SUPPLEMENTARY METHODS ANNEX

FINANCING GLOBAL HEALTH 2017

Funding Universal Health Coverage and the Unfinished HIV/AIDS Agenda

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Abbreviations

ADB	Asian Development Bank
AfDB	African Development Bank
BMGF	Bill & Melinda Gates Foundation
CRS	Creditor Reporting System
DAC	Development Assistance Committee
DAH	Development assistance for health
EC	European Commission
GDP	Gross domestic product
GGHE	General government health expenditure
GHED	Global Health Expenditure Database
GHES	Government health spending
HSS	Health systems strengthening
IBRD	International Bank for Reconstruction and Development
IDA	International Development Association
IDB	Inter-American Development Bank
LCU	Local currency units
NASA	National AIDS Spending Assessments
NGO	Non-governmental organizations
NHA	National Health Accounts
NPISH	Non-profit institutions serving households
ODA	Official development assistance
OECD	Organisation for Economic Co-operation and Development
OOP	Out-of-pocket
PAHO	Pan American Health Organization
PI	Private insurance
PPP	Prepaid private
SHA 2011	System of Health Accounts 2011
SWAps	Sector-wide approaches
TB	Tuberculosis
THE	Total health expenditure
UNICEF	United Nations Children's Fund
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
VolAg	Report of Voluntary Agencies
WHO	World Health Organization

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SECTION 1. INTRODUCTION

Reliable and complete data on global health spending is important for resource mobilization, planning, resource allocation, and monitoring the health-related targets in the Sustainable Development Goals. The objective of this study is to provide data on health spending patterns that can guide decision-makers. This appendix describes in detail the methodology used in each of the analyses completed for this report.

The annex is divided into two main parts. The first part provides a detailed description of the sources of data, estimation techniques, and assumptions for the total health spending globally and disaggregated by source, development assistance for health, and spending on HIV/AIDS in 188 countries. The second part presents a similarly detailed description for the estimates of future health spending and universal health coverage. We produced a comprehensive and comparable set of gross domestic product and all-sector government spending estimates. Additionally, using observed past trends, we predicted the possible trajectories of covariates of interest conditional on following an optimistic and pessimistic pattern based on global rates of change.

The analyses conducted for the first part reviews global spending on health historically with a special and new focus on disease-specific spending, specifically HIV spending. The analyses completed for the second part highlight future health spending and explore potential spending scenarios and their implications for universal health coverage attainment. eTable 1 below presents the definitions for the various health spending sources estimated in the analyses.

eTable 1. Definitions of health spending sources

Health spending type	Definition
Development assistance for health	Financial and in-kind contributions from global health channels that aim to improve or maintain health in low- or middle-income countries.
Government health expenditure as source	Government health expenditure as source only includes domestically financed government expenditure on health.
Out-of-pocket spending	Payment by individuals for health services; considered catastrophic if exceeding 40% of a household's annual income.
Prepaid private health spending	Private risk pooling against catastrophic health expenditure; includes private insurance and non-governmental organizations.

PART 1: TOTAL HEALTH SPENDING, DEVELOPMENT ASSISTANCE FOR HEALTH, & HIV SPENDING

SECTION 2. TRACKING TOTAL HEALTH SPENDING AND ITS COMPONENTS

Overview

We used data from the World Health Organization (WHO) Global Health Expenditure Database (GHED) to generate estimates of total health spending and health spending by source.[84] From the GHED, we extracted "Current health expenditure by revenues of health care financing schemes" for total health expenditure (THE), "Other revenues from households n.e.c" for out-of-pocket (OOP), "Gross Domestic Product" for GDP. We summed "Social insurance contributions", "Transfers from government domestic revenue (allocated to health purposes)", and "Compulsory prepayment (Other, and unspecified, than FS.3)" for government health spending (GHES). We summed "Voluntary prepayment", "Other revenues from corporations n.e.c." and "Other revenues from non-profit institutions serving households (NPISH n.e.c.)" for pre-paid private (PPP).

To ensure we used the best possible data from the GHED, we evaluated the metadata also provided by GHED to establish the reliability of the data. To do so, we downloaded the metadata from the GHED website for each data point for the five indicators. We used the metadata to decide how each given data point should be weighted, from 0 to 5, with 0 meaning drop, and 1 through 5 meaning keep. We treated these levels as linear weights.

To assign the weights, we established guidelines for the metadata that informed how the underlying data points should be weighted. We gave priority to factors such as complete, documented source information and penalized factors such as having been derived or estimated. eTable 2 describes the guidelines we created; any metadata that did not meet any of the disqualifying factors listed in eTable 2 were given a value of 5 to reflect highest reliability. We used the four primary metadata variables from the GHED database: data type, method of estimation, comments, and sources. We applied the guidelines to each unique set of metadata across these four variables. In total, there were 2,598 unique sets of metadata, all of which can be found in eTable 3 (Criteria for assigning level values to GHED metadata, using reported data type, method of estimation, source, and comments). We evaluated each of the 2,598 rows and assigned one of the levels 0 through 5, based on our guidelines. When two or more guidelines applied, we assigned that set of metadata the lower of the level values, unless our guidelines noted otherwise. In eTable 3, the following is the meaning for the color code used in the tables. The color code is assigned based on the level assigned to each row: Red – level 0, Orange – level 1, Yellow – level 2, Green – level 5, Blue – level to be decided based on levels of sub-components.

For a subset of data points, the metadata indicated that the data point was the sum of other data points (noted in eTable 3 with the level “TBD”). In these cases, if the indicator was a sub-indicator of GHES, PPP, or OOP, we assigned the data point a value of 2 to reflect that even though we could not determine if the sub-components existed, as they are not reported in GHED,

we did not feel that being a sum warranted dropping the data. We assigned the summed GHES, PPP, and OOP indicators the lowest value of their sub-indicators. If the summed data point was THE, however, we assigned the data point the lowest value of its sub-components, the summed GHES, PPP, and OOP indicators.

After designating each of the 2,598 unique sets of metadata a value level, we applied these levels to the underlying data points. In total, we had 22,103 data points, as multiple data points shared the same unique set of metadata. Once the levels were applied to the data, we reassigned all high-income country data points that were a 0 based on the metadata to 3. We made this change to reflect that high-income countries typically have higher-quality data and thus should not be dropped, but should also not be given the highest weight value. The high-income classification comes from the World Bank.[78]

The eTables 4-8 show the number of data points that we dropped based on the metadata globally and by country and region for each of the six indicators. In total for all indicators, we dropped 9,150 of 15,280 data points (59.9%). For each indicator, individually, we dropped 40 out of 3,056 data points (1.3%) for GDP; 1,717 of 3,056 data points (56.2%) for THE; 808 out of 3,056 data points (26.4%) for GGHE; 1,336 out of 3,056 data points (43.7%) for prepaid private; and 1,291 out of 3,056 data points (42.2%) for OOP.

Currency exchange and deflation

To convert a metric (for example, DAH) from 2017 USD to 2017 purchasing power parity dollars, the following steps were taken. First, we used the US deflator series to convert the series (DAH as example) from 2017 USD to nominal USD series for all country-years. Next, we converted the nominal USD series to nominal LCU (local currency unit) series by multiplying with country-year-specific USD to LCU exchange rates, after which we used country-year-specific deflator series (based to year 2017) to convert from nominal LCU to 2017 LCU series. Finally, we converted from 2017 LCU to 2017 purchasing power parity series using the country-specific 2017 LCU to purchasing power parity conversion series.

eTable 2. Rules for assigning level values to metadata

Data type	Methods of estimation	Sources and/or comments	Level
Blank			0
Estimated			0
	Derived by applying the sum of the components		Lowest level of the components
	Interpolated but with additional information		2
	Method description is unclear or provides very little information		0
	Time trend interpolation		1
	Uses data from other countries		0
		Abstract that's not from something documented	1 or method (whichever is bigger)
		Adjusted	0 or method (whichever is bigger)
		Adjusted using something	2 or method (whichever is bigger)
		Any suggestion that the WHO is unclear or unsure about some aspect of the data point's metadata	0 or method (whichever is bigger)
		Approximation	0 or method (whichever is bigger)
		Assumption	0 or method (whichever is bigger)
		Both blank	0 or method (whichever is bigger)
		Both with no intelligible information	0 or method (whichever is bigger)
		Budget address	1 or method (whichever is smaller)
		Calculation was used to generate the estimate	1 or method (whichever is bigger)
		Consultation/contact (without an additional documented source)	1 or method (whichever is smaller)
		Consultations with additional source, but no specifics and just consult is documented	1 or method (whichever is bigger)
		Currency conversion	1 or method (whichever is bigger)
		Data delivered/provided/reported by (a non-documented source)	1 or method (whichever is smaller)
		Data provided but not clear by whom, with an additional source if additional source is not documented	1 or method (whichever is smaller)
		Derived	0 or method (whichever is bigger)
		Estimated based on	1 or method (whichever is bigger)

Data type	Methods of estimation	Sources and/or comments	Level
		Estimation	0 or method (whichever is bigger)
		Excludes (if it excludes what we do want)	0 (supersedes method)
		Extrapolated	0 or method (whichever is bigger)
		Forecasted	0 or method (whichever is bigger)
		Government department, no explicit documented source	1 or method (whichever is bigger)
		Government ministry, but no explicit documented source	1 or method (whichever is bigger)
		Includes (if it includes what we don't want)	0 (supersedes method)
		Inferred	0 or method (whichever is bigger)
		Interpolation	0 or method (whichever is bigger)
		Missing (if missing something that should be included)	0 (supersedes method)
		Modified	0 or method (whichever is bigger)
		Modified from something/modified using something	2 or method (whichever is bigger)
		Needs assessment	1 or method (whichever is smaller)
		Needs discussion	1 or method (whichever is smaller)
		Needs validation	1 or method (whichever is smaller)
		Needs verification	1 or method (whichever is smaller)
		Only provides hint of a source	1 or method (whichever is smaller)
		Projected	0 or method (whichever is bigger)
		Provides only a vague term that does not provide adequate information to infer or determine what the source is	0 or method (whichever is bigger)
		Reply	1 or method (whichever is smaller)
		Response	1 or method (whichever is smaller)
		Speech	1 or method (whichever is smaller)
		Sum of	2 (except for THE, which is lowest level of components)
		Total of	3 (except for THE, which is lowest level of components)
		Underestimated	0 (supersedes method)
		Unpublished	1 or method (whichever is smaller)
		Validated figures, but without specifics	2 or method (whichever is bigger)
		Weights	0 or method (whichever is bigger)

eTable 3. Criteria for assigning level values to GHED metadata, using reported data type, method of estimation, source, and comments.
This table is included at the end of the document due to the number of rows in the table.

eTable 4. Gross domestic product (total number of observations: 3,056)

Location name	Number of dropped observations
Global	40
Upper-middle-income	11
Lower-middle-ncome	14
Low-income	15
North Africa and Middle East	21
Latin America and Caribbean	4
Sub-Saharan Africa	13
South Asia	2
Afghanistan	2
Algeria	3
Egypt	2
Iraq	2
Jordan	2
Libya	2
Morocco	2
Mexico	2
Mali	1
Pakistan	2
Sudan	2
South Sudan	12
Suriname	2
Syrian Arab Republic	2
Yemen	2

eTable 5. Total expenditure on health (total number of observations: 3,056)

Location name	Number of dropped observations
Global	1,717
High-income	51
Upper-middle-income	613
Lower-middle-income	682
Low-income	371
North Africa and Middle East	195
Sub-Saharan Africa	575
Central Europe, Eastern Europe, and Central Asia	247
High-income	20
Latin America and Caribbean	309
South Asia	62
Southeast Asia, East Asia, and Oceania	309
Afghanistan	16
Angola	16
Albania	15
Argentina	13
Armenia	8
Antigua and Barbuda	7
Azerbaijan	16
Burundi	14
Benin	11
Burkina Faso	5
Bangladesh	3
Bulgaria	6
Bahrain	1
Bosnia and Herzegovina	13
Belarus	12
Belize	16
Brazil	10
Barbados	4
Bhutan	14
Botswana	12
Central African Republic	14
China	7
Cote d'Ivoire	13
Cameroon	15

Location name	Number of dropped observations
Democratic Republic of the Congo	9
Congo	14
Colombia	16
Comoros	15
Cabo Verde, Republic of	12
Costa Rica	6
Djibouti	16
Dominica	15
Dominican Republic	16
Algeria	16
Ecuador	15
Egypt	16
Eritrea	16
Ethiopia	15
Fiji	16
Micronesia (Federated States of)	16
Gabon	11
Georgia	5
Ghana	13
Guinea	16
Gambia	12
Guinea-Bissau	16
Equatorial Guinea	7
Grenada	16
Guatemala	3
Guyana	16
Honduras	16
Haiti	14
Hungary	2
Indonesia	9
India	16
Iraq	13
Jamaica	15
Jordan	16
Kazakhstan	16
Kenya	15
Kyrgyzstan	16
Cambodia	11
Kiribati	16
Lao People’s Democratic Republic	15

Location name	Number of dropped observations
Lebanon	15
Liberia	16
Libya	12
Saint Lucia	15
Sri Lanka	15
Lesotho	16
Latvia	4
Morocco	16
Republic of Moldova	12
Madagascar	15
Maldives	16
Mexico	2
Marshall Islands	16
The former Yugoslav Republic of Macedonia	16
Mali	8
Myanmar	16
Montenegro	16
Mongolia	16
Mozambique	16
Mauritania	15
Mauritius	15
Malawi	7
Malaysia	2
Namibia	10
Niger	12
Nigeria	10
Nicaragua	7
Nepal	13
Oman	7
Pakistan	16
Panama	16
Peru	6
Philippines	16
Papua New Guinea	16
Paraguay	15
Romania	5
Russian Federation	3
Rwanda	12
Saudi Arabia	4
Sudan	16

Location name	Number of dropped observations
Senegal	11
Solomon Islands	16
Sierra Leone	12
El Salvador	13
Serbia	16
South Sudan	16
Sao Tome and Principe	16
Suriname	14
Swaziland	15
Seychelles	9
Syrian Arab Republic	16
Chad	15
Togo	15
Thailand	2
Tajikistan	10
Turkmenistan	16
Timor-Leste	16
Tonga	16
Trinidad and Tobago	6
Tunisia	15
United Republic of Tanzania	11
Uganda	3
Ukraine	8
Uruguay	7
Uzbekistan	16
Saint Vincent and the Grenadines	16
Venezuela (Bolivarian Republic of)	14
Viet Nam	16
Vanuatu	16
Samoa	16
Yemen	16
South Africa	9
Zambia	12
Zimbabwe	16

eTable 6. Government health spending (total number of observations: 3,056)

Location name	Number of dropped observations
Global	808
High-income	16
Upper-middle-income	247
Lower-middle-income	342
Low-income	203
North Africa and Middle East	142
Sub-Saharan Africa	282
Central Europe, Eastern Europe, and Central Asia	50
High-income	2
Latin America and Caribbean	96
South Asia	26
Southeast Asia, East Asia, and Oceania	210
Afghanistan	14
Angola	2
Albania	2
Argentina	2
Armenia	3
Antigua and Barbuda	2
Burundi	11
Benin	7
Burkina Faso	5
Bangladesh	3
Bulgaria	3
Bahrain	1
Bosnia and Herzegovina	3
Belarus	2
Belize	4
Brazil	7
Central African Republic	7
Cote d'Ivoire	8
Cameroon	6
Democratic Republic of the Congo	1
Congo	9
Colombia	2
Comoros	7
Cabo Verde, Republic of	3

Location name	Number of dropped observations
Costa Rica	2
Djibouti	16
Dominica	7
Dominican Republic	5
Algeria	1
Ecuador	3
Egypt	15
Eritrea	9
Ethiopia	12
Fiji	16
Micronesia (Federated States of)	16
Georgia	2
Ghana	5
Guinea	9
Gambia	10
Guinea-Bissau	9
Equatorial Guinea	7
Grenada	2
Guatemala	2
Guyana	3
Honduras	3
Haiti	5
Hungary	2
Indonesia	5
Iraq	12
Jamaica	2
Jordan	16
Kazakhstan	4
Kenya	11
Kyrgyzstan	4
Cambodia	3
Kiribati	13
Lao People’s Democratic Republic	11
Lebanon	7
Liberia	1
Libya	13
Saint Lucia	2
Sri Lanka	3
Lesotho	7
Morocco	10

Location name	Number of dropped observations
Madagascar	3
Maldives	16
Mexico	2
Marshall Islands	16
Mali	8
Myanmar	1
Montenegro	7
Mozambique	3
Mauritania	2
Malawi	3
Malaysia	2
Namibia	8
Niger	2
Nigeria	2
Nicaragua	3
Nepal	10
Oman	7
Pakistan	13
Panama	8
Peru	5
Philippines	16
Papua New Guinea	16
Paraguay	6
Romania	2
Rwanda	9
Saudi Arabia	4
Sudan	16
Senegal	5
Solomon Islands	16
Sierra Leone	5
Serbia	4
South Sudan	13
Sao Tome and Principe	9
Suriname	14
Swaziland	1
Syrian Arab Republic	13
Chad	5
Togo	7
Turkmenistan	7
Timor-Leste	10

Location name	Number of dropped observations
Tonga	16
Tunisia	4
United Republic of Tanzania	4
Uganda	5
Ukraine	5
Saint Vincent and the Grenadines	5
Venezuela (Bolivarian Republic of)	2
Viet Nam	2
Vanuatu	16
Samoa	16
Yemen	9
Zambia	12
Zimbabwe	14

eTable 7. Out-of-pocket expenditures (total number of observations: 3,056)

Location name	Number of dropped observations
Global	1,291
High Income	37
Upper Middle Income	421
Lower Middle Income	496
Low Income	337
North Africa and Middle East	173
Sub-Saharan Africa	511
Central Europe, Eastern Europe, and Central Asia	146
High-income	16
Latin America and Caribbean	178
South Asia	48
Southeast Asia, East Asia, and Oceania	219
Afghanistan	15
Angola	13
Albania	12
Argentina	13
Armenia	3
Antigua and Barbuda	5
Azerbaijan	12
Burundi	14
Benin	10

Location name	Number of dropped observations
Burkina Faso	5
Bangladesh	3
Bulgaria	7
Bahrain	1
Bosnia and Herzegovina	6
Belize	15
Brazil	2
Barbados	3
Bhutan	12
Botswana	10
Central African Republic	14
Cote d'Ivoire	10
Cameroon	15
Democratic Republic of the Congo	5
Congo	13
Comoros	14
Cabo Verde Republic of	11
Costa Rica	16
Djibouti	14
Dominica	14
Dominican Republic	12
Algeria	10
Ecuador	10
Egypt	16
Eritrea	15
Ethiopia	7
Fiji	10
Micronesia (Federated States of)	16
Gabon	10
Georgia	2
Ghana	13
Guinea	16
Gambia	12
Guinea-Bissau	16
Equatorial Guinea	7
Grenada	14
Guatemala	2
Guyana	16
Honduras	1
Croatia	4

Location name	Number of dropped observations
Haiti	12
Hungary	2
Indonesia	5
India	13
Iraq	14
Jamaica	6
Jordan	9
Kazakhstan	12
Kenya	14
Kyrgyzstan	5
Cambodia	11
Kiribati	13
Lao People's Democratic Republic	7
Lebanon	13
Liberia	15
Libya	16
Sri Lanka	2
Lesotho	15
Morocco	15
Republic of Moldova	3
Madagascar	14
Maldives	16
Mexico	2
Marshall Islands	16
Mali	6
Myanmar	4
Montenegro	13
Mongolia	10
Mozambique	11
Mauritania	12
Mauritius	10
Malawi	5
Malaysia	2
Namibia	7
Niger	12
Nigeria	10
Nicaragua	7
Nepal	8
Oman	7
Pakistan	12

Location name	Number of dropped observations
Panama	14
Peru	1
Philippines	4
Papua New Guinea	16
Paraguay	6
Romania	5
Rwanda	12
Saudi Arabia	4
Sudan	14
Senegal	10
Solomon Islands	16
Sierra Leone	15
El Salvador	2
Serbia	5
South Sudan	16
Sao Tome and Principe	9
Suriname	13
Swaziland	15
Seychelles	7
Syrian Arab Republic	15
Chad	13
Togo	15
Thailand	2
Tajikistan	8
Turkmenistan	16
Timor-Leste	16
Tonga	16
Trinidad and Tobago	5
Tunisia	9
United Republic of Tanzania	10
Uganda	5
Ukraine	7
Uruguay	3
Uzbekistan	14
Vanuatu	14
Samoa	16
Yemen	15
Zambia	11
Zimbabwe	15

eTable 8. Pre-paid private (total number of observations: 3,056)

Location name	Number of dropped observations
Global	1,336
High-income	51
Upper-middle-income	491
Lower-middle-income	486
Low-income	308
North Africa and Middle East	182
Sub-Saharan Africa	495
Central Europe, Eastern Europe, and Central Asia	186
High-income	15
Latin America and Caribbean	207
South Asia	33
Southeast Asia, East Asia, and Oceania	218
Afghanistan	14
Angola	13
Albania	7
Argentina	11
Armenia	5
Antigua and Barbuda	7
Azerbaijan	13
Burundi	13
Benin	10
Burkina Faso	5
Bangladesh	3
Bulgaria	6
Bosnia and Herzegovina	9
Belarus	7
Belize	16
Brazil	2
Barbados	4
Bhutan	8
Botswana	10
Central African Republic	14
Cote d'Ivoire	11
Cameroon	15
Congo	14

Location name	Number of dropped observations
Colombia	2
Comoros	15
Cabo Verde, Republic of	12
Costa Rica	16
Czech Republic	3
Djibouti	16
Dominica	12
Dominican Republic	5
Algeria	11
Ecuador	7
Egypt	15
Eritrea	16
Ethiopia	8
Fiji	10
Micronesia (Federated States of)	16
Gabon	11
Georgia	2
Ghana	13
Guinea	15
Gambia	12
Guinea-Bissau	16
Equatorial Guinea	7
Grenada	11
Guyana	16
Honduras	1
Croatia	5
Haiti	11
Hungary	2
Indonesia	4
India	6
Iraq	16
Jamaica	6
Jordan	12
Kazakhstan	15
Kenya	11
Kyrgyzstan	15
Cambodia	11
Kiribati	11
Lao People’s Democratic Republic	8
Lebanon	12

Location name	Number of dropped observations
Liberia	13
Libya	16
Saint Lucia	16
Sri Lanka	2
Lesotho	14
Morocco	13
Republic of Moldova	3
Madagascar	11
Maldives	15
Marshall Islands	16
The former Yugoslav Republic of Macedonia	14
Mali	6
Myanmar	5
Montenegro	16
Mongolia	2
Mozambique	15
Mauritania	12
Mauritius	10
Malawi	5
Malaysia	2
Namibia	7
Niger	6
Nigeria	10
Nicaragua	4
Nepal	4
Oman	7
Pakistan	12
Panama	14
Peru	1
Philippines	3
Papua New Guinea	16
Poland	2
Paraguay	7
Romania	5
Rwanda	12
Saudi Arabia	4
Sudan	15
Senegal	10
Solomon Islands	16
Sierra Leone	8

Location name	Number of dropped observations
Serbia	8
South Sudan	16
Sao Tome and Principe	14
Suriname	14
Slovakia	4
Swaziland	15
Seychelles	9
Syrian Arab Republic	16
Chad	14
Togo	14
Thailand	2
Tajikistan	9
Turkmenistan	16
Timor-Leste	16
Tonga	16
Trinidad and Tobago	5
Tunisia	10
Turkey	7
United Republic of Tanzania	11
Ukraine	6
Uruguay	4
Uzbekistan	12
Saint Vincent and the Grenadines	16
Venezuela (Bolivarian Republic of)	14
Vanuatu	14
Samoa	16
Yemen	14
Zambia	11
Zimbabwe	14

Statistical model to fill missingness in health expenditure variables

We used spatiotemporal Gaussian process regression (ST-GPR) to predict and fill out the missingness that existed in the resulting health expenditure dataset after cleaning up the data. ST-GPR is a stochastic modeling technique designed to detect signals amid noisy data. It also serves as a powerful tool for interpolating non-linear trends. Unlike classical linear models that assume that the trend underlying data follows a definitive functional form, GPR assumes that the specific trend of interest follows a Gaussian process, where each point can be estimated with a mean and covariance function.

The first step to implementing ST-GPR is to identify relevant covariates that would be helpful in predicting each health expenditure variable of interest. Using the following set of covariates, we estimated the first stage of the process (space-time) in order to predict and fill up the dependent variables. The covariates used are:

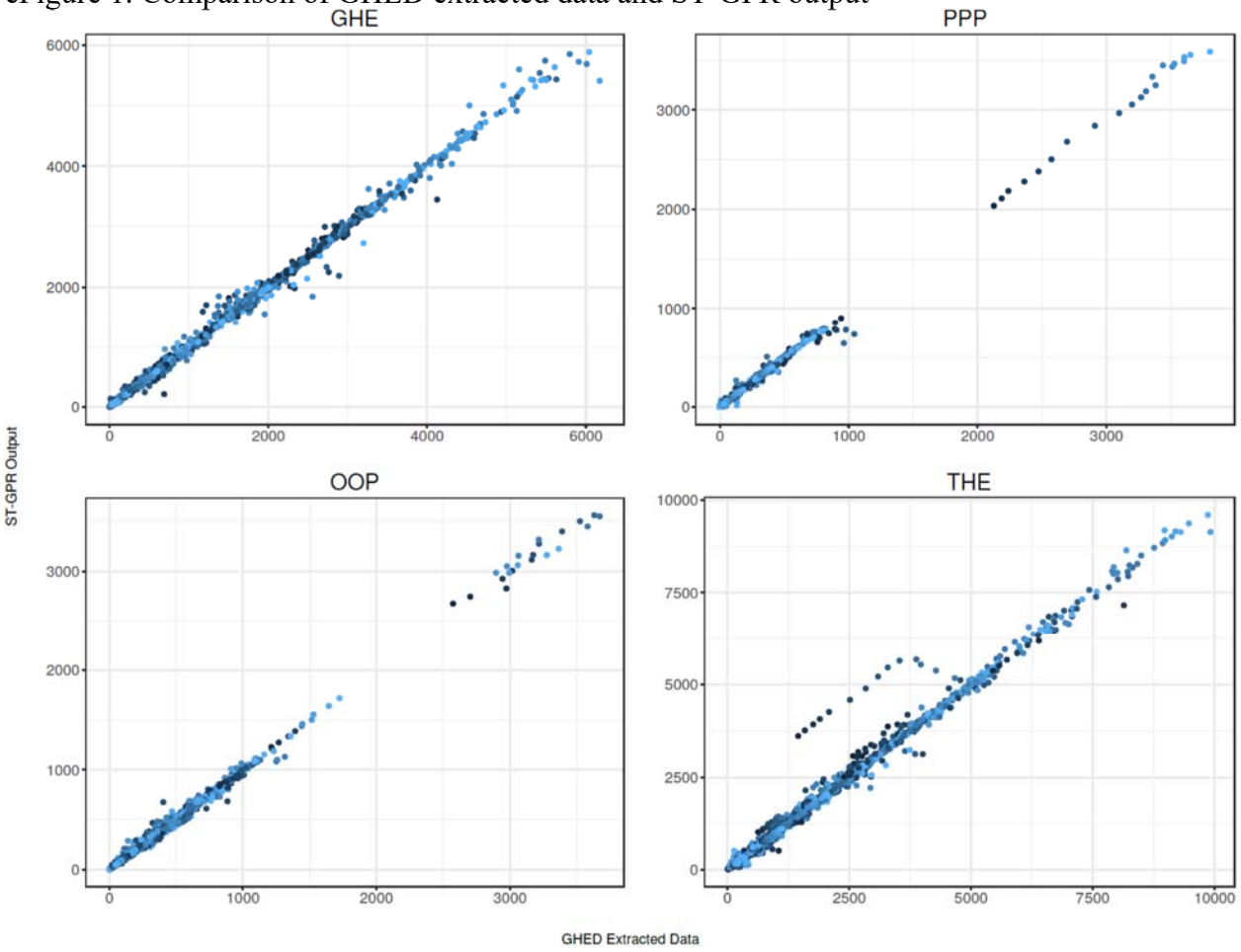
a) All-sector government expenditure per capita, logged
b) Healthcare Access and Quality Index, logged
c) Proportion of total population above the age of 65, logit transformed.

where the dependent variables were logs of GHE per capita, PPP per capita, and OOP per capita.

Given the level of data, we were able to adjust the weight of each data point that contributed to the likelihood function of the Gaussian process, by inflating the pointwise variance for data points with lower weights. For missing data points, the resulting uncertainty was determined by region-specific estimates. The final resulting dataset was a complete set of GHES, PPP, and OOP per capita estimates for 188 countries from 1995 through 2015, where the uncertainty around each point was constructed by simulating from a normal distribution. Detailed descriptions of the ST-GPR mechanism are provided in the supplementary appendix of GBD 2016 Risk Factors Collaborators (2017).[85] This analysis was conducted in the following programs: Stata (version 13.1) and R (version 3.4.2).

eFigure 1 below contains four scatter plots of the indicators that were modeled through ST-GPR (THE being the sum of DAH, and modeled GHE, OOP, and PPP) in 2017 PPP per capita space. Each year between 2000 through 2015 is represented by a different color. The values of Pearson's correlation coefficient for each of four metrics in the graph are very strong, and therefore show that the output from our modeling process were strongly correlated with the input data (0.9988 for GHE, 0.9988 for PPP, 0.9985 for OOP, and 0.9953 for THE).

eFigure 1. Comparison of GHED extracted data and ST-GPR output



In eTable 9 we present the results from 10-fold out-of-sample root mean square error test performed in per capita space.

eTable 9: Out-of-sample root mean square error for overall health spending

Model	Out-of-sample root mean square error
GHE	91.49
PPP	31.1
OOP	36.1

SECTION 3. TRACKING DEVELOPMENT ASSISTANCE FOR HEALTH

Overview

Development assistance for health (DAH) estimates were obtained from the Institute for Health Metrics and Evaluation's development assistance for health database. We summarize the original methodology as well as updates for this year's estimates below. A more detailed description of the original methodology used to obtain the estimates in the database can be found in Dieleman et al.[1] All known, systematically reported, available data on health-related disbursements and expenditures were extracted, as well as income and revenue from existing project databases, annual reports, and audited financial statements. The channels included and the corresponding data sources are summarized in eTable 10. Data sources obtained via personal correspondence are summarized in eTable 11.

DAH for bilateral agencies included all health-related disbursements from bilateral donor agencies, excluding funds that they transferred to any of the other channels we tracked in order to avoid double-counting. This information was extracted from the Creditor Reporting System (CRS) and Development Assistance Committee (DAC) databases of the Development Assistance Committee of the Organisation for Economic Co-operation and Development (OECD-DAC). In some cases, donor agencies did not report disbursement data to the CRS. A method for predicting disbursements from commitment data was implemented to address this challenge. For a detailed description of this method see the Tracking Development Assistance for Health from Bilateral Aid Agencies and the European Commission section below as well as in Dieleman et al.[1]

For other grant- and loan-making institutions, annual disbursements on health grants and loans were similarly included, excluding transfers to any other channels and ignoring any repayments on outstanding debts. For a more detailed description of this process see Dieleman et al.[1] The annual disbursements for grant- and loan-making institutions only reflect the financial transfers made by these agencies. Therefore, in-kind transfers from these institutions in the form of staff time for providing technical assistance and the costs of managing programs were estimated separately.[1]

Estimates of DAH for the United Nations (UN) agencies included annual expenditures on health both from their core budgets and from voluntary contributions. Calculating DAH for the United Nations Children's Fund (UNICEF) involved estimating the fraction of its total expenditure spent on health prior to 2001.[1]

Non-governmental organizations' (NGOs) DAH estimates utilized data from US government sources and a survey of health expenditure for a sample of NGOs to estimate DAH from US-based and internationally based NGOs receiving support from the US government. We were unable to include other NGOs due to the lack of audited and comparable data.
The database also included an analysis of the composition of health funding by recipient country, as well as by health focus area. In this round of updates to the databases we have made several improvements. These improvements include the inclusion of Unitaid as a channel, addition of

new program areas – treatment and diagnosis – under the tuberculosis health focus area, addition of pandemic preparedness as a program area under sector-wide approaches and health systems strengthening (SWAps/HSS) and modifications to our health focus area keyword search terms. All methodological updates made are detailed in their relevant channel sub-section below. The improvements to our health focus area keyword search terms are detailed in eTable 13 and in the section below titled "Disaggregation by health focus area," respectively.

For many channels, reporting-time lags prevent primary disbursement data for the most recent year(s). For those years, the values of DAH were predicted, using channel-specific time trends. The methods employed to obtain these predictions are summarized in eTable 12. In general, these methods depend on data availability. The estimates are based on channel-specific budget, commitment, and appropriations data, and in many cases assume the most recent disbursement patterns persist. Due to the lack of more detailed disaggregated data, estimates for the most recent two years are not provided for recipient countries.

Specific methodological updates made this year include improvements to our Ebola DAH estimation process, allocation process for SWAps/HSS and the reallocation of DAH estimates to newly created countries. We predicted Ebola funding in 2017 for bilateral sources and the European Commission by assuming that 2017 Ebola funding was equal to 2016 Ebola funding. In addition, for SWAps/HSS funding, we allocated SWAps/HSS projects with multiple health focus areas identified by a proportional allocation based on the relative proportions of the project going to the various health focus areas.

For countries that only began existing in certain years, we backcast DAH in years before their existence as follows. For countries that split off from parent countries, we calculated a three-year average ratio of child-country DAH received to parent-country DAH received. In years before the child country split off, DAH received by the parent country would have included DAH received in the region that would split off to become the child country. Therefore, we reallocated funding from the parent country, in all years before the child country split off, adding this proportion of the parent country's DAH to the child country's DAH and subtracting out this value from the parent country's DAH. By this method, total annual DAH between the parent and child country does not change, but the allocation of funding between the parent country and child country changes. For any country that ceased to exist (such as former Yugoslavia and former USSR) and that had observed DAH received in certain years, we split the funding equally among its new constituent countries.

Currency exchange and deflation

All results are presented in real 2017 US dollars. All disbursement sequences were converted into real 2017 US dollars by taking disbursements in nominal US dollars in the year of disbursement and adjusting these sequences into real 2017 US dollars using US gross domestic product (GDP) deflators. Analyses were conducted in Stata (version 13.1).

eTable 10. Summary of primary data sources and databases

Channel	Source
Bilateral agencies	OECD-DAC and CRS databases[2]
European Commission	OECD-DAC and CRS databases[3]

Channel	Source
Joint United Nations Programme on HIV/AIDS (UNAIDS)	Financial reports and audited financial statements[4]
United Nations Children's Fund (UNICEF)	Financial reports and audited financial statements[5–7]
United Nations Population Fund (UNFPA)	Financial reports and audited financial statements[8]
Unitaid	Financial reports and audited financial statements[9]
Pan American Health Organization (PAHO)	Financial reports and audited financial statements[10]
World Health Organization (WHO)	Financial reports and audited financial statements[11]
World Bank	Online project database and correspondence[12,13]
Asian Development Bank (ADB)	Online project database[14]
African Development Bank (AfDB)	Online project database and compendium of statistics[15,16]
Inter-American Development Bank (IDB)	Online project database and correspondence[17,18]
Gavi, the Vaccine Alliance	Online project database, cash received database, International Finance Facility for Immunisation (IFFIm) annual reports, Advance Market Commitment for Pneumococcal Vaccines (AMC) annual reports, and annual reports[19–22]
The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund)	Online grant database, contributions report and annual reports[23–25]
NGOs registered in the US	United States Agency for International Development (USAID) Report of Voluntary Agencies (VolAg), tax filings, annual reports, financial statements, RED BOOK Expanded Database, and WHO's Model List of Essential Medicines[26–29]
Bill & Melinda Gates Foundation (Gates Foundation)	Online grant database, IRS 990 tax forms, and correspondence[30,31]
Other private US foundations	Foundation Center's grants database[32]

eTable 11. Data sources received via personal correspondence

Channel	Data received
World Bank	Health project-level disbursement data, 1990 – September 2016[13]
Gates Foundation	Health disbursement data, 2015[31]
IDB	Health project-level loan disbursement data, 2016[18]
African Development Bank	Health project-level disbursement data, 2001 – October 2017[33]
Unitaid	Health project-level disbursement data, 2007–2016[34]
UAE	UAE Foreign Assistance in Health 1990–2008[35]

eTable 12. Additional data sources, databases, and model choices used for preliminary estimates of DAH

Channel	Data source	Variables used	Years of budget data used for modeling*	Years underlying DAH data not available; thus modeled*	Model used
National agencies					
Australia	Australia's International Development Assistance (2008–2016); Australia's Overseas Aid Program (1998–2008)[36,37]	Health official development assistance (ODA): International development assistance budget	1998–2017	2017	Weighted average of actual DAH/budgeted DAH
Austria	Austria Federal Ministry of Finance budget[38]	General ODA: Federal ODA budget	2007–2017	2017	Weighted average of DAH/budgeted ODA
Belgium	Project Budget General – general expenses[39]	General ODA: Foreign affairs, foreign trade development and cooperation	2000–2017	2017	Weighted average of DAH/budgeted ODA
Canada	Canadian International Development Agency – Report on Plans and Priorities[40]	General ODA: Financial summary – planned spending	1996–2017	2017	Weighted average of DAH/budgeted ODA
Denmark	Danish Ministry of Foreign Affairs	General ODA: Budgeted expenditures on overseas	2000–2017	2017	Weighted average of DAH/budgeted ODA

Channel	Data source	Variables used	Years of budget data used for modeling*	Years underlying DAH data not available; thus modeled*	Model used
	Budget[41]	development assistance			
European Commission	General budget[42]	Data not used as they were inconsistent with disbursements	–	2017	Based on weighted average of trends in member countries
Finland	Document Assembly in budget years 1998–2016[43]	General ODA: Ministry of Foreign Affairs' administrative appropriations, international development	2002–2017	2017	Weighted average of DAH/budgeted ODA
France	Budget and Financial documents[44,45]	General ODA: aggregated project data; Total ODA	2009–2017	2017	Weighted average of DAH/budgeted ODA
Germany	Plan of the Federal Budget[46]	General ODA: Development expenditure	2001–2017	2017	Weighted average of DAH/budgeted ODA
Greece	Ministry of Finance Budget (2013–2016); OECD Data (1996–2012)[2,47,48]	General ODA; ODA commitments	1996–2014	2017	Weighted average of DAH/budgeted ODA
Ireland	Department of Finance – budget 2000–2004; Estimates for Public Services and Summary Public Capital Programme, 2005–2016 [49]	General ODA: Summary of adjustments to gross current estimates – international co-operation	2002–2017	2017	Weighted average of DAH/budgeted ODA
Italy	The Italian Agency	General ODA: Net	2007–2017	2017	Weighted average of

Channel	Data source	Variables used	Years of budget data used for modeling*	Years underlying DAH data not available; thus modeled*	Model used
	for Development Cooperation[50]	development corporation			DAH/budgeted ODA
Japan	Highlights of the Budget for FY1999–2016[51]	General ODA: Major budget expenditures	2003–2017	2017	Weighted average of DAH/budgeted ODA
Korea, South	ODA Korea comprehensive implementation plan[52]	General ODA: Plan for international development cooperation	2008–2017	2017	Weighted average of DAH/budgeted ODA
Luxembourg	State Budget[53]	General ODA: Ministry of Foreign Affairs – budgeted international development cooperation and humanitarian aid	2001–2017	2017	Weighted average of DAH/budgeted ODA
Netherlands	Netherlands International Cooperation Budget (2001–2016)	General ODA: Total annual official development assistance expenditure	2001–2017	2017	Weighted average of DAH/budgeted ODA
New Zealand	Vote Foreign Affairs and Trade (1998–2001); VOTE Official Development Assistance (2002–2016)[54]	General ODA: Total annual official development assistance expenditure	1998–2017	2017	Weighted average of DAH/budgeted ODA
Norway	Norwegian Ministry of Finance National	General ODA: ODA budget	2000–2017	2017	Weighted average of DAH/budgeted ODA

Channel	Data source	Variables used	Years of budget data used for modeling*	Years underlying DAH data not available; thus modeled*	Model used
	Budget (2014–2016); Correspondence (2000–2013)[55,56]				
Portugal	Ministry of Finance and Public Administration State Budget 2003–2016[57]	General ODA: Integrated service expenditure – external cooperation budget	2003–2017	2017	Weighted average of DAH/budgeted ODA
Spain	Annual Plans of Spanish International Cooperation[58]	General ODA: Spanish total development cooperation	2003–2017	2017	Weighted average of DAH/budgeted ODA
Sweden	Correspondence (2000–2010); Ministry of Foreign Affairs Budget (2010–2016)[59]	General ODA: Ministry for Foreign Affairs budgets for expenditure – international development cooperation	2000–2017	2017	Weighted average of DAH/budgeted ODA
Switzerland	Foreign Affairs (2000–2006); Budget – Further Explanations and Statistics (2007–2016)	General ODA: Direction of development and cooperation (2000–2006); foreign affairs – international cooperation, development aid (in the South and East) (2007–2016)	2000–2017	2017	Weighted average of DAH/budgeted ODA

Channel	Data source	Variables used	Years of budget data used for modeling*	Years underlying DAH data not available; thus modeled*	Model used
United Kingdom	IATA (Department for International Development (DFID)) [60,61]	General ODA: assistance for international development; Sum (revised) – aggregated project data	1998–2017	2017	Weighted average of DAH/budgeted ODA
United States	Foreign Assistance Dashboard (2006–2016); Budget of the US Government (2005–2016)[62,63]	Global health ODA: Planned foreign assistance for health; Department of Health and Human Services global health budget	2005–2017	2017	Weighted average of actual DAH/budgeted DAH
UN agencies					
WHO	Programme budget[64]	DAH budget: Programme budget	2002–2017	2017	Weighted average of DAH/budget
UNAIDS	Unified Budget and Workplan, bienniums 2002–2017 and 2018–2019[65,66]	DAH budget: Unified Budget and Workplan	2002–2017	2016–2017	Weighted average of DAH/Core Budget
UNICEF	Financial report and audited financial statements; correspondence[7,67,68]	Total expenditure; Total health expenditure	2001–2016	2017	Weighted average of DAH/budget
UNFPA	Audited Financial report and	Total health expenditure	2002–2016	2017	Weighted average of DAH/budget

Channel	Data source	Variables used	Years of budget data used for modeling*	Years underlying DAH data not available; thus modeled*	Model used
	contributions report [69,70]				
PAHO	Proposed program budget[10]	Total regular budget, estimated voluntary contributions	2000–2017	2017	Weighted average of DAH/budget
NGOs	VolAg (1990–2011), GuideStar (2014), sample of top NGOs (2011–2012) [26,27]	Revenue breakdowns for: US public, non-US public, private, in-kind, Gates Foundation; total overseas expenditures	1990–2014	2015–2017	Regression on DAH, US GDP, and USAID and private voluntary organization (PVO) revenue

* Years of budget data used for modeling versus years underlying DAH data unavailable thus modeled: The data used to estimate DAH by channel vary across channels. eTable 10 reports our primary data used for each channel. Due to reporting lags there are some years we need to estimate disbursement using additional data sources. These additional data sources, the years in which the primary data are modeled, the years the additional data are available, and the methods for this estimating these modeled years are reported in eTable 12. Years of budget data used for modeling are the years of additional data available to us. We rely on historical trends to inform our estimates, so we rely on many years of additional data despite only modeling a few years of primary data. Years underlying DAH data str unavailablr, thus modeled are the years the primary data are incomplete and thus estimated using additional data. See Box 1 below for more details for Australia.

Box 1. EXAMPLE – Australia's primary and additional data sources

Project-level data for health-related projects funded by Australia's bilateral aid agencies are available from the OECD's CRS database through 2015. This is the primary data source used to estimate DAH channeled by Australian aid agencies, as described in eTable 2. 2016–2017 are incomplete because of lags in reporting. To estimate DAH disbursed for 2016 and 2017, additional data are available from Australia's International Development Assistance budget (2008–2017) and Australia's Overseas Aid Program budget (1998–2008), as described in eTable 4. These sources provide health-specific official development assistance (ODA) budgeted by Australia, 1998–2017. We convert countries' budgeted ODA, as given in nominal local currency units, to nominal US dollars using the OECD's currency exchange rate series based on USD monthly averages. To estimate DAH disbursed 2016–2017, we calculated the ratio of disbursed DAH (from the CRS database) relative to budgeted DAH (from the International Development Assistance and Overseas Aid Program budgets) for 1998–2015. We combine the most recent three ratios into a single estimate by taking a weighted average, weighting substantially higher the most recent year. We multiply this ratio – the estimated disbursed DAH to budgeted DAH – by the 2016 and 2017 budgeted DAH to estimate disbursed DAH in those years. These methods are described more fully in Dieleman et al.[1]

Disaggregating by health focus area

We improved our analysis of the disaggregation of health funding by health focus areas by augmenting our keyword search terms. In particular, we added new keywords to the Non-communicable diseases, SWAps/HSS for pandemic preparedness, and TB for treatment and diagnosis. Similar to our previous work, the analysis of health focus areas included assessments of development assistance for HIV/AIDS, tuberculosis (TB), malaria, maternal health, newborn and child health, other infectious diseases, non-communicable diseases, and SWAps and health systems strengthening, using keyword searches within descriptive fields. These were chosen as the areas of focus because of their relevance to current policy debates about global health financing and data availability.

In effect, DAH was disaggregated into eight health focus areas: HIV/AIDS; tuberculosis; malaria; maternal, newborn and child health; non-communicable diseases; SWAps/health systems strengthening; other infectious diseases; and other. For most data sources, project-level data were available only through 2015. Methods to estimate health focus area allocations for 2016 and 2017 are described in more detail below. Keyword searches were performed for a subset of global health channels that provide project-level data with project titles or descriptions. These sources include the bilateral development assistance agencies from 24 DAC member countries, one DAC participant country, the Global Fund, the World Bank, Asian Development Bank, African Development Bank, Inter-American Development Bank, the Bill & Melinda Gates Foundation, non-governmental organizations, and US foundations. The keywords used are outlined in eTable 5 below. Descriptive fields were adjusted so that they were in all capitalized letters, and search terms with multiple words were put between quotation marks. All keywords were translated into nine major languages (English, Spanish, French, Portuguese, Italian, Dutch, German, Norwegian, and Swedish) used in the OECD CRS, checked for double meanings across all languages, and adjusted accordingly.

Total DAH was split across the health focus areas using weighted averages based on the number of keywords present in each project's descriptive variables. If, for example, three keywords suggested the project focused on HIV/AIDS and two keywords related to tuberculosis were also tagged, three-fifths of the project's total DAH was allocated to HIV/AIDS and two-fifths was allocated to tuberculosis. To account for the sensitivity of this method, several checks were implemented after the keyword searches to ensure the project was accurately categorized. First, projects that were tagged as child and newborn vaccines and other infectious diseases were categorized as child and newborn vaccines only. Second, projects that were tagged as one of the three major infectious diseases (HIV/AIDS, tuberculosis, or malaria) and other infectious diseases were categorized under only HIV/AIDS, tuberculosis, or malaria.

Box 2. EXAMPLE. Post-keyword search weighting

A project in the CRS database had a value of $1,000 of DAH. A keyword search conducted on this project's title and description tagged five keywords: three keywords related to HIV/AIDS and two keywords related to tuberculosis. Therefore, $600, or 3/5 of total DAH, was allocated to HIV/AIDS, while $400, or 2/5 of total DAH, was allocated to tuberculosis.

In addition to keyword searches, funds were allocated to health focus areas based on characteristics of the channel or additional channel variables. For the bilateral agencies and the EC, purpose codes from the CRS were used to supplement keyword searches. For the World Bank-IDA and -IBRD, health focus areas were also determined by the project sector codes and theme codes, which included percentages of health funds that targeted each theme. All funds from Gavi were allocated to child and newborn vaccines, health system strengthening, and non-communicable diseases and all funds from UNICEF to maternal, newborn, and child health, unspecified. Funds from the Global Fund were distributed to malaria, HIV/AIDS, TB, and health systems strengthening based on disease components. Within each disease component, keyword searches on programmatic budget data and project descriptions were conducted to distribute among program areas. Funds from UNAIDS were allocated to HIV/AIDS, and specific program areas were determined by budget information. UNFPA, PAHO, and WHO funds were allocated to specific health focus areas based on project expenditure data from their annual reports and annual financial reports. For all channels, projects listed as HIV/TB were distributed evenly among the two health focus categories. See eTable 6 below for more details on these categorizations.

eTable 13. Terms for keyword searches

Health focus area level	Program area	Keywords
HIV/AIDS	HIV envelope/unidentified	" HUMANIMMUNODEFVIRUS " " SIDA " " OVC " " H I V " " HIV " " AIDS " " HUMAN IMMUNODEFICIENCY " " REVERSE TRANSCRIPTASE INHIBITOR " " ACQUIRED IMMUNE DEFICIENCY SYNDROME " " ACQUIRED IMMUNNODEFICIENCY " " RETROVIRAL " " VCT " " MALE CIRCUMCISION " " ART " " ARV " " CD4 COUNT " " HAART " " PMTCT " " MOTHER TO CHILD TRANSMISSION" " MOTHER TO CHILD AIDS TRANSMISSION" " PARENT TO CHILD TRANSMISSION" " PRESIDENT S EMERGENCY PLAN FOR AIDS RELIEF " " PEPFAR " " THREE DISEASE FUND " " 3 DISEASE FUND "
	Care and support	" CAREANDSUPPORT " " CARE ACTIVIT" " PAIN RELIEF " " SYMPTOM RELIEF " " SOCIAL SUPPORT " " CHRONICALLY ILL " " CLINICAL MONITORING " " CARE AND SUPPORT " " PSYCHOLOGICAL SERVICE" " PSYCHOLOGICAL SUPPORT " " PSYCHOSOCIAL SUPPORT " " PSYCHOSOCIAL SERVICE" " MATERIAL SUPPORT " " HEALTH CARE "
	Counseling and testing	" COUNSELING " " TESTING " " VCT " " COUNSELLING " " COUNSELINGANDTESTING "

Health focus area level	Program area	Keywords
		" DIAGNOS"
	Orphans and vulnerable children	" VULNUERABLECHILD" " OVC " " ORPHAN" " VULNERABLE CHILD" " INFECTED CHILD" " VULNERABLE GROUP" " MOST AT RISK "
	Prevention of mother-to-child transmission (PMTCT)	" MOTHERTOCHILD" " MOTHER TO CHILD" " PARENT TO CHILD" " PMTCT " " EMTCT "
	Prevention	" CONDOM" " PREVENT" " HIV EDUCATION " " AIDS EDUCATION " " REDUCING THE TRANSMISSION OF HIV " " REDUCE THE TRANSMISSION OF HIV " " MALE CIRCUMCISION" " SAFE BLOOD SUPPL" " SAFE INJECTION" " ABSTINENCE " " AWARENESS " " BLOOD SAFETY " " MICROBICIDE"
	Treatment	" RETROVIRAL " " TREAT" " ART " " ARV " " CD4 COUNT " " HAART " " VIRAL LOAD " " VIRAL BURDEN " " VIRAL TITER " " ESSENTIAL SERVICE" " DRUG REGIMENS " " IMPACT REDUCTION " " REDUCE IMPACT "
Tuberculosis	Tuberculosis envelope/unidentified	" TUBERCULOSIS " " TB " " TBC " " TUBERCULAR" " DOTS " " DIRECTLY OBSERVED TREATMENT " " RIFAMPICIN " " ISONIAZID " " THREE DISEASE FUND " " 3 DISEASE FUND "
	Treatment	" TREATMENT " " TREATING" " DOTS " " DIRECTLY OBSERVED TREATMENT " " FIRST LINE " " DRUGS " " RIFAMPICIN " " RIFAMPIN " " RIF " " ISONIAZID " " INH " " PYRAZINAMIDE " " PZA " " ETHAMBUTOL " " EMB " " STREPTOMYCIN " " SM " " STM " " PATIENT KIT " " SECOND LINE " " INJECTABLE AGENT" " FLUOROQUINOLONES " " REGIMEN" " CASE MANAGEMENT " " ANTIMICROBIAL THERAPY " " DRUG SUSCEPTIBLE " " DRUG SENSITIVE " " SERVICE DELIVERY "
	Diagnosis	" DIAGNOSIS " " DIAGNOSTIC " " CASE DETECTION " " MICROSCOPY " " BLOOD SURVEY " " RAPID DIAGNOSTIC TESTING " " MOBILE MALARIA CLINIC " " BIOLOGICAL TESTING " " LABORATORY SERVICES " " EDT " " LAMP " " RDT "
Malaria	Malaria envelope/unidentified	" MALARIA " " FALCIPARUM " " ANOPHELES " " ARTEMISININ " " PRIMAQUINE " " INDOOR

Health focus area level	Program area	Keywords
		RESIDUAL SPRAY" " INDOORRESIDUALSPRAY" " IRS " " PLASMODIUM VIVAX " " BEDNETS " " BED NETS " " SMITN " " ITN " " LLIN " " INSECTICIDAL NET" " INSECTICIDE TREATED NET" " THREE DISEASES FUND " " 3 DISEASES FUND "
	Diagnosis	" DIAGNOSIS " " DIAGNOSTIC " " CASE DETECTION " " MICROSCOPY " " BLOOD SURVEY " " RAPID DIAGNOSTIC TESTING " " MOBILE MALARIA CLINIC " " BIOLOGICAL TESTING " " LABORATORY SERVICES " " EDT " " LAMP " " RDT "
	Community outreach	" COMMUNITYOUTREACH " " OUTREACH " " COMMUNITY MOBILIZATION" " AWARE" " COMMUNICATION STRATEGY " " SOCIAL COMMUNICATION " " HEALTH EDUCATION " " PARTNERSHIP" " PUBLIC SECTOR" " ACTIVITIES NEAR COMMUNITIES "
	Vector control: bednets	" BEDNET" " BED NET" " SMITN " " ITN " " LLIN " " INSECTICIDAL NETS " " INSECTICIDE TREATED NET" " INSECTICIDE TREAT"
	Vector control: irs	" INDOORRESIDUALSPRAY" " IRS " " REDUCE THE PARASITE RESERVOIR " " FOGGING " " COILS " " LARVICID" " LARVACID" " VECTOR CONTROL" "RESIDUAL SPRAY " " RESIDUALSSPRAY " "INDOOR SPRAY" " INDOORSPRAY "
	Vector control: other than bednets and irs	" PREVENT"
	Treatment	" ARTEMISININ " " PRIMAQUINE " " ACT " " DRUG ADMINISTRATION " " TREAT " " TREATMENT " " TREATING " " CASE MANAGEMENT " " COMBINATION THERAPY " " ANTI MALARIAL " " ANTIMALARIAL "
Maternal, newborn, and child health	envelope/unidentified	" FERTILITY " " FAMILY PLANNING " " FP " " BIRTH" " WOMEN HEALTH " " WOMEN S HEALTH " " WOMENS HEALTH " " CONTRACEP" " IPPF " " INTERNATIONAL PLANNED PARENTHOOD FOUNDATION " " ABORTION" " UNFPA " " POSTPARTUM " " POST PARTUM " " MATERNAL " " MATERNITY " " MOTHERS " " MOTHERHOOD " " SBA " " ANTENATAL " " PRENATAL " " NEONATAL " " PERINATAL " " POSTNATAL " " FETUS" " FETAL" " IPTP " "

Health focus area level	Program area	Keywords
		REPRODUCTIVE HEALTH " " OBSTETRIC" " PREGNANCY " " RH " " REPROD " " RHCS " " SEXUAL HEALTH " " SYPHILIS " " FISTULA " " SEPSIS " " ANEMI" " ANAEMI" " FOETUS" " FOETAL " " FGM " " FEMALE GENITAL MUTILATION " " FEMALE GENITAL CUTTING " " FEMALE CIRCUMCISION " " SBAS " " OBSTRUCTED LABOR " " NUTRITION " " MALNUTRITION " " VITAMIN A " " BREAST FE" " BREASTFE" " MICRONUTRIENT" " ZINC " " FORTIFICATION " " STUNT" " WASTING " " BABY FRIENDLY HOSPITAL INITIATIVE " " BREASTMILK " " BREAST MILK " " IODINE " " IODIZED " " IODIZATION " " VAD " " LACTAT" " FOLIC ACID " " FOLAT" " VACCINE" " VACCINATION" " IMMUNIZ" " POLIO " " DIPHTHERIA " " TETANUS " " PERTUSSIS " " DTP " " HIB " " ROTAVIRUS " " MEASLES " " IMMUNIS" " HEPB MONO " " INJECTION SAFETY " " RUBELLA " " MENINGITIS " " PENTA " " PENTAVALENT " " PNEUMONIA " " PNEUMOCOCC" " HAEMOPHILUS INFLUENZAE " " TETRA " " GAVI " " CHILDHEALTH " " CHILD HEALTH " " CHILDREN " " INFANT " " NEWBORN " " CHILD MORTALITY " " UNDER FIVE MORTALITY " " CHILD SURVIVAL " " CHILDHOOD ILLNESS" " LRI " " RESPIRATORY INFECTION" " DIARRHEA" " DIARRHOEA" " ORAL REHYDRATION " " ORT " " ORS " " UNICEF " " MNCH" " RNCH " " RCH " " RNH " " MNH " " MCH " " EMAS " " MCNH " " PMNCH " " WOMEN AND CHILDREN " " PRE ECLAMPSIA " " PRETERM " " POLIOVIRUS "
	Maternal health, family planning	" FERTILITY " " FAMILY PLANNING " " FP " " BIRTH SPACING " " CONTRACEPT" " FAMILY SIZE" " IPPF " " INTERNATIONAL PLANNED PARENTHOOD FOUNDATION " " ABORTION" " REDUCED FERTILITY " " UNFPA " " REDUCE FERTILITY " " BIRTH CONTROL "
	Maternal health, unspecified	" POSTPARTUM " " POST PARTUM " " MATERNAL HEALTH " " MATERNAL MORTALITY " " MATERNAL DEATH " " SAFE MOTHERHOOD " " BIRTH ATTENDANT" " SBA " " MATERNAL AND INFANT HEALTH " "

Health focus area level	Program area	Keywords
		ANTENATAL " " PRENATAL " " NEONATAL " " PERINATAL " " POSTNATAL " " FETUS" " FETAL" " IPTP " " REPRODUCTIVE HEALTH " " MATERNITY " " OBSTETRIC" " PREGNANCY " " RH " " REPROD " " RHCS " " STD " " STI " " SEXUAL HEALTH " " SEXUALLY TRANSMITTED " " SYPHILIS " " FISTULA " " WOMEN S HEALTH " " WOMENS HEALTH " " SEPSIS " " SEPTICEMIA " " ANEMI" " ANAEMI" " FOETUS" " FOETAL " " FGM " " FEMALE GENITAL MUTILATION " " FEMALE GENITAL CUTTING " " FEMALE CIRCUMCISION " " SBAS " " OBSTRUCTED LABOR " " DELIVERY ROOM" " CHILD DELIVERY " " MIDWIV" " MIDWIFE" " PRE ECLAMPSIA " " PRETERM "
	Child/newborn nutrition	" NUTRITION " " MALNUTRITION " " BIRTH WEIGHT " " BIRTHWEIGHT " " VITAMIN A " " BREAST FE" " BREASTFE" " FEEDING " " MICRONUTRIENT" " ZINC " " FORTIFICATION " " STUNT" " WASTING " " UNDERWEIGHT " " BABY FRIENDLY HOSPITAL INITIATIVE " " BREASTMILK " " BREAST MILK " " IODINE " " IODIZED " " IODIZATION " " VAD " " LACTAT" " FOLIC ACID " " FOLAT" " IRON "
	Child/newborn vaccines	" POLIO " " VACCINE" " VACCINATION" " IMMUNIZ" " DIPHTHERIA " " TETANUS " " PERTUSSIS " " DTP " " HIB " " ROTAVIRUS " " MEASLES " " IMMUNIS" " HEPB MONO " " INJECTION SAFETY " " RUBELLA " " MENINGITIS " " PENTA " " PENTAVALENT " " PNEUMONIA " " PNEUMOCOCC" " HAEMOPHILUS INFLUENZAE " " TETRA " " GAVI " " POLIOVIRUS "
	Child/newborn other	" CHILDHEALTH " " CHILDREN" " CHILD HEALTH " " INFANT HEALTH " " NEWBORN HEALTH " " CHILD MORTALITY " " INFANT MORTALITY " " UNDER FIVE MORTALITY " " CHILD SURVIVAL " " INFANT SURVIVAL " " CHILDHOOD ILLNESS" " LRI " " RESPIRATORY INFECTION" " DIARRHEA" " DIARRHOEA" " ORAL REHYDRATION " " ORT " " ORS " " UNICEF " " JAUNDICE "
Non-communicable	Tobacco	" TOBACCO" " SMOK" " CIGAR"

Health focus area level	Program area	Keywords
diseases		
	Mental health	" SCHIZOPHRENIA " " MENTAL HEALTH " " NEUROTIC " " NEUROSIS " " NEUROSES " " NEUROLOGICAL" " PSYCHOLOG" " PSYCHIATR" " EMOTIONAL DISORDER" " OBSESSIVE COMPULSIVE " " OCD " " PTSD " " POST TRAUMATIC " " POSTTRAUMATIC " " ALCOHOL " " ADDICTION " " DOWN SYNDROME " " DOWN S SYNDROME " " DOWNS SYNDROME " " BEHAVIORAL DISORDER" " DRUG ABUSE " " SUBSTANCE ABUSE " " OPIOID " " COCAINE " " AMPHETAMIN" " DEPRESSIVE DISORDER" " DEPRESSION " " DYSTHYMIA " " BIPOLAR " " ANXIETY " " EATING DISORDER " " AUTISM " " ASPERGER " " DEVELOPMENTAL DISORDER" " CONDUCT DISORDER" " INTELLECTUAL DISABILIT" " PHOBIA " " MENTAL DISAB" " MENTAL RETARDATION " " DRUG DEPENDENC" " ALZHEIMER" " DEMENTIA" " EPILEPSY " " MIGRAINE " " HEADACHE" " ATTENTION DEFICIT HYPERACTIVITY DISORDER " " ADHD " " PANIC DISORDER" " PARKINSON" " SELF HARM " " STRESS DISORDER" " SUBSTANCE USE DISORDER" " DRUG USE DISORDER" " MENTALLY DISAB" " NERVOUS SYSTEM" " SYNAPSE" " MENTAL ILLNESS" " MENTAL DISORDER" " PSYCHOSOCIAL " " PSYCHO SOCIAL "
	Non-communicable diseases, unspecified	" NON COMMUNICABLE " " NONCOMMUNICABLE " " CANCER" " CHEMOTHERAPY " " RADIATION " " NEOPLAS" " TUMOR " " LEUKEMIA " " LYMPHOMA " " MYELOMA " " HPV " " HUMAN PAPILLOMA VIRUS " " HEP C " " HEPATITIS C " " DIABET" " INSULIN " " ENDOCRINE " " RHEUMAT" " ISCHAEMIC " " ISCHEMIC " " CIRCULATORY " " CIRRHOSIS " " DIGESTIVE DISEASE" " OTHER DIGESTIVE " " PEPTIC " " APPENDICITIS " " GASTRITIS " " GENITOURINARY " " UROGENITAL " " MUSCULOSKELETAL " " GOUT " " BACK PAIN " " MACULAR " " HEARING " " AUDIOLOG" " PERIODONTAL " " CARIES " " CONGENITAL " " OBESITY " " OVERWEIGHT " " GLAUCOMA " " HYPERTENSI" " HERNIA "

Health focus area level	Program area	Keywords
		"ARTHRITIS " " CLEFT LIP" " CLEFT PALATE" " PHENYLKETONURIA " " SICKLE CELL" " DREPANOCYTOSIS " " HEMOPHILIA " " HAEMOPHILIA " " THALASSEMIA " " GENETIC DISORDER" " HEART DISEASE" " CHRONIC RESPIRATORY " " COPD " " STROKE " " CATARACT " " CATARACTS " " CHRONIC OBSTRUCTIVE PULMONARY DISEASE" " ASTHMA " " SKIN DISEASE" " DERMATITIS " " PSORIASIS " " SCABIES " " PHYSICAL DISAB" " DENTAL " " ORAL HEALTH " " CVD " " IHD " " CKD " " KIDNEY DISEASE" " MSK " " EYE " " CEREBROVASCULAR " " VASCULAR " " BLOOD PRESSURE " " ACUTE GLOMERULONEPHRITIS " " ALOPECIA AREATA " " ANEURYSM " " ANGINA " " ARTERY " " ATHEROSCLEROSIS " " ATRIAL FIBRILLATION" " ATRIAL FLUTTER " " BENIGN PROSTATIC HYPERPLASIA " "BLASTOMA" " BLIND " " PREVENTABLE BLINDNESS " " AVOIDABLE BLINDNESS " " BLOOD DISORDER" " BRONCHITI" " CARCINOMA " " CARDIAC " " CARDIO" " CELLULITIS " " CEREBRAL " " CORONARY " " DEAF" " DECUBITUS ULCER " "DIALYSIS" " DUODENITIS " " ECZEMA " " EKZEMA " " EDENTULISM " " ENDOCARDITIS " " FIBROSIS " " G6PD DEFICIENCY " " GALL BLADDER " " BILE DUCT " " GLYCEMI" " GLYCAEMI" " HEMOGLOBINOPATH" " HEMOLYTIC ANEMIA " " HODGKIN" " INSOMNIA " " INTERSTITIAL LUNG DISEASE" " INTESTINAL OBSTRUCTION" " LEUKAEMIA " " MELANOMA" " MULTIPLE SCLEROSIS " " MYOCARD" " NCD " " NECK PAIN " " NEPHRITIS " " NEPHROSIS " " NEURAL TUBE DEFECT" " NEURODEGENERATIVE " " INFLAMMATORY BOWEL" " ONCOLOG" " OPTICAL " " OSTEOMYELITIS " " OTITIS MEDIA " " PANCREATITIS " " PARALYTIC ILEUS " " PERITONEAL " " PNEUMOCONIOSIS " " PROSTATE " " PRURITUS " " SARCOIDOSIS " " PYELONEPHRITIS " " REFRACTIVE ERROR" " RENAL " " RETINA " " SARCOMA " " SUBCUTANEOUS DISEASE" " URINARY DISEASE" " URINARY TRACT INFECTION" "

Health focus area level	Program area	Keywords
		UROLITHIASIS " " URTICARIA " " VENTRICULAR " " VISION LOSS " " ACCOMODATION DISORDER" " SENSE ORGAN " " GUILLAIN BARRE SYNDROME" " IMPETIGO " " LOSE WEIGHT " " BIRTH DEFECT" "PAPILLOMAVIRUS" " GENE DEFECT" " PHYSICALLY DISAB" " TUMOUR" " BRAIN INJUR" " MAMMOGRA" " ANTITUMOR " " ANTITUMOUR " " BARIATRIC" " FATTY LIVER" " IMMUNOTHERAPY " " CHROMOSOMAL ABERRATION" " PERIODONTITIS " " OSTEOPOROSIS " " NEURON"
SWAps/ Health systems strengthening		" SWAP" " TRAINING " " CAPACITY " " DATA SYSTEM" " SECTOR WIDE APPROACH" " HEALTH SYSTEM" " SECTOR PROGRAM" " BUDGET SUPPORT" " SECTOR SUPPORT " " HSS " " TRACKING PROGRESS " " SKILLED WORKERS " " HEALTH WORKERS " " SKILLED STAFF " " HEALTH PROFESSIONALS " " FACILITIES " " ESSENTIAL MEDICINES " " POLICY DEVELOPMENT" " MEDICAL EQUIPMENT" " SURGICAL EQUIPMENT" " HOSPITAL EQUIPMENT" " HOSPITAL EQMT " " HEALTH SECTOR PROGRAM" " HEALTH SECTOR SUPPORT " " SECTOR SUPPORT PROGRAM" " HEALTH INSTITUTIONAL STRENGTHENING " " HSPSP " " M&E " " MONITORING " " SURVEILLANCE " " GOVERNANCE " " HUMAN RESOURCE" " HUMAN CAPITAL " " IMPROVED CAPACITIES " " SCALING UP " " REALLOCATE RESOURCES " " STRATEGIES AND PROGRAM" " HIV STRATEG" " PROGRAM IN COUNTRY ACTIVITIES " " STRATEGIC INFORMATION " " PROCUREMENT " " EVIDENCE BASED " " CASE REPORTING " " OUTBREAK PREPAREDNESS " " RAPID RESPONSE STRATEG" " MEDICAL WORKER" " HEALTH CARE PERSONNEL " " OPERATIONAL RESEARCH " " SUPPORTIVE ENVIRONMENT " " INFORMATION SYSTEM" " INSECT " " WORKFORCE " " INFRASTRUCTUR" " ADMINISTRATIVE " " MEDICAL EDUCATION " " CASE NOTIFICATION " " CASE FINDING " " LABORATORY STRENGTHENING " "

Health focus area level	Program area	Keywords
		LABORATORY QUALITY " " LABORATORY NETWORK" " CONTROL SERVICES " " INFECTION CONTROL " " CONTROL PROGRAM" " SCALE UP" " STOP TB STRATEGY " " HEALTH EDUCATION " " CONTINUING EDUCATION " " SUPPLY " " HEALTH MANAGEMENT" " HEALTH POLICY " " MANAGEMENT AND COORDINATION " " ADMINISTRATIVE MANAGEMENT " " MANAGEMENT AND ADMINISTRATION " " STRENGTHENING NATIONAL HEALTH SYSTEM" " STRENGTHENING INSTITUTIONAL CAPACIT"
	Pandemic preparedness	" PANDEMIC PREPAREDNESS " " PANDEMIC RESPONSE" " PANDEMIC ALERT" " EPIDEMIC ALERT" " EPIDEMIC RESPONSE" " EPIDEMIC PREPAREDNESS " " OUTBREAK RESPONSE" " OUTBREAK ALERT" " OUTBREAK PREPAREDNESS " " PANDEMIC INFLUENZA " " EPIDEMIOLOGICAL INVESTIGATION" " CONTACT MANAGEMENT " " PREPAREDNESS AND RESPONSE PLAN" " PREPAREDNESS & RESPONSE PLAN" " BIOSAFETY MEASURE" "EARLY WARNING " " HEALTH SECURITY PREPAREDNESS " " HEALTH SECURITY RISK ASSESSMENT "
Other infectious diseases		" INFECTIOUS " " COMMUNICABLE " " TRICHURIASIS " " YELLOW FEVER " " WHIPWORM " " TRACHOMA " " SCHISTOSOMIASIS " " BILHARZIA " " SNAIL FEVER " " KAYAYAMA FEVER " " RABIES " " ONCHOCERCIASIS " " RIVER BLINDNESS " " ROBLES DISEASE" " LYMPHATIC FILARIASIS " " ELEPHANTIASIS " " LEISHMANIASIS " " LEISHMANIOSIS " " HOOKWORM " " FOOD BORNE TREMATOD" " FOODBORNE TREMATOD" " ECHINOCOCCOSIS " " HYDATID DISEASE" " HYDATIDOSIS " " DENGUE " " CYSTICERCOSIS " " CHAGAS " " TRYPANOSOMIASIS " " SLEEPING SICKNESS " " ASCARIASIS " " TROPICAL DISEASE" " AVIAN " " CHOLERA " " DYSENTERY " " PARASITE DISEASE" " AVIAN INFLUENZA " " AVIAN FLU " " FAO " " NEGLECTED TROPICAL DISEASE" "TYPHOID" " LEPROSY " " BURULI ULCER " "

Health focus area level	Program area	Keywords
		EBOLA" " EBOV " " EVD " " ZIKA " " ZIKV " " GUINEA WORM " " DRACUNCULIASIS " " FILARIASIS " " HEPATITIS E"

eTable 14. Additional health focus area categorizations

Channel	Allocation criteria	Health focus area
Bilaterals and the EC	CRS purpose code 13030, family planning	Family planning
	CRS purpose code 13020, reproductive health care	Maternal health, non-family planning
	CRS purpose code 12240, basic nutrition	Child and newborn nutrition
	CRS purpose code 12250, infectious disease control and the keywords “child” or “vaccine” present in descriptive variables	Child and newborn vaccines
	CRS purpose code 13040, STD control including HIV/AIDS	HIV/AIDS
	CRS purpose code 12262, malaria control	Malaria, unspecified
	CRS purpose code 12250, infectious disease control and no other keywords present in the descriptive variables	Other infectious diseases
	CRS purpose code 12263, tuberculosis control	Tuberculosis
	CRS purpose code 12230, basic health infrastructure	SWAPs/health systems strengthening
	CRS purpose code 12281, health personnel development	SWAPs/health systems strengthening
World Bank IDA and IBRD	Theme code population and reproductive health	Maternal, newborn, and child health, unspecified
	Theme code tuberculosis	Tuberculosis
	Theme code child health	Child and newborn health, unspecified
	Theme code HIV/AIDS	HIV/AIDS
	Theme code malaria	Malaria, unspecified
	Theme code injuries and non-communicable diseases	Non-communicable diseases, unspecified
	Theme code nutrition and food security	Child and newborn nutrition
	Theme code other communicable	Other infectious diseases

Channel	Allocation criteria	Health focus area
	diseases	
	Theme code health system performance	SWAPs/health systems strengthening
	Theme code social analysis and monitoring	SWAPs/health systems strengthening
UNFPA	Family planning, population and development strategies, population and development, population dynamics	Family planning
	Reproductive health, maternal and newborn health, young people's SRH and sexuality education, HIV and STI prevention services, sexual and reproductive health, sexuality education	Maternal health
	Gender equality and women's empowerment, gender equality and reproductive rights, program coordination and assistance, adolescents and youth, civil society and rights for all, ending harmful practices, marginalized girls, protection rights, other	Family planning and Maternal health, unspecified, according to proportions between the two.
	HIV and STI prevention services, HIV and AIDS	HIV prevention
UNICEF	All DAH	HIV prevention
		Maternal, newborn, and child health (vaccines, maternal health, and health systems strengthening)
UNAIDS	The keyword search was run on budget information for years 2008–2017 Program components in budget documents from 1998 to 2007	All program areas under HIV/AIDS and TB
Unitaid	Disease and type of project assigned in online database	HIV/AIDS (treatment, counseling and testing, prevention), TB (treatment and diagnosis), Malaria (diagnosis and treatment), NCD other
Gavi	Vaccine DAH for HPV vaccine All other vaccine DAH HSS DAH	NCD other Child and newborn vaccines Maternal and child health HSS
Global Fund	Disease components for Malaria, HIV/AIDS, TB, TB/HIV, and Other (health systems strengthening) Keyword search on program service delivery areas	All program areas under Malaria, TB, HIV and SWAps/HSS

Channel	Allocation criteria	Health focus area
WHO	Reproductive, maternal, newborn, child, and adolescent health (divided by 2); Research in human reproduction	Maternal health, unspecified
	Nutrition	Child and newborn nutrition
	Vaccine-preventable diseases	Child and newborn vaccines
	Reproductive, maternal, newborn, child and adolescent health (divided by 2)	Child and newborn health, unspecified
	Aging and health; gender, equity and human rights mainstreaming	Maternal, newborn, and child health, unspecified
	HIV/AIDS	HIV/AIDS
	Malaria	Malaria
	Tuberculosis	Tuberculosis
	Mental health and substance abuse	Non-communicable diseases, mental health
	Disabilities and rehabilitation; Non-communicable diseases; Violence and injuries	Non-communicable diseases, unspecified
	Neglected tropical diseases; Tropical disease research; Infectious hazard management; Outbreak and crisis response (50%); Alert and response capacities (50%)	Other infectious diseases
	Health system information and evidence; Integrated people-centered health services; National health policies, strategies and plans; Access to medicines and health technologies and strengthening regulatory capacity; health emergency information and risk assessment (50%)	SWAps/health systems strengthening
	Country health emergency preparedness and the International Health Regulations; health emergency information and risk assessment (50%); Emergency operations; Emergency core services; Outbreak and crisis response (50%); Epidemic- and pandemic-prone diseases; Alert and response capacities (50%)	SWAps/health systems strengthening, pandemic preparedness
	Social determinants for health; Health and the environment; Food safety; Antimicrobial resistance	Other
PAHO	HIV/AIDS and STIs; HIV/AIDS, TB and malaria (33%)	HIV/AIDS, unspecified
	Tuberculosis; HIV/AIDS, TB and	Tuberculosis, unspecified

Channel	Allocation criteria	Health focus area
	malaria (33%)	
	HIV/AIDS, TB and malaria (33%); Malaria and other vector-borne diseases (50%);	Malaria, unspecified
	Communicable diseases; Malaria and other vector-borne diseases (50%); Neglected tropical and zoonotic diseases	Other infectious diseases
	Nutrition; Food Safety	Child and newborn nutrition
	Vaccine-preventable diseases	Child and newborn vaccines
	Women, maternal, newborn, child, and adolescent and adult health	Maternal and child health, unspecified
	Mental health and psychoactive substance use disorders	Non-communicable diseases, mental health
	Non-communicable diseases and risk factors; chronic non-communicable diseases	Non-communicable diseases, unspecified
	Health systems leadership and governance; Human resources for health; Social protection and financing; Health systems information and evidence; Health services; People-centered integrated health services; Access to medical products and strengthening regulatory capacity; Health governance and financing, national health policies, strategies and plans	SWAps/health system strengthening
	Violence and injuries; Disabilities and rehabilitation; Antimicrobial resistance; Aging and health; Gender, equity, human rights, and ethnicity; Social determinants of health; Health and the environment; Strategic communications; Management and administration; Flexible and learning organization	Other

Disaggregating preliminary estimates by health focus area

Estimates by health focus area for years in which descriptive data were not available (usually 2017 and in many cases 2016 as well) were obtained by modeling channel-specific DAH per health focus area as a function of time. Out-of-sample validation was used to test the predictive accuracy of a large suite of models, estimating the models using 1990–2010 data and predicting

2011 and 2012. The potential models included fractional multinomial logit regression, OLS regression, autoregressive integrated moving average (ARIMA) models, Epanechnikov kernel-weighted local polynomial smoothing, and multivariable fractional polynomial models. For each model, time was modeled linearly, with splines, and by including lag-dependent variables. Other methodologies considered included modeling health-focus-area-specific DAH as a dollar amount and as a fraction of the channel-specific total DAH. Lastly, models that involved transforming the dependent variable in natural log and logit transformed space were considered. In order to accommodate zero values in the logit transformation, the transformation described in Smithson and Verkuilen was applied.[71] Over 40 models and specifications were evaluated in total.

