY2019 are respectively at **D219,019,872.79** (8.20% of THE) and **D161,572,321.29** (5.69% of THE).
- ***Government Health Expenditure (GHE)*** for FY2018 and FY2019 including capital expenditure are at **D840,664,629.03** (31.47% of THE, 1.61% GDP) and **D915,387,887.86** (32.26% of THE, 1.04% of GDP) respectively.

#### **Total Health Expenditures by financing sources:**

- ***Out of Pocket Expenditure (OOPE)*** on health by households for FY2018 & FY2019 stand at **D517,185,860.87** (19.36% of THE) and **D579,691,473.27** (20.43% of THE) respectively.
- ***Private insurance expenditure*** for FY2018 & FY2019 are respectively at **D 20,187,498.00** (0.76% of THE) and **D 23,634,617.00** (0.83% of THE).
- ***Contribution by private employers*** for FY2018 & FY2019 are respectively at **D125,484,215.62** (4.70% of THE) and **D 279,200,547.25** (9.84% of THE).
- ***NGOs expenditure*** for FY2018 & FY2019 stand at **D132,328,910.20** (4.95% of THE) and **D 262,477,917.21** (9.25% of THE) respectively.
- ***External/donor*** funding for FY2018 & FY2019 respectively contributes to about **D1,035,164,687.47** (38.76% of THE) and **D777,408,625.75** (27.39% of THE). ***Expenditure incurred by Rest of the world (donor and NGO combined)*** for the same period stand at **D1,167,493,597.67** (43.71% of the total health expenditure) and **D 1,039,886,542.96** (36.64% of the total health expenditure) for FY2018 & FY2019 respectively.



#### Expenditure on Diseases by Providers:

- *Current Health Expenditure attributed to Government* on Infectious and Parasitic Diseases (HIV, TB, Malaria, Respiratory Infection, Diarrhoea, Vaccine preventable and others) for FY2018 and FY2019 respectively recorded **D5,132,870.00** (0.22% of CHE) and **D54,331,220.00** (6.02% CHE); Reproductive Health – less than 1% of CHE in 2018, while in 2019 it stands at 1.14% of CHE); Non Communicable Diseases - **D4,961,410.00** (0.21% of CHE) and **D47,565,260.00** (1.77% of CHE); Injuries - **D 490,860.00** (0.02% of CHE) and **D 2,011,960.00** (0.07% of CHE).
- *Current expenditure incurred by households (OOPE)* for FY2018 and FY2019 on Infectious and Parasitic Diseases (HIV, TB, Malaria, Respiration Infection, Diarrhoea, Vaccine preventable and others) are respectively at **D166,179,720.00** (7.02% of CHE) and **D176,406,480.00** (30.43% of CHE); Non-Communicable Diseases - **D4,961,410.00** (0.21% of CHE) and **D47,565,260.00** (1.77% of CHE); Injuries are at **D490,860.00** (0.02% of CHE) and **D2,011,960.00** (0.07% of CHE).
- *Current Health Expenditure attributed to Rest of the world (donor & NGO combined)* for FY2018 and FY2019 on Infectious and Parasitic Diseases (HIV, TB, Malaria,

Respiration Infection, Diarrhoea, Vaccine preventable and others) are respectively at **D116,688,760.00** (4.93% of CHE) and **D6,853,260.00** (0.25% of CHE); Non-Communicable Diseases - **D 3,483,440.00** (0.15% of CHE) and **D 6,853,260.00** (0.25% of CHE).

## BACKGROUND

This report presents National Health Accounts (NHA) estimates for The Gambia for financial years 2018 – 2019. National Health Accounts is a tool use to describe health expenditures and flow of funds in both government and private sector in the country. These estimates are derived within the framework of National Health Accounts Guidelines for WHO (with refinements where required) and adhere to System of Health Accounts 2011 (SHA 2011) - a global standard framework for producing health accounts.

NHA estimates 2018-19 is the fourth round of estimates for The Gambia using System of Health Accounts 2011 (SHA2011). However, the first NHA in The Gambia was conducted in 2007 covering 2002, 2003 and 2004 financial years and the exercise was implemented manually using Microsoft excel as a tool for data analysis.

With fifth successful rounds of NHA, The Gambia is now at an advance stage of institutionalizing the process. The country NHA Core Team comprised various stakeholders including representatives from the Gambia Bureau of Statistics (GBoS), Ministry of Finance and Economics Affairs (MoFEA), Ministry of Health (MoH) and World Health Organization (WHO).

It is gratifying to note that the core team is continuously working towards improving the data availability and methodology used for producing estimates. According to experts, it usually takes about 3-4 rounds of health accounts to stabilize country estimates.

The report is also used to make comparability with earlier NHA rounds which provides accurate trend analysis of the health financing landscape of the country.

## HEALTH CARE FINANCING SYSTEM IN THE GAMBIA

Government allocations to the health sector as a percentage of the total national budget continue to improve yearly. However, it is still below the Abuja Declaration of 15% budgetary allocation to the health sector. For instance, in 2019 fiscal year, Government Local Fund (GLF) allocation to health amounts to D1,164,068,000.00 (US\$ 23,286,017.20) representing 9.46% GLF (Estimates of Revenue and Expenditure, 2019) of the annual National Budget.

In 2007, the first National Health Accounts (NHA) for The Gambia was conducted covering the fiscal years 2002 – 2004 and subsequently 2013, 2015, 2016 – 17 and 2018 – 19 respectively. The results revealed marginal increase in Total Health Expenditure (THE) across all rounds. However, as a percentage of GDP, total health expenditure (THE) has decreased from 16.1% in 2002, 14.9% in 2004 and 5.63% in 2013 NHA rounds. Equally, from 2016 to 2019 NHA rounds, THE as a percentage of GDP hovers between 4 – 5 percent.

Per capita health expenditure was D895 in 2002, D1203 in 2004 and D1013 in 2013. This ranges between US\$33 and US\$40, almost matching the WHO Commission for Macroeconomics and Health (CMH) recommendation of US\$ 34 per capita expenditures for a package of essential health services. The per capita health expenditure has however witnessed steady decline from FY2015 to FY 2019 ranging from 22 USD to 25 USD.

It is instructive that a significant amount of funding comes from donors. Over 40% of the total health funding came from international health development partners (NHA, 2018 - 19).

Government of The Gambia's contribution to Total Health Expenditure grew from 18% in 2007 NHA to 32.52% in 2018 – 19 financial years.

It is internationally recommended that for a country to move towards achieving UHC, it must spend at least 5% of its GDP on health and for The Gambia general government

expenditure as a percentage of GDP ranges from 1.58% to 1.61% from FY2013 to FY2019 NHA rounds.

## METHODOLOGY

### Data Collection

The Gambia NHA study for FY2018 – 19 relied on both primary and secondary data. Primary data was mainly sourced from institutions (donor, NGOs, employer and insurance) where questionnaires were dispatched either electronically or using hard copy for them to complete and return.

Secondary data for government expenditure was sourced from government Integrated Financial Management Information System (IFMIS). The Ministry of Health (MoH) historical itemized as at 31<sup>st</sup> December for both FY2018 and 2019 were used to calculate government actual expenditure.

On the other hand, household data was sourced from the **Integrated Household Survey (IHS, 2020)** conducted by the Gambia Bureau of Statistics (GBoS).

### Data Customization

NHA codes that are to be applied by the Gambia for the purpose of analysis was customized using Health Accounts Production Tool (HAPT). During the customization, sub categories for General Hospitals, Teaching Hospital, District Hospitals, Major and Minor Health facilities were added.

The currency section of the tool was also reviewed and adjusted with the addition of other major currencies i.e., Euro, Dollar and Pound Sterling.

### Data Sources

The data source section of the tool captured all the institutions/entities that have been identified or selected by the NHA Core Team during data collection and questionnaires were dispatched for completion. All the institutions name were entered whether the entity responded or not. This was done on excel file and imported into the tool. During the importation of the data source, all the questionnaires were in one folder and each data

source was properly named: e.g., **donor (WHO), insurance (royal insurance), and employer**. At the end of the exercise all the data sources from the following institutions: donor, NGO, employer, insurance, government and household were successfully imported into HAPT and analyzed.