Each of the potential models and specifications described above was estimated using data from 1990 through 2010, and then the estimated model was used to predict DAH by health focus area for 2011 and 2012. Since we have DAH estimates for 2011 and 2012, we compared the modeled estimates and the observed estimates and calculated average percent deviation and average total absolute deviation for each model and specification across all the channels and health focus areas. A variant of the Epanechnikov kernel-weighted local polynomial smoothing had the smallest average percent deviations and average total absolute error. In this model and specification, health-focus-area-specific DAH fractions were independently estimated at the channel level after they were logit transformed. Time was the only independent variable included in the model.

The health-focus-area-specific DAH estimates were adjusted so the sum of the channel's health focus area disbursements totaled channel-specific DAH envelope. Our preferred model, the Epanechnikov kernel-weighted local polynomial smoothing, minimized both the average percent deviation and the total absolute error out of sample, predicting two years ahead. See Dieleman et al. for a table that demonstrates the performance of four models, each with their optimal specification (as determined by the out-of-sample average percent deviation and total absolute error).[1]

Tracking development assistance for health from bilateral aid agencies and the European Commission

OECD-DAC maintains two databases on aid flows: 1) the DAC annual aggregates database, which provides summaries of the total volume of flows from different donor countries and institutions, and 2) the CRS, which contains project- or activity-level data.[3] This year, we used the DAC databases to track health ODA from 24 OECD-DAC members (Austria, Australia, Belgium, Canada, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Japan, Luxembourg, the Netherlands, New Zealand, Norway, Portugal, South Korea, Spain, Sweden, Switzerland, the United Kingdom, the United States, and the EC), and one DAC Participant country, United Arab Emirates, for the years 1990 to 2017. Observed data for the DAC members were available from 1990 to 2016, and observed data for the United Arab Emirates were available from 2009 to 2016. United Arab Emirates bilateral health ODA from 1990 to 2008 was obtained through personal correspondence.

These two DAC databases track the following types of resource flows:

Official development assistance (ODA), defined as "flows of official financing

administered with the promotion of the economic development and welfare of developing countries as the main objective"[69] is tracked from its 30 members (Austria, Australia, Belgium, Canada, Czech Republic, Denmark, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Japan, Luxembourg, the Netherlands, New Zealand, Norway, Poland, Portugal, Slovakia, Slovenia, South Korea, Spain, Sweden, Switzerland, the United Kingdom, the United States, and the EC). The CRS also now includes some private ODA, such as that funded by the Gates Foundation and the Global Fund, as well as assistance from a number of non-DAC countries such as the United Arab Emirates and Kuwait.

ODA includes:

• Bilateral ODA, which is given directly by DAC members as aid to recipient governments, core contributions to NGOs and public-private partnerships, and earmarked funding to international organizations.

• Multilateral ODA, which includes core contributions to multilateral agencies such as WHO, UNFPA, the Global Fund, Gavi, UNAIDS, UNICEF, PAHO, the World Bank, and other regional development banks. Only regular budgetary contributions to these institutions can be reported to the OECD-DAC; hence, extrabudgetary funds, including earmarked contributions that donors can report as bilateral ODA, are not included as multilateral ODA. Only 70% of core contributions to WHO can be counted as multilateral ODA.

a. Official development finance (ODF), which includes grants and loans made by multilateral agencies.
b. Other official flows (OOF), which refers to transactions that "do not meet the conditions for eligibility as Official Development Assistance or Official Aid, either because they are not primarily aimed at development, or because they have a Grant Element of less than 25 percent."

The DAC aggregate tables include all multilateral development banks, the Global Fund, operational activities of UN agencies and funds, and a few other multilateral agencies. The project-level data in the CRS cover a smaller subset of multilateral institutions, including UNAIDS, UNFPA, UNICEF, public-private partnerships including Gavi and the Global Fund, some development banks, and the Gates Foundation, but do not reflect the core-funded operational activities of WHO prior to 2009, disbursements by Gavi prior to 2007 and the Gates Foundation prior to 2009, or all loans from the World Bank.

This research utilized the CRS as the principal source for tracking bilateral DAH. This is because the DAC aggregate tables do not report detailed project-level information about the recipient country and health focus area. The OECD sector codes for general health (121), basic health (122), and population programs (130) were used to identify health flows in the CRS. Only ODA-related flows are used in our analysis, including OECD flow codes corresponding to ODA grants (11), ODA grant-like (12), ODA loans (13), and equity investment (19).

To avoid double-counting, all identifiable earmarked commitments and disbursements made by DAC members via Gavi, International Finance Facility for Immunisation (IFFIm), the Global Fund, WHO, UNICEF, UNAIDS, UNFPA, International drug purchase facility, PAHO, World Bank, and regional development banks. The channel of delivery fields as well as keyword

searches in the descriptive project fields (project title, short description, and long description) were used to identify potential sources of double-counting. Channel codes in the CRS data were used to track DAH to international and donor-country-based non-governmental organizations. The names of NGOs that were captured in IHME's NGO data (as detailed in the section titled "Tracking non-governmental organizations") were searched for in the CRS descriptive variables and tagged as double-counting. Research funds for HIV/AIDS channeled by the US government through the National Institutes for Health (NIH) were also removed from the total since they do not meet the definition of DAH as contributions from institutions whose primary purpose is development assistance. Official development finance (ODF) from the CRS was not counted because these expenditures were included elsewhere, either in the analysis of multilateral institutions relevant to the study or in the assessment of health spending by the Gates Foundation, the data for which were obtained via correspondence and from their annual reports, audited financial statements, and project databases. To avoid double-counting, only health assistance flows from multilateral institutions to low- and middle-income countries were counted, and not transfers to multilateral institutions. Also, for regional projects the disbursements are split among all countries in the specified OECD region. For example, a project allocated to recipient "North of Sahara, regional" would have its disbursements split equally between all the countries in the corresponding OECD region: Algeria, Egypt, Libya, Morocco, and Tunisia.

Allocation of funding to health focus areas was assigned as described in the section "Disaggregating by health focus area," based on a keyword search of five descriptive variables in the CRS: project title, short description, long description, channel name, and channel reported name. Additional adjustments were made based on CRS purpose codes, as detailed in eTable 14, in order to ensure that the specified purpose corresponded to the highest-weighted health focus area.

Estimating disbursements for the 24 bilateral channels and the EC

Both the DAC tables and the CRS rely on information reported by DAC members and other institutions to the OECD-DAC. Hence, the quality of the data varies considerably over time and across donors. Three variables were used to estimate yearly donor disbursements: CRS commitments, CRS disbursements, and DAC commitments. There were two main challenges in using the data from the CRS for this research:
1. underreporting of aid activity to the CRS compared to what is reported to the DAC, and
2. underreporting of disbursement data to the CRS compared to commitment data reported to the CRS.

These issues are highlighted in eFigure 2. Methods developed to account for both these challenges are discussed below. Details on how we estimated the cost of providing technical assistance and program support for these institutions are highlighted below in the section titled "Calculating the technical assistance and program support component of development assistance for health from loan-and grant-making channels of assistance."

To address these two challenges, we determined a cutoff point for each channel. We defined this channel-specific cutoff year as when the ratio of total CRS disbursements to commitments was

greater than 50% and did not drop subsequently below 30%. eFigure 3 below shows each donor's CRS disbursement to commitment ratio in green, and the estimated cutoff year is marked with a vertical red line. For years after the cutoff year, DAH is measured using the unadjusted disbursement data. For the time prior to the cutoff year, it was determined that the disbursement data are not of high enough quality, and adjusted commitments were used instead.
Two adjustments were made to commitments to estimate disbursements before each donor-specific cutoff point:

I. The first adjustment addressed underreporting of aid activity to the CRS (relative to the DAC). To address this challenge, all CRS commitments for the health sector were adjusted upward using the DAC commitment to CRS commitment coverage ratio. The coverage ratio of the CRS was well below 10% before 1996 but has improved steadily over time.

II. The second adjustment addressed underreporting of disbursements data to the CRS (relative to commitments reported to the CRS). To address this challenge, we pooled completed projects in the CRS that have disbursement data for each channel and computed yearly project disbursement rates (the fraction of total commitments disbursed for each year of a project) and overall project disbursement rates (the fraction of total commitments disbursed over the life of each project) by project length. Yearly disbursement schedules were calculated for projects with lengths of one, two, three, four, five, and six years. When an observed project length was more than six years, all expenditure after the sixth year was aggregated and assumed to be expended in the sixth year. This does not happen often. Yearly disbursement rates were the median of these shares, averaged across projects for every donor in each project year. The sum of these averages equals one, so that all the disbursements were expended over the lifetime of a project. The product of these donor-specific yearly disbursement rates and the donor-specific overall disbursement rates produced the donor-specific disbursement schedules. The donor-specific disbursement schedules were applied to project-level DAC-adjusted commitments reported in the CRS. eFigure 3 shows the yearly disbursement rates and overall disbursement rates for projects with one- to six-year lifespans for each of the 24 member countries and the EC.

Lastly, to address the challenge of underreporting of aid activity to the CRS compared to the DAC for all years, the difference between each donor's aggregate DAC health commitments and CRS health disbursements was added to each donor's yearly DAH. Since only aggregate commitments are reported to the DAC, several adjustments were made, based on more detailed CRS data:

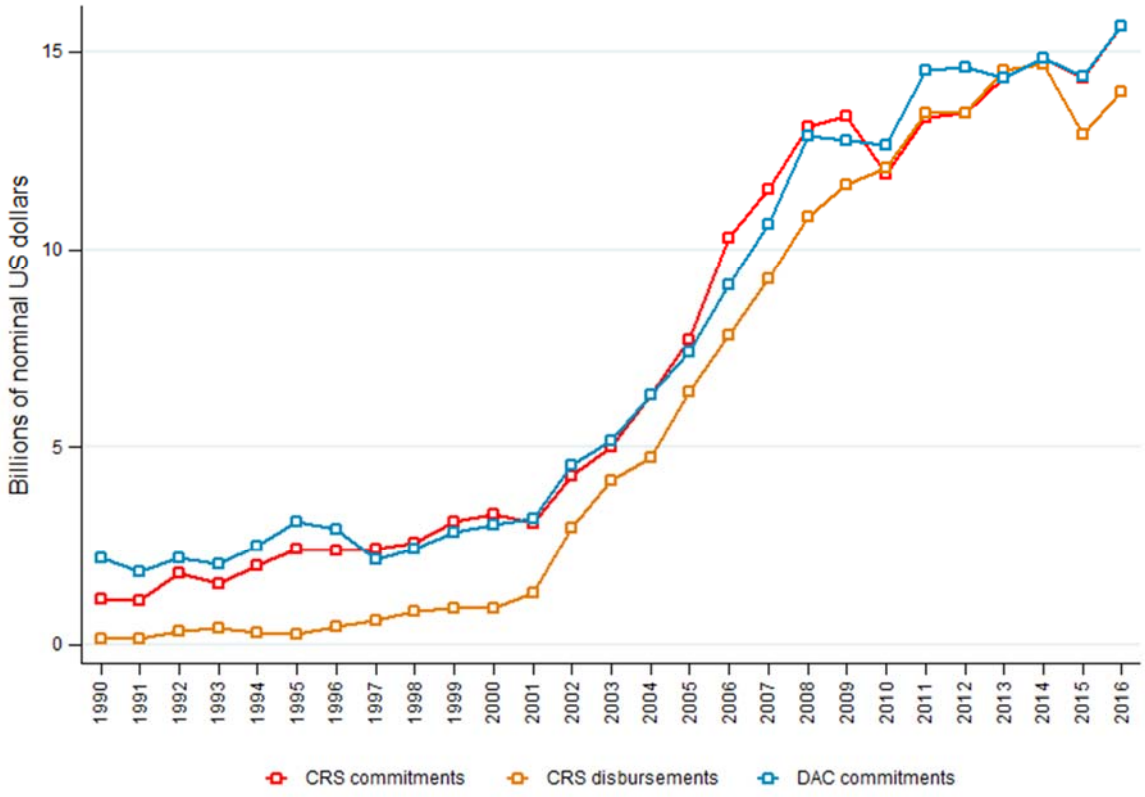
I. First, each donor's yearly average project length was calculated by applying the donor-specific disbursement schedules described above to CRS projects that had disbursement in order to get adjusted DAC commitments.

II. Commitments for projects that have not opened yet were then subtracted, based on the open date reporting in the CRS. This ensured that future disbursements were not captured.

III. Lastly, these DAC-adjusted commitments were compared to CRS disbursements, inclusive of transfers that were later dropped as double-counting.

In addition to tracking disbursements from the EC, gross disbursements from the DAC were used to compile data on the sources of funding for the EC.

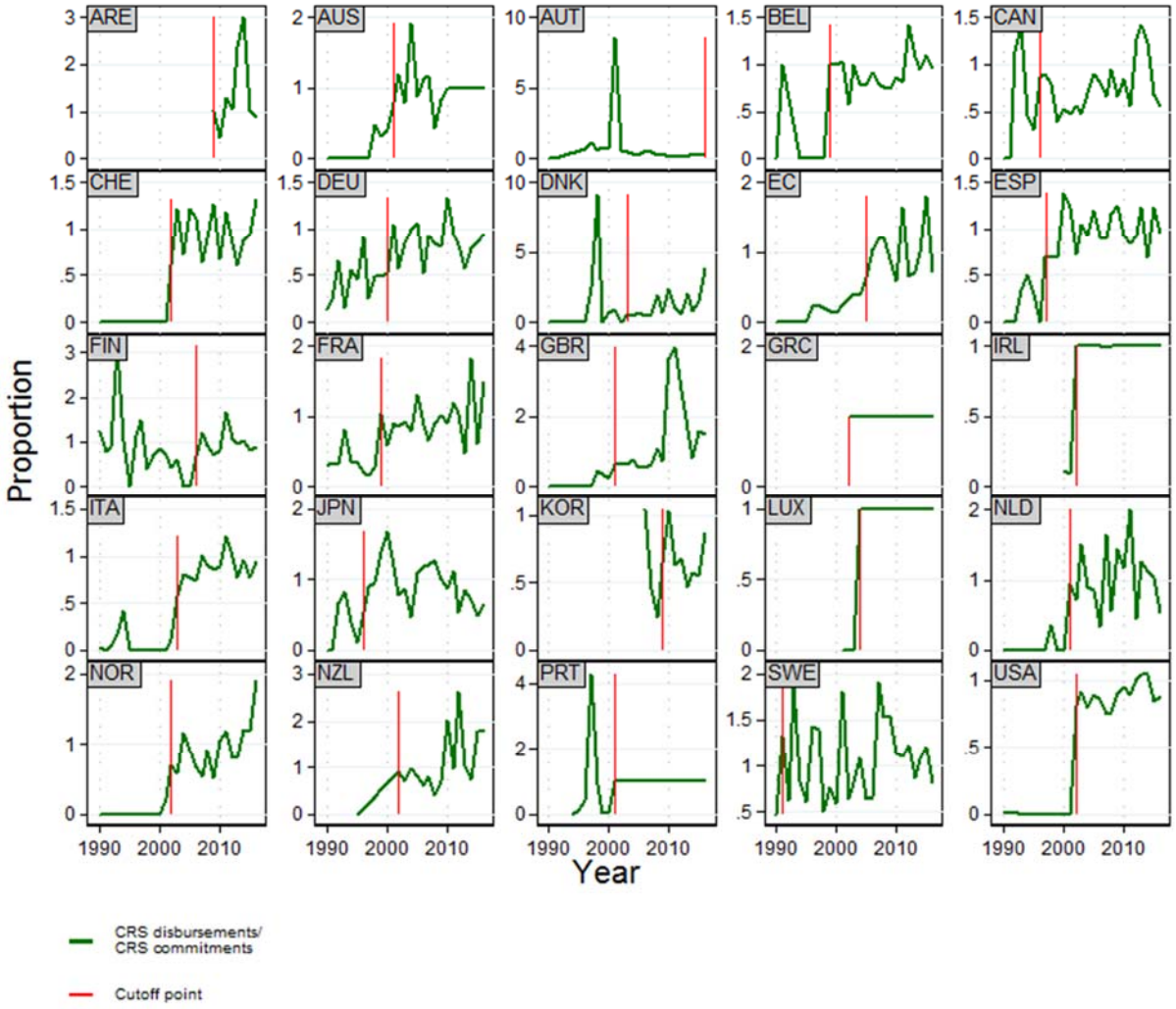
eFigure 2 Comparing CRS commitments, CRS disbursements, and DAC commitments
This figure compares commitments and disbursements from the Creditor Reporting System (CRS) and Development Assistance Committee (DAC) databases of the Development Assistance Committee of the Organisation for Economic Co-operation and Development (OECD-DAC) from 1990 to 2016. CRS disbursements are usually underreported when compared to both CRS and DAC commitments data, especially in earlier years. Because of this gap between CRS and DAC, CRS disbursements data were adjusted to fit DAC commitments data.



Source: OECD-DAC and OECD Creditor Reporting System

eFigure 3 CRS disbursement to commitment ratio and cutoff points by donor agency
This figure shows the channel-specific cutoff year. Before this year, we adjust CRS commitments using disbursement schedules. After this cutoff we rely on CRS-reported disbursements. The total CRS disbursements to commitments ratio is in green, and the cutoff year is marked with a vertical red line. The cutoff year is determined to be when the ratio goes above 50% and does not fall back below 30%. The vertical axis represents the CRS disbursement to commitment ratio as a percentage. ARE = United Arab Emirates, AUS = Australia, AUT = Austria, BEL = Belgium, CAN = Canada, CHE = Switzerland, DEU = Germany, DNK =

Denmark, EC = European Commission, ESP = Spain, FIN = Finland, FRA = France, GBR = Great Britain, GRC = Greece, IRL = Ireland, ITA = Italy, JPN = Japan, KOR = South Korea, LUX = Luxembourg, NLD = the Netherlands, NOR = Norway, NZL = New Zealand, PRT = Portugal, SWE = Sweden, USA = United States of America

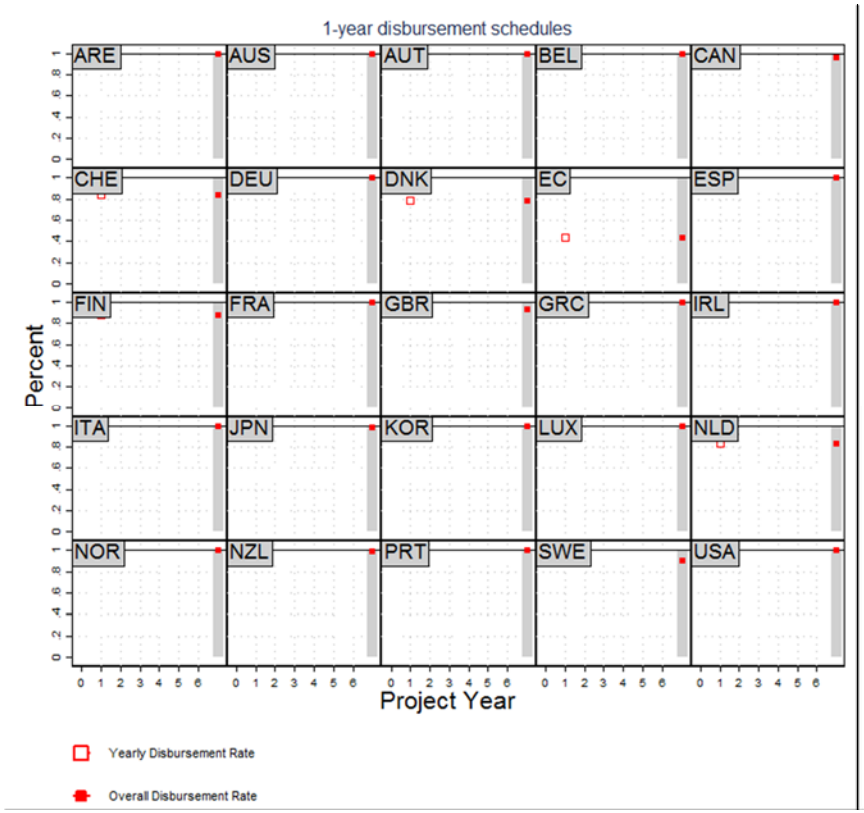


Source: OECD Creditor Reporting System

Box 3. EXAMPLE. Australia's CRS disbursement to commitment ratio and cutoff year

The green line shows the ratio of Australia's disbursements to commitments, as reported in the CRS. Prior to 2001, the ratio was always below 50%. In 2001, the ratio rose above 50%; it did not fall below 30% in subsequent years, thereby defining 2001 as the cutoff year. Thus, for Australia, before 2001 DAH is based on adjusted CRS commitment data. These data are adjusted using disbursements schedules (eFigure 3) and data from the DAC. After 2001, Australia's DAH is based on the disbursements reported in the CRS.

eFigure 4 One- to six-year disbursement schedules for bilateral channels
This figure shows the estimated disbursement schedules for bilateral channels. Before the channel-specific cutoff year, we rely on commitment data to inform our estimates of DAH. Commitment data are adjusted to reflect disbursements over time using schedules estimated from projects in the CRS that have both commitment and disbursement data. The vertical axis represents the percentage of the commitment disbursed. ARE = United Arab Emirates, AUS = Australia, AUT = Austria, BEL = Belgium, CAN = Canada, CHE = Switzerland, DEU = Germany, DNK = Denmark, EC = European Commission, ESP = Spain, FIN = Finland, FRA = France, GBR = Great Britain, GRC = Greece, IRL = Ireland, ITA = Italy, JPN = Japan, KOR = South Korea, LUX = Luxembourg, NLD = the Netherlands, NOR = Norway, NZL = New Zealand, PRT = Portugal, SWE = Sweden, USA = United States of America


1-year disbursement schedules
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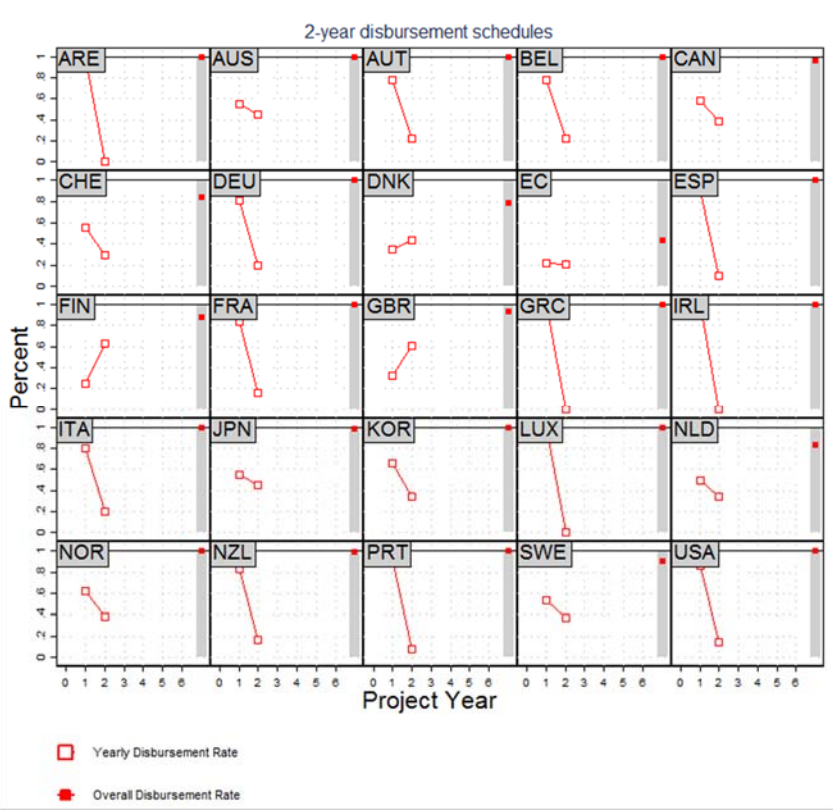
USA
Percent
Project Year
Yearly Disbursement Rate
Overall Disbursement Rate


2-year disbursement schedules
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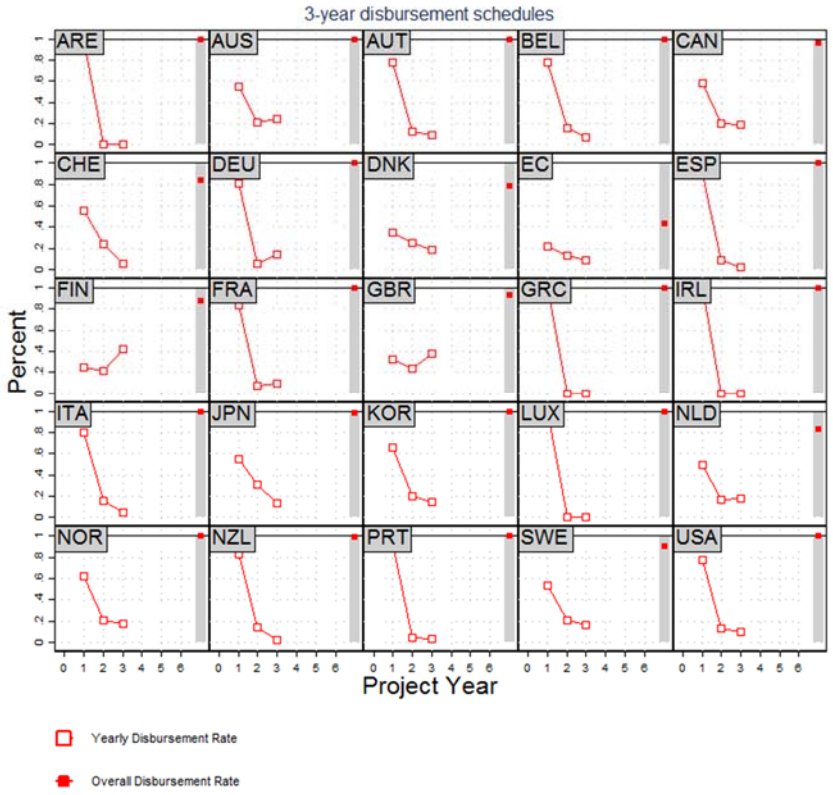
Percent
Project Year
Yearly Disbursement Rate
Overall Disbursement Rate


3-year disbursement schedules
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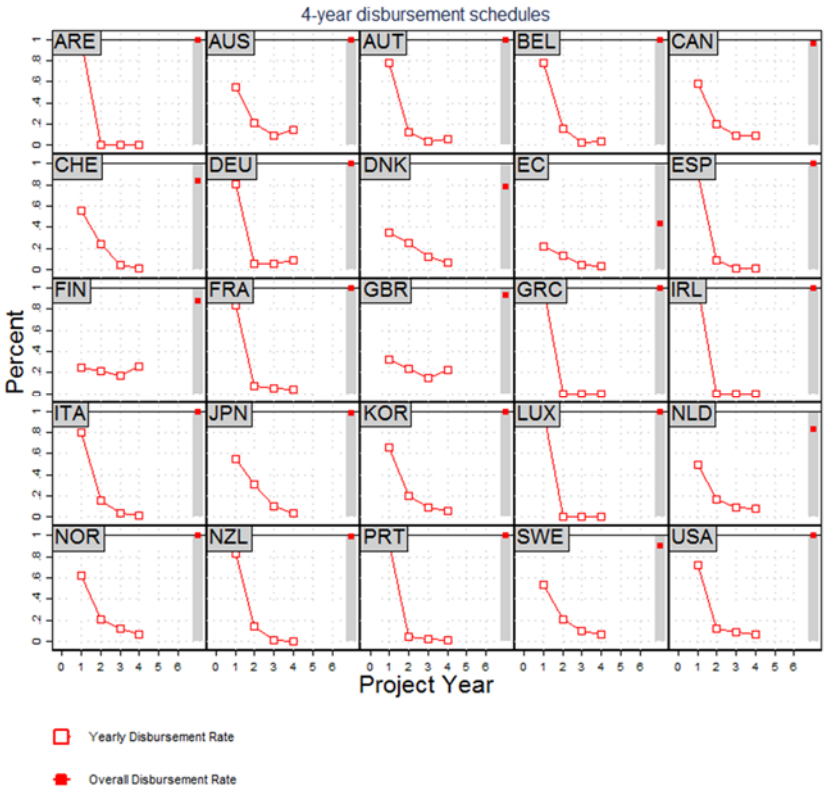
USA
Percent
Project Year
Yearly Disbursement Rate
Overall Disbursement Rate


4-year disbursement schedules
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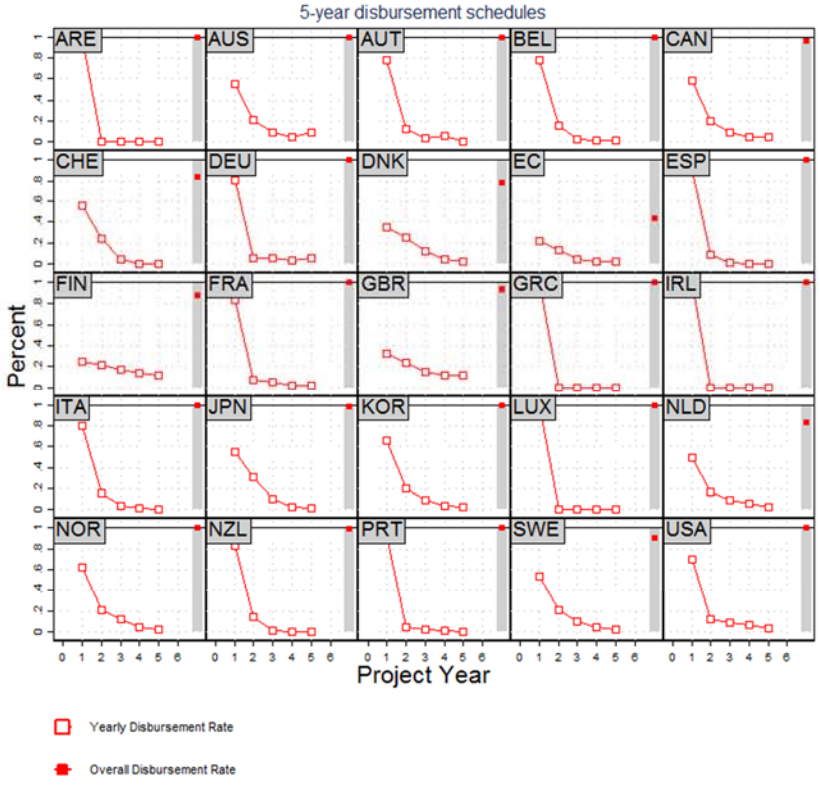
USA
Percent
Project Year
Yearly Disbursement Rate
Overall Disbursement Rate


5-year disbursement schedules
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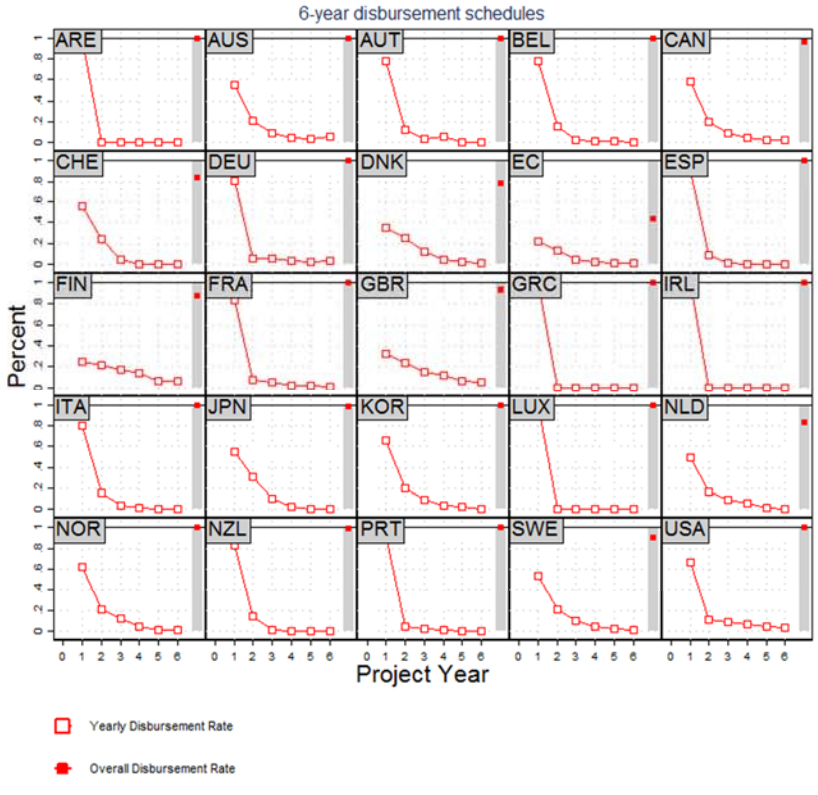
SWE
USA
Percent
Project Year
Yearly Disbursement Rate
Overall Disbursement Rate


6-year disbursement schedules
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NOR
NZL
PRT
SWE
USA
Percent
Project Year
Yearly Disbursement Rate
Overall Disbursement Rate

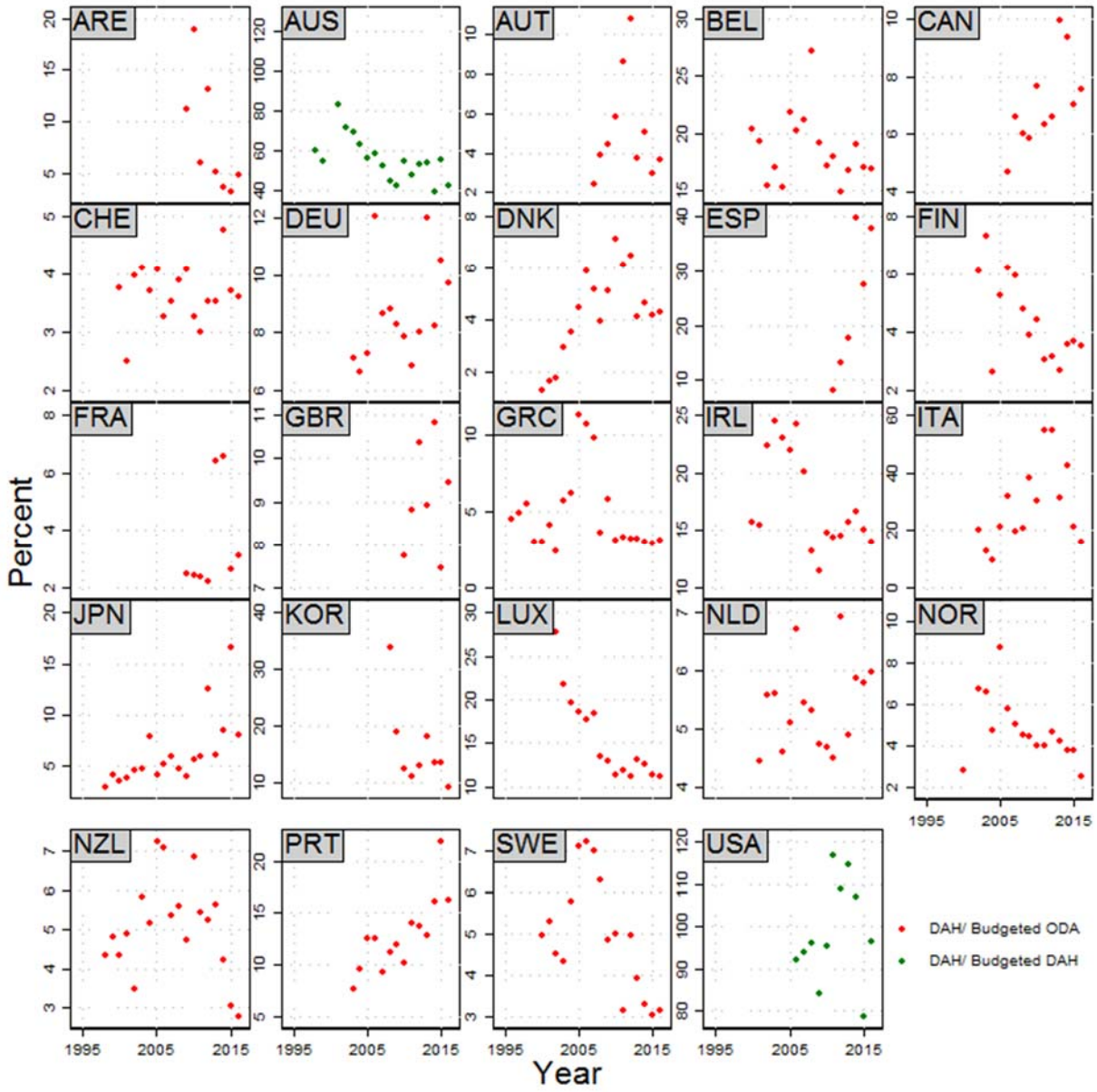
Box 4. EXAMPLE. Australia's one- to six-year disbursement schedules

To estimate disbursements using commitment data, we rely on disbursement schedules derived from CRS data that include both commitments and disbursements. Disbursement schedules are specific for each channel and the length of a project. These schedules also take into consideration the average amount of commitments for each channel that lead to disbursements. Across all Australian projects in the CRS with complete disbursements data, Australia disbursed 100% of the funds that it committed, as shown by the solid red dot on the right-hand side of the Australia panel (upper left corner of the first panel of eFigure 3). In projects with a length of one year, Australia disbursed 100% of the funds that it committed in that year. For two-year projects, Australia disbursed 59% of total disbursements in year one and 41% of total disbursements in year two. In projects with lengths of three years, Australia disbursed about 59% of total disbursements in year one and 19% and 22% of total disbursements in years two and three, respectively. This is estimated for projects ranging from one to six years. The disbursement schedules were applied to commitment data from the CRS to estimate disbursements for years prior to the cutoff year, which is 2001 for Australia.

To predict DAH for the recent years not reported in the CRS, budget data were extracted from a variety of sources. These data are listed in eTable 12. Global health budgetary data were utilized whenever possible, but these detailed data were available as a complete time series only for Australia and the United States. For all other bilateral channels, general ODA budgets were used. In order to predict DAH for 2017 for 24 bilateral agencies, the budget ratio for each donor was calculated by dividing DAH estimates by the corresponding budget data (ODA or global health). Budget ratios for 2017 were projected using a weighted average of the previous three years (placing one-half weight on the one-year lagged ratio, one-third weight on the two-year lagged ratio, and one-sixth weight on the three-year lagged ratio), and this ratio was multiplied by the observed budgeted DAH for those same years. eFigure 5 plots the budget ratio for each bilateral channel. Budget data for the EC were inconsistent and did not match the disbursement series. Instead, DAH for 2017 was estimated based on trends in DAH for EC member countries. A weighted average was applied to the percent change in DAH from 2016 to 2017 for all EC member countries. The weighting was based on each country's total national contributions to the EC. These data were collected from the EC's 2016 financial statement.[72] The weighted average was then applied to the EC's 2016 DAH to forecast 2017.

eFigure 5 DAH as a percentage of corresponding budget data by bilateral agency

This figure shows the trend of the ratio of DAH measured as a share of budget data. Green dots indicate that a donor provided global-health-specific budget data, so in these cases the denominator is all global-health-specific budgeted data. The numerator is estimated DAH. Red dots indicate that a donor did not have global-health-specific budget data, so overall ODA budget data were used in calculating the DAH to budget ratios. The vertical axis represents estimated DAH as a fraction of corresponding budget data. ARE = United Arab Emirates, AUS = Australia, AUT = Austria, BEL = Belgium, CAN = Canada, CHE = Switzerland, DEU = Germany, DNK = Denmark, ESP = Spain, FIN = Finland, FRA = France, GBR = Great Britain, GRC = Greece, IRL = Ireland, ITA = Italy, JPN = Japan, KOR = South Korea, LUX = Luxembourg, NLD = the Netherlands, NOR = Norway, NZL = New Zealand, PRT = Portugal, SWE = Sweden, USA = United States of America



Source: IHME DAH Database (2017) and corresponding bilateral ODA/DAH budget documents outlined in eTables 10 and 12.

Box 5. EXAMPLE. Australia's DAH as a percentage of corresponding budget data

Australia provided global-health-specific budget data for 1998–2017 through its International Development Assistance and Overseas Aid Program budgets. For 1998–2016, health ODA and observed DAH were used to create DAH to budget ratios. These budget ratios were then applied to 2017 health ODA budget data to project DAH in 2017, using a weighted average:

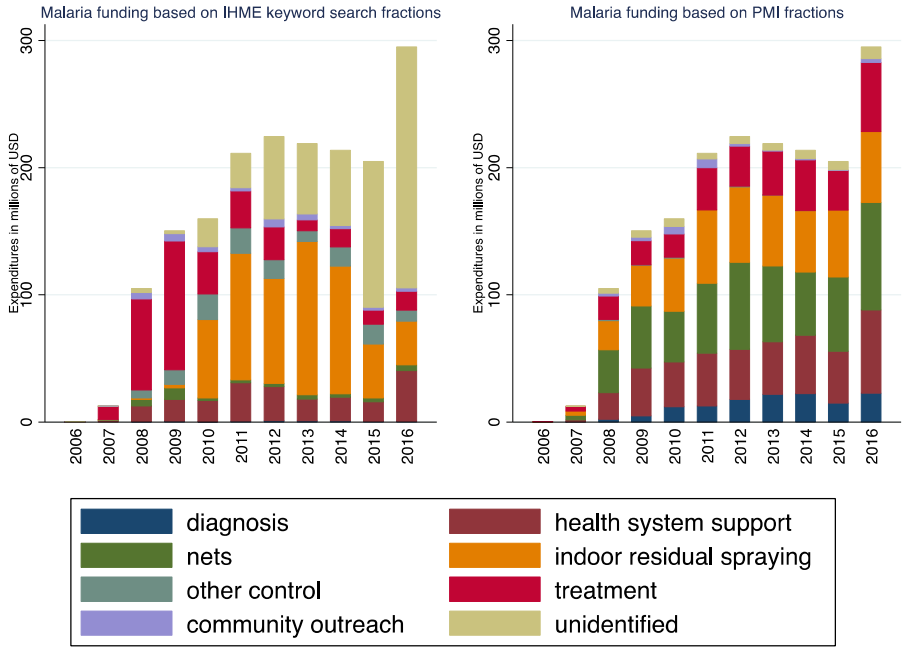
$$(Total\ DAH_t) = \left(\frac{1}{2}\right)(\ Budget\ ratio_{t-1})\ (Budgeted\ GHE_t) + \left(\frac{1}{3}\right)(Budget\ ratio_{t-2})(Budgeted\ GHE_t) + \left(\frac{1}{6}\right)(Budget\ ratio_{t-3})(Budgeted\ GHE_t)$$

where t = year to be modeled (2017).

To supplement our estimates of development assistance for health to HIV/AIDS and malaria program areas for the United States, we used additional available data from the President's Emergency Plan for AIDS Relief (PEPFAR) and the President's Malaria Initiative (PMI). We downloaded data on all planned funding by PEPFAR by recipient country, year, and program area from 2004 to 2017.[73]

All PEPFAR projects were assigned to our eight HIV/AIDS program areas using PEPFAR budget codes, splitting out overhead costs equally to all other program areas. We then created country-year-specific HIV/AIDS program area fractions out of total annual HIV/AIDS DAH, which we applied to all United States HIV/AIDS projects in the CRS from 2004 to 2016 by country-year. To inform malaria funding by program areas, we downloaded the most recently available malaria funding tables from malaria operational plans for all countries and years.[74] We assigned each line item in these tables to our eight malaria program areas, and then created fractions for the malaria program areas out of the total annual malaria DAH specific to each country-year. These fractions were applied to all United States malaria projects in the CRS from 2006 to 2016 by country-year.

eFigure 6 Malaria DAH to program areas as assigned by keyword search and PMI reports



Source: IHME DAH Database (2017) and PMI malaria operational plans

This figure outlines the assignment of funding to malaria program areas for United States projects from the OECD CRS from 2006 onward. The figure on the left shows how malaria funding is broken out based on keyword search. The figure on the right shows the breakdown of funding to malaria program areas based on PMI malaria funding tables. Using the data from PMI reduces the amount of unallocable funding. As such, in as often as more disaggregated information on project allocation is available, IHME uses such project information available in project budget documents or other project documents to disaggregate into program areas.

Tracking development assistance for health from the development banks

The World Bank project-level health disbursement data for 1990 through 2017 were obtained through correspondence with Miyuki Parris, Operations Analyst.[75] The World Bank recently underwent a recoding process for their disbursements. This recoding affected health disbursements; however, the recoding was not completed for projects with disbursements prior to 2001. To create a comparable dataset, adjustments had to be made. Regression analysis to predict health disbursements was explored; however, in the end, the average percent change between project-level health disbursements before and after recoding was used to adjust health disbursements prior to 2001. It was observed that on average, between 2001 and 2005 (inclusive) the recoding process decreased health disbursements by 0.22%. This number was used to adjust all project-level health disbursements prior to 2001.[76]

Health disbursements included all health projects as well as other sector projects with a health sector code. In addition, data were collected from the World Bank online loans database in order to fill in descriptive information for loans from the two arms of the World Bank: the International Development Association (IDA) and the International Bank for Reconstruction and Development (IBRD).[75] Along with keyword searches, health theme codes were used to allocate disbursements by health focus area. The online database contains up to five sector codes and five theme codes that can be assigned to each project. Sector codes represent economic, political, and social subdivisions, while theme codes represent the goals or objectives of World Bank activities. The codes are summarized in eTable 15. Emergency recovery loans were excluded since they do not fit the definition of DAH.

eTable 15 World Bank's health sector and theme codes

Health sector codes Sector codes represent economic, political, or social subdivisions within society. World Bank projects are classified by up to five sectors.	**Health theme codes** Theme codes represent the goals or objectives of World Bank activities.
Historical (prior to 2001): (1) Basic health (2) Other population health and nutrition (3) Targeted health (4) Primary health, including reproductive health, child health, and health promotion Current (as of 2001): (1) Health (2) Compulsory health finance (3) Public administration – health (4) Noncompulsory health finance	Current: (1) HIV/AIDS (2) Malaria (3) Tuberculosis (4) Other communicable diseases (5) Population and reproductive health (6) Child health (7) Nutrition and food security (8) Injuries and non-communicable diseases (9) Health system performance (10) Social analysis and monitoring

Data on yearly government contributions were obtained from the DAC statistics in order to disaggregate IDA flows by source. Details on how we estimated the cost of providing technical assistance and program support for these institutions are highlighted below in the section titled "Calculating the technical assistance and program support component of development assistance for health from loan-and grant-making channels of assistance." The data received from the World Bank captured disbursements for only the first few months of 2017, so lending amounts by sectors, referred to below as budget data from 2013 through 2017, and historical disbursement data were used to predict 2017 health disbursements for IDA and IBRD separately.[77,78] Budget data are reported for fiscal years, while health disbursements were reported during the calendar year. To remedy this misalignment, budget data were averaged over two years to reflect half of the fiscal years falling within the calendar years. The 2017 estimate was based on a three-year weighted average of previous years (placing one-half weight on the one-year lagged ratio, one-third weight on the two-year lagged ratio, and one-sixth weight on the three-year lagged ratio). The predicted ratio was then multiplied by the observed program budget for 2017 to get the estimates of DAH.

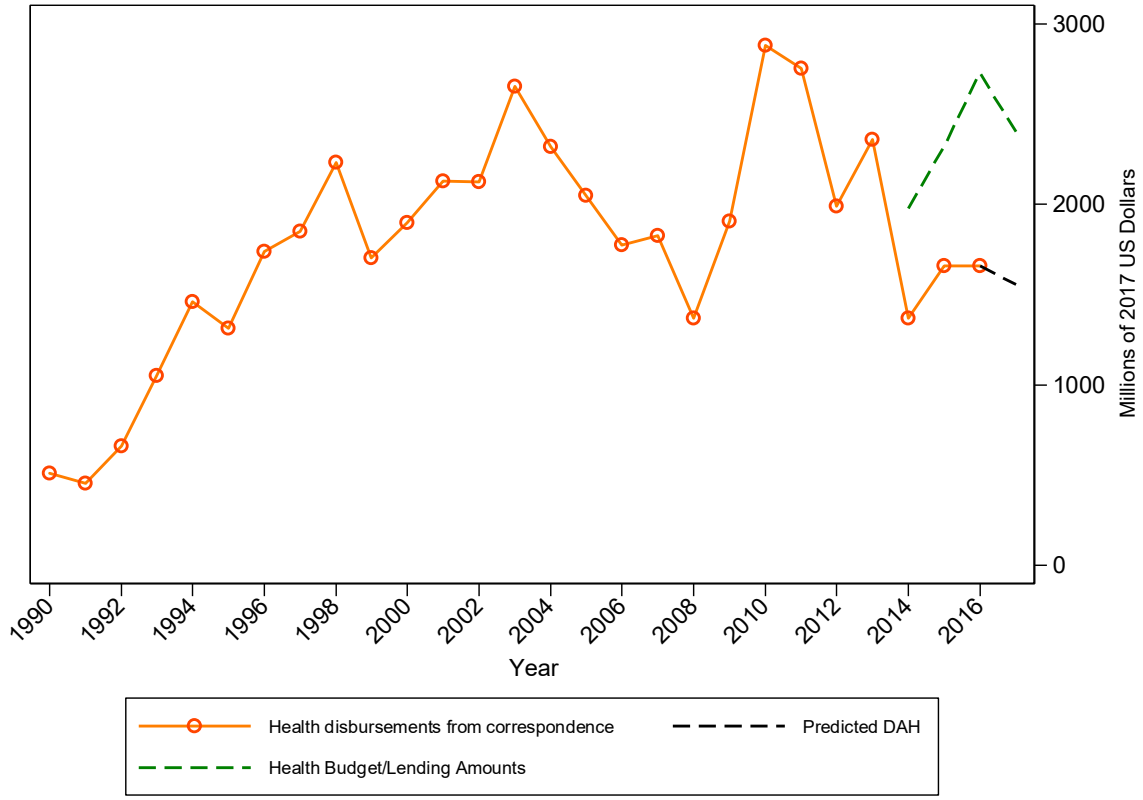
$$(Predicted\ Ratio) = \left(\frac{1}{2}\right)(\ Observed\ DAH_{t-1})\ (Budgeted\ DAH_{t-1})\ +$$
$$\left(\frac{1}{3}\right)(Observed\ DAH_{t-2})(Budgeted\ DAH_{t-2}) +$$
$$\left(\frac{1}{6}\right)(Observed\ DAH_{t-3})(Budgeted\ DAH_{t-3})$$

$$(Total\ DAH_t) = (Predicted\ Ratio)(Budgeted\ HE_t)$$

eFigure 7 shows (a) total health budgets, referred to as lending amount from the World Bank website (green dashed line), (b) total health disbursements received from correspondence (orange line), and (c) predicted full-year disbursements (black dashed line). The database distinguishes between loans from IDA and IBRD, but the aggregates are shown in the figure.

eFigure 7 World Bank's annual health sector commitments and disbursements

This figure shows health sector commitments from the online database in green. The orange line shows annual health disbursements data received from the World Bank through 2017. The line for 2017 disbursements is lower because the 2017 data are incomplete due to reporting lag. The dashed black line shows predicted full-year disbursements based on the estimation method described above.



Source: IHME DAH Database (2017),World Bank website, and correspondence with World Bank

Regional development banks

The Asian Development Bank (ADB), and Inter-American Development Bank (IDB) both maintain their own loan databases, which were used to estimate disbursements.[14,16,17] To estimate health disbursements from the African Development Bank (AfDB), data were received via correspondence with Ms. Josselyne Ahogny (Manager, Loan accounting division).[33] eTable 16 provides a summary of the data sources used across the regional banks. Furthermore, eFigure 8 displays the disbursements for AfDB from 1990 to 2017 and eFigures 9 and 10 display commitments and disbursements from 1990 to 2017 for ADB and IDB.

For AfDB, we received project-level disbursement data from 2001 through October 2017. The final estimate for 2017 was rescaled based on the 10 months of complete data received for 2017. For pre-2001 estimates, data from the Compendium of Statistics were used for estimates pre-2001.

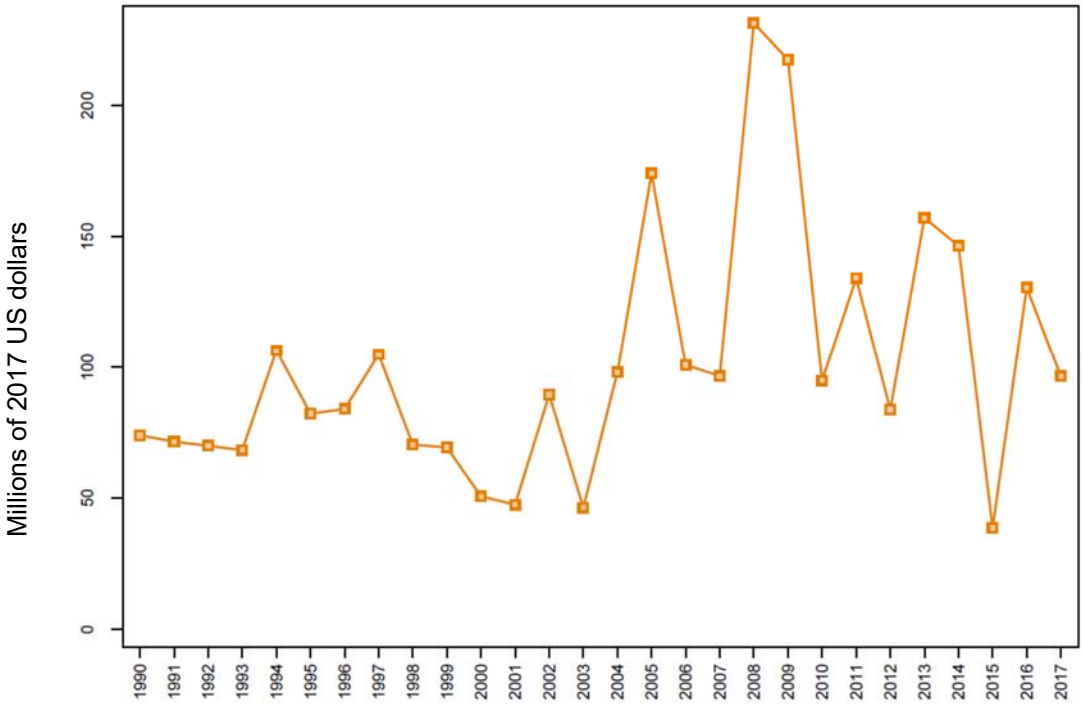
The ADB reported commitments and disbursements for all projects. Many of these projects were tagged as belonging to multiple sectors. For example, a project can be tagged for health, for education, and for public sector management. For projects with multiple sectors, disbursements and commitments were divided by the number of sectors a project was tagged for. If a project had multiple sectors, but it did not have the word "health" in its title or in its description, and if it also did not include any words associated with the health focus areas tracked in the *Financing Global Health* report in its title or in its description, it was excluded from the study. Once disbursements and commitments were adjusted for the presence of multiple sectors, annual disbursements were estimated by dividing the project length by total disbursements. For projects without a closing date, estimates were based on the average project length by project type (loan, grant, technical assistance). When no disbursement data were available, adjusted commitments were used, based on the average fraction of commitments that were disbursed by project type for projects with both commitments and disbursements data.

The IDB's project database also provided commitments and disbursements for all projects. The same methods were used for estimating annual disbursements from the IDB as were used for the ADB. Through correspondence, 2017 health loan disbursements were obtained. These numbers were used in the 2017 estimates. The dataset used to estimate disbursements for ADB was updated in October 2017 and the dataset used to estimate disbursement for IDB was updated in September 2017. Due to lags in reporting, preliminary estimates of DAH in 2017 may be incomplete. However, since these channels have so few new projects each year, it was assumed that smoothing disbursements over time for reported projects captured the majority of total disbursements for 2017.

eTable 16. Summary of data sources for the regional development banks
This figure indicates the data available and used to estimate DAH. (X) indicates that project-level data are present in the dataset. (-) indicates that project-level data are not present in the dataset.

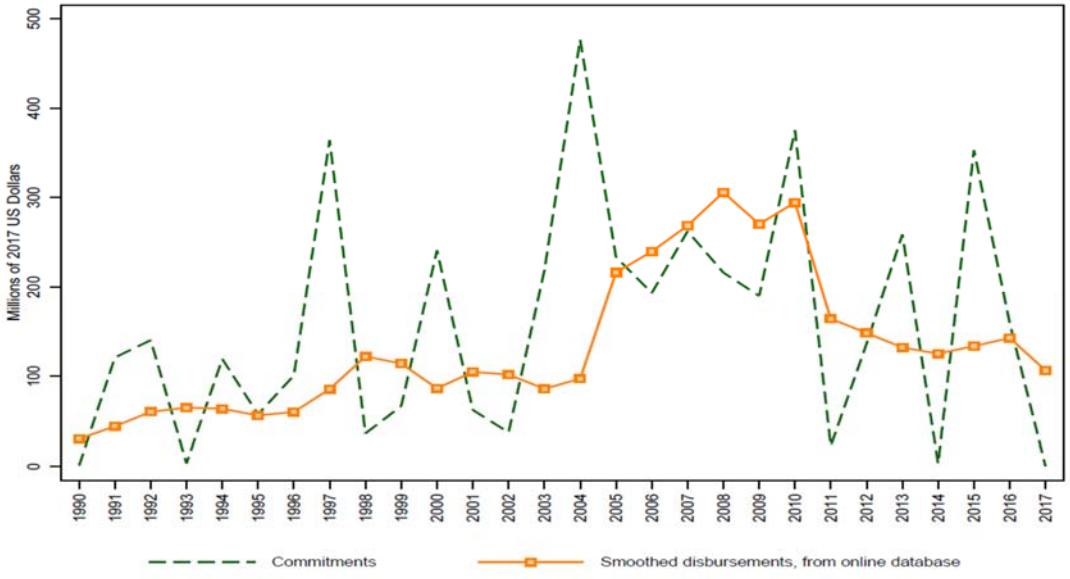
Institution	Data source	Commitments	Cumulative disbursements	Yearly disbursement	Notes
African Development Bank (AfDB)	Compendium of Statistics	X		(Aggregate - not at the project level)	The Compendium of Statistics was not available for 1990–1993, 1995, and 1998–1999; we estimated yearly disbursements using the average of neighboring disbursements
	Correspondence			X	Annual loan disbursements from 2001 through October 2017 were provided.
Asian Development Bank	Online Projects Database	X	X		As yearly disbursement amounts are not provided in the online database, we estimated yearly disbursements by allocating cumulative disbursements over each year of the project.
	OECD-Creditor Reporting System	X			To maintain continuity with previous estimate, yearly disbursement amounts from the CRS were not used.
Inter American Development Bank	Online projects database	X	X		As yearly disbursement amounts are not provided in the online database, we estimated yearly disbursements by allocating cumulative disbursements over each year of the project.
	Correspondence			X	Loan disbursements from January through October 23, 2017, were provided, along with projected disbursements for October 24 through December 2017.

eFigure 8 Disbursements by the African Development Bank
The orange line with triangles shows estimated disbursements based on the Compendium of Statistics from 1990 through 2001 and actual disbursements received from 2001 onward.



Source: IHME DAH Database (2017) and African Development Bank Compendium of Statistics.

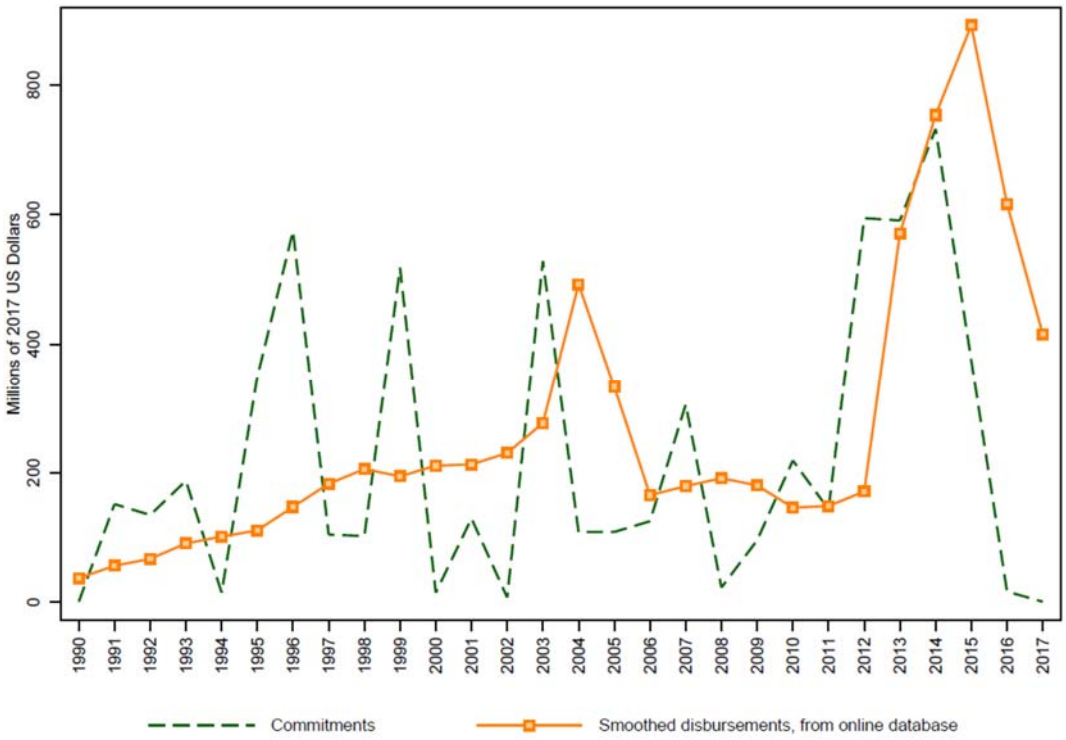
eFigure 9 Commitments and disbursements by Asian Development Bank
The dashed green line shows commitments from the Asian Development Bank's (ADB) online projects database. The orange line shows smoothed disbursements from the online projects database.



Source: IHME DAH Database (2017)

eFigure 10 Commitments and disbursements by Inter-American Development Bank

The dashed green line shows commitments from the Inter-American Development Bank's (IDB) online projects database. The orange line shows smoothed disbursements from the online projects database, and from correspondence for 2017.



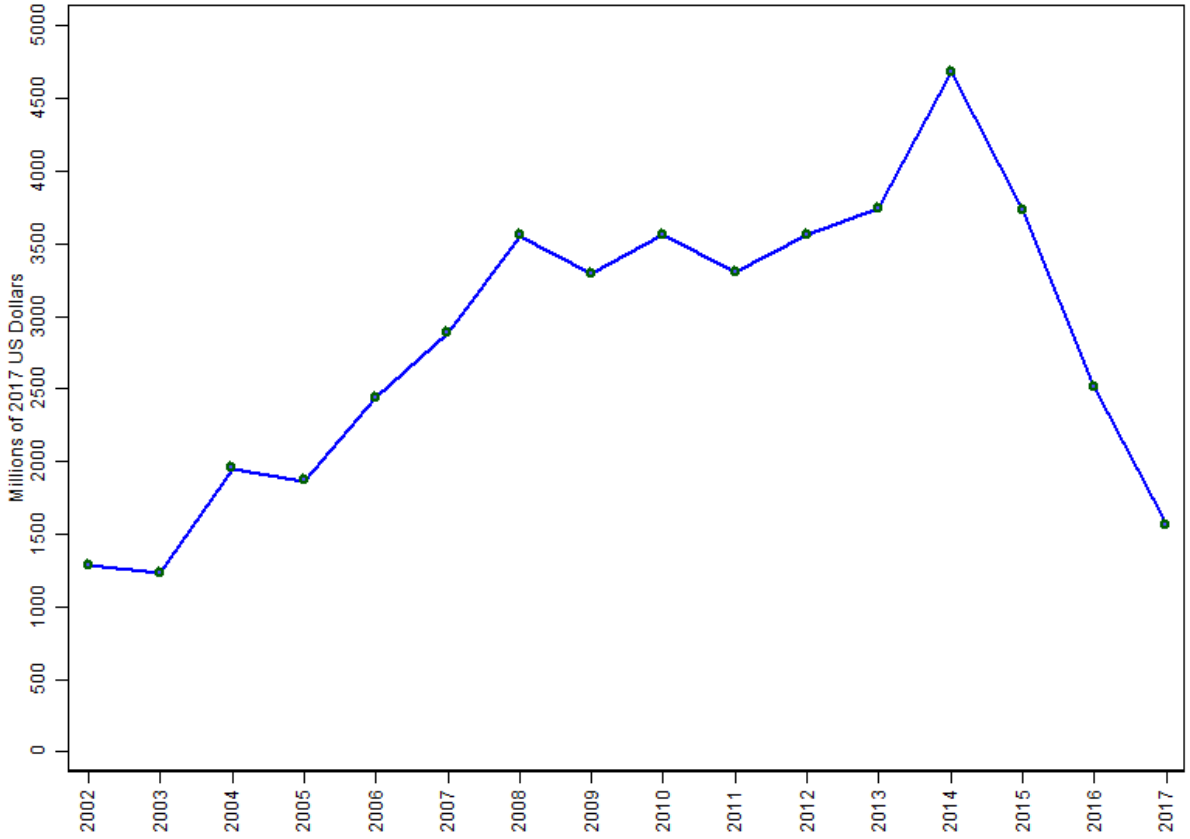
Source: IHME DAH Database (2017) and correspondence

Tracking contributions from the Global Fund and Gavi

The Global Fund to Fight AIDS, Tuberculosis and Malaria

The grants database made available online by the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) provides grant-level commitments and annual disbursements from its inception in 2002 to the present year.[23] In addition, sources of funding were compiled from the Global Fund contributions dataset and annual reports, all downloaded from the Global Fund website.[24,25] Regional grants were split evenly among all countries identified in the regional grant documents found on the Global Fund website. eFigure 11 shows the Global Fund's annual contributions received from public and private sources. eFigure 12 shows the Global Fund's annual commitments and disbursements from its project database from 2002 through 2017.

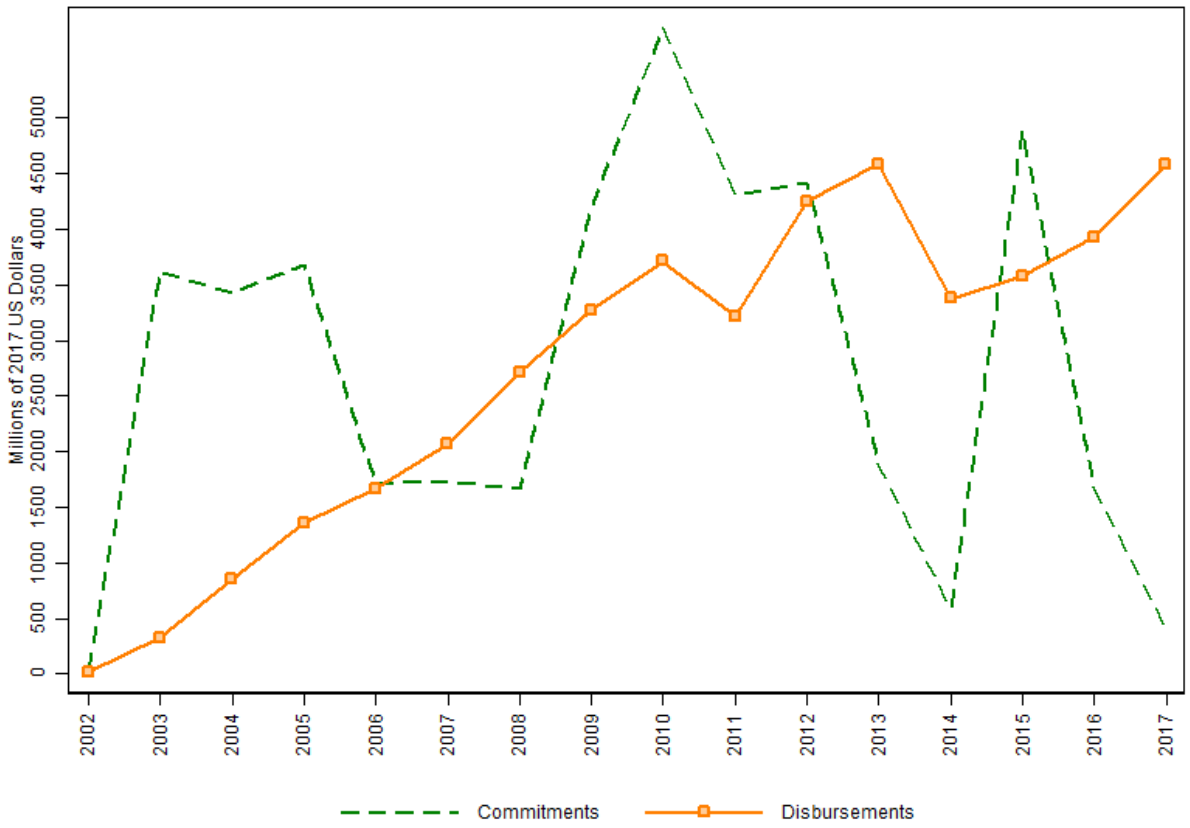
eFigure 11 Contributions received by the Global Fund to Fight AIDS, Tuberculosis and Malaria



Source: Global Fund pledges and contributions 2017

eFigure 12 The Global Fund to Fight AIDS, Tuberculosis and Malaria's commitments and disbursements

The dashed green line shows commitments from the Global Fund to Fight AIDS, Tuberculosis and Malaria's online grants database. The orange line shows disbursements from the online grants database.