### Government Data

Government data is aggregated based on different budget codes which were later assigned to each and every expenditure line. Government budget codes were classified based on **FS, RI, FS, HF, FA, HP, HC and FP**.

Recurrent and capital expenditure lines of the government data were segregated to ensure that recurrent and capital expenditures are mapped differently.

### Data Import and Mapping

Survey data returned from all the category of institutions were cleaned and imported into the tool and validated. Mapping of the imported data was shared among the team members and the process was guided by the NHA Core Team members. Consequently, all the expenditure lines were given four separate codes: one indicating the Financing Source (FS), Financing Agent (HF), Health care Provider (HP), and health care function (HC).



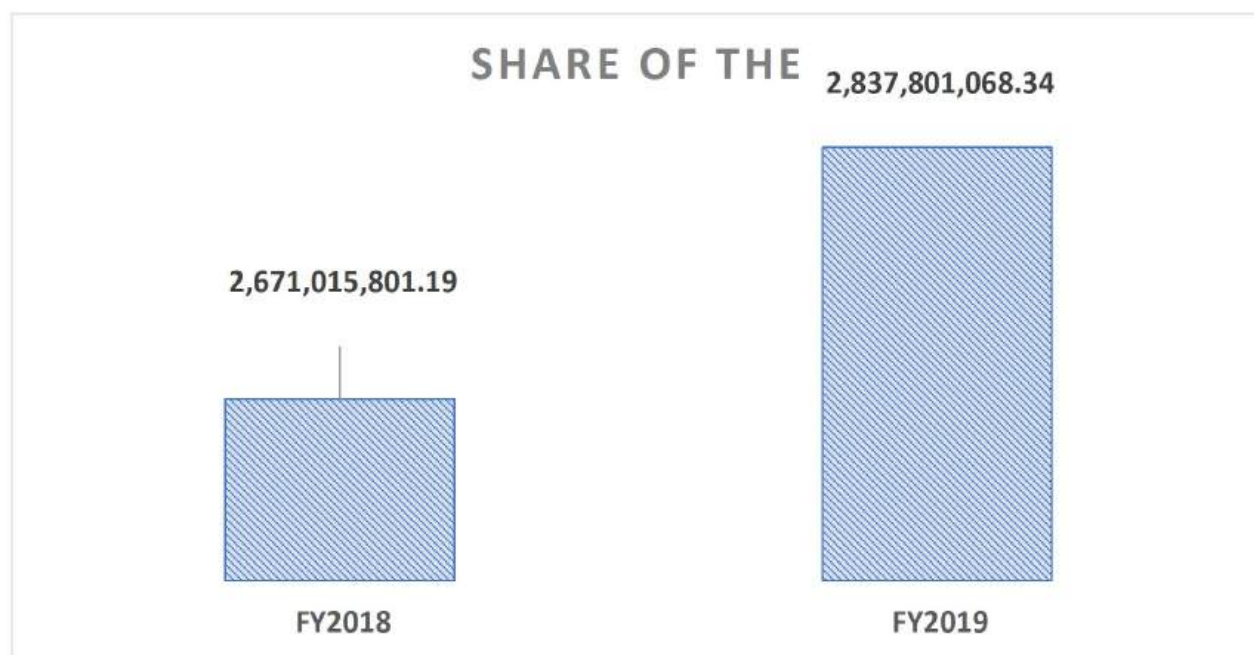
## RESULTS AND DISCUSSIONS

### Total Health Expenditure (THE)

The Total Health Expenditure (THE) for FY2018 and FY2019 summed up to GMD2,587,713,541.95 and GMD2,849,801,068.35 respectively. It has been observed that THE for The Gambia has been fluctuating over the period. Similarly, THE as a percentage of GDP which serves as a critical indicator for a country's strive to move towards achieving Universal Health Coverage (UHC) hovers around 4 to 5%.

For instance, in 2013 NHA study THE as a percentage of GDP was at 5.68%, however the figure dropped to 4% in the subsequent NHA study for FY2015. The current study showed a further drop of THE as a percentage of GDP from 4.94% in FY2018 to 3.29% in FY2019.

**Figure 1. Total Health Expenditure – FY2018 vs. FY2019**



### **Total Health Expenditure as a percentage of GDP**

Total health expenditure as a percentage of GDP in the same period – FY2018 and FY2019 amount to 4.94% and 3.25% respectively while General government expenditure on health as % of GDP is at 1.61% and 1.06% respectively. This figure is less than the FY2016 and FY2017 NHA report which was at 1.92 and 1.66% respectively (1). The total health expenditure as a percentage of GDP is less than the global average and the average for low and middle income countries which was 9.72% and 9.84% and 5.26% and 5.33% in 2018 and 2019 respectively (2).

Government spending on health is quite important to achieve universal health coverage because some people are too poor to contribute or can pay out of pocket. Few countries where health spending from general government revenues and compulsory insurance is less than 5–6% of GDP come close to achieving universal coverage because they are unable to make sufficient provision to subsidize the poor (3).

### **Government expenditure as a % of total health expenditure.**

Total government expenditure on health in FY2018 and FY2019 was at GMD840,664,629.03 and GMD927,387,887.86, representing 32.49% and 32.54% of THE respectively. This indicator has been fluctuating over the years measuring 38.60% and 30.65% in FY2016 and FY2017 respectively (1).

### **General government expenditure on health as % of total government expenditure**

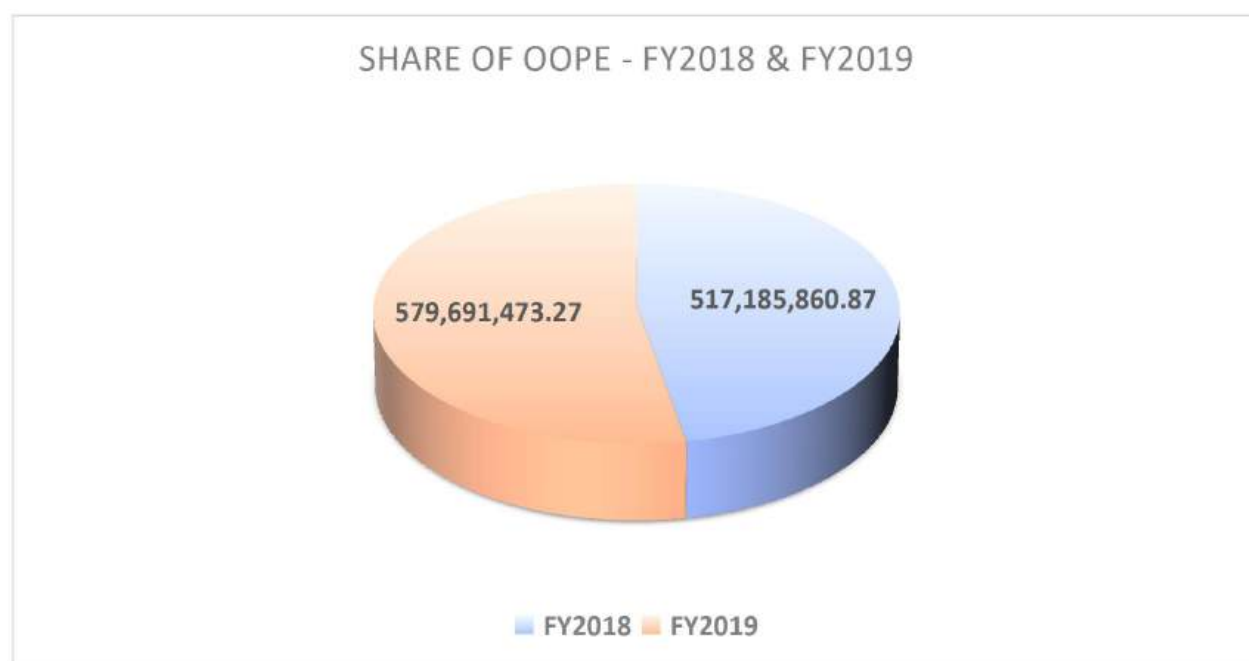
This indicator measures government expenditure on health as a percentage of government expenditure on all sectors during the fiscal year under review. This summed up to GMD840,664,629.03 and GMD927,387,887.86, translating into 9.13% and 5.13% respectively. This still falls short of Abuja Declaration of 15% (4).