Source: IHME DAH Database (2017)

Gavi, the Vaccine Alliance

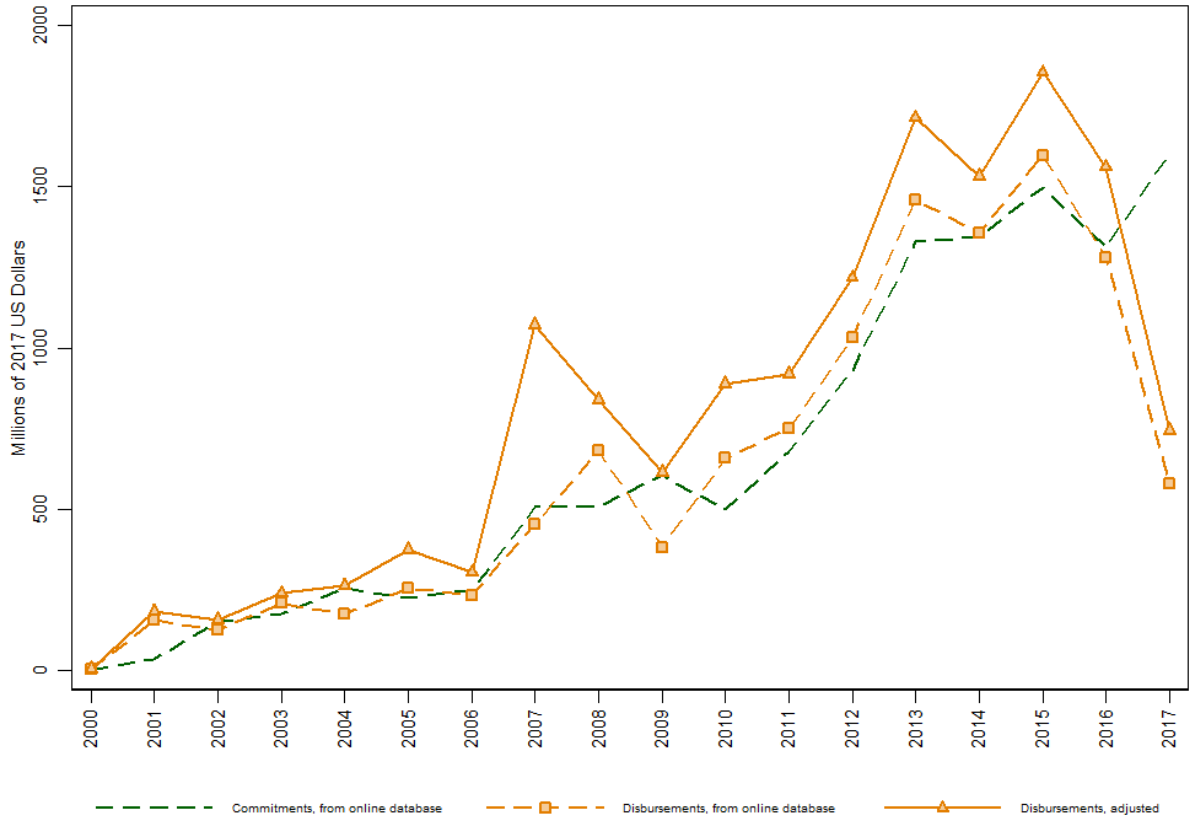
Gavi provided publicly available project-level data on commitments, disbursements, and investment cases from 2000 through the present.[19,22] Gavi's annual DAH was defined as the sum of (1) project-level disbursements by year paid; (2) investment cases (one-time investments in disease prevention and control); and (3) administrative and work plan costs. Data from Gavi's online databases include expenditure for (1) and (2), but not (3). However, project-level data from the CRS for 2007–2012 did include administrative and work plan costs, so disbursements data from the online database were adjusted to match the CRS in those years. The average fraction of administrative and work plan costs was added to total disbursements in 2000–2006 and 2013–2015, the years in which the CRS did not include these data. Contributions data from Gavi's website as well as annual reports from the International Finance Facility for Immunisation (IFFIm) and Advance Market Commitment for Pneumococcal Vaccines were used to determine Gavi's annual income.[20,21,79]

All of the data sources used for Gavi estimates were complete through 2016. Donor contributions received and outstanding pledges data were available on Gavi's website. The unadjusted total pledges were used as total disbursements for 2017. Gavi disbursements were assigned to health focus areas including child and newborn vaccines, HSS, and non-communicable diseases, as documented in eTable 6 above. Of note, we reclassified all Gavi

health systems strengthening projects as maternal, newborn, and child health-specific health systems strengthening disbursements.

eFigure 13 Gavi's income and disbursements

The dashed green line shows commitments from Gavi's online database. The dashed orange line shows the disbursements from Gavi's online database, which are the sum of project-level disbursements and investment cases. These data are adjusted using Gavi expenditure data reported to the Creditor Reporting System (CRS) to add administrative and work plan costs to the total. Adjusted disbursements are shown by the solid orange line.



Source: IHME DAH Database (2017)

Tracking expenditure by United Nations Agencies active in the health domain

Data on income and expenditures were collected for six UN agencies: WHO, UNICEF, UNFPA, UNAIDS, Unitaid, and PAHO. The data sources and calculations for each are described in detail below. Similar to the bilateral channels, we extracted budget data for the UN agencies to predict DAH for years for which we did not have health expenditure data. Model choices and budget measures for UN agencies are presented in eTable 10.

World Health Organization

Data on WHO's budgetary and extrabudgetary income and expenditure were compiled from annual reports and audited financial statements released by WHO.[80] Income data were extracted from WHO's assessed and voluntary contributions, while expenditure data were extracted from both budgetary and extrabudgetary spending reports. As the financial statements represent activities over a two-year period, both income and expenditure data were divided by two, in order to approximate yearly amounts, and dollars were deflated using the US GDP deflator specific to the reporting year. Expenditures from trust funds, regional offices tracked separately, and associated entities not part of WHO's program of activities, such as UNAIDS and Global Fund trust funds, were excluded. Expenditures from supply services funds were also excluded, as these expenditures pertain to services provided by WHO but paid for by recipient countries. Additionally, WHO projects tracked as paid Ebola expenditure were extracted from the UNOCHA Financial Tracking System database and included as WHO health expenditure.
Disbursement data were not available for WHO in 2017. Much like the bilateral agencies, the ratio of DAH to the total program budget was estimated for 1990–2016 and then predicted for 2017 using the single-year average of previous year. The predicted ratio was then multiplied by the observed program budget for 2017 to get the estimates of DAH.

United Nations Population Fund

Data on income and expenditure were extracted for UNFPA from its audited financial statements.[70] As the 1990–2005 statements represent activities over a two-year period, income and expenditure data were divided by two in order to approximate yearly amounts. Income and expenditures associated with procurement and cost-sharing activities were excluded from estimates of health assistance because UNFPA uses cost-sharing accounts when a donor contributes to UNFPA for a project to be conducted in the donor's own country. Since this money can be considered domestic spending that goes through UNFPA before being returned to the country in the form of a UNFPA program, it is not included in calculations of total DAH. UNFPA's additional expenditures for these projects come from trust funds or regular resources and are therefore captured in our estimates.

To estimate disbursements by health focus areas, UNFPA's total health expenditure was multiplied by the proportion of funding reported for each program area from annual reports from 1997 through 2013 and from the UNFPA transparency portal for 2014 through 2016. Maternal and child health spending classified as "other" was split equally between the maternal and child health program areas. Additionally, UNFPA projects tracked as paid Ebola expenditure were extracted from the UNOCHA Financial Tracking System database and added to UNFPA health expenditure. The disbursement data for UNFPA were available through 2016. For year 2017, much like the bilateral agencies, the ratio of DAH and income was estimated for 1990–2016 and then predicted for 2017 using the three-year weighted average of previous years. The predicted ratio was multiplied by observed income to estimate DAH for 2017.

United Nations Children's Fund

Data on income and expenditure for UNICEF were extracted from its audited financial statements.[67] As these statements represent activities over two-year periods from 1990 to 2011, income and expenditure data were divided by two in order to approximate yearly amounts. The audited financial statements from 2012 onward are produced on an annual basis. Since UNICEF's activities are not limited to the health sector, the fraction of UNICEF's expenditure that was for health was estimated using either financial data from correspondence (2001–2013 observed data used to estimate 1990 through 2000 expenditure) or a combination of annual reports and annual results reports from 2014 through 2016. The annual results reports provide the proportion of funding for each program area, the average of 2014 through 2016 proportions was used to estimate the spending proportion for the years 1990 through 2013. In the annual results report, HIV/AIDS funding was reported separately from health funding, so the percentages spent on each health program were proportioned based on total spending for health. Furthermore, UNICEF projects tracked as paid Ebola expenditure were extracted from the UNOCHA Financial Tracking System and added to estimates for UNICEF's health expenditure.

The product of observed program budget and the weighted average of the DAH to budget ratio (placing one-half weight on the one-year lagged ratio, one-third weight on the two-year lagged ratio, and one-sixth weight on the three-year lagged ratio) was used to predict DAH in 2017.

Joint United Nations Programme on HIV/AIDS

UNAIDS income and expenditure data for both its core and noncore budgets were extracted from its audited financial statements.[65] As financial data are provided on a biennial basis in all years except for 2012 and 2013, the values were divided by two to obtain yearly amounts for all biennium data. Dollars were deflated using the US GDP deflator specific to the reporting year.

For UNAIDS, budget measures were available only for a subset of reported total disbursements. UNAIDS reported total expenditure, which combined Unified Budget and Workplan (UBW) and non-UWB components, but only UBW budget data were available.[66] To predict DAH for UNAIDS in 2017, disbursements in those years were calculated by multiplying the observed UBW budget by the three-year weighted average of the ratio of DAH to the UWB budget (placing one-half weight on the one-year lagged ratio, one-third weight on the two-year lagged ratio, and one-sixth weight on the three-year lagged ratio). UNAIDS disbursements were assigned to HIV/AIDS and TB program areas as documented in eTable 14 above.

Unitaid

Data on project-level disbursement was obtained through correspondence with Unitaid. Income data were extracted from the annual financial statements downloaded from Unitaid's website. The project-level data provided covered project disbursements from 2007 through 2016. To estimate the envelope for 2017, we used the weighted average of commitments from the last three years for which those data were available. Commitment data were extracted from the audited financial statements.

Pan American Health Organization

The Pan American Health Organization, or PAHO, reports its income and expenditure in its biennial financial report.[10,81] The funds transferred through the "Rotating Fund" were excluded because developing countries fund this procurement of health commodities which are then used within that funding country, and it therefore does not fit the definition of DAH.

As the financial data are provided on a biennial basis (with the exception of 2010 through 2016, where single-year financial reports were available), the quantities were divided by two to obtain yearly amounts. Dollars were deflated using the US GDP deflator specific to the reporting year. Correspondence with PAHO revealed that data from the financial statements include both Program and non-Program funds. The latter include funds that countries provide PAHO so that PAHO can reinvest these funds into the countries' national health systems. These funds should not be included as development assistance for health, and PAHO provided corrected disbursement numbers for 2008 to 2013. The corresponding disbursement numbers for 2014 and 2015 were identified in the PAHO End-of-Biennium Assessment 2014–2015. These funds were provided as biennial disbursements, so they were divided by two to obtain yearly disbursements. The ratio of Program disbursements numbers provided by PAHO and the sum of Program and non-Program funds collected from financial statements was taken for the years 2008 to 2015. The average ratio was calculated, and this ratio was multiplied through disbursement numbers collected from financial statements from earlier years. In this way, Program and non-Program funds collected from audited statements from earlier years were adjusted to estimate DAH.

For PAHO, disbursement data were not available for 2016 and 2017. PAHO provided budget information along with disbursements for 2008 to 2017. The average ratio between spending and budget was calculated over the years 2008 to 2015, and this ratio was used to estimate 2016 and 2017 disbursements.

Tracking development assistance for health from private foundations

Previous studies on foundations outside the US have documented the severe paucity of reliable time series data and lack of comparability across countries.[82] Hence, this research focused efforts on tracking only US foundations.

US Foundations

The Foundation Center maintains a database of all grants of $10,000 or more awarded by over 1,000 US foundations. The Foundation Center has coded each grant by sector and international focus and therefore is able to identify global health grants. IHME purchased a customized dataset with cross-border health grants and health grants to US-based international programs from 1992 to 2015 from the Foundation Center.[32] Grants from the Gates Foundation, which were tracked separately, were excluded. Additionally, grants to channels that this research already tracks were excluded.

The Foundation Center adopted a new classification methodology as of FGH 2016. The Foundation Center was able to provide historical data based on the new classification system from 2002 to 2012. In order to obtain the series from 1990 to 2001, we multiplied a weighted fraction calculated based on both old and new classification data values from 2002 through 2004 by the old data series (1992 to 2001) we had previously obtained.

$$(Weighted\ fraction) = \left(\frac{1}{2}\right)\left(DAH_{new\ classification}\right)/\left(DAH_{old\ classification}\right)2002 + \left(\frac{1}{3}\right)\left(DAH_{new\ classification}\right)/\left(DAH_{old\ classification}\right)2003 + \left(\frac{1}{6}\right)\left(DAH_{new\ classification}\right)/\left(DAH_{old\ classification}\right)2004$$

$$(DAH\ Estimate_t) = (Weighted\ fraction)(DAH\ Observed_t)$$

where DAH Observed is the old data values for the series 1990 through 2001.

To estimate total health grants in 1990–1991 and 2014–2017, the natural log of US foundation DAH was regressed on the lagged natural log of US GDP per capita and year using ordinary least squares estimation. The missing years of data were predicted based on estimated regression coefficients from the equation. Exponents of the predicted values were used as final estimates

$$(ln\ Foundation_t) = \alpha + 1.\beta_1(\ln US\ GDP\ per\ capita_t) + \beta_2(year_t) + \varepsilon$$

Details on how we estimated the cost of providing technical assistance and program support for these US foundations are highlighted below in the section titled "Calculating the technical assistance and program support component of development assistance for health from loan- and grant-making channels of assistance."

Bill & Melinda Gates Foundation

The Gates Foundation has been the single largest grant-making institution in the health domain since 2000; hence, additional research was undertaken to accurately capture its annual disbursements. The Gates Foundation's IRS 990PF filings for years 1999–2008, which report all global health grants disbursed per year, were downloaded from the Gates Foundation's website.

Additionally, disbursement data for years 2009–2016 were collected from the Gates Foundation's online grants database, the OECD CRS, and personal correspondence. The OECD CRS data were used to identify NGOs that are double-counted from other data sources.

An ordinary least squares linear regression model was used to predict the disbursement for the Gates Foundation for 2017. Since there is a strong correlation between market trends and Gates Foundation annual disbursements, market data including lagged US GDP, lagged yearly average of Berkshire stock returns, lagged yearly average of the Russell Index, and lagged total

assets of the Gates Foundation Trust were utilized to predict the total disbursement for year 2017.

$$(BMGF\ total\ disbursement_t) = \alpha + \beta_1(US\ GDP\ per\ capita_{t-1}) + \beta_2(Berkshire\ stock\ returns_{t-1}) + \beta_3(Russell\ Index_{t-1}) + \beta_4(BMGF\ total\ asset_{t-1}) + \varepsilon$$

The Gates Foundation's predicted DAH was adjusted to account for in-kind DAH and double-counting. The difference between the Gates Foundation's final DAH and DAH without in-kind added and double-counting removed from 2003–2016 was regressed using ordinary least squares on DAH without in-kind added and double-counting removed and year. The predicted difference was then subtracted from the predicted DAH from the previous regression for 2017.

Tracking non-governmental organizations

Currently, there are no centralized, easily accessible databases for tracking program expenses of the thousands of NGOs based in high-income countries that are active in providing development assistance and humanitarian relief worldwide. This study relied on CRS data and the only comprehensive data source identified for a large subset of these NGOs, namely the United States Agency for International Development's Report of Voluntary Agencies (USAID's VolAg report).[27] The report, which includes both US-based and international NGOs that received funding from the US government, provides data on domestic and overseas expenditures for these NGOs as well as their revenue from US and other public sources, private contributions, and in-kind. Total revenue and expenditure data obtained from the NGOs' IRS tax forms, accessed through the GuideStar online database, were also used in tracking NGOs incorporated in the US.[26]

First, in order to track disbursements from OECD donor countries to NGOs, we utilized channel codes present in the CRS database. The code 21000 identified international NGOs, and the code 22000 identified donor-country-based NGOs. In order to remove double-counting, we conducted a keyword search on channels where the donor country was the United States to exclude NGOs present in the USAID VolAg report. Allocation of funding to health focus areas for NGOs tracked through the CRS was assigned as described in the section "Disaggregating by health focus area," based on a keyword search of five descriptive variables in the CRS: project title, short description, long description, channel name, and channel reported name. For NGOs tracked in the USAID VolAg report, allocation of funding to health focus areas was assigned as described in the section "Disaggregating by health focus area," based on a keyword search of the NGO's description given in the VolAg report.

In order to use the USAID VolAg data, several challenges were overcome. We outline these challenges here and discuss below the methods employed to estimate a consistent series of DAH channeled through NGOs despite these challenges. First, with the exception of the Gates Foundation, it was impossible to track the amount of funding from US foundations routed through US NGOs, which may have led to double-counting in estimates of total health assistance. The second challenge relates to the incompleteness of the universe of NGOs captured through the USAID report. The report provides data on NGOs that received funding

from the US government. While this covers many of the largest NGOs, it is not a comprehensive list. A related problem is that the VolAg report only includes NGOs that received funds in a given year. While many of the largest NGOs are consistently funded by the US government and are therefore in the report every year, not all NGOs are reported across all years. Third, health-sector-specific expenditure is not reported in the VolAg or systematically reported in IRS tax forms. The VolAg does report overseas expenditure but does not disaggregate this expenditure by sector. Fourth, complete data are lacking in several time periods. The 2016 VolAg provided data through 2014. For NGOs incorporated in the US, IRS tax forms were obtained.

Furthermore, prior to 1998 the VolAg report did not include international NGOs. Attempts were made to compile other data on the health expenditures of the top international NGOs, in terms of overseas expenditure, by searching other websites for financial documents and contacting these organizations directly. Getting reliable time series data before 2000 proved to be extremely difficult for even this small sample of international NGOs.

Estimates of the share of overseas expenditure spent on health-related projects drew upon a sample of NGOs for which such data were available. Collecting financial data on health expenditures for each NGO would have been prohibitively time-consuming. Therefore, a sample of NGOs was drawn from the list for each year; the sample included the top 30 NGOs in terms of overseas expenditure and 20 randomly selected US-based NGOs from the remaining pool, with the probability of being selected set proportional to overseas expenditure. Next, health expenditure data were collected for each NGO in this sample by seeking out annual reports, audited financial statements, 990 tax forms, and data from NGO websites. Health expenditure was carefully reviewed to ensure that expenditures on food aid, food security, disaster relief, and water and sanitation projects were not included. eTable 17 summarizes the number of NGOs included each year in the USAID report, the number of NGOs in the sample by year, and the number of NGOs for which health expenditure data were successfully compiled in 2016. This table will be subsequently updated to reflect the 2017 sample.

eTable 17 Summary of US non-governmental organizations in the study

Year	Number of US NGOs in VolAG report	Number of international NGOs in VolAG report	Number of US NGOs in IHME sample	Number of US NGOs from sample for which data on health expenditure were found
1990	267	-	16	9
1991	334	-	19	14
1992	385	-	18	15
1993	411	-	17	12
1994	424	-	17	10
1995	416	-	16	12
1996	423	-	21	14
1997	425	-	23	18
1998	435	42	24	22

Year	Number of US NGOs in VolAG report	Number of international NGOs in VolAG report	Number of US NGOs in IHME sample	Number of US NGOs from sample for which data on health expenditure were found
1999	438	-	33	28
2000	433	50	34	28
2001	442	51	33	26
2002	486	58	33	27
2003	507	54	42	32
2004	508	55	47	33
2005	494	59	45	36
2006	536	67	50	38
2007	556	68	50	40
2008	565	78	58	48
2009	580	90	57	45
2010	579	94	69	57
2011	595	112	73	63
2012	579	94	69	60
2013	519	113	69	52
2014	485	106	73	54

A random effects regression model was fit to predict health expenditure as a fraction of total expenditure using the data for the sampled NGOs. A random effects model was chosen because the sample included observations for several NGOs for multiple years. A random effects model allows for the effect of each type of NGO to be captured distinctly. This model was used to predict the fraction of expenditure spent on health for the remaining NGOs. To ensure that the predicted health fractions were bounded between zero and one, the regression utilized the logit-transformed health fraction as the dependent variable.

Since several NGOs in the sample were observed for multiple years, the regression included a random effect that varied by NGO. Five of the nine variables used to predict the health fraction were drawn from the VolAg reports. They were (1) fraction of revenue from in-kind donations, (2) fraction of revenue from the US government, (3) fraction of revenue from private financial contributions, (4) overseas expenditure as a fraction of total expenditure, and (5) calendar year. The remaining four variables used to predict the health fraction were binary indicators that were constructed based on keyword searches on the NGO name and NGO description found in the VolAg. For both the NGO name and description, a keyword search was conducted to indicate whether the name or description was sufficiently health-related. Another keyword search was conducted independently on the NGO names and descriptions for keywords that indicated if the NGOs might focus on something other than health. These four indicators proved excellent predictors of health fractions.

$$
\begin{aligned}
logit(\ NGO - specific\ DAH_{it}) \\
&= \alpha + \beta_1(Inkind\ contributions\ fraction_{it}) \\
&+ \beta_2(US\ government\ contributions\ fraction_{\ it}) \\
&+ \beta_3(Private\ financial\ contributions\ fractions_{it}) \\
&+ \beta_4(Overseas\ expenditure\ as\ a\ fraction\ of\ total\ expenditure_{it}) \\
&+ \beta_5(Health - related\ name_{it}) + \beta_6(Non - health - related\ name_{it}) \\
&+ \beta_7(Health - related\ description_{it}) \\
&+ \beta_8(Non - health - related\ desciption_{it}) + U_i + \varepsilon
\end{aligned}
$$

Overseas health expenditure was calculated for individual NGOs in each year by multiplying the estimated health fraction and total overseas expenditure. For the NGOs that were sampled, the observed health fraction acquired through data collection was used. For the unsampled NGOs, the fitted fraction from the previously described random effects regression was used. Total overseas expenditure, reported in the VolAg, was not available for 2015–2017. For 2015 US-based NGOs, the 2015 NGO overseas fraction was calculated by regressing the logit transformed observed overseas fraction on a linear time trend using ordinary least squares, for each NGO independently. For these cases, the overseas health fraction was calculated as the product of estimated overseas fraction, estimated health fraction, and total expenditure found in the IRS 990 forms.

$$
logit(Observed\ overseas\ health\ expenditure_i) = \alpha + \beta_i(year_t) + U_i + \varepsilon
$$

At this point three reasons remained why the overseas health expenditure for some NGOs remained unknown. First, if an observation was non-US-based for 2015, then IRS tax forms were not available and total overseas expenditure could not be calculated. Second, for 2016 or 2017, no data were available. Finally, if an NGO was reported in the VolAg in multiple years but not for an intermittent year, no NGO-specific data were available for the gap year. This would be the case if an NGO received support from the US government one year and then again in a nonconsecutive year. For all three of these scenarios, a panel-based hierarchical linear regression model was used to fill in the overseas health expenditure gaps. Total overseas health expenditure (measured at the NGO-year level) was regressed on US GDP per capita and US bilateral DAH disbursed. Because the US government funds many of these NGOs, US bilateral DAH was an excellent predictor of NGO DAH. A flexible model was employed to allow both the GDP and US government DAH coefficients to vary randomly across NGOs, such that each NGO employed a unique (but not independent) relationship between overseas health expenditure, GDP, and US government DAH. A random intercept was also included to capture the significant unobserved heterogeneity present in our set of NGOs. Once fit, this model was used to predict overseas health expenditure for all remaining gaps.

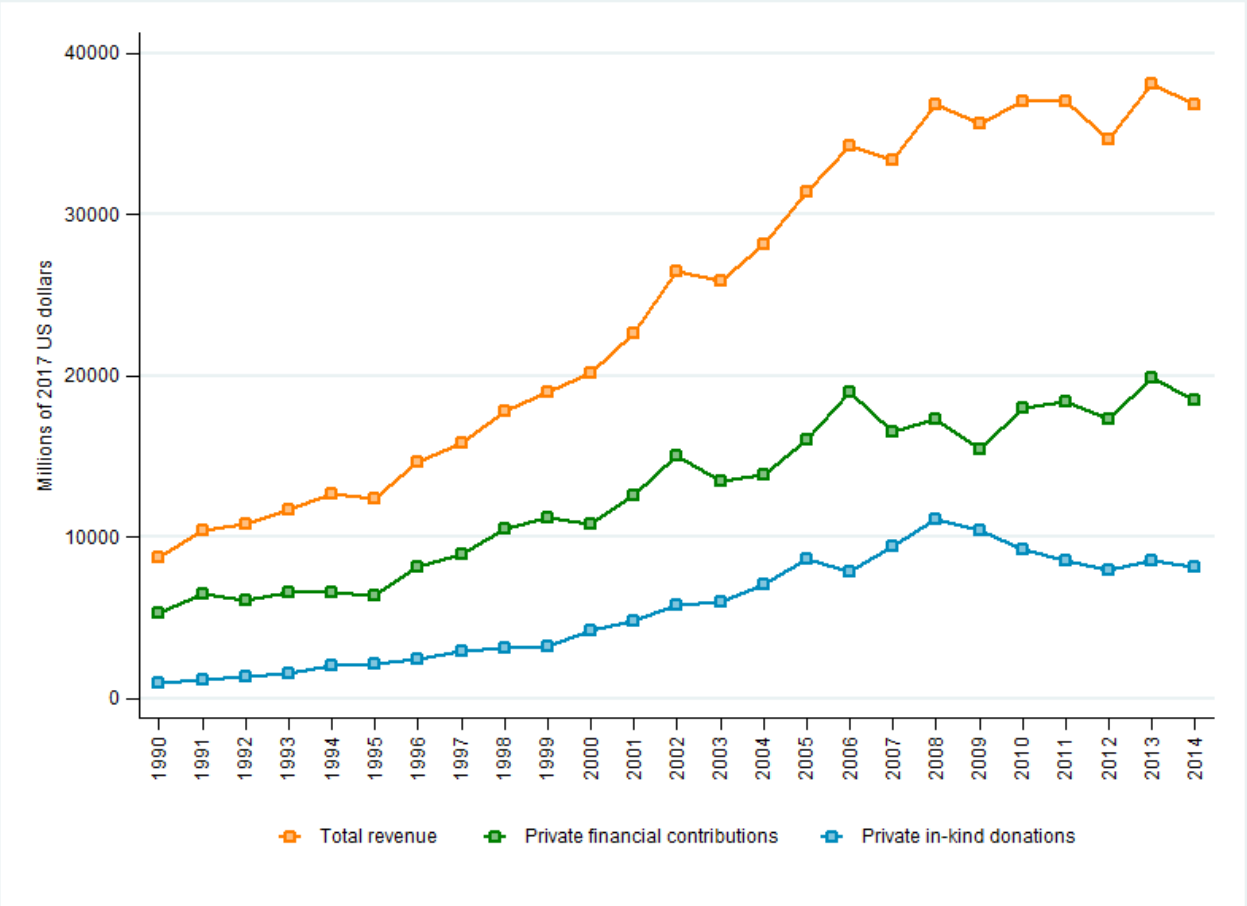
$$
(\ NGO\ DAH_{it}) = \alpha + \beta_{1i}(US\ GDP\ per\ capita_t) + \beta_{2i}(US\ bilateral\ DAH\ per\ capita_t) + U_i + \varepsilon
$$

Expenditures financed from each revenue source were then calculated by multiplying overseas health expenditure by NGO-specific revenue fractions. Expenditures from in-kind sources were deflated by a constant fraction. This was determined by comparing the federal upper limit and average wholesale price valuations of drugs on the WHO's Model List of Essential Medicines from the RED BOOK Expanded Database.[28,29] eFigure 14 and eFigure 15 show the income and

estimated overseas health expenditure, respectively, of the NGOs in the universe of US- and non-US-based NGOs that were tracked in this study from 1990 to 2014 in constant 2017 US dollars.

eFigure 14 Total revenue received by non-governmental organizations

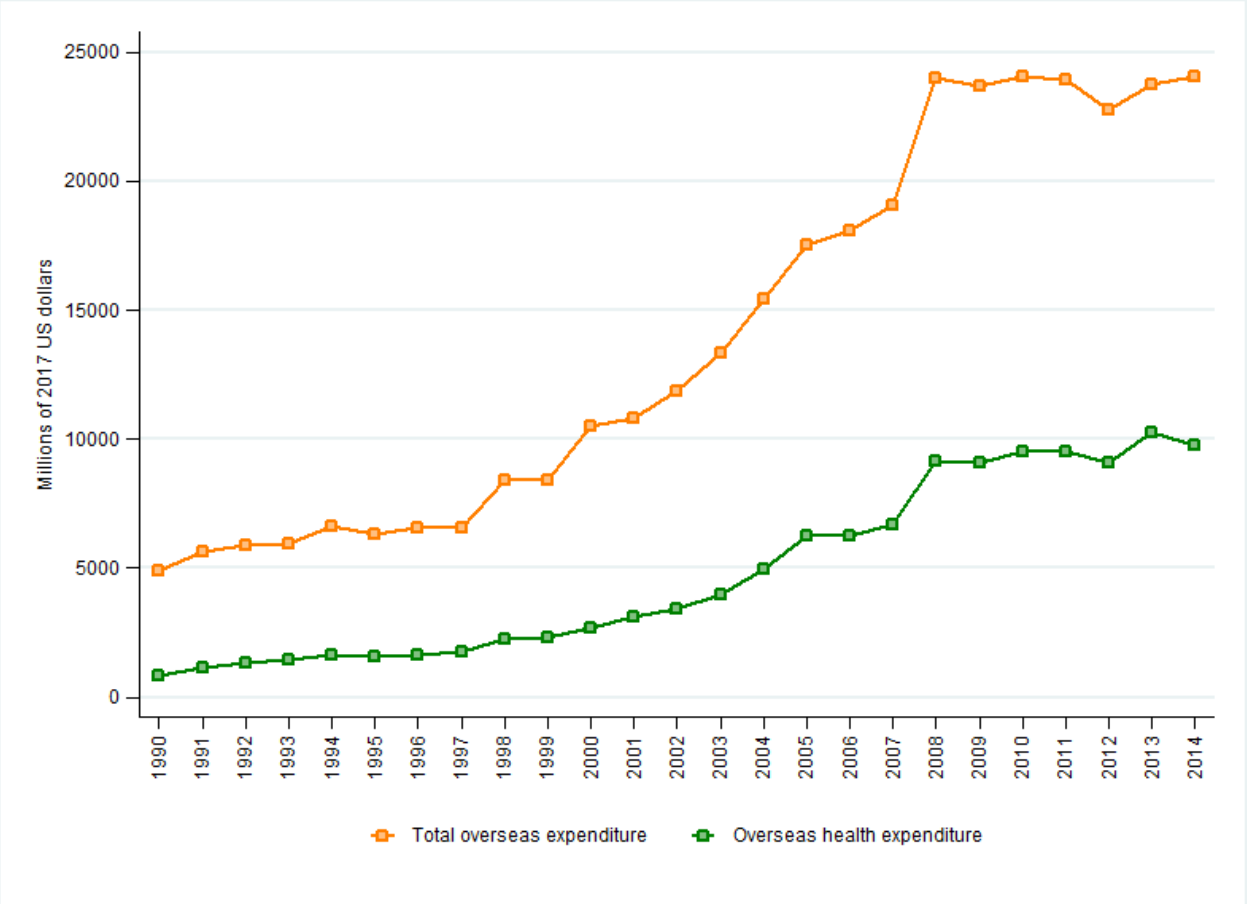
The orange line shows total revenue for all sources, both public and private, received by NGOs. The green line shows estimates of private financial contributions to NGOs, while the blue line shows private in-kind donations to NGOs.



Source: IHME DAH Database (2017)

eFigure 15 Expenditure by non-governmental organizations

The orange line illustrates total overseas expenditure by NGOs, regardless of sector. The green line shows overseas expenditure by NGOs to health-specific recipients, or DAH.



Source: IHME DAH Database (2017)

Calculating the technical assistance and program support component of development assistance for health from loan- and grant-making channels of assistance

The following methods were used to estimate the costs incurred by loan- and grant-making institutions for administering and supporting health sector loans and grants, which includes costs related to staffing and program management.

Data on the total administrative costs were compiled for a subset of institutions in our universe for which these data were readily available: IDA, IBRD, the Gates Foundation, the Global Fund, Gavi, USAID, and the UK Department for International Development (DfID). The sources of data for the institutions in this sample are summarized in eTable 18. The ratio of total administrative costs to total grants and loans was calculated for each source by year. It was assumed that the percentage of operating and administrative costs devoted to health would be equal to the percentage of grants and loans that were for health. In other words, if 20% of a foundation's grants were for health, the model assumed that 20% of administrative costs of the foundation were spent on facilitating these health grants. Given this assumption, the ratios of the observed administrative costs to grants/loans were used to estimate the in-kind contribution made by each of these organizations toward maintaining their health grants and loans. For the institutions not in this sample, the ratio from the institution most similar to it was used to arrive

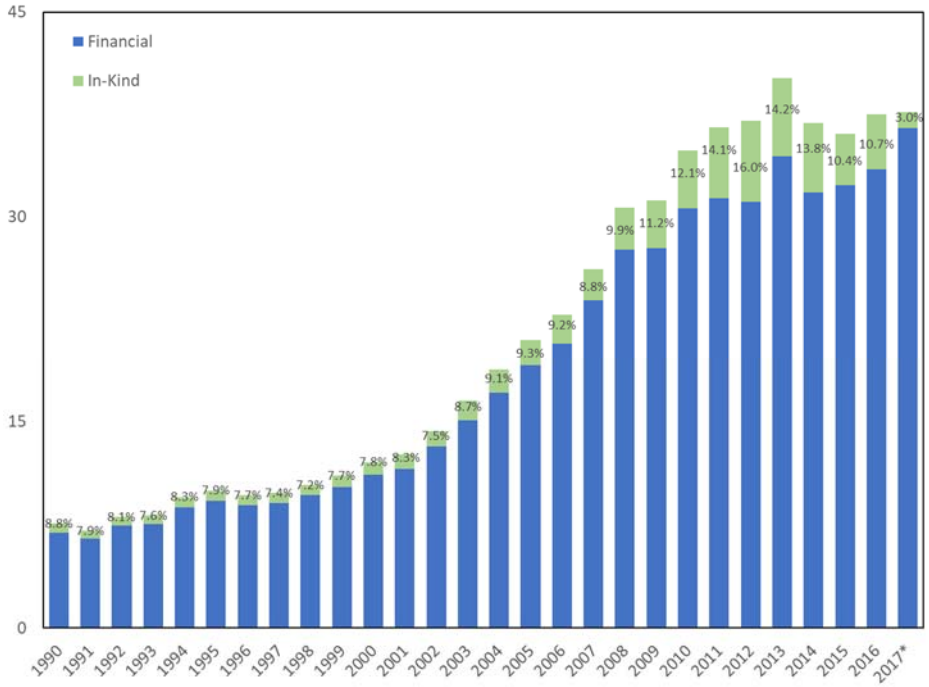
at an estimate of in-kind contributions. For example, the average ratio observed for IDA and IBRD was used for all other development banks; the average of the ratios for the Gates Foundation for all other US foundations. Total in-kind contributions from all grant- and loan-making global health institutions are shown in eFigure 16. There was also considerable variation across channels in the ratio of in-kind contributions to financial contributions.

eTable 18 Summary of data sources for calculating in-kind contributions

Organization	Source	Notes
Gates Foundation	990 tax returns (1999–2006) BMGF Trust financial statements (2007–2016)	Used "cash basis" column to calculate ratio of total operating and administrative expenses to grants paid. Used "grants expenditure" statement to calculate ratio of administrative expenditure to grants/program expenditure.
Global Fund	Annual report financial statements	Calculated ratio of operating expenses to grants disbursed.
Gavi	Annual report financial statements	Calculated ratio of management, general, and fundraising expenses to program expenses.
USAID	US government budget database	Used outlays spreadsheet to calculate ratio of total outlays for USAID operating account to sum of outlays for bilateral accounts.
DfID	Annual report expense summary	Calculated ratio of DfID's administration expenses to DfID's bilateral program expenses from 2002 onward.
IDA	World Bank audited financial statements	Calculated ratio of management fee charged by IBRD to development credit disbursements.
IBRD	World Bank audited financial statements	Calculated ratio of administrative expenses to loan disbursements.

eFigure 16 In-kind contributions by loan- and grant-making DAH channels of assistance

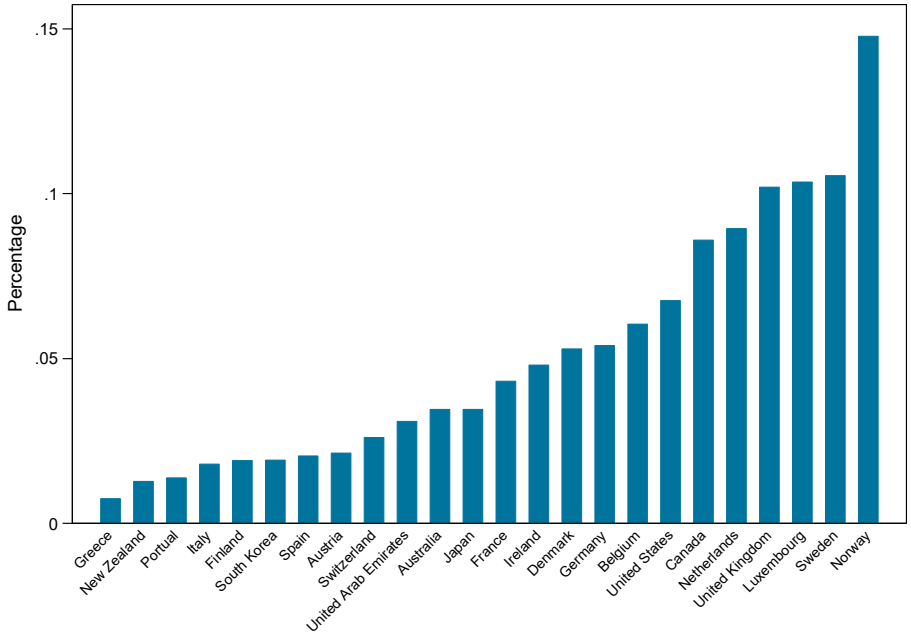
This figure illustrates the proportions of financial and in-kind DAH disbursed by loan- and grant-making institutions. The proportion of in-kind DAH varies, based on the channel. The overall proportion of in-kind DAH received across all channels has grown over time.



Source: IHME DAH Database (2017)

Comparing DAH by source and GDP

eFigure 17 DAH by source as a percentage of GDP, 2016



Source: IHME DAH Database (2017)

This figure illustrates DAH as percentage of GDP for each country as a source, across all channels. GDP data are constructed using methods developed by Spencer James and colleagues.[83]

SECTION 3. TRACKING GLOBAL HIV SPENDING

Overview

All data used for estimation of HIV/AIDS financing are publicly available through the websites of international institutions and public data aggregators. HIV/AIDS spending data were extracted from five sources:

- AIDSinfo database published by the Joint United Nations Programme on HIV/AIDS (UNAIDS)[86]
- Public and private spending data reported by countries in proposals and concept notes submitted to the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund)[25]
- National Health Accounts that capture HIV/AIDS spending, including sub-accounts and accounts that adhere to the System of Health Accounts 2011 (SHA 2011) methodology[84]
- All National AIDS Spending Assessments (NASAs)[87]
- Asia Pacific region data downloaded from the AIDS data hub[88]

We leveraged the unique strengths across the different datasets, with the understanding that they were all generated to serve different purposes. The financing data collated by UNAIDS are sourced from annual reporting by countries to UNAIDS, in line with the 2000 Declaration on Commitment to HIV/AIDS. Similarly, countries report domestic spending in concept notes and proposals submitted to the Global Fund to secure funding. The Global Fund requires countries to submit these estimates as part of a requirement that they contribute funds to the disease area of focus, in addition to Global Fund contributions. Staff at both the Global Fund and UNAIDS verify the data submitted to them but in general do not publish data that have been altered from what countries themselves report.

Not all extracted data sources used the same definition of health expenditures. For example, National AIDS Spending Assessment's (NASAs) definition of health expenditure on HIV/AIDS followed a broader definition than the definition of health expenditure provided by National Health Accounts (NHAs). Specifically, NASAs included expenditure on non-health spending categories such as orphans and vulnerable children, creation of an enabling environment, and other social protection services.

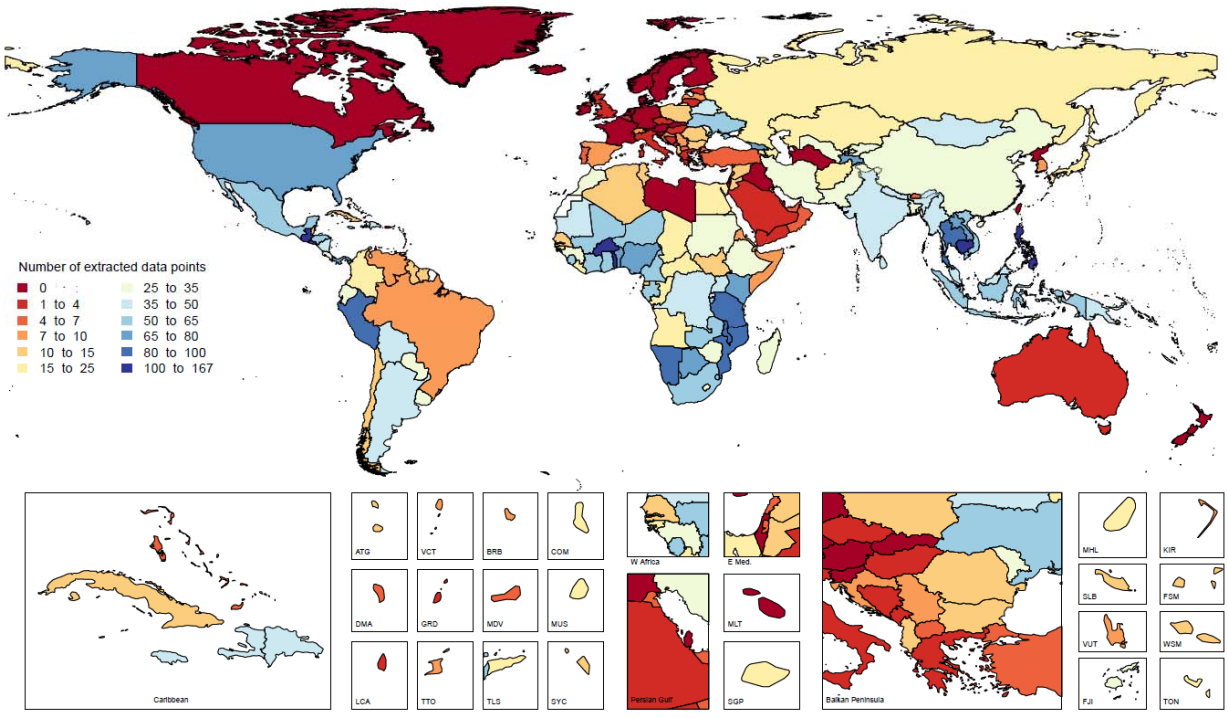
To harmonize the definition of HIV/AIDS related health expenditure among data sources, when provided, we subtracted expenditure related to orphans and vulnerable children, creation of an enabling environment, and social protection services, from the respective sources and functions of health expenditure reported in the NASAs. When the reported data were not granular enough to make these adjustments, we down-weighted the relevant data points. The three spending categories of orphans and vulnerable children, creation of an enabling

environment, and social protection do not represent an exhaustive list of the deviations between NASAs and NHAs' HIV/AIDS spending definitions, but do represent the vast majority of this deviation. Other spending categories that were included in NASAs but not included in NHAs were more granular and frequently not reported.

We extracted 5,385 unique data points. These data were sourced from a total of 61 National Health Accounts, 126 National AIDS Spending Assessments, 275 Global Fund concept notes and proposals, and the AIDSinfo online database. Data for government health spending on HIV/AIDS was most substantial, with more than 1,987 data points. The fewest data points existed for HIV/AIDS care and treatment and prevention, amounting to 783 and 748 data points, respectively. eTable 21 and eTable 22 provide a breakdown of the number of data points by year and quantity of interest and country and quantity of interest.

eFigure 18 captures the availability of HIV/AIDS spending data by country. Data density was highest in low- and middle-income countries with a large HIV/AIDS burden, notably Southern and Eastern sub-Saharan Africa; high-income countries, with the exception of the United States, had the fewest data points.

eFigure 18: Map of HIV/AIDS data availability



Currency exchange and deflation

All HIV/AIDS expenditure estimates were made in 2017 purchasing power-adjusted dollars. Data sources, though, reported expenditure in either nominal local currency units (LCUs) or nominal United States Dollars (USD). To convert nominal LCUs to purchasing power-adjusted dollars, we applied deflators to nominal LCU to inflate to 2017 LCUs. We then applied

purchasing power parities to 2017 LCUs to produce 2017 purchasing power-adjusted dollars. When LCUs were not reported, we extracted reported expenditure in nominal USD, applied corresponding nominal exchange rates to produce nominal LCUs, inflated nominal LCUs to 2017 LCUs with deflators, and finally exchanged 2017 LCUs to purchasing power-adjusted dollars with purchasing power parities. All deflators, exchange rates, and purchasing power parities were extracted from the World Bank, International Monetary Fund, Penn World Tables, the United Nations National Accounts, and the World Health Organization, and were imputed to provide a complete series for each of the variables between 1950 and 2017. We then used several models including ordinary least-squares regression and mixed effects models, to complete each source series from 1950 to 2017. [83]

Modeling HIV/AIDS spending with ST-GPR

As previously mentioned in the manuscript, we used ST-GPR to model HIV/AIDS spending. The interested reader may view a complete description of ST-GPR here.[85] Briefly, ST-GPR has three primary steps. First, a linear mixed effects model was run with a given set of predictors. Predictions from the first step provided the general trend within the data. In the second step, spatiotemporal patterns were estimated by applying a series of spatiotemporal weights to average the residuals of the first-step linear model. These spatiotemporal patterns were then added to the linear prediction to generate spatiotemporal predictions. Finally, the spatiotemporal predictions served as the mean function of a Gaussian process regression run across time on the data. Estimates of the Gaussian process regressions served as final ST-GPR predictions and generated a complete time-series of data from 2000 to 2015 in 188 countries, building from data when available and borrowing strength across time, geographic regions, and covariates' predictive power when data were not available.

For the first step of ST-GPR – the linear model – we used a linear mixed effects regression with random effects on super-region, region, and country levels. To select the fixed effect covariates that were most predictive, we performed 10-fold cross validation on every covariate combination of natural log of five-year lag distributed income per capita (LDI), natural log of ART prices, natural log of HIV/AIDS prevalence, natural log of HIV incidence, natural log of HIV/AIDS mortality, and ART coverage. All covariates were sourced from the Global Burden of Disease 2016 study (GBD 2016). We selected the model that minimized out-of-sample root mean square error; the selected covariates for each model and the out-of-sample root mean square error reported in logit space are displayed in eTable 19.

In the second step, we created spatiotemporal predictions by smoothing the predictions from the first-step model based upon systematic deviations in the residuals of the first-step model across time and geographic locations. The spatiotemporal predictions were passed as the mean function to a Gaussian process regression (with an amplitude of 1 and a scale parameter set to 7.5) along with the data to produce final ST-GPR predictions. Gaussian process regressions provide a measurement of variance that is largely influenced by the amplitude parameter; however, to further increase our uncertainty we added the variance of the residuals after the Gaussian process regressions to the estimated variance. For every country-year estimate, 1,000 draws were generated from the models' posterior distribution to propagate uncertainty in latter processes.

eTable 19: Covariates selected for first-step model in ST-GPR and out-of-sample root mean square error

ST-GPR model	Covariates	Out-of-sample root mean square error
Domestic	ART price, ART coverage, HIV/AIDS prevalence, HIV/AIDS mortality rate	0.79
Government	ART coverage, HIV incidence, HIV/AIDS mortality	0.82
Private	LDI, ART price, HIV/AIDS prevalence	2.34
OOP	ART coverage, HIV/AIDS prevalence, HIV incidence, HIV/AIDS mortality rate	1.78
PPP	ART price, ART coverage, HIV/AIDS prevalence, HIV incidence, HIV/AIDS mortality	3.16
Domestic HIV/AIDS spending on care and treatment	ART price	1.24
Domestic HIV/AIDS spending on prevention	ART price	1.47
Domestic HIV/AIDS spending on all other functions	ART price, ART coverage, HIV incidence	1.74

Enforcing internal consistency

To ensure internal consistency between the HIV/AIDS spending estimates and the all health spending estimates, HIV/AIDS spending by source was modeled as the logit transformed fraction of the respective, Loess smoothed, all health spending by source estimate (e.g., domestic HIV/AIDS spending divided by all domestic health spending). As a consistency check, extracted data points were outliered if the fraction of HIV/AIDS spending by source and all health spending by source exceeded one.

While the above transformation helped ensure internal consistency between HIV/AIDS spending and all health spending, we were still required to ensure internal consistency within our estimates such that domestic HIV/AIDS spending did not exceed total HIV/AIDS spending and to take advantage of all the extracted data and implemented models. These objectives were accomplished by both aggregating and raking. Aggregating is the process of summing mutually exclusive and collectively exhaustive estimates of sub-components of health expenditure (e.g., OOP, PPP, GHES, DAH-HIV/AIDS) and using the sum as the estimate of total health expenditure. Raking is the exact opposite of aggregating. In raking, we used estimates of total health expenditure to evenly scale the estimated sub-components to ensure the sub-components sum to the estimated total health expenditure. Raking and aggregating are equally valid and widely used in health financing and in the Global Burden of Disease.[89,90]

In our extracted dataset, few data sources (NHAs and NASAs) reported OOP, prepaid private, or total HIV/AIDS spending (sum of OOP, prepaid private, public, DAH-HIV/AIDS), while nearly all data sources reported expenditure of either public, private (sum of OOP and prepaid

private, but not disaggregated), and total domestic (sum of public and private, but not disaggregated) HIV/AIDS spending. Given this inconsistency, we modeled the five financing source spending variables in eTable 19 and raked and aggregated estimates to draw strength across areas with the highest data density. This process was implemented by averaging the domestic HIV/AIDS spending estimates with the aggregated domestic HIV/AIDS spending estimate formed by summing estimates of public and private HIV/AIDS spending. This averaged result represented our final estimate of domestic HIV/AIDS spending. We then raked estimates of public and private HIV/AIDS spending to the final domestic HIV/AIDS spending envelope to produce final private and public HIV/AIDS spending estimates. The final private HIV/AIDS spending estimates were then used as an envelope to rake OOP and prepaid private HIV/AIDS spending estimates. To propagate uncertainty, we conducted both aggregating and raking on the draw level. As final check for internal consistency with all health spending estimates, we replaced any draw where HIV/AIDS financing source exceeded 50% of the corresponding all health spending estimate. When these internal consistency issues arose, we replaced the HIV/AIDS spending estimate with 0.5 multiplied by the corresponding all health spending draw. This occurred in less than 0.05% of all country-year-source-draws.

To generate estimates of total HIV/AIDS spending by function (prevention, care and treatment, and other), we estimated domestic HIV/AIDS spending by function and deterministically added DAH spending by the analogous function. We first mapped DAH-HIV/AIDS by health focus areas into three spending function categories presented in eTable 20.

eTable 20: Aggregation of DAH-HIV/AIDS health focus areas into HIV/AIDS function spending

HIV/AIDS spending functions	**DAH-HIV/AIDS health focus area**
Prevention	Prevention, PMTCT
Care and treatment	Treatment, care, counseling, and testing
Other	Health systems strengthening
	Unidentified

Unfortunately, a portion of DAH-HIV/AIDS spending could not be assigned to a health focus area – this was especially true in early years. To account for this and fully attribute all HIV/AIDS spending to a spending function, using the extracted data we modeled total HIV/AIDS spending by function (prevention, care and treatment, and other) in ST-GPR and used these estimates to proportionally split the unidentified DAH-HIV/AIDS expenditure into HIV/AIDS spending functions. This approach assumes relative proportions of total HIV/AIDS spending by function matched the unidentified portion of DAH-HIV/AIDS spending.
To estimate domestic spending by function we ran ST-GPR. To gather the necessary underlying data, we extracted domestic spending by function, but few data sources (only NASAs, NHAs, GARPR reports) provided this information. Other data sources reported total spending by function but failed to further disaggregate spending on function by financing source. To leverage these data, we subtracted DAH spending by function from reported total HIV/AIDS spending on analogous functions (e.g., total HIV/AIDS spending on prevention less DAH-HIV/AIDS spending on prevention). In cases where this subtraction yielded values below zero, we dropped the data point. Final estimates of HIV/AIDS spending were made in the logit transformed space of fraction of HIV/AIDS spending over total domestic HIV/AIDS spending.

Final estimates of domestic spending by function were scaled to total domestic spending at the draw level. eTable 21 and eTable 22 provide the number of data sources used in each model by time and location.

eTable 21. Count of data sources over time by financing sources and spending functions. Data counts reflect counts of data that went into the model rather than extracted data points.

Year	Domestic spending	Public spending	Private spending	Out-of-pocket spending	Prepaid private spending	Domestic spending on care and treatment	Domestic spending on prevention	Domestic spending on all other areas
2000	7	9	5	4	1	7	2	4
2001	7	11	5	2	2	7	4	3
2002	9	15	8	7	2	10	3	9
2003	9	15	6	2	1	4	4	4
2004	15	21	10	3	4	7	8	4
2005	35	47	30	6	10	11	13	7
2006	52	104	48	13	13	25	21	18
2007	43	155	59	15	20	39	39	27
2008	41	200	89	16	23	64	64	46
2009	46	214	100	18	18	57	55	35
2010	53	215	105	18	18	53	48	36
2011	43	186	93	12	16	38	33	22
2012	52	175	114	21	26	35	35	25
2013	28	118	68	14	15	33	24	22
2014	104	172	77	10	12	14	15	7
2015	87	140	51	5	6	4	8	4

eTable 22. Count of data sources, by location.

Data counts reflect counts of data that went into the model rather than extracted data points.

Country	Domestic spending	Public spending	Private spending	Out-of-pocket spending	Prepaid private spending	Domestic spending on care and treatment	Domestic spending on prevention	Domestic spending on all other areas
Afghanistan	0	10	0	0	0	0	1	0
Albania	4	5	0	0	0	0	0	0
Algeria	2	11	2	0	0	4	4	2
Angola	4	11	3	0	0	0	3	0
Antigua and Barbuda	0	8	2	0	0	0	0	0
Argentina	2	13	2	0	0	0	4	0
Armenia	2	13	5	0	0	0	0	0

Country	Domestic spending	Public spending	Private spending	Out-of-pocket spending	Prepaid private spending	Domestic spending on care and treatment	Domestic spending on prevention	Domestic spending on all other areas
Australia	0	1	0	0	0	0	0	0
Azerbaijan	2	12	0	0	0	1	1	0
Bangladesh	2	11	2	0	0	0	0	0
Barbados	0	7	2	0	0	5	9	10
Belarus	2	20	2	0	0	7	10	2
Belgium	0	3	0	0	0	0	0	0
Belize	2	8	3	0	0	2	3	2
Benin	10	19	13	6	3	3	3	1
Bhutan	2	4	0	0	0	0	0	0
Bolivia	5	14	7	3	3	5	6	2
Bosnia and Herzegovina	2	5	1	0	0	0	0	0
Botswana	11	24	16	2	5	6	6	6
Brazil	0	9	0	0	0	7	7	5
Bulgaria	0	13	0	0	0	0	0	0
Burkina Faso	26	33	30	14	14	7	12	9
Burundi	6	17	11	4	4	6	4	1
Cambodia	14	33	15	0	0	9	0	5
Cameroon	9	18	14	1	1	2	4	2
Cape Verde	4	13	9	0	0	0	0	0
Central African Republic	4	8	5	0	0	0	0	0
Chad	0	9	6	2	0	8	6	2
Chile	0	7	7	0	0	0	0	2
China	2	18	6	0	0	1	3	1
Colombia	4	13	10	0	0	4	8	6
Comoros	5	14	4	0	0	0	0	0
Congo	4	9	3	1	1	0	0	0
Costa Rica	4	9	6	0	0	4	3	4
Cote d'Ivoire	9	19	19	7	7	9	6	1
Croatia	0	8	0	0	0	0	0	0
Cuba	2	11	0	0	0	0	0	0
Czech Republic	0	3	3	0	0	0	0	0
Democratic Republic of the Congo	12	14	14	3	6	0	0	0
Djibouti	6	6	0	0	0	0	1	0
Dominica	0	5	0	0	0	0	0	0
Dominican Republic	6	10	8	0	2	2	2	2
Ecuador	2	12	1	0	3	3	3	2

Country	Domestic spending	Public spending	Private spending	Out-of-pocket spending	Prepaid private spending	Domestic spending on care and treatment	Domestic spending on prevention	Domestic spending on all other areas
Egypt	2	4	2	0	2	1	1	0
El Salvador	13	22	20	1	0	9	9	8
Equatorial Guinea	1	5	5	0	0	0	0	0
Eritrea	4	5	0	0	0	0	0	0
Estonia	0	2	0	0	0	0	0	0
Ethiopia	6	14	5	2	3	1	0	0
Federated States of Micronesia	0	0	0	0	0	5	0	2
Fiji	0	8	0	0	1	5	0	5
Gabon	0	15	11	5	5	4	5	4
Georgia	10	19	18	0	0	7	6	1
Ghana	10	18	14	1	4	3	4	1
Greece	0	1	0	0	0	0	0	0
Grenada	0	3	0	0	0	0	0	0
Guatemala	16	28	27	5	7	13	14	8
Guinea	5	16	13	1	1	1	4	1
Guinea-Bissau	6	10	5	0	0	0	1	0
Guyana	4	5	5	0	0	0	0	0
Haiti	5	19	3	0	0	0	2	1
Honduras	10	20	18	3	3	5	4	5
Hungary	0	3	0	0	0	0	0	0
India	10	18	6	0	0	0	3	0
Indonesia	4	23	4	0	0	7	1	3
Iran	3	10	5	0	0	3	1	2
Italy	0	1	0	0	0	0	0	0
Jamaica	8	13	10	0	0	2	4	3
Japan	0	4	0	0	0	4	4	3
Jordan	0	9	0	0	0	0	0	0
Kazakhstan	2	11	2	0	0	0	0	0
Kenya	11	20	10	5	7	7	6	2
Kiribati	0	1	0	0	0	1	1	0
Kuwait	0	7	0	0	0	0	0	0
Kyrgyzstan	3	18	1	0	0	2	0	0
Laos	7	19	2	0	0	1	1	2
Latvia	0	8	2	0	0	0	0	0
Lebanon	0	6	0	0	0	0	0	0
Lesotho	10	15	8	0	0	4	3	3
Liberia	3	8	2	0	2	0	0	0
Lithuania	0	2	0	0	0	0	0	0

Country	Domestic spending	Public spending	Private spending	Out-of-pocket spending	Prepaid private spending	Domestic spending on care and treatment	Domestic spending on prevention	Domestic spending on all other areas
Macedonia	0	6	1	0	0	0	0	0
Madagascar	3	14	12	0	0	1	2	2
Malawi	11	26	15	14	6	3	0	2
Malaysia	4	12	9	0	0	9	10	8
Maldives	0	2	0	0	0	0	0	0
Mali	10	16	13	3	3	7	7	3
Marshall Islands	0	8	0	0	0	8	1	4
Mauritania	9	12	6	3	3	3	0	3
Mauritius	4	8	4	0	0	2	2	0
Mexico	9	17	15	0	0	16	16	6
Moldova	2	15	9	0	0	10	2	3
Mongolia	4	15	8	0	2	3	0	0
Montenegro	4	2	2	0	0	0	0	0
Morocco	2	13	10	0	0	5	5	2
Mozambique	7	31	15	0	9	5	5	0
Myanmar	2	15	4	0	0	0	0	0
Namibia	9	18	13	7	9	8	5	9
Nepal	2	10	3	2	2	5	2	1
Nicaragua	6	11	6	4	4	2	4	3
Niger	9	20	16	7	7	2	2	0
Nigeria	4	22	13	0	7	7	8	4
Oman	0	6	0	0	0	2	2	2
Pakistan	2	11	2	0	0	3	4	3
Palestine	0	2	0	0	0	0	0	0
Panama	16	22	21	1	0	4	4	4
Papua New Guinea	6	10	8	0	0	3	0	3
Paraguay	2	16	7	0	0	0	0	0
Peru	12	21	14	6	6	8	13	11
Philippines	12	33	14	0	3	13	9	9
Poland	0	8	3	0	0	0	0	0
Portugal	0	5	0	0	0	0	0	0
Romania	0	10	1	0	0	0	0	0
Russian Federation	4	5	2	0	0	0	0	0
Rwanda	9	15	7	5	0	5	1	5
Saint Lucia	0	2	0	0	0	0	0	0
Saint Vincent and the Grenadines	0	5	3	0	0	2	1	1
Samoa	1	5	1	0	0	3	2	0

Country	Domestic spending	Public spending	Private spending	Out-of-pocket spending	Prepaid private spending	Domestic spending on care and treatment	Domestic spending on prevention	Domestic spending on all other areas
Sao Tome and Principe	2	10	1	0	0	0	0	0
Saudi Arabia	0	1	0	0	0	1	1	1
Senegal	2	10	2	0	0	0	0	0
Serbia	0	4	1	0	0	0	0	0
Seychelles	0	9	3	0	0	2	3	3
Sierra Leone	2	15	4	0	3	0	4	0
Singapore	0	8	0	0	0	5	5	0
Solomon Islands	0	4	0	0	0	2	0	1
Somalia	2	2	0	0	0	0	0	0
South Africa	8	14	11	0	0	3	2	2
South Korea	0	3	0	0	0	3	3	0
South Sudan	2	4	0	0	0	0	0	0
Spain	0	7	0	0	0	0	0	0
Sri Lanka	6	11	4	2	2	3	0	0
Sudan	2	13	5	0	0	0	0	0
Suriname	4	6	5	0	0	2	1	2
Swaziland	11	20	8	0	3	9	5	3
Switzerland	0	8	0	0	0	0	0	0
Syria	0	6	3	0	0	0	0	0
Tajikistan	8	19	11	4	0	6	7	0
Tanzania	11	16	11	6	7	4	3	6
Thailand	6	22	10	0	0	13	16	15
The Bahamas	0	3	3	0	0	0	0	0
The Gambia	2	7	2	0	0	0	0	0
Timor-Leste	4	4	0	0	0	0	0	0
Togo	16	27	25	14	7	7	6	8
Tonga	0	5	5	0	0	0	2	0
Trinidad and Tobago	0	4	4	0	0	0	0	0
Tunisia	2	6	2	0	0	5	5	0
Turkey	2	3	2	0	0	0	0	0
Uganda	8	15	6	2	0	3	0	0
Ukraine	6	19	17	2	2	2	2	2
United Arab Emirates	0	4	0	0	0	0	0	0
United Kingdom	0	3	0	0	0	0	0	0
United States	14	14	14	14	14	0	0	0
Uruguay	3	6	6	0	1	5	5	5
Uzbekistan	2	13	0	0	0	0	0	0

Country	Domestic spending	Public spending	Private spending	Out-of-pocket spending	Prepaid private spending	Domestic spending on care and treatment	Domestic spending on prevention	Domestic spending on all other areas
Vanuatu	0	5	0	0	0	1	0	0
Venezuela	0	9	0	0	0	9	10	9
Vietnam	5	20	5	3	0	4	4	7
Yemen	0	3	0	0	0	0	0	0
Zambia	6	14	6	1	3	0	2	0
Zimbabwe	6	12	6	0	0	0	0	0

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PART 2: FUTURE TOTAL HEALTH SPENDING, HEALTH SPENDING BY SOURCE, UNIVERSAL COVERAGE ESTIMATES

SECTION 4: ESTIMATING FUTURE HEALTH SPENDING AND UNIVERSAL HEALTH COVERAGE

Data

Summary of data sources

We used data from seven sources for the analyses:

i. World Health Organization's (WHO) Global Health Observatory

ii. Institute for Health Metrics and Evaluation's (IHME) Development Assistance for Health Database

iii. International Monetary Fund's (IMF) World Economic Outlook (WEO) database

iv. Penn World Tables 9.0 (PWT)

v. World Bank (WB) World Development Indicators database (WDI)

vi. Angus Maddison Project

vii. United Nations (UN) World Population Prospects (WPP)

Specifically, we collected health expenditure information on all available sources that is comparable across countries and complete for most countries from WHO and IHME, and demographic data from the WPP, while the underlying data for producing gross domestic product (GDP) and general government expenditure (GGE) were extracted from the IMF, WB, and PWT. eTable 1 presents the definitions for the various health expenditure sources.

The Institute for Health Metrics and Evaluation's Development Assistance for Health Database

Development assistance for health estimates were obtained from the Institute for Health Metrics and Evaluation's Development Assistance for Health Database. To generate these estimates, IHME collected audited budgets, annual reports, and project records from the primary development agencies providing assistance for the health sector. These records are augmented by information acquired via correspondence and are standardized and compiled to provide a comprehensive perspective on international financial flows for health. These estimates are tracked backward to the source of the funds and forward to the country recipient and are available from 1990 through 2017 for sources and 1990 through 2016 for recipients.

World Health Organization's Global Health Observatory

We used Global Health Expenditure Database (GHED) data from WHO to generate our estimates, which span 188 countries between 2000 and 2015. From the GHED, we pulled the following variables:

i. Transfers from government domestic revenue (allocated to health purposes)

ii. Social insurance contributions

iii. Compulsory prepayment

iv. Voluntary prepayment

v. Other revenues from corporations

vi. Other revenues from nonprofit institutions serving households (NPISH)

vii. Gross domestic product

viii. Household out-of-pocket payment

ix. Government schemes and compulsory contributory health care financing schemes

To ensure we were using the best possible data, we downloaded the metadata for each data point for all of the indicators from the GHED website. We used the metadata to decide how each given data point should be weighted, from 1 to 5, being applied as inverse variance weights. We established guidelines for the metadata that informed how the underlying data points should be weighted, giving priority to factors such as complete, documented source information and penalizing factors such as having been derived or estimated. We adjusted these data by converting them from current local currency to 2017 purchasing-power-parity dollars. Details of the weighting guidelines and classification are explained in the Part 1 of this annex as well as in the supplementary appendix of our retrospective analysis paper [1].

Once we had an incomplete set of data points for the health expenditure variables we were interested in forecasting, we used spatiotemporal Gaussian process regression (ST-GPR) to model the full time-series for each variable across 188 countries. ST-GPR is a stochastic modeling technique that is designed to detect signals amid noisy data. Unlike classical linear models that assume that the trend underlying data follows a definitive functional form, GPR assumes that the specific trend of interest follows a Gaussian process, existing with some pointwise mean and covariance function [2]. The covariates that were used in order to determine the initial fit of our health expenditure variables are lag-distributed income, all-sector government expenditure per capita, Healthcare Access and Quality Index [3], and proportion of total population over the age of 64, using a Matérn covariance matrix for the distribution of the Gaussian process. Once we determined an initial prediction of our dependent variables, using the variability of data across regions, Gaussian process regressions (GPR) were run in order to estimate 1,000 draws of each country-year estimate per metric.

United Nations World Population Prospects 2017

The United Nations (UN) World Population Prospects (WPP) provides population estimates and forecasts by age, sex, country, and year from 1950 until 2100. Using a cohort-component approach, WPP utilizes life tables to generate forecasts of age-specific mortality rates. Their modeling strategy involves a hierarchical Bayesian model (with an AR(1) process) of female life expectancy (with male life expectancy being highly correlated with female) that prioritizes country data if available, but otherwise draws on regional data [4, 5]. A separate step models the male-female difference in life expectancy. From their final data source, we generated multiple indicators of demographic context, such as the total fertility rate (TFR), the proportion of the population under the age of 20, the proportion aged 65 years and over, and the total population for each country and year. We used the medium variant of the dataset produced by the WPP, while the high and low variants were used for sensitivity analyses. See section titled "Sensitivity analysis."

For a certain set of countries where either age-sex-specific population or the TFR data were missing, we used a combination of a secondary data source (the US Census Bureau [6], which spanned from 2000 through 2050) and the global burden of disease (GBD) region-specific rate of change to fill in and extrapolate, therefore giving us complete country-year time series for TFR and age-sex-specific population spanning from 1950 through 2099 (2099 being the final year of TFR data available for other countries with existing data points).

WB, IMF, PWT, and Maddison

The WDI Database provides data on a wide range of development related variables, including data on GDP and GDP per capita. Data series in this database begin in 1960. The IMF's WEO Database provides data on various macroeconomic indicators. Macroeconomic series data are available from 1980 to present. The PWT is a database that provides real national accounts data for 167 countries and territories. The data series starts in 1950. The Maddison Project database provides historical GDP, GDP per capita, and population data dating as far back as Roman times. We utilized GDP per capita as a primary covariate to produce forecasts. GDP per capita from 1950 through 2016 was constructed using the method described in *James et al* [7]. The method utilized extracted data from a number of sources (IMF, WB, PWT, and Maddison), and used multiple random effects models to estimate a mean GDP per capita series to be used in our analysis. Similarly, we used the same methodology to produce a mean general government expenditure (GGE) per GDP series, from 1980 through 2016.

Covariates

Forecast variables

The following variables are forecast in the manuscript:

i. GDP: Gross domestic product (national income of a country)

ii. GGE: General government expenditure (all-sector government expenditure in a country)

iii. DAH_d: Development assistance for health donated

iv. DAH_r: Development assistance for health received

v. GHE: Government health expenditure

vi. OOP: Out-of-pocket private expenditure

vii. PPP: Prepaid private expenditure

viii. THE: Total health expenditure

ix. UHC: Universal health coverage index

Covariates used for forecasting

The following covariates are used as predictors, or independent variables, in our models:

i. Total population of a country (1950–2100)

ii. Proportion of total population below the age of 15 (1950–2100)

iii. Proportion of total population above the age of 64 (1950–2100)

iv. Total fertility rate (1950–2099)

v. Educational attainment per capita [8] (1980–2040)

vi. An indicator variable used to denote the anomalous disbursement of DAH in our DAH_d forecasts (1 for years in 2000–2010, 0 otherwise)

vii. An indicator variable used to denote the Ebola crisis in Guinea, Sierra Leone, and Liberia in our DAH_r forecasts.

Additionally, we used the forecast GDP and GGE per capita as covariates to predict the health expenditure variables. eTable 23 contains the summary statistics of all the covariates predicted and used in our modeling, for 1995 through 2015. eFigure 19 shows our full pathway for forecasting all our endogenous variables and how each of those variables feeds into a succeeding model.

Ensemble Modeling

The purpose of ensemble modeling is to make sure that we capture the most out of what we have in our arsenal in terms of covariates and model specifications. We are agnostic about one model being the sole predictor of the future and allow an ensemble of beliefs about predicting off of the past trends. "Ensembling," in simple terms, is a way of pooling a number of sub-models, where the space of sub-models spans different inclusions and combinations of predictors, and/or different econometric specifications.

Sub-model setup

Our basic sub-model is a linear mixed effect model of the following form, for country *i* and time *t*:

$$Y_{i,t} = (\alpha + \alpha_i) + \left(\sum_{p=1}^{3} \rho_p \, Y_{i,t-p}\right) + X'\beta + \varepsilon_{i,t} \qquad (1)$$

where

$$\left(\alpha, \vec{\beta}\right) \sim N\left(0, \frac{1}{0.01^2}\right) \quad \text{(Fixed Effects with 0.01 precision prior)} \quad (2)$$

$$\alpha_i \sim N(0, \sigma_a^2) \quad \text{(Country specific random intercept)} \quad (3)$$

$$\varepsilon_{i,t} \sim N\left(\sum_{m=1}^{3} \phi_m \, \varepsilon_{i,t-m}, \sigma_i^2\right) \quad \text{(Autocorrelated residuals as time random effects)} \quad (4)$$

"Fixed effect" in a Bayesian setting is essentially allowing the prior to move around freely so that it estimates a value closest to the frequentist approximation. It is allowed to do so by having a very small precision value (0.01) and therefore a large variance for the prior distribution, which effectively allows the posterior estimates to be based off the data entirely. The likelihood function for the data were all set to be Gaussian distributions for all of our metrics and models.

Covariates

Using our linear baseline model as defined in section 3.1, we created our set of ensemble sub-models by using all combinations of each of the covariates in Table A.2. For example, if we were predicting GDP per capita with TFR and population as the predictors, then we would get a possible combination of four specifications to use (including a no-covariate one). Covariates were included as fixed effects.

Specifications

1. **ARIMA (Autoregressive Integrated Moving Average) terms**: We allowed up to three degrees of lags in the model (traditional auto-regressive terms), where each degree of AR term will include itself and all other lower degrees of lags. For example, a GDP per capita model with AR(3) specification (and using log of GDP per capita) will include once, twice, and thrice lagged log GDP per capita terms. These were included as fixed effects. Additionally, in order to predict the best set of fixed effect coefficients, we tested and included autocorrelated residuals in our models (traditional moving-average terms in an ARIMA setup). This basically means that we allow our models to estimate the residuals with an autoregressive process of their own. These were included as random effects, and we allowed this to exist at the country-year level.

2. **Upweighting of recent years**: One of the other specifications we included in our sub-models was the option of weighting the recent years higher. This is particularly helpful for countries like Ethiopia and Nigeria, which had rapid economic growth in recent years, and we believe that is a better predictor of the data than the further past. We generated a column of weights as such:

$$Weight = \frac{100}{(T-t)^{\tau}} \tag{5}$$

   where T is the final year of in-sample data we have, and t is the year at that data point. This is an exponential decaying weighting function, where the degree of decaying is determined by τ, and we test and include a set of values of $\tau : \{0, 0.25, 0.5, 0.6, 1\}$, where $\tau = 0$ refers to equal weights (all time periods are weighed equally at 100). The weighting functions enter our model through the likelihood function by simply multiplying each of the data points with the associated weight values.

3. **Convergence Term:** We also allowed for the inclusion of a "convergence term" in the list of sub-models. A convergence term is the one-year lag of the non-differenced dependent variable, and it gets updated as each year is forecast in the future. If a convergence term was considered in a sub-model, then we only included that sub-model if the coefficient on the convergence term was estimated to be negative (and statistically significant at 10% level).

Package and architecture

Architecture

All analysis and forecasting were done on a parallel computing cluster with 20,000 nodes with a CentOS interface. We compiled R[9] version 3.4.3 from source code on a Docker based on Debian OS, which was deployed as a Singularity container with all the necessary compilers and binaries (GCC, G++ and Fortran 7.2.0).

R-INLA

We used the library **R-INLA**[10, 11, 12] to run our baseline mixed effects model. **INLA** stands for Integrated Nested Laplace Approximation, a powerful method of approximating the integral of the Gaussian probability distribution function (which doesn't exist in closed form) by using a Laplace approximation[13, 14]. This gives very precise results and is relatively faster than other approximation packages that exist, like Stan or Bugs. Using the Newton-Raphson optimization algorithm instead of slower methods like Markov Chain Monte Carlo, **INLA** is powerful and flexible, allows us to specify our own priors, and automatically simulates posterior draws, which is very helpful and therefore lets us create parameter draws much faster without needing the help of any other external libraries.

Inclusion and exclusion criteria

After we ran all possible combinations of our sub-models and created a mean set of forecasts, we only wanted to keep the best possible set of sub-models. Hence, we applied the following set of inclusion and exclusion criteria in order to filter out the "unrealistic" sub-models:

1. All of the estimated coefficients must be **statistically significant at 10% level of significance**. For the fixed effects, we took the mean and the standard deviation of the posterior estimates and filtered out the sub-model if the absolute z-score was below 1.645 (the absolute value of the one-sided 95th quantile of a standard normal distribution). For the random effects, we looked at the whether the measure of variance was statistically significant or not. The model outputs the mean and standard deviation of the *precision of the random effects*, and therefore allowed us to exclude the specification if the precision was not statistically significant at 10% level.