### **Out of pocket expenditure**

Total out of pocket expenditure on health in FY2018 and FY2019 is at GMD517,185,860.87 and GMD579,691,473.27 or 19.99% and 20.34% of THE respectively. There has been great improvement on this indicator with a decline from 29.80% and 24.55% in FY2016 and FY2017 respectively. This indicator measures catastrophic and impoverishing health expenditure which occurs when health expenditure exceeds 40% of a household disposable income. The WHO

reports that where OOP expenditure is lower than 15-20%, there is little financial catastrophe or impoverishment (3).

**Figure 2. Out-of-pocket Expenditure – FY2018 vs. FY2019**



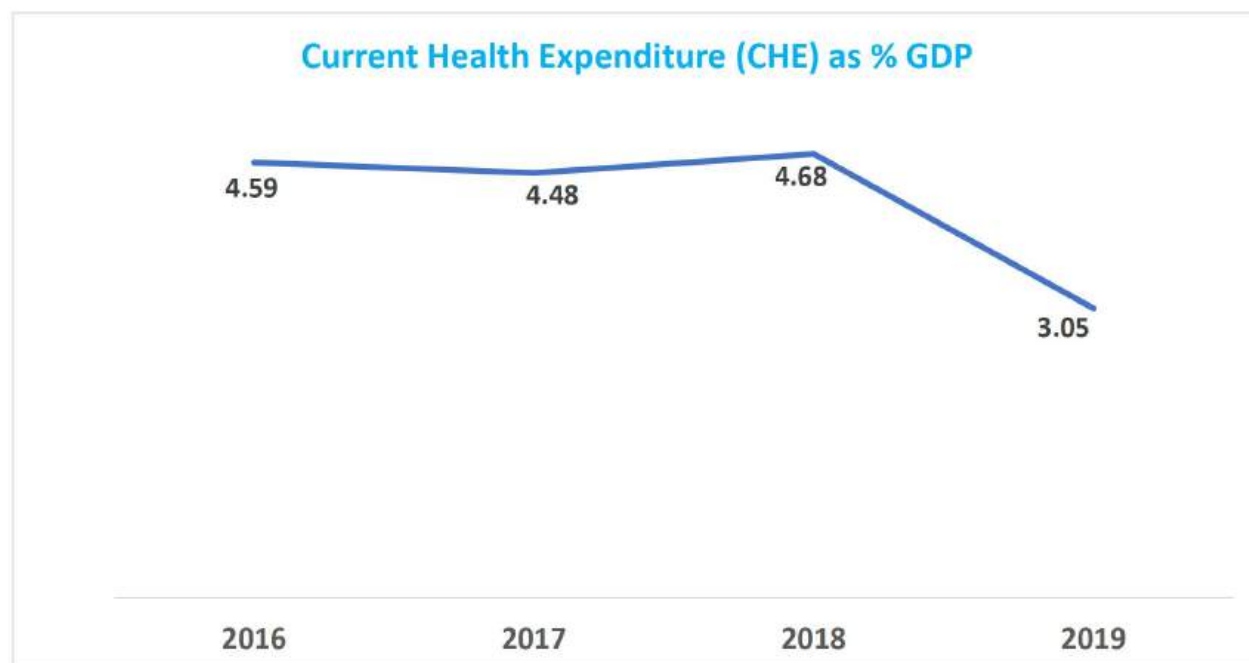
### Current Health Expenditure (CHE) as % GDP

The gross domestic product (GDP) is one of the primary indicators used to gauge the health of a country's economy. It measures the total dollar value of all goods and services produced over a specific time period. It shows the economic output related to healthcare. Current health expenditure as a share of GDP provides an indication on the level of resources channeled to health relative to other uses. It shows the importance of the health sector in the whole economy and indicates the societal priority which health is given measured in monetary terms. CHE as a percentage of GDP indicates current health spending relative to the country's economic development.

CHE amounts to GMD2,368,621,669.16 and GMD2,688,228,747.06, representing 4.52% and 3.07% of GDP in FY2018 and FY2019 respectively. In the same period, CHE per capita in USD was \$22.40 and \$23.65 respectively.

The CHE as a % of GDP has seen a dropping trend with percentages ranging from 4.59%, 4.48%, and 4.52% in FY2016, FY2017, and FY2018 respectively and steeper drop of 3.04% in FY2019.

**Figure 3. Current Health Expenditure as a percentage of GDP**



#### **Current Health Expenditure Per Capita**

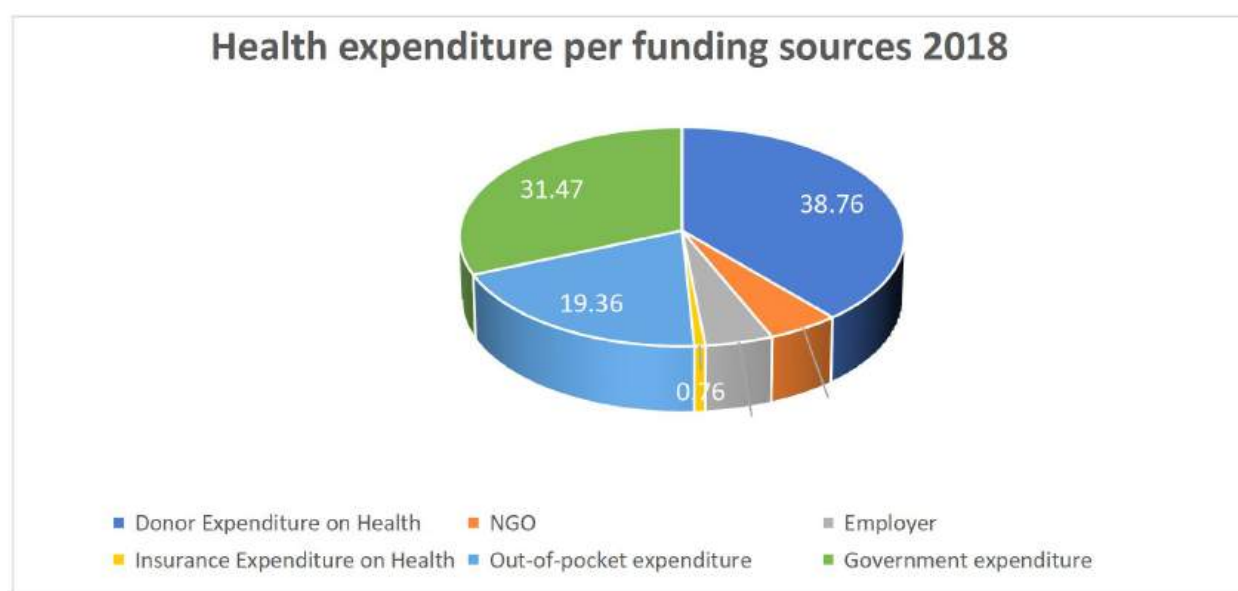
Current Health Expenditure (CHE) per capita in FY2015, FY2016, FY2017, FY2018 and FY2019 stood at \$22.91, \$21.60, \$21.33 \$22.40 and \$23.65 respectively. The difference in figures may not significantly impact on the outcome of the analysis as different official exchange rates were used for the various financial years.

**Table 1. Current Health Expenditure per capita**

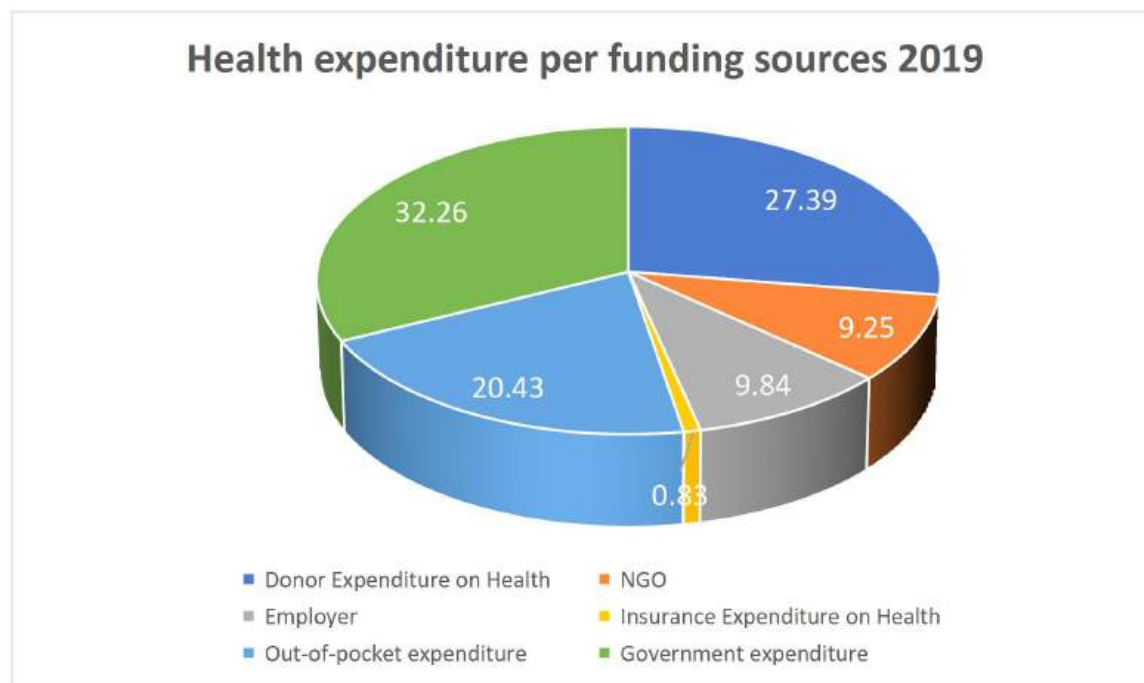
<b>Current Health Expenditure (CHE) per capita in USD/GMD</b>		
<b>Year</b>	<b>USD</b>	<b>GMD</b>
2015	22.91	860.92
2016	21.60	947.98
2017	21.33	994.37
2018	23.19	1116.36
2019	23.55	1177.26

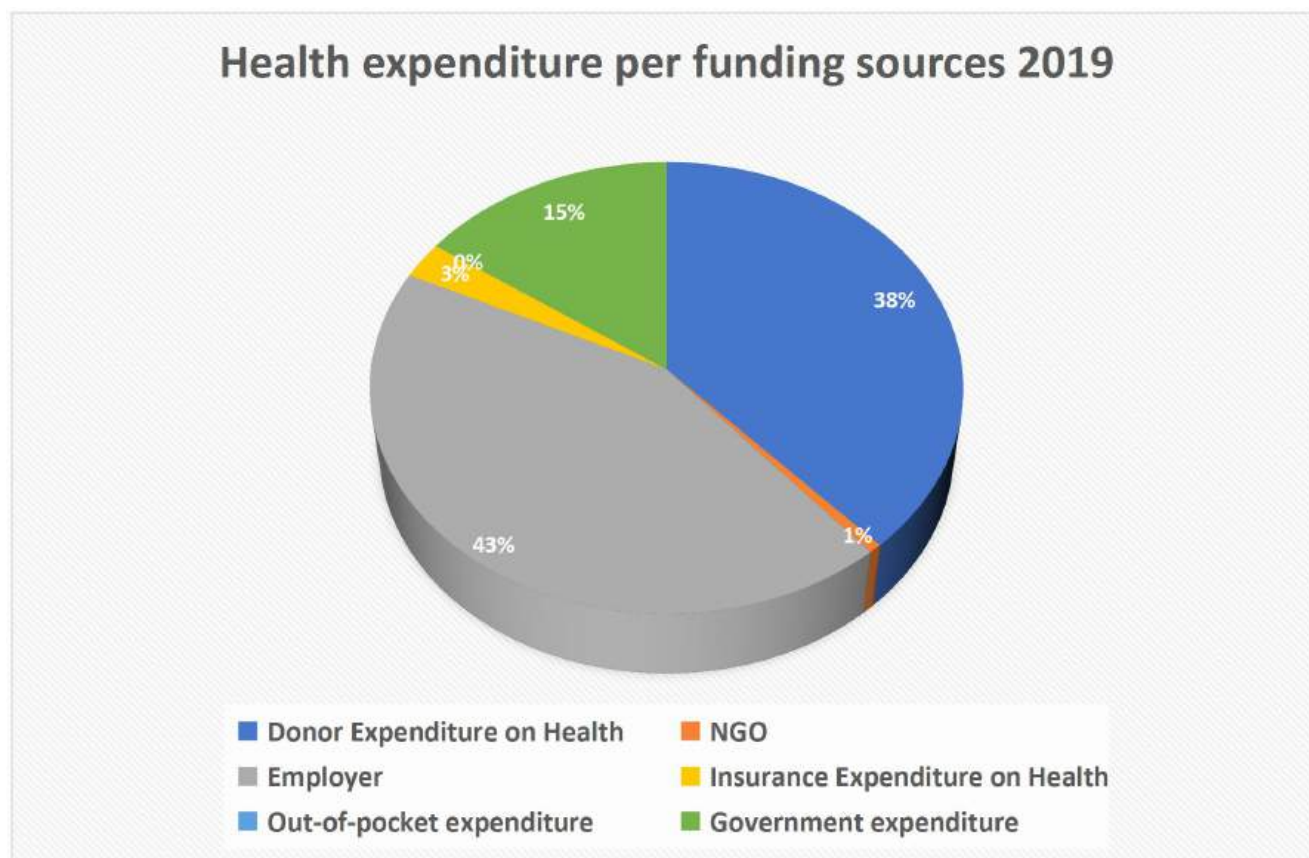
### Current Health Expenditure and Capital Formation

The Recurrent Expenditure summed up to GMD2,368,621,669.16 and GMD2,688,228,747.06 or 91.54% and 94.33% of THE in FY2018 and FY2019 respectively while the capital expenditure totaled GMD219,019,872.79 and GMD161,572,321.29, representing 8.46% and 5.67% of THE in the same period.