2. If there were any estimated coefficients that **defied a prior belief we had on the direction of the value**, then we dropped that sub-model from consideration. For example, we strongly believe that as a donor country's (high-income countries) income (GDP per capita) grows, it will be able to donate more DAH to lower-income countries, and so, if we ran a sub-model predicting DAH_d and get a negative coefficient on GDP per capita, we dropped that sub-model from consideration. Our prior beliefs on the covariates for each dependent variable are listed in eTable 24.

3. The forecast trajectory growth **must not exceed observed growth**. We believe that a country will not grow faster than it has grown according to past trends. In order to determine the bounds, we run a stochastic frontier analysis (SFA) of the change in the predicted variable against the level value of the predicted variable. SFA is just like an ordinary least squares specification, except with the addition of an additional "inefficiency" term with a half-normal distribution. This allows us to estimate (for example, for GDP per capita): conditional of a country's income, how much growth rate did we see in the country's GDP. We ran this analysis across all of the observed data points, and derived a relationship binding the growth rates of GDP against the absolute values of GDP. More details on the implementation of SFA are explained in the section titled "Forecasting UHC."

Creating the forecasts

Ranking sub-models

In order to find out which sub-models would be able to predict a country's future the best, we ran out-of-sample predictive validity (OOS-PV) tests[15]. Simply put, we took each sub-model that passed the criteria in section 5, and instead of running it on all of the past data, we left out some number of recent years. Then we ran the sub-model on the truncated past and forecast those years left out. For example, our GDP data extend from 1970 through 2017; we left out 10 years of data and reran a sub-model from 1970 to 2007, then used the results of that sub-model to forecast GDP for the out-of-sample years (2007–2016).

This gave us essentially two trajectories between 2007 and 2016: the truth and the out-of-sample predictions. For each year, we computed the squared error (the difference) between these two lines and averaged these errors for each of the neighboring years. For example, we had squared errors for 10 data points between 2007 and 2017, and the first mean squared error sum was just the squared error at 2007 and 2008. The second was the mean of the sum of squared errors for 2007, 2008, and 2009, and so on. We then took the square root of this new series to get the running root mean squared errors (RMSE) for a given country.

We looked at a country's 2007 RMSE values for each sub-model run and listed out the best 10% of the sub-models (that is, the lowest 10% RMSE values), for every year out-of-sample. For a single country, we may potentially have a completely different set of sub-models for each of the OOS years. Then, for the 10% of the sub-models selected in the *first* year OOS, we only use those models to predict the *first* year forecast for each country; the set of 10% of the sub-models selected in the *second* year OOS were used to predict the *second* year forecast for each country, and so on, until the last year OOS model selections are used to compute the forecast for the remaining years. This allowed us to narrow down every country's trajectory with the best-performing OOS-PV sub-models for each year.

Uncertainty estimation

To estimate the uncertainty intervals (UI), we reran the selected, ranked sub-models from the section below on *'Ranking Sub-Models'* and simulated draws instead of just getting a mean estimate of the future. There are four types of uncertainty we implemented in forecasting:

i. **Model uncertainty**: This type of uncertainty comes from having more than one type of specification to create forecasts, and therefore we included a set of sub-models in the ensemble to incorporate for this uncertainty (which are ranked within each country-year).
ii. **Data uncertainty**: If our covariates themselves had draws of the future data (for example, when we forecast GDP as a covariate to forecast PPP), then we picked randomly from the draws of the independent variable when predicting a sub-model's trajectory, if that covariate was included.
iii. **Parameter uncertainty**: This type of uncertainty is due to the variance for the posterior distributions. Once we ran a sub-model, we simulated from each of the estimated posterior distribution to create a set of simulated coefficients. **INLA** does so by using a Gaussian copula distribution across the parameters being estimated, and therefore

produces a correlated set of coefficients.

iv. **Fundamental uncertainty**: The in-sample data and the fitted line in the past will never line up perfectly: there will always be errors from the model fit. We needed to reflect this level of uncertainty in our forecasts as well. By extracting these empirical residuals produced by a sub-model, we forecast future country-specific residuals by using a random walk process, where the variance of the process is the variance of the residuals from the model fit σ^2:

$$\hat{\varepsilon}_{i,t} \square N(\varepsilon_{i,\hat{t-1}}, \sigma^2_{\varepsilon,t}) \quad (6)$$

A random walk is an AR(1) process with the coefficient equal to 1: in other words, the current value is independent of last year's value (except for the starting position), and will propagate forward with a random Gaussian noise of $\sigma^2_{\varepsilon,t}$ variance.

All of the above were used to simulate 1,000 forecasts (or draws), and so in order to construct our UIs, we took the mean and the values of the 2.5th and 97.5th percentiles to estimate 95% UIs. The complete set of health expenditure forecasts (per capita) for all 188 countries in our analyses have been included as Figure B.6 at the end of this appendix.

Sensitivity analysis

Given that each of the forecast variable drew from a large pool of sub-models and uncertainty methods, sensitivity analyses related to the ensemble architecture would not be as informative. Therefore, our main method of sensitivity analysis was conducted using changes in covariate data.

The main source of demographic variables (population fractions and fertility) came from the UN WPP database. While all of the forecasts were generated using the medium variant of the UN data, we used the high and low variants of the TFR and population data. Those two variants had the most diverging growth rates out of the nine variants produced by UN WPP (the mean of the annualized growth rates of population across all of our countries for the high and low variants were 28.1% and 14.9%, respectively).

We conducted the sensitivity analyses on GDP per capita forecasts, since GDP per capita uses all of the demographic variables we considered in our ensemble, and it fed into all the succeeding predicted variables in our pipeline. eFigures 27 and 29 show the scatterplot of 2040 GDP per capita values for each country using the high and low variants (respectively) against our baseline reference forecasts (which used the medium variant). Our forecasts based on the medium variant are very robust and barely changed when we reran the ensemble using the different variants, and this was true for almost all years of the forecasts; efigures 26 and 28 show the scatterplot of 2040 GDP per capita values for each country using the high and low variants (respectively) against our baseline reference forecasts for all years between 2018 and 2040 inclusive.

Ad-hoc Draws Correlation

Motivation

Given our current setup of compiling draws for each single year, there is no way of enforcing a temporal correlation across the draws right from the ensemble architecture. For example, the sub-models used in the first 10 years of GDP per capita forecasts were independently constructed and only depended on OOS-PV fits, while the 10th year (2027) onward all draw from the same set of sub-models. This section details on the method used to generate the same correlation in the first 10 years of that example, drawing from the existing correlation from the 10th year onward.

Bivariate correlated distributions

Using the GDP per capita example: following from uncertainty estimation, once we generated approximately 1,000 forecast draws for a country and year for any of the covariates, we used the following strategy to achieve consistent temporal correlation across all time periods in the future:

(a) For each country, we recorded country-specific Spearman's correlation coefficient across all draws between 2027 and 2040, which gave us a country-specific correlation vector.

(b) For each value of correlation in step (a), we simulated a bivariate uniform distribution for each country and year (2018 through 2027). This simulated distribution was ranked in such a way that the marginal distributions in the joint distribution were correlated with that value of correlation coefficient we supplied (this joint distribution is known as a *copula*).

(c) We recorded the ranks of the copula, and sorted our draws (within each country) using those temporal ranks, and therefore we ended up with a complete time-series data for all draws, such that each country and year will follow the same rank correlation structure that exists between 2027 and 2040.

(d) Finally, we calculated our final set of uncertainty intervals by taking the 2.5th and 97.5th percentiles of these correlated draws.

We used this method at the end of forecasting every metric, since one metric fed into the other sequentially. eFigure 20 compares the growth rates of the two metrics at each end of our forecasting pipeline: THE per capita and GDP per capita. The annualized growth rates are for the years 2015 through 2040, and we can see that after we have forecast all of our metrics, we find a positive correlation between GDP and THE per capita growth rates.

Future health scenarios

We established the trajectories that our health expenditures are expected to take in the next 23 years using our ensemble models (from this point referred to as the "reference" case). The reference forecasts were built upon the basis of each country's past trends and expected future trends from covariates. We also predicted what the possible trajectories for each country would look like if they were to follow the possible optimistic and pessimistic growth rates observed globally (referred to as "better" and "worse" cases, respectively).

Long-term growth regressions

In order to determine what the possible better and worse growth rates for each country would be, we ran long-term growth regressions with the following specification:

$$Y_{i,T} - Y_{i,t} = \alpha + \beta Y_{i.t} + \epsilon_{i,t} \quad (7)$$

where the dependent variable represented the long-term growth rate of Y for country i, which was computed either as logarithmic or logistic growth rate (for fractions).

The only independent variable we used ($Y_{i,t}$) was the value of Y_i at time t, and it served as a convergence term in this regression. This allowed us to predict the long-term growth rates of Y, conditional on a country's level of Y at time t.

Forecasting better and worse scenarios

In order to estimate what the future better and worse trajectories would be for each country, we followed these steps (assuming that we are forecasting from 2016 through 2040, with observed data between 1995 and 2015):

(i) We computed the 85th and 15th percentiles of the empirical residuals E, as $Q_{0.85}(\hat{E_{i,t}})$ and $Q_{0.15}(\hat{E_{i,t}})$ respectively, where $Q_p(\cdot)$ is a quantile function for a percentile p.

(ii) We computed the starting annualized growth rate from the fitted scenario regression, such that, for country i:

$$\text{Better growth rate} = \exp(\hat{\alpha}) \times \exp(Q_{0.85}(\hat{\epsilon_{i,t}})) \times (Y_{i,2015}^{\hat{\beta}})^{\left(\frac{1}{2015-1995}\right)} \quad (8)$$

$$\text{Worse growth rate} = \exp(\hat{\alpha}) \times \exp(Q_{0.15}(\hat{\epsilon_{i,t}})) \times (Y_{i,2015}^{\hat{\beta}})^{\left(\frac{1}{2015-1995}\right)} \quad (9)$$

(iii) Finally, once we have established the growth rates as a function of the convergence term, we recursively created better and worse trajectories, conditional on the updated growth rates every year, such that:

$$Y_{i,t+1} = Y_{i,t} \times \exp(\hat{\alpha}) \times \exp(Q_{0.85}(\hat{\epsilon_{i,t}})) \times (Y_{i,t}^{\hat{\beta}}) \quad (10)$$

where $\exp(\hat{\alpha}) \times \exp\left(Q_{0.85}(\hat{\epsilon_{i,t}})\right) \times \left(Y_{i,t}^{\hat{\beta}}\right)$ was the conditional growth rate for a single year.

One condition that we imposed for the computed scenarios is the better projection cannot be lower than the reference projection, and the worse projection cannot be higher than the reference projection. For countries with wide forecasts where this case did happen, we moved the better and worse forecasts up and down to overlap on top of the reference line.

Uncertainty estimation

The uncertainty intervals around a scenario were expected to take the same shape as the uncertainty around our reference forecasts. Therefore, once we propagated a mean set of better and worse forecasts, as in the section titled "Forecasting better and worse scenarios," we created the draws around our scenarios in the following way:

(i) We took our reference forecast's mean line and the 1,000 draws around that line.

(ii) We computed the deviation of the mean from each of the draws (in logarithmic or logistic transformation, depending on the space of the covariate).

(iii) We took each of the scenario mean lines and added the deviations from the previous step to the mean lines, giving us 1,000 draws of the scenario projections.

eFigure 21 shows the distribution of the growth rates between the reference and scenarios of THE per capita. The green and red densities, respectively, are the conditional better and worse growth rates of THE per capita; the blue histogram shows the reference growth rate; the scatterplot shows each of better and worse growth rates scattered against reference.

Universal Health Coverage Index

Universal health coverage (UHC) has emerged as both a global and national health priority, with achieving UHC viewed as a critical path to improved health outcomes and greater equity in health across all populations. This series was produced as part of the Global Burden of Disease Sustainable Development Goals analysis [16], for 188 countries between 1990 and 2016. This section focuses on the methods used for forecasting the UHC index from 2016 through 2040 using our health financing variables, particularly the sum of GHE, DAH, and PPP per capita, hereafter referred as "pooled health resources per capita" or "pooled spending per capita."

Definition

The UHC index included nine measures of coverage for a subset of interventions for communicable diseases and maternal and child health and the 32 causes that comprise the Healthcare Access and Quality (HAQ) Index, a summary measure of personal healthcare access and quality based on risk-standardized death rates from causes amenable to health care. The measurement approach used for GBD 2016 represents a substantial improvement since GBD 2015, considerably expanding the representation of essential health services pertaining to reproductive, maternal, newborn, and child health (RMNCH); infectious diseases; non-communicable diseases; and service capacity and access. Each component of the UHC index was scaled from 0 to 100, with 0 being the worst observed from 1990 to 2016 and 100 being the best observed during this time, and then the arithmetic mean was taken of each component. We then projected the UHC index, based on past trends, as a composite indicator from 2017 to 2030.

The measures of intervention coverage were as follows: three doses of diphtheria-pertussis-tetanus (DPT3) vaccine, measles vaccine, three doses of the oral polio vaccine or inactivated polio vaccine; met need for family planning with modern methods; antenatal care (ANC) coverage (one ANC visit [ANC1] and four ANC visits [ANC4]); skilled birth attendance (SBA); in-facility delivery rates; and coverage of antiretroviral therapy (ART) among people living with HIV.

The causes that comprised the HAQ Index are as follows: tuberculosis, diarrheal diseases, lower respiratory infections, upper respiratory infections, diphtheria, whooping cough, tetanus, measles, maternal disorders, neonatal disorders, colon and rectum cancer, non-melanoma skin cancer, breast cancer, cervical cancer, uterine cancer, testicular cancer, Hodgkin's lymphoma, leukemia, rheumatic heart disease, ischemic heart disease, cerebrovascular disease, hypertensive heart disease, peptic ulcer disease, appendicitis, hernia, gallbladder and biliary diseases, epilepsy, diabetes, chronic kidney disease, congenital heart anomalies, and adverse effects of medical treatment.

To construct the composite UHC Index, cause-specific death rates were risk-standardized and draw-level estimates for both intervention coverage and risk-standardized cause-specific death rates were computed as part of GBD 2016. For each input, 1,000 draws were used in order to estimate uncertainty. Then each of the UHC Index components was scaled on a scale of 0 to 100 from 1990 to 2016, followed by taking the arithmetic mean across components. More details on the modeling and creation of the HAQ and UHC index can be found in the supplementary appendix of the SDG analysis paper (Lim et al. 2016), SDG Indicator 3.8.

In this paper, we treated the UHC index as a fraction of the population with UHC; therefore, we computed the number of lives covered by UHC by multiplying the UHC index (in ratio space) with the population of the country for each time period.

Forecasting UHC

Stochastic frontier analysis

We used a stochastic frontier model to forecast the level of UHC index achievable by all countries between 2016 through 2040. Implementing the work of Battese and Coelli [17, 18], our SFA model, with a production function specification, was such:

$$\ln(UHC_{i,t}) = \alpha + \beta \ln\left(X_{i,t}\right) - v_{i,t} + \epsilon_{i,t} \quad (11)$$

$$v_{i,t} \sim N^{+}(0, \sigma_v^2) \quad (12)$$

$$\epsilon_{i,t} \sim N(0, \sigma_\epsilon^2) \quad (13)$$

where our observed outcome was the logged UHC index, with our single covariate X being the country-year-specific pooled spending per capita, $\epsilon_{i,t}$ is the noise component and $v_{i,t}$ is the estimated technical efficiency that a country would need to achieve the optimal, frontier goal. The prior distribution of technical efficiency is a half-normal distribution, describing an unbounded distribution between zero and very high efficiency.

Forecasting steps

We forecast the UHC index from 2016 through 2040 in the following steps:

(i) Forecasts of the pooled spending were developed by adding the forecasts of GHE, DAH, and PPP per capita, modeled previously using ensembles.

(ii) We added the error components (efficiency *v* and noise *E*) for a country together to create a unified residual time series for each country. That series was separately forecast for each country using a weighted ordinary linear regression (using a linear time trend as a covariate), where recent time periods were weighed higher than the further past.

(iii) Using the draws of reference, better and worse scenarios of $X_{i,t}$ along with forecasts of the summed residuals from (ii), we created reference, better, and worse projections of the UHC index from 2016 through 2040.

Table B.5 contains the full time-series of the UHC index for each World Bank income group, GBD super-region, and individual countries, from 2015 through 2040 for the reference, better, and worse scenarios. The regional UHC estimates were created by taking population weighted averages across the countries within the region.

Decomposition of forecasting components

Once we have created forecasts of the UHC index in equation 11, we split out the partial effects of each of the components that contributed to the prediction of the UHC index, namely pooled resources, and efficiency and noise. The model used in equation 11 predicted a log-

linear relationship between UHC and the predictors; we measured the additive effect of our predictors using the Das Gupta decomposition [19], the steps of which are as follows:

From equation 11, exponentiating both sides give us the following identity:

$$UHC = X_{i,t}^{\beta} * \exp(\gamma_{i,t}) \quad (14)$$

where $\gamma_{i,t}$ is the additive efficiency and error term.

The Das Gupta decomposition will measure $R_1 = AB$ and $R_2 = ab$, such that:

$$R_1 = AB \quad (15)$$
$$R_2 = ab \quad (16)$$
$$A = X_{i,2015}^{\beta} \quad (17)$$
$$a = X_{i,2040}^{\beta} \quad (18)$$
$$B = \exp(\gamma_{i,2015}) \quad (19)$$
$$b = \exp(\gamma_{i,2040}) \quad (20)$$

such that:

$$UHC_{i,2040} - UHC_{i,2015} = \delta_1 + \delta_2 \quad (21)$$
$$\delta_1 = \frac{(b+B)(a-A)}{2} \quad (22)$$
$$\delta_2 = \frac{(a+A)(b-B)}{2} \quad (23)$$

Figure 4 of the manuscript shows the δ_1 and δ_2 effects aggregated to the global level, World Bank income group, and the GBD super-regions.

Comparison of forecasts

We forecast the UHC index relying solely on the level and projection of health resources. To compare with the original analysis and modeling of the UHC index, eFigure 22 shows the difference between our projections of UHC against the projections created originally by Lim et al [16], grouped by the seven GBD super-regions. eFigure 24 additionally shows the change in the value of UHC between 2015 and 2030 between the two aforementioned series. The dots on both figures represent a country. The figures show that while the level of UHC projected in 2030 ends up being very similar across all regions between the two series, the rate of growth needed to achieve those values varies non-uniformly between the two estimation processes, even within a single super-region.

In order to test the robustness of our SFA model, we ran an extra set of forecasts for the UHC index using a truncated normal distribution instead of the half-normal distribution for the

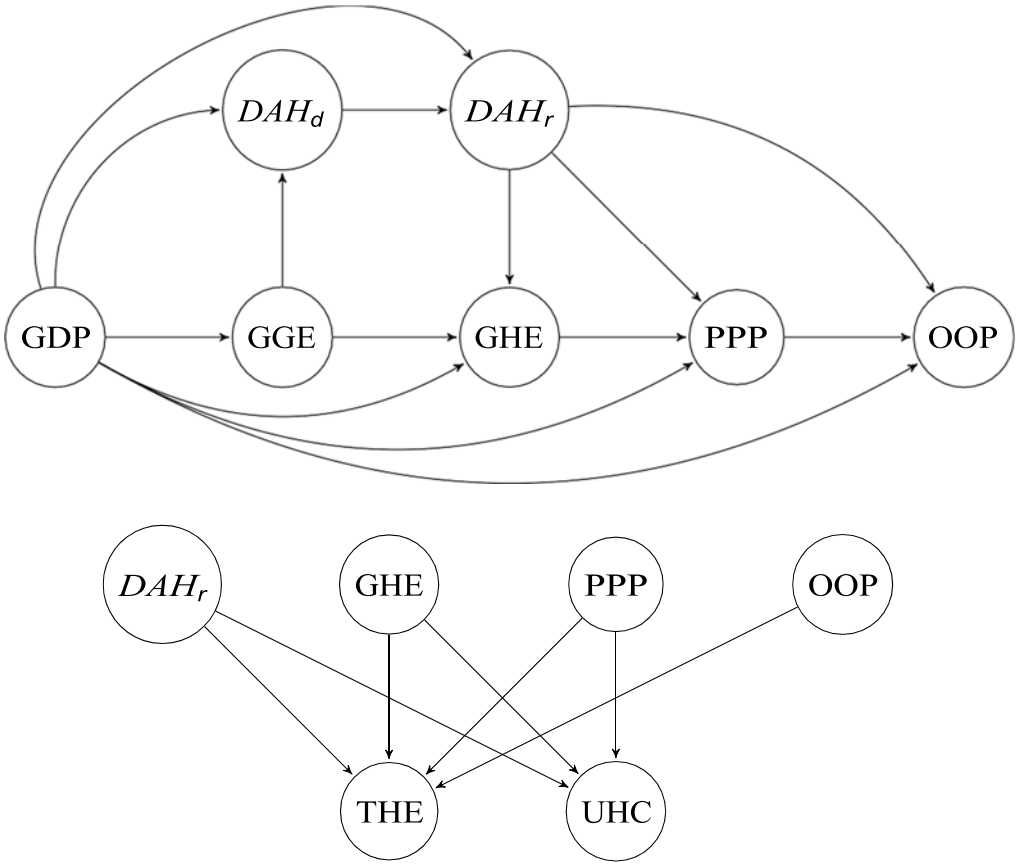
inefficiency term. The coefficients on the pooled health resources per capita were very similar, though the difference was not statistically significant (0.1434 versus 0.1413); efigure 25 shows the values of the 2030 forecasts of these two models against each other, and the difference are only in the decimal places, hence lining up almost perfectly on the unity line.

Tables and figures

Table 23: Summary statistics of the covariates used

Statistic	N	Mean	St. Dev.	Min	Max
Log GDP per capita	3,948	8.996	1.253	5.616	11.827
Logit GGE per GDP	3,948	−1.151	0.503	−3.178	2.664
Log of total population	3,948	15.638	1.964	10.840	21.058
Logit of proportion of population aged 14 years and under	3,948	−0.886	0.459	−1.963	−0.160
Logit of proportion of population aged 65 years and over	3,948	−2.780	0.724	−4.885	−1.045
Log total fertility rate	3,948	1.020	0.513	0.049	2.045
Log of total education per capita	3,948	2.065	0.453	0.151	2.703
Logit of DAH per GDP	3,948	−6.361	1.464	−7.600	0.110
Logit of GHE per GDP	3,948	−3.645	0.745	−6.468	−1.949
Logit of PPP per GDP	3,948	−6.313	1.749	−16.658	−2.678
Logit of OOP per GDP	3,948	−4.051	0.705	−6.989	−1.974

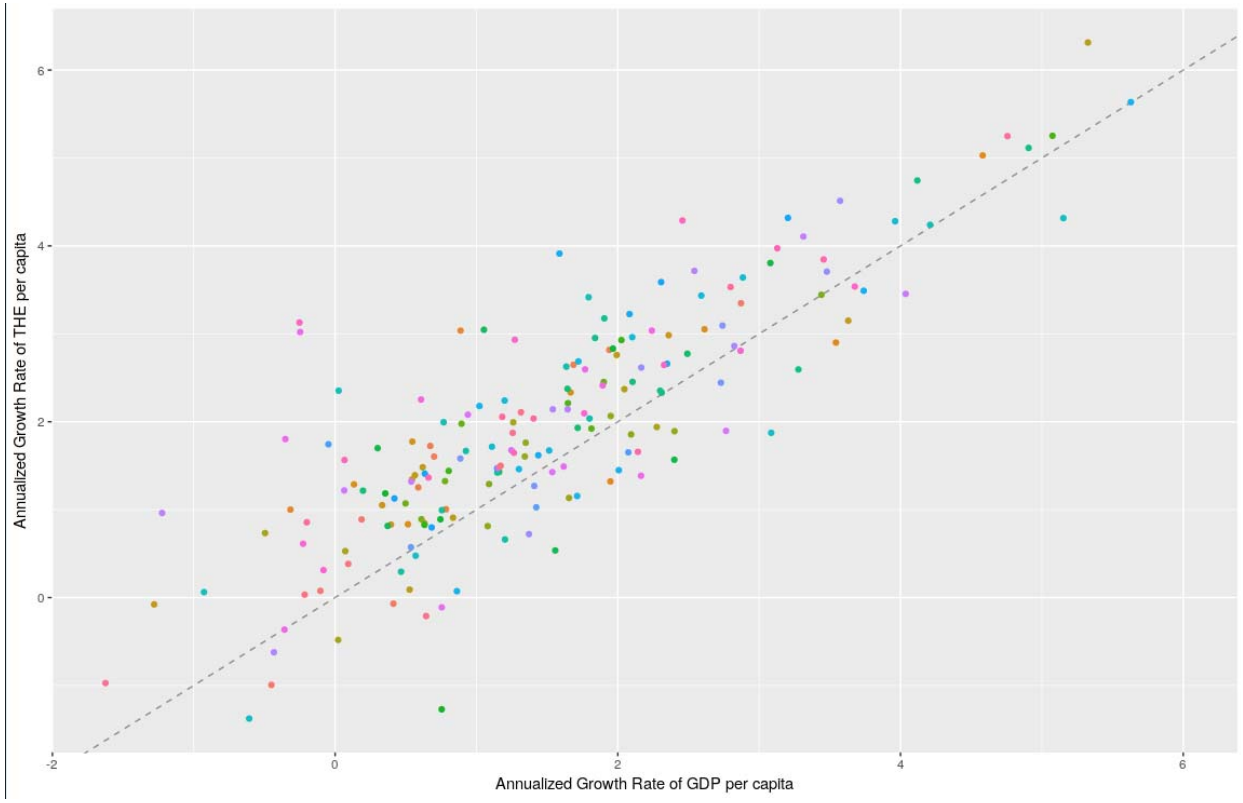
efigure 19. State space diagram of forecasting components



eTable 24 Prediction and covariates map with transformations

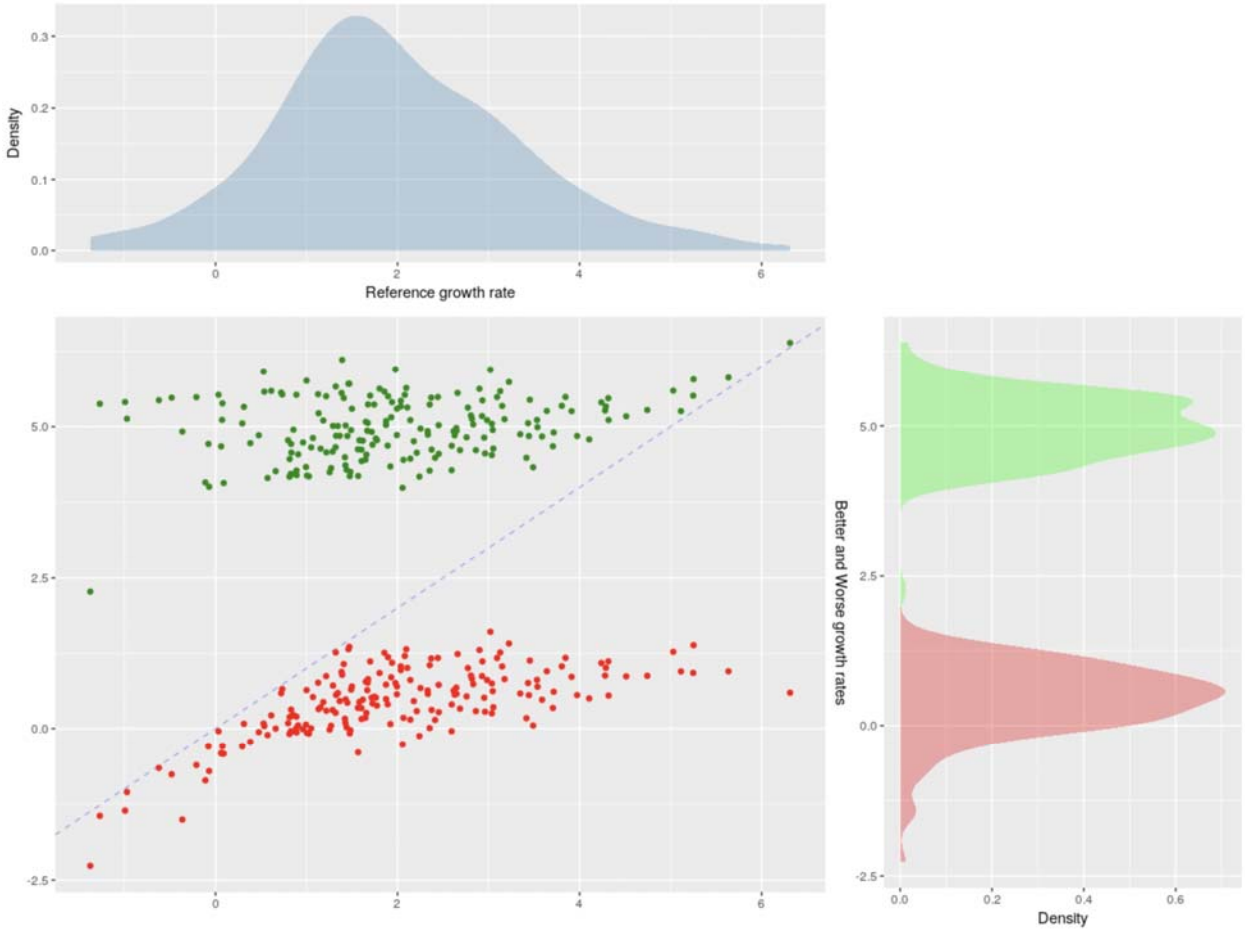
	Predicted variables	Covariates	Extra specifications
1	GDP and GDPpc (both in log)	Pop, Pop <15^{-}, Pop >64^{+}, TFR^{-}, Education^{+}	ARIMA(1-3, 1, 1-3) and and 4 up-weighting schemes
2	GGE per GDP (logit)	GDPpc^{+}, Pop >64^{+}, Education^{+}	ARIMA(1-2, 1, 1-3) and and 4 up-weighting schemes
3	DAH donated per 2nd GDP lag (logit)	GDPpc^{+}, GGE/GDP^{+}, Bush Era Dummy^{+}	ARIMA(1-2, 1, 1-3)
4	DAH received per total DAH donated (logit)	GDPpc^{-}, Pop^{-}, Pop <15^{+}, TFR^{+}, Ebola dummy^{+}, total DAH envelope	ARIMA(1, 1, 1)
5	GHE per GGE (logit)	GDPpc^{+}, Pop >64^{+}, GGEpc^{+}, DAH/GDP^{-}	ARIMA(0, 1, 0)
6	PPP per GDP (logit)	GDPpc^{+}, Pop >64^{+}, DAH/GDP, GHE/GDP,	ARIMA(1-2, 1, 1-3)
7	OOP per GDP (logit)	GDPpc^{-}, Pop >64^{+}, DAH/GDP, GHE/GDP, PPP/GDP	ARIMA(1-2, 1, 1-3)
8	UHC (log)	Sum of GHEpc, DAHpc and PPPpc	Stochastic frontier analysis

Comparison of forecasts



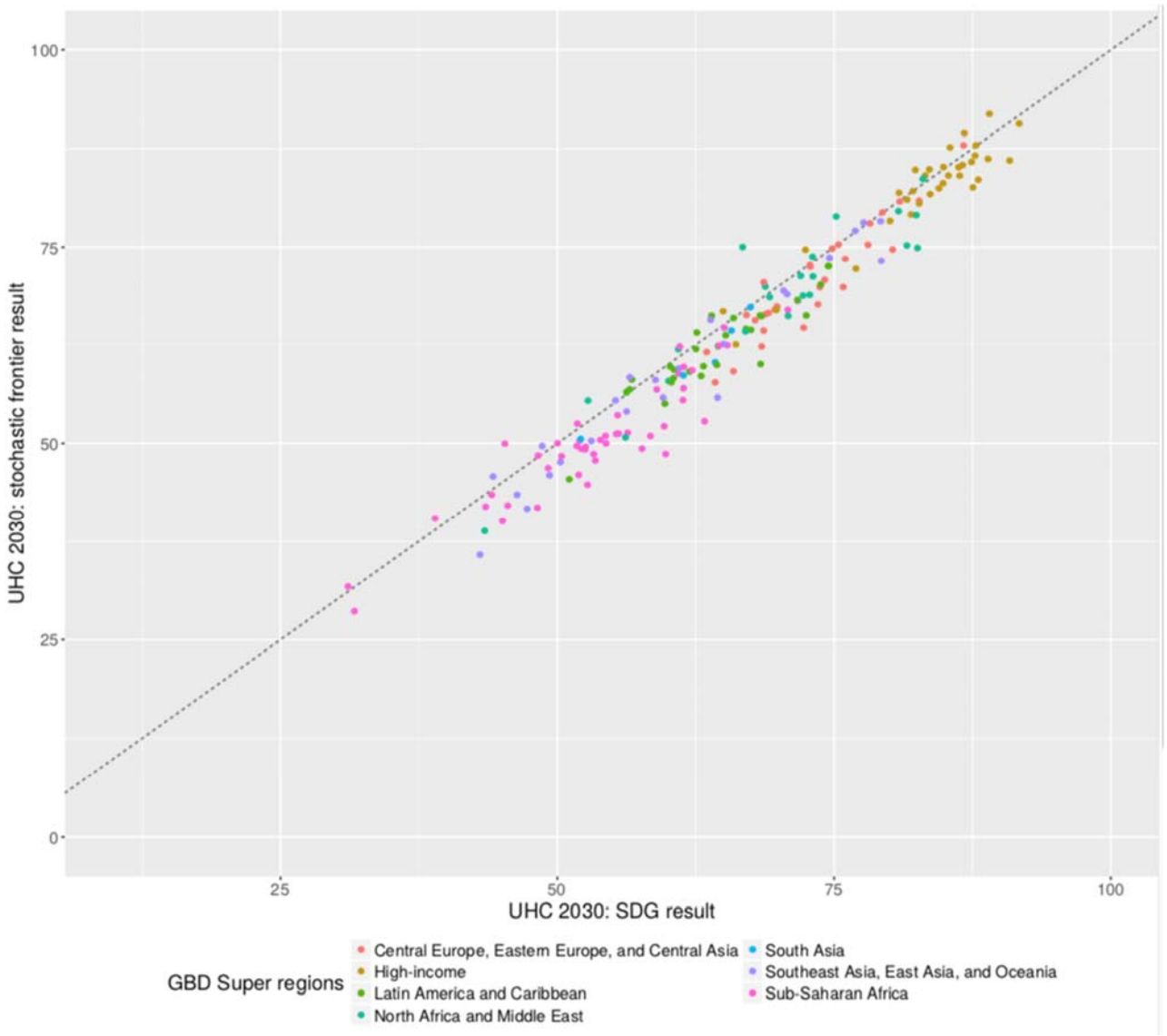
eFigure 20: Growth rates of THE per capita against GDP per capita between 2015 and 2040 inclusive

Note: Color is used to differentiate the dots, but has no additional meaning.



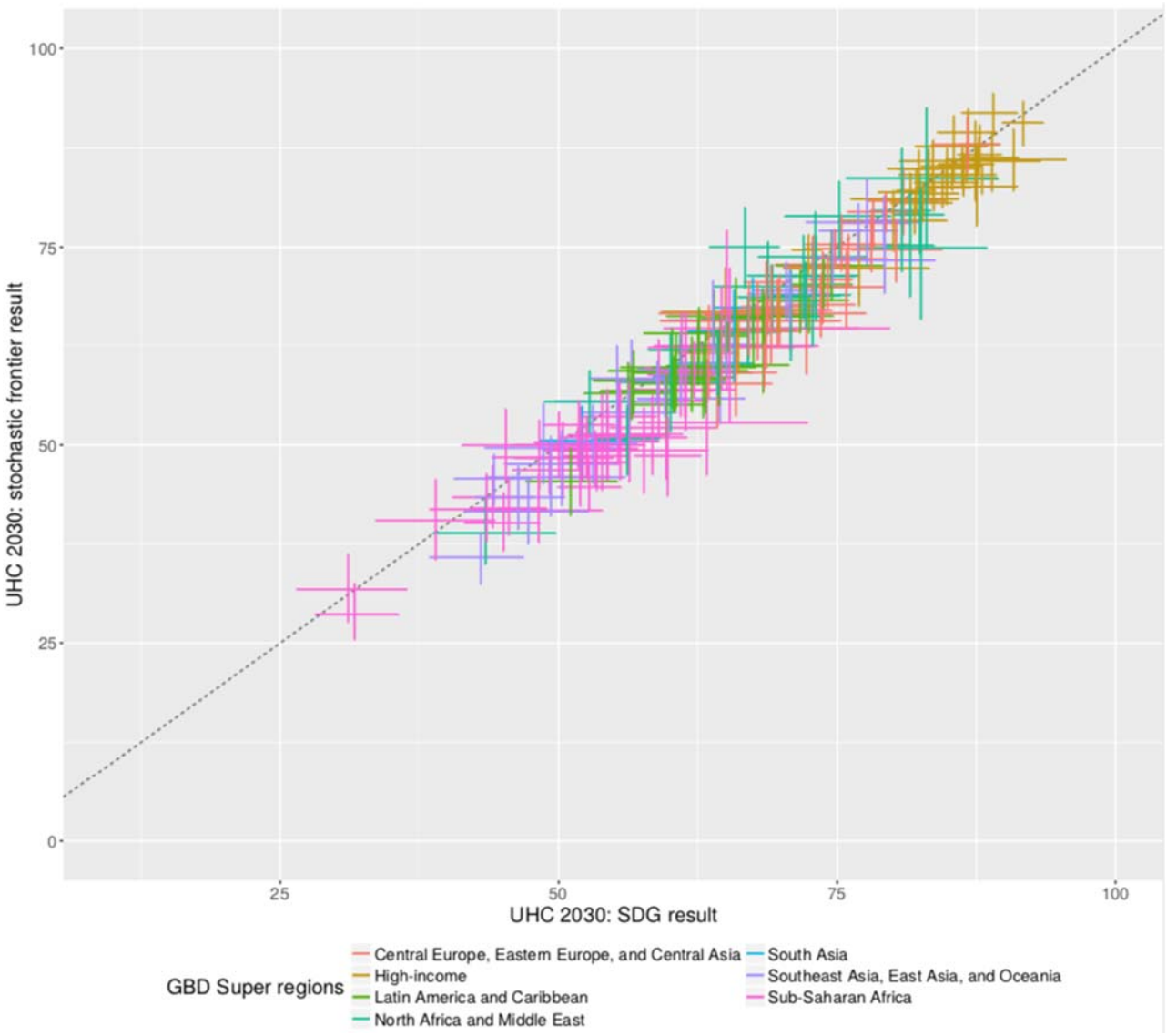
eFigure 21: Growth rates of THE per capita scenarios between 2015 and 2040 inclusive

Note: Red dots are from the worse scenario, while green dots are from the better scenario.

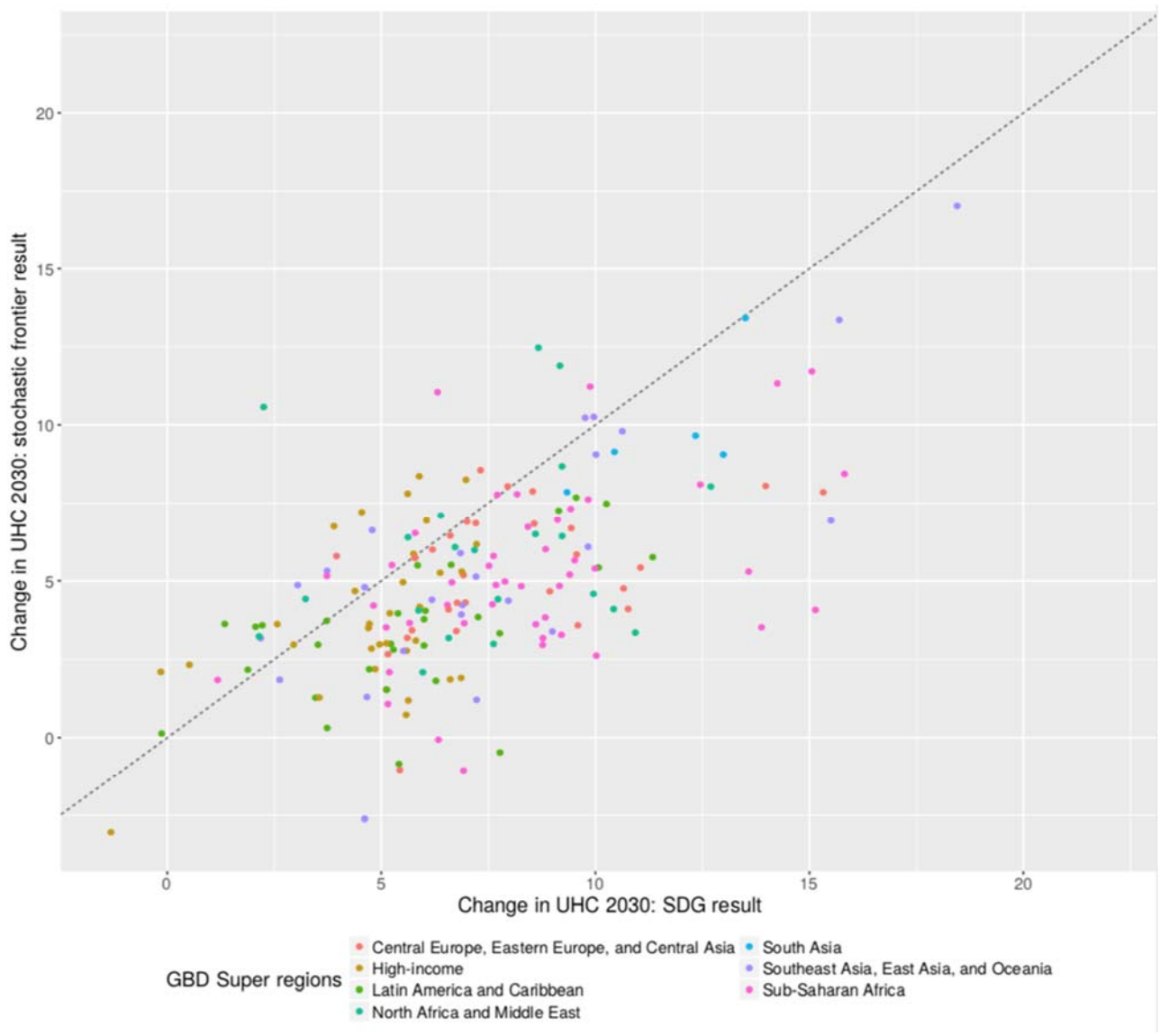


eFigure 22: Comparing UHC index forecasts for the year 2030

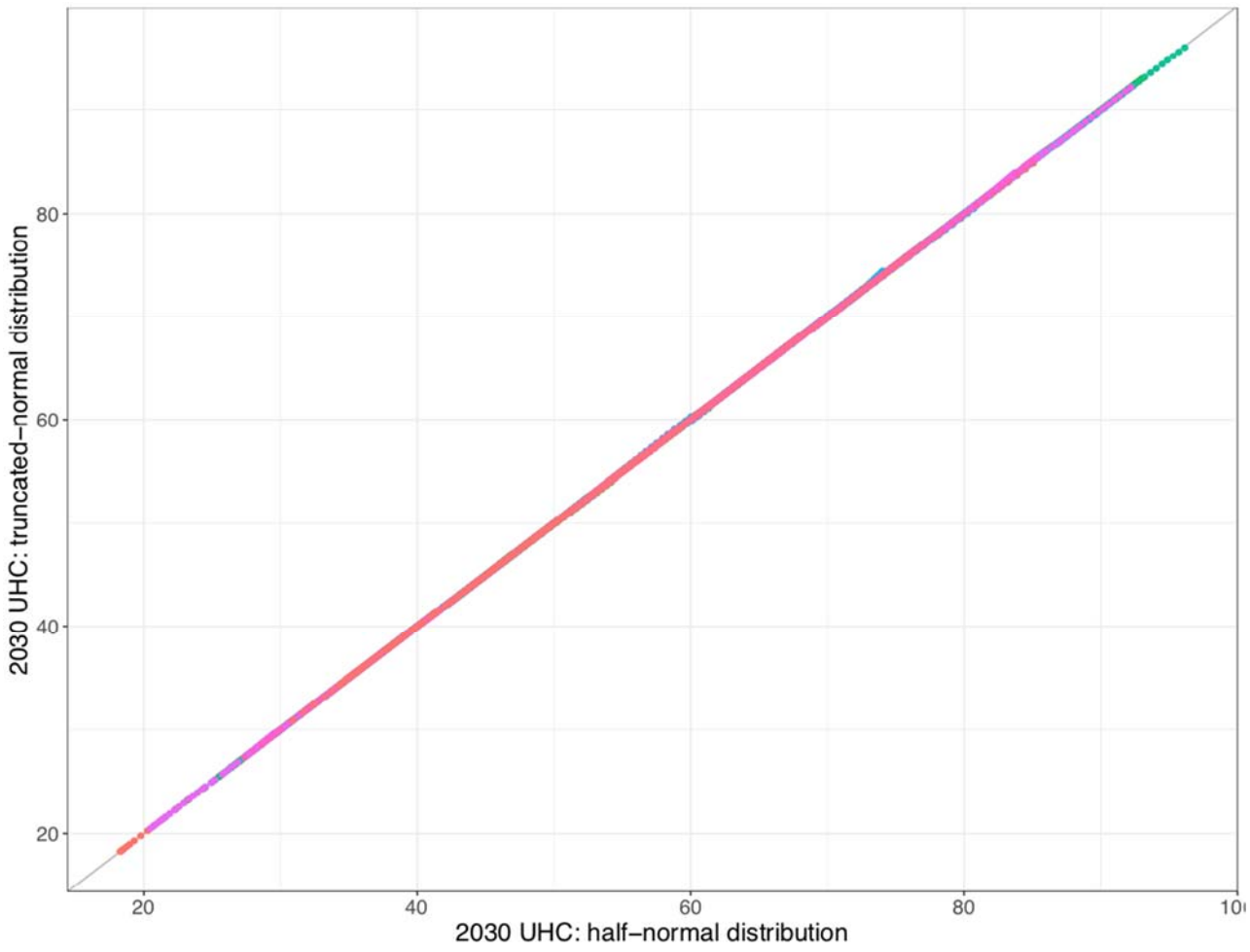
South Asia
Southeast Asia, East Asia, and Oceania
Sub-Saharan Africa



eFigure 23: Comparing UHC index forecasts for the year 2030 with uncertainty intervals

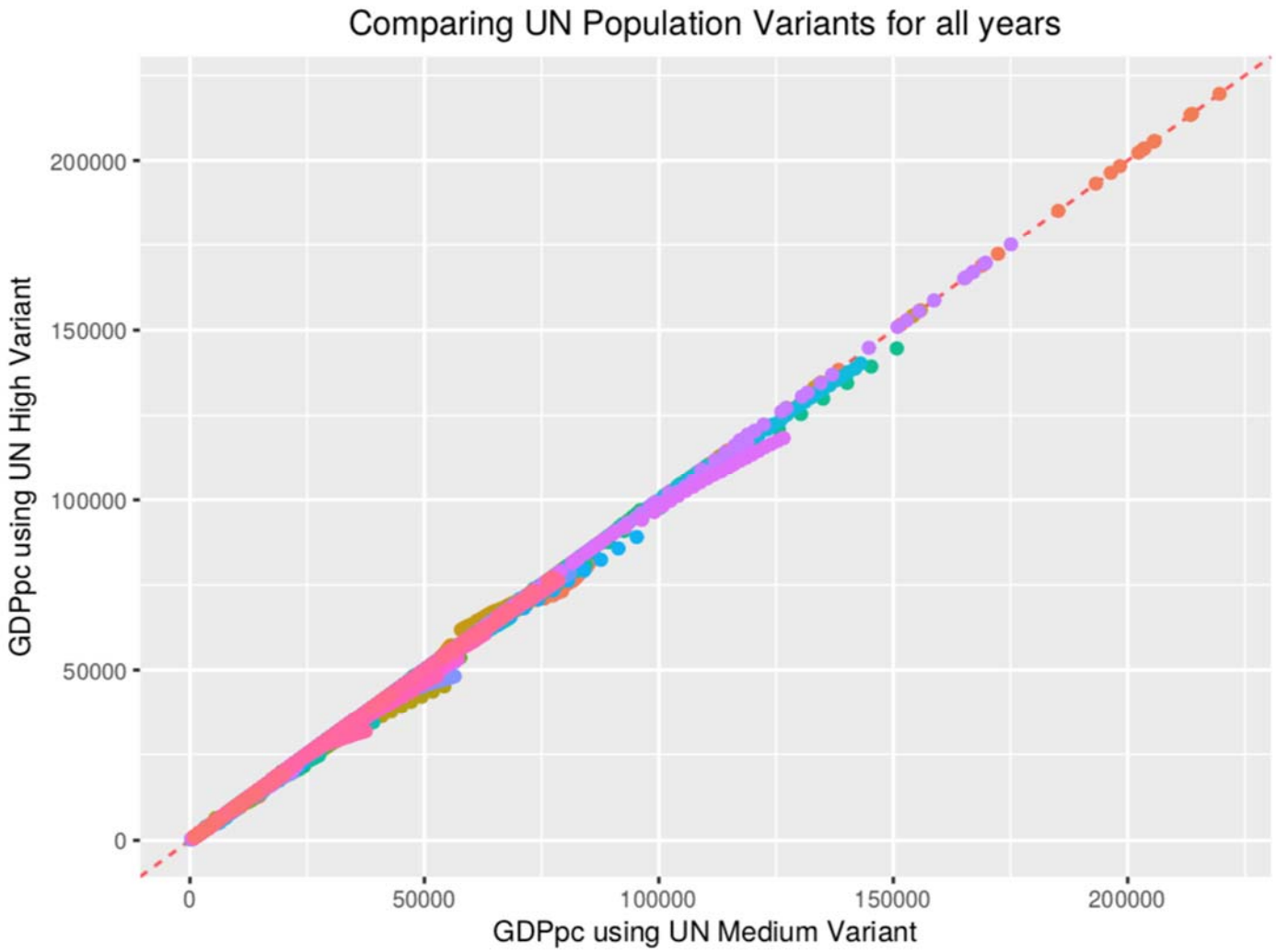


eFigure 24: Comparing change in UHC index forecasts between years 2015 and 2030



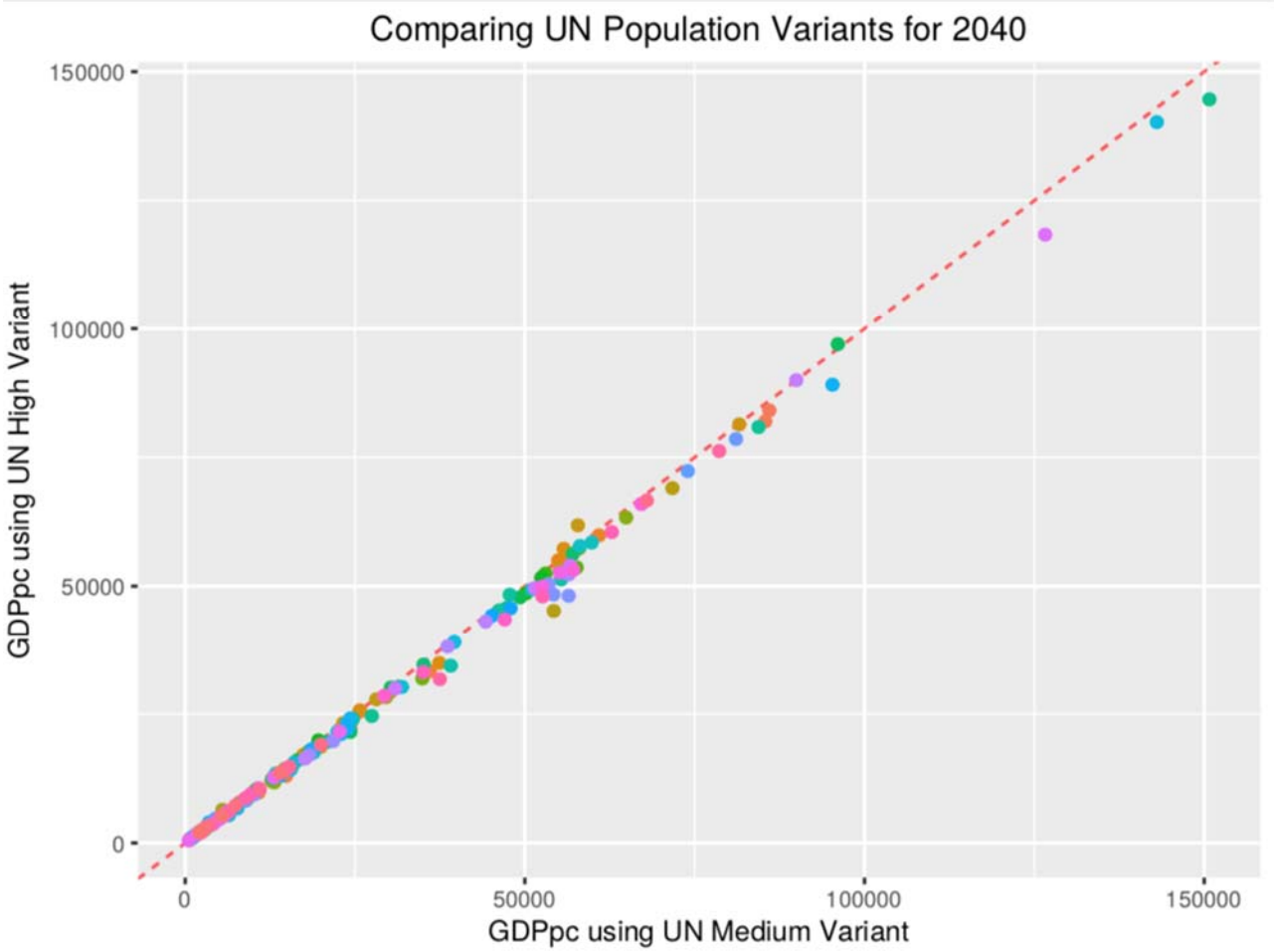
eFigure 25: Comparing forecasts using half-normal and truncated normal distributions for the inefficiency term

Sensitivity analyses on UN WPP variants



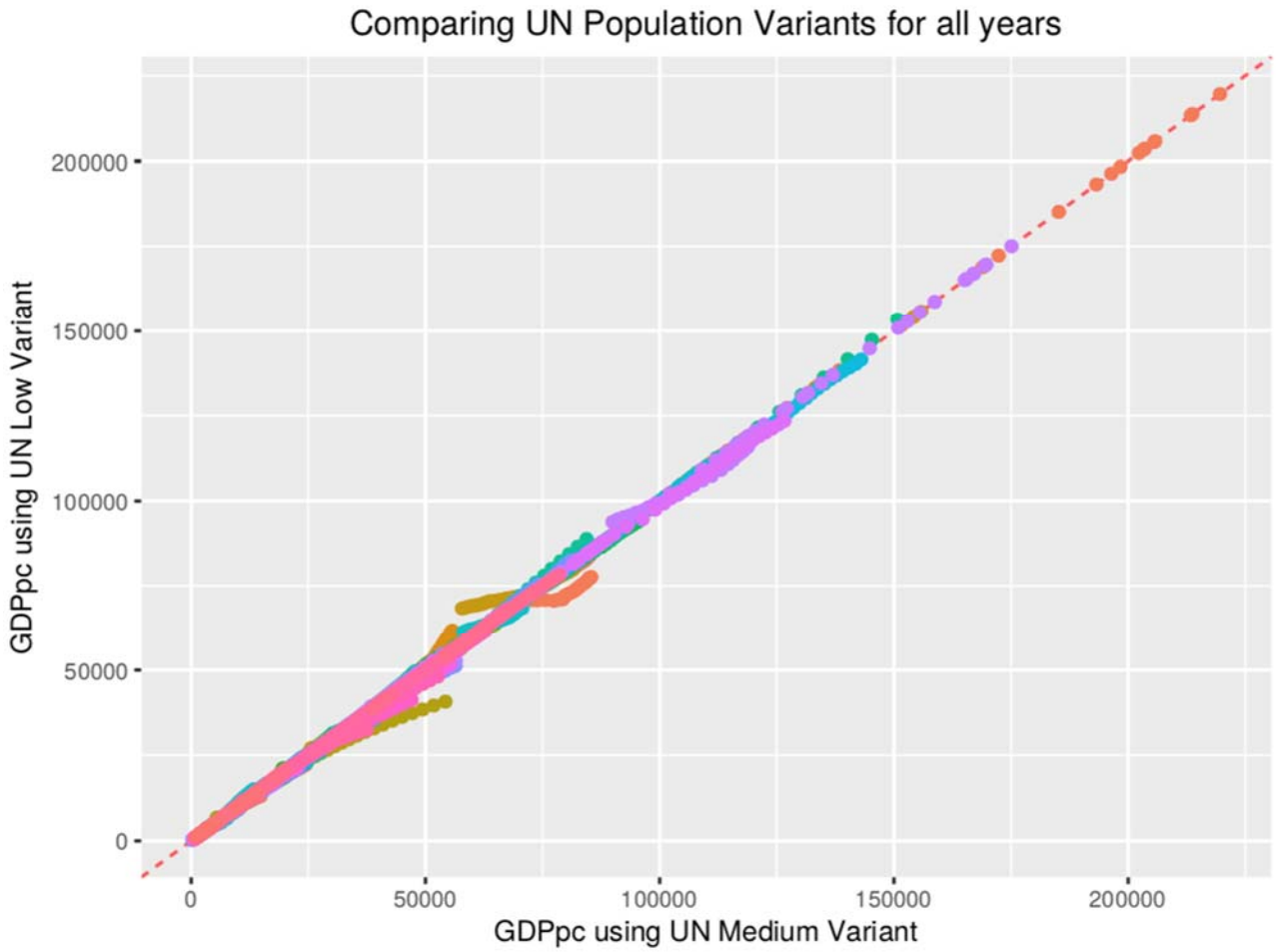
eFigure 26: Comparing GDP per capita forecasts between the high and medium UN Variants for all years

Note: Color is used to differentiate the dots but has no additional meaning.



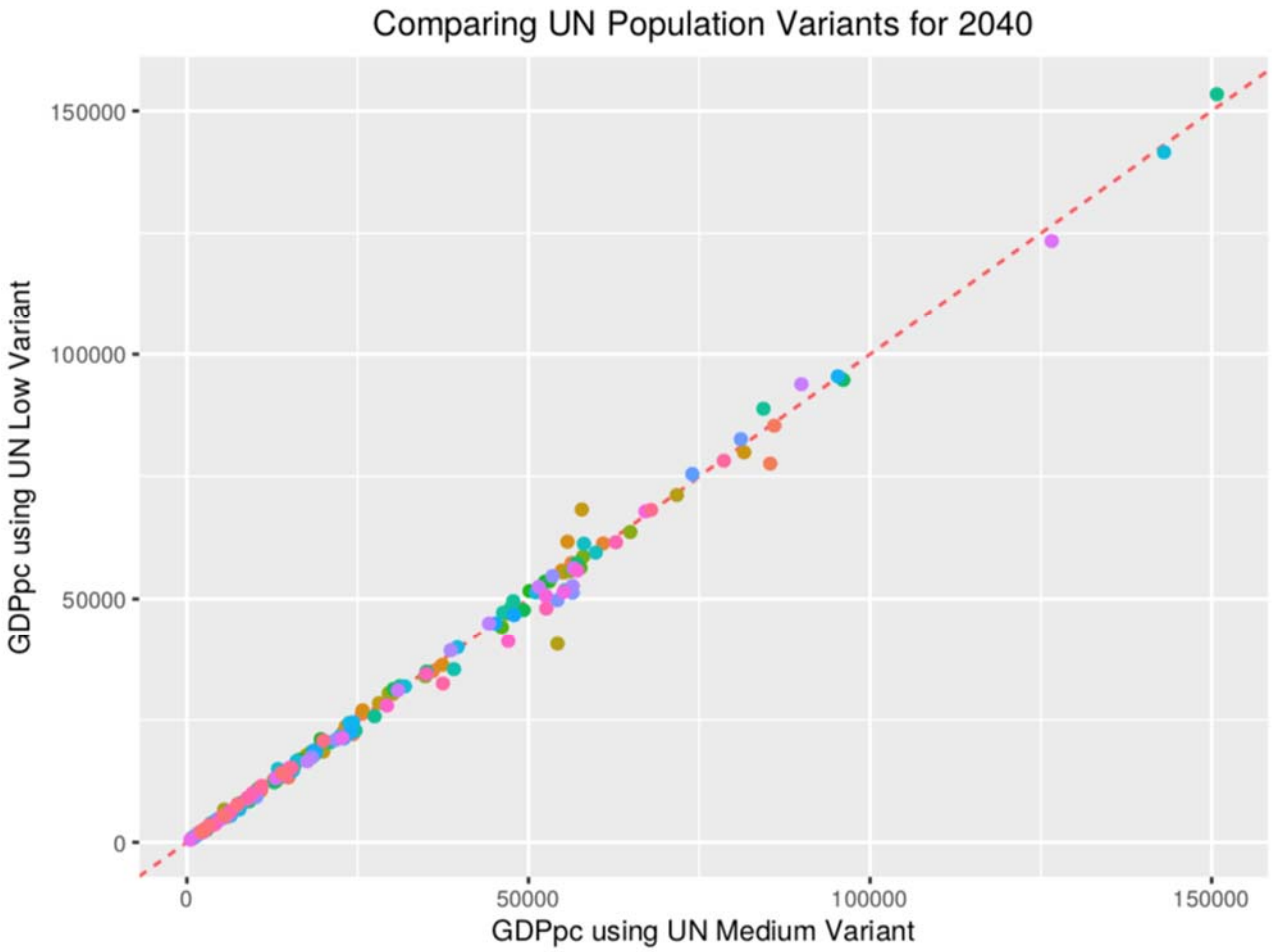
eFigure 27: Comparing GDP per capita forecasts between the high and medium UN variants for 2040

Note: Color is used to differentiate the dots but has no additional meaning.



eFigure 28: Comparing GDP per capita forecasts between the low and medium UN Variants for all years

Note: Color is used to differentiate the dots but has no additional meaning.



eFigure 29: Comparing GDP per capita forecasts between the low and medium UN variants for 2040

Note: Color is used to differentiate the dots but has no additional meaning.

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B Additional tables and figures

The following is the list of additional tables and figures containing our data and results from our analysis.

B1. Table: Future health spending in 2015 and 2030

This table shows the total health spending per capita values (2017 purchasing power parity US$) in 2015 and 2030, the share of each health expenditure component per total spending, and the annualized rate of change of the components of health spending per capita between 2015 and 2030.

			Health spending per total, 2030				Per capita annualized rate of change, 2015-2030				
Location name	Total health spending per capita 2015 ($)	Total health spending per capita 2030 ($)	Government (%)	Pre-paid private (%)	Out-of-pocket (%)	Development assistance for health (%)	Total (%)	Government (%)	Pre-paid private (%)	Out-of-pocket (%)	Development assistance for health (%)
Global	1332 (1325 to 1343)	1846 (1710 to 1965)	60.6 (57.8 to 64.6)	14.8 (10.2 to 17.4)	24.1 (22.2 to 26.2)	0.5 (0.5 to 0.6)	2.2 (1.7 to 2.6)	2.3 (1.8 to 2.9)	1.0 (-1.7 to 2.2)	2.7 (2.3 to 3.2)	2.1 (1.5 to 2.7)
World Bank Income Groups											
High-income	5551 (5503 to 5605)	7229 (6432 to 7800)	66.0 (62.0 to 72.9)	19.9 (12.2 to 24.0)	14.1 (12.7 to 16.1)	0.0 (0.0 to 0.0)	1.8 (1.0 to 2.3)	2.0 (1.4 to 2.5)	1.1 (-2.6 to 2.6)	1.7 (1.2 to 2.3)	-
Upper-middle-income	949 (942 to 959)	1796 (1594 to 2081)	61.5 (56.0 to 67.3)	7.9 (6.1 to 10.3)	30.5 (25.8 to 35.6)	0.1 (0.1 to 0.2)	4.3 (3.5 to 5.4)	4.8 (3.5 to 6.4)	2.5 (0.9 to 4.5)	4.0 (3.0 to 5.0)	1.6 (0.2 to 3.3)
Lower-middle-income	266 (263 to 268)	484 (448 to 524)	32.4 (28.8 to 35.8)	8.0 (6.6 to 9.5)	57.6 (53.9 to 61.5)	2.1 (1.8 to 2.4)	4.1 (3.5 to 4.6)	4.2 (3.4 to 5.0)	4.6 (3.3 to 5.9)	4.0 (3.2 to 5.0)	1.3 (0.5 to 2.2)
Low-income	110 (108 to 111)	147 (135 to 162)	28.6 (23.8 to 33.6)	9.4 (6.6 to 13.9)	36.3 (32.3 to 40.8)	25.7 (22.8 to 28.7)	2.0 (1.3 to 2.6)	3.9 (2.4 to 5.5)	3.8 (1.3 to 7.0)	1.5 (0.7 to 2.3)	0.9 (0.1 to 1.8)
GBD Super-Regions											
Central Europe, Eastern Europe, and Central Asia	1288 (1273 to 1300)	1789 (1599 to 2010)	57.9 (52.2 to 63.2)	3.0 (2.4 to 3.7)	38.7 (33.5 to 44.6)	0.4 (0.3 to 0.5)	2.2 (1.4 to 3.0)	1.7 (0.7 to 2.9)	2.2 (0.7 to 3.8)	2.9 (1.8 to 4.2)	4.4 (3.2 to 5.8)
GBD high-income	5839 (5785 to 5897)	7561 (6681 to 8179)	66.0 (61.9 to 73.3)	20.4 (12.3 to 24.7)	13.6 (12.2 to 15.6)	0.0 (0.0 to 0.0)	1.7 (0.9 to 2.3)	1.9 (1.4 to 2.5)	1.0 (-2.8 to 2.6)	1.6 (1.1 to 2.2)	-40.0 (-91.7 to 0.8)
Latin America and Caribbean	1065 (1051 to 1077)	1323 (1187 to 1458)	50.4 (45.3 to 55.4)	18.2 (13.6 to 21.9)	31.0 (27.0 to 35.5)	0.4 (0.3 to 0.6)	1.4 (0.7 to 2.1)	1.5 (0.4 to 2.6)	1.7 (-0.4 to 3.0)	1.2 (0.3 to 2.2)	-1.6 (-3.0 to 0.0)
North Africa and Middle East	888 (872 to 905)	1246 (1089 to 1425)	58.1 (52.0 to 64.3)	7.5 (5.5 to 10.2)	34.0 (28.1 to 39.7)	0.4 (0.3 to 0.5)	2.3 (1.4 to 3.2)	2.1 (0.7 to 3.5)	2.5 (0.6 to 4.8)	2.5 (1.3 to 3.9)	1.8 (0.4 to 3.4)
South Asia	210 (207 to 212)	432 (379 to 496)	28.6 (23.4 to 33.9)	9.2 (6.6 to 12.0)	61.3 (55.3 to 67.1)	0.9 (0.7 to 1.2)	4.9 (4.0 to 5.9)	5.7 (4.1 to 7.2)	6.0 (3.8 to 8.1)	4.5 (3.3 to 5.8)	-0.7 (-2.2 to 0.9)
Southeast Asia, East Asia, and Oceania	672 (663 to 682)	1591 (1332 to 1955)	61.3 (53.9 to 69.3)	6.2 (4.0 to 9.3)	32.3 (25.4 to 39.3)	0.2 (0.1 to 0.2)	5.9 (4.7 to 7.4)	6.5 (4.6 to 8.8)	3.5 (0.9 to 6.7)	5.3 (4.1 to 6.6)	1.2 (-0.1 to 2.7)
Sub-Saharan Africa	202 (199 to 206)	251 (230 to 275)	35.2 (31.0 to 40.1)	11.4 (9.3 to 13.9)	38.4 (33.5 to 43.3)	15.0 (13.3 to 16.8)	1.4 (0.8 to 2.1)	1.6 (0.6 to 2.7)	-0.7 (-2.0 to 0.9)	2.3 (1.1 to 3.6)	1.2 (0.5 to 2.0)
Countries											
Afghanistan	168 (160 to 174)	134 (104 to 174)	11.8 (10.8 to 12.3)	0.6 (0.5 to 0.8)	66.2 (60.6 to 71.7)	20.6 (18.5 to 24.2)	-1.6 (-3.1 to 0.2)	3.5 (1.0 to 5.6)	-2.0 (-6.3 to 2.3)	-2.5 (-4.7 to -0.2)	0.2 (-1.9 to 2.6)
Albania	848 (796 to 908)	1410 (1039 to 1918)	46.2 (43.4 to 47.5)	3.4 (2.0 to 5.6)	49.2 (40.1 to 60.2)	0.0 (0.0 to 0.1)	3.4 (1.2 to 5.6)	4.1 (1.7 to 6.5)	5.6 (-3.4 to 14.7)	2.6 (-0.7 to 6.3)	-39.1 (-100.0 to -3.9)
Algeria	1026 (998 to 1055)	1298 (919 to 1790)	69.6 (58.4 to 78.5)	1.1 (1.0 to 1.2)	28.7 (25.1 to 32.1)	0.0 (0.0 to 0.0)	1.5 (-0.8 to 3.7)	1.3 (-2.0 to 4.4)	0.4 (-1.3 to 2.3)	1.8 (0.3 to 3.2)	-27.1 (-100.0 to -0.1)
Andorra	9203 (8659 to 9745)	8905 (7556 to 10370)	53.1 (48.7 to 58.9)	6.9 (6.2 to 7.7)	39.7 (36.6 to 42.3)	0.0 (0.0 to 0.0)	-0.2 (-1.4 to 0.9)	-0.7 (-2.5 to 1.2)	-0.8 (-2.6 to 1.1)	0.4 (-1.2 to 2.0)	-
Angola	197 (177 to 216)	253 (151 to 414)	51.2 (33.3 to 67.0)	5.1 (4.1 to 5.5)	38.0 (31.1 to 47.0)	2.6 (2.4 to 2.9)	1.5 (-1.7 to 5.1)	0.4 (-5.4 to 6.0)	2.5 (-3.4 to 7.9)	2.6 (-1.9 to 7.6)	-1.2 (-3.3 to 1.4)

			Health spending per total, 2030				Per capita annualized rate of change, 2015-2030				
Location name	Total health spending per capita 2015 ($)	Total health spending per capita 2030 ($)	Government (%)	Pre-paid private (%)	Out-of-pocket (%)	Development assistance for health (%)	Total (%)	Government (%)	Pre-paid private (%)	Out-of-pocket (%)	Development assistance for health (%)
Antigua and Barbuda	1198 (1149 to 1251)	1820 (1153 to 2744)	64.0 (47.3 to 76.9)	13.1 (11.8 to 15.0)	21.4 (18.0 to 24.9)	0.0 (0.0 to 0.0)	2.7 (-0.2 to 5.7)	2.2 (-2.6 to 6.6)	5.5 (1.8 to 9.6)	2.1 (0.2 to 4.0)	-68.7 (-69.4 to -68.0)
Argentina	1457 (1393 to 1528)	1845 (1278 to 2536)	74.9 (69.9 to 80.7)	6.9 (6.5 to 7.8)	17.1 (13.3 to 22.9)	0.1 (0.0 to 0.4)	1.5 (-0.9 to 3.7)	1.9 (-1.0 to 4.7)	-1.2 (-4.2 to 2.1)	1.1 (-2.9 to 5.4)	-50.6 (-100.0 to 1.0)
Armenia	849 (766 to 932)	1232 (697 to 2113)	21.4 (18.1 to 23.7)	1.2 (1.0 to 1.4)	74.2 (57.5 to 85.7)	1.7 (1.5 to 2.0)	2.3 (-1.5 to 6.4)	3.6 (0.4 to 6.5)	1.2 (-4.5 to 6.4)	1.8 (-3.5 to 6.9)	3.0 (0.3 to 6.1)
Australia	4400 (4263 to 4559)	5437 (4913 to 6083)	67.4 (65.0 to 68.9)	13.0 (9.9 to 16.6)	19.5 (18.4 to 20.6)	0.0 (0.0 to 0.0)	1.4 (0.7 to 2.2)	1.4 (0.5 to 2.3)	1.4 (-1.1 to 4.0)	1.5 (0.0 to 2.9)	-
Austria	5183 (5116 to 5236)	6166 (5573 to 6918)	75.5 (73.7 to 77.7)	6.3 (5.4 to 7.2)	18.1 (17.7 to 18.5)	0.0 (0.0 to 0.0)	1.2 (0.5 to 1.9)	1.1 (0.3 to 2.1)	0.9 (-0.9 to 2.6)	1.2 (0.4 to 2.1)	-
Azerbaijan	1221 (1132 to 1322)	1928 (1057 to 3435)	22.5 (21.3 to 23.1)	0.5 (0.4 to 0.6)	74.9 (61.4 to 87.0)	0.3 (0.2 to 0.3)	2.8 (-0.9 to 7.2)	3.6 (-0.5 to 7.6)	0.8 (-1.8 to 3.6)	2.5 (-2.6 to 8.0)	3.1 (-0.9 to 6.7)
Bahrain	2470 (2363 to 2572)	2827 (1862 to 4063)	64.5 (55.2 to 72.4)	9.1 (6.6 to 14.2)	24.5 (19.3 to 30.9)	0.0 (0.0 to 0.0)	0.8 (-1.9 to 3.3)	0.6 (-3.1 to 4.1)	0.9 (-3.9 to 6.9)	0.7 (-3.5 to 5.0)	-
Bangladesh	90 (86 to 94)	191 (166 to 223)	18.1 (14.7 to 21.5)	2.5 (1.9 to 3.2)	76.1 (74.3 to 78.0)	3.1 (2.4 to 4.0)	5.2 (4.1 to 6.3)	6.4 (3.9 to 8.8)	4.7 (1.7 to 8.0)	5.3 (4.1 to 6.7)	-1.3 (-3.6 to 1.5)
Barbados	1237 (1175 to 1293)	1452 (1147 to 1777)	49.7 (40.8 to 57.2)	6.9 (6.5 to 7.6)	42.9 (42.5 to 44.0)	0.0 (0.0 to 0.0)	1.0 (-0.6 to 2.5)	1.3 (-1.5 to 3.8)	0.7 (-1.2 to 2.7)	0.7 (-1.0 to 2.3)	-
Belarus	1232 (1184 to 1275)	1738 (1255 to 2400)	51.3 (48.8 to 52.7)	1.9 (1.8 to 2.0)	44.8 (31.3 to 60.3)	0.9 (0.8 to 1.0)	2.2 (0.1 to 4.6)	1.0 (-1.1 to 2.9)	-0.5 (-3.1 to 2.2)	3.9 (-0.5 to 8.5)	4.2 (1.7 to 7.0)
Belgium	4939 (4782 to 5095)	5737 (4986 to 6604)	81.5 (79.0 to 83.3)	0.0 (0.0 to 0.1)	18.3 (16.6 to 20.1)	0.0 (0.0 to 0.0)	1.0 (0.1 to 1.9)	0.9 (-0.2 to 2.0)	5.8 (3.5 to 12.0)	1.1 (-0.7 to 3.1)	-
Belize	544 (519 to 572)	670 (514 to 856)	63.2 (56.3 to 69.7)	9.3 (4.8 to 15.1)	22.9 (22.3 to 23.4)	3.8 (2.9 to 5.1)	1.3 (-0.4 to 3.2)	1.1 (-1.5 to 3.6)	4.4 (-1.5 to 10.0)	1.3 (-0.6 to 3.1)	-0.2 (-3.9 to 3.3)
Benin	82 (79 to 85)	97 (76 to 120)	28.8 (17.9 to 41.8)	5.7 (5.6 to 6.0)	44.6 (43.8 to 45.3)	19.9 (17.6 to 23.9)	1.1 (-0.5 to 2.7)	3.1 (-1.6 to 7.5)	1.5 (-0.1 to 3.5)	1.4 (-0.2 to 3.0)	-1.7 (-3.7 to 0.7)
Bhutan	285 (272 to 298)	433 (250 to 678)	73.0 (63.0 to 82.3)	1.2 (1.1 to 1.3)	24.1 (23.2 to 25.3)	0.3 (0.0 to 0.7)	2.6 (-0.9 to 5.9)	2.7 (-1.7 to 6.9)	3.4 (0.0 to 6.9)	4.0 (0.6 to 7.7)	-27.3 (-100.0 to -4.5)
Bolivia	450 (432 to 464)	673 (498 to 875)	72.1 (64.6 to 78.1)	2.4 (1.8 to 3.2)	24.3 (24.0 to 25.0)	0.5 (0.3 to 0.7)	2.7 (0.7 to 4.5)	3.0 (0.3 to 5.4)	1.3 (-2.4 to 5.1)	2.1 (0.0 to 4.2)	-16.0 (-100.0 to -4.6)
Bosnia and Herzegovina	1076 (999 to 1174)	1594 (1020 to 2331)	71.2 (63.3 to 77.2)	1.4 (1.1 to 2.4)	24.7 (19.4 to 32.7)	1.1 (1.0 to 1.4)	2.5 (-0.3 to 5.4)	2.7 (-0.8 to 6.1)	4.6 (-4.1 to 13.9)	1.4 (-3.5 to 6.4)	2.2 (-2.2 to 8.4)
Botswana	1019 (946 to 1127)	1612 (1201 to 2149)	48.5 (41.9 to 54.1)	33.5 (24.2 to 47.1)	7.4 (4.8 to 10.6)	9.1 (8.4 to 10.5)	3.0 (1.0 to 5.2)	2.1 (-0.8 to 5.2)	3.4 (-0.7 to 8.1)	5.3 (0.5 to 10.1)	1.1 (-19.7 to 6.1)
Brazil	1431 (1407 to 1453)	1638 (1299 to 1966)	43.1 (32.4 to 51.0)	30.2 (24.5 to 32.3)	26.0 (25.6 to 27.2)	0.0 (0.0 to 0.1)	0.9 (-0.6 to 2.1)	0.8 (-2.5 to 3.3)	1.3 (-1.6 to 3.1)	0.3 (-1.0 to 1.6)	-1.6 (-5.6 to 1.5)
Brunei	2092 (1942 to 2276)	2188 (1266 to 3520)	86.6 (78.5 to 92.0)	4.5 (3.7 to 5.2)	7.9 (5.9 to 10.1)	0.0 (0.0 to 0.0)	0.1 (-3.3 to 3.6)	-0.1 (-4.2 to 3.8)	-0.5 (-2.9 to 1.8)	1.7 (-3.9 to 7.3)	-