**Figure 4: Summary of Health Expenditure per Funding Sources – FY2018**

**Figure 5. Summary of Health Expenditure per Funding Sources – FY2019**

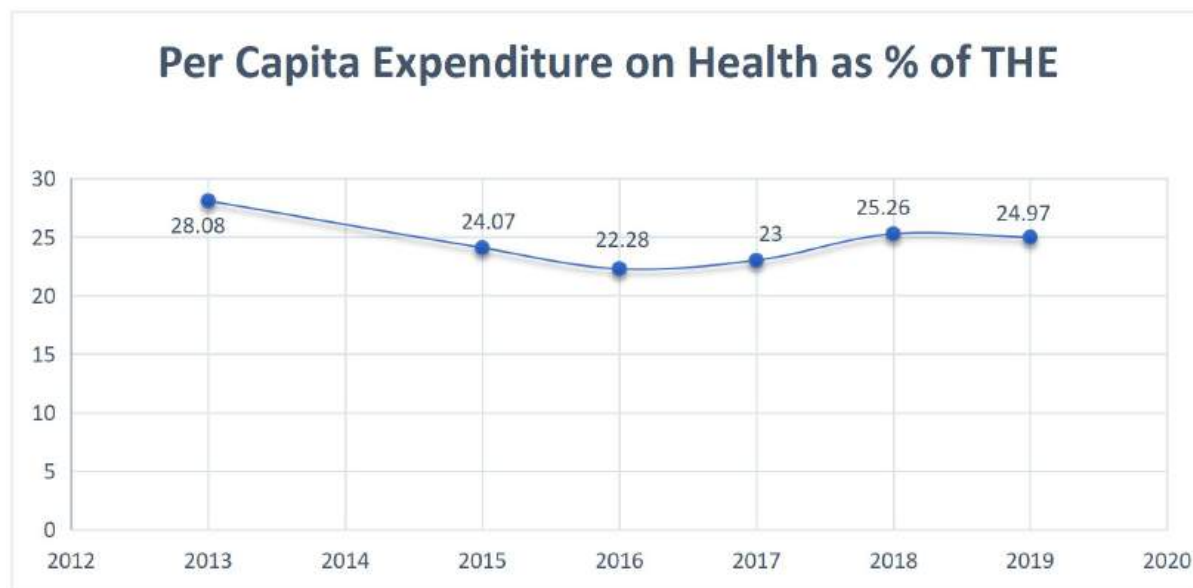




#### Per Capita Total Expenditure on Health (PPP int. \$)

This indicator assesses the total expenditure on health relative to the beneficiary population, Per Capita Health Expenditure is a core health financing indicator which is used to measure public spending on health in relation to the beneficiary that is the population. It's calculated as share of expenditure divided by the total population. The population for 2018 and 2019 is the projection of the 2013 census population. The budgets and resources includes all sources and is expressed in international dollar for comparison[1, 2]. In the Gambia as in many lower income countries the Per Capita Expenditure on Health have not change significantly over the years as shown on the figure below.

**Figure 6. Per Capita Expenditure on Health as % of THE – FY2013 – FY2019**





On average the total amount spent on an individual in the Gambia for FY2018 and FY2019 is at \$24.47(GMD1178.16) and \$25(GMD(1253.40) respectively which is below the WHO recommendation of public spending of \$60 to deliver set of essential health services (World Health Report 2010) [3]. Low spending on health has a serious implication on the service delivery of a country as it is central in moving towards achieving UHC because it contributes to financial protection. Although the per capita is relatively low, WHO expertise's belief that countries with low per capita spending of <\$40 can still achieve UHC as it is evidence that increase in public spending on health or increased in per capita national income will translates to increase in UHC performance[4]

Table 2. Per Capita Expenditure on Health by source – FY2018 vs. FY2019

PER CAPITA EXPENDITURE ON HEALTH BY SOURCE						
Expenditure Source	2018			2019		
	Total Amount	Per Capita (GMD)	Per Capita US\$	Total Amount	Per Capita (GMD)	Per Capita US\$
Donor Expenditure on Health	1,035,164,687.47	531.47	11.8	777,408,625.75	2112.08	42.25 6.84
Employer Expenditure on Health	125,484,215.62	301.87	6.27	279,200,547.00	6,138.65	122.80
Insurance Expenditure on Health	20,187,498.00	442.46	9.19	23,634,617.00	519.64	10.39
Out-of-pocket Expenditure on Health	517,185,860.87	11,335	235.47	579,691,473.27	12,745.40	254.96
Government Expenditure on Health	840,664,629.03	382.74	7.95	915,387,887.86	402.60	8.05

The above table presents a steady increase in per capita expenditure on health from the government over the years. In FY2017, government spent \$7.52(GMD350) per person, while in FY2018 and 2019 government expenditure showed an incredible increased to \$7.95(GMD382.74) and \$8.16(GMD407.88) respectively. These figures show that at the micro level government is committed to providing effective and quality essential health services for the citizenry. The rest of world's (Donor + NGO) contributions have seen a fluctuating trend on the various HA results. In FY2015 an amount of \$8.26 was spent on per person, although there was a sharp drop in 2016

by donor, yet a staggering increase in FY2017 and FY2018 was registered. Comparing the year under review, an amount of \$11.04(GMD531.55) and \$9.15(GMD457.36) was spent by Donor and NGO partners in FY2018 and FY2019 respectively. A decrease of \$1.89 (GMD74.19) is seen in FY2019.

Private expenditure on health most especially insurance have not made significant changes over the years as it ranges from \$0.76 in FY2015 with a drop in FY2016 - 17 to a rebound of \$0.78 and \$0.83 in FY2018 - 19. This evidence shows that insurance premium payment is still a challenge for people in the Gambia. However, on average an individual spent \$4.89(GMD235.47) in FY2018 and an increased amount of \$5.10(GMD254.96) in FY2019 out of pocket to access health in the years under review. This has seen a decrease on OOP spending person but still at risk of catastrophic health expending if concerted efforts are not put in place.

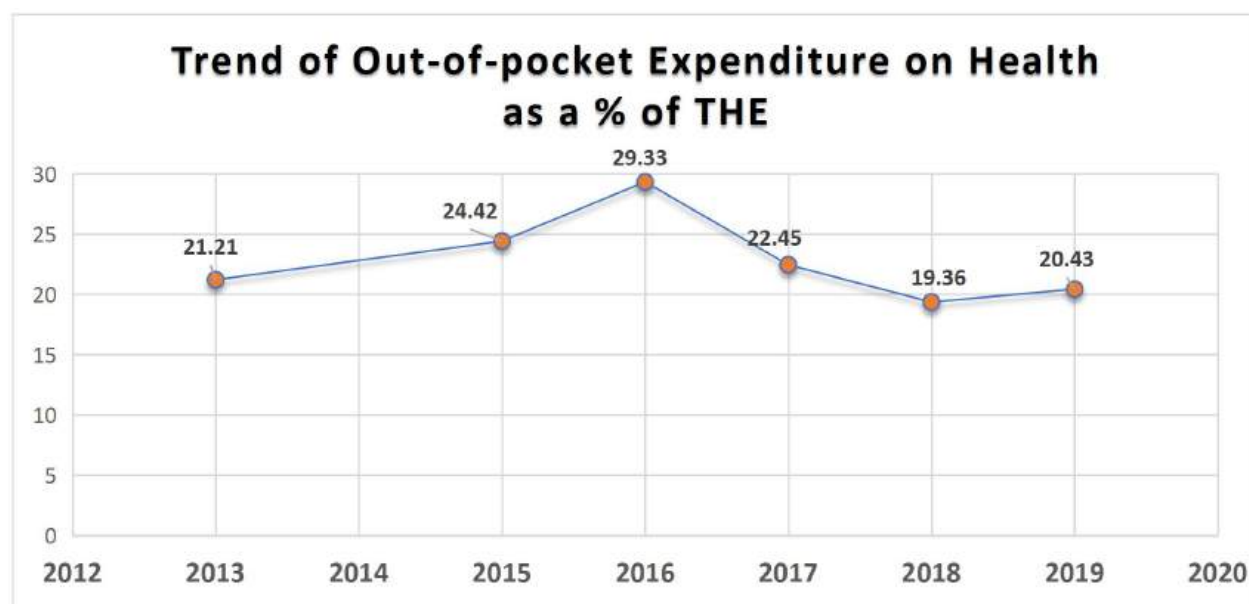
#### **Per capita government expenditure on health at average exchange rate (US\$)**