			Health spending per total, 2030				Per capita annualized rate of change, 2015-2030				
Location name	Total health spending per capita 2015 ($)	Total health spending per capita 2030 ($)	Government (%)	Pre-paid private (%)	Out-of-pocket (%)	Development assistance for health (%)	Total (%)	Government (%)	Pre-paid private (%)	Out-of-pocket (%)	Development assistance for health (%)
Bulgaria	1620 (1566 to 1672)	2546 (1988 to 3188)	55.7 (46.0 to 63.5)	1.5 (1.1 to 2.2)	42.4 (41.2 to 45.1)	0.0 (0.0 to 0.0)	3.0 (1.4 to 4.6)	3.5 (0.5 to 6.1)	4.3 (0.3 to 8.9)	2.3 (1.0 to 4.0)	-42.6 (-100.0 to -3.9)
Burkina Faso	94 (91 to 97)	136 (105 to 174)	38.8 (32.2 to 46.3)	7.6 (4.1 to 13.5)	33.7 (26.5 to 42.5)	18.3 (16.6 to 21.3)	2.4 (0.7 to 4.2)	4.2 (1.2 to 7.3)	3.6 (-2.0 to 10.0)	1.9 (-1.3 to 5.5)	-0.1 (-2.1 to 2.4)
Burundi	67 (63 to 71)	79 (60 to 106)	25.5 (19.9 to 30.5)	1.1 (0.6 to 1.8)	20.8 (15.0 to 28.6)	51.1 (46.3 to 59.0)	1.1 (-0.8 to 3.1)	-0.3 (-3.8 to 3.1)	-3.0 (-9.3 to 3.1)	1.3 (-3.1 to 5.9)	1.5 (-0.5 to 4.2)
Cambodia	213 (199 to 229)	380 (269 to 538)	19.2 (14.8 to 22.5)	0.5 (0.4 to 0.5)	71.5 (65.8 to 78.6)	7.7 (7.4 to 8.4)	3.8 (1.4 to 6.4)	3.1 (-1.0 to 7.2)	4.5 (0.2 to 8.2)	4.9 (1.9 to 8.1)	-0.9 (-3.0 to 1.6)
Cameroon	156 (148 to 163)	201 (170 to 237)	18.9 (13.3 to 25.4)	3.6 (2.1 to 5.8)	67.3 (64.9 to 69.1)	9.7 (7.8 to 12.3)	1.7 (0.6 to 2.9)	3.2 (-0.4 to 6.6)	2.7 (-4.2 to 10.3)	1.5 (0.2 to 2.9)	0.5 (-1.5 to 3.0)
Canada	4921 (4835 to 5031)	6151 (5209 to 7194)	72.9 (68.1 to 76.6)	13.1 (11.8 to 13.9)	13.8 (13.0 to 14.6)	0.0 (0.0 to 0.0)	1.5 (0.3 to 2.6)	1.4 (-0.2 to 2.8)	2.1 (0.3 to 3.7)	1.2 (0.5 to 1.9)	-
Cape Verde	356 (340 to 372)	416 (283 to 596)	62.6 (48.8 to 72.9)	3.4 (3.1 to 3.6)	31.8 (27.5 to 35.1)	1.3 (0.0 to 3.1)	0.9 (-1.5 to 3.4)	1.0 (-3.0 to 4.8)	3.4 (0.1 to 6.7)	3.5 (1.6 to 5.2)	-44.8 (-100.0 to -3.5)
Central African Republic	28 (27 to 30)	36 (26 to 48)	13.5 (6.6 to 23.5)	4.4 (2.4 to 7.2)	28.8 (27.4 to 30.2)	51.6 (44.3 to 61.1)	1.5 (-0.7 to 3.7)	0.9 (-5.6 to 7.2)	0.9 (-5.3 to 7.0)	-1.5 (-4.0 to 1.0)	3.0 (-0.4 to 6.3)
Chad	103 (97 to 110)	116 (88 to 153)	22.8 (12.5 to 38.4)	4.4 (2.7 to 6.3)	60.8 (57.4 to 63.6)	10.5 (9.2 to 12.5)	0.7 (-1.2 to 2.8)	-0.8 (-6.3 to 4.9)	-1.1 (-5.8 to 3.9)	1.0 (-1.3 to 3.3)	1.2 (-1.1 to 4.4)
Chile	1950 (1921 to 1984)	2284 (1921 to 2732)	57.4 (52.8 to 62.0)	8.0 (4.5 to 12.8)	34.1 (32.5 to 35.6)	0.0 (0.0 to 0.0)	1.0 (-0.1 to 2.3)	0.7 (-1.0 to 2.4)	2.0 (-2.8 to 6.8)	1.3 (-0.2 to 2.9)	-71.1 (-71.7 to -70.5)
China	779 (765 to 794)	2051 (1640 to 2629)	65.3 (59.2 to 72.4)	5.3 (3.7 to 7.4)	28.8 (28.2 to 29.1)	0.0 (0.0 to 0.0)	6.6 (5.1 to 8.5)	7.3 (5.1 to 10.0)	3.8 (-0.2 to 8.0)	5.7 (4.1 to 7.3)	-55.5 (-100.0 to -9.3)
Colombia	861 (806 to 914)	1166 (867 to 1517)	71.5 (66.1 to 77.3)	12.8 (12.6 to 13.1)	14.7 (8.5 to 23.9)	0.0 (0.0 to 0.0)	2.0 (0.0 to 4.0)	2.1 (-0.4 to 4.6)	2.9 (1.0 to 4.9)	0.2 (-5.1 to 5.7)	-78.8 (-100.0 to -4.6)
Comoros	131 (123 to 138)	118 (97 to 145)	24.5 (15.2 to 33.6)	5.1 (4.5 to 5.7)	65.0 (64.4 to 66.1)	4.6 (1.0 to 8.3)	-0.7 (-2.0 to 0.7)	3.5 (-0.9 to 7.7)	1.5 (-0.7 to 3.6)	-1.5 (-2.7 to 0.0)	-22.1 (-100.0 to 0.1)
Congo	181 (171 to 194)	221 (136 to 342)	53.8 (39.7 to 67.7)	1.8 (1.7 to 1.8)	38.8 (34.8 to 44.2)	3.2 (3.0 to 3.3)	1.1 (-1.9 to 4.4)	1.9 (-3.1 to 6.8)	0.3 (-3.1 to 3.6)	0.1 (-3.7 to 4.3)	-3.0 (-8.1 to 0.9)
Costa Rica	1339 (1300 to 1375)	1737 (1391 to 2151)	71.2 (64.5 to 77.2)	3.6 (2.8 to 4.8)	24.5 (23.8 to 24.9)	0.3 (0.0 to 2.1)	1.7 (0.3 to 3.3)	1.3 (-0.8 to 3.4)	4.4 (1.1 to 8.1)	2.4 (1.0 to 3.9)	-50.5 (-100.0 to 18.0)
Cote d'Ivoire	131 (108 to 162)	193 (157 to 236)	33.0 (22.7 to 43.0)	3.1 (1.6 to 5.2)	44.4 (43.6 to 45.1)	18.5 (15.6 to 23.0)	2.6 (0.6 to 4.8)	2.4 (-2.2 to 7.2)	2.8 (-5.3 to 11.8)	2.2 (-0.2 to 4.6)	3.3 (1.3 to 5.9)
Croatia	1736 (1660 to 1813)	2482 (2038 to 3034)	73.6 (72.6 to 74.5)	11.4 (5.4 to 20.3)	14.3 (11.0 to 17.6)	0.1 (0.0 to 0.7)	2.4 (1.1 to 3.8)	2.0 (0.7 to 3.4)	5.3 (-1.3 to 12.2)	2.0 (-0.9 to 4.9)	-
Cuba	977 (870 to 1083)	1309 (999 to 1620)	91.7 (89.5 to 93.5)	1.6 (1.0 to 2.7)	6.2 (4.9 to 8.1)	0.3 (0.3 to 0.4)	1.9 (0.1 to 3.7)	1.8 (-0.2 to 3.7)	1.0 (-5.2 to 7.5)	3.9 (0.3 to 7.8)	2.1 (-0.7 to 5.6)
Cyprus	2821 (2504 to 3127)	3673 (2923 to 4587)	75.6 (69.7 to 80.7)	4.6 (4.2 to 5.0)	19.5 (18.7 to 20.6)	0.0 (0.0 to 0.0)	1.7 (0.0 to 3.5)	1.9 (-0.2 to 4.2)	1.8 (-0.4 to 4.1)	1.1 (-1.3 to 3.6)	-

			Health spending per total, 2030				Per capita annualized rate of change, 2015-2030				
Location name	Total health spending per capita 2015 ($)	Total health spending per capita 2030 ($)	Government (%)	Pre-paid private (%)	Out-of-pocket (%)	Development assistance for health (%)	Total (%)	Government (%)	Pre-paid private (%)	Out-of-pocket (%)	Development assistance for health (%)
Czech Republic	2534 (2092 to 2924)	3451 (2830 to 4155)	71.7 (68.0 to 75.2)	3.3 (1.9 to 5.7)	24.7 (23.9 to 25.5)	0.0 (0.0 to 0.0)	2.1 (0.5 to 3.7)	2.0 (0.1 to 3.9)	4.1 (-4.3 to 12.9)	2.3 (-0.8 to 5.7)	-
Democratic Republic of the Congo	44 (42 to 47)	50 (35 to 69)	30.2 (15.6 to 45.4)	4.8 (3.3 to 6.7)	31.3 (27.3 to 35.6)	31.7 (29.9 to 35.0)	0.7 (-1.4 to 3.2)	5.1 (-1.6 to 10.8)	-1.8 (-7.1 to 3.4)	-0.3 (-3.6 to 2.9)	-0.6 (-2.6 to 1.9)
Denmark	5144 (5049 to 5264)	6109 (5387 to 6875)	84.5 (82.4 to 86.2)	2.4 (2.1 to 2.8)	13.0 (12.9 to 13.1)	0.0 (0.0 to 0.0)	1.1 (0.3 to 2.0)	1.2 (0.1 to 2.2)	2.1 (0.1 to 3.7)	0.8 (-0.1 to 1.6)	-
Djibouti	147 (140 to 156)	192 (121 to 282)	70.7 (55.6 to 79.4)	2.0 (1.9 to 2.1)	23.4 (22.7 to 24.0)	2.6 (1.2 to 3.7)	1.6 (-1.3 to 4.5)	3.0 (-1.5 to 6.8)	3.2 (0.5 to 5.9)	2.1 (-0.9 to 5.1)	-29.0 (-100.0 to -5.1)
Dominica	606 (591 to 620)	750 (540 to 1018)	68.2 (57.6 to 77.0)	1.6 (0.8 to 2.5)	28.7 (26.8 to 30.8)	0.7 (0.0 to 2.0)	1.3 (-0.8 to 3.6)	1.4 (-1.8 to 4.5)	2.6 (-5.2 to 10.1)	1.2 (-0.5 to 2.9)	-16.7 (-100.0 to 4.9)
Dominican Republic	932 (905 to 968)	1577 (1192 to 2111)	43.8 (34.8 to 55.8)	8.1 (6.7 to 9.9)	39.4 (36.1 to 41.7)	7.5 (6.5 to 8.9)	3.5 (1.6 to 5.5)	4.0 (0.8 to 7.9)	3.3 (0.0 to 6.7)	2.8 (0.3 to 5.2)	-33.7 (-100.0 to 5.5)
Ecuador	1028 (992 to 1077)	1215 (919 to 1582)	55.5 (46.5 to 62.5)	5.7 (4.5 to 7.2)	37.9 (33.5 to 42.5)	0.0 (0.0 to 0.1)	1.1 (-0.8 to 2.9)	1.7 (-1.3 to 4.4)	0.5 (-2.9 to 4.3)	0.1 (-2.5 to 2.8)	-69.3 (-100.0 to -7.3)
Egypt	484 (460 to 505)	716 (597 to 855)	29.2 (23.4 to 34.8)	10.3 (6.9 to 15.5)	59.8 (57.4 to 61.9)	0.1 (0.1 to 0.2)	2.6 (1.4 to 3.9)	2.4 (-0.3 to 5.0)	4.5 (0.8 to 9.0)	2.4 (0.8 to 4.0)	-7.9 (-100.0 to -1.7)
El Salvador	598 (570 to 623)	742 (625 to 883)	65.4 (60.9 to 70.6)	8.2 (5.9 to 10.8)	24.8 (24.1 to 25.4)	1.2 (1.0 to 1.7)	1.4 (0.3 to 2.7)	1.5 (-0.1 to 3.3)	3.7 (0.4 to 7.1)	0.6 (-1.0 to 2.2)	-1.9 (-5.1 to 1.4)
Equatorial Guinea	1089 (988 to 1192)	1719 (1027 to 2749)	29.6 (16.8 to 42.7)	12.7 (9.5 to 16.7)	53.5 (44.0 to 65.4)	0.4 (0.0 to 1.9)	2.9 (-0.4 to 6.4)	4.8 (-2.3 to 11.3)	5.1 (-1.6 to 11.5)	1.3 (-3.3 to 6.2)	-57.7 (-100.0 to 7.6)
Eritrea	41 (37 to 45)	57 (40 to 79)	50.5 (40.4 to 59.8)	5.7 (4.4 to 7.6)	38.0 (31.7 to 45.4)	4.0 (2.9 to 5.1)	2.2 (-0.2 to 4.5)	7.5 (2.9 to 11.8)	4.1 (-0.1 to 8.6)	-0.3 (-3.8 to 3.3)	-23.6 (-100.0 to -5.1)
Estonia	1946 (1922 to 1969)	2802 (2170 to 3597)	68.6 (63.3 to 73.5)	1.4 (1.0 to 1.7)	29.5 (27.3 to 32.0)	0.0 (0.0 to 0.0)	2.4 (0.7 to 4.2)	1.8 (-0.4 to 4.0)	0.6 (-2.7 to 3.9)	4.1 (1.8 to 6.5)	-
Ethiopia	81 (77 to 85)	167 (122 to 228)	22.0 (13.8 to 30.9)	22.9 (12.2 to 37.6)	37.3 (32.3 to 41.0)	15.6 (14.6 to 17.3)	4.9 (2.8 to 7.2)	5.0 (-0.1 to 10.0)	7.4 (1.2 to 13.6)	5.7 (2.6 to 8.7)	0.8 (-1.2 to 3.3)
Federated States of Micronesia	239 (230 to 247)	159 (106 to 225)	79.4 (75.9 to 81.1)	0.5 (0.5 to 0.6)	7.5 (7.1 to 8.4)	11.0 (0.0 to 31.8)	-2.8 (-5.3 to -0.4)	1.0 (-1.6 to 3.3)	1.3 (-1.0 to 3.6)	1.0 (-0.9 to 3.2)	-32.2 (-100.0 to 0.1)
Fiji	342 (328 to 358)	516 (397 to 670)	57.4 (50.3 to 62.4)	14.5 (9.2 to 24.2)	26.8 (23.1 to 29.6)	0.2 (0.0 to 0.9)	2.7 (1.0 to 4.6)	2.3 (-0.3 to 4.8)	3.5 (-1.2 to 9.3)	4.6 (1.8 to 7.3)	-52.1 (-100.0 to -3.2)
Finland	4101 (4035 to 4163)	5280 (4471 to 6201)	78.3 (75.5 to 81.5)	3.0 (2.4 to 3.6)	18.5 (17.9 to 19.1)	0.0 (0.0 to 0.0)	1.7 (0.6 to 2.8)	1.7 (0.4 to 3.1)	2.2 (-0.5 to 4.8)	1.3 (-0.1 to 2.5)	-
France	4741 (4677 to 4799)	5417 (4927 to 5978)	77.6 (76.0 to 79.6)	14.7 (13.5 to 15.6)	7.6 (7.0 to 8.1)	0.0 (0.0 to 0.0)	0.9 (0.3 to 1.5)	0.8 (0.0 to 1.6)	1.1 (-0.1 to 2.2)	1.6 (0.5 to 2.8)	-
Gabon	487 (448 to 524)	604 (423 to 871)	57.6 (46.4 to 70.0)	12.4 (8.9 to 16.0)	28.4 (27.1 to 29.0)	0.0 (0.0 to 0.1)	1.3 (-0.9 to 4.0)	1.2 (-2.5 to 5.3)	0.7 (-3.7 to 5.1)	1.9 (-0.9 to 4.7)	-55.9 (-100.0 to -6.2)
Georgia	803 (754 to 860)	1195 (767 to 1800)	40.5 (28.8 to 49.9)	2.2 (1.1 to 3.9)	53.9 (44.4 to 64.7)	1.0 (0.9 to 1.1)	2.5 (-0.3 to 5.6)	2.9 (-2.2 to 7.6)	4.5 (-4.7 to 14.8)	2.1 (-2.3 to 6.5)	-3.4 (-8.2 to 0.2)

			Health spending per total, 2030				Per capita annualized rate of change, 2015-2030				
Location name	Total health spending per capita 2015 ($)	Total health spending per capita 2030 ($)	Government (%)	Pre-paid private (%)	Out-of-pocket (%)	Development assistance for health (%)	Total (%)	Government (%)	Pre-paid private (%)	Out-of-pocket (%)	Development assistance for health (%)
Germany	5532 (5366 to 5764)	6323 (5532 to 7198)	83.4 (81.5 to 85.5)	1.9 (1.1 to 2.9)	14.6 (14.2 to 15.0)	0.0 (0.0 to 0.0)	0.9 (0.0 to 1.8)	0.8 (-0.2 to 1.9)	-2.6 (-8.9 to 3.2)	1.9 (0.8 to 3.0)	-
Ghana	242 (234 to 250)	414 (298 to 576)	49.5 (33.1 to 64.1)	2.9 (1.9 to 4.0)	36.6 (29.1 to 43.7)	10.1 (9.6 to 11.1)	3.6 (1.3 to 5.9)	5.3 (0.4 to 9.6)	1.7 (-3.4 to 6.5)	2.8 (1.8 to 3.6)	0.7 (-1.5 to 3.2)
Greece	2352 (2181 to 2515)	2728 (2389 to 3158)	66.1 (64.1 to 68.2)	3.7 (3.3 to 3.8)	30.0 (26.7 to 33.9)	0.0 (0.0 to 0.0)	1.0 (0.0 to 2.1)	1.3 (0.1 to 2.7)	1.4 (-0.3 to 2.7)	0.2 (-2.0 to 2.5)	-
Grenada	715 (671 to 773)	985 (739 to 1259)	37.4 (28.1 to 46.5)	7.7 (5.1 to 11.6)	53.1 (51.4 to 56.8)	0.7 (0.0 to 1.8)	2.1 (0.1 to 3.9)	1.9 (-2.1 to 5.1)	5.1 (-1.0 to 12.4)	1.9 (-0.2 to 4.1)	-44.2 (-100.0 to 4.9)
Guatemala	487 (459 to 514)	594 (496 to 707)	33.7 (30.8 to 37.5)	10.8 (7.5 to 14.6)	53.9 (49.0 to 59.1)	1.1 (0.5 to 1.5)	1.3 (0.1 to 2.6)	1.7 (-0.1 to 3.7)	5.1 (1.5 to 8.7)	1.5 (-0.5 to 3.5)	-9.5 (-13.2 to -6.5)
Guinea	102 (99 to 104)	114 (92 to 143)	21.4 (13.5 to 31.0)	4.4 (2.3 to 5.7)	44.9 (44.1 to 45.4)	28.2 (22.2 to 37.6)	0.7 (-0.7 to 2.3)	4.7 (0.1 to 9.3)	5.3 (-0.5 to 8.9)	1.3 (0.0 to 2.8)	-0.6 (-2.8 to 2.2)
Guinea-Bissau	121 (117 to 129)	124 (93 to 176)	25.0 (12.3 to 47.0)	2.4 (1.6 to 3.6)	36.3 (33.2 to 37.2)	34.6 (31.4 to 37.7)	0.1 (-1.8 to 2.5)	-0.2 (-6.4 to 6.9)	2.5 (-4.8 to 9.7)	0.8 (-1.0 to 2.7)	-0.4 (-2.5 to 2.2)
Guyana	318 (298 to 335)	486 (308 to 730)	48.0 (41.3 to 52.8)	0.1 (0.1 to 0.2)	48.6 (37.6 to 61.0)	1.2 (0.5 to 2.0)	2.7 (-0.2 to 5.7)	2.0 (-1.8 to 5.7)	5.9 (3.0 to 11.4)	4.1 (-0.5 to 8.7)	-19.4 (-100.0 to -1.4)
Haiti	135 (130 to 140)	156 (122 to 202)	11.2 (6.8 to 15.2)	4.0 (2.2 to 6.7)	29.6 (27.1 to 30.6)	54.2 (47.9 to 63.6)	0.9 (-0.7 to 2.7)	1.7 (-3.1 to 5.7)	0.6 (-5.5 to 6.8)	0.1 (-2.3 to 2.2)	1.5 (-0.6 to 4.0)
Honduras	370 (351 to 397)	491 (365 to 642)	44.2 (38.3 to 50.1)	5.9 (4.9 to 7.5)	47.1 (40.4 to 54.6)	1.7 (1.6 to 2.0)	1.8 (-0.1 to 3.8)	2.5 (-0.6 to 5.4)	2.8 (-0.3 to 6.5)	1.3 (-1.6 to 4.3)	-4.0 (-6.5 to -1.2)
Hungary	2031 (1969 to 2100)	2926 (2352 to 3646)	61.6 (60.7 to 62.2)	4.0 (2.8 to 5.4)	33.7 (24.2 to 45.6)	0.0 (0.0 to 0.0)	2.4 (1.0 to 4.0)	1.9 (0.3 to 3.5)	1.9 (-2.0 to 5.7)	3.4 (-0.2 to 7.2)	-
Iceland	4205 (4085 to 4323)	5861 (4933 to 6826)	80.5 (76.8 to 83.1)	3.3 (2.9 to 3.9)	15.9 (14.8 to 17.5)	0.0 (0.0 to 0.0)	2.2 (1.1 to 3.3)	2.3 (0.8 to 3.5)	2.0 (0.0 to 4.2)	1.9 (0.2 to 3.7)	-
India	236 (233 to 239)	502 (435 to 584)	28.8 (26.1 to 31.3)	9.9 (8.0 to 11.3)	60.7 (57.7 to 64.4)	0.3 (0.3 to 0.4)	5.1 (4.1 to 6.2)	5.8 (4.2 to 7.6)	6.2 (3.8 to 8.4)	4.7 (3.4 to 6.2)	-2.3 (-4.4 to 0.2)
Indonesia	383 (365 to 398)	770 (564 to 1087)	38.4 (36.1 to 39.0)	9.3 (7.9 to 10.3)	51.1 (40.3 to 63.9)	0.2 (0.2 to 0.3)	4.7 (2.6 to 7.2)	4.7 (2.6 to 6.9)	2.4 (1.0 to 3.8)	5.1 (1.4 to 9.3)	-2.9 (-5.5 to -0.3)
Iran	1232 (1171 to 1295)	1926 (1330 to 2759)	42.8 (33.3 to 50.6)	9.6 (5.8 to 14.1)	45.5 (37.2 to 54.3)	0.0 (0.0 to 0.0)	2.9 (0.5 to 5.5)	2.0 (-2.0 to 6.0)	4.4 (-1.1 to 10.3)	3.2 (-0.5 to 7.1)	-92.2 (-100.0 to -10.0)
Iraq	562 (502 to 644)	957 (575 to 1453)	43.8 (33.0 to 56.4)	0.1 (0.1 to 0.1)	53.8 (49.7 to 61.8)	0.1 (0.1 to 0.1)	3.4 (0.1 to 6.6)	3.9 (-1.3 to 8.9)	10.6 (4.6 to 16.5)	2.8 (-1.3 to 6.9)	-4.7 (-8.1 to -1.0)
Ireland	5371 (5146 to 5576)	7603 (5866 to 9702)	68.5 (60.3 to 74.7)	12.3 (10.1 to 14.7)	18.7 (18.1 to 20.1)	0.0 (0.0 to 0.0)	2.3 (0.6 to 4.0)	1.9 (-0.6 to 4.1)	2.0 (-1.1 to 5.0)	4.0 (2.5 to 5.5)	-
Israel	2560 (2417 to 2745)	3183 (2784 to 3582)	61.8 (59.3 to 64.3)	16.2 (12.1 to 21.5)	21.7 (21.3 to 22.0)	0.0 (0.0 to 0.0)	1.5 (0.4 to 2.4)	1.1 (-0.2 to 2.3)	3.8 (0.8 to 6.8)	1.0 (-0.6 to 2.7)	-
Italy	3445 (3357 to 3526)	3984 (3523 to 4449)	77.6 (75.8 to 79.3)	2.9 (2.4 to 3.3)	19.4 (17.8 to 21.3)	0.0 (0.0 to 0.0)	1.0 (0.2 to 1.7)	1.2 (0.2 to 2.1)	2.9 (0.7 to 4.8)	-0.1 (-1.5 to 1.3)	-

			Health spending per total, 2030				Per capita annualized rate of change, 2015-2030				
Location name	Total health spending per capita 2015 ($)	Total health spending per capita 2030 ($)	Government (%)	Pre-paid private (%)	Out-of-pocket (%)	Development assistance for health (%)	Total (%)	Government (%)	Pre-paid private (%)	Out-of-pocket (%)	Development assistance for health (%)
Jamaica	510 (479 to 542)	513 (381 to 675)	53.0 (41.8 to 63.9)	18.7 (17.9 to 19.8)	27.0 (26.2 to 27.9)	0.4 (0.0 to 0.6)	0.0 (-2.0 to 1.9)	-0.6 (-4.2 to 2.5)	1.1 (-1.1 to 3.6)	0.5 (-1.8 to 2.6)	-42.4 (-100.0 to -3.6)
Japan	4286 (4163 to 4465)	4596 (3897 to 5431)	83.9 (81.2 to 86.3)	0.0 (0.0 to 0.0)	16.0 (15.7 to 16.1)	0.0 (0.0 to 0.0)	0.4 (-0.7 to 1.6)	0.2 (-1.1 to 1.5)	9.1 (4.2 to 15.7)	1.7 (0.6 to 2.8)	-
Jordan	730 (687 to 774)	984 (708 to 1297)	62.9 (57.2 to 67.0)	9.2 (5.2 to 15.8)	25.9 (18.4 to 37.4)	0.5 (0.3 to 0.6)	1.9 (-0.2 to 3.9)	1.8 (-1.0 to 4.2)	0.7 (-4.8 to 6.6)	2.4 (-2.0 to 7.1)	-5.3 (-10.9 to -1.7)
Kazakhstan	1017 (997 to 1040)	1574 (1100 to 2142)	59.2 (52.3 to 67.7)	0.6 (0.5 to 0.7)	39.0 (32.8 to 41.4)	0.2 (0.0 to 0.4)	2.9 (0.5 to 5.1)	2.6 (-0.6 to 5.7)	1.6 (-0.2 to 3.1)	3.2 (-0.3 to 5.8)	-18.4 (-100.0 to 3.6)
Kenya	187 (185 to 190)	251 (221 to 286)	30.2 (27.3 to 32.7)	15.3 (13.6 to 17.1)	30.4 (29.8 to 30.9)	23.7 (18.6 to 31.4)	2.0 (1.1 to 2.9)	1.9 (0.3 to 3.4)	3.1 (1.4 to 4.8)	2.0 (1.0 to 3.0)	1.5 (-0.5 to 4.0)
Kiribati	189 (171 to 212)	296 (243 to 369)	69.1 (66.0 to 71.3)	0.0 (0.0 to 0.1)	3.5 (2.4 to 4.7)	26.9 (17.7 to 37.2)	3.0 (1.4 to 4.7)	2.3 (0.8 to 3.9)	3.5 (0.3 to 8.8)	1.1 (-3.8 to 6.3)	4.3 (0.0 to 7.9)
Kuwait	2640 (2425 to 2869)	2821 (1390 to 4546)	74.3 (55.5 to 84.4)	1.5 (1.5 to 1.6)	22.4 (21.5 to 25.0)	0.0 (0.0 to 0.0)	0.2 (-4.3 to 3.8)	-0.6 (-6.7 to 3.8)	-0.5 (-4.8 to 3.6)	2.8 (-1.0 to 6.6)	-
Kyrgyzstan	308 (293 to 331)	412 (278 to 594)	41.2 (32.5 to 49.1)	1.3 (0.3 to 3.2)	52.6 (47.0 to 59.2)	3.2 (3.1 to 3.5)	1.8 (-0.6 to 4.4)	1.4 (-2.5 to 5.5)	2.7 (-13.2 to 22.8)	2.6 (-0.7 to 6.1)	-4.4 (-7.2 to -1.5)
Laos	178 (167 to 195)	318 (234 to 419)	45.5 (40.5 to 50.3)	4.0 (2.1 to 7.4)	39.1 (29.5 to 49.9)	9.9 (9.2 to 11.3)	3.9 (1.7 to 6.0)	5.9 (2.8 to 8.9)	6.4 (-0.8 to 14.2)	2.9 (-1.1 to 6.7)	0.2 (-1.9 to 2.7)
Latvia	1683 (1593 to 1771)	2610 (2071 to 3289)	58.2 (55.5 to 62.6)	1.0 (0.4 to 1.9)	40.2 (33.0 to 46.9)	0.0 (0.0 to 0.0)	2.9 (1.3 to 4.7)	2.5 (0.6 to 4.7)	3.0 (-4.9 to 12.0)	3.4 (0.4 to 6.3)	-
Lebanon	1207 (1102 to 1312)	1331 (831 to 2080)	50.8 (30.8 to 66.9)	16.2 (15.9 to 17.0)	30.3 (28.8 to 31.5)	0.4 (0.1 to 0.4)	0.5 (-2.5 to 3.7)	0.3 (-5.7 to 5.7)	0.4 (-2.4 to 3.7)	0.1 (-3.2 to 3.7)	-4.2 (-100.0 to 3.3)
Lesotho	262 (254 to 270)	467 (371 to 594)	48.3 (41.6 to 52.6)	1.1 (0.9 to 1.4)	13.0 (12.0 to 13.7)	36.9 (32.2 to 44.4)	3.9 (2.4 to 5.6)	3.2 (0.7 to 5.6)	-0.5 (-3.9 to 2.9)	2.0 (0.8 to 3.2)	4.9 (2.8 to 7.7)
Liberia	481 (474 to 488)	265 (191 to 380)	5.9 (3.2 to 9.0)	0.7 (0.3 to 1.3)	13.3 (10.5 to 15.2)	79.0 (75.0 to 84.9)	-4.0 (-6.0 to -1.6)	2.0 (-4.2 to 8.4)	2.4 (-6.4 to 11.6)	1.7 (-2.0 to 5.6)	-2.0 (-3.9 to 0.8)
Libya	502 (435 to 582)	597 (413 to 837)	60.7 (53.4 to 69.3)	13.8 (9.0 to 17.5)	23.2 (17.0 to 33.5)	0.3 (0.2 to 0.4)	1.1 (-1.6 to 3.7)	2.2 (-1.0 to 5.7)	3.6 (-2.0 to 8.9)	-2.4 (-7.3 to 2.7)	4.1 (-0.7 to 7.8)
Lithuania	1941 (1872 to 2010)	3184 (2514 to 3954)	61.1 (54.7 to 67.2)	0.8 (0.5 to 1.2)	37.7 (37.2 to 37.9)	0.0 (0.0 to 0.0)	3.3 (1.7 to 4.9)	2.7 (0.4 to 5.0)	2.0 (-2.4 to 6.3)	4.4 (2.7 to 6.0)	-
Luxembourg	6530 (6288 to 6784)	9624 (7823 to 11651)	80.4 (77.3 to 83.2)	6.7 (5.2 to 8.9)	12.6 (11.0 to 14.6)	0.0 (0.0 to 0.0)	2.6 (1.2 to 3.9)	2.3 (0.8 to 3.9)	3.6 (0.6 to 6.8)	3.7 (1.2 to 6.4)	-
Macedonia	921 (758 to 1196)	1115 (818 to 1496)	56.3 (53.5 to 58.8)	3.9 (2.2 to 6.2)	38.6 (29.9 to 49.6)	0.0 (0.0 to 0.1)	1.3 (-1.3 to 3.7)	0.7 (-2.6 to 3.9)	4.2 (-4.5 to 13.3)	1.9 (-1.8 to 6.0)	-65.6 (-100.0 to -5.5)
Madagascar	78 (74 to 81)	100 (70 to 136)	56.2 (41.6 to 67.9)	5.7 (4.8 to 6.8)	20.9 (20.2 to 21.8)	16.0 (15.1 to 17.5)	1.6 (-0.7 to 3.8)	3.4 (-0.9 to 7.1)	0.7 (-2.6 to 4.0)	1.1 (-0.8 to 3.1)	-1.8 (-3.8 to 0.7)
Malawi	135 (132 to 138)	156 (116 to 215)	17.6 (10.4 to 24.3)	5.8 (3.0 to 9.4)	7.3 (4.9 to 9.8)	67.8 (63.8 to 73.6)	0.9 (-1.1 to 3.2)	0.1 (-4.9 to 4.6)	2.1 (-4.2 to 8.6)	-0.1 (-4.6 to 4.5)	1.1 (-0.9 to 3.5)

			Health spending per total, 2030				Per capita annualized rate of change, 2015-2030				
Location name	Total health spending per capita 2015 ($)	Total health spending per capita 2030 ($)	Government (%)	Pre-paid private (%)	Out-of-pocket (%)	Development assistance for health (%)	Total (%)	Government (%)	Pre-paid private (%)	Out-of-pocket (%)	Development assistance for health (%)
Malaysia	1072 (1041 to 1105)	1874 (1541 to 2241)	47.4 (42.1 to 51.2)	9.2 (9.0 to 9.5)	42.9 (39.3 to 49.3)	0.0 (0.0 to 0.0)	3.8 (2.5 to 5.1)	3.0 (0.9 to 4.9)	2.7 (1.2 to 4.2)	4.9 (2.9 to 7.1)	-61.0 (-100.0 to -4.0)
Maldives	1850 (1719 to 1990)	2223 (1542 to 3001)	80.4 (74.5 to 83.8)	1.3 (0.8 to 2.0)	17.1 (11.6 to 25.0)	0.2 (0.0 to 0.4)	1.2 (-1.2 to 3.4)	1.2 (-1.7 to 3.8)	-0.6 (-6.5 to 5.6)	0.7 (-4.1 to 5.8)	-24.0 (-100.0 to 7.3)
Mali	110 (105 to 115)	159 (125 to 197)	21.4 (12.7 to 31.0)	7.7 (4.1 to 10.8)	41.7 (39.9 to 44.1)	27.9 (24.5 to 34.5)	2.5 (0.9 to 4.1)	4.4 (-0.7 to 9.2)	5.7 (-0.1 to 10.2)	1.6 (-0.4 to 3.7)	1.4 (-0.6 to 4.1)
Malta	3642 (3494 to 3766)	5909 (5080 to 6847)	62.9 (61.3 to 64.2)	2.4 (2.0 to 2.9)	34.4 (30.3 to 39.6)	0.0 (0.0 to 0.0)	3.3 (2.3 to 4.3)	3.5 (2.3 to 4.7)	4.3 (2.2 to 6.8)	2.7 (0.7 to 4.9)	-
Marshall Islands	604 (565 to 646)	578 (326 to 891)	72.6 (55.8 to 82.9)	3.4 (3.0 to 3.9)	20.8 (18.5 to 25.2)	1.7 (0.0 to 4.3)	-0.5 (-4.0 to 2.7)	0.2 (-4.9 to 4.5)	-0.3 (-3.2 to 2.3)	2.7 (0.3 to 5.2)	-20.9 (-100.0 to -2.9)
Mauritania	184 (174 to 194)	228 (160 to 322)	43.3 (31.8 to 55.4)	5.3 (3.0 to 7.5)	46.3 (41.8 to 51.3)	3.4 (3.1 to 3.9)	1.3 (-1.0 to 3.7)	2.0 (-2.3 to 6.3)	2.8 (-3.4 to 7.9)	1.0 (-2.0 to 4.2)	-4.6 (-9.2 to -1.2)
Mauritius	1094 (1047 to 1137)	2088 (1463 to 2968)	38.2 (36.3 to 39.5)	0.7 (0.6 to 0.7)	60.2 (47.5 to 70.6)	0.0 (0.0 to 0.1)	4.3 (1.9 to 6.8)	3.0 (0.9 to 5.1)	2.6 (0.7 to 4.7)	5.2 (1.3 to 8.9)	-53.9 (-100.0 to 4.8)
Mexico	1081 (1050 to 1112)	1548 (1304 to 1819)	49.6 (49.0 to 49.9)	9.2 (6.9 to 11.9)	40.7 (34.5 to 48.1)	0.0 (0.0 to 0.1)	2.4 (1.3 to 3.6)	2.1 (0.9 to 3.3)	4.8 (1.8 to 7.7)	2.3 (0.0 to 4.7)	-22.2 (-100.0 to -2.7)
Moldova	543 (516 to 574)	713 (504 to 1003)	48.4 (43.6 to 50.4)	0.8 (0.6 to 1.1)	43.5 (31.4 to 56.2)	5.8 (5.3 to 6.5)	1.7 (-0.5 to 4.2)	2.0 (-1.0 to 4.7)	0.9 (-3.6 to 5.2)	1.4 (-3.1 to 5.7)	1.2 (-1.5 to 4.1)
Mongolia	496 (475 to 522)	938 (605 to 1421)	43.5 (37.9 to 47.2)	2.5 (2.3 to 2.7)	47.6 (36.0 to 60.1)	4.4 (4.3 to 4.6)	4.2 (1.2 to 7.3)	3.0 (-0.9 to 6.4)	2.3 (-1.0 to 6.1)	5.6 (0.8 to 10.5)	1.2 (-1.2 to 3.8)
Montenegro	985 (954 to 1017)	1269 (1100 to 1456)	63.9 (62.8 to 64.7)	0.5 (0.3 to 0.7)	34.5 (30.7 to 38.8)	0.9 (0.5 to 1.5)	1.7 (0.7 to 2.6)	1.4 (0.3 to 2.4)	1.7 (-3.5 to 7.8)	2.1 (0.2 to 4.0)	3.3 (-2.1 to 9.1)
Morocco	454 (438 to 472)	787 (631 to 979)	42.9 (38.6 to 47.9)	1.9 (1.4 to 2.4)	51.2 (46.2 to 55.6)	3.4 (2.8 to 4.4)	3.7 (2.1 to 5.3)	3.7 (1.3 to 6.1)	0.5 (-3.0 to 4.3)	3.5 (1.3 to 5.6)	9.2 (7.0 to 11.9)
Mozambique	72 (71 to 74)	127 (94 to 173)	24.2 (16.1 to 31.3)	3.7 (3.4 to 3.9)	8.8 (8.2 to 9.2)	62.2 (57.9 to 68.1)	3.8 (1.8 to 6.1)	7.2 (2.2 to 12.0)	3.8 (1.3 to 6.4)	5.9 (3.5 to 8.7)	2.0 (0.0 to 4.5)
Myanmar	301 (270 to 339)	703 (515 to 948)	25.7 (24.8 to 26.3)	1.4 (1.3 to 1.4)	67.1 (58.5 to 76.3)	5.0 (4.7 to 5.7)	5.8 (3.5 to 8.2)	6.9 (4.4 to 9.6)	5.2 (2.6 to 7.8)	5.3 (2.1 to 8.8)	4.7 (2.5 to 7.5)
Namibia	1033 (991 to 1084)	1180 (930 to 1466)	62.0 (57.9 to 66.5)	16.7 (11.4 to 23.0)	11.3 (7.5 to 17.5)	9.0 (7.8 to 11.2)	0.8 (-0.7 to 2.4)	0.7 (-1.3 to 2.8)	-0.6 (-4.6 to 3.3)	2.6 (-1.8 to 7.5)	1.2 (-1.3 to 4.1)
Nepal	160 (153 to 167)	224 (157 to 324)	18.8 (17.6 to 19.4)	14.8 (12.7 to 16.9)	57.1 (42.9 to 69.2)	7.9 (7.6 to 8.3)	2.2 (0.0 to 4.8)	2.8 (0.0 to 5.6)	4.4 (0.8 to 8.2)	2.1 (-2.0 to 6.1)	-1.2 (-3.3 to 1.3)
Netherlands	5579 (5360 to 5835)	6446 (5469 to 7630)	84.8 (83.9 to 85.7)	4.0 (3.3 to 4.8)	10.9 (6.4 to 16.8)	0.0 (0.0 to 0.0)	0.9 (-0.2 to 2.1)	1.3 (0.1 to 2.5)	-2.8 (-5.3 to -0.5)	0.0 (-4.2 to 4.4)	-
New Zealand	3648 (3481 to 3856)	4395 (3868 to 5009)	78.7 (76.3 to 81.0)	8.1 (7.1 to 9.1)	13.0 (12.8 to 13.4)	0.0 (0.0 to 0.0)	1.2 (0.3 to 2.2)	1.1 (-0.1 to 2.3)	1.9 (0.0 to 3.9)	1.5 (0.4 to 2.7)	-
Nicaragua	432 (413 to 454)	540 (428 to 680)	53.4 (45.0 to 60.5)	2.4 (1.7 to 3.1)	36.5 (36.2 to 36.9)	7.1 (6.0 to 8.7)	1.5 (-0.1 to 3.2)	1.3 (-1.3 to 4.0)	1.8 (-2.1 to 5.5)	1.9 (0.3 to 3.4)	0.0 (-2.1 to 2.6)

			Health spending per total, 2030				Per capita annualized rate of change, 2015-2030				
Location name	Total health spending per capita 2015 ($)	Total health spending per capita 2030 ($)	Government (%)	Pre-paid private (%)	Out-of-pocket (%)	Development assistance for health (%)	Total (%)	Government (%)	Pre-paid private (%)	Out-of-pocket (%)	Development assistance for health (%)
Niger	67 (65 to 69)	85 (68 to 104)	31.1 (22.5 to 38.7)	1.4 (1.1 to 1.8)	51.4 (49.1 to 54.6)	15.3 (13.2 to 18.9)	1.5 (0.1 to 3.0)	2.9 (-0.6 to 5.9)	1.6 (-1.4 to 4.6)	1.1 (-0.6 to 2.9)	0.0 (-2.1 to 2.5)
Nigeria	216 (201 to 234)	299 (212 to 412)	13.3 (4.5 to 26.8)	1.1 (1.0 to 1.1)	77.8 (74.8 to 80.1)	6.6 (6.2 to 7.3)	2.1 (-0.2 to 4.4)	0.3 (-8.3 to 8.2)	-1.3 (-3.9 to 1.3)	2.5 (-0.1 to 5.1)	0.7 (-1.3 to 3.4)
North Korea	134 (128 to 139)	119 (111 to 127)	41.4 (40.9 to 41.7)	3.7 (2.6 to 4.9)	53.5 (51.4 to 55.9)	1.4 (1.0 to 2.0)	-0.8 (-1.3 to -0.3)	-0.3 (-1.0 to 0.4)	-3.7 (-7.0 to -0.3)	-1.0 (-1.8 to -0.2)	4.0 (1.8 to 6.5)
Norway	7024 (6810 to 7268)	7884 (5729 to 9986)	85.1 (79.7 to 88.6)	0.4 (0.4 to 0.5)	14.3 (13.4 to 15.8)	0.0 (0.0 to 0.0)	0.7 (-1.4 to 2.5)	0.7 (-1.7 to 2.7)	1.0 (-0.2 to 2.1)	0.7 (-0.7 to 2.0)	-
Oman	1684 (1555 to 1799)	2166 (1362 to 3247)	82.1 (74.8 to 88.4)	4.2 (3.8 to 4.6)	12.6 (10.4 to 14.5)	0.0 (0.0 to 0.0)	1.5 (-1.6 to 4.6)	1.0 (-2.6 to 4.5)	0.1 (-3.6 to 3.7)	6.3 (1.9 to 10.5)	-
Pakistan	142 (136 to 150)	222 (166 to 290)	31.6 (23.0 to 41.3)	2.0 (2.0 to 2.1)	59.5 (55.6 to 63.4)	5.8 (5.4 to 6.7)	2.9 (1.0 to 4.9)	4.1 (0.1 to 8.0)	2.2 (0.5 to 4.0)	2.4 (0.0 to 4.7)	2.0 (-0.2 to 4.6)
Palestine	390 (345 to 435)	527 (426 to 642)	42.6 (40.6 to 46.0)	18.6 (13.9 to 24.0)	38.0 (31.9 to 43.2)	0.1 (0.0 to 0.2)	2.0 (0.5 to 3.7)	2.5 (0.7 to 4.7)	1.8 (-1.9 to 5.5)	1.6 (-1.2 to 4.3)	-45.6 (-100.0 to -6.3)
Panama	1588 (1535 to 1649)	2732 (2198 to 3372)	59.7 (52.3 to 66.3)	8.9 (7.3 to 10.5)	30.9 (30.4 to 31.4)	0.0 (0.0 to 0.0)	3.6 (2.2 to 5.2)	3.4 (1.1 to 5.7)	5.4 (2.6 to 8.2)	3.7 (2.3 to 5.2)	-37.7 (-100.0 to -7.7)
Papua New Guinea	121 (114 to 131)	127 (92 to 169)	84.6 (79.1 to 88.4)	0.0 (0.0 to 0.0)	7.5 (5.9 to 9.8)	7.3 (6.0 to 8.7)	0.3 (-1.9 to 2.3)	1.1 (-1.6 to 3.5)	18.4 (11.6 to 40.7)	2.2 (-1.9 to 6.1)	-5.8 (-9.1 to -2.9)
Paraguay	738 (706 to 777)	1274 (978 to 1583)	56.5 (49.4 to 64.5)	10.5 (6.2 to 17.7)	32.1 (31.7 to 32.7)	0.0 (0.0 to 0.1)	3.7 (1.9 to 5.3)	4.0 (1.3 to 6.6)	4.0 (-1.2 to 9.7)	2.8 (1.1 to 4.5)	-53.4 (-100.0 to -4.9)
Peru	683 (669 to 698)	993 (778 to 1256)	61.5 (56.0 to 68.7)	6.0 (4.7 to 7.4)	31.9 (30.4 to 32.8)	0.1 (0.0 to 0.2)	2.5 (0.9 to 4.1)	2.7 (0.4 to 5.1)	1.7 (-1.5 to 4.8)	2.7 (0.7 to 4.6)	-41.1 (-100.0 to -10.4)
Philippines	333 (324 to 347)	652 (525 to 792)	25.8 (22.4 to 29.2)	16.8 (14.7 to 19.4)	56.3 (50.5 to 62.3)	0.5 (0.5 to 0.7)	4.6 (3.1 to 6.0)	3.6 (1.2 to 5.9)	5.5 (3.1 to 7.9)	4.9 (2.6 to 7.1)	-4.1 (-6.2 to -1.6)
Poland	1757 (1671 to 1837)	2709 (2375 to 3111)	67.7 (64.4 to 70.8)	7.5 (5.4 to 9.7)	24.7 (24.3 to 25.0)	0.0 (0.0 to 0.0)	2.9 (2.0 to 3.9)	2.6 (1.2 to 3.9)	5.8 (1.8 to 9.8)	3.2 (2.3 to 4.1)	-
Portugal	2712 (2621 to 2819)	3753 (3263 to 4287)	64.5 (60.9 to 67.2)	9.4 (7.2 to 11.7)	25.8 (23.8 to 28.2)	0.0 (0.0 to 0.0)	2.2 (1.2 to 3.1)	2.0 (0.6 to 3.3)	5.0 (2.2 to 7.9)	1.7 (0.2 to 3.3)	-
Qatar	3251 (3050 to 3450)	4138 (2197 to 7341)	72.4 (58.7 to 85.2)	8.6 (7.7 to 8.9)	16.4 (13.5 to 19.2)	0.0 (0.0 to 0.0)	1.3 (-2.5 to 5.6)	0.3 (-4.8 to 5.8)	1.2 (-2.9 to 5.0)	7.2 (0.9 to 13.5)	-
Romania	1128 (1051 to 1198)	2112 (1530 to 2844)	77.9 (72.0 to 83.0)	0.6 (0.6 to 0.6)	21.0 (19.8 to 21.8)	0.0 (0.0 to 0.0)	4.2 (2.0 to 6.4)	4.2 (1.4 to 6.9)	3.3 (0.3 to 6.3)	4.1 (1.7 to 6.7)	-59.1 (-100.0 to 3.8)
Russia	1544 (1523 to 1564)	1988 (1503 to 2615)	54.6 (46.4 to 62.1)	1.7 (1.3 to 2.1)	42.8 (38.5 to 46.7)	0.0 (0.0 to 0.0)	1.6 (-0.2 to 3.5)	0.8 (-2.1 to 3.6)	-1.5 (-5.1 to 2.1)	2.9 (0.3 to 5.4)	-26.5 (-100.0 to -2.5)
Rwanda	149 (143 to 155)	239 (191 to 291)	27.6 (21.1 to 34.4)	9.0 (5.1 to 14.4)	35.8 (30.6 to 42.2)	26.3 (22.8 to 32.9)	3.2 (1.6 to 4.6)	4.0 (0.4 to 7.1)	3.3 (-1.9 to 8.5)	5.4 (2.8 to 8.1)	0.7 (-1.5 to 3.3)
Saint Lucia	714 (658 to 793)	957 (745 to 1240)	34.5 (24.8 to 45.2)	4.1 (3.5 to 4.6)	52.2 (48.8 to 53.9)	8.2 (6.6 to 10.2)	1.9 (0.2 to 3.7)	0.9 (-2.9 to 4.6)	1.3 (-1.3 to 3.7)	2.1 (-0.2 to 4.3)	2.7 (-6.4 to 7.8)

			Health spending per total, 2030				Per capita annualized rate of change, 2015-2030				
Location name	Total health spending per capita 2015 ($)	Total health spending per capita 2030 ($)	Government (%)	Pre-paid private (%)	Out-of-pocket (%)	Development assistance for health (%)	Total (%)	Government (%)	Pre-paid private (%)	Out-of-pocket (%)	Development assistance for health (%)
Saint Vincent and the Grenadines	523 (506 to 537)	693 (532 to 902)	61.5 (54.0 to 69.0)	2.4 (2.2 to 2.6)	18.2 (17.9 to 18.5)	17.2 (13.8 to 21.8)	1.8 (0.1 to 3.7)	1.4 (-1.2 to 4.0)	2.5 (-0.1 to 5.1)	1.5 (-0.6 to 3.5)	4.1 (1.0 to 7.3)
Samoa	342 (319 to 364)	464 (280 to 763)	57.0 (36.3 to 74.8)	0.8 (0.7 to 0.9)	10.6 (8.7 to 12.3)	29.6 (27.4 to 32.0)	1.9 (-1.4 to 5.5)	0.6 (-5.3 to 6.0)	2.2 (-0.6 to 4.9)	2.0 (-0.2 to 4.3)	3.7 (1.5 to 6.5)
Sao Tome and Principe	216 (206 to 225)	253 (158 to 402)	49.9 (33.3 to 67.2)	1.9 (1.0 to 2.2)	19.3 (15.2 to 23.3)	26.0 (24.5 to 27.3)	0.9 (-2.0 to 4.2)	1.1 (-4.4 to 6.6)	0.5 (-6.9 to 5.9)	1.5 (-3.0 to 6.2)	-0.4 (-4.2 to 2.7)
Saudi Arabia	3138 (2975 to 3318)	3913 (2364 to 6183)	68.6 (54.7 to 80.4)	14.4 (12.9 to 15.6)	15.1 (14.2 to 15.9)	0.0 (0.0 to 0.0)	1.3 (-1.9 to 4.7)	1.0 (-3.6 to 5.4)	1.8 (-1.9 to 5.5)	1.4 (-2.1 to 4.9)	-
Senegal	119 (113 to 123)	147 (124 to 172)	35.7 (29.6 to 41.5)	12.7 (8.3 to 18.5)	37.4 (36.5 to 38.1)	13.5 (11.0 to 17.4)	1.4 (0.3 to 2.6)	3.3 (0.8 to 5.5)	2.5 (-1.4 to 6.4)	1.5 (0.1 to 3.1)	-2.5 (-4.5 to -0.1)
Serbia	1398 (1349 to 1459)	2111 (1647 to 2749)	61.0 (54.8 to 65.1)	1.0 (0.5 to 1.6)	36.9 (23.8 to 50.3)	0.6 (0.5 to 0.7)	2.7 (1.1 to 4.7)	3.0 (1.8 to 4.2)	-0.1 (-6.5 to 6.6)	2.0 (-2.2 to 6.4)	10.0 (7.6 to 12.9)
Seychelles	957 (870 to 1057)	1416 (602 to 2414)	96.9 (92.9 to 98.5)	0.3 (0.2 to 0.4)	2.3 (1.7 to 3.7)	0.0 (0.0 to 0.0)	2.3 (-3.0 to 6.4)	2.3 (-3.3 to 6.5)	7.9 (4.9 to 11.2)	1.7 (-6.4 to 10.9)	-70.5 (-71.1 to -69.8)
Sierra Leone	248 (232 to 260)	214 (164 to 274)	13.6 (7.4 to 24.1)	9.8 (5.0 to 16.1)	42.3 (40.3 to 44.9)	32.8 (28.2 to 40.9)	-1.0 (-2.8 to 0.7)	1.2 (-4.4 to 7.1)	4.0 (-2.0 to 9.8)	-1.8 (-3.8 to 0.5)	-0.4 (-2.4 to 2.4)
Singapore	3657 (3529 to 3810)	4651 (3516 to 6053)	49.3 (38.0 to 59.8)	17.5 (16.8 to 17.7)	32.3 (31.5 to 32.9)	0.0 (0.0 to 0.0)	1.6 (-0.3 to 3.5)	1.2 (-2.2 to 4.4)	1.9 (-0.2 to 3.8)	1.7 (-0.3 to 3.7)	-
Slovakia	2216 (2085 to 2350)	3539 (2718 to 4524)	73.8 (70.9 to 77.2)	2.8 (1.6 to 4.9)	22.7 (17.1 to 29.8)	0.0 (0.0 to 0.0)	3.1 (1.3 to 4.9)	2.6 (0.5 to 4.7)	5.1 (-3.6 to 15.0)	4.4 (0.7 to 8.6)	-
Slovenia	2806 (2744 to 2884)	3993 (3408 to 4632)	67.9 (67.3 to 68.5)	19.4 (12.9 to 27.5)	12.4 (10.8 to 13.9)	0.0 (0.0 to 0.0)	2.4 (1.3 to 3.4)	2.0 (0.9 to 3.2)	3.5 (-0.1 to 7.1)	2.2 (0.2 to 4.2)	-
Solomon Islands	157 (144 to 166)	216 (144 to 308)	66.5 (54.5 to 75.8)	0.2 (0.2 to 0.2)	3.7 (3.4 to 4.1)	28.2 (26.8 to 31.3)	2.0 (-0.7 to 4.6)	2.2 (-1.9 to 5.8)	1.3 (-1.8 to 4.6)	2.6 (-0.8 to 5.9)	1.7 (-0.7 to 4.9)
Somalia	42 (42 to 43)	73 (57 to 101)	7.9 (6.7 to 8.4)	1.6 (1.3 to 1.7)	21.8 (16.9 to 25.6)	68.5 (60.4 to 77.7)	3.6 (2.0 to 5.9)	0.6 (-0.6 to 1.9)	0.0 (-1.2 to 1.1)	-0.2 (-0.7 to 0.4)	4.8 (2.7 to 7.6)
South Africa	1109 (1091 to 1128)	1207 (1036 to 1404)	59.0 (55.5 to 62.8)	27.3 (23.5 to 31.1)	9.4 (8.6 to 9.5)	3.9 (3.1 to 5.2)	0.5 (-0.5 to 1.6)	1.2 (-0.2 to 2.7)	-1.4 (-3.3 to 0.6)	1.8 (0.2 to 3.0)	3.6 (1.5 to 6.3)
South Korea	2835 (2785 to 2884)	4956 (4050 to 6036)	52.8 (48.9 to 56.4)	8.2 (5.8 to 10.3)	38.4 (35.4 to 43.2)	0.0 (0.0 to 0.0)	3.8 (2.4 to 5.2)	3.3 (1.4 to 5.2)	5.0 (1.3 to 8.1)	4.0 (2.2 to 6.3)	-
South Sudan	81 (79 to 84)	126 (109 to 147)	45.6 (39.5 to 51.1)	2.7 (2.7 to 2.8)	37.0 (34.8 to 38.9)	14.3 (11.2 to 19.1)	2.9 (1.9 to 4.0)	6.4 (4.3 to 8.4)	-0.1 (-1.3 to 1.2)	-0.1 (-0.7 to 0.6)	3.1 (1.1 to 5.7)
Spain	3363 (3262 to 3450)	4359 (3827 to 4942)	71.4 (67.8 to 74.3)	5.1 (4.8 to 5.3)	23.4 (22.1 to 24.5)	0.0 (0.0 to 0.0)	1.7 (0.9 to 2.6)	1.8 (0.5 to 2.9)	2.1 (0.8 to 3.4)	1.5 (0.3 to 2.7)	-
Sri Lanka	360 (348 to 370)	664 (481 to 897)	50.3 (42.7 to 59.1)	5.5 (5.3 to 5.5)	42.1 (38.1 to 46.7)	1.1 (1.0 to 1.2)	4.1 (1.9 to 6.4)	3.6 (0.3 to 6.9)	2.7 (0.3 to 4.9)	5.1 (2.3 to 8.1)	-2.9 (-4.6 to 0.5)
Sudan	282 (262 to 306)	371 (226 to 566)	28.2 (19.7 to 37.7)	2.8 (2.7 to 3.0)	62.6 (51.1 to 74.0)	3.9 (3.8 to 4.3)	1.7 (-1.5 to 4.9)	1.2 (-4.2 to 6.7)	0.8 (-1.9 to 3.6)	1.5 (-3.0 to 5.8)	3.6 (1.5 to 6.3)

			Health spending per total, 2030				Per capita annualized rate of change, 2015-2030				
Location name	Total health spending per capita 2015 ($)	Total health spending per capita 2030 ($)	Government (%)	Pre-paid private (%)	Out-of-pocket (%)	Development assistance for health (%)	Total (%)	Government (%)	Pre-paid private (%)	Out-of-pocket (%)	Development assistance for health (%)
Suriname	993 (904 to 1074)	879 (556 to 1346)	42.6 (23.9 to 62.5)	39.4 (36.3 to 40.7)	15.6 (14.7 to 16.1)	0.1 (0.0 to 0.2)	-1.0 (-3.8 to 2.1)	-2.4 (-8.7 to 3.4)	-0.2 (-3.4 to 2.6)	1.2 (-1.8 to 4.4)	-43.2 (-100.0 to -6.5)
Swaziland	693 (661 to 729)	1043 (720 to 1436)	57.9 (46.6 to 68.4)	3.9 (3.8 to 3.9)	8.7 (8.4 to 9.0)	28.3 (26.9 to 31.8)	2.7 (0.1 to 5.0)	2.2 (-1.7 to 5.9)	-2.8 (-5.1 to -0.5)	1.2 (-0.9 to 3.3)	4.3 (2.1 to 7.0)
Sweden	5550 (5346 to 5748)	7051 (5887 to 8374)	81.3 (78.3 to 83.7)	1.1 (1.0 to 1.2)	17.4 (16.8 to 18.2)	0.0 (0.0 to 0.0)	1.6 (0.4 to 2.8)	1.4 (0.0 to 2.8)	1.4 (-0.6 to 3.2)	2.5 (1.1 to 4.0)	-
Switzerland	7465 (7252 to 7662)	7486 (6586 to 8425)	68.9 (66.1 to 72.0)	5.8 (5.0 to 6.7)	25.2 (24.5 to 26.3)	0.0 (0.0 to 0.0)	0.0 (-0.8 to 0.8)	-0.2 (-1.3 to 1.0)	-0.8 (-2.6 to 1.1)	0.6 (-0.4 to 1.8)	-
Syria	241 (207 to 284)	263 (188 to 364)	41.5 (29.5 to 51.5)	6.4 (4.1 to 10.0)	48.0 (42.9 to 51.5)	2.5 (2.3 to 2.8)	0.5 (-2.0 to 2.9)	0.6 (-3.8 to 4.4)	0.8 (-5.0 to 6.9)	0.2 (-3.2 to 3.5)	1.1 (-1.5 to 3.9)
Taiwan	2535 (2513 to 2555)	3577 (3004 to 4204)	57.1 (53.4 to 61.1)	13.1 (10.4 to 16.2)	29.4 (26.2 to 33.2)	0.0 (0.0 to 0.0)	2.3 (1.1 to 3.4)	2.0 (0.4 to 3.5)	2.5 (-0.8 to 5.9)	2.8 (0.7 to 4.9)	-
Tajikistan	200 (192 to 209)	305 (214 to 416)	26.5 (17.7 to 35.4)	0.4 (0.2 to 0.6)	63.2 (57.8 to 71.7)	8.5 (8.1 to 9.5)	2.8 (0.4 to 5.0)	2.1 (-2.6 to 6.4)	3.2 (-5.4 to 11.7)	2.7 (-0.1 to 5.9)	3.5 (1.4 to 6.1)
Tanzania	161 (147 to 176)	291 (202 to 412)	48.6 (34.2 to 62.6)	1.5 (1.4 to 1.5)	25.5 (24.8 to 25.9)	22.9 (21.8 to 24.5)	3.9 (1.5 to 6.6)	5.8 (0.9 to 10.6)	1.2 (-1.6 to 3.8)	3.2 (0.4 to 5.9)	1.5 (-0.5 to 4.0)
Thailand	614 (588 to 643)	940 (712 to 1231)	80.6 (75.7 to 84.7)	9.1 (8.6 to 9.5)	9.5 (7.0 to 12.7)	0.2 (0.2 to 0.3)	2.8 (1.0 to 4.7)	3.0 (0.8 to 5.3)	2.6 (0.4 to 4.7)	1.1 (-3.0 to 5.6)	-0.1 (-2.6 to 3.0)
The Bahamas	1818 (1713 to 1935)	2288 (1815 to 2942)	49.9 (41.4 to 57.9)	21.6 (20.7 to 22.0)	27.8 (23.8 to 30.6)	0.0 (0.0 to 0.0)	1.5 (-0.1 to 3.3)	1.9 (-0.9 to 4.7)	0.9 (-1.1 to 2.8)	1.2 (-1.5 to 3.6)	-
The Gambia	141 (135 to 148)	176 (129 to 235)	36.8 (23.8 to 50.0)	3.0 (1.7 to 5.0)	13.5 (11.9 to 15.0)	45.3 (42.2 to 50.9)	1.4 (-0.6 to 3.5)	1.7 (-3.0 to 6.1)	-1.6 (-7.2 to 4.0)	0.0 (-1.3 to 1.2)	1.9 (-0.2 to 4.4)
Timor-Leste	103 (96 to 112)	183 (142 to 233)	52.6 (48.2 to 56.2)	1.0 (0.6 to 1.5)	6.3 (4.0 to 9.5)	39.2 (34.8 to 47.1)	3.9 (2.2 to 5.7)	3.5 (1.1 to 6.0)	-1.0 (-5.8 to 4.2)	0.3 (-4.2 to 5.2)	4.3 (2.2 to 7.0)
Togo	96 (92 to 101)	128 (99 to 168)	30.5 (19.3 to 45.4)	6.4 (5.5 to 6.7)	48.7 (46.0 to 50.6)	13.2 (11.8 to 15.1)	1.9 (0.1 to 3.8)	2.2 (-2.5 to 7.1)	2.0 (-0.7 to 4.4)	1.1 (-1.0 to 3.3)	2.3 (0.2 to 4.9)
Tonga	241 (229 to 255)	468 (330 to 621)	51.9 (42.9 to 59.4)	7.0 (3.7 to 12.2)	8.3 (8.0 to 8.8)	31.2 (25.2 to 40.3)	4.4 (2.1 to 6.6)	3.5 (-0.1 to 6.6)	6.2 (-1.0 to 13.9)	1.5 (-0.9 to 4.2)	5.2 (1.7 to 8.8)
Trinidad and Tobago	2024 (1917 to 2158)	2725 (1882 to 3680)	56.0 (46.4 to 64.7)	6.7 (4.6 to 9.3)	35.7 (30.9 to 42.4)	0.0 (0.0 to 0.0)	1.9 (-0.6 to 4.2)	2.1 (-1.6 to 5.4)	-0.1 (-4.8 to 4.5)	1.6 (-1.7 to 4.9)	-
Tunisia	791 (770 to 817)	1012 (869 to 1181)	52.9 (50.2 to 57.6)	5.4 (2.5 to 10.1)	41.1 (39.5 to 42.3)	0.2 (0.1 to 0.3)	1.6 (0.6 to 2.7)	1.2 (-0.2 to 2.8)	4.4 (-2.6 to 11.0)	1.9 (0.6 to 3.2)	-14.4 (-100.0 to 3.9)
Turkey	1029 (989 to 1074)	1905 (1302 to 2551)	80.8 (73.2 to 85.0)	3.5 (3.1 to 4.0)	15.1 (14.0 to 16.7)	0.0 (0.0 to 0.0)	4.1 (1.5 to 6.3)	4.4 (1.1 to 6.9)	1.8 (-1.6 to 5.2)	3.3 (0.2 to 6.2)	-83.1 (-100.0 to -9.8)
Turkmenistan	1171 (1078 to 1281)	1922 (1095 to 3148)	25.8 (21.7 to 28.9)	4.5 (3.4 to 5.6)	67.0 (56.0 to 78.9)	0.2 (0.2 to 0.2)	3.1 (-0.6 to 6.8)	3.4 (-1.2 to 7.9)	2.8 (-2.5 to 8.2)	2.8 (-2.0 to 7.7)	-2.7 (-100.0 to 4.6)
Uganda	159 (146 to 168)	215 (168 to 277)	13.5 (10.2 to 17.0)	12.6 (6.2 to 23.4)	40.9 (37.7 to 44.4)	31.7 (28.0 to 38.0)	2.0 (0.3 to 3.8)	2.0 (-1.7 to 5.5)	2.1 (-4.6 to 8.7)	2.2 (-0.1 to 4.7)	1.3 (-0.8 to 3.7)

			Health spending per total, 2030				Per capita annualized rate of change, 2015-2030				
Location name	Total health spending per capita 2015 ($)	Total health spending per capita 2030 ($)	Government (%)	Pre-paid private (%)	Out-of-pocket (%)	Development assistance for health (%)	Total (%)	Government (%)	Pre-paid private (%)	Out-of-pocket (%)	Development assistance for health (%)
Ukraine	598 (575 to 624)	734 (597 to 890)	44.8 (41.1 to 50.5)	2.4 (1.8 to 3.0)	49.7 (45.7 to 53.2)	2.6 (2.2 to 3.3)	1.3 (0.0 to 2.7)	0.8 (-1.1 to 3.1)	-1.2 (-4.3 to 1.7)	1.7 (-0.2 to 3.6)	5.2 (3.0 to 8.0)
United Arab Emirates	2489 (2354 to 2636)	3304 (2024 to 5086)	65.2 (53.5 to 75.5)	9.4 (9.2 to 9.8)	23.2 (16.5 to 31.0)	0.0 (0.0 to 0.0)	1.7 (-1.4 to 4.9)	0.9 (-3.6 to 5.1)	2.5 (-0.7 to 5.9)	3.4 (-2.3 to 9.1)	-
United Kingdom	4285 (4160 to 4409)	4948 (4041 to 5844)	78.2 (74.7 to 80.6)	5.3 (5.0 to 5.5)	16.2 (13.0 to 20.2)	0.0 (0.0 to 0.0)	0.9 (-0.4 to 2.1)	0.7 (-0.9 to 2.2)	1.5 (-0.2 to 2.9)	1.6 (-1.5 to 4.5)	-
United States	9839 (9677 to 9983)	13297 (10539 to 15279)	57.9 (56.6 to 61.0)	31.5 (19.6 to 35.3)	10.2 (9.9 to 10.7)	0.0 (0.0 to 0.0)	2.0 (0.5 to 3.0)	2.9 (1.7 to 4.1)	0.6 (-3.9 to 2.4)	1.4 (0.2 to 2.6)	-
Uruguay	2038 (1943 to 2116)	2644 (2154 to 3242)	72.4 (68.6 to 76.1)	10.9 (7.9 to 15.2)	16.1 (13.3 to 19.0)	0.0 (0.0 to 0.0)	1.7 (0.3 to 3.1)	2.0 (0.3 to 3.7)	0.0 (-3.4 to 3.6)	1.6 (-1.0 to 4.3)	-70.5 (-71.1 to -69.8)
Uzbekistan	451 (439 to 463)	777 (572 to 1032)	50.2 (41.2 to 58.3)	3.3 (3.0 to 3.6)	42.8 (41.1 to 47.8)	2.6 (2.5 to 3.0)	3.6 (1.7 to 5.7)	3.2 (-0.2 to 6.3)	5.3 (2.6 to 8.1)	3.7 (1.4 to 6.5)	7.1 (4.9 to 9.8)
Vanuatu	147 (136 to 161)	139 (103 to 181)	57.3 (48.3 to 65.2)	2.3 (2.3 to 2.3)	7.9 (7.7 to 8.2)	31.4 (27.6 to 37.4)	-0.4 (-2.4 to 1.5)	-0.1 (-3.3 to 2.8)	0.1 (-1.9 to 2.0)	1.3 (-0.8 to 3.4)	-1.3 (-4.5 to 1.8)
Venezuela	590 (559 to 616)	443 (259 to 700)	45.4 (32.9 to 53.2)	5.6 (4.9 to 6.4)	46.0 (35.7 to 60.0)	0.0 (0.0 to 0.0)	-2.1 (-5.3 to 1.2)	-2.4 (-7.6 to 1.9)	-1.4 (-5.5 to 2.8)	-2.3 (-7.2 to 2.9)	-74.4 (-75.0 to -73.9)
Vietnam	320 (308 to 334)	685 (514 to 913)	44.1 (39.8 to 48.1)	3.1 (2.9 to 3.2)	49.9 (40.8 to 59.9)	1.8 (1.7 to 2.1)	5.1 (3.1 to 7.2)	4.8 (2.1 to 7.6)	4.7 (2.5 to 7.1)	5.4 (2.1 to 8.9)	2.0 (0.0 to 4.6)
Yemen	179 (157 to 199)	172 (109 to 262)	19.0 (18.1 to 19.5)	1.2 (1.2 to 1.3)	74.6 (62.8 to 83.5)	4.0 (3.8 to 4.4)	-0.5 (-3.4 to 2.7)	2.1 (-1.3 to 5.6)	0.0 (-3.5 to 3.1)	-0.8 (-4.8 to 3.1)	-2.7 (-4.7 to -0.3)
Zambia	241 (231 to 251)	309 (240 to 408)	30.5 (18.4 to 43.8)	7.2 (6.6 to 7.6)	26.9 (25.4 to 27.6)	34.1 (30.6 to 39.1)	1.6 (-0.1 to 3.6)	1.3 (-3.8 to 5.9)	-0.9 (-3.2 to 1.5)	2.0 (0.4 to 3.6)	1.5 (-0.6 to 4.1)
Zimbabwe	191 (181 to 201)	188 (138 to 256)	26.5 (12.4 to 43.4)	14.9 (8.8 to 22.0)	29.1 (26.9 to 30.3)	27.6 (25.7 to 30.6)	-0.2 (-2.2 to 2.0)	-0.1 (-6.7 to 5.7)	-1.4 (-6.8 to 3.7)	-0.1 (-2.1 to 1.7)	0.2 (-1.8 to 2.6)

B2. Table: Future health spending in 2015 and 2040

This table shows the total health spending per capita values (2017 purchasing power parity US$) in 2015 and 2040, the share of each health expenditure component per total spending, and the annualized rate of change of the components of health spending per capita between 2015 and 2040.

			Health spending per total, 2040				Per capita annualized rate of change, 2015-2040				
Location name	Total health spending per capita 2015 ($)	Total health spending per capita 2040 ($)	Government (%)	Pre-paid private (%)	Out-of-pocket (%)	Development assistance for health (%)	Total (%)	Government (%)	Pre-paid private (%)	Out-of-pocket (%)	Development assistance for health (%)
Global	1332 (1325 to 1343)	2318 (2099 to 2540)	61.3 (57.2 to 66.3)	13.5 (8.3 to 16.9)	24.7 (21.9 to 27.6)	0.5 (0.5 to 0.6)	2.2 (1.8 to 2.6)	2.3 (1.9 to 2.9)	1.1 (-0.9 to 2.1)	2.6 (2.3 to 3.0)	2.3 (1.9 to 2.9)
World Bank Income Groups											
High-income	5551 (5503 to 5605)	8666 (7430 to 9657)	67.3 (61.7 to 76.1)	19.2 (9.9 to 24.8)	13.4 (11.5 to 16.0)	0.0 (0.0 to 0.0)	1.8 (1.2 to 2.2)	2.0 (1.5 to 2.5)	1.2 (-1.7 to 2.5)	1.6 (1.1 to 2.1)	-
Upper-middle-income	949 (942 to 959)	2670 (2217 to 3302)	64.2 (56.7 to 71.3)	6.9 (4.7 to 10.1)	28.8 (22.4 to 35.5)	0.1 (0.1 to 0.2)	4.2 (3.4 to 5.1)	4.6 (3.5 to 5.9)	2.6 (1.2 to 4.3)	3.7 (3.0 to 4.5)	1.6 (-0.1 to 3.4)
Lower-middle-income	266 (263 to 268)	714 (638 to 801)	31.9 (27.5 to 37.1)	8.4 (6.3 to 10.8)	57.9 (52.7 to 63.0)	1.8 (1.4 to 2.2)	4.0 (3.6 to 4.5)	4.0 (3.3 to 4.7)	4.5 (3.4 to 5.6)	4.0 (3.3 to 4.8)	1.8 (1.1 to 2.5)
Low-income	110 (108 to 111)	190 (166 to 219)	29.8 (23.2 to 37.7)	11.8 (6.9 to 20.2)	35.7 (29.7 to 41.7)	22.7 (18.6 to 26.7)	2.2 (1.7 to 2.8)	3.5 (2.3 to 4.9)	4.1 (1.9 to 7.0)	1.8 (1.2 to 2.6)	1.0 (0.3 to 1.8)
GBD Super-Regions											
Central Europe, Eastern Europe, and Central Asia	1288 (1273 to 1300)	2120 (1847 to 2427)	56.3 (49.5 to 62.7)	3.3 (2.4 to 4.3)	39.9 (33.4 to 46.9)	0.5 (0.3 to 0.6)	2.0 (1.4 to 2.6)	1.6 (0.9 to 2.4)	2.4 (1.3 to 3.5)	2.5 (1.7 to 3.5)	4.1 (3.1 to 5.4)
GBD high-income	5839 (5785 to 5897)	9054 (7715 to 10101)	67.5 (61.8 to 76.9)	19.6 (9.9 to 25.5)	12.8 (10.9 to 15.5)	0.0 (0.0 to 0.0)	1.8 (1.1 to 2.2)	2.0 (1.5 to 2.5)	1.1 (-1.9 to 2.4)	1.5 (1.0 to 2.0)	-40.0 (-77.4 to 1.5)
Latin America and Caribbean	1065 (1051 to 1077)	1550 (1356 to 1751)	51.2 (44.9 to 57.6)	18.6 (12.4 to 23.7)	29.9 (25.1 to 35.7)	0.3 (0.2 to 0.6)	1.5 (1.0 to 2.0)	1.6 (0.8 to 2.4)	1.7 (0.1 to 2.8)	1.2 (0.6 to 2.0)	-1.7 (-3.7 to 0.9)
North Africa and Middle East	888 (872 to 905)	1496 (1254 to 1806)	56.9 (48.5 to 65.4)	7.8 (4.8 to 12.3)	34.9 (27.5 to 42.8)	0.4 (0.3 to 0.6)	2.1 (1.4 to 2.9)	1.9 (0.8 to 3.1)	2.3 (0.6 to 4.3)	2.3 (1.4 to 3.4)	1.9 (0.7 to 3.3)
South Asia	210 (207 to 212)	692 (587 to 828)	28.9 (22.3 to 36.6)	9.9 (6.2 to 14.4)	60.6 (52.8 to 67.9)	0.6 (0.4 to 0.9)	4.9 (4.2 to 5.6)	5.4 (4.1 to 6.6)	5.8 (3.8 to 7.6)	4.6 (3.7 to 5.6)	0.0 (-1.3 to 1.6)
Southeast Asia, East Asia, and Oceania	672 (663 to 682)	2632 (2015 to 3454)	63.6 (53.8 to 72.9)	5.3 (3.0 to 9.0)	31.0 (22.6 to 40.4)	0.1 (0.1 to 0.2)	5.6 (4.5 to 6.8)	6.1 (4.4 to 7.7)	3.5 (1.4 to 6.0)	5.0 (4.1 to 6.0)	1.7 (0.6 to 3.2)
Sub-Saharan Africa	202 (199 to 206)	289 (260 to 327)	34.5 (28.9 to 41.1)	11.0 (8.1 to 15.7)	39.4 (33.4 to 45.0)	15.1 (12.7 to 17.5)	1.4 (1.0 to 1.9)	1.4 (0.6 to 2.4)	0.0 (-1.2 to 1.6)	2.1 (1.3 to 2.9)	1.3 (0.7 to 1.9)
Countries											
Afghanistan	168 (160 to 174)	131 (94 to 175)	13.3 (11.5 to 15.8)	0.6 (0.4 to 0.8)	61.6 (54.7 to 68.6)	23.2 (18.8 to 30.7)	-1.0 (-2.3 to 0.2)	2.4 (0.5 to 4.4)	-1.6 (-4.8 to 1.3)	-1.9 (-3.6 to -0.2)	0.2 (-1.9 to 2.6)
Albania	848 (796 to 908)	1932 (1332 to 2793)	48.6 (42.6 to 51.6)	4.0 (2.7 to 5.9)	45.6 (33.6 to 58.0)	0.0 (0.0 to 0.1)	3.3 (1.8 to 4.9)	3.9 (1.9 to 5.8)	5.3 (0.0 to 10.7)	2.5 (-0.1 to 5.2)	-39.1 (-100.0 to -3.9)
Algeria	1026 (998 to 1055)	1426 (873 to 2276)	68.4 (52.3 to 80.1)	1.1 (0.9 to 1.2)	29.6 (22.9 to 35.8)	0.0 (0.0 to 0.0)	1.2 (-0.6 to 3.2)	1.0 (-1.9 to 3.7)	0.4 (-1.0 to 1.9)	1.5 (0.4 to 2.5)	-27.1 (-100.0 to -0.1)
Andorra	9203 (8659 to 9745)	9043 (7425 to 10975)	51.8 (47.0 to 57.9)	6.5 (5.6 to 7.5)	41.3 (37.7 to 44.8)	0.0 (0.0 to 0.0)	-0.1 (-0.9 to 0.8)	-0.4 (-1.7 to 0.9)	-0.7 (-2.1 to 0.7)	0.5 (-0.8 to 1.7)	-
Angola	197 (177 to 216)	246 (125 to 458)	42.7 (21.9 to 63.2)	6.1 (5.2 to 6.4)	43.6 (33.6 to 52.0)	2.5 (2.4 to 2.7)	0.7 (-1.8 to 3.4)	-0.7 (-5.6 to 3.7)	2.0 (-2.0 to 5.6)	1.9 (-1.7 to 5.6)	-1.2 (-3.3 to 1.4)

			Health spending per total, 2040				Per capita annualized rate of change, 2015-2040				
Location name	Total health spending per capita 2015 ($)	Total health spending per capita 2040 ($)	Government (%)	Pre-paid private (%)	Out-of-pocket (%)	Development assistance for health (%)	Total (%)	Government (%)	Pre-paid private (%)	Out-of-pocket (%)	Development assistance for health (%)
Antigua and Barbuda	1198 (1149 to 1251)	2302 (1271 to 4098)	60.7 (40.0 to 79.0)	16.4 (13.2 to 19.1)	20.1 (15.5 to 23.3)	0.0 (0.0 to 0.0)	2.5 (0.3 to 5.0)	1.9 (-2.0 to 5.7)	5.1 (1.9 to 8.4)	1.9 (0.3 to 3.4)	-68.7 (-69.4 to -68.0)
Argentina	1457 (1393 to 1528)	2234 (1435 to 3162)	77.9 (71.2 to 83.3)	5.2 (4.5 to 7.0)	15.5 (11.3 to 22.8)	0.1 (0.0 to 0.3)	1.6 (0.0 to 3.2)	2.0 (0.0 to 4.0)	-1.1 (-3.5 to 1.6)	1.0 (-2.0 to 4.1)	-50.6 (-100.0 to 1.0)
Armenia	849 (766 to 932)	1699 (711 to 3421)	19.7 (15.3 to 23.2)	1.0 (0.9 to 1.1)	75.2 (53.7 to 89.5)	1.5 (1.4 to 1.6)	2.5 (-0.7 to 5.8)	3.0 (0.4 to 5.3)	1.0 (-2.8 to 4.7)	2.2 (-2.5 to 6.3)	3.0 (0.3 to 6.1)
Australia	4400 (4263 to 4559)	6007 (5249 to 6910)	67.6 (64.5 to 69.8)	13.1 (9.2 to 18.4)	18.9 (17.7 to 20.1)	0.0 (0.0 to 0.0)	1.2 (0.7 to 1.8)	1.2 (0.5 to 2.0)	1.3 (-0.6 to 3.3)	1.1 (0.1 to 2.1)	-
Austria	5183 (5116 to 5236)	6654 (5774 to 7727)	75.3 (72.1 to 78.0)	6.3 (5.1 to 7.5)	18.3 (18.0 to 18.6)	0.0 (0.0 to 0.0)	1.0 (0.4 to 1.6)	1.0 (0.3 to 1.7)	0.8 (-0.6 to 2.2)	1.1 (0.4 to 1.7)	-
Azerbaijan	1221 (1132 to 1322)	2579 (1086 to 5564)	19.9 (17.1 to 21.0)	0.4 (0.3 to 0.5)	76.4 (59.0 to 91.3)	0.3 (0.2 to 0.3)	2.7 (-0.4 to 6.3)	2.6 (-0.4 to 5.5)	0.4 (-1.5 to 2.4)	2.5 (-1.6 to 6.9)	3.1 (-0.9 to 6.7)
Bahrain	2470 (2363 to 2572)	3039 (1679 to 4826)	63.4 (51.0 to 74.5)	9.3 (6.4 to 16.1)	23.9 (18.0 to 31.4)	0.0 (0.0 to 0.0)	0.7 (-1.4 to 2.8)	0.5 (-2.6 to 3.2)	0.8 (-2.8 to 5.2)	0.6 (-2.6 to 3.8)	-
Bangladesh	90 (86 to 94)	306 (248 to 385)	18.4 (14.7 to 21.8)	2.5 (1.7 to 3.5)	76.8 (74.0 to 79.6)	1.7 (1.2 to 2.7)	5.0 (4.1 to 6.0)	5.8 (4.0 to 7.7)	4.7 (2.2 to 7.2)	5.2 (4.1 to 6.3)	-1.3 (-3.6 to 1.5)
Barbados	1237 (1175 to 1293)	1521 (1112 to 1983)	50.1 (37.3 to 58.9)	6.9 (6.3 to 7.7)	42.0 (41.0 to 44.5)	0.0 (0.0 to 0.0)	0.8 (-0.5 to 1.9)	1.0 (-1.4 to 2.9)	0.6 (-1.1 to 2.2)	0.5 (-0.9 to 1.8)	-
Belarus	1232 (1184 to 1275)	1911 (1273 to 2975)	48.4 (43.2 to 51.0)	1.6 (1.4 to 1.7)	47.1 (29.8 to 66.9)	1.2 (1.0 to 1.4)	1.7 (0.1 to 3.6)	0.7 (-0.7 to 2.1)	-0.6 (-2.7 to 1.5)	2.9 (-0.4 to 6.3)	4.2 (1.7 to 7.0)
Belgium	4939 (4782 to 5095)	6097 (5027 to 7308)	81.2 (78.8 to 83.9)	0.0 (0.0 to 0.1)	18.6 (17.1 to 20.4)	0.0 (0.0 to 0.0)	0.8 (0.1 to 1.5)	0.8 (-0.1 to 1.7)	4.9 (3.2 to 9.7)	1.0 (-0.3 to 2.2)	-
Belize	544 (519 to 572)	760 (536 to 1041)	60.3 (52.5 to 69.1)	12.5 (5.1 to 25.3)	21.7 (21.4 to 22.3)	3.8 (2.0 to 6.2)	1.3 (-0.1 to 2.7)	0.9 (-1.0 to 2.8)	4.2 (-0.5 to 8.9)	1.0 (-0.4 to 2.5)	-0.2 (-3.9 to 3.3)
Benin	82 (79 to 85)	113 (81 to 156)	31.4 (15.7 to 49.4)	5.9 (5.4 to 6.3)	46.3 (44.3 to 47.3)	14.8 (11.9 to 19.2)	1.3 (0.0 to 2.6)	2.7 (-1.2 to 6.2)	1.6 (0.0 to 3.2)	1.6 (0.4 to 2.8)	-1.7 (-3.7 to 0.7)
Bhutan	285 (272 to 298)	618 (334 to 1002)	71.7 (55.2 to 82.0)	1.2 (1.2 to 1.3)	24.6 (23.1 to 27.2)	0.3 (0.0 to 0.6)	3.0 (0.6 to 5.2)	3.0 (-0.5 to 5.7)	3.6 (1.2 to 6.2)	3.9 (1.3 to 6.5)	-27.3 (-100.0 to -4.5)
Bolivia	450 (432 to 464)	938 (607 to 1342)	74.5 (62.8 to 82.1)	2.1 (1.5 to 3.0)	22.2 (21.8 to 22.8)	0.2 (0.0 to 0.3)	2.9 (1.2 to 4.5)	3.3 (0.9 to 5.3)	1.4 (-1.5 to 4.4)	2.2 (0.6 to 3.8)	-16.0 (-100.0 to -4.6)
Bosnia and Herzegovina	1076 (999 to 1174)	1916 (1057 to 3081)	71.4 (57.5 to 79.5)	1.7 (1.4 to 2.4)	23.8 (17.2 to 32.6)	0.6 (0.3 to 1.5)	2.2 (0.0 to 4.3)	2.3 (-0.7 to 4.9)	4.1 (-1.1 to 9.4)	1.3 (-2.3 to 5.0)	2.2 (-2.2 to 8.4)
Botswana	1019 (946 to 1127)	2012 (1346 to 2998)	46.2 (37.6 to 48.8)	33.4 (21.7 to 50.5)	8.5 (5.0 to 13.3)	9.1 (0.0 to 12.1)	2.7 (1.0 to 4.5)	1.9 (-0.5 to 4.1)	2.9 (-0.4 to 6.4)	4.6 (1.0 to 8.4)	1.1 (-19.7 to 6.1)
Brazil	1431 (1407 to 1453)	1858 (1373 to 2356)	44.3 (31.1 to 53.2)	30.5 (21.2 to 33.9)	24.1 (23.1 to 26.1)	0.0 (0.0 to 0.0)	1.0 (-0.1 to 2.0)	1.1 (-1.5 to 2.9)	1.3 (-1.3 to 2.8)	0.3 (-0.5 to 1.2)	-1.6 (-5.6 to 1.5)
Brunei	2092 (1942 to 2276)	2052 (1008 to 3645)	84.7 (76.5 to 90.8)	4.4 (3.7 to 5.2)	9.1 (5.6 to 13.2)	0.0 (0.0 to 0.0)	-0.3 (-2.9 to 2.2)	-0.5 (-3.6 to 2.3)	-0.7 (-2.6 to 1.1)	1.3 (-3.1 to 5.5)	-

			Health spending per total, 2040				Per capita annualized rate of change, 2015-2040				
Location name	Total health spending per capita 2015 ($)	Total health spending per capita 2040 ($)	Government (%)	Pre-paid private (%)	Out-of-pocket (%)	Development assistance for health (%)	Total (%)	Government (%)	Pre-paid private (%)	Out-of-pocket (%)	Development assistance for health (%)
Bulgaria	1620 (1566 to 1672)	3435 (2421 to 4721)	57.4 (44.3 to 68.4)	1.7 (1.1 to 2.7)	40.2 (37.4 to 44.8)	0.0 (0.0 to 0.0)	3.0 (1.6 to 4.4)	3.4 (1.0 to 5.6)	4.3 (1.2 to 7.8)	2.3 (1.4 to 3.6)	-42.6 (-100.0 to -3.9)
Burkina Faso	94 (91 to 97)	192 (133 to 274)	41.5 (30.2 to 54.1)	8.8 (3.8 to 18.4)	33.3 (26.2 to 42.4)	13.6 (11.5 to 17.1)	2.8 (1.4 to 4.4)	4.2 (1.4 to 6.8)	4.0 (-0.5 to 9.1)	2.5 (0.1 to 5.0)	-0.1 (-2.1 to 2.4)
Burundi	67 (63 to 71)	85 (58 to 130)	22.6 (17.0 to 27.3)	0.8 (0.3 to 1.5)	19.6 (12.7 to 26.3)	54.5 (46.8 to 66.6)	0.9 (-0.6 to 2.7)	-0.4 (-2.9 to 2.2)	-3.0 (-7.5 to 1.6)	0.8 (-2.6 to 4.1)	1.5 (-0.5 to 4.2)
Cambodia	213 (199 to 229)	602 (368 to 942)	18.9 (14.2 to 23.0)	0.5 (0.5 to 0.5)	74.1 (65.4 to 83.9)	4.8 (4.5 to 5.4)	4.1 (2.1 to 6.2)	3.6 (0.5 to 6.8)	4.7 (1.9 to 7.3)	4.9 (2.3 to 7.4)	-0.9 (-3.0 to 1.6)
Cameroon	156 (148 to 163)	252 (199 to 309)	18.8 (10.8 to 28.3)	3.8 (2.4 to 5.6)	67.4 (65.0 to 71.2)	9.0 (6.7 to 13.2)	1.9 (1.0 to 2.8)	2.7 (-0.4 to 5.5)	2.8 (-1.4 to 6.9)	1.8 (0.8 to 2.9)	0.5 (-1.5 to 3.0)
Canada	4921 (4835 to 5031)	7108 (5323 to 8917)	73.9 (65.4 to 79.4)	13.3 (12.0 to 14.2)	12.4 (11.0 to 14.5)	0.0 (0.0 to 0.0)	1.4 (0.3 to 2.4)	1.5 (-0.2 to 2.7)	1.9 (0.4 to 3.1)	0.8 (0.3 to 1.3)	-
Cape Verde	356 (340 to 372)	472 (286 to 728)	58.9 (40.8 to 73.7)	3.9 (3.3 to 4.5)	34.8 (29.4 to 39.6)	0.7 (0.0 to 2.8)	1.0 (-0.9 to 2.9)	0.8 (-2.5 to 3.6)	3.1 (0.4 to 5.7)	2.9 (1.5 to 4.1)	-44.8 (-100.0 to -3.5)
Central African Republic	28 (27 to 30)	40 (24 to 65)	11.3 (5.9 to 20.0)	4.3 (2.3 to 7.3)	26.0 (24.5 to 27.4)	54.9 (39.5 to 72.1)	1.3 (-0.8 to 3.3)	0.1 (-4.2 to 4.7)	0.8 (-3.7 to 5.5)	-0.9 (-2.8 to 0.9)	3.0 (-0.4 to 6.3)
Chad	103 (97 to 110)	120 (84 to 173)	22.0 (9.6 to 40.4)	4.2 (2.4 to 7.1)	62.0 (59.2 to 63.4)	9.6 (7.4 to 14.1)	0.5 (-0.8 to 2.1)	-0.6 (-5.2 to 3.7)	-0.8 (-4.2 to 3.3)	0.8 (-0.8 to 2.4)	1.2 (-1.1 to 4.4)
Chile	1950 (1921 to 1984)	2445 (1920 to 3060)	55.7 (50.6 to 62.6)	8.7 (3.8 to 15.7)	34.8 (33.7 to 36.3)	0.0 (0.0 to 0.0)	0.9 (-0.1 to 1.8)	0.5 (-0.8 to 1.9)	1.7 (-2.5 to 5.3)	1.2 (0.1 to 2.2)	-71.1 (-71.7 to -70.5)
China	779 (765 to 794)	3597 (2617 to 4937)	68.6 (59.6 to 76.5)	4.4 (2.7 to 6.9)	26.2 (25.0 to 27.0)	0.0 (0.0 to 0.0)	6.3 (5.0 to 7.7)	6.9 (5.0 to 8.8)	3.7 (0.5 to 7.1)	5.3 (4.0 to 6.5)	-55.5 (-100.0 to -9.3)
Colombia	861 (806 to 914)	1411 (971 to 1954)	72.6 (66.2 to 78.1)	12.9 (12.0 to 14.1)	13.0 (6.6 to 23.7)	0.0 (0.0 to 0.0)	1.9 (0.5 to 3.3)	2.1 (0.2 to 3.8)	2.5 (0.8 to 4.3)	0.3 (-3.6 to 4.4)	-78.8 (-100.0 to -4.6)
Comoros	131 (123 to 138)	116 (89 to 151)	26.7 (13.3 to 41.0)	5.7 (4.5 to 6.8)	63.2 (61.2 to 65.9)	3.1 (0.0 to 8.6)	-0.5 (-1.6 to 0.6)	2.3 (-1.4 to 5.4)	1.2 (-0.7 to 3.1)	-1.1 (-2.1 to -0.1)	-22.1 (-100.0 to 0.1)
Congo	181 (171 to 194)	218 (109 to 375)	52.4 (37.3 to 67.5)	1.8 (1.8 to 1.9)	39.8 (34.9 to 48.9)	2.1 (1.0 to 3.0)	0.5 (-2.1 to 2.9)	0.9 (-3.0 to 4.4)	0.2 (-2.3 to 2.5)	0.0 (-3.0 to 3.3)	-3.0 (-8.1 to 0.9)
Costa Rica	1339 (1300 to 1375)	2139 (1611 to 2831)	69.4 (62.1 to 76.4)	4.5 (3.1 to 6.6)	25.2 (24.5 to 25.7)	0.1 (0.0 to 1.8)	1.9 (0.7 to 3.1)	1.5 (-0.1 to 3.1)	4.3 (1.7 to 7.3)	2.4 (1.3 to 3.5)	-50.5 (-100.0 to 18.0)
Cote d'Ivoire	131 (108 to 162)	235 (183 to 314)	32.9 (19.6 to 43.2)	3.1 (1.6 to 4.8)	44.4 (41.7 to 45.2)	18.3 (14.2 to 25.0)	2.4 (1.0 to 3.9)	2.2 (-1.2 to 5.7)	2.4 (-2.6 to 7.8)	2.1 (0.5 to 3.7)	3.3 (1.3 to 5.9)
Croatia	1736 (1660 to 1813)	3121 (2439 to 4070)	70.9 (67.3 to 72.4)	14.6 (5.7 to 29.6)	13.5 (9.8 to 17.3)	0.1 (0.0 to 0.3)	2.3 (1.4 to 3.5)	2.0 (1.0 to 2.9)	5.0 (0.3 to 10.2)	1.9 (-0.3 to 4.1)	-
Cuba	977 (870 to 1083)	1512 (1067 to 1978)	91.1 (88.7 to 93.2)	1.5 (0.9 to 2.6)	6.6 (5.0 to 8.8)	0.3 (0.2 to 0.6)	1.7 (0.2 to 3.0)	1.6 (0.0 to 3.0)	1.0 (-3.2 to 5.5)	3.1 (0.4 to 5.9)	2.1 (-0.7 to 5.6)
Cyprus	2821 (2504 to 3127)	4200 (3162 to 5545)	75.8 (69.9 to 82.4)	4.7 (4.0 to 5.5)	19.1 (16.8 to 21.2)	0.0 (0.0 to 0.0)	1.6 (0.4 to 2.9)	1.7 (0.2 to 3.3)	1.7 (-0.1 to 3.6)	1.1 (-0.4 to 2.6)	-

			Health spending per total, 2040				Per capita annualized rate of change, 2015-2040				
Location name	Total health spending per capita 2015 ($)	Total health spending per capita 2040 ($)	Government (%)	Pre-paid private (%)	Out-of-pocket (%)	Development assistance for health (%)	Total (%)	Government (%)	Pre-paid private (%)	Out-of-pocket (%)	Development assistance for health (%)
Czech Republic	2534 (2092 to 2924)	4223 (3359 to 5254)	70.5 (64.8 to 75.9)	4.0 (2.3 to 6.5)	25.1 (24.0 to 26.2)	0.0 (0.0 to 0.0)	2.1 (1.0 to 3.2)	1.9 (0.5 to 3.3)	4.0 (-0.7 to 9.0)	2.2 (0.5 to 4.2)	-
Democratic Republic of the Congo	44 (42 to 47)	50 (32 to 76)	31.0 (14.0 to 48.4)	3.9 (2.3 to 5.8)	30.7 (25.7 to 34.9)	31.1 (28.5 to 37.6)	0.4 (-1.3 to 2.2)	3.1 (-1.9 to 7.1)	-1.9 (-5.7 to 1.7)	-0.3 (-2.8 to 2.0)	-0.6 (-2.6 to 1.9)
Denmark	5144 (5049 to 5264)	6421 (5380 to 7561)	84.0 (80.9 to 86.5)	2.7 (2.0 to 3.2)	13.2 (13.0 to 13.3)	0.0 (0.0 to 0.0)	0.9 (0.2 to 1.6)	0.9 (0.0 to 1.7)	1.8 (0.0 to 3.2)	0.7 (0.0 to 1.3)	-
Djibouti	147 (140 to 156)	233 (121 to 373)	71.1 (49.7 to 81.3)	2.2 (2.1 to 2.2)	23.8 (23.1 to 26.2)	0.7 (0.0 to 2.0)	1.7 (-0.9 to 3.8)	2.5 (-1.4 to 5.2)	3.0 (0.4 to 5.1)	2.1 (-0.2 to 4.5)	-29.0 (-100.0 to -5.1)
Dominica	606 (591 to 620)	835 (527 to 1264)	67.9 (54.8 to 78.5)	1.9 (0.8 to 2.8)	28.1 (25.2 to 30.4)	0.8 (0.0 to 3.0)	1.2 (-0.6 to 2.9)	1.2 (-1.4 to 3.6)	2.4 (-3.6 to 6.8)	1.0 (-0.4 to 2.3)	-16.7 (-100.0 to 4.9)
Dominican Republic	932 (905 to 968)	2173 (1487 to 3104)	47.5 (36.3 to 62.3)	8.3 (6.0 to 11.0)	39.6 (37.2 to 41.3)	2.4 (0.0 to 8.6)	3.4 (1.9 to 4.9)	4.0 (1.4 to 6.8)	3.3 (0.4 to 6.1)	3.0 (1.3 to 4.7)	-33.7 (-100.0 to 5.5)
Ecuador	1028 (992 to 1077)	1341 (902 to 1909)	57.1 (44.9 to 68.0)	5.4 (3.9 to 7.3)	35.6 (31.3 to 40.9)	0.0 (0.0 to 0.0)	1.0 (-0.5 to 2.5)	1.5 (-1.0 to 3.8)	0.5 (-2.4 to 3.3)	0.2 (-1.9 to 2.2)	-69.3 (-100.0 to -7.3)
Egypt	484 (460 to 505)	886 (682 to 1113)	27.6 (21.1 to 34.5)	11.8 (6.7 to 22.0)	59.4 (57.3 to 61.9)	0.1 (0.0 to 0.1)	2.4 (1.4 to 3.4)	2.0 (-0.1 to 4.0)	4.0 (0.8 to 7.9)	2.3 (1.0 to 3.4)	-7.9 (-100.0 to -1.7)
El Salvador	598 (570 to 623)	865 (689 to 1064)	64.7 (59.5 to 70.7)	9.5 (5.9 to 14.1)	24.3 (23.3 to 25.4)	0.8 (0.4 to 1.4)	1.5 (0.6 to 2.3)	1.5 (0.3 to 2.7)	3.4 (0.6 to 6.0)	0.9 (-0.2 to 2.0)	-1.9 (-5.1 to 1.4)
Equatorial Guinea	1089 (988 to 1192)	2305 (1100 to 3901)	28.3 (14.3 to 45.4)	16.0 (11.8 to 23.7)	50.0 (39.8 to 63.5)	0.2 (0.0 to 1.4)	2.9 (0.1 to 5.3)	3.7 (-1.6 to 8.5)	5.1 (0.5 to 9.8)	1.6 (-2.1 to 5.0)	-57.7 (-100.0 to 7.6)
Eritrea	41 (37 to 45)	67 (42 to 100)	56.0 (43.8 to 64.6)	6.6 (4.4 to 10.0)	34.1 (27.6 to 44.7)	0.6 (0.0 to 1.9)	1.9 (0.0 to 3.7)	5.4 (2.4 to 8.2)	3.6 (0.2 to 7.2)	-0.1 (-2.7 to 2.7)	-23.6 (-100.0 to -5.1)
Estonia	1946 (1922 to 1969)	3362 (2420 to 4575)	66.1 (57.0 to 72.9)	1.2 (0.9 to 1.8)	31.7 (29.3 to 34.4)	0.0 (0.0 to 0.0)	2.2 (0.9 to 3.5)	1.6 (-0.3 to 3.4)	0.6 (-1.9 to 3.6)	3.4 (1.8 to 5.1)	-
Ethiopia	81 (77 to 85)	290 (191 to 449)	21.1 (12.4 to 30.2)	27.2 (11.3 to 48.1)	37.3 (33.7 to 39.9)	10.6 (9.5 to 12.2)	5.2 (3.5 to 7.1)	5.0 (1.3 to 8.7)	7.3 (2.2 to 12.0)	5.7 (3.5 to 7.8)	0.8 (-1.2 to 3.3)
Federated States of Micronesia	239 (230 to 247)	173 (102 to 287)	78.6 (69.2 to 81.9)	0.5 (0.4 to 0.6)	6.9 (6.5 to 7.5)	11.3 (0.0 to 43.9)	-1.4 (-3.4 to 0.7)	0.9 (-1.4 to 2.5)	0.9 (-0.5 to 2.5)	0.5 (-1.3 to 3.0)	-32.2 (-100.0 to 0.1)
Fiji	342 (328 to 358)	704 (493 to 993)	53.1 (45.5 to 58.2)	15.1 (7.9 to 27.7)	29.6 (21.4 to 35.5)	0.2 (0.0 to 0.8)	2.9 (1.5 to 4.4)	2.3 (0.2 to 4.1)	3.4 (-0.6 to 7.8)	4.4 (1.7 to 6.7)	-52.1 (-100.0 to -3.2)
Finland	4101 (4035 to 4163)	5864 (4658 to 7293)	78.4 (74.2 to 82.9)	3.2 (2.4 to 4.3)	18.1 (17.5 to 18.6)	0.0 (0.0 to 0.0)	1.4 (0.5 to 2.3)	1.5 (0.4 to 2.6)	2.0 (-0.1 to 4.1)	1.1 (0.1 to 2.0)	-
France	4741 (4677 to 4799)	5824 (5108 to 6592)	76.9 (75.0 to 78.9)	15.2 (13.3 to 17.4)	7.8 (7.1 to 8.5)	0.0 (0.0 to 0.0)	0.8 (0.3 to 1.3)	0.7 (0.1 to 1.3)	1.1 (0.0 to 2.1)	1.4 (0.5 to 2.2)	-
Gabon	487 (448 to 524)	653 (417 to 1031)	55.0 (41.3 to 69.6)	12.5 (7.8 to 17.3)	30.0 (28.0 to 30.8)	0.0 (0.0 to 0.1)	1.1 (-0.6 to 3.1)	0.8 (-2.0 to 3.8)	0.6 (-2.8 to 4.2)	1.6 (-0.4 to 3.6)	-55.9 (-100.0 to -6.2)
Georgia	803 (754 to 860)	1615 (796 to 2910)	39.5 (28.6 to 47.4)	2.4 (1.5 to 4.0)	52.8 (40.9 to 72.1)	0.7 (0.3 to 0.9)	2.6 (0.0 to 5.4)	2.7 (-1.2 to 6.2)	4.2 (-1.8 to 10.5)	2.3 (-1.3 to 6.3)	-3.4 (-8.2 to 0.2)

			Health spending per total, 2040				Per capita annualized rate of change, 2015-2040				
Location name	Total health spending per capita 2015 ($)	Total health spending per capita 2040 ($)	Government (%)	Pre-paid private (%)	Out-of-pocket (%)	Development assistance for health (%)	Total (%)	Government (%)	Pre-paid private (%)	Out-of-pocket (%)	Development assistance for health (%)
Germany	5532 (5366 to 5764)	6772 (5729 to 7967)	82.8 (80.2 to 85.7)	1.4 (0.8 to 2.5)	15.6 (15.1 to 16.1)	0.0 (0.0 to 0.0)	0.8 (0.2 to 1.5)	0.7 (0.0 to 1.6)	-2.5 (-6.3 to 1.4)	1.7 (0.9 to 2.5)	-
Ghana	242 (234 to 250)	616 (395 to 976)	53.2 (32.1 to 72.6)	2.5 (1.4 to 3.6)	34.5 (25.2 to 43.0)	8.2 (7.4 to 9.3)	3.7 (2.0 to 5.8)	5.0 (1.2 to 8.5)	2.0 (-1.9 to 5.6)	3.0 (2.2 to 3.7)	0.7 (-1.5 to 3.2)
Greece	2352 (2181 to 2515)	2881 (2435 to 3411)	66.5 (64.2 to 70.1)	3.9 (3.2 to 4.3)	29.2 (24.4 to 33.9)	0.0 (0.0 to 0.0)	0.8 (0.1 to 1.5)	1.0 (0.2 to 2.0)	1.2 (-0.2 to 2.4)	0.2 (-1.2 to 1.8)	-
Grenada	715 (671 to 773)	1272 (885 to 1801)	36.6 (23.4 to 50.1)	9.4 (6.0 to 14.1)	51.5 (48.1 to 56.2)	0.4 (0.0 to 1.9)	2.3 (0.7 to 3.8)	2.0 (-1.2 to 5.0)	4.9 (0.9 to 9.4)	2.0 (0.3 to 3.9)	-44.2 (-100.0 to 4.9)
Guatemala	487 (459 to 514)	694 (542 to 883)	32.7 (29.2 to 36.4)	13.9 (9.0 to 19.8)	51.9 (46.2 to 57.1)	0.6 (0.3 to 1.0)	1.4 (0.4 to 2.4)	1.5 (0.1 to 3.0)	4.6 (1.8 to 7.4)	1.4 (-0.1 to 2.8)	-9.5 (-13.2 to -6.5)
Guinea	102 (99 to 104)	150 (112 to 204)	23.9 (11.7 to 36.0)	5.6 (2.1 to 7.6)	41.7 (40.2 to 42.5)	26.9 (20.1 to 38.7)	1.5 (0.4 to 2.8)	4.3 (0.3 to 7.6)	5.1 (-0.1 to 8.0)	1.6 (0.5 to 2.7)	-0.6 (-2.8 to 2.2)
Guinea-Bissau	121 (117 to 129)	139 (92 to 223)	23.4 (8.8 to 50.0)	2.8 (1.8 to 3.7)	37.3 (32.5 to 38.9)	33.6 (28.6 to 38.7)	0.4 (-1.2 to 2.5)	-0.2 (-5.1 to 5.6)	2.5 (-2.0 to 7.0)	1.0 (-0.4 to 2.4)	-0.4 (-2.5 to 2.2)
Guyana	318 (298 to 335)	630 (327 to 1051)	47.1 (39.9 to 52.6)	0.1 (0.1 to 0.2)	48.8 (34.7 to 64.3)	0.6 (0.0 to 1.5)	2.6 (0.1 to 4.9)	2.1 (-0.9 to 5.0)	5.3 (3.3 to 9.5)	3.4 (-0.3 to 7.0)	-19.4 (-100.0 to -1.4)
Haiti	135 (130 to 140)	183 (130 to 270)	11.4 (6.4 to 15.6)	3.6 (1.8 to 6.5)	25.7 (23.9 to 26.4)	57.4 (47.2 to 69.6)	1.1 (-0.1 to 2.8)	1.7 (-1.9 to 4.7)	0.5 (-3.8 to 4.9)	0.1 (-1.4 to 1.5)	1.5 (-0.6 to 4.0)
Honduras	370 (351 to 397)	596 (411 to 856)	45.2 (38.3 to 51.2)	6.5 (4.7 to 8.7)	45.7 (37.0 to 55.5)	0.9 (0.7 to 1.2)	1.9 (0.4 to 3.4)	2.3 (0.2 to 4.4)	2.8 (0.1 to 5.6)	1.4 (-0.8 to 3.8)	-4.0 (-6.5 to -1.2)
Hungary	2031 (1969 to 2100)	3723 (2751 to 5051)	59.7 (57.6 to 60.8)	4.0 (2.5 to 5.9)	35.0 (23.9 to 50.4)	0.0 (0.0 to 0.0)	2.4 (1.2 to 3.7)	1.9 (0.6 to 3.3)	2.1 (-1.0 to 5.2)	3.1 (0.4 to 6.1)	-
Iceland	4205 (4085 to 4323)	7519 (6052 to 9070)	81.2 (76.6 to 84.2)	3.2 (2.6 to 4.0)	15.3 (14.0 to 17.4)	0.0 (0.0 to 0.0)	2.3 (1.5 to 3.1)	2.4 (1.3 to 3.3)	2.0 (0.4 to 3.8)	2.0 (0.7 to 3.3)	-
India	236 (233 to 239)	820 (680 to 1002)	28.9 (24.6 to 32.6)	10.6 (7.8 to 13.0)	59.8 (56.7 to 63.7)	0.2 (0.1 to 0.3)	5.1 (4.3 to 6.0)	5.5 (4.1 to 7.0)	6.0 (3.9 to 7.8)	4.8 (3.8 to 5.9)	-2.3 (-4.4 to 0.2)
Indonesia	383 (365 to 398)	1220 (788 to 1960)	37.2 (33.8 to 38.3)	7.9 (6.5 to 8.7)	53.1 (38.1 to 70.1)	0.1 (0.1 to 0.1)	4.6 (2.9 to 6.7)	4.5 (2.8 to 6.2)	2.6 (1.3 to 3.9)	5.0 (2.0 to 8.3)	-2.9 (-5.5 to -0.3)
Iran	1232 (1171 to 1295)	2550 (1573 to 4239)	41.7 (31.6 to 54.2)	11.1 (5.4 to 17.8)	43.7 (33.5 to 51.0)	0.0 (0.0 to 0.0)	2.8 (1.0 to 5.1)	2.2 (-0.8 to 5.5)	4.3 (-0.3 to 8.8)	2.8 (-0.1 to 5.8)	-92.2 (-100.0 to -10.0)
Iraq	562 (502 to 644)	1228 (636 to 2100)	42.2 (26.8 to 55.7)	0.1 (0.1 to 0.2)	54.2 (47.8 to 61.6)	0.0 (0.0 to 0.1)	3.0 (0.5 to 5.3)	3.1 (-1.2 to 6.8)	9.2 (4.7 to 13.4)	2.7 (-0.3 to 5.7)	-4.7 (-8.1 to -1.0)
Ireland	5371 (5146 to 5576)	10189 (7296 to 13783)	66.2 (55.5 to 75.1)	12.7 (9.9 to 16.3)	20.2 (19.1 to 22.6)	0.0 (0.0 to 0.0)	2.5 (1.2 to 3.8)	2.2 (0.1 to 4.0)	2.5 (0.2 to 4.9)	3.9 (2.9 to 4.9)	-
Israel	2560 (2417 to 2745)	3643 (3062 to 4287)	59.4 (56.8 to 62.1)	19.2 (13.4 to 27.3)	21.0 (20.6 to 21.2)	0.0 (0.0 to 0.0)	1.4 (0.7 to 2.1)	1.0 (0.1 to 1.9)	3.5 (1.4 to 5.8)	1.0 (-0.1 to 2.1)	-
Italy	3445 (3357 to 3526)	4412 (3736 to 5146)	78.0 (75.4 to 80.3)	3.4 (2.4 to 4.1)	18.3 (16.5 to 20.5)	0.0 (0.0 to 0.0)	1.0 (0.3 to 1.6)	1.1 (0.3 to 1.9)	2.8 (0.6 to 4.3)	0.1 (-1.0 to 1.2)	-

			Health spending per total, 2040				Per capita annualized rate of change, 2015-2040				
Location name	Total health spending per capita 2015 ($)	Total health spending per capita 2040 ($)	Government (%)	Pre-paid private (%)	Out-of-pocket (%)	Development assistance for health (%)	Total (%)	Government (%)	Pre-paid private (%)	Out-of-pocket (%)	Development assistance for health (%)
Jamaica	510 (479 to 542)	549 (370 to 800)	51.4 (35.8 to 65.3)	19.7 (18.2 to 21.7)	26.9 (25.2 to 27.6)	0.1 (0.0 to 0.4)	0.2 (-1.3 to 1.8)	-0.3 (-3.2 to 2.4)	1.1 (-0.7 to 3.1)	0.5 (-1.3 to 2.3)	-42.4 (-100.0 to -3.6)
Japan	4286 (4163 to 4465)	5052 (4185 to 6182)	83.0 (80.4 to 85.9)	0.0 (0.0 to 0.1)	16.7 (16.0 to 17.4)	0.0 (0.0 to 0.0)	0.6 (-0.1 to 1.5)	0.5 (-0.4 to 1.5)	8.5 (4.2 to 13.3)	1.6 (0.7 to 2.5)	-
Jordan	730 (687 to 774)	1104 (708 to 1606)	60.6 (53.1 to 64.8)	8.8 (4.4 to 17.0)	27.9 (17.6 to 43.0)	0.2 (0.1 to 0.3)	1.6 (-0.1 to 3.1)	1.3 (-0.9 to 3.1)	0.6 (-3.7 to 5.2)	2.1 (-1.4 to 5.8)	-5.3 (-10.9 to -1.7)
Kazakhstan	1017 (997 to 1040)	1945 (1154 to 2921)	57.4 (50.3 to 66.3)	0.6 (0.5 to 0.7)	39.5 (27.0 to 49.4)	0.1 (0.0 to 0.2)	2.5 (0.5 to 4.3)	2.2 (-0.3 to 4.6)	1.5 (0.3 to 2.7)	2.7 (-0.8 to 5.5)	-18.4 (-100.0 to 3.6)
Kenya	187 (185 to 190)	310 (259 to 371)	28.9 (25.8 to 32.1)	16.3 (13.9 to 19.1)	30.2 (29.4 to 31.7)	23.8 (16.7 to 35.3)	2.0 (1.3 to 2.8)	1.8 (0.6 to 3.0)	2.9 (1.6 to 4.4)	2.0 (1.2 to 3.0)	1.5 (-0.5 to 4.0)
Kiribati	189 (171 to 212)	339 (255 to 469)	64.2 (54.1 to 71.9)	0.0 (0.0 to 0.1)	3.2 (2.1 to 4.2)	31.7 (14.1 to 50.5)	2.3 (1.0 to 3.7)	1.6 (0.7 to 2.5)	2.9 (0.7 to 6.9)	0.8 (-2.5 to 4.1)	4.3 (0.0 to 7.9)
Kuwait	2640 (2425 to 2869)	2681 (1135 to 4757)	70.7 (47.1 to 83.8)	1.4 (1.4 to 1.6)	24.9 (23.9 to 29.3)	0.0 (0.0 to 0.0)	-0.2 (-3.3 to 2.4)	-0.8 (-5.5 to 2.4)	-0.8 (-4.1 to 2.4)	1.8 (-0.8 to 4.5)	-
Kyrgyzstan	308 (293 to 331)	504 (287 to 825)	36.6 (27.0 to 42.3)	1.2 (0.5 to 2.4)	57.6 (45.9 to 70.6)	1.6 (1.3 to 2.1)	1.9 (-0.2 to 4.0)	1.1 (-2.2 to 4.0)	2.2 (-7.0 to 13.4)	2.7 (-0.3 to 5.9)	-4.4 (-7.2 to -1.5)
Laos	178 (167 to 195)	513 (326 to 746)	50.8 (44.2 to 58.2)	4.9 (2.0 to 10.3)	34.7 (23.3 to 49.3)	6.8 (6.2 to 8.3)	4.2 (2.4 to 6.0)	5.9 (3.4 to 8.3)	6.4 (1.0 to 11.8)	3.1 (-0.2 to 6.4)	0.2 (-1.9 to 2.7)
Latvia	1683 (1593 to 1771)	3266 (2412 to 4335)	57.3 (53.3 to 61.7)	1.0 (0.4 to 2.2)	40.6 (32.5 to 48.6)	0.0 (0.0 to 0.0)	2.6 (1.4 to 3.9)	2.4 (0.9 to 3.9)	2.8 (-2.6 to 8.7)	3.0 (0.9 to 5.0)	-
Lebanon	1207 (1102 to 1312)	1359 (738 to 2257)	50.3 (27.8 to 71.0)	15.3 (15.1 to 15.8)	30.6 (29.1 to 32.3)	0.4 (0.0 to 0.5)	0.3 (-1.9 to 2.6)	0.1 (-4.3 to 4.0)	0.1 (-2.1 to 2.4)	0.1 (-2.4 to 2.8)	-4.2 (-100.0 to 3.3)
Lesotho	262 (254 to 270)	641 (462 to 885)	47.2 (40.0 to 51.2)	0.9 (0.6 to 1.2)	12.4 (11.1 to 13.5)	38.3 (31.0 to 51.8)	3.6 (2.3 to 5.0)	3.1 (1.1 to 4.8)	-0.1 (-2.6 to 2.4)	2.3 (1.4 to 3.2)	4.9 (2.8 to 7.7)
Liberia	481 (474 to 488)	340 (214 to 582)	5.1 (2.3 to 7.4)	0.6 (0.3 to 1.1)	10.8 (8.4 to 12.4)	81.9 (76.8 to 89.2)	-1.5 (-3.2 to 0.8)	1.5 (-3.1 to 5.7)	1.9 (-4.0 to 7.8)	1.1 (-1.8 to 4.1)	-2.0 (-3.9 to 0.8)
Libya	502 (435 to 582)	798 (499 to 1225)	60.7 (53.8 to 74.1)	16.6 (9.1 to 24.1)	19.3 (13.1 to 28.3)	0.3 (0.1 to 0.5)	1.8 (-0.1 to 3.7)	2.5 (0.2 to 5.3)	4.0 (-0.6 to 8.1)	-1.1 (-4.7 to 2.4)	4.1 (-0.7 to 7.8)
Lithuania	1941 (1872 to 2010)	4026 (2987 to 5256)	59.1 (48.8 to 67.7)	0.8 (0.5 to 1.3)	39.4 (39.1 to 40.0)	0.0 (0.0 to 0.0)	2.9 (1.7 to 4.1)	2.4 (0.5 to 4.1)	1.9 (-1.3 to 5.4)	3.7 (2.6 to 4.9)	-
Luxembourg	6530 (6288 to 6784)	11363 (8802 to 14095)	78.8 (75.3 to 81.9)	7.5 (5.1 to 11.0)	13.1 (10.8 to 16.0)	0.0 (0.0 to 0.0)	2.2 (1.2 to 3.2)	2.0 (0.7 to 3.1)	3.2 (0.7 to 5.9)	3.0 (1.2 to 4.9)	-
Macedonia	921 (758 to 1196)	1319 (878 to 1851)	53.1 (51.8 to 54.9)	4.8 (3.2 to 7.4)	40.4 (27.4 to 56.3)	0.0 (0.0 to 0.1)	1.4 (-0.4 to 3.1)	0.8 (-1.2 to 2.9)	4.0 (-1.2 to 9.5)	1.9 (-1.1 to 5.0)	-65.6 (-100.0 to -5.5)
Madagascar	78 (74 to 81)	112 (70 to 161)	58.5 (38.1 to 71.0)	5.7 (4.6 to 7.3)	21.2 (20.5 to 22.7)	12.7 (11.6 to 16.0)	1.4 (-0.5 to 3.0)	2.6 (-0.9 to 5.1)	0.8 (-1.8 to 3.4)	1.1 (-0.4 to 2.7)	-1.8 (-3.8 to 0.7)
Malawi	135 (132 to 138)	179 (119 to 278)	15.8 (8.2 to 23.1)	6.0 (2.7 to 10.0)	7.0 (4.2 to 10.2)	68.6 (61.9 to 77.6)	1.0 (-0.5 to 2.9)	0.1 (-4.0 to 3.8)	1.8 (-2.9 to 6.6)	0.3 (-3.2 to 3.8)	1.1 (-0.9 to 3.5)

			Health spending per total, 2040				Per capita annualized rate of change, 2015-2040				
Location name	Total health spending per capita 2015 ($)	Total health spending per capita 2040 ($)	Government (%)	Pre-paid private (%)	Out-of-pocket (%)	Development assistance for health (%)	Total (%)	Government (%)	Pre-paid private (%)	Out-of-pocket (%)	Development assistance for health (%)
Malaysia	1072 (1041 to 1105)	2587 (1920 to 3459)	42.8 (38.7 to 45.8)	8.2 (7.9 to 9.1)	47.9 (38.8 to 57.4)	0.0 (0.0 to 0.0)	3.5 (2.3 to 4.8)	2.7 (1.0 to 4.1)	2.4 (1.0 to 4.1)	4.7 (2.6 to 6.8)	-61.0 (-100.0 to -4.0)
Maldives	1850 (1719 to 1990)	2465 (1533 to 3684)	79.7 (72.1 to 83.2)	1.2 (0.7 to 2.0)	17.2 (10.1 to 28.0)	0.2 (0.0 to 0.5)	1.1 (-0.9 to 2.9)	1.0 (-1.3 to 3.0)	-0.3 (-4.4 to 4.0)	0.8 (-3.1 to 4.6)	-24.0 (-100.0 to 7.3)
Mali	110 (105 to 115)	211 (151 to 287)	22.8 (9.6 to 39.2)	10.4 (4.0 to 15.7)	40.2 (37.6 to 43.0)	24.1 (20.1 to 33.2)	2.6 (1.2 to 4.0)	3.9 (-0.7 to 7.9)	5.7 (0.6 to 9.1)	1.9 (0.4 to 3.6)	1.4 (-0.6 to 4.1)
Malta	3642 (3494 to 3766)	8586 (7170 to 10252)	63.9 (61.3 to 65.3)	2.7 (2.1 to 3.4)	33.0 (27.6 to 40.1)	0.0 (0.0 to 0.0)	3.5 (2.7 to 4.3)	3.7 (2.8 to 4.5)	4.5 (2.7 to 6.3)	3.0 (1.5 to 4.7)	-
Marshall Islands	604 (565 to 646)	615 (319 to 1015)	68.8 (45.9 to 82.4)	3.0 (2.9 to 3.2)	23.9 (22.3 to 27.3)	1.7 (0.0 to 5.1)	-0.1 (-2.6 to 2.1)	0.1 (-4.0 to 3.1)	-0.5 (-2.9 to 1.7)	2.4 (0.4 to 4.7)	-20.9 (-100.0 to -2.9)
Mauritania	184 (174 to 194)	261 (152 to 428)	44.2 (28.4 to 64.2)	5.7 (2.6 to 8.4)	44.8 (40.7 to 46.1)	1.9 (0.9 to 2.6)	1.3 (-0.7 to 3.5)	1.7 (-2.1 to 5.6)	2.4 (-2.9 to 6.6)	1.0 (-1.4 to 3.2)	-4.6 (-9.2 to -1.2)
Mauritius	1094 (1047 to 1137)	3148 (1893 to 4947)	34.8 (31.9 to 36.8)	0.6 (0.5 to 0.7)	63.1 (48.9 to 76.6)	0.0 (0.0 to 0.1)	4.2 (2.2 to 6.2)	3.0 (1.3 to 4.7)	2.6 (1.3 to 4.2)	4.9 (1.9 to 7.8)	-53.9 (-100.0 to 4.8)
Mexico	1081 (1050 to 1112)	1852 (1472 to 2301)	47.7 (46.9 to 49.1)	11.8 (7.2 to 16.8)	39.6 (32.6 to 48.6)	0.0 (0.0 to 0.0)	2.2 (1.2 to 3.1)	1.8 (0.8 to 2.8)	4.6 (1.7 to 7.2)	2.0 (0.3 to 3.7)	-22.2 (-100.0 to -2.7)
Moldova	543 (516 to 574)	822 (508 to 1231)	48.8 (43.1 to 51.4)	0.8 (0.5 to 1.1)	41.0 (26.5 to 56.1)	6.9 (5.5 to 8.9)	1.6 (-0.2 to 3.4)	1.8 (-0.6 to 3.8)	0.8 (-2.7 to 4.1)	1.1 (-2.4 to 4.3)	1.2 (-1.5 to 4.1)
Mongolia	496 (475 to 522)	1293 (713 to 2195)	38.8 (33.0 to 41.2)	2.1 (2.0 to 2.3)	52.3 (32.7 to 72.6)	3.3 (3.2 to 3.6)	3.7 (1.4 to 6.1)	2.6 (-0.3 to 5.1)	2.0 (-0.6 to 4.8)	4.9 (0.7 to 8.8)	1.2 (-1.2 to 3.8)
Montenegro	985 (954 to 1017)	1472 (1194 to 1774)	63.5 (61.2 to 66.2)	0.5 (0.3 to 0.8)	34.5 (29.8 to 40.6)	1.0 (0.2 to 2.3)	1.6 (0.7 to 2.4)	1.4 (0.4 to 2.4)	1.6 (-1.8 to 5.3)	1.8 (0.4 to 3.4)	3.3 (-2.1 to 9.1)
Morocco	454 (438 to 472)	1056 (788 to 1406)	43.1 (38.2 to 53.4)	1.6 (1.0 to 2.2)	50.4 (44.9 to 54.7)	4.0 (3.1 to 5.3)	3.4 (2.2 to 4.7)	3.4 (1.6 to 5.6)	0.8 (-2.3 to 3.5)	3.2 (1.5 to 4.8)	9.2 (7.0 to 11.9)
Mozambique	72 (71 to 74)	159 (107 to 235)	26.7 (16.4 to 40.4)	4.0 (3.6 to 4.5)	9.9 (9.1 to 10.1)	57.1 (51.2 to 68.3)	3.1 (1.6 to 4.9)	5.5 (2.0 to 9.2)	3.4 (1.5 to 5.8)	4.9 (3.0 to 6.8)	2.0 (0.0 to 4.5)
Myanmar	301 (270 to 339)	1185 (755 to 1804)	26.2 (25.2 to 26.8)	1.3 (1.2 to 1.3)	66.8 (53.6 to 79.3)	4.3 (4.0 to 5.2)	5.5 (3.7 to 7.5)	6.3 (4.2 to 8.3)	5.0 (3.1 to 6.7)	5.3 (2.5 to 8.1)	4.7 (2.5 to 7.5)
Namibia	1033 (991 to 1084)	1260 (941 to 1654)	61.3 (57.5 to 66.0)	15.6 (9.1 to 24.2)	12.3 (6.4 to 20.7)	9.1 (6.4 to 13.9)	0.8 (-0.4 to 1.9)	0.6 (-0.8 to 2.1)	-0.4 (-3.6 to 2.6)	2.1 (-1.5 to 5.7)	1.2 (-1.3 to 4.1)
Nepal	160 (153 to 167)	292 (185 to 479)	18.7 (16.9 to 19.7)	16.2 (13.3 to 18.8)	56.7 (41.6 to 70.6)	6.0 (5.5 to 6.7)	2.3 (0.6 to 4.5)	2.7 (0.5 to 4.7)	4.0 (1.4 to 6.9)	2.2 (-0.7 to 5.3)	-1.2 (-3.3 to 1.3)
Netherlands	5579 (5360 to 5835)	7202 (5793 to 8840)	85.6 (84.6 to 86.4)	3.1 (2.3 to 4.3)	10.8 (5.4 to 19.9)	0.0 (0.0 to 0.0)	1.0 (0.1 to 1.9)	1.2 (0.4 to 2.1)	-2.4 (-4.3 to -0.2)	0.3 (-3.1 to 3.9)	-
New Zealand	3648 (3481 to 3856)	5001 (4201 to 5884)	78.2 (75.1 to 81.4)	8.7 (7.3 to 10.4)	12.9 (12.6 to 13.5)	0.0 (0.0 to 0.0)	1.3 (0.6 to 2.0)	1.2 (0.3 to 2.1)	1.9 (0.5 to 3.5)	1.4 (0.5 to 2.2)	-
Nicaragua	432 (413 to 454)	651 (482 to 871)	53.7 (44.0 to 64.4)	2.4 (1.6 to 3.5)	36.9 (36.1 to 37.6)	6.0 (4.6 to 8.5)	1.6 (0.4 to 2.9)	1.5 (-0.5 to 3.6)	1.8 (-1.1 to 4.7)	1.9 (0.7 to 3.1)	0.0 (-2.1 to 2.6)

			Health spending per total, 2040				Per capita annualized rate of change, 2015-2040				
Location name	Total health spending per capita 2015 ($)	Total health spending per capita 2040 ($)	Government (%)	Pre-paid private (%)	Out-of-pocket (%)	Development assistance for health (%)	Total (%)	Government (%)	Pre-paid private (%)	Out-of-pocket (%)	Development assistance for health (%)
Niger	67 (65 to 69)	97 (71 to 125)	33.8 (22.7 to 42.8)	1.4 (1.1 to 1.8)	50.3 (48.1 to 52.9)	13.2 (10.5 to 18.3)	1.4 (0.2 to 2.5)	2.6 (-0.2 to 4.7)	1.3 (-0.9 to 3.8)	1.1 (-0.3 to 2.4)	0.0 (-2.1 to 2.5)
Nigeria	216 (201 to 234)	332 (217 to 509)	12.3 (1.9 to 37.7)	0.9 (0.8 to 0.9)	77.9 (74.9 to 79.1)	6.8 (6.1 to 8.3)	1.7 (0.0 to 3.5)	-0.3 (-8.2 to 7.2)	-1.2 (-3.3 to 0.7)	1.9 (0.2 to 3.7)	0.7 (-1.3 to 3.4)
North Korea	134 (128 to 139)	114 (103 to 125)	41.4 (41.2 to 41.8)	3.1 (2.1 to 4.4)	53.0 (50.1 to 56.2)	2.3 (1.4 to 3.7)	-0.6 (-1.0 to -0.2)	-0.3 (-0.8 to 0.1)	-3.0 (-5.4 to -0.8)	-0.8 (-1.4 to -0.2)	4.0 (1.8 to 6.5)
Norway	7024 (6810 to 7268)	8101 (5263 to 11180)	84.5 (77.1 to 89.1)	0.4 (0.4 to 0.5)	14.8 (13.4 to 17.3)	0.0 (0.0 to 0.0)	0.5 (-1.2 to 1.9)	0.5 (-1.6 to 2.1)	0.9 (-0.1 to 1.7)	0.6 (-0.4 to 1.6)	-
Oman	1684 (1555 to 1799)	2492 (1411 to 3922)	78.5 (68.6 to 86.2)	3.8 (3.1 to 4.8)	15.7 (12.0 to 20.4)	0.0 (0.0 to 0.0)	1.4 (-0.7 to 3.5)	0.9 (-1.7 to 3.4)	0.2 (-2.6 to 3.2)	5.1 (1.8 to 8.5)	-
Pakistan	142 (136 to 150)	305 (210 to 442)	32.9 (21.1 to 44.9)	2.0 (1.8 to 2.1)	57.8 (52.3 to 62.5)	5.6 (4.7 to 7.0)	3.0 (1.6 to 4.6)	3.9 (0.7 to 6.8)	2.5 (1.1 to 3.8)	2.6 (0.7 to 4.5)	2.0 (-0.2 to 4.6)
Palestine	390 (345 to 435)	662 (501 to 881)	43.9 (39.8 to 50.1)	18.7 (13.1 to 24.5)	36.0 (29.6 to 41.7)	0.0 (0.0 to 0.1)	2.1 (0.9 to 3.4)	2.5 (1.0 to 4.2)	2.0 (-0.7 to 4.7)	1.6 (-0.4 to 3.7)	-45.6 (-100.0 to -6.3)
Panama	1588 (1535 to 1649)	3944 (2964 to 5076)	58.9 (48.9 to 67.0)	10.0 (7.6 to 12.8)	30.2 (29.8 to 30.5)	0.0 (0.0 to 0.0)	3.7 (2.5 to 4.8)	3.5 (1.6 to 5.2)	5.2 (2.9 to 7.4)	3.6 (2.5 to 4.7)	-37.7 (-100.0 to -7.7)
Papua New Guinea	121 (114 to 131)	145 (94 to 211)	87.1 (80.8 to 91.2)	0.0 (0.0 to 0.1)	8.1 (5.6 to 11.8)	3.9 (2.4 to 5.4)	0.6 (-1.0 to 2.3)	1.3 (-0.7 to 3.1)	16.2 (11.1 to 32.1)	2.0 (-1.1 to 5.3)	-5.8 (-9.1 to -2.9)
Paraguay	738 (706 to 777)	1838 (1283 to 2497)	59.4 (50.6 to 67.2)	10.5 (5.1 to 20.6)	28.8 (28.2 to 29.9)	0.0 (0.0 to 0.0)	3.7 (2.2 to 5.0)	4.1 (2.0 to 6.0)	3.8 (-0.4 to 8.2)	2.7 (1.5 to 3.9)	-53.4 (-100.0 to -4.9)
Peru	683 (669 to 698)	1302 (937 to 1729)	62.7 (54.6 to 71.6)	5.5 (4.0 to 7.3)	30.8 (29.3 to 32.2)	0.0 (0.0 to 0.1)	2.6 (1.3 to 3.8)	2.8 (0.9 to 4.6)	1.7 (-0.8 to 4.2)	2.5 (1.0 to 4.0)	-41.1 (-100.0 to -10.4)
Philippines	333 (324 to 347)	1003 (737 to 1355)	23.6 (20.5 to 26.2)	16.8 (14.1 to 19.6)	58.0 (48.5 to 67.9)	0.3 (0.2 to 0.4)	4.5 (3.3 to 5.8)	3.5 (1.8 to 5.3)	5.0 (3.1 to 7.1)	4.8 (2.9 to 6.8)	-4.1 (-6.2 to -1.6)
Poland	1757 (1671 to 1837)	3557 (2938 to 4341)	65.8 (61.4 to 70.0)	9.2 (5.8 to 11.9)	24.6 (24.3 to 25.0)	0.0 (0.0 to 0.0)	2.8 (2.1 to 3.7)	2.5 (1.4 to 3.6)	5.4 (2.5 to 8.1)	3.0 (2.3 to 3.7)	-
Portugal	2712 (2621 to 2819)	4606 (3796 to 5451)	62.7 (58.6 to 66.2)	11.9 (8.7 to 16.7)	24.9 (22.9 to 27.6)	0.0 (0.0 to 0.0)	2.1 (1.3 to 2.9)	1.9 (0.9 to 2.9)	4.8 (2.7 to 7.0)	1.7 (0.5 to 2.8)	-
Qatar	3251 (3050 to 3450)	4130 (1964 to 8493)	67.1 (45.0 to 85.6)	8.5 (7.4 to 8.9)	19.7 (13.9 to 22.8)	0.0 (0.0 to 0.0)	0.6 (-2.1 to 3.9)	-0.3 (-4.4 to 4.1)	0.5 (-2.7 to 3.7)	4.9 (0.5 to 9.4)	-
Romania	1128 (1051 to 1198)	3085 (2067 to 4733)	77.4 (69.8 to 83.7)	0.6 (0.6 to 0.6)	21.1 (19.8 to 22.3)	0.0 (0.0 to 0.0)	4.0 (2.5 to 5.9)	4.0 (2.0 to 6.1)	3.3 (1.2 to 5.5)	4.0 (2.1 to 6.0)	-59.1 (-100.0 to 3.8)
Russia	1544 (1523 to 1564)	2142 (1487 to 2970)	52.8 (44.3 to 60.0)	1.4 (1.0 to 2.0)	44.4 (37.9 to 51.5)	0.0 (0.0 to 0.0)	1.3 (-0.1 to 2.7)	0.6 (-1.4 to 2.5)	-1.3 (-4.1 to 1.5)	2.1 (0.1 to 4.2)	-26.5 (-100.0 to -2.5)
Rwanda	149 (143 to 155)	348 (258 to 465)	29.2 (21.5 to 38.0)	9.1 (4.4 to 16.0)	38.2 (31.6 to 45.9)	21.3 (16.0 to 29.2)	3.4 (2.2 to 4.6)	4.1 (1.6 to 6.6)	3.4 (-0.6 to 7.3)	5.0 (3.0 to 7.1)	0.7 (-1.5 to 3.3)
Saint Lucia	714 (658 to 793)	1093 (790 to 1501)	33.7 (22.5 to 47.7)	4.0 (2.9 to 4.6)	51.2 (49.3 to 52.5)	9.2 (0.8 to 13.7)	1.7 (0.4 to 3.1)	0.9 (-1.9 to 3.8)	1.2 (-1.4 to 3.1)	1.7 (0.2 to 3.2)	2.7 (-6.4 to 7.8)

			Health spending per total, 2040				Per capita annualized rate of change, 2015-2040				
Location name	Total health spending per capita 2015 ($)	Total health spending per capita 2040 ($)	Government (%)	Pre-paid private (%)	Out-of-pocket (%)	Development assistance for health (%)	Total (%)	Government (%)	Pre-paid private (%)	Out-of-pocket (%)	Development assistance for health (%)
Saint Vincent and the Grenadines	523 (506 to 537)	831 (587 to 1161)	56.9 (48.8 to 66.2)	2.4 (2.2 to 2.7)	16.6 (16.3 to 16.9)	22.5 (14.5 to 32.8)	1.8 (0.5 to 3.3)	1.2 (-0.7 to 3.2)	2.3 (0.4 to 4.3)	1.2 (-0.3 to 2.8)	4.1 (1.0 to 7.3)
Samoa	342 (319 to 364)	577 (308 to 1006)	52.4 (28.3 to 73.2)	0.8 (0.7 to 0.9)	10.3 (8.9 to 11.6)	32.9 (31.8 to 34.5)	1.9 (-0.5 to 4.3)	0.8 (-3.9 to 4.7)	2.1 (0.0 to 3.9)	1.9 (0.0 to 3.9)	3.7 (1.5 to 6.5)
Sao Tome and Principe	216 (206 to 225)	305 (151 to 619)	49.5 (26.8 to 77.6)	1.8 (0.8 to 2.1)	20.4 (15.2 to 23.6)	22.3 (16.2 to 24.1)	1.1 (-1.4 to 4.3)	1.2 (-3.8 to 6.3)	0.7 (-5.2 to 4.7)	1.7 (-2.0 to 5.3)	-0.4 (-4.2 to 2.7)
Saudi Arabia	3138 (2975 to 3318)	4248 (2203 to 8072)	66.7 (51.6 to 84.2)	15.0 (12.0 to 16.9)	15.0 (13.8 to 15.8)	0.0 (0.0 to 0.0)	1.0 (-1.4 to 3.9)	0.7 (-2.7 to 4.5)	1.5 (-1.8 to 4.6)	1.0 (-1.6 to 3.7)	-
Senegal	119 (113 to 123)	190 (149 to 234)	38.2 (28.4 to 46.4)	14.2 (8.2 to 23.5)	37.6 (36.7 to 38.8)	8.8 (6.4 to 12.7)	1.9 (0.9 to 2.8)	3.3 (1.1 to 5.1)	2.9 (-0.1 to 6.1)	2.0 (0.8 to 3.1)	-2.5 (-4.5 to -0.1)
Serbia	1398 (1349 to 1459)	2653 (1951 to 3683)	62.2 (56.3 to 66.0)	0.8 (0.4 to 1.6)	35.2 (21.3 to 50.0)	0.8 (0.6 to 1.0)	2.5 (1.3 to 4.0)	2.8 (1.8 to 3.8)	0.0 (-4.3 to 4.9)	1.9 (-1.2 to 4.9)	10.0 (7.6 to 12.9)
Seychelles	957 (870 to 1057)	1911 (646 to 3945)	96.6 (91.2 to 98.9)	0.4 (0.3 to 0.6)	2.1 (1.4 to 3.7)	0.0 (0.0 to 0.0)	2.4 (-1.7 to 5.9)	2.4 (-1.9 to 6.0)	7.4 (4.9 to 9.9)	1.6 (-4.3 to 8.2)	-70.5 (-71.1 to -69.8)
Sierra Leone	248 (232 to 260)	241 (172 to 342)	13.0 (5.7 to 22.7)	10.9 (4.3 to 21.2)	36.2 (34.9 to 37.0)	37.2 (30.2 to 50.6)	-0.2 (-1.5 to 1.3)	0.9 (-3.6 to 5.1)	3.1 (-1.4 to 7.8)	-1.2 (-2.7 to 0.3)	-0.4 (-2.4 to 2.4)
Singapore	3657 (3529 to 3810)	5212 (3658 to 7186)	49.3 (37.4 to 61.6)	17.3 (16.5 to 18.2)	32.1 (29.7 to 33.0)	0.0 (0.0 to 0.0)	1.4 (0.0 to 2.7)	1.1 (-1.3 to 3.4)	1.5 (0.0 to 3.1)	1.4 (-0.3 to 2.9)	-
Slovakia	2216 (2085 to 2350)	4680 (3291 to 6354)	72.1 (67.6 to 77.2)	3.3 (2.2 to 5.2)	23.5 (16.9 to 32.5)	0.0 (0.0 to 0.0)	3.0 (1.6 to 4.3)	2.6 (0.9 to 4.2)	4.8 (-0.1 to 10.8)	3.9 (1.1 to 6.8)	-
Slovenia	2806 (2744 to 2884)	5093 (4094 to 6378)	66.3 (64.4 to 67.0)	21.2 (11.9 to 34.2)	11.8 (9.9 to 13.4)	0.0 (0.0 to 0.0)	2.4 (1.5 to 3.4)	2.1 (1.1 to 3.0)	3.4 (0.2 to 6.4)	2.1 (0.6 to 3.6)	-
Solomon Islands	157 (144 to 166)	262 (151 to 425)	62.9 (47.8 to 75.5)	0.2 (0.2 to 0.2)	4.0 (3.6 to 4.4)	30.2 (27.0 to 38.5)	1.9 (-0.1 to 4.1)	1.8 (-1.4 to 4.7)	1.3 (-1.2 to 3.5)	2.6 (0.0 to 5.3)	1.7 (-0.7 to 4.9)
Somalia	42 (42 to 43)	89 (61 to 147)	6.5 (4.7 to 7.5)	1.3 (1.0 to 1.4)	18.1 (11.5 to 23.2)	73.6 (63.5 to 84.8)	2.9 (1.5 to 5.1)	0.3 (-0.5 to 1.3)	-0.1 (-1.3 to 1.0)	-0.1 (-0.6 to 0.2)	4.8 (2.7 to 7.6)
South Africa	1109 (1091 to 1128)	1220 (995 to 1484)	60.0 (55.3 to 64.4)	24.1 (19.9 to 28.9)	10.1 (9.2 to 10.2)	5.2 (3.8 to 7.9)	0.4 (-0.4 to 1.2)	0.8 (-0.3 to 1.9)	-1.3 (-2.8 to 0.3)	1.4 (0.2 to 2.2)	3.6 (1.5 to 6.3)
South Korea	2835 (2785 to 2884)	6565 (4753 to 8976)	51.5 (49.1 to 52.8)	8.5 (5.0 to 11.7)	38.6 (32.5 to 50.7)	0.0 (0.0 to 0.0)	3.4 (2.1 to 4.7)	3.0 (1.6 to 4.3)	4.2 (0.8 to 7.0)	3.5 (1.6 to 6.1)	-
South Sudan	81 (79 to 84)	127 (103 to 157)	46.2 (38.6 to 53.7)	2.6 (2.5 to 2.8)	35.6 (32.2 to 38.5)	14.9 (11.0 to 22.1)	1.8 (1.0 to 2.7)	3.9 (2.2 to 5.4)	-0.2 (-1.2 to 1.0)	-0.2 (-0.7 to 0.3)	3.1 (1.1 to 5.7)
Spain	3363 (3262 to 3450)	5411 (4516 to 6353)	71.7 (67.2 to 75.1)	5.4 (4.9 to 5.9)	22.7 (21.3 to 24.1)	0.0 (0.0 to 0.0)	1.9 (1.2 to 2.6)	1.9 (1.0 to 2.9)	2.4 (1.3 to 3.5)	1.6 (0.7 to 2.6)	-
Sri Lanka	360 (348 to 370)	1026 (677 to 1546)	48.0 (39.3 to 58.5)	4.9 (4.4 to 5.0)	44.6 (37.7 to 52.4)	0.6 (0.5 to 0.8)	4.2 (2.6 to 6.0)	3.7 (1.2 to 6.4)	2.9 (0.8 to 4.8)	5.0 (2.7 to 7.6)	-2.9 (-4.6 to 0.5)
Sudan	282 (262 to 306)	427 (223 to 731)	26.8 (17.6 to 38.1)	2.6 (2.5 to 2.8)	61.8 (49.4 to 76.2)	4.9 (4.6 to 5.4)	1.5 (-0.9 to 3.9)	1.0 (-3.1 to 4.9)	0.6 (-1.6 to 2.8)	1.4 (-2.0 to 4.6)	3.6 (1.5 to 6.3)