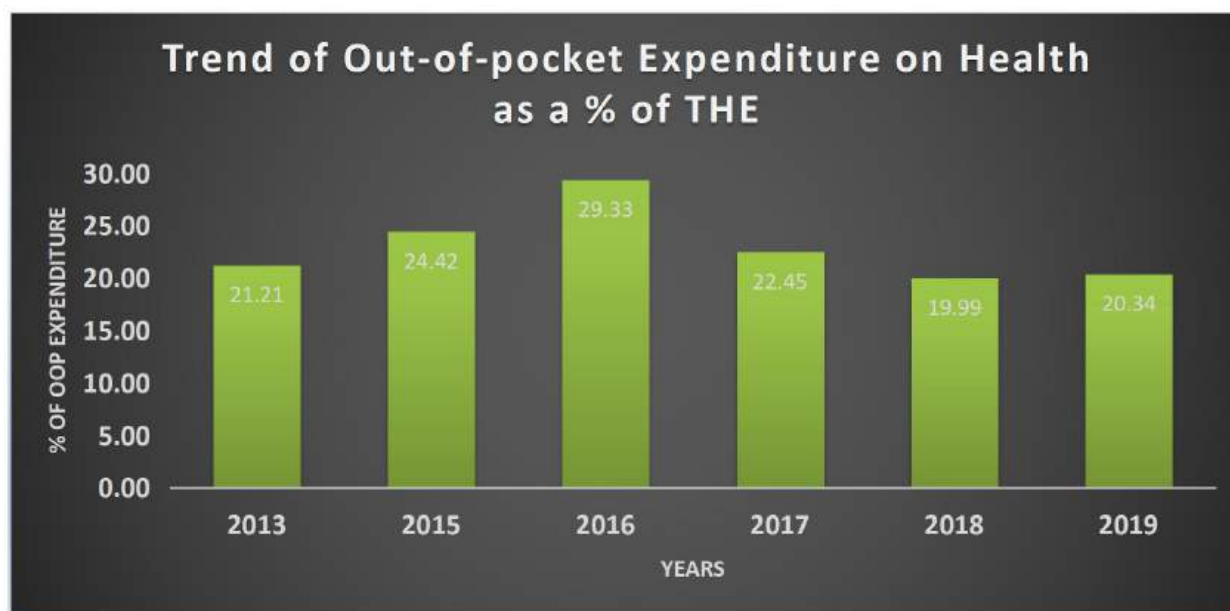
This expressed the amount of money spent by government on each person in the population in USD as per the exchange rate. This figure is \$7.95 and \$8.16 in FY2018 and FY2019 respectively.

### Out-Of-Pocket Expenditure as % THE

The performance of a health system is gauged by the degree to which individuals and Households are exposed to Financial Catastrophic due to health expenditures. Out-of-Pocket Expenditure (OOPE) is one of the key health financing indicators use to determine the financial protection and risk sharing of a countries' health system. It is also a crucial indicator in achieving UHC. It's defined as the share of out-of-pocket payment as a percentage of total health expenditure.

**Figure 7. Trend of OOP as % of THE**





According to the chart, the household out of pocket expenditure witnessed a downward trend from FY2016 which is attributed to several factors among the population. As government per capita expenditure increases there is an overall decrease in the household expenditure. The figures show commitment on government to providing quality health service without exposing the citizen to catastrophic expenditure. Moving towards UHC is an important milestone for the Gambia's Health System therefore the OOP of 19.99% and 20.34% is still significantly high for the poor and vulnerable population in the Gambia.

**Table 3. Key Health Financing indicators for The Gambia across NHA Rounds (2013 – 2019)**

INDICATOR	NHA FY2013	NHA FY2015	NHA FY2016	NHA FY2017	NHA FY2018	NHA FY2019
Total Health Expenditure (THE) as per cent of GDP	5.68%	4.68%	4.73%	4.83%	5.10%	3.24%
Total Health Expenditure (THE) Per capita (USD)	\$28.08	\$24.07	\$22.28	\$23.00	\$25.26	24.97
Current Health Expenditures (CHE) as per cent of GDP	6%	4.46%	4.59%	4.48%	4.68%	3.05%
Government Health Expenditure (GHE) as per cent of THE	28.11%	32.78%	39.05%	32.71%	31.47%	32.26%
Out of Pocket Expenditures (OOPE) as per cent of THE	21.21%	24.42%	29.33%	22.45%	19.36%	20.43%
Private Health insurance Expenditures as per cent of THE	3.98%	7.46%	3.35%	3.64%	0.76	0.83%
External/ Donor Funding for health as per cent of THE	46.70%	36.45%	28.27%	41.20%	38.76%	27.39%

## ESTIMATES ON SHA DISEASE CLASSIFICATIONS BY FINANCING SCHEMES

### Disease conditions

**FSRI:** Institutional units providing revenues to the financing scheme implies various sources of funding to health care in other words it is how funds related to health care flow from various fund providers.

**DIS:** Diseases are divided into infectious and parasitic, reproductive health, NCDs, nutritional deficiencies, injuries, non-disease specific and dis. nec. (not elsewhere classified).

The Financing of healthcare in The Gambia for infectious and parasitic diseases is done by different sources which include government, Global Fund, WHO and UNICEF. Global Fund focus mainly on HIV/AIDS, Tuberculosis and Malaria.

**Table 4: Expenditure on Infectious and Parasitic Disease by Financing Sources (%)**

FINANCING SOURCE	INFECTIOUS AND PARASITIC DISEASES (%)					
	HIV/AIDS		Tuberculosis		Malaria	
	2018 (%)	2019 (%)	2018 (%)	2019 (%)	2018 (%)	2019 (%)
<b>Government</b>	5.10	4.96	0	0	3.96	2.61
<b>Global Fund</b>	94.90	94.70	100	100	96.0	97.39
<b>WHO</b>	0	0.01		0		0
<b>UNFPA</b>	0	0.32		0		0

The table above shows the expenditure for FY2018 & FY2019 for infectious and parasitic diseases (HIV/AIDS, Malaria and Tuberculosis) by financing source. The biggest contributor to the three key diseases is Global Fund 94.90% and 94.70% for HIV/AIDS in FY2018 and 19 respectively. There has been a steady increase in the Global Fund expenditure on health from FY2018 and FY2019 for Tuberculosis while government has no expenditure registered during the period under review.

In the case of malaria an expenditure rate of 96.0% and 97.39% respectively for FY2018 and FY2019 was provided by Global Fund while government expenditure stood at 3.96% and 2.61% respectively. Government expenditure on HIV/AIDS stood at 5.10% and 4.96% for FY2018 and FY2019 and this was mainly on personal emoluments. The analysis further showed that WHO and UNICEF spent a portion of their resources on HIV/AIDS and with no expenditure on Tuberculosis and Malaria for the two financial years. It is therefore an evident that Global Fund is one of the core external financing sources for the health sector as per their interventions in the three key disease areas.

The government expenditure on NCDs increased from 3.6 to 11.33% in FY2018 and FY2019 respectively. The 2019 financial year expenditures data for government shows that a lot of investments have been made on several disease conditions except for nutritional deficiency which has no expenditure while other diseases not elsewhere classified accounted for 34.82% in FY2018 and 13.20% in FY2019.

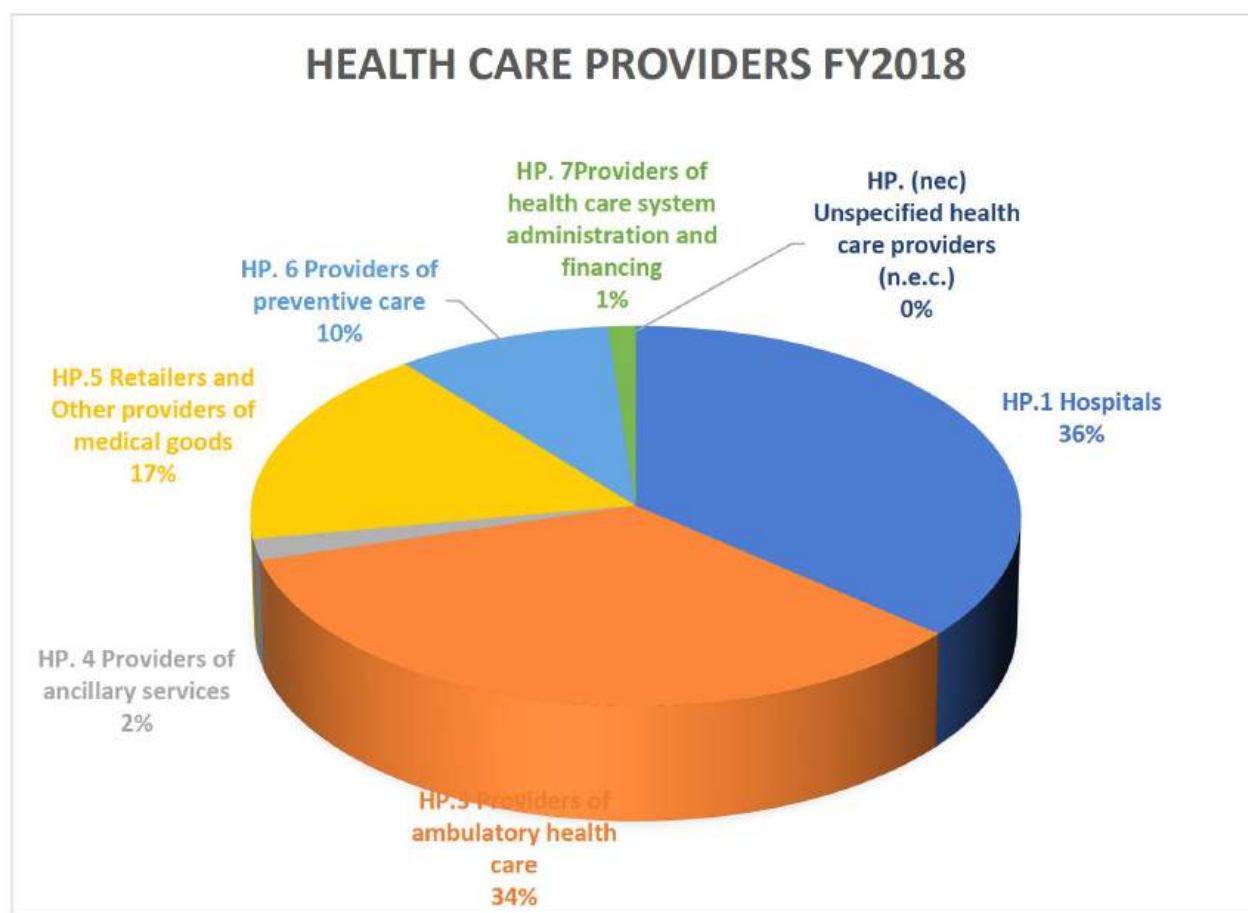
Household expenditures on NCDs and injuries also carries a greater percentage for both financial years under review. The highest expenditure by donors was on parasitic and infectious disease at 63.24 and 61.49 for FY2018 and FY2019 due to the support of Global Fund on HIV, TB and Malaria which are their key priority areas.



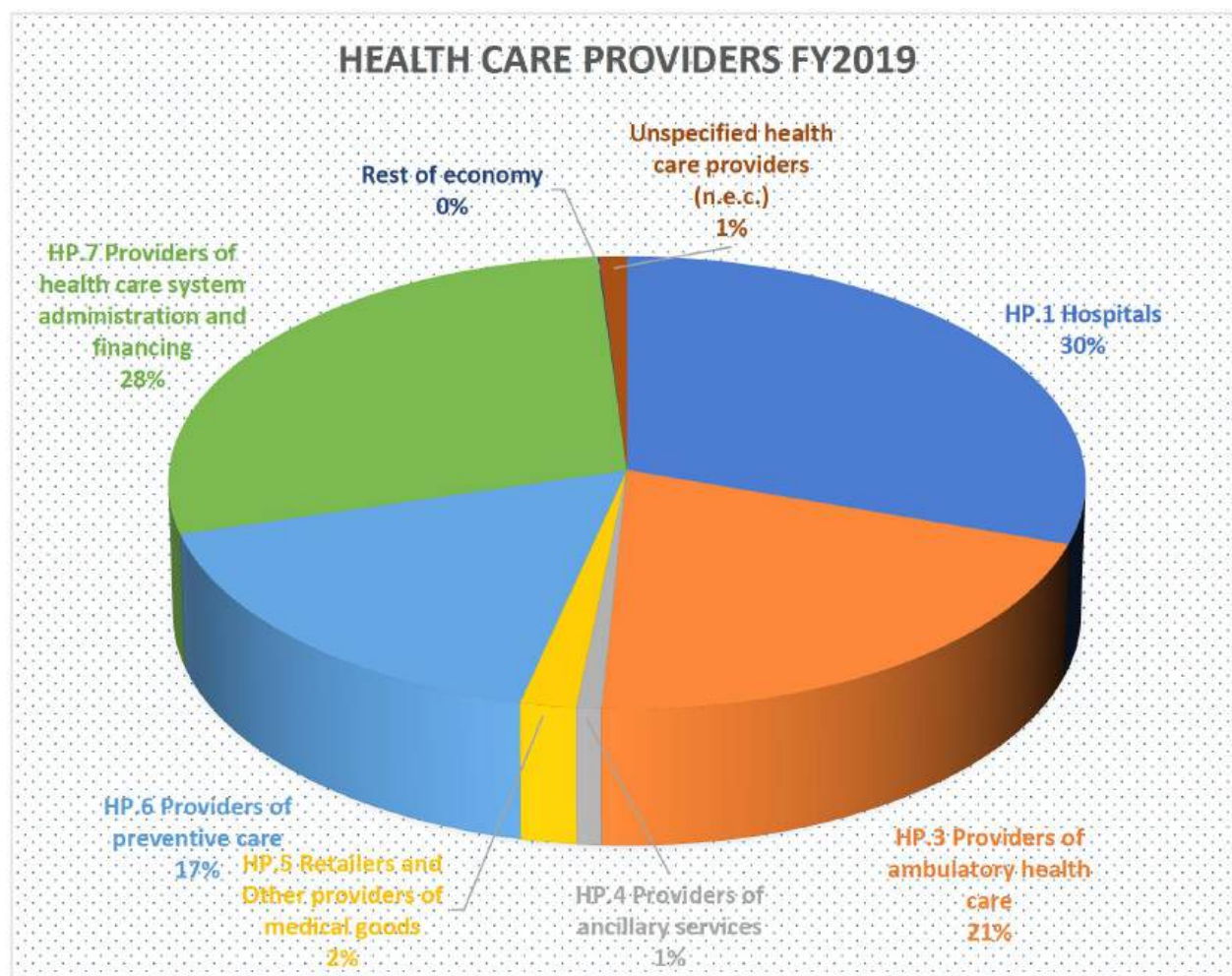
## HEALTH CARE SERVICE PROVIDERS

The major providers that received and uses funds from financing agents for the delivery of health service are hospitals, providers ambulatory services, laboratory services, patient transportation, Pharmacy, providers of preventive care, providers of health care system administration and financing as depicted in the figure below.

**Figure 6: Pie chart showing health care provider by categories for FY2018**



**Figure 7: Pie chart showing health care provider by categories - FY2019**



The charts above show that in FY2018, provider of preventive care consumed the largest amounts of the health expenditure at 27%, however this figure drops to 17% in FY2019. Hospitals expenditure accounts for 25% in FY2018 and this has increased to 30% in FY2019. Providers of health care system administration and financing is at 24% and 28% respectively for the two financial years under review. Providers of ambulatory health care accounts for 17% and 21% respectively.

In addition, providers of ancillary services accounts for 4% and 1% respectively while retailers and other providers of medical goods stood at 2% for each financial year. The rest of the expenditures were attributed to unspecified health care providers.

## LIMITATIONS

- List of health care providers and related capital expenditures especially in the private sector, is not exhaustive due to non-availability of disaggregate data. Further, expenditures on healthcare by Academic institutions, Members of Parliament, Area and Municipal councils are inadequately captured. However, the NHA core team is working towards capturing this information in future by obtaining information from relevant government departments/private institutions or agencies.
- Expenditure information on dental care, long term care and rehabilitative care in the government/private sector is limited due to inability of existing data sources to capture this information in a disaggregate manner; therefore, the estimates could be an underestimate.
- Household data is always sourced from surveys conducted by the Gambia Bureau of Statistics (GBoS) which are usually extrapolated to reflect the realities of the study period. The core team always finds it difficult to get the current data on households as the IHS studies are not conducted on an annual basis.