			Health spending per total, 2040				Per capita annualized rate of change, 2015-2040				
Location name	Total health spending per capita 2015 ($)	Total health spending per capita 2040 ($)	Government (%)	Pre-paid private (%)	Out-of-pocket (%)	Development assistance for health (%)	Total (%)	Government (%)	Pre-paid private (%)	Out-of-pocket (%)	Development assistance for health (%)
Suriname	993 (904 to 1074)	907 (489 to 1550)	37.3 (15.4 to 64.3)	42.7 (37.3 to 44.2)	16.2 (14.8 to 17.5)	0.1 (0.0 to 0.3)	-0.5 (-2.8 to 1.9)	-2.1 (-7.4 to 2.8)	0.3 (-2.5 to 2.4)	0.9 (-1.0 to 3.1)	-43.2 (-100.0 to -6.5)
Swaziland	693 (661 to 729)	1210 (740 to 1808)	54.9 (40.8 to 65.5)	2.8 (2.5 to 3.1)	8.3 (8.0 to 8.9)	31.9 (29.4 to 40.4)	2.2 (0.2 to 3.9)	1.7 (-1.4 to 4.1)	-2.3 (-4.6 to -0.4)	1.1 (-0.5 to 2.7)	4.3 (2.1 to 7.0)
Sweden	5550 (5346 to 5748)	8004 (6432 to 9856)	80.4 (76.5 to 83.8)	1.1 (0.9 to 1.3)	18.2 (17.5 to 19.0)	0.0 (0.0 to 0.0)	1.5 (0.6 to 2.3)	1.3 (0.2 to 2.4)	1.4 (-0.3 to 2.9)	2.2 (1.2 to 3.2)	-
Switzerland	7465 (7252 to 7662)	7634 (6552 to 8808)	68.3 (64.3 to 71.5)	5.3 (4.2 to 6.5)	26.1 (24.8 to 27.3)	0.0 (0.0 to 0.0)	0.1 (-0.5 to 0.7)	0.0 (-0.9 to 0.8)	-0.7 (-2.3 to 0.8)	0.6 (-0.2 to 1.4)	-
Syria	241 (207 to 284)	261 (170 to 385)	40.1 (27.3 to 55.3)	6.5 (3.8 to 11.7)	47.8 (42.2 to 51.0)	3.0 (2.3 to 3.8)	0.2 (-1.5 to 2.0)	0.1 (-3.0 to 3.1)	0.4 (-3.8 to 4.8)	0.0 (-2.4 to 2.3)	1.1 (-1.5 to 3.9)
Taiwan	2535 (2513 to 2555)	3813 (2983 to 4740)	56.1 (50.9 to 64.0)	13.7 (10.7 to 17.4)	29.4 (24.7 to 33.1)	0.0 (0.0 to 0.0)	1.6 (0.7 to 2.5)	1.3 (0.0 to 2.8)	1.9 (-0.3 to 4.3)	1.9 (0.3 to 3.4)	-
Tajikistan	200 (192 to 209)	413 (238 to 651)	22.7 (14.6 to 29.8)	0.3 (0.3 to 0.4)	65.6 (52.9 to 78.2)	8.5 (8.0 to 9.9)	2.8 (0.7 to 4.9)	1.8 (-2.0 to 5.0)	2.8 (-2.5 to 7.6)	2.9 (-0.1 to 5.8)	3.5 (1.4 to 6.1)
Tanzania	161 (147 to 176)	413 (263 to 667)	51.8 (34.4 to 68.5)	1.2 (1.1 to 1.2)	25.6 (24.3 to 26.4)	19.0 (17.8 to 21.2)	3.7 (1.8 to 5.9)	5.1 (1.6 to 8.7)	1.2 (-0.8 to 3.3)	3.3 (1.3 to 5.4)	1.5 (-0.5 to 4.0)
Thailand	614 (588 to 643)	1180 (832 to 1658)	81.6 (75.6 to 86.4)	8.8 (7.9 to 9.8)	8.5 (4.8 to 13.1)	0.2 (0.1 to 0.2)	2.6 (1.2 to 4.1)	2.8 (1.1 to 4.5)	2.3 (0.5 to 4.3)	1.0 (-2.6 to 4.5)	-0.1 (-2.6 to 3.0)
The Bahamas	1818 (1713 to 1935)	2503 (1844 to 3316)	52.1 (42.4 to 63.4)	20.8 (20.0 to 21.8)	25.8 (21.0 to 31.5)	0.0 (0.0 to 0.0)	1.2 (0.1 to 2.5)	1.6 (-0.3 to 3.7)	0.7 (-0.7 to 2.2)	0.7 (-1.4 to 2.9)	-
The Gambia	141 (135 to 148)	215 (141 to 321)	36.3 (22.2 to 50.0)	2.3 (1.1 to 4.1)	11.4 (9.2 to 13.2)	47.5 (42.0 to 56.8)	1.6 (0.0 to 3.4)	1.7 (-1.9 to 4.9)	-1.4 (-5.6 to 2.9)	0.1 (-0.9 to 0.9)	1.9 (-0.2 to 4.4)
Timor-Leste	103 (96 to 112)	222 (158 to 311)	47.9 (43.2 to 50.4)	0.8 (0.4 to 1.3)	5.6 (3.1 to 10.2)	44.0 (36.3 to 56.9)	3.1 (1.7 to 4.5)	2.5 (0.6 to 4.2)	-0.7 (-4.4 to 3.3)	0.4 (-3.1 to 4.3)	4.3 (2.2 to 7.0)
Togo	96 (92 to 101)	162 (109 to 246)	33.0 (16.7 to 57.7)	6.3 (5.2 to 6.7)	46.3 (43.5 to 47.5)	11.8 (10.1 to 14.0)	2.0 (0.5 to 3.9)	2.4 (-1.6 to 6.8)	2.1 (-0.3 to 4.0)	1.4 (-0.3 to 3.1)	2.3 (0.2 to 4.9)
Tonga	241 (229 to 255)	688 (447 to 1013)	53.0 (43.0 to 59.0)	8.7 (3.9 to 16.5)	6.6 (6.2 to 7.7)	28.8 (18.6 to 43.7)	4.2 (2.5 to 5.9)	3.7 (1.2 to 5.8)	6.1 (0.9 to 11.6)	1.5 (-0.4 to 3.8)	5.2 (1.7 to 8.8)
Trinidad and Tobago	2024 (1917 to 2158)	2983 (1765 to 4543)	56.4 (43.8 to 69.2)	6.4 (4.3 to 10.1)	34.3 (29.6 to 41.7)	0.0 (0.0 to 0.0)	1.4 (-0.6 to 3.3)	1.6 (-1.4 to 4.4)	0.1 (-3.4 to 3.8)	1.1 (-1.4 to 3.8)	-
Tunisia	791 (770 to 817)	1110 (907 to 1419)	51.5 (47.7 to 62.1)	6.7 (2.4 to 13.9)	41.0 (39.1 to 42.1)	0.2 (0.0 to 0.4)	1.3 (0.6 to 2.4)	0.9 (-0.1 to 2.8)	3.7 (-1.2 to 8.8)	1.5 (0.5 to 2.4)	-14.4 (-100.0 to 3.9)
Turkey	1029 (989 to 1074)	2727 (1567 to 4029)	81.1 (70.7 to 86.8)	3.0 (2.6 to 3.8)	14.8 (13.9 to 16.1)	0.0 (0.0 to 0.0)	3.9 (1.6 to 5.6)	4.0 (1.2 to 6.1)	1.9 (-0.8 to 4.8)	3.3 (1.0 to 5.4)	-83.1 (-100.0 to -9.8)
Turkmenistan	1171 (1078 to 1281)	2793 (1203 to 5565)	25.9 (21.4 to 28.5)	4.3 (3.2 to 5.3)	65.4 (51.1 to 84.0)	0.1 (0.0 to 0.1)	3.3 (0.2 to 6.5)	3.5 (-0.4 to 6.7)	2.9 (-1.4 to 7.1)	2.9 (-1.1 to 7.2)	-2.7 (-100.0 to 4.6)
Uganda	159 (146 to 168)	263 (192 to 353)	13.4 (9.7 to 17.7)	13.2 (5.1 to 27.0)	41.7 (37.3 to 45.8)	29.4 (23.8 to 39.2)	2.0 (0.7 to 3.3)	1.9 (-0.6 to 4.5)	2.1 (-2.7 to 7.0)	2.2 (0.4 to 4.0)	1.3 (-0.8 to 3.7)

			Health spending per total, 2040				Per capita annualized rate of change, 2015-2040				
Location name	Total health spending per capita 2015 ($)	Total health spending per capita 2040 ($)	Government (%)	Pre-paid private (%)	Out-of-pocket (%)	Development assistance for health (%)	Total (%)	Government (%)	Pre-paid private (%)	Out-of-pocket (%)	Development assistance for health (%)
Ukraine	598 (575 to 624)	740 (582 to 936)	42.6 (36.8 to 49.5)	2.1 (1.4 to 2.8)	50.3 (45.1 to 54.2)	4.2 (3.1 to 6.2)	0.8 (-0.1 to 1.9)	0.3 (-1.2 to 1.9)	-1.3 (-3.6 to 1.0)	1.1 (-0.3 to 2.4)	5.2 (3.0 to 8.0)
United Arab Emirates	2489 (2354 to 2636)	3705 (1971 to 6299)	61.8 (43.6 to 77.3)	9.7 (9.2 to 10.9)	24.5 (16.4 to 34.2)	0.0 (0.0 to 0.0)	1.4 (-0.9 to 3.8)	0.7 (-3.0 to 4.0)	2.0 (-0.5 to 4.9)	2.6 (-1.5 to 6.6)	-
United Kingdom	4285 (4160 to 4409)	5348 (4100 to 6761)	77.1 (72.4 to 80.1)	5.7 (5.1 to 6.2)	16.7 (12.8 to 21.1)	0.0 (0.0 to 0.0)	0.9 (-0.2 to 1.8)	0.7 (-0.6 to 1.8)	1.5 (0.0 to 2.8)	1.4 (-0.7 to 3.4)	-
United States	9839 (9677 to 9983)	16362 (12281 to 19551)	61.9 (60.5 to 65.9)	28.4 (14.2 to 33.6)	9.1 (8.8 to 9.6)	0.0 (0.0 to 0.0)	2.0 (0.9 to 2.8)	2.9 (2.0 to 3.8)	0.7 (-3.0 to 2.2)	1.2 (0.2 to 2.2)	-
Uruguay	2038 (1943 to 2116)	3074 (2329 to 3941)	72.7 (67.7 to 76.6)	9.7 (6.1 to 14.7)	16.8 (13.4 to 20.8)	0.0 (0.0 to 0.0)	1.6 (0.5 to 2.7)	1.8 (0.4 to 3.0)	0.0 (-2.8 to 2.9)	1.7 (-0.3 to 3.7)	-70.5 (-71.1 to -69.8)
Uzbekistan	451 (439 to 463)	1073 (712 to 1634)	49.1 (37.6 to 56.8)	3.5 (3.1 to 3.9)	42.6 (38.4 to 52.4)	2.7 (2.5 to 3.3)	3.4 (1.9 to 5.3)	3.1 (0.4 to 5.5)	4.7 (2.5 to 7.0)	3.4 (1.4 to 6.2)	7.1 (4.9 to 9.8)
Vanuatu	147 (136 to 161)	140 (90 to 200)	57.6 (47.9 to 66.8)	2.3 (2.2 to 2.4)	8.7 (8.1 to 9.5)	29.4 (19.1 to 40.9)	-0.3 (-1.9 to 1.2)	-0.1 (-2.5 to 2.1)	0.0 (-1.7 to 1.7)	1.1 (-0.8 to 3.1)	-1.3 (-4.5 to 1.8)
Venezuela	590 (559 to 616)	462 (231 to 783)	44.1 (29.3 to 52.3)	6.0 (4.9 to 7.6)	45.6 (32.7 to 64.6)	0.0 (0.0 to 0.0)	-1.2 (-3.7 to 1.2)	-1.5 (-5.6 to 1.5)	-0.5 (-3.8 to 2.9)	-1.4 (-5.0 to 2.6)	-74.4 (-75.0 to -73.9)
Vietnam	320 (308 to 334)	1151 (766 to 1731)	43.3 (38.3 to 46.1)	3.0 (2.5 to 3.3)	50.5 (37.7 to 63.4)	1.3 (1.2 to 1.6)	5.2 (3.5 to 7.0)	4.9 (2.7 to 7.0)	4.8 (3.2 to 6.4)	5.4 (2.6 to 8.2)	2.0 (0.0 to 4.6)
Yemen	179 (157 to 199)	181 (97 to 316)	20.7 (18.7 to 21.7)	1.3 (1.1 to 1.4)	72.4 (56.3 to 84.0)	3.6 (3.4 to 3.8)	-0.1 (-2.4 to 2.5)	1.7 (-0.8 to 4.0)	0.3 (-2.1 to 2.4)	-0.5 (-3.7 to 2.8)	-2.7 (-4.7 to -0.3)
Zambia	241 (231 to 251)	349 (248 to 492)	29.0 (15.1 to 44.3)	6.3 (5.6 to 7.0)	29.6 (27.2 to 30.6)	33.1 (27.6 to 42.7)	1.4 (0.1 to 2.8)	1.0 (-2.9 to 4.3)	-0.6 (-2.5 to 1.3)	2.1 (0.8 to 3.2)	1.5 (-0.6 to 4.1)
Zimbabwe	191 (181 to 201)	194 (135 to 278)	25.1 (8.8 to 43.5)	13.9 (6.6 to 24.8)	28.9 (26.4 to 30.3)	29.2 (25.0 to 35.7)	0.0 (-1.4 to 1.6)	-0.3 (-5.5 to 3.9)	-1.1 (-5.2 to 3.0)	0.0 (-1.3 to 1.3)	0.2 (-1.8 to 2.6)

B3. Table: Future health scenarios in 2030

This table contains our projection of the future health scenarios (reference, better, and worse scenarios) for pooled health spending per capita, universal health coverage index, and the number of lives covered by our predicted universal health care, in 2030.

	Pooled health spending per capita ($)				Universal Health Coverage index				Covered lives			
	2015 Observed	2030 Worse scenario	2030 Reference scenario	2030 Better scenario	2015 Observed	2030 Worse scenario	2030 Reference scenario	2030 Better scenario	2015 Observed	2030 Worse scenario	2030 Reference scenario	2030 Better scenario
									Covered lives (millions)			
Global	1036 (999 to 1076)	989 (747 to 1256)	1401 (1015 to 1818)	1917 (1414 to 2468)	59.2 (58.2 to 60.1)	61.4 (58.7 to 63.5)	64.8 (61.8 to 67.0)	67.1 (64.1 to 69.5)	4325 (4250 to 4390)	5109 (4887 to 5283)	5390 (5147 to 5579)	5586 (5335 to 5782)
World Bank Income Groups									Covered lives (millions)			
High-income	4768 (4605 to 4941)	4775 (3755 to 5762)	6213 (4653 to 7613)	8950 (6874 to 10912)	76.8 (75.7 to 77.6)	77.8 (75.6 to 79.4)	79.9 (77.3 to 81.8)	84.5 (81.9 to 86.5)	893 (880 to 902)	942 (915 to 962)	967 (936 to 990)	1023 (992 to 1047)
Upper-middle-income	646 (622 to 672)	715 (488 to 1011)	1251 (850 to 1787)	1537 (1038 to 2193)	65.6 (64.5 to 66.6)	67.1 (64.0 to 69.8)	72.4 (68.9 to 75.4)	74.3 (70.8 to 77.4)	1677 (1649 to 1702)	1788 (1705 to 1860)	1929 (1838 to 2009)	1982 (1888 to 2064)
Lower-middle-income	113 (106 to 120)	136 (94 to 191)	205 (143 to 287)	254 (174 to 362)	50.3 (49.1 to 51.5)	55.2 (52.6 to 57.1)	58.2 (55.3 to 60.2)	59.9 (56.9 to 62.0)	1482 (1445 to 1516)	1912 (1822 to 1976)	2014 (1917 to 2085)	2074 (1971 to 2146)
Low-income	67 (63 to 72)	74 (44 to 122)	94 (54 to 157)	141 (80 to 238)	42.7 (41.6 to 43.9)	47.5 (44.7 to 50.5)	48.7 (45.7 to 51.8)	51.5 (48.2 to 55.0)	273 (266 to 281)	467 (439 to 497)	479 (449 to 510)	507 (474 to 540)
GBD Super-regions									Covered lives (millions)			
Central Europe, Eastern Europe, and Central Asia	839 (801 to 885)	918 (652 to 1261)	1096 (756 to 1534)	1677 (1175 to 2336)	63.8 (61.9 to 65.6)	67.3 (63.8 to 70.3)	68.6 (64.8 to 71.9)	72.9 (68.9 to 76.2)	263 (256 to 271)	282 (268 to 295)	288 (272 to 302)	306 (289 to 320)
GBD high-income	5036 (4873 to 5208)	5015 (3974 to 5988)	6538 (4929 to 7925)	9403 (7278 to 11338)	77.0 (75.8 to 77.8)	77.5 (75.5 to 79.1)	79.6 (77.1 to 81.4)	84.2 (81.7 to 86.1)	812 (800 to 821)	853 (831 to 871)	876 (849 to 896)	927 (900 to 947)
Latin America and Caribbean	723 (693 to 755)	721 (493 to 960)	913 (611 to 1231)	1442 (960 to 1948)	60.7 (59.5 to 61.7)	62.5 (59.6 to 64.5)	64.3 (61.2 to 66.5)	68.3 (65.0 to 70.6)	344 (337 to 349)	403 (385 to 416)	415 (395 to 429)	441 (420 to 456)
North Africa and Middle East	597 (560 to 638)	639 (362 to 1019)	823 (449 to 1344)	1182 (648 to 1925)	59.5 (58.5 to 60.6)	63.5 (59.8 to 67.1)	65.3 (61.2 to 69.3)	68.8 (64.5 to 72.9)	336 (330 to 342)	447 (421 to 473)	460 (432 to 489)	485 (455 to 514)
South Asia	74 (71 to 77)	94 (70 to 123)	167 (124 to 219)	175 (129 to 231)	48.8 (47.1 to 50.2)	54.6 (52.3 to 56.5)	58.5 (56.0 to 60.6)	59.1 (56.5 to 61.2)	820 (792 to 844)	1021 (978 to 1057)	1094 (1047 to 1133)	1105 (1056 to 1145)
Southeast Asia, East Asia, and	439 (423 to 457)	491 (350 to 691)	1080 (764 to 1532)	1143 (807 to 1621)	63.8 (62.7 to 64.7)	65.1 (62.4 to 67.4)	71.7 (68.7 to 74.3)	72.5 (69.5 to 75.1)	1320 (1298 to 1340)	1382 (1326 to 1432)	1522 (1459 to 1578)	1539 (1476 to 1596)
Sub-Saharan Africa	134 (127 to 142)	131 (84 to 204)	155 (96 to 245)	258 (160 to 407)	45.1 (43.9 to 46.3)	49.4 (45.9 to 52.8)	50.3 (46.7 to 53.9)	53.7 (49.7 to 57.5)	430 (419 to 442)	720 (670 to 770)	734 (681 to 787)	783 (725 to 839)
Countries									Covered lives (thousands)			
Afghanistan	39 (38 to 41)	37 (25 to 54)	45 (31 to 64)	72 (48 to 107)	30.8 (27.5 to 35.3)	37.9 (34.0 to 42.1)	38.8 (34.9 to 43.2)	41.1 (36.9 to 45.6)	996 (891 to 1141)	1849 (1662 to 2056)	1896 (1705 to 2110)	2007 (1800 to 2229)
Albania	383 (356 to 430)	462 (314 to 662)	704 (470 to 1021)	823 (544 to 1204)	66.2 (63.8 to 68.7)	68.8 (64.9 to 72.2)	72.7 (68.6 to 76.4)	74.2 (70.0 to 78.0)	192 (185 to 199)	201 (190 to 212)	213 (201 to 224)	217 (205 to 229)
Algeria	744 (715 to 769)	855 (522 to 1279)	929 (546 to 1410)	1562 (932 to 2357)	63.2 (60.6 to 65.5)	65.6 (60.5 to 71.2)	66.2 (60.6 to 72.0)	71.1 (65.3 to 77.2)	2511 (2410 to 2604)	3102 (2859 to 3366)	3128 (2866 to 3402)	3362 (3088 to 3648)
Andorra	5897 (5345 to 6447)	5074 (4002 to 6392)	5363 (4143 to 6909)	10977 (8622 to 13909)	81.4 (78.0 to 84.9)	77.8 (74.1 to 81.5)	78.3 (74.5 to 82.1)	86.3 (82.3 to 90.4)	6 (6 to 7)	6 (6 to 6)	6 (6 to 6)	7 (6 to 7)

Angola	134 (113 to 160)	148 (64 to 284)	155 (61 to 306)	306 (127 to 595)	43.7 (38.5 to 48.1)	52.0 (45.6 to 58.5)	52.2 (45.7 to 59.2)	57.0 (50.0 to 64.5)	1097 (966 to 1205)	2168 (1901 to 2442)	2177 (1907 to 2471)	2379 (2086 to 2689)
Antigua and Barbuda	921 (860 to 975)	1048 (530 to 1782)	1439 (683 to 2514)	1969 (957 to 3405)	62.2 (60.0 to 64.6)	63.3 (58.0 to 67.9)	65.9 (60.0 to 71.0)	68.8 (62.8 to 74.0)	6 (5 to 6)	6 (6 to 7)	7 (6 to 7)	7 (6 to 7)
Argentina	1193 (1114 to 1274)	1296 (832 to 1892)	1522 (970 to 2236)	2408 (1523 to 3569)	61.0 (59.2 to 62.8)	61.1 (57.7 to 64.1)	62.6 (59.0 to 65.6)	66.2 (62.5 to 69.5)	2641 (2564 to 2717)	2972 (2806 to 3117)	3041 (2869 to 3191)	3219 (3037 to 3381)
Armenia	171 (161 to 182)	230 (139 to 347)	294 (178 to 444)	395 (234 to 606)	64.0 (62.1 to 66.0)	67.7 (63.2 to 72.1)	69.9 (65.3 to 74.4)	72.7 (67.8 to 77.6)	194 (188 to 200)	209 (196 to 223)	216 (202 to 230)	225 (210 to 240)
Australia	3545 (3455 to 3638)	3614 (3127 to 4180)	4375 (3672 to 5210)	6705 (5711 to 7855)	81.5 (79.9 to 83.1)	83.2 (81.1 to 85.4)	85.2 (82.8 to 87.5)	90.4 (87.9 to 92.8)	1937 (1899 to 1974)	2288 (2228 to 2346)	2341 (2275 to 2404)	2484 (2416 to 2550)
Austria	4255 (4184 to 4341)	4332 (3817 to 4987)	5050 (4411 to 5867)	8024 (7036 to 9300)	81.4 (79.9 to 83.0)	84.9 (82.7 to 86.9)	86.6 (84.3 to 88.8)	92.1 (89.7 to 94.4)	701 (688 to 715)	753 (734 to 771)	769 (748 to 788)	818 (796 to 838)
Azerbaijan	258 (243 to 274)	342 (185 to 572)	448 (239 to 754)	586 (313 to 986)	56.8 (53.6 to 59.8)	62.3 (56.8 to 67.8)	64.7 (58.9 to 70.5)	66.9 (60.9 to 73.0)	556 (525 to 586)	686 (626 to 748)	713 (649 to 778)	737 (672 to 804)
Bahrain	1864 (1742 to 1986)	1970 (1120 to 3118)	2117 (1137 to 3537)	3704 (2028 to 6054)	67.4 (64.4 to 70.4)	73.1 (67.5 to 78.5)	73.8 (67.7 to 79.4)	79.6 (73.2 to 85.5)	92 (88 to 96)	143 (132 to 153)	144 (132 to 155)	156 (143 to 167)
Bangladesh	23 (21 to 26)	30 (21 to 42)	46 (31 to 64)	54 (37 to 76)	53.9 (51.4 to 56.3)	63.8 (59.9 to 67.5)	67.3 (63.1 to 71.0)	68.8 (64.5 to 72.7)	8634 (8233 to 9023)	11380 (10679 to 12027)	11997 (11258 to 12662)	12265 (11494 to 12954)
Barbados	676 (621 to 720)	781 (517 to 1074)	828 (544 to 1150)	1417 (929 to 1968)	62.6 (60.0 to 64.9)	65.7 (62.1 to 68.8)	66.2 (62.5 to 69.4)	71.1 (67.1 to 74.5)	18 (17 to 18)	19 (18 to 19)	19 (18 to 20)	20 (19 to 21)
Belarus	804 (769 to 838)	909 (678 to 1183)	937 (677 to 1242)	1646 (1216 to 2138)	69.3 (66.6 to 72.0)	74.5 (70.5 to 78.1)	74.7 (70.5 to 78.4)	80.7 (76.3 to 84.5)	658 (633 to 685)	694 (657 to 727)	696 (657 to 730)	751 (711 to 787)
Belgium	4049 (3967 to 4134)	4162 (3514 to 4859)	4682 (3912 to 5497)	7682 (6439 to 9001)	79.5 (77.7 to 81.3)	81.3 (78.9 to 83.6)	82.5 (80.0 to 84.8)	88.3 (85.7 to 90.8)	897 (876 to 918)	963 (935 to 990)	977 (947 to 1004)	1045 (1015 to 1075)
Belize	419 (395 to 445)	475 (317 to 672)	517 (329 to 772)	888 (580 to 1286)	55.2 (52.3 to 58.0)	57.6 (53.9 to 60.9)	58.2 (54.3 to 61.7)	62.4 (58.3 to 66.1)	20 (19 to 21)	29 (27 to 31)	29 (27 to 31)	32 (29 to 33)
Benin	47 (45 to 49)	53 (31 to 85)	54 (31 to 87)	98 (57 to 159)	45.6 (43.6 to 47.5)	49.2 (45.9 to 52.6)	49.2 (45.9 to 52.6)	53.5 (49.9 to 57.0)	503 (481 to 524)	874 (814 to 934)	874 (814 to 934)	949 (885 to 1012)
Bhutan	228 (215 to 243)	274 (140 to 463)	328 (162 to 571)	504 (252 to 863)	55.2 (51.9 to 58.4)	62.8 (56.7 to 67.7)	64.3 (57.9 to 69.5)	68.2 (61.4 to 73.5)	44 (41 to 46)	57 (52 to 62)	58 (53 to 63)	62 (56 to 67)
Bolivia	331 (316 to 346)	389 (255 to 544)	509 (333 to 715)	713 (458 to 1012)	51.6 (48.0 to 55.2)	57.0 (52.4 to 61.4)	59.1 (54.2 to 63.6)	61.8 (56.6 to 66.5)	562 (523 to 601)	812 (746 to 874)	842 (772 to 906)	881 (806 to 948)
Bosnia and Herzegovina	761 (723 to 815)	876 (494 to 1386)	1189 (667 to 1891)	1595 (875 to 2571)	64.7 (62.0 to 67.3)	65.0 (60.2 to 68.8)	67.4 (62.4 to 71.4)	70.2 (65.0 to 74.5)	247 (236 to 257)	228 (212 to 242)	237 (219 to 251)	247 (228 to 262)
Botswana	965 (879 to 1091)	1043 (674 to 1586)	1490 (896 to 2406)	1979 (1228 to 3106)	56.9 (50.1 to 67.3)	61.8 (54.7 to 73.6)	64.7 (56.9 to 77.1)	67.2 (59.3 to 80.1)	129 (113 to 152)	180 (159 to 214)	188 (166 to 225)	196 (173 to 233)
Brazil	1024 (994 to 1059)	944 (585 to 1268)	1213 (738 to 1639)	2027 (1234 to 2736)	61.7 (60.4 to 62.7)	62.4 (58.8 to 64.5)	64.5 (60.7 to 66.8)	68.7 (64.7 to 71.2)	12869 (12600 to 13081)	14172 (13362 to 14668)	14668 (13805 to 15189)	15625 (14698 to 16192)
Brunei	1963 (1786 to 2154)	1975 (1057 to 3268)	2009 (1058 to 3358)	3971 (2105 to 6606)	64.5 (61.7 to 67.6)	66.6 (60.9 to 72.0)	66.8 (60.8 to 72.3)	73.1 (66.6 to 79.1)	27 (26 to 29)	33 (30 to 35)	33 (30 to 35)	36 (33 to 39)
Bulgaria	856 (818 to 900)	1005 (630 to 1425)	1469 (914 to 2099)	1792 (1106 to 2581)	62.7 (60.2 to 65.2)	63.7 (59.6 to 67.4)	67.0 (62.5 to 70.8)	68.8 (64.2 to 72.9)	455 (437 to 473)	409 (383 to 432)	430 (401 to 454)	442 (412 to 468)
Burkina Faso	60 (58 to 63)	74 (46 to 116)	89 (55 to 141)	132 (79 to 216)	46.0 (44.0 to 48.3)	51.2 (47.8 to 54.2)	52.5 (49.0 to 55.6)	55.3 (51.5 to 58.8)	833 (796 to 874)	1462 (1366 to 1549)	1502 (1401 to 1590)	1580 (1471 to 1680)

Burundi	53 (50 to 57)	59 (38 to 93)	62 (40 to 97)	121 (74 to 194)	42.9 (40.4 to 45.9)	48.4 (44.3 to 53.2)	48.4 (44.4 to 53.1)	53.2 (48.5 to 58.5)	481 (452 to 514)	880 (805 to 967)	880 (806 to 965)	966 (880 to 1062)
Cambodia	82 (74 to 92)	98 (59 to 153)	106 (61 to 168)	164 (97 to 261)	49.2 (47.5 to 51.1)	61.9 (58.4 to 65.1)	62.6 (58.8 to 65.9)	66.4 (62.5 to 69.8)	772 (744 to 801)	1195 (1126 to 1256)	1208 (1135 to 1272)	1281 (1206 to 1348)
Cameroon	48 (42 to 56)	61 (37 to 96)	66 (39 to 103)	106 (62 to 169)	44.6 (41.4 to 48.0)	49.2 (45.4 to 53.1)	49.6 (45.8 to 53.5)	52.8 (48.7 to 57.0)	1043 (970 to 1122)	1726 (1595 to 1864)	1741 (1608 to 1880)	1853 (1711 to 2002)
Canada	4211 (4117 to 4333)	4259 (3415 to 5146)	5304 (4154 to 6522)	7968 (6310 to 9715)	79.2 (77.9 to 80.5)	79.8 (77.3 to 82.3)	82.1 (79.3 to 84.8)	86.8 (83.9 to 89.5)	2843 (2798 to 2891)	3232 (3129 to 3330)	3324 (3209 to 3431)	3513 (3397 to 3624)
Cape Verde	278 (264 to 295)	280 (156 to 445)	285 (148 to 475)	591 (324 to 947)	61.3 (58.6 to 64.2)	66.9 (62.1 to 70.7)	67.0 (61.7 to 71.2)	73.1 (67.8 to 77.5)	33 (32 to 35)	45 (42 to 48)	45 (42 to 48)	49 (46 to 52)
Central African Republic	16 (15 to 16)	23 (12 to 42)	25 (14 to 45)	41 (19 to 78)	29.9 (25.9 to 34.6)	31.7 (27.3 to 36.4)	31.7 (27.6 to 36.2)	33.9 (29.3 to 38.8)	147 (127 to 170)	208 (179 to 238)	208 (180 to 237)	221 (191 to 254)
Chad	43 (36 to 49)	44 (21 to 83)	45 (21 to 88)	106 (49 to 205)	36.3 (34.0 to 38.4)	40.1 (36.6 to 43.9)	40.1 (36.6 to 44.0)	45.0 (40.8 to 49.3)	506 (474 to 535)	981 (896 to 1075)	981 (895 to 1078)	1100 (999 to 1208)
Chile	1315 (1285 to 1351)	1398 (1076 to 1817)	1503 (1093 to 2046)	2645 (1986 to 3506)	70.4 (66.7 to 73.8)	71.8 (67.4 to 76.2)	72.2 (67.5 to 76.9)	78.2 (73.2 to 83.1)	1266 (1199 to 1328)	1416 (1328 to 1503)	1424 (1331 to 1515)	1542 (1443 to 1639)
China	522 (505 to 542)	602 (424 to 863)	1460 (1027 to 2091)	1489 (1043 to 2141)	68.5 (67.2 to 69.6)	69.6 (66.7 to 72.4)	78.3 (75.0 to 81.4)	78.5 (75.1 to 81.7)	93359 (91564 to 94911)	92326 (88371 to 95951)	103828 (99419 to 107915)	104112 (99609 to 108271)
Colombia	701 (643 to 754)	774 (537 to 1063)	988 (682 to 1363)	1438 (988 to 2002)	64.9 (63.0 to 66.6)	70.1 (66.9 to 73.0)	72.5 (69.1 to 75.6)	76.0 (72.3 to 79.3)	3124 (3032 to 3207)	3686 (3514 to 3837)	3812 (3631 to 3972)	3996 (3801 to 4166)
Comoros	35 (31 to 38)	34 (16 to 57)	42 (20 to 69)	72 (35 to 121)	44.7 (42.0 to 47.5)	47.6 (42.5 to 52.2)	48.4 (43.4 to 52.9)	52.3 (47.0 to 57.3)	34 (32 to 36)	45 (40 to 49)	46 (41 to 50)	50 (45 to 54)
Congo	100 (91 to 110)	129 (58 to 242)	134 (60 to 249)	233 (102 to 440)	46.1 (42.5 to 49.9)	51.0 (45.3 to 56.8)	51.3 (45.6 to 57.1)	55.0 (48.8 to 61.4)	212 (195 to 229)	350 (311 to 390)	352 (313 to 392)	377 (335 to 422)
Costa Rica	1044 (1004 to 1083)	1157 (848 to 1555)	1313 (935 to 1815)	2129 (1548 to 2886)	68.7 (66.7 to 70.5)	69.4 (66.6 to 72.3)	70.2 (67.2 to 73.4)	75.2 (72.1 to 78.4)	327 (318 to 336)	357 (343 to 372)	361 (346 to 378)	387 (371 to 404)
Cote d'Ivoire	69 (48 to 102)	94 (55 to 146)	107 (62 to 168)	165 (95 to 263)	42.6 (40.2 to 44.8)	46.6 (43.6 to 49.3)	46.9 (43.8 to 49.6)	49.7 (46.5 to 52.7)	959 (904 to 1009)	1590 (1488 to 1681)	1598 (1495 to 1692)	1697 (1587 to 1798)
Croatia	1477 (1359 to 1600)	1578 (1263 to 2003)	2123 (1626 to 2872)	2957 (2313 to 3890)	72.0 (70.2 to 74.2)	75.3 (72.7 to 78.0)	78.0 (75.0 to 81.1)	81.8 (78.7 to 84.9)	305 (297 to 314)	286 (276 to 297)	297 (285 to 309)	311 (300 to 323)
Cuba	932 (814 to 1056)	1013 (753 to 1283)	1226 (903 to 1562)	1903 (1405 to 2434)	67.1 (65.5 to 68.7)	64.6 (62.6 to 66.8)	66.2 (64.1 to 68.5)	70.3 (68.0 to 72.6)	766 (748 to 784)	710 (687 to 734)	728 (704 to 753)	772 (747 to 798)
Cyprus	2205 (1979 to 2434)	2351 (1734 to 3108)	2959 (2164 to 3935)	4335 (3157 to 5785)	77.2 (75.6 to 78.8)	81.7 (78.8 to 84.7)	84.1 (81.2 to 87.3)	88.6 (85.5 to 92.0)	70 (68 to 71)	82 (79 to 85)	84 (81 to 88)	89 (86 to 92)
Czech Republic	1911 (1606 to 2318)	2058 (1606 to 2581)	2598 (1985 to 3330)	3776 (2901 to 4800)	75.7 (74.1 to 77.2)	78.5 (76.9 to 80.3)	80.9 (79.1 to 82.8)	85.2 (83.3 to 87.1)	800 (783 to 816)	822 (804 to 840)	847 (828 to 866)	891 (872 to 912)
Democratic Republic of the	28 (26 to 30)	29 (15 to 53)	34 (17 to 60)	61 (30 to 114)	42.7 (40.4 to 45.4)	45.2 (41.6 to 49.4)	46.0 (42.3 to 50.2)	49.3 (45.2 to 54.1)	3285 (3110 to 3492)	6002 (5521 to 6563)	6109 (5621 to 6665)	6550 (6009 to 7187)
Denmark	4436 (4345 to 4559)	4502 (3869 to 5145)	5314 (4535 to 6114)	8367 (7145 to 9604)	79.0 (76.9 to 81.1)	81.4 (78.8 to 84.1)	83.1 (80.4 to 85.8)	88.5 (85.5 to 91.3)	448 (437 to 461)	490 (474 to 506)	500 (484 to 517)	532 (515 to 549)
Djibouti	115 (107 to 124)	138 (67 to 224)	147 (71 to 238)	253 (121 to 414)	45.6 (41.9 to 50.0)	50.0 (43.9 to 55.9)	50.4 (44.3 to 56.4)	54.2 (47.5 to 60.6)	44 (40 to 48)	71 (62 to 79)	71 (63 to 80)	77 (67 to 86)
Dominica	428 (412 to 446)	504 (303 to 766)	536 (315 to 829)	918 (540 to 1423)	56.4 (54.0 to 58.7)	56.1 (52.1 to 59.8)	56.5 (52.3 to 60.4)	60.8 (56.4 to 64.9)	4 (4 to 4)	5 (4 to 5)	5 (4 to 5)	5 (5 to 5)

Dominican Republic	525 (498 to 564)	622 (377 to 1020)	952 (572 to 1559)	1121 (668 to 1844)	61.5 (58.9 to 64.3)	61.0 (56.9 to 65.1)	64.4 (59.9 to 68.8)	65.9 (61.3 to 70.5)	641 (613 to 671)	716 (667 to 763)	755 (703 to 806)	773 (718 to 826)
Ecuador	581 (549 to 618)	678 (424 to 998)	751 (466 to 1112)	1229 (748 to 1846)	60.5 (58.8 to 62.3)	59.2 (55.8 to 62.0)	60.1 (56.6 to 62.9)	64.1 (60.3 to 67.3)	987 (959 to 1017)	1219 (1149 to 1275)	1235 (1164 to 1293)	1319 (1241 to 1384)
Egypt	184 (167 to 202)	228 (151 to 328)	287 (182 to 432)	416 (266 to 615)	59.9 (57.6 to 62.4)	66.6 (63.0 to 70.2)	68.6 (64.6 to 72.7)	72.1 (68.1 to 76.3)	5415 (5208 to 5639)	7414 (7018 to 7816)	7636 (7196 to 8089)	8029 (7586 to 8490)
El Salvador	429 (413 to 446)	496 (384 to 640)	557 (422 to 734)	909 (693 to 1189)	62.4 (59.6 to 64.8)	65.3 (62.2 to 68.1)	66.2 (62.9 to 69.0)	70.8 (67.4 to 73.9)	384 (367 to 399)	411 (391 to 428)	416 (396 to 434)	445 (424 to 465)
Equatorial Guinea	351 (274 to 464)	433 (140 to 980)	776 (269 to 1663)	815 (271 to 1854)	51.1 (44.3 to 58.9)	57.4 (48.1 to 66.6)	62.5 (52.8 to 72.3)	62.5 (52.5 to 72.5)	42 (36 to 48)	81 (68 to 94)	88 (74 to 102)	88 (74 to 102)
Eritrea	18 (16 to 22)	22 (10 to 39)	35 (19 to 57)	43 (21 to 76)	38.9 (36.3 to 41.9)	47.1 (42.3 to 51.7)	50.0 (45.5 to 54.5)	51.3 (46.2 to 56.4)	203 (189 to 219)	328 (295 to 361)	348 (317 to 380)	358 (322 to 393)
Estonia	1495 (1480 to 1512)	1631 (1190 to 2189)	1972 (1398 to 2713)	2995 (2159 to 4053)	73.9 (71.8 to 76.0)	78.9 (75.0 to 82.7)	80.8 (76.5 to 85.0)	85.6 (81.3 to 89.8)	97 (94 to 100)	97 (93 to 102)	100 (94 to 105)	106 (100 to 111)
Ethiopia	54 (50 to 59)	67 (35 to 122)	104 (49 to 196)	124 (61 to 231)	39.3 (36.4 to 42.1)	48.0 (43.3 to 53.4)	51.0 (45.6 to 57.0)	52.0 (46.7 to 58.0)	3912 (3630 to 4199)	7185 (6481 to 7980)	7623 (6824 to 8524)	7783 (6988 to 8682)
Federated States of Micronesia	229 (220 to 237)	145 (86 to 238)	147 (85 to 245)	488 (291 to 785)	44.6 (40.2 to 49.4)	45.9 (41.1 to 51.0)	45.9 (41.1 to 51.1)	49.9 (44.8 to 55.3)	5 (4 to 5)	5 (4 to 5)	5 (4 to 5)	5 (5 to 6)
Fiji	272 (255 to 296)	313 (213 to 459)	377 (236 to 585)	584 (379 to 886)	46.5 (43.1 to 50.4)	48.4 (44.3 to 53.4)	49.7 (45.1 to 55.2)	52.5 (47.9 to 58.2)	40 (37 to 43)	39 (36 to 43)	40 (37 to 45)	43 (39 to 47)
Finland	3292 (3221 to 3368)	3424 (2800 to 4155)	4300 (3473 to 5265)	6318 (5122 to 7727)	84.5 (82.8 to 86.1)	88.0 (85.2 to 90.5)	90.7 (87.7 to 93.3)	95.5 (92.5 to 98.3)	462 (453 to 471)	501 (485 to 515)	516 (500 to 531)	544 (527 to 560)
France	4419 (4342 to 4485)	4412 (3941 to 4950)	5005 (4414 to 5691)	8287 (7358 to 9368)	80.1 (78.5 to 81.6)	82.8 (81.0 to 84.5)	84.1 (82.1 to 85.9)	90.1 (88.0 to 92.0)	5171 (5066 to 5263)	5585 (5463 to 5701)	5674 (5540 to 5796)	6075 (5938 to 6204)
Gabon	359 (330 to 387)	405 (230 to 683)	433 (231 to 757)	778 (422 to 1346)	48.9 (45.5 to 52.5)	56.6 (51.7 to 62.0)	57.0 (51.9 to 62.7)	61.7 (56.3 to 67.9)	84 (79 to 91)	141 (128 to 154)	142 (129 to 156)	153 (140 to 169)
Georgia	344 (302 to 395)	425 (193 to 773)	539 (237 to 997)	752 (328 to 1397)	58.7 (56.0 to 61.4)	56.1 (51.0 to 60.4)	57.7 (52.3 to 62.4)	60.4 (54.7 to 65.3)	239 (227 to 249)	229 (208 to 246)	235 (213 to 254)	246 (223 to 266)
Germany	4839 (4587 to 5196)	4879 (4152 to 5722)	5397 (4563 to 6388)	9085 (7687 to 10771)	78.9 (77.0 to 80.7)	80.9 (78.8 to 82.9)	81.7 (79.5 to 83.9)	87.9 (85.5 to 90.2)	6431 (6278 to 6577)	6616 (6441 to 6781)	6683 (6501 to 6856)	7188 (6994 to 7371)
Ghana	144 (135 to 153)	178 (90 to 308)	265 (133 to 455)	318 (154 to 561)	51.5 (49.2 to 54.0)	55.6 (50.7 to 59.6)	58.8 (53.6 to 63.1)	59.9 (54.4 to 64.4)	1425 (1362 to 1494)	2155 (1965 to 2313)	2282 (2079 to 2446)	2322 (2111 to 2497)
Greece	1558 (1425 to 1685)	1711 (1440 to 2028)	1907 (1597 to 2270)	3107 (2599 to 3711)	78.3 (76.5 to 79.9)	80.7 (78.7 to 82.7)	81.9 (79.9 to 84.0)	87.4 (85.3 to 89.7)	854 (835 to 872)	825 (805 to 846)	838 (817 to 860)	894 (872 to 917)
Grenada	322 (270 to 383)	394 (218 to 618)	460 (245 to 756)	707 (382 to 1144)	54.5 (51.9 to 57.0)	56.9 (53.0 to 60.3)	58.1 (53.9 to 61.8)	61.3 (57.0 to 65.2)	6 (5 to 6)	6 (6 to 6)	6 (6 to 7)	6 (6 to 7)
Guatemala	232 (223 to 242)	236 (174 to 322)	273 (191 to 382)	463 (334 to 641)	53.8 (50.1 to 57.8)	58.2 (53.8 to 62.7)	59.3 (54.7 to 64.0)	62.9 (58.2 to 67.8)	873 (813 to 937)	1227 (1135 to 1322)	1251 (1153 to 1349)	1327 (1227 to 1429)
Guinea	60 (58 to 62)	42 (24 to 72)	63 (35 to 106)	78 (42 to 135)	39.2 (36.7 to 41.4)	42.9 (39.0 to 46.8)	43.4 (39.5 to 47.4)	44.8 (40.6 to 49.0)	492 (461 to 520)	810 (737 to 884)	819 (744 to 895)	845 (766 to 924)
Guinea□Bissau	82 (76 to 92)	74 (39 to 143)	79 (42 to 154)	173 (84 to 352)	37.8 (35.3 to 40.5)	41.7 (38.2 to 45.4)	42.1 (38.5 to 45.8)	46.4 (42.2 to 50.8)	70 (66 to 75)	113 (104 to 124)	114 (105 to 125)	126 (115 to 138)
Guyana	192 (175 to 211)	229 (131 to 362)	243 (130 to 396)	409 (228 to 650)	49.7 (47.4 to 52.0)	54.7 (50.8 to 58.1)	55.1 (50.8 to 58.8)	59.1 (54.8 to 62.8)	38 (36 to 40)	44 (40 to 46)	44 (40 to 47)	47 (44 to 50)
Haiti	90 (85 to 95)	105 (66 to 166)	110 (70 to 173)	191 (112 to 312)	39.7 (36.2 to 43.3)	45.1 (40.8 to 49.3)	45.4 (41.1 to 49.6)	48.8 (44.0 to 53.5)	436 (398 to 475)	635 (575 to 694)	639 (579 to 698)	687 (620 to 754)

Honduras	182 (167 to 201)	223 (143 to 330)	257 (163 to 385)	400 (252 to 602)	54.3 (50.1 to 58.3)	58.7 (53.8 to 63.5)	59.8 (54.7 to 64.7)	63.5 (58.0 to 68.8)	445 (410 to 478)	607 (556 to 657)	618 (566 to 669)	657 (600 to 712)
Hungary	1443 (1388 to 1522)	1570 (1259 to 1944)	1923 (1491 to 2470)	2869 (2272 to 3621)	69.6 (67.4 to 71.8)	73.3 (70.1 to 76.7)	75.3 (71.9 to 79.1)	79.5 (75.9 to 83.3)	688 (667 to 709)	678 (648 to 709)	696 (665 to 731)	735 (702 to 770)
Iceland	3504 (3390 to 3615)	3611 (2916 to 4324)	4923 (3933 to 5953)	6690 (5350 to 8080)	85.1 (83.1 to 86.9)	88.6 (86.0 to 90.9)	91.9 (89.1 to 94.4)	96.0 (93.1 to 98.6)	28 (27 to 29)	32 (31 to 32)	33 (32 to 34)	34 (33 to 35)
India	84 (81 to 87)	106 (81 to 135)	197 (149 to 251)	200 (151 to 256)	49.0 (47.0 to 50.5)	54.2 (52.1 to 56.2)	58.6 (56.4 to 60.8)	58.7 (56.5 to 60.9)	63760 (61186 to 65787)	77157 (74178 to 79970)	83439 (80248 to 86509)	83627 (80394 to 86709)
Indonesia	198 (190 to 209)	234 (177 to 305)	368 (275 to 481)	432 (326 to 565)	49.7 (48.4 to 51.0)	52.6 (50.5 to 54.6)	55.8 (53.6 to 58.0)	57.0 (54.8 to 59.2)	12728 (12395 to 13052)	15039 (14438 to 15610)	15972 (15323 to 16606)	16322 (15667 to 16938)
Iran	693 (663 to 727)	800 (445 to 1316)	1032 (521 to 1813)	1462 (770 to 2480)	66.8 (63.4 to 70.0)	67.4 (61.8 to 73.4)	68.9 (62.5 to 75.5)	72.4 (66.2 to 79.2)	5375 (5099 to 5632)	6414 (5882 to 6985)	6552 (5946 to 7186)	6892 (6294 to 7536)
Iraq	230 (211 to 247)	301 (134 to 562)	435 (191 to 819)	527 (228 to 1004)	51.4 (48.0 to 55.1)	55.5 (49.7 to 61.3)	57.9 (51.7 to 64.0)	59.5 (52.9 to 65.9)	1964 (1832 to 2104)	3562 (3186 to 3933)	3715 (3315 to 4108)	3817 (3397 to 4229)
Ireland	4581 (4336 to 4802)	4628 (3261 to 6238)	6184 (4132 to 8625)	8661 (5969 to 11874)	79.9 (77.5 to 82.0)	84.3 (80.5 to 87.6)	87.7 (83.2 to 91.5)	91.6 (87.3 to 95.4)	369 (358 to 379)	425 (406 to 442)	442 (419 to 461)	462 (440 to 481)
Israel	1963 (1807 to 2105)	2074 (1712 to 2469)	2490 (1987 to 3075)	3887 (3162 to 4711)	76.1 (72.9 to 79.1)	79.3 (76.0 to 82.5)	81.1 (77.7 to 84.3)	86.2 (82.7 to 89.7)	614 (588 to 638)	808 (774 to 840)	825 (792 to 859)	878 (842 to 913)
Italy	2661 (2577 to 2742)	2805 (2427 to 3208)	3210 (2764 to 3682)	5155 (4428 to 5911)	80.5 (78.8 to 82.1)	83.8 (81.4 to 85.9)	85.2 (82.8 to 87.4)	90.9 (88.3 to 93.2)	4851 (4750 to 4947)	4829 (4695 to 4953)	4911 (4772 to 5039)	5238 (5091 to 5374)
Jamaica	382 (349 to 411)	334 (206 to 501)	374 (228 to 568)	814 (503 to 1229)	61.1 (57.9 to 64.3)	61.4 (57.3 to 65.5)	62.3 (58.0 to 66.5)	69.3 (64.6 to 73.9)	175 (166 to 184)	186 (174 to 199)	189 (176 to 202)	210 (196 to 224)
Japan	3719 (3599 to 3897)	3808 (3138 to 4570)	3861 (3146 to 4685)	7084 (5811 to 8524)	82.4 (81.0 to 83.5)	83.6 (81.7 to 85.2)	83.6 (81.7 to 85.3)	90.9 (88.8 to 92.7)	10350 (10169 to 10493)	9663 (9451 to 9854)	9663 (9442 to 9860)	10504 (10271 to 10714)
Jordan	555 (504 to 604)	624 (400 to 908)	722 (441 to 1095)	1156 (712 to 1746)	65.2 (61.5 to 68.9)	70.0 (64.9 to 74.7)	71.3 (65.9 to 76.5)	75.9 (70.1 to 81.4)	494 (465 to 521)	651 (604 to 696)	664 (614 to 712)	707 (653 to 758)
Kazakhstan	638 (621 to 654)	747 (472 to 1131)	955 (582 to 1468)	1345 (833 to 2051)	61.8 (59.1 to 64.6)	67.6 (62.8 to 72.0)	69.9 (64.7 to 74.5)	73.2 (67.9 to 77.9)	1090 (1041 to 1139)	1425 (1323 to 1516)	1472 (1364 to 1570)	1541 (1430 to 1642)
Kenya	131 (129 to 133)	155 (117 to 205)	175 (131 to 232)	286 (216 to 376)	54.4 (51.9 to 57.4)	58.3 (54.9 to 61.9)	59.3 (55.8 to 63.0)	63.2 (59.5 to 67.1)	2471 (2357 to 2607)	3723 (3509 to 3956)	3785 (3566 to 4021)	4033 (3803 to 4284)
Kiribati	180 (162 to 202)	213 (161 to 284)	285 (217 to 379)	400 (307 to 528)	40.5 (37.4 to 43.2)	44.4 (41.2 to 47.3)	45.8 (42.4 to 48.8)	48.0 (44.5 to 51.2)	5 (4 to 5)	6 (5 to 6)	6 (6 to 6)	6 (6 to 7)
Kuwait	2237 (2028 to 2461)	2177 (863 to 3732)	2193 (785 to 3870)	4556 (1768 to 7847)	71.6 (67.9 to 75.6)	74.9 (66.7 to 81.9)	74.9 (65.8 to 82.3)	82.8 (73.5 to 90.5)	274 (260 to 290)	345 (307 to 378)	345 (303 to 380)	382 (339 to 417)
Kyrgyzstan	164 (148 to 192)	190 (104 to 317)	193 (100 to 331)	357 (186 to 625)	58.7 (57.0 to 60.6)	62.3 (57.6 to 65.8)	62.3 (57.2 to 66.0)	67.7 (62.3 to 71.5)	346 (336 to 357)	456 (422 to 482)	456 (419 to 483)	496 (457 to 524)
Laos	99 (85 to 115)	121 (75 to 184)	191 (120 to 288)	213 (129 to 335)	42.5 (39.6 to 45.3)	55.7 (51.4 to 60.3)	59.5 (55.0 to 64.4)	60.0 (55.3 to 65.0)	300 (280 to 320)	558 (515 to 604)	596 (550 to 644)	601 (554 to 651)
Latvia	1051 (1004 to 1103)	1191 (905 to 1593)	1550 (1146 to 2129)	2146 (1605 to 2923)	68.6 (66.5 to 70.7)	72.7 (69.5 to 76.2)	75.3 (71.8 to 79.1)	78.6 (75.0 to 82.5)	137 (132 to 141)	132 (126 to 138)	137 (130 to 144)	143 (136 to 150)
Lebanon	820 (743 to 916)	823 (348 to 1508)	926 (395 to 1717)	1725 (728 to 3199)	73.6 (70.9 to 76.0)	78.4 (70.7 to 85.9)	79.6 (71.8 to 87.4)	86.6 (78.1 to 95.2)	419 (404 to 433)	387 (349 to 424)	393 (355 to 432)	427 (385 to 470)
Lesotho	217 (207 to 229)	266 (181 to 385)	407 (278 to 588)	488 (329 to 706)	41.8 (37.5 to 46.7)	40.2 (36.1 to 44.6)	41.8 (37.6 to 46.3)	42.8 (38.5 to 47.5)	88 (79 to 99)	104 (94 to 115)	108 (97 to 120)	111 (100 to 123)

Liberia	454 (450 to 459)	213 (138 to 338)	229 (150 to 362)	420 (264 to 685)	45.8 (43.8 to 47.9)	44.2 (41.4 to 47.6)	44.7 (41.8 to 48.1)	47.5 (44.3 to 51.3)	206 (197 to 215)	291 (272 to 313)	294 (275 to 316)	313 (292 to 337)
Libya	304 (265 to 362)	388 (225 to 626)	454 (259 to 738)	666 (356 to 1105)	64.4 (62.0 to 66.7)	73.4 (68.3 to 78.3)	75.0 (69.7 to 80.0)	78.5 (72.7 to 84.1)	395 (380 to 409)	480 (446 to 511)	490 (456 to 523)	513 (475 to 549)
Lithuania	1313 (1251 to 1379)	1466 (1069 to 1941)	1984 (1388 to 2699)	2660 (1910 to 3568)	67.4 (65.9 to 68.9)	68.1 (65.0 to 71.1)	70.8 (67.2 to 74.0)	73.8 (70.2 to 77.0)	197 (192 to 201)	183 (174 to 190)	190 (180 to 198)	198 (188 to 206)
Luxembourg	5836 (5549 to 6085)	5815 (4613 to 7231)	8404 (6475 to 10750)	10945 (8586 to 13816)	82.2 (80.1 to 84.2)	85.2 (82.3 to 87.8)	89.4 (86.2 to 92.4)	92.7 (89.5 to 95.7)	47 (45 to 48)	57 (55 to 59)	60 (58 to 62)	62 (60 to 64)
Macedonia	600 (421 to 895)	651 (462 to 900)	676 (459 to 972)	1251 (870 to 1759)	63.2 (61.3 to 65.0)	66.1 (63.8 to 68.1)	66.4 (64.3 to 68.4)	71.9 (69.5 to 74.1)	131 (127 to 135)	134 (130 to 138)	135 (130 to 139)	146 (141 to 150)
Madagascar	60 (56 to 65)	73 (40 to 116)	79 (44 to 125)	136 (73 to 220)	38.4 (35.3 to 41.7)	41.6 (37.4 to 46.1)	41.9 (37.7 to 46.4)	45.2 (40.6 to 50.1)	932 (857 to 1012)	1467 (1319 to 1625)	1478 (1329 to 1636)	1592 (1431 to 1766)
Malawi	124 (121 to 127)	137 (84 to 221)	145 (89 to 231)	274 (155 to 458)	48.3 (45.0 to 52.2)	50.7 (46.0 to 55.9)	51.0 (46.3 to 56.2)	55.6 (50.3 to 61.5)	840 (781 to 907)	1397 (1267 to 1542)	1405 (1276 to 1551)	1533 (1386 to 1697)
Malaysia	680 (654 to 709)	765 (579 to 965)	1065 (788 to 1370)	1403 (1049 to 1786)	63.7 (62.2 to 65.2)	65.3 (62.9 to 67.4)	68.1 (65.3 to 70.4)	70.8 (68.0 to 73.1)	1940 (1894 to 1986)	2316 (2230 to 2391)	2416 (2317 to 2498)	2511 (2413 to 2594)
Maldives	1517 (1362 to 1693)	1638 (1056 to 2299)	1831 (1159 to 2588)	3026 (1906 to 4303)	72.0 (69.0 to 75.0)	72.6 (68.4 to 76.4)	73.2 (69.1 to 77.2)	78.7 (74.2 to 83.0)	26 (25 to 27)	31 (29 to 32)	31 (29 to 33)	33 (31 to 35)
Mali	58 (54 to 62)	74 (43 to 120)	92 (52 to 151)	129 (71 to 212)	43.6 (40.6 to 46.8)	49.1 (44.4 to 53.3)	50.3 (45.4 to 54.7)	52.7 (47.5 to 57.4)	759 (707 to 814)	1388 (1255 to 1509)	1424 (1286 to 1549)	1492 (1345 to 1624)
Malta	2295 (2238 to 2347)	2494 (2090 to 2919)	3867 (3221 to 4579)	4503 (3753 to 5327)	76.6 (73.9 to 79.4)	79.8 (76.6 to 83.1)	84.9 (81.4 to 88.4)	86.4 (82.8 to 90.0)	32 (31 to 33)	34 (33 to 35)	36 (35 to 38)	37 (35 to 38)
Marshall Islands	525 (486 to 574)	455 (210 to 778)	460 (197 to 817)	1107 (503 to 1901)	43.4 (39.9 to 47.1)	47.6 (42.8 to 51.6)	47.6 (42.4 to 51.8)	52.6 (47.1 to 57.0)	3 (3 to 3)	5 (4 to 5)	5 (4 to 5)	5 (4 to 5)
Mauritania	95 (85 to 106)	118 (60 to 204)	122 (61 to 213)	213 (105 to 376)	49.9 (46.3 to 54.1)	56.6 (50.9 to 63.0)	56.8 (51.1 to 63.2)	61.1 (54.8 to 67.9)	198 (184 to 215)	318 (287 to 355)	320 (288 to 356)	344 (309 to 382)
Mauritius	517 (493 to 543)	620 (465 to 820)	809 (593 to 1099)	1066 (795 to 1423)	64.6 (62.2 to 66.9)	66.8 (63.6 to 69.7)	69.0 (65.4 to 72.0)	71.8 (68.2 to 74.8)	82 (79 to 85)	86 (82 to 90)	89 (84 to 93)	93 (88 to 97)
Mexico	634 (608 to 656)	726 (599 to 861)	914 (731 to 1120)	1320 (1077 to 1594)	59.8 (58.3 to 61.1)	61.8 (60.1 to 63.4)	63.7 (61.8 to 65.4)	67.0 (65.0 to 68.7)	7602 (7420 to 7769)	9114 (8860 to 9339)	9394 (9105 to 9647)	9871 (9578 to 10124)
Moldova	297 (271 to 320)	356 (226 to 516)	395 (250 to 574)	630 (399 to 918)	62.9 (60.9 to 65.0)	66.7 (62.7 to 70.4)	67.7 (63.6 to 71.5)	71.7 (67.4 to 75.7)	256 (248 to 265)	263 (247 to 277)	266 (250 to 281)	282 (265 to 298)
Mongolia	303 (281 to 327)	363 (212 to 550)	477 (270 to 751)	632 (365 to 968)	58.4 (55.5 to 61.2)	64.1 (59.6 to 67.7)	66.3 (61.3 to 70.2)	68.9 (63.9 to 72.9)	174 (166 to 183)	242 (225 to 256)	251 (232 to 266)	261 (242 to 276)
Montenegro	666 (640 to 698)	763 (649 to 883)	830 (700 to 964)	1382 (1172 to 1602)	69.1 (67.2 to 70.8)	74.2 (71.9 to 76.5)	74.8 (72.5 to 77.2)	80.3 (77.9 to 82.8)	43 (42 to 44)	46 (45 to 48)	47 (45 to 48)	50 (48 to 52)
Morocco	213 (198 to 233)	275 (193 to 383)	382 (266 to 533)	488 (338 to 685)	57.8 (55.0 to 60.2)	61.8 (57.9 to 65.9)	64.2 (60.2 to 68.6)	66.4 (62.2 to 71.0)	1924 (1831 to 2005)	2178 (2044 to 2325)	2264 (2122 to 2421)	2342 (2194 to 2505)
Mozambique	67 (66 to 69)	84 (56 to 127)	116 (73 to 179)	156 (101 to 241)	45.2 (42.0 to 48.2)	49.5 (45.2 to 54.3)	50.0 (45.5 to 55.0)	52.2 (47.6 to 57.4)	1267 (1179 to 1351)	2194 (2005 to 2407)	2217 (2018 to 2440)	2314 (2111 to 2544)
Myanmar	86 (76 to 96)	124 (86 to 174)	226 (157 to 315)	244 (170 to 340)	48.9 (46.4 to 51.1)	51.7 (48.8 to 54.2)	55.8 (52.7 to 58.5)	56.4 (53.2 to 59.2)	2645 (2509 to 2762)	3153 (2976 to 3307)	3409 (3216 to 3574)	3446 (3250 to 3613)
Namibia	945 (875 to 1019)	955 (685 to 1314)	1043 (714 to 1475)	1910 (1336 to 2658)	54.8 (50.3 to 61.0)	61.7 (56.4 to 69.0)	62.4 (57.0 to 69.9)	67.5 (61.7 to 75.6)	134 (123 to 149)	213 (195 to 238)	216 (197 to 241)	233 (213 to 261)
Nepal	68 (64 to 72)	77 (50 to 118)	93 (59 to 145)	144 (91 to 224)	51.2 (48.4 to 53.9)	58.7 (54.9 to 62.2)	60.3 (56.3 to 63.9)	63.5 (59.2 to 67.3)	1518 (1435 to 1599)	2215 (2070 to 2347)	2273 (2122 to 2411)	2394 (2235 to 2539)

Netherlands	4902 (4682 to 5177)	4899 (4110 to 5841)	5728 (4794 to 6829)	9132 (7587 to 10979)	81.9 (80.1 to 83.8)	83.9 (81.6 to 86.0)	85.4 (83.1 to 87.7)	91.1 (88.5 to 93.5)	1396 (1364 to 1427)	1477 (1436 to 1515)	1504 (1463 to 1543)	1604 (1558 to 1647)
New Zealand	3189 (2988 to 3424)	3271 (2805 to 3827)	3821 (3224 to 4512)	6098 (5193 to 7157)	77.6 (75.6 to 79.5)	79.1 (76.8 to 81.4)	80.6 (78.1 to 82.9)	85.9 (83.4 to 88.4)	350 (341 to 359)	396 (385 to 408)	403 (391 to 415)	430 (418 to 443)
Nicaragua	283 (263 to 304)	335 (225 to 470)	343 (225 to 491)	608 (404 to 862)	64.4 (61.7 to 67.1)	68.2 (64.2 to 71.9)	68.2 (64.1 to 72.0)	74.0 (69.6 to 78.1)	393 (376 to 409)	478 (450 to 504)	478 (449 to 504)	519 (488 to 547)
Niger	30 (29 to 32)	39 (24 to 59)	41 (25 to 62)	68 (41 to 103)	42.3 (39.6 to 45.1)	49.8 (45.6 to 53.9)	50.0 (45.8 to 54.2)	53.5 (49.0 to 58.0)	816 (764 to 870)	1694 (1551 to 1835)	1703 (1560 to 1845)	1822 (1667 to 1975)
Nigeria	57 (51 to 62)	64 (25 to 133)	66 (25 to 145)	135 (50 to 292)	47.8 (44.7 to 51.2)	51.2 (45.3 to 57.3)	51.4 (45.4 to 57.8)	56.5 (49.6 to 63.5)	8607 (8057 to 9237)	14056 (12432 to 15728)	14092 (12445 to 15856)	15489 (13621 to 17411)
North Korea	60 (54 to 67)	55 (49 to 61)	55 (49 to 62)	142 (124 to 163)	56.2 (53.5 to 58.6)	58.0 (55.2 to 60.5)	58.0 (55.2 to 60.5)	65.9 (62.8 to 68.7)	1482 (1411 to 1545)	1771 (1685 to 1848)	1773 (1687 to 1849)	2012 (1918 to 2098)
Norway	6019 (5804 to 6268)	6088 (4181 to 7940)	6764 (4592 to 8889)	11302 (7698 to 14815)	83.1 (81.1 to 85.0)	85.5 (81.4 to 88.5)	86.2 (82.0 to 89.3)	92.8 (88.3 to 96.1)	431 (421 to 441)	504 (480 to 522)	508 (483 to 526)	547 (520 to 566)
Oman	1576 (1449 to 1707)	1701 (1017 to 2642)	1887 (1080 to 3039)	3160 (1851 to 4972)	74.7 (72.8 to 76.5)	78.0 (73.6 to 82.6)	79.1 (74.2 to 84.2)	84.6 (79.5 to 89.7)	339 (331 to 348)	486 (458 to 514)	493 (462 to 524)	527 (495 to 559)
Pakistan	51 (47 to 55)	70 (40 to 113)	89 (51 to 145)	121 (70 to 197)	42.7 (40.0 to 45.4)	49.1 (44.6 to 53.2)	50.6 (46.0 to 54.9)	52.8 (48.0 to 57.3)	8010 (7505 to 8506)	11268 (10256 to 12229)	11618 (10559 to 12610)	12128 (11028 to 13175)
Palestine	233 (203 to 266)	268 (197 to 366)	325 (234 to 450)	503 (360 to 699)	58.7 (56.7 to 60.5)	60.4 (58.5 to 62.2)	61.9 (59.9 to 63.9)	65.6 (63.5 to 67.6)	295 (285 to 304)	527 (510 to 543)	540 (523 to 557)	573 (554 to 590)
Panama	1102 (1041 to 1169)	1220 (875 to 1654)	1887 (1302 to 2629)	2262 (1592 to 3124)	62.2 (59.6 to 64.8)	62.5 (59.3 to 65.7)	66.2 (62.6 to 69.6)	67.9 (64.3 to 71.3)	243 (233 to 253)	287 (272 to 301)	304 (287 to 319)	311 (295 to 327)
Papua New Guinea	114 (107 to 124)	116 (78 to 161)	118 (78 to 164)	257 (173 to 355)	38.3 (34.7 to 42.1)	41.6 (37.4 to 45.5)	41.6 (37.4 to 45.6)	45.8 (41.2 to 50.1)	294 (266 to 323)	439 (395 to 480)	439 (395 to 481)	483 (434 to 528)
Paraguay	470 (439 to 506)	545 (351 to 798)	865 (545 to 1303)	1000 (627 to 1507)	55.5 (53.2 to 57.8)	54.2 (50.9 to 57.2)	57.7 (54.1 to 61.1)	58.7 (54.9 to 62.2)	367 (351 to 382)	410 (385 to 433)	437 (410 to 463)	444 (416 to 471)
Peru	471 (458 to 485)	539 (386 to 753)	676 (473 to 956)	988 (693 to 1397)	65.3 (62.3 to 68.2)	70.3 (66.1 to 74.6)	72.6 (68.2 to 77.1)	76.2 (71.6 to 80.9)	2076 (1980 to 2169)	2879 (2706 to 3056)	2971 (2791 to 3155)	3121 (2932 to 3313)
Philippines	154 (150 to 159)	181 (129 to 243)	283 (197 to 390)	340 (239 to 462)	49.0 (46.6 to 51.1)	51.0 (47.9 to 53.6)	54.1 (50.8 to 56.9)	55.4 (52.0 to 58.3)	4940 (4702 to 5161)	6471 (6081 to 6800)	6863 (6443 to 7219)	7035 (6605 to 7395)
Poland	1339 (1243 to 1464)	1458 (1218 to 1746)	2041 (1654 to 2501)	2707 (2222 to 3289)	71.4 (69.2 to 73.3)	75.9 (73.5 to 78.0)	79.4 (76.9 to 81.8)	82.4 (79.8 to 84.9)	2751 (2667 to 2825)	2802 (2715 to 2879)	2932 (2839 to 3019)	3043 (2948 to 3132)
Portugal	1962 (1859 to 2078)	2102 (1723 to 2507)	2780 (2225 to 3387)	3904 (3147 to 4718)	76.5 (74.9 to 77.9)	81.6 (79.4 to 83.7)	84.8 (82.2 to 87.2)	88.6 (86.0 to 91.1)	801 (785 to 816)	794 (773 to 814)	825 (800 to 849)	862 (836 to 886)
Qatar	3018 (2798 to 3248)	3222 (1593 to 6015)	3441 (1479 to 6766)	5889 (2781 to 11269)	76.6 (72.1 to 80.9)	83.2 (75.3 to 91.2)	83.7 (74.8 to 92.5)	90.1 (81.1 to 99.1)	170 (160 to 180)	248 (225 to 272)	250 (223 to 276)	269 (242 to 296)
Romania	890 (820 to 959)	998 (677 to 1409)	1667 (1117 to 2361)	1837 (1235 to 2600)	65.6 (63.6 to 67.5)	67.8 (63.9 to 71.5)	72.5 (68.2 to 76.4)	73.5 (69.2 to 77.5)	1277 (1238 to 1314)	1219 (1150 to 1286)	1303 (1227 to 1374)	1321 (1244 to 1393)
Russian Federation	993 (984 to 1003)	1125 (753 to 1610)	1132 (716 to 1666)	2045 (1347 to 2977)	62.3 (57.8 to 66.5)	66.6 (60.6 to 72.4)	66.6 (60.3 to 72.5)	72.2 (65.6 to 78.6)	9024 (8383 to 9637)	9553 (8699 to 10388)	9553 (8651 to 10411)	10358 (9416 to 11277)
Rwanda	110 (103 to 119)	130 (83 to 198)	152 (94 to 238)	236 (145 to 370)	51.0 (48.4 to 53.7)	60.9 (56.7 to 65.0)	62.3 (57.7 to 66.6)	65.5 (60.7 to 70.0)	601 (571 to 633)	1022 (950 to 1090)	1044 (968 to 1117)	1099 (1019 to 1175)
Saint Lucia	348 (327 to 373)	427 (254 to 672)	455 (260 to 739)	781 (459 to 1240)	59.0 (56.7 to 61.1)	61.7 (57.6 to 65.4)	62.0 (57.6 to 65.8)	66.9 (62.3 to 70.9)	11 (10 to 11)	12 (11 to 12)	12 (11 to 12)	12 (12 to 13)
Saint Vincent and the Grenadines	422 (408 to 438)	491 (326 to 721)	567 (372 to 842)	903 (600 to 1324)	54.6 (52.5 to 56.7)	55.7 (52.2 to 58.6)	56.8 (53.2 to 59.9)	60.2 (56.5 to 63.4)	6 (6 to 6)	6 (6 to 7)	6 (6 to 7)	7 (6 to 7)