## POLICY RECOMMENDATIONS

- Government needs to address rising levels of Out-of-Pocket expenditure (20.34%) in order to protect households from catastrophic spending by expediting the process of introducing National Health Insurance Schemes to eliminate payment at the point of service.
- The Health Financing Policy (HFP, 2017 - 2030) “Resourcing pathway to Universal Health Coverage” recommended that Government of the Gambia should finance at least 50% of the cost of Basic Health care Package. To achieve this, Government and health development partners (HDPs) need to increase investment in health towards meeting the recommended per capita health expenditure of minimum \$84 per capita (Chatham House) for low-income countries, if the country is to increase access to health care and improve quality of services.

- With the current epidemiological profile, relative to our desired level of health status, the per capita expenditure of 25.07 US Dollar may not move the country towards achieving the Sustainable Development Goals (SDGs) and Universal Health Coverage in particular. More resources therefore, could be leveraged from within if efficiency measures are put in place and available resources are managed efficiently.
- The CHE as a percentage of GDP is 4.52 and 3.07% yet the minimum recommended level is 5% of GDP for Low-income countries. In view of this, the Ministry of Health needs to strengthen its stewardship role in coordinating donors and ensuring alignment to country strategies to the Paris Declaration principles for more aid effectiveness.
- The country needs to explore alternative ways of mobilizing domestic resources to improve financial sustainability including the improvement of efficiency in resource use. Introduction of National Health Insurance Scheme (SHIS) will enhance domestic resource mobilization efforts.
- There is need for proper prioritization of interventions and continue the steady-shift of more financing towards preventive health care services rather than the curative care as dictated by the new National Health Policy 2020-2030.
- The private sector (Employer and insurance) is a major player in the provision of health services and Government needs to develop appropriate policies that build appropriate Public-Private Partnerships (PPP) with a view to increasing access to affordable health services for the entire population

## Annexes:

### Key Health Financing Indicators for The Gambia: FY2013 – FY2019

Key Health Financing Indicator for the Gambia							
INDICATOR	SHA CODE	FY2013	FY2015	FY2016	FY2017	FY2018	FY2018
Total Health Expenditure (THE) as % of Gross Domestic Product (GDP)	THE%GDP_SHA2011	5.68%	4.68%	4.97%	5.42%	5.10%	3.24%
Current Health Expenditure (CHE) as % GDP	CHE%GDP_SHA2011	-		4.86%	4.94%	4.68%	3.05%
Total Health Expenditure (THE) per Capita in US\$	THE_pc_US\$_SHA2011	\$28	\$22.67	\$23.38	\$25.84	\$25.26	24.97
Current Health Expenditure (CHE) per Capita in US\$	CHE_pc_US\$_SHA2011	-	\$21.58	\$22.89	\$23.53	\$22.40	\$23.65
Domestic Health Expenditure (DOM) as % of Current Health Expenditure (CHE)	DOM%CHE_SHA2011	-	66.76%	73.33%	64.32%	59.96%	67.33%
Domestic General Government Health Expenditure (GGHE-D) as % Current Health Expenditure (CHE)	GGHE-D%CHE_SHA2011	-	34.44%	39.43%	33.66%	31.47%	32.26%
Domestic General Government Health Expenditure (GGHE-D) as % Current Health	GGHE-D%CHE_SHA2011	-	34.44%	39.43%	33.66%	35.49%	34.50%

Expenditure (CHE)							
General government expenditure on health as % of total government expenditure				11.23%	9.52%	9.13%	5.43%
Domestic Private Health Expenditure (PVT-D) as % Current Health Expenditure (CHE)	PVT-D%CHE_SHA2011	-	32.32%	33.90%	30.67%	24.47%	32.83%
External Health Expenditure (EXT) as % of Current Health Expenditure (CHE)	EXT%CHE_SHA2011	-	38.30%	28.83%	45.49%	49.29%	38.68%
Domestic General Government Health Expenditure (GGHE-D) as % Gross Domestic Product (GDP)	GGHE-D%GDP_SHA2011	1.60%	1.53%	1.92%	1.66%	1.61%	1.06%
Domestic General Government Health Expenditure (GGHE-D) per Capita in US\$	GGHE-D_pc_US\$_SHA2011	\$7.8	\$7.89	\$9.03	\$7.92	\$7.95	\$8.16
Domestic Private Health Expenditure (PVT-D) per Capita in US\$	PVT-D_pc_US\$_SHA2011	\$7.07	\$7.41	\$7.76	\$7.22	\$5.48	\$7.76
External Health Expenditure (EXT) per Capita in US\$	EXT_pc_US\$_SHA2011	\$13.11	\$8.78	\$6.60	\$10.70	\$11.04	\$9.15

Government Financing Arrangements (GFA) as % of Current Health Expenditure (CHE)	GFA%CHE_SHA2011	-	34.44%	39.43%	33.66%	35.49	34.50%
Voluntary Health Insurance as % of Current Health Expenditure (CHE)	VHI%CHE_SHA2011	-	3.32%	0.76%	1.15%	0.76	0.83%
Out-of-Pocket Expenditure (OOP) as % of Current Health Expenditure (CHE)	OOPS%CHE_SHA2011	-	25.66%	30.44%	26.96%	21.83	21.56%
Out-of-Pocket Expenditure (OOP) per Capita in US\$	OOP_pc_US\$_SHA2011	\$5.96	\$5.88	\$6.98	\$6.34	\$4.89	\$5.10
Percentage of Out of Pockets Expenditure on Health		21.21%	24.42%	29.80%	24.55%	19.99%	20.34%

#### Expenditure on Disease conditions by Financing Sources (2018 & 2019)

Source	Infectious and parasitic Diseases		Reproductive Health		Communicable and Non-Communicable Disease		Nutritional Deficiencies		Injuries		Non-Disease Specific		DIS nec	
	2018	2019	2018	2019	2018	2019	2018	2019	2018	2019	2018	2019	2018	2019
<b>Government</b>	5.41	5.56	0.60	2.46	3.6	11.33	0	9.84	0.73	4.44	63.59	67.89	34.82	13.20
<b>Insurance</b>	0.00	0.00	0.00	0.00	0.00	0.00	0	0.00	0.00	0.00	1.67	1.55	0.00	0.00

e														
<b>Employer</b>	<b>0.88</b>	<b>1.41</b>	<b>0.34</b>	<b>11.8</b>	<b>4.72</b>	<b>10.7</b>		<b>60.2</b>	<b>0.91</b>	<b>0.15</b>	<b>0.31</b>	<b>1.23</b>	<b>6.51</b>	<b>58.0</b>
				<b>2</b>		<b>7</b>		<b>7</b>						<b>5</b>
<b>NGO</b>	<b>12.3</b>	<b>9.61</b>	<b>0.63</b>	<b>0.14</b>	<b>0.02</b>	<b>0.12</b>	<b>0</b>	<b>0.71</b>	<b>0.00</b>	<b>0.00</b>	<b>1.03</b>	<b>12.0</b>	<b>0.02</b>	<b>0.68</b>
	<b>7</b>											<b>6</b>		
<b>Househol</b>	<b>17.8</b>	<b>21.9</b>	<b>43.7</b>	<b>42.3</b>	<b>88.6</b>	<b>74.7</b>	<b>0</b>	<b>29.1</b>	<b>98.3</b>	<b>95.4</b>	<b>6.56</b>	<b>5.82</b>	<b>34.8</b>	<b>28.0</b>
<b>d</b>	<b>4</b>	<b>3</b>	<b>6</b>	<b>8</b>	<b>3</b>	<b>5</b>		<b>8</b>	<b>5</b>	<b>1</b>			<b>3</b>	<b>7</b>
<b>Donor</b>	<b>63.1</b>	<b>61.4</b>	<b>54.6</b>	<b>43.2</b>	<b>2.95</b>	<b>3.03</b>	<b>0</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>26.8</b>	<b>11.4</b>	<b>23.8</b>	<b>0.00</b>
	<b>4</b>	<b>9</b>	<b>7</b>	<b>0</b>							<b>4</b>	<b>4</b>	<b>2</b>	