Samoa	307 (283 to 329)	368 (172 to 683)	416 (195 to 782)	683 (320 to 1277)	47.5 (44.5 to 50.9)	49.4 (44.4 to 54.1)	50.3 (45.1 to 55.0)	53.6 (48.1 to 58.6)	9 (9 to 10)	11 (10 to 12)	11 (10 to 12)	12 (11 to 13)
Sao Tome and Principe	178 (166 to 187)	198 (90 to 371)	203 (92 to 386)	389 (175 to 732)	54.7 (51.7 to 58.1)	59.6 (53.5 to 66.5)	59.7 (53.6 to 66.8)	65.2 (58.3 to 72.9)	11 (10 to 11)	17 (15 to 19)	17 (15 to 19)	18 (16 to 20)
Saudi Arabia	2672 (2487 to 2867)	2832 (1440 to 4875)	3320 (1601 to 5907)	5284 (2609 to 9306)	71.1 (69.5 to 72.8)	73.7 (67.9 to 79.9)	75.2 (68.6 to 81.9)	80.1 (73.4 to 86.9)	2204 (2153 to 2256)	2642 (2435 to 2863)	2695 (2460 to 2935)	2869 (2630 to 3116)
Senegal	75 (71 to 80)	85 (57 to 123)	92 (61 to 133)	159 (103 to 233)	44.2 (42.3 to 46.1)	49.2 (46.6 to 51.8)	49.7 (47.1 to 52.3)	53.4 (50.5 to 56.3)	664 (635 to 692)	1114 (1056 to 1173)	1125 (1067 to 1184)	1209 (1143 to 1274)
Serbia	836 (793 to 876)	954 (789 to 1139)	1314 (1090 to 1569)	1714 (1405 to 2072)	64.7 (63.1 to 66.3)	67.7 (65.4 to 70.2)	70.5 (68.0 to 73.1)	73.2 (70.5 to 75.9)	570 (557 to 585)	550 (531 to 570)	573 (553 to 594)	595 (573 to 617)
Seychelles	931 (840 to 1018)	1065 (436 to 1843)	1381 (565 to 2391)	2006 (817 to 3482)	59.1 (56.6 to 61.4)	63.6 (57.1 to 68.4)	65.7 (59.0 to 70.7)	69.2 (62.1 to 74.5)	6 (5 to 6)	7 (6 to 7)	7 (6 to 7)	7 (6 to 8)
Sierra Leone	131 (125 to 138)	100 (54 to 183)	123 (67 to 222)	174 (88 to 331)	43.2 (40.6 to 46.2)	48.6 (44.6 to 51.9)	48.6 (44.7 to 51.8)	51.0 (46.6 to 54.7)	280 (262 to 299)	470 (432 to 502)	470 (433 to 501)	494 (451 to 529)
Singapore	2500 (2328 to 2662)	2609 (1624 to 3813)	3146 (1918 to 4661)	4819 (2964 to 7123)	80.7 (77.7 to 83.4)	80.8 (76.1 to 85.3)	82.6 (77.7 to 87.5)	87.6 (82.3 to 92.7)	315 (303 to 326)	363 (342 to 384)	372 (349 to 393)	394 (370 to 417)
Slovakia	1803 (1684 to 1943)	1927 (1431 to 2529)	2722 (1961 to 3690)	3561 (2608 to 4734)	69.4 (67.2 to 71.6)	70.3 (67.1 to 73.1)	73.5 (70.0 to 76.6)	76.3 (72.7 to 79.5)	378 (366 to 390)	372 (355 to 387)	389 (370 to 406)	404 (385 to 421)
Slovenia	2453 (2362 to 2559)	2531 (2080 to 3077)	3496 (2730 to 4468)	4799 (3851 to 6001)	79.4 (77.1 to 81.7)	84.3 (81.3 to 87.2)	87.9 (84.4 to 91.3)	91.8 (88.3 to 95.2)	164 (159 to 169)	168 (162 to 174)	176 (169 to 182)	183 (176 to 190)
Solomon Islands	151 (139 to 160)	182 (102 to 290)	208 (118 to 331)	342 (193 to 542)	39.5 (36.1 to 43.1)	42.6 (38.5 to 46.5)	43.4 (39.3 to 47.4)	45.8 (41.4 to 49.9)	23 (21 to 25)	32 (29 to 34)	32 (29 to 35)	34 (31 to 37)
Somalia	26 (26 to 27)	40 (28 to 61)	58 (40 to 86)	71 (48 to 109)	26.5 (23.8 to 29.6)	27.9 (24.8 to 31.7)	28.6 (25.4 to 32.5)	29.4 (26.1 to 33.5)	268 (240 to 299)	388 (345 to 441)	398 (354 to 452)	410 (364 to 467)
South Africa	1022 (999 to 1046)	993 (791 to 1251)	1094 (852 to 1390)	2052 (1606 to 2596)	52.6 (51.0 to 54.2)	54.8 (52.8 to 56.9)	55.5 (53.4 to 57.6)	60.4 (58.1 to 62.7)	2771 (2689 to 2859)	3476 (3348 to 3605)	3520 (3386 to 3654)	3832 (3686 to 3974)
South Korea	1793 (1731 to 1855)	1950 (1493 to 2494)	3042 (2209 to 4029)	3606 (2669 to 4712)	80.5 (76.6 to 84.2)	81.1 (76.6 to 85.7)	85.8 (80.8 to 90.9)	87.9 (82.9 to 93.1)	4043 (3843 to 4228)	3975 (3755 to 4201)	4207 (3962 to 4455)	4310 (4065 to 4562)
South Sudan	35 (33 to 36)	49 (35 to 69)	79 (58 to 107)	93 (66 to 129)	35.3 (31.2 to 39.5)	38.4 (33.6 to 43.5)	40.4 (35.4 to 45.7)	41.3 (36.2 to 46.8)	463 (409 to 518)	920 (805 to 1042)	967 (848 to 1093)	989 (866 to 1119)
Spain	2548 (2463 to 2633)	2689 (2260 to 3143)	3336 (2774 to 3936)	4943 (4120 to 5822)	82.1 (80.7 to 83.5)	85.6 (83.1 to 87.9)	87.9 (85.3 to 90.4)	92.8 (90.1 to 95.4)	3812 (3747 to 3880)	3917 (3803 to 4022)	4024 (3906 to 4136)	4248 (4125 to 4365)
Sri Lanka	229 (215 to 241)	275 (177 to 407)	382 (236 to 594)	501 (318 to 754)	67.9 (64.6 to 71.2)	74.6 (69.6 to 79.6)	78.1 (72.7 to 83.7)	80.7 (75.2 to 86.4)	1402 (1335 to 1470)	1546 (1443 to 1651)	1620 (1508 to 1735)	1674 (1559 to 1792)
Sudan	102 (91 to 119)	130 (62 to 240)	134 (61 to 253)	244 (113 to 455)	46.2 (44.0 to 48.2)	50.8 (46.3 to 54.7)	50.8 (46.2 to 54.9)	55.3 (50.4 to 59.8)	1779 (1693 to 1858)	2427 (2214 to 2617)	2427 (2210 to 2626)	2644 (2411 to 2859)
Suriname	881 (777 to 994)	607 (275 to 1084)	743 (341 to 1334)	1820 (815 to 3266)	55.2 (52.8 to 57.5)	56.9 (51.9 to 61.1)	58.5 (53.4 to 62.9)	64.7 (59.0 to 69.5)	30 (29 to 31)	33 (30 to 36)	34 (31 to 37)	38 (35 to 41)
Swaziland	619 (581 to 661)	704 (418 to 1117)	952 (567 to 1508)	1312 (774 to 2084)	49.3 (43.5 to 56.0)	51.7 (45.3 to 59.5)	52.8 (46.2 to 60.7)	55.2 (48.3 to 63.6)	65 (58 to 74)	95 (83 to 109)	97 (85 to 111)	101 (89 to 116)
Sweden	4705 (4495 to 4901)	4783 (3879 to 5779)	5819 (4674 to 7102)	8869 (7163 to 10762)	82.8 (80.6 to 84.8)	82.2 (79.7 to 84.8)	84.1 (81.4 to 86.7)	89.3 (86.5 to 92.1)	810 (788 to 830)	886 (859 to 913)	906 (878 to 935)	962 (933 to 992)
Switzerland	5750 (5487 to 5980)	5391 (4586 to 6300)	5598 (4685 to 6635)	10704 (9047 to 12571)	85.3 (81.8 to 88.5)	85.9 (82.0 to 89.6)	86.0 (82.1 to 89.8)	94.2 (89.9 to 98.4)	706 (678 to 733)	778 (743 to 812)	779 (743 to 814)	853 (814 to 891)
Syria	119 (105 to 133)	131 (67 to 222)	136 (67 to 233)	276 (136 to 477)	67.2 (65.1 to 69.3)	71.0 (65.7 to 76.1)	71.2 (65.7 to 76.5)	78.5 (72.4 to 84.3)	1227 (1189 to 1267)	1698 (1570 to 1818)	1702 (1570 to 1827)	1877 (1730 to 2015)

Taiwan	1841 (1740 to 1957)	1951 (1549 to 2436)	2520 (1921 to 3246)	3601 (2787 to 4568)	72.3 (70.1 to 74.5)	74.6 (71.5 to 77.6)	77.1 (73.6 to 80.5)	80.9 (77.4 to 84.4)	1704 (1654 to 1756)	1712 (1641 to 1782)	1769 (1690 to 1848)	1858 (1778 to 1937)
Tajikistan	73 (69 to 77)	102 (53 to 170)	111 (56 to 189)	174 (88 to 295)	55.0 (52.3 to 57.7)	58.9 (53.6 to 63.6)	59.1 (53.6 to 64.0)	63.1 (57.3 to 68.2)	463 (439 to 485)	686 (624 to 740)	688 (624 to 745)	734 (667 to 794)
Tanzania	115 (105 to 126)	143 (79 to 240)	217 (118 to 366)	257 (139 to 436)	47.8 (45.2 to 50.6)	51.0 (47.0 to 55.2)	53.6 (49.2 to 57.9)	54.9 (50.4 to 59.4)	2530 (2394 to 2676)	4106 (3780 to 4440)	4313 (3961 to 4662)	4419 (4058 to 4784)
Thailand	539 (515 to 559)	604 (431 to 822)	849 (601 to 1154)	1128 (798 to 1546)	67.7 (65.7 to 69.8)	70.5 (67.1 to 73.9)	73.6 (70.0 to 77.1)	76.7 (72.9 to 80.4)	4565 (4426 to 4704)	4680 (4455 to 4902)	4885 (4648 to 5117)	5086 (4835 to 5333)
The Bahamas	1286 (1176 to 1395)	1353 (925 to 1905)	1648 (1124 to 2332)	2527 (1713 to 3583)	60.5 (57.9 to 63.1)	62.4 (58.8 to 65.6)	64.1 (60.4 to 67.3)	67.8 (63.9 to 71.3)	24 (23 to 25)	29 (27 to 30)	30 (28 to 31)	31 (29 to 33)
The Gambia	117 (111 to 125)	142 (80 to 236)	152 (87 to 249)	263 (142 to 450)	50.1 (47.6 to 52.5)	50.8 (47.1 to 55.2)	51.2 (47.6 to 55.6)	55.1 (50.8 to 60.0)	99 (94 to 104)	161 (149 to 175)	162 (150 to 176)	174 (161 to 190)
Timor□Leste	92 (84 to 101)	114 (78 to 165)	171 (118 to 245)	212 (143 to 309)	45.2 (41.2 to 50.5)	52.8 (47.5 to 59.5)	55.5 (49.9 to 62.5)	57.1 (51.3 to 64.3)	52 (47 to 58)	75 (68 to 85)	79 (71 to 89)	81 (73 to 91)
Togo	44 (40 to 48)	61 (33 to 105)	65 (36 to 113)	108 (59 to 188)	44.6 (42.5 to 46.9)	47.8 (44.2 to 51.1)	47.8 (44.3 to 51.2)	51.4 (47.5 to 55.0)	322 (307 to 339)	511 (473 to 547)	512 (474 to 548)	550 (509 to 589)
Tonga	210 (196 to 227)	255 (143 to 410)	430 (238 to 702)	475 (262 to 780)	53.5 (50.6 to 56.6)	55.4 (50.9 to 59.8)	58.4 (53.6 to 63.2)	59.2 (54.3 to 64.1)	6 (5 to 6)	7 (6 to 7)	7 (6 to 8)	7 (6 to 8)
Trinidad and Tobago	1274 (1176 to 1391)	1418 (806 to 2189)	1739 (957 to 2745)	2592 (1416 to 4100)	58.1 (55.1 to 60.7)	58.3 (53.7 to 62.0)	59.9 (55.0 to 63.9)	63.1 (57.9 to 67.4)	78 (74 to 81)	76 (70 to 80)	78 (71 to 83)	82 (75 to 87)
Tunisia	478 (456 to 511)	561 (453 to 722)	595 (458 to 803)	1015 (803 to 1337)	65.6 (62.6 to 68.7)	68.4 (64.5 to 72.2)	68.8 (64.6 to 73.0)	74.0 (69.6 to 78.3)	730 (697 to 765)	812 (766 to 857)	816 (767 to 866)	878 (827 to 930)
Turkey	853 (812 to 908)	950 (590 to 1344)	1615 (998 to 2290)	1762 (1066 to 2518)	66.4 (63.5 to 69.3)	73.5 (68.6 to 77.6)	78.9 (73.7 to 83.3)	79.8 (74.4 to 84.3)	5199 (4970 to 5420)	6455 (6023 to 6817)	6929 (6469 to 7315)	7009 (6537 to 7405)
Turkmenistan	345 (319 to 379)	434 (211 to 769)	601 (282 to 1085)	776 (365 to 1399)	54.8 (52.8 to 56.7)	58.9 (53.5 to 64.5)	61.6 (55.9 to 67.6)	63.5 (57.7 to 69.7)	297 (286 to 307)	394 (359 to 432)	412 (374 to 453)	426 (386 to 467)
Uganda	96 (85 to 110)	115 (70 to 191)	127 (74 to 215)	210 (118 to 364)	43.3 (40.8 to 45.9)	49.0 (45.2 to 53.0)	49.3 (45.4 to 53.4)	52.8 (48.6 to 57.4)	1694 (1594 to 1794)	3148 (2905 to 3403)	3169 (2917 to 3433)	3395 (3120 to 3686)
Ukraine	318 (297 to 338)	365 (274 to 493)	368 (271 to 506)	695 (515 to 946)	62.2 (58.2 to 66.0)	65.6 (60.8 to 70.2)	65.6 (60.7 to 70.3)	71.6 (66.3 to 76.7)	2829 (2649 to 3001)	2790 (2585 to 2987)	2790 (2583 to 2989)	3046 (2818 to 3262)
United Arab Emirates	2039 (1898 to 2160)	2189 (1219 to 3589)	2508 (1279 to 4340)	4060 (2187 to 6773)	65.5 (61.8 to 69.2)	68.8 (63.3 to 74.1)	69.9 (63.9 to 75.7)	74.7 (68.5 to 80.6)	622 (587 to 657)	824 (758 to 888)	838 (766 to 907)	894 (821 to 965)
United Kingdom	3659 (3546 to 3787)	3744 (2971 to 4530)	4140 (3222 to 5038)	6958 (5464 to 8448)	77.0 (75.8 to 78.1)	78.3 (76.0 to 80.4)	79.2 (76.7 to 81.3)	85.0 (82.5 to 87.4)	4999 (4925 to 5069)	5447 (5287 to 5593)	5507 (5336 to 5659)	5917 (5738 to 6078)
United States	8744 (8482 to 8978)	8263 (6284 to 9868)	11948 (8492 to 14499)	15588 (11417 to 18833)	72.6 (71.4 to 73.5)	71.2 (68.7 to 72.8)	74.7 (71.4 to 76.6)	77.4 (74.4 to 79.3)	23242 (22865 to 23543)	24953 (24096 to 25525)	26187 (25057 to 26850)	27150 (26090 to 27820)
Uruguay	1706 (1608 to 1805)	1802 (1371 to 2342)	2213 (1647 to 2951)	3357 (2498 to 4477)	64.2 (62.4 to 65.9)	65.4 (62.9 to 67.9)	67.0 (64.3 to 69.6)	71.0 (68.2 to 73.9)	220 (214 to 226)	234 (225 to 243)	240 (230 to 249)	254 (244 to 264)
Uzbekistan	258 (249 to 268)	322 (199 to 479)	443 (267 to 675)	578 (354 to 871)	59.6 (56.9 to 62.1)	61.9 (57.6 to 65.3)	64.3 (59.6 to 67.9)	66.8 (62.0 to 70.5)	1791 (1710 to 1866)	2244 (2089 to 2365)	2330 (2161 to 2461)	2422 (2248 to 2555)
Vanuatu	138 (127 to 152)	122 (77 to 181)	128 (81 to 192)	307 (196 to 450)	38.4 (34.6 to 41.5)	35.7 (32.2 to 38.7)	35.8 (32.4 to 38.9)	40.4 (36.6 to 43.8)	10 (9 to 11)	13 (12 to 14)	13 (12 to 14)	15 (13 to 16)
Venezuela	310 (294 to 326)	229 (97 to 407)	232 (98 to 413)	686 (297 to 1206)	59.5 (56.5 to 62.3)	59.7 (53.9 to 64.1)	59.8 (54.0 to 64.3)	68.1 (61.6 to 73.3)	1848 (1754 to 1935)	2146 (1940 to 2307)	2150 (1942 to 2311)	2451 (2215 to 2637)
Vietnam	167 (156 to 180)	209 (144 to 293)	338 (229 to 487)	369 (251 to 525)	60.4 (57.9 to 62.8)	65.1 (61.8 to 68.4)	69.4 (65.8 to 73.0)	70.3 (66.7 to 73.8)	5633 (5404 to 5863)	6664 (6324 to 6995)	7102 (6728 to 7466)	7187 (6820 to 7552)

Yemen	38 (33 to 44)	37 (23 to 56)	41 (26 to 62)	78 (48 to 119)	43.6 (40.7 to 46.7)	54.6 (50.6 to 58.5)	55.5 (51.5 to 59.4)	59.7 (55.4 to 64.0)	1201 (1123 to 1287)	2097 (1945 to 2248)	2131 (1977 to 2281)	2294 (2127 to 2457)
Zambia	180 (168 to 192)	212 (124 to 343)	226 (133 to 368)	395 (228 to 648)	44.0 (40.2 to 47.9)	49.3 (44.0 to 54.7)	49.3 (43.9 to 54.7)	53.3 (47.5 to 59.2)	710 (648 to 773)	1266 (1129 to 1404)	1266 (1128 to 1404)	1369 (1219 to 1520)
Zimbabwe	135 (126 to 145)	124 (60 to 228)	134 (65 to 245)	295 (132 to 555)	44.6 (41.1 to 48.1)	48.2 (43.1 to 53.0)	48.6 (43.6 to 53.5)	53.7 (47.7 to 59.2)	695 (641 to 750)	1109 (993 to 1221)	1121 (1004 to 1233)	1237 (1100 to 1365)

B4. Table: Future health scenarios in 2040

This table contains our projection of the future health scenarios (reference, better, and worse scenarios) for pooled health spending per capita, universal health coverage index, and the number of lives covered by our predicted universal health care, in 2040.

	Pooled health spending per capita ($)				Universal Health Coverage index				Covered lives			
	2015 Observed	2040 Worse scenario	2040 Reference scenario	2040 Better scenario	2015 Observed	2040 Worse scenario	2040 Reference scenario	2040 Better scenario	2015 Observed	2040 Worse scenario	2040 Reference scenario	2040 Better scenario
									Covered lives (millions)			
Global	1036 (999 to 1076)	970 (682 to 1321)	1747 (1137 to 2467)	2837 (1924 to 3963)	59.2 (58.2 to 60.1)	61.8 (58.2 to 65.0)	67.3 (63.0 to 71.0)	71.7 (67.2 to 75.5)	4325 (4250 to 4390)	5447 (5123 to 5722)	5928 (5554 to 6254)	6317 (5916 to 6654)
World Bank Income Groups									Covered lives (millions)			
High-income	4768 (4605 to 4941)	4827 (3624 to 6147)	7508 (5197 to 9808)	13453 (9809 to 17451)	76.8 (75.7 to 77.6)	77.9 (75.3 to 80.1)	81.6 (78.3 to 84.3)	89.6 (86.2 to 92.4)	893 (880 to 902)	941 (909 to 968)	986 (946 to 1019)	1083 (1041 to 1116)
Upper-middle-income	646 (622 to 672)	771 (465 to 1175)	1908 (1128 to 2958)	2588 (1522 to 4016)	65.6 (64.5 to 66.6)	67.5 (63.3 to 71.1)	76.1 (70.9 to 80.3)	79.8 (74.4 to 84.2)	1677 (1649 to 1702)	1793 (1679 to 1887)	2018 (1882 to 2131)	2117 (1975 to 2235)
Lower-middle-income	113 (106 to 120)	154 (94 to 242)	300 (184 to 471)	427 (251 to 701)	50.3 (49.1 to 51.5)	56.9 (53.3 to 59.6)	61.9 (57.9 to 65.1)	65.3 (60.9 to 68.7)	1482 (1445 to 1516)	2091 (1960 to 2190)	2274 (2127 to 2394)	2400 (2240 to 2525)
Low-income	67 (63 to 72)	81 (39 to 155)	122 (56 to 241)	236 (107 to 467)	42.7 (41.6 to 43.9)	49.0 (44.9 to 53.2)	51.1 (46.7 to 55.7)	56.5 (51.4 to 61.7)	273 (266 to 281)	622 (570 to 676)	649 (593 to 707)	718 (652 to 784)
GBD Super-regions									Covered lives (millions)			
Central Europe, Eastern Europe, and Central Asia	839 (801 to 885)	944 (619 to 1373)	1275 (789 to 1936)	2594 (1651 to 3849)	63.8 (61.9 to 65.6)	68.3 (64.0 to 72.0)	70.6 (65.6 to 74.9)	78.4 (73.2 to 82.9)	263 (256 to 271)	285 (267 to 300)	294 (274 to 312)	327 (305 to 346)
GBD high-income	5036 (4873 to 5208)	5045 (3826 to 6318)	7896 (5511 to 10157)	14059 (10362 to 17916)	77.0 (75.8 to 77.8)	77.5 (75.0 to 79.5)	81.2 (78.1 to 83.6)	89.1 (85.9 to 91.6)	812 (800 to 821)	855 (828 to 878)	896 (862 to 923)	984 (948 to 1011)
Latin America and Caribbean	723 (693 to 755)	764 (474 to 1095)	1087 (632 to 1603)	2250 (1311 to 3316)	60.7 (59.5 to 61.7)	63.4 (59.8 to 66.1)	66.3 (62.2 to 69.5)	73.3 (68.8 to 76.7)	344 (337 to 349)	428 (404 to 446)	448 (420 to 469)	495 (464 to 518)
North Africa and Middle East	597 (560 to 638)	656 (316 to 1205)	976 (430 to 1872)	1808 (824 to 3438)	59.5 (58.5 to 60.6)	64.5 (59.5 to 69.7)	67.4 (61.6 to 73.5)	74.0 (67.8 to 80.3)	336 (330 to 342)	518 (479 to 560)	542 (495 to 591)	595 (545 to 646)
South Asia	74 (71 to 77)	110 (73 to 159)	273 (179 to 392)	294 (190 to 430)	48.8 (47.1 to 50.2)	56.7 (53.6 to 59.0)	63.5 (59.9 to 66.2)	64.6 (60.8 to 67.4)	820 (792 to 844)	1065 (1007 to 1108)	1193 (1124 to 1242)	1213 (1142 to 1265)
Southeast Asia, East Asia, and Oceania	439 (423 to 457)	527 (331 to 793)	1828 (1127 to 2783)	1984 (1221 to 3033)	63.8 (62.7 to 64.7)	65.4 (61.8 to 68.6)	76.4 (71.9 to 80.0)	77.8 (73.3 to 81.6)	1320 (1298 to 1340)	1356 (1281 to 1421)	1583 (1491 to 1659)	1614 (1519 to 1692)
Sub-Saharan Africa	134 (127 to 142)	130 (69 to 237)	175 (88 to 336)	406 (206 to 770)	45.1 (43.9 to 46.3)	50.5 (45.7 to 55.6)	52.3 (47.2 to 57.9)	58.7 (52.6 to 64.9)	430 (419 to 442)	939 (849 to 1032)	972 (877 to 1076)	1090 (977 to 1206)
Countries									Covered lives (thousands)			
Afghanistan	39 (38 to 41)	38 (22 to 68)	49 (29 to 83)	118 (64 to 216)	30.8 (27.5 to 35.3)	39.9 (35.5 to 43.9)	41.3 (36.7 to 45.6)	46.3 (41.0 to 51.0)	996 (891 to 1141)	2570 (2289 to 2831)	2666 (2370 to 2943)	2984 (2644 to 3290)
Albania	383 (356 to 430)	522 (314 to 787)	1027 (600 to 1584)	1348 (779 to 2109)	66.2 (63.8 to 68.7)	70.3 (65.6 to 74.2)	77.0 (71.8 to 81.7)	80.0 (74.4 to 84.9)	192 (185 to 199)	196 (183 to 207)	215 (200 to 227)	223 (207 to 236)
Algeria	744 (715 to 769)	936 (463 to 1630)	1014 (465 to 1833)	2526 (1202 to 4494)	63.2 (60.6 to 65.5)	66.8 (60.4 to 74.0)	67.3 (60.3 to 75.1)	76.6 (68.9 to 85.1)	2511 (2410 to 2604)	3353 (3029 to 3712)	3376 (3025 to 3766)	3841 (3459 to 4268)

	Pooled health spending per capita ($)				Universal Health Coverage index				Covered lives			
	2015 Observed	2040 Worse Scenario	2040 Reference Scenario	2040 Better Scenario	2015 Observed	2040 Worse Scenario	2040 Reference Scenario	2040 Better Scenario	2015 Observed	2040 Worse Scenario	2040 Reference Scenario	2040 Better Scenario
Andorra	5897 (5345 to 6447)	4907 (3772 to 6368)	5294 (3903 to 7242)	16369 (12472 to 21556)	81.4 (78.0 to 84.9)	76.3 (72.4 to 80.1)	77.1 (72.9 to 81.1)	90.1 (85.5 to 94.4)	6 (6 to 7)	5 (5 to 6)	5 (5 to 6)	6 (6 to 7)
Angola	134 (113 to 160)	125 (42 to 275)	135 (38 to 329)	520 (169 to 1154)	43.7 (38.5 to 48.1)	52.7 (45.5 to 60.2)	53.0 (45.0 to 61.5)	63.9 (54.9 to 73.2)	1097 (966 to 1205)	2817 (2430 to 3217)	2834 (2403 to 3289)	3416 (2935 to 3914)
Antigua and Barbuda	921 (860 to 975)	1136 (457 to 2312)	1854 (679 to 4028)	3190 (1202 to 6727)	62.2 (60.0 to 64.6)	63.8 (57.2 to 69.9)	68.0 (60.1 to 75.4)	73.4 (65.4 to 81.0)	6 (5 to 6)	6 (6 to 7)	7 (6 to 8)	7 (7 to 8)
Argentina	1193 (1114 to 1274)	1367 (794 to 2109)	1875 (1079 to 2903)	3765 (2120 to 5940)	61.0 (59.2 to 62.8)	60.9 (56.9 to 64.2)	63.7 (59.5 to 67.3)	69.8 (65.0 to 73.9)	2641 (2564 to 2717)	3124 (2920 to 3294)	3269 (3052 to 3450)	3580 (3334 to 3788)
Armenia	171 (161 to 182)	270 (140 to 449)	361 (180 to 609)	661 (327 to 1129)	64.0 (62.1 to 66.0)	69.6 (63.9 to 75.3)	72.3 (66.0 to 78.5)	78.7 (71.8 to 85.6)	194 (188 to 200)	213 (195 to 230)	221 (202 to 240)	240 (219 to 261)
Australia	3545 (3455 to 3638)	3677 (3065 to 4383)	4867 (3864 to 6096)	10099 (8224 to 12301)	81.5 (79.9 to 83.1)	83.8 (81.4 to 86.1)	86.8 (83.8 to 89.5)	96.2 (93.1 to 99.1)	1937 (1899 to 1974)	2426 (2356 to 2494)	2514 (2426 to 2591)	2787 (2697 to 2870)
Austria	4255 (4184 to 4341)	4384 (3696 to 5229)	5438 (4471 to 6597)	12051 (10025 to 14511)	81.4 (79.9 to 83.0)	85.8 (83.3 to 88.1)	88.4 (85.6 to 90.9)	98.6 (95.6 to 101.4)	701 (688 to 715)	760 (737 to 780)	783 (758 to 805)	873 (846 to 898)
Azerbaijan	258 (243 to 274)	402 (188 to 729)	517 (228 to 978)	980 (444 to 1816)	56.8 (53.6 to 59.8)	64.7 (58.0 to 71.3)	67.0 (59.7 to 74.1)	73.1 (65.3 to 80.7)	556 (525 to 586)	763 (684 to 841)	790 (704 to 874)	862 (771 to 952)
Bahrain	1864 (1742 to 1986)	2058 (972 to 3605)	2281 (958 to 4335)	5763 (2550 to 10581)	67.4 (64.4 to 70.4)	75.4 (68.3 to 82.0)	76.3 (68.2 to 83.9)	86.7 (78.0 to 94.9)	92 (88 to 96)	166 (150 to 180)	168 (150 to 185)	191 (171 to 209)
Bangladesh	23 (21 to 26)	36 (22 to 56)	70 (43 to 107)	93 (56 to 145)	53.9 (51.4 to 56.3)	67.6 (62.9 to 71.9)	73.8 (68.7 to 78.7)	76.8 (71.1 to 81.9)	8634 (8233 to 9023)	12177 (11327 to 12957)	13296 (12366 to 14172)	13828 (12814 to 14748)
Barbados	676 (621 to 720)	820 (472 to 1205)	880 (484 to 1320)	2270 (1251 to 3401)	62.6 (60.0 to 64.9)	66.6 (61.7 to 70.2)	67.2 (62.1 to 71.0)	76.6 (70.8 to 80.9)	18 (17 to 18)	18 (17 to 19)	18 (17 to 19)	21 (19 to 22)
Belarus	804 (769 to 838)	943 (666 to 1312)	971 (662 to 1376)	2603 (1820 to 3648)	69.3 (66.6 to 72.0)	75.8 (71.3 to 79.8)	76.0 (71.2 to 80.2)	87.2 (81.9 to 91.8)	658 (633 to 685)	683 (642 to 719)	684 (641 to 722)	785 (738 to 826)
Belgium	4049 (3967 to 4134)	4225 (3414 to 5144)	4960 (3979 to 6117)	11582 (9276 to 14236)	79.5 (77.7 to 81.3)	81.8 (79.0 to 84.4)	83.5 (80.5 to 86.2)	94.0 (90.7 to 96.9)	897 (876 to 918)	967 (934 to 997)	987 (952 to 1018)	1111 (1073 to 1146)
Belize	419 (395 to 445)	509 (308 to 799)	595 (320 to 1047)	1443 (846 to 2372)	55.2 (52.3 to 58.0)	58.6 (54.2 to 62.5)	59.7 (54.6 to 64.7)	67.3 (62.1 to 72.3)	20 (19 to 21)	34 (32 to 37)	35 (32 to 38)	40 (37 to 43)
Benin	47 (45 to 49)	61 (27 to 116)	61 (27 to 117)	165 (75 to 316)	45.6 (43.6 to 47.5)	50.8 (45.8 to 55.6)	50.8 (45.8 to 55.6)	58.4 (52.9 to 63.8)	503 (481 to 524)	1173 (1058 to 1284)	1173 (1058 to 1284)	1349 (1223 to 1475)
Bhutan	228 (215 to 243)	306 (136 to 536)	464 (188 to 838)	835 (353 to 1493)	55.2 (51.9 to 58.4)	65.4 (58.2 to 70.7)	69.1 (61.0 to 75.1)	75.0 (66.2 to 81.3)	44 (41 to 46)	60 (54 to 65)	64 (56 to 69)	69 (61 to 75)
Bolivia	331 (316 to 346)	434 (235 to 682)	730 (393 to 1152)	1176 (609 to 1906)	51.6 (48.0 to 55.2)	58.8 (53.1 to 64.0)	63.2 (57.0 to 68.8)	67.4 (60.6 to 73.5)	562 (523 to 601)	975 (880 to 1062)	1047 (945 to 1141)	1117 (1004 to 1218)
Bosnia and Herzegovina	761 (723 to 815)	952 (430 to 1670)	1439 (628 to 2559)	2559 (1094 to 4599)	64.7 (62.0 to 67.3)	65.3 (59.0 to 70.2)	68.7 (62.0 to 73.9)	74.6 (67.2 to 80.3)	247 (236 to 257)	205 (186 to 221)	216 (195 to 232)	234 (211 to 252)
Botswana	965 (879 to 1091)	1099 (536 to 1851)	1833 (796 to 3358)	3100 (1481 to 5375)	56.9 (50.1 to 67.3)	63.0 (55.0 to 75.4)	67.3 (58.2 to 80.9)	72.5 (63.2 to 86.8)	129 (113 to 152)	208 (182 to 249)	223 (192 to 268)	240 (209 to 287)

	Pooled health spending per capita ($)				Universal Health Coverage index				Covered lives			
	2015 Observed	2040 Worse Scenario	2040 Reference Scenario	2040 Better Scenario	2015 Observed	2040 Worse Scenario	2040 Reference Scenario	2040 Better Scenario	2015 Observed	2040 Worse Scenario	2040 Reference Scenario	2040 Better Scenario
Brazil	1024 (994 to 1059)	998 (551 to 1434)	1413 (717 to 2059)	3145 (1615 to 4623)	61.7 (60.4 to 62.7)	63.2 (58.7 to 66.0)	66.2 (61.0 to 69.4)	73.5 (67.8 to 77.2)	12869 (12600 to 13081)	14536 (13521 to 15183)	15247 (14049 to 15976)	16925 (15601 to 17759)
Brunei	1963 (1786 to 2154)	1810 (846 to 3261)	1852 (842 to 3429)	6186 (2869 to 11222)	64.5 (61.7 to 67.6)	66.6 (59.7 to 72.8)	66.7 (59.6 to 73.1)	78.8 (70.8 to 86.3)	27 (26 to 29)	34 (31 to 37)	34 (31 to 38)	40 (36 to 44)
Bulgaria	856 (818 to 900)	1112 (609 to 1773)	2064 (1101 to 3332)	2890 (1516 to 4718)	62.7 (60.2 to 65.2)	64.1 (59.1 to 68.7)	69.7 (64.0 to 74.8)	73.1 (67.0 to 78.5)	455 (437 to 473)	366 (337 to 392)	398 (365 to 427)	417 (382 to 448)
Burkina Faso	60 (58 to 63)	85 (42 to 163)	127 (61 to 246)	226 (101 to 458)	46.0 (44.0 to 48.3)	53.3 (48.6 to 57.8)	56.4 (51.3 to 61.2)	60.9 (54.9 to 66.5)	833 (796 to 874)	1990 (1814 to 2159)	2104 (1913 to 2284)	2272 (2050 to 2483)
Burundi	53 (50 to 57)	61 (33 to 114)	68 (37 to 124)	207 (104 to 392)	42.9 (40.4 to 45.9)	50.7 (45.5 to 56.7)	50.7 (45.6 to 56.5)	59.2 (53.0 to 66.4)	481 (452 to 514)	1220 (1096 to 1365)	1220 (1099 to 1361)	1426 (1277 to 1599)
Cambodia	82 (74 to 92)	112 (57 to 199)	149 (70 to 276)	272 (133 to 489)	49.2 (47.5 to 51.1)	66.1 (61.2 to 70.6)	68.7 (63.1 to 74.0)	74.6 (68.9 to 79.9)	772 (744 to 801)	1396 (1292 to 1491)	1451 (1333 to 1563)	1576 (1455 to 1687)
Cameroon	48 (42 to 56)	73 (36 to 129)	82 (40 to 146)	184 (87 to 330)	44.6 (41.4 to 48.0)	51.0 (46.5 to 55.7)	51.7 (47.1 to 56.5)	57.8 (52.6 to 63.1)	1043 (970 to 1122)	2212 (2017 to 2413)	2243 (2044 to 2449)	2504 (2281 to 2735)
Canada	4211 (4117 to 4333)	4317 (3008 to 5649)	6232 (4124 to 8388)	12014 (8153 to 15939)	79.2 (77.9 to 80.5)	80.1 (76.3 to 83.5)	84.2 (79.7 to 88.0)	92.2 (87.4 to 96.2)	2843 (2798 to 2891)	3385 (3222 to 3530)	3556 (3367 to 3718)	3895 (3695 to 4066)
Cape Verde	278 (264 to 295)	300 (143 to 525)	311 (126 to 591)	981 (445 to 1757)	61.3 (58.6 to 64.2)	68.5 (62.4 to 73.4)	68.7 (61.2 to 74.6)	79.7 (72.2 to 85.6)	33 (32 to 35)	51 (46 to 54)	51 (45 to 55)	59 (53 to 63)
Central African Republic	16 (15 to 16)	25 (8 to 58)	30 (11 to 64)	74 (22 to 180)	29.9 (25.9 to 34.6)	33.5 (27.9 to 39.1)	33.5 (28.3 to 38.6)	37.9 (31.5 to 44.2)	147 (127 to 170)	251 (209 to 293)	251 (212 to 290)	284 (236 to 332)
Chad	43 (36 to 49)	42 (16 to 95)	45 (16 to 107)	186 (65 to 423)	36.3 (34.0 to 38.4)	40.6 (36.1 to 45.4)	40.8 (36.2 to 45.9)	49.5 (43.6 to 55.5)	506 (474 to 535)	1411 (1253 to 1579)	1417 (1257 to 1596)	1721 (1517 to 1928)
Chile	1315 (1285 to 1351)	1433 (1034 to 1982)	1591 (1051 to 2396)	4139 (2878 to 5962)	70.4 (66.7 to 73.8)	72.4 (67.5 to 77.2)	73.1 (67.7 to 78.6)	83.7 (77.9 to 89.6)	1266 (1199 to 1328)	1469 (1369 to 1567)	1483 (1374 to 1595)	1699 (1580 to 1817)
China	522 (505 to 542)	662 (406 to 1011)	2657 (1627 to 4060)	2723 (1650 to 4204)	68.5 (67.2 to 69.6)	70.1 (65.8 to 73.7)	84.8 (79.6 to 89.1)	85.0 (79.7 to 89.6)	93359 (91564 to 94911)	86674 (81337 to 91154)	104773 (98335 to 110157)	105118 (98568 to 110700)
Colombia	701 (643 to 754)	826 (525 to 1221)	1215 (760 to 1807)	2276 (1409 to 3412)	64.9 (63.0 to 66.6)	71.9 (67.9 to 75.3)	75.8 (71.5 to 79.6)	82.4 (77.6 to 86.6)	3124 (3032 to 3207)	3791 (3585 to 3975)	4001 (3772 to 4202)	4348 (4093 to 4569)
Comoros	35 (31 to 38)	35 (13 to 72)	43 (16 to 85)	128 (50 to 258)	44.7 (42.0 to 47.5)	49.8 (43.2 to 55.7)	50.5 (43.9 to 56.3)	59.1 (51.7 to 65.8)	34 (32 to 36)	50 (43 to 56)	51 (44 to 57)	60 (52 to 66)
Congo	100 (91 to 110)	127 (45 to 262)	129 (44 to 270)	399 (135 to 843)	46.1 (42.5 to 49.9)	51.6 (44.7 to 58.3)	51.7 (44.6 to 58.6)	60.3 (52.0 to 68.6)	212 (195 to 229)	467 (404 to 527)	467 (403 to 530)	545 (470 to 620)
Costa Rica	1044 (1004 to 1083)	1230 (860 to 1756)	1600 (1055 to 2400)	3354 (2296 to 4849)	68.7 (66.7 to 70.5)	69.7 (66.6 to 73.1)	71.9 (68.1 to 75.8)	79.9 (76.1 to 84.0)	327 (318 to 336)	355 (339 to 372)	366 (347 to 386)	407 (388 to 428)
Cote d'Ivoire	69 (48 to 102)	109 (55 to 188)	131 (65 to 229)	282 (136 to 493)	42.6 (40.2 to 44.8)	48.3 (44.8 to 51.5)	48.9 (45.3 to 52.2)	54.4 (50.4 to 58.1)	959 (904 to 1009)	2076 (1924 to 2213)	2101 (1947 to 2243)	2340 (2165 to 2498)
Croatia	1477 (1359 to 1600)	1647 (1247 to 2226)	2692 (1887 to 3948)	4615 (3405 to 6485)	72.0 (70.2 to 74.2)	76.4 (73.4 to 79.3)	81.3 (77.5 to 85.3)	87.9 (84.2 to 91.7)	305 (297 to 314)	267 (256 to 277)	284 (271 to 298)	307 (294 to 320)

	Pooled health spending per capita ($)				Universal Health Coverage index				Covered lives			
	2015 Observed	2040 Worse Scenario	2040 Reference Scenario	2040 Better Scenario	2015 Observed	2040 Worse Scenario	2040 Reference Scenario	2040 Better Scenario	2015 Observed	2040 Worse Scenario	2040 Reference Scenario	2040 Better Scenario
Cuba	932 (814 to 1056)	1068 (733 to 1422)	1410 (960 to 1896)	3006 (2043 to 4040)	67.1 (65.5 to 68.7)	63.9 (61.3 to 66.4)	66.3 (63.5 to 69.0)	73.7 (70.5 to 76.7)	766 (748 to 784)	664 (636 to 690)	689 (660 to 717)	765 (732 to 796)
Cyprus	2205 (1979 to 2434)	2445 (1720 to 3450)	3405 (2354 to 4909)	6676 (4623 to 9605)	77.2 (75.6 to 78.8)	82.9 (79.7 to 86.8)	86.7 (83.0 to 91.0)	95.2 (91.3 to 99.9)	70 (68 to 71)	87 (83 to 91)	91 (87 to 95)	99 (95 to 104)
Czech Republic	1911 (1606 to 2318)	2152 (1597 to 2854)	3164 (2258 to 4360)	5840 (4246 to 7899)	75.7 (74.1 to 77.2)	79.5 (77.6 to 81.5)	83.7 (81.3 to 86.0)	91.2 (88.8 to 93.5)	800 (783 to 816)	796 (776 to 815)	838 (814 to 861)	913 (889 to 936)
Democratic Republic of the Congo	28 (26 to 30)	29 (12 to 61)	34 (14 to 69)	105 (39 to 225)	42.7 (40.4 to 45.4)	45.5 (40.9 to 50.9)	46.5 (41.9 to 51.7)	53.7 (47.9 to 60.3)	3285 (3110 to 3492)	8974 (8062 to 10047)	9171 (8274 to 10200)	10594 (9457 to 11901)
Denmark	4436 (4345 to 4559)	4540 (3688 to 5466)	5575 (4470 to 6797)	12565 (10110 to 15251)	79.0 (76.9 to 81.1)	82.1 (78.9 to 85.0)	84.3 (80.9 to 87.3)	94.4 (90.8 to 97.8)	448 (437 to 461)	503 (484 to 521)	517 (496 to 535)	579 (556 to 600)
Djibouti	115 (107 to 124)	160 (58 to 284)	178 (63 to 321)	433 (150 to 784)	45.6 (41.9 to 50.0)	51.8 (44.1 to 58.5)	52.6 (44.6 to 59.5)	59.3 (50.3 to 67.1)	44 (40 to 48)	88 (75 to 100)	89 (76 to 101)	101 (86 to 114)
Dominica	428 (412 to 446)	559 (289 to 954)	603 (295 to 1059)	1504 (741 to 2611)	56.4 (54.0 to 58.7)	56.2 (51.2 to 60.7)	56.7 (51.3 to 61.5)	64.3 (58.3 to 69.7)	4 (4 to 4)	5 (4 to 5)	5 (4 to 5)	5 (5 to 6)
Dominican Republic	525 (498 to 564)	664 (321 to 1315)	1310 (628 to 2560)	1760 (819 to 3496)	61.5 (58.9 to 64.3)	60.8 (55.2 to 66.8)	66.6 (60.4 to 73.0)	69.4 (62.8 to 76.3)	641 (613 to 671)	734 (666 to 806)	804 (729 to 881)	838 (758 to 921)
Ecuador	581 (549 to 618)	752 (393 to 1245)	857 (438 to 1441)	1995 (992 to 3428)	60.5 (58.8 to 62.3)	58.1 (53.6 to 61.8)	59.1 (54.4 to 63.0)	66.4 (60.8 to 71.0)	987 (959 to 1017)	1346 (1242 to 1432)	1369 (1260 to 1460)	1538 (1410 to 1645)
Egypt	184 (167 to 202)	264 (155 to 418)	358 (188 to 630)	698 (386 to 1173)	59.9 (57.6 to 62.4)	69.3 (64.9 to 74.0)	72.1 (66.7 to 78.1)	79.2 (73.6 to 85.3)	5415 (5208 to 5639)	8764 (8200 to 9355)	9112 (8436 to 9877)	10006 (9305 to 10782)
El Salvador	429 (413 to 446)	542 (396 to 725)	654 (455 to 914)	1467 (1044 to 2011)	62.4 (59.6 to 64.8)	66.6 (63.3 to 69.6)	68.2 (64.6 to 71.3)	76.4 (72.5 to 79.9)	384 (367 to 399)	404 (384 to 422)	414 (392 to 432)	463 (440 to 484)
Equatorial Guinea	351 (274 to 464)	496 (115 to 1264)	1106 (288 to 2769)	1396 (331 to 3693)	51.1 (44.3 to 58.9)	59.6 (48.6 to 70.2)	66.9 (55.0 to 78.5)	68.5 (56.1 to 80.7)	42 (36 to 48)	113 (93 to 134)	127 (105 to 150)	131 (107 to 154)
Eritrea	18 (16 to 22)	26 (10 to 53)	43 (20 to 76)	71 (26 to 148)	38.9 (36.3 to 41.9)	50.4 (44.3 to 56.0)	53.8 (48.2 to 59.2)	57.5 (50.4 to 64.1)	203 (189 to 219)	396 (348 to 440)	422 (378 to 465)	451 (396 to 503)
Estonia	1495 (1480 to 1512)	1719 (1119 to 2457)	2288 (1385 to 3431)	4674 (2988 to 6797)	73.9 (71.8 to 76.0)	80.4 (75.7 to 85.1)	83.5 (77.8 to 88.9)	92.3 (86.6 to 97.8)	97 (94 to 100)	92 (86 to 97)	95 (89 to 101)	105 (99 to 111)
Ethiopia	54 (50 to 59)	78 (33 to 164)	181 (63 to 408)	220 (82 to 485)	39.3 (36.4 to 42.1)	51.0 (45.0 to 58.1)	57.2 (49.7 to 65.9)	58.6 (51.3 to 67.3)	3912 (3630 to 4199)	9547 (8435 to 10874)	10708 (9303 to 12338)	10965 (9598 to 12607)
Federated States of Micronesia	229 (220 to 237)	154 (79 to 299)	161 (78 to 326)	813 (431 to 1520)	44.6 (40.2 to 49.4)	46.2 (41.0 to 51.5)	46.4 (41.0 to 52.1)	53.6 (47.7 to 59.7)	5 (4 to 5)	5 (4 to 6)	5 (4 to 6)	6 (5 to 6)
Fiji	272 (255 to 296)	346 (216 to 545)	491 (261 to 860)	955 (552 to 1602)	46.5 (43.1 to 50.4)	49.4 (44.9 to 55.0)	51.8 (46.5 to 58.0)	56.6 (51.2 to 63.3)	40 (37 to 43)	37 (33 to 41)	38 (34 to 43)	42 (38 to 47)
Finland	3292 (3221 to 3368)	3507 (2664 to 4576)	4802 (3588 to 6393)	9599 (7195 to 12734)	84.5 (82.8 to 86.1)	89.1 (85.7 to 92.2)	92.9 (89.2 to 96.3)	102.3 (98.3 to 105.9)	462 (453 to 471)	504 (485 to 521)	525 (504 to 545)	579 (556 to 599)
France	4419 (4342 to 4485)	4417 (3825 to 5102)	5369 (4532 to 6352)	12397 (10645 to 14455)	80.1 (78.5 to 81.6)	83.4 (81.2 to 85.3)	85.6 (83.2 to 87.7)	96.1 (93.6 to 98.4)	5171 (5066 to 5263)	5655 (5508 to 5782)	5801 (5639 to 5946)	6515 (6343 to 6668)

	Pooled health spending per capita ($)				Universal Health Coverage index				Covered lives			
	2015 Observed	2040 Worse Scenario	2040 Reference Scenario	2040 Better Scenario	2015 Observed	2040 Worse Scenario	2040 Reference Scenario	2040 Better Scenario	2015 Observed	2040 Worse Scenario	2040 Reference Scenario	2040 Better Scenario
Gabon	359 (330 to 387)	411 (204 to 759)	457 (205 to 898)	1270 (596 to 2463)	48.9 (45.5 to 52.5)	58.0 (52.6 to 64.1)	58.7 (52.8 to 65.4)	67.7 (61.1 to 75.2)	84 (79 to 91)	188 (170 to 208)	190 (171 to 212)	219 (198 to 243)
Georgia	344 (302 to 395)	485 (178 to 968)	719 (246 to 1506)	1246 (431 to 2593)	58.7 (56.0 to 61.4)	55.5 (49.3 to 60.9)	58.4 (51.4 to 64.5)	63.1 (55.6 to 69.6)	239 (227 to 249)	227 (201 to 249)	239 (210 to 264)	258 (227 to 284)
Germany	4839 (4587 to 5196)	4897 (4031 to 5930)	5713 (4639 to 7027)	13588 (11077 to 16717)	78.9 (77.0 to 80.7)	81.4 (79.0 to 83.6)	82.9 (80.3 to 85.1)	93.7 (90.8 to 96.2)	6431 (6278 to 6577)	6530 (6339 to 6706)	6647 (6444 to 6830)	7512 (7286 to 7715)
Ghana	144 (135 to 153)	207 (82 to 436)	411 (161 to 853)	544 (202 to 1173)	51.5 (49.2 to 54.0)	57.3 (50.8 to 63.0)	63.2 (56.1 to 69.4)	65.2 (57.4 to 72.1)	1425 (1362 to 1494)	2597 (2302 to 2858)	2864 (2542 to 3147)	2954 (2602 to 3268)
Greece	1558 (1425 to 1685)	1811 (1489 to 2248)	2033 (1643 to 2556)	4833 (3899 to 6092)	78.3 (76.5 to 79.9)	81.9 (79.7 to 84.2)	83.2 (80.9 to 85.7)	93.7 (91.1 to 96.4)	854 (835 to 872)	785 (764 to 808)	798 (776 to 822)	898 (874 to 925)
Grenada	322 (270 to 383)	448 (203 to 819)	612 (257 to 1188)	1170 (511 to 2226)	54.5 (51.9 to 57.0)	58.1 (53.2 to 62.6)	60.7 (55.2 to 65.9)	66.1 (60.4 to 71.4)	6 (5 to 6)	6 (5 to 6)	6 (5 to 7)	7 (6 to 7)
Guatemala	232 (223 to 242)	258 (176 to 365)	332 (209 to 506)	767 (507 to 1118)	53.8 (50.1 to 57.8)	59.8 (55.1 to 64.5)	61.8 (56.7 to 67.0)	68.6 (63.0 to 74.0)	873 (813 to 937)	1407 (1297 to 1519)	1456 (1336 to 1578)	1614 (1483 to 1743)
Guinea	60 (58 to 62)	51 (23 to 98)	88 (38 to 168)	138 (55 to 271)	39.2 (36.7 to 41.4)	44.7 (39.7 to 49.9)	46.2 (40.8 to 51.5)	49.1 (43.2 to 55.2)	492 (461 to 520)	1053 (936 to 1177)	1088 (963 to 1214)	1159 (1019 to 1301)
Guinea-Bissau	82 (76 to 92)	77 (30 to 171)	88 (36 to 206)	294 (99 to 711)	37.8 (35.3 to 40.5)	42.9 (38.1 to 47.9)	43.6 (38.9 to 49.0)	51.1 (44.8 to 57.8)	70 (66 to 75)	142 (126 to 159)	145 (129 to 163)	170 (149 to 192)
Guyana	192 (175 to 211)	261 (126 to 457)	308 (136 to 578)	679 (320 to 1207)	49.7 (47.4 to 52.0)	56.7 (52.0 to 61.1)	57.9 (52.3 to 63.0)	64.7 (59.1 to 69.8)	38 (36 to 40)	43 (40 to 47)	44 (40 to 48)	50 (45 to 54)
Haiti	90 (85 to 95)	121 (61 to 228)	136 (72 to 248)	321 (145 to 639)	39.7 (36.2 to 43.3)	47.3 (42.3 to 52.6)	48.2 (43.1 to 53.3)	54.0 (48.1 to 60.3)	436 (398 to 475)	755 (674 to 838)	768 (688 to 850)	862 (766 to 961)
Honduras	182 (167 to 201)	254 (149 to 406)	319 (181 to 522)	666 (372 to 1104)	54.3 (50.1 to 58.3)	60.5 (54.9 to 65.9)	62.3 (56.4 to 68.0)	69.0 (62.4 to 75.5)	445 (410 to 478)	691 (628 to 753)	712 (644 to 777)	789 (713 to 863)
Hungary	1443 (1388 to 1522)	1657 (1218 to 2202)	2380 (1655 to 3340)	4461 (3175 to 6116)	69.6 (67.4 to 71.8)	74.5 (70.7 to 78.7)	78.3 (73.8 to 83.1)	85.3 (80.7 to 90.3)	688 (667 to 709)	646 (613 to 683)	679 (640 to 721)	740 (700 to 783)
Iceland	3504 (3390 to 3615)	3675 (2816 to 4503)	6364 (4790 to 7936)	10118 (7636 to 12582)	85.1 (83.1 to 86.9)	89.5 (86.3 to 92.1)	96.0 (92.5 to 98.9)	102.6 (98.8 to 105.8)	28 (27 to 29)	32 (31 to 33)	35 (33 to 36)	37 (36 to 38)
India	84 (81 to 87)	125 (86 to 172)	328 (221 to 461)	335 (225 to 471)	49.0 (47.0 to 50.5)	56.1 (53.5 to 58.3)	63.8 (60.6 to 66.4)	64.0 (60.7 to 66.6)	63760 (61186 to 65787)	79224 (75483 to 82323)	90077 (85492 to 93719)	90334 (85718 to 93990)
Indonesia	198 (190 to 209)	262 (179 to 371)	548 (363 to 791)	708 (476 to 1008)	49.7 (48.4 to 51.0)	53.8 (51.0 to 56.4)	59.5 (56.3 to 62.4)	61.7 (58.4 to 64.7)	12728 (12395 to 13052)	15867 (15051 to 16630)	17546 (16593 to 18413)	18178 (17228 to 19065)
Iran	693 (663 to 727)	882 (434 to 1708)	1403 (582 to 3069)	2371 (1076 to 4883)	66.8 (63.4 to 70.0)	67.8 (61.4 to 75.3)	71.2 (63.3 to 80.5)	76.9 (69.0 to 86.2)	5375 (5099 to 5632)	7029 (6364 to 7816)	7384 (6564 to 8347)	7974 (7156 to 8941)
Iraq	230 (211 to 247)	353 (120 to 706)	549 (171 to 1158)	894 (282 to 1871)	51.4 (48.0 to 55.1)	57.4 (49.8 to 64.5)	60.4 (51.9 to 68.3)	64.8 (55.8 to 73.2)	1964 (1832 to 2104)	5496 (4766 to 6176)	5785 (4973 to 6538)	6205 (5340 to 7011)
Ireland	4581 (4336 to 4802)	4675 (3054 to 6646)	8147 (4767 to 12421)	13183 (8251 to 19197)	79.9 (77.5 to 82.0)	85.2 (80.7 to 89.3)	92.0 (86.0 to 97.3)	98.2 (92.4 to 103.3)	369 (358 to 379)	454 (430 to 476)	490 (459 to 519)	523 (492 to 550)

	Pooled health spending per capita ($)				Universal Health Coverage index				Covered lives			
	2015 Observed	2040 Worse Scenario	2040 Reference Scenario	2040 Better Scenario	2015 Observed	2040 Worse Scenario	2040 Reference Scenario	2040 Better Scenario	2015 Observed	2040 Worse Scenario	2040 Reference Scenario	2040 Better Scenario
Israel	1963 (1807 to 2105)	2157 (1738 to 2660)	2880 (2159 to 3831)	6008 (4685 to 7659)	76.1 (72.9 to 79.1)	80.3 (77.0 to 83.5)	83.3 (79.6 to 86.8)	92.4 (88.6 to 96.1)	614 (588 to 638)	944 (906 to 982)	979 (936 to 1021)	1087 (1042 to 1130)
Italy	2661 (2577 to 2742)	2895 (2375 to 3475)	3599 (2902 to 4366)	7875 (6368 to 9554)	80.5 (78.8 to 82.1)	84.8 (82.1 to 87.3)	87.3 (84.4 to 89.9)	97.3 (94.1 to 100.3)	4851 (4750 to 4947)	4660 (4510 to 4796)	4796 (4637 to 4942)	5347 (5170 to 5510)
Jamaica	382 (349 to 411)	337 (173 to 568)	401 (200 to 696)	1325 (670 to 2265)	61.1 (57.9 to 64.3)	61.9 (56.7 to 66.7)	63.3 (57.7 to 68.6)	74.7 (68.3 to 80.7)	175 (166 to 184)	188 (172 to 202)	192 (175 to 208)	227 (207 to 245)
Japan	3719 (3599 to 3897)	3862 (3144 to 4823)	4205 (3372 to 5306)	10687 (8655 to 13408)	82.4 (81.0 to 83.5)	84.0 (82.0 to 85.8)	84.8 (82.7 to 86.8)	96.6 (94.3 to 98.8)	10350 (10169 to 10493)	8850 (8638 to 9041)	8936 (8708 to 9144)	10178 (9929 to 10402)
Jordan	555 (504 to 604)	674 (385 to 1037)	781 (408 to 1286)	1845 (986 to 3011)	65.2 (61.5 to 68.9)	71.7 (66.0 to 77.2)	73.1 (66.7 to 79.2)	82.3 (75.2 to 88.9)	494 (465 to 521)	808 (743 to 870)	823 (751 to 892)	926 (847 to 1001)
Kazakhstan	638 (621 to 654)	813 (442 to 1303)	1148 (593 to 1963)	2147 (1136 to 3505)	61.8 (59.1 to 64.6)	69.6 (63.8 to 74.7)	72.8 (66.4 to 78.7)	79.5 (72.7 to 85.6)	1090 (1041 to 1139)	1635 (1501 to 1756)	1712 (1561 to 1850)	1868 (1710 to 2013)
Kenya	131 (129 to 133)	173 (119 to 252)	216 (146 to 321)	475 (328 to 693)	54.4 (51.9 to 57.4)	59.9 (55.9 to 63.8)	61.7 (57.6 to 65.9)	68.6 (64.0 to 73.2)	2471 (2357 to 2607)	4543 (4240 to 4840)	4684 (4367 to 4997)	5208 (4857 to 5554)
Kiribati	180 (162 to 202)	237 (163 to 352)	327 (219 to 492)	666 (468 to 973)	40.5 (37.4 to 43.2)	45.7 (42.2 to 48.8)	47.3 (43.7 to 50.7)	52.4 (48.5 to 56.0)	5 (4 to 5)	6 (6 to 7)	7 (6 to 7)	7 (7 to 8)
Kuwait	2237 (2028 to 2461)	1997 (662 to 3734)	2018 (549 to 4048)	7121 (2309 to 13385)	71.6 (67.9 to 75.6)	74.7 (64.7 to 82.5)	74.7 (63.2 to 83.3)	89.1 (77.1 to 98.6)	274 (260 to 290)	362 (314 to 400)	362 (307 to 404)	432 (374 to 478)
Kyrgyzstan	164 (148 to 192)	199 (94 to 343)	205 (83 to 385)	589 (258 to 1071)	58.7 (57.0 to 60.6)	63.5 (57.7 to 67.5)	63.5 (56.5 to 68.2)	73.5 (66.3 to 78.2)	346 (336 to 357)	536 (487 to 570)	536 (477 to 576)	621 (560 to 661)
Laos	99 (85 to 115)	139 (72 to 249)	327 (172 to 574)	368 (180 to 690)	42.5 (39.6 to 45.3)	59.3 (53.8 to 65.3)	67.0 (61.0 to 73.6)	67.6 (61.1 to 74.9)	300 (280 to 320)	732 (664 to 805)	827 (753 to 908)	834 (754 to 924)
Latvia	1051 (1004 to 1103)	1284 (918 to 1793)	1918 (1304 to 2774)	3391 (2356 to 4843)	68.6 (66.5 to 70.7)	74.4 (70.6 to 78.6)	78.6 (74.3 to 83.3)	85.0 (80.5 to 89.9)	137 (132 to 141)	129 (122 to 136)	136 (128 to 144)	147 (139 to 156)
Lebanon	820 (743 to 916)	809 (294 to 1644)	941 (322 to 1987)	2760 (945 to 5759)	73.6 (70.9 to 76.0)	79.4 (69.8 to 88.5)	80.9 (71.0 to 90.9)	93.9 (82.1 to 105.2)	419 (404 to 433)	362 (318 to 404)	369 (324 to 415)	428 (375 to 480)
Lesotho	217 (207 to 229)	297 (175 to 479)	562 (331 to 909)	811 (471 to 1329)	41.8 (37.5 to 46.7)	39.5 (35.2 to 44.0)	42.3 (37.8 to 47.2)	44.6 (39.7 to 49.7)	88 (79 to 99)	112 (100 to 125)	121 (108 to 134)	127 (113 to 141)
Liberia	454 (450 to 459)	239 (129 to 460)	302 (170 to 569)	702 (358 to 1406)	45.8 (43.8 to 47.9)	44.0 (40.2 to 48.4)	45.5 (41.8 to 50.0)	50.0 (45.4 to 55.3)	206 (197 to 215)	348 (318 to 383)	360 (331 to 395)	396 (359 to 438)
Libya	304 (265 to 362)	408 (209 to 789)	637 (314 to 1232)	1098 (522 to 2190)	64.4 (62.0 to 66.7)	75.2 (69.1 to 81.8)	80.1 (73.6 to 87.2)	85.7 (78.4 to 93.8)	395 (380 to 409)	487 (447 to 530)	518 (476 to 564)	555 (507 to 607)
Lithuania	1313 (1251 to 1379)	1565 (1020 to 2230)	2440 (1469 to 3621)	4179 (2632 to 6081)	67.4 (65.9 to 68.9)	68.3 (64.5 to 71.7)	72.4 (67.6 to 76.6)	78.1 (73.5 to 82.4)	197 (192 to 201)	169 (160 to 178)	179 (167 to 190)	193 (182 to 204)
Luxembourg	5836 (5549 to 6085)	5799 (4388 to 7387)	9860 (7039 to 13125)	16330 (12065 to 21186)	82.2 (80.1 to 84.2)	85.7 (82.4 to 88.7)	92.1 (88.0 to 95.7)	98.8 (94.7 to 102.5)	47 (45 to 48)	62 (59 to 64)	66 (63 to 69)	71 (68 to 74)
Macedonia	600 (421 to 895)	717 (490 to 1015)	768 (488 to 1156)	1994 (1316 to 2894)	63.2 (61.3 to 65.0)	68.2 (65.9 to 70.3)	68.8 (66.6 to 70.9)	78.2 (75.6 to 80.6)	131 (127 to 135)	133 (128 to 137)	134 (129 to 138)	152 (147 to 157)
Madagascar	60 (56 to 65)	84 (36 to 145)	88 (38 to 152)	233 (98 to 405)	38.4 (35.3 to 41.7)	43.0 (37.7 to 48.2)	43.1 (37.9 to 48.3)	49.4 (43.2 to 55.4)	932 (857 to 1012)	1790 (1570 to 2005)	1795 (1578 to 2010)	2056 (1797 to 2304)

	Pooled health spending per capita ($)				Universal Health Coverage index				Covered lives			
	2015 Observed	2040 Worse Scenario	2040 Reference Scenario	2040 Better Scenario	2015 Observed	2040 Worse Scenario	2040 Reference Scenario	2040 Better Scenario	2015 Observed	2040 Worse Scenario	2040 Reference Scenario	2040 Better Scenario
Malawi	124 (121 to 127)	150 (75 to 284)	166 (86 to 311)	460 (201 to 909)	48.3 (45.0 to 52.2)	51.6 (46.2 to 58.0)	52.3 (46.9 to 58.6)	60.2 (53.2 to 68.1)	840 (781 to 907)	1828 (1635 to 2053)	1852 (1660 to 2074)	2130 (1884 to 2411)
Malaysia	680 (654 to 709)	828 (588 to 1117)	1328 (882 to 1861)	2224 (1545 to 3041)	63.7 (62.2 to 65.2)	65.9 (62.8 to 68.4)	70.1 (66.3 to 73.2)	75.4 (71.7 to 78.5)	1940 (1894 to 1986)	2480 (2366 to 2577)	2639 (2497 to 2758)	2840 (2699 to 2956)
Maldives	1517 (1362 to 1693)	1720 (942 to 2677)	2015 (1087 to 3184)	4713 (2526 to 7450)	72.0 (69.0 to 75.0)	72.6 (67.6 to 77.2)	73.7 (68.3 to 78.5)	83.3 (77.2 to 88.7)	26 (25 to 27)	32 (30 to 34)	32 (30 to 34)	36 (34 to 39)
Mali	58 (54 to 62)	86 (37 to 170)	126 (50 to 253)	219 (84 to 448)	43.6 (40.6 to 46.8)	50.9 (45.0 to 56.6)	53.4 (46.8 to 59.5)	57.7 (50.5 to 64.4)	759 (707 to 814)	1927 (1704 to 2143)	2023 (1775 to 2253)	2187 (1913 to 2440)
Malta	2295 (2238 to 2347)	2619 (2109 to 3143)	5726 (4529 to 6949)	6960 (5516 to 8427)	76.6 (73.9 to 79.4)	80.7 (77.1 to 84.3)	90.2 (86.1 to 94.2)	92.3 (88.2 to 96.5)	32 (31 to 33)	34 (32 to 35)	38 (36 to 39)	39 (37 to 40)
Marshall Islands	525 (486 to 574)	462 (184 to 853)	470 (155 to 915)	1795 (691 to 3312)	43.4 (39.9 to 47.1)	48.7 (43.1 to 53.4)	48.7 (42.4 to 53.8)	57.6 (50.7 to 63.0)	3 (3 to 3)	5 (5 to 6)	5 (5 to 6)	6 (5 to 7)
Mauritania	95 (85 to 106)	136 (50 to 301)	144 (49 to 327)	375 (124 to 860)	49.9 (46.3 to 54.1)	59.0 (51.6 to 67.9)	59.4 (51.5 to 68.6)	67.6 (58.5 to 78.3)	198 (184 to 215)	392 (343 to 451)	394 (342 to 455)	449 (388 to 520)
Mauritius	517 (493 to 543)	691 (469 to 985)	1104 (708 to 1603)	1736 (1172 to 2477)	64.6 (62.2 to 66.9)	68.1 (64.2 to 71.3)	72.3 (67.9 to 76.0)	77.2 (72.7 to 80.9)	82 (79 to 85)	87 (82 to 92)	93 (87 to 98)	99 (93 to 104)
Mexico	634 (608 to 656)	793 (617 to 1002)	1109 (797 to 1511)	2118 (1597 to 2770)	59.8 (58.3 to 61.1)	62.8 (60.7 to 64.7)	65.7 (62.8 to 68.2)	71.9 (69.2 to 74.3)	7602 (7420 to 7769)	9710 (9379 to 10007)	10154 (9715 to 10546)	11109 (10692 to 11481)
Moldova	297 (271 to 320)	402 (220 to 634)	470 (253 to 751)	1037 (553 to 1663)	62.9 (60.9 to 65.0)	68.4 (63.4 to 72.9)	69.9 (64.6 to 74.7)	77.6 (71.7 to 83.0)	256 (248 to 265)	253 (235 to 270)	259 (239 to 277)	288 (266 to 308)
Mongolia	303 (281 to 327)	401 (208 to 677)	579 (273 to 1024)	1048 (531 to 1789)	58.4 (55.5 to 61.2)	65.8 (60.4 to 70.2)	68.9 (62.6 to 74.1)	75.0 (68.6 to 80.2)	174 (166 to 183)	283 (259 to 302)	296 (269 to 318)	322 (295 to 345)
Montenegro	666 (640 to 698)	829 (648 to 1036)	960 (730 to 1226)	2207 (1718 to 2787)	69.1 (67.2 to 70.8)	75.6 (72.9 to 78.3)	77.0 (74.0 to 79.8)	86.5 (83.3 to 89.6)	43 (42 to 44)	46 (44 to 48)	47 (45 to 48)	53 (51 to 54)
Morocco	213 (198 to 233)	318 (206 to 517)	520 (333 to 856)	819 (520 to 1355)	57.8 (55.0 to 60.2)	63.7 (59.2 to 69.3)	67.8 (63.0 to 74.0)	72.3 (66.9 to 78.9)	1924 (1831 to 2005)	2184 (2031 to 2376)	2325 (2159 to 2536)	2477 (2295 to 2705)
Mozambique	67 (66 to 69)	96 (55 to 171)	143 (75 to 268)	266 (145 to 486)	45.2 (42.0 to 48.2)	51.4 (46.4 to 57.1)	52.5 (47.1 to 58.7)	57.4 (51.6 to 64.0)	1267 (1179 to 1351)	2900 (2618 to 3225)	2962 (2656 to 3312)	3237 (2913 to 3613)
Myanmar	86 (76 to 96)	150 (92 to 232)	377 (234 to 577)	428 (263 to 659)	48.9 (46.4 to 51.1)	52.9 (49.4 to 55.9)	59.8 (55.9 to 63.2)	60.9 (56.8 to 64.3)	2645 (2509 to 2762)	3395 (3171 to 3593)	3843 (3593 to 4062)	3910 (3650 to 4132)
Namibia	945 (875 to 1019)	957 (644 to 1412)	1098 (690 to 1728)	2988 (1958 to 4502)	54.8 (50.3 to 61.0)	62.9 (57.3 to 70.7)	64.0 (58.0 to 72.3)	73.4 (66.7 to 82.6)	134 (123 to 149)	268 (244 to 301)	273 (247 to 308)	313 (284 to 352)
Nepal	68 (64 to 72)	89 (49 to 149)	121 (66 to 208)	242 (131 to 412)	51.2 (48.4 to 53.9)	61.3 (56.7 to 65.4)	64.0 (59.0 to 68.6)	70.0 (64.5 to 75.0)	1518 (1435 to 1599)	2592 (2399 to 2767)	2708 (2496 to 2900)	2961 (2729 to 3171)
Netherlands	4902 (4682 to 5177)	4900 (3910 to 6082)	6396 (5086 to 7972)	13593 (10741 to 17075)	81.9 (80.1 to 83.8)	84.3 (81.6 to 86.7)	87.2 (84.4 to 89.7)	96.9 (93.6 to 99.8)	1396 (1364 to 1427)	1471 (1425 to 1513)	1522 (1473 to 1566)	1692 (1635 to 1742)
New Zealand	3189 (2988 to 3424)	3326 (2720 to 4003)	4355 (3472 to 5400)	9233 (7433 to 11266)	77.6 (75.6 to 79.5)	79.6 (77.0 to 82.0)	82.4 (79.6 to 85.1)	91.6 (88.4 to 94.4)	350 (341 to 359)	415 (402 to 428)	430 (415 to 444)	478 (461 to 492)
Nicaragua	283 (263 to 304)	376 (233 to 587)	411 (242 to 662)	996 (600 to 1584)	64.4 (61.7 to 67.1)	70.6 (65.9 to 74.9)	71.0 (65.9 to 75.6)	80.6 (75.0 to 85.7)	393 (376 to 409)	515 (480 to 546)	518 (481 to 551)	588 (547 to 625)

	Pooled health spending per capita ($)				Universal Health Coverage index				Covered lives			
	2015 Observed	2040 Worse Scenario	2040 Reference Scenario	2040 Better Scenario	2015 Observed	2040 Worse Scenario	2040 Reference Scenario	2040 Better Scenario	2015 Observed	2040 Worse Scenario	2040 Reference Scenario	2040 Better Scenario
Niger	30 (29 to 32)	46 (23 to 75)	48 (24 to 79)	117 (58 to 195)	42.3 (39.6 to 45.1)	52.4 (47.1 to 57.5)	52.6 (47.4 to 57.7)	59.5 (53.3 to 65.5)	816 (764 to 870)	2509 (2256 to 2755)	2521 (2271 to 2767)	2850 (2556 to 3136)
Nigeria	57 (51 to 62)	66 (17 to 184)	73 (19 to 238)	252 (55 to 766)	47.8 (44.7 to 51.2)	51.6 (43.7 to 59.8)	52.1 (44.5 to 61.8)	61.7 (51.6 to 72.5)	8607 (8057 to 9237)	17609 (14906 to 20427)	17795 (15179 to 21107)	21059 (17628 to 24755)
North Korea	60 (54 to 67)	53 (46 to 61)	54 (47 to 62)	246 (208 to 293)	56.2 (53.5 to 58.6)	58.1 (55.4 to 60.6)	58.3 (55.6 to 60.7)	71.8 (68.7 to 74.9)	1482 (1411 to 1545)	1880 (1793 to 1960)	1884 (1798 to 1965)	2323 (2220 to 2424)
Norway	6019 (5804 to 6268)	6123 (3725 to 8779)	6920 (4084 to 10079)	16927 (10136 to 24488)	83.1 (81.1 to 85.0)	85.9 (80.7 to 89.7)	86.8 (81.3 to 90.8)	98.7 (92.5 to 103.2)	431 (421 to 441)	533 (501 to 557)	539 (505 to 564)	613 (575 to 641)
Oman	1576 (1449 to 1707)	1778 (944 to 2898)	2087 (1015 to 3633)	4989 (2569 to 8264)	74.7 (72.8 to 76.5)	79.5 (74.0 to 85.1)	81.2 (74.7 to 87.7)	91.4 (84.9 to 98.0)	339 (331 to 348)	517 (481 to 553)	528 (486 to 570)	594 (552 to 637)
Pakistan	51 (47 to 55)	85 (40 to 159)	127 (58 to 239)	214 (100 to 403)	42.7 (40.0 to 45.4)	51.3 (45.8 to 56.6)	54.1 (48.2 to 59.8)	58.2 (52.0 to 64.4)	8010 (7505 to 8506)	12466 (11141 to 13767)	13141 (11714 to 14533)	14147 (12638 to 15663)
Palestine	233 (203 to 266)	299 (196 to 453)	420 (265 to 654)	823 (513 to 1283)	58.7 (56.7 to 60.5)	61.5 (59.0 to 63.7)	64.4 (61.4 to 67.1)	70.6 (67.3 to 73.5)	295 (285 to 304)	810 (777 to 839)	849 (809 to 883)	930 (887 to 968)
Panama	1102 (1041 to 1169)	1304 (853 to 1825)	2755 (1668 to 4092)	3596 (2243 to 5216)	62.2 (59.6 to 64.8)	62.5 (58.7 to 65.9)	69.2 (64.6 to 73.2)	71.8 (67.2 to 75.8)	243 (233 to 253)	302 (284 to 319)	334 (312 to 354)	347 (325 to 367)
Papua New Guinea	114 (107 to 124)	131 (80 to 198)	133 (78 to 202)	434 (259 to 653)	38.3 (34.7 to 42.1)	43.1 (38.6 to 47.2)	43.1 (38.6 to 47.2)	50.2 (45.0 to 55.0)	294 (266 to 323)	546 (489 to 599)	547 (490 to 599)	637 (571 to 698)
Paraguay	470 (439 to 506)	602 (345 to 966)	1310 (722 to 2205)	1623 (876 to 2757)	55.5 (53.2 to 57.8)	54.3 (50.3 to 57.7)	60.5 (55.9 to 64.6)	62.2 (57.2 to 66.3)	367 (351 to 382)	427 (396 to 454)	476 (440 to 508)	489 (450 to 522)
Peru	471 (458 to 485)	593 (373 to 879)	899 (548 to 1377)	1600 (978 to 2445)	65.3 (62.3 to 68.2)	72.3 (67.4 to 77.1)	76.6 (71.2 to 81.8)	82.8 (76.8 to 88.4)	2076 (1980 to 2169)	3476 (3241 to 3709)	3685 (3422 to 3936)	3982 (3694 to 4254)
Philippines	154 (150 to 159)	204 (135 to 296)	413 (257 to 629)	559 (359 to 831)	49.0 (46.6 to 51.1)	52.0 (48.5 to 54.8)	57.1 (52.9 to 60.6)	59.6 (55.4 to 63.0)	4940 (4702 to 5161)	7596 (7086 to 8014)	8354 (7734 to 8853)	8714 (8104 to 9216)
Poland	1339 (1243 to 1464)	1538 (1202 to 1955)	2683 (1977 to 3536)	4251 (3230 to 5528)	71.4 (69.2 to 73.3)	77.4 (74.7 to 79.8)	83.5 (80.1 to 86.4)	89.0 (85.7 to 91.9)	2751 (2667 to 2825)	2652 (2561 to 2734)	2863 (2747 to 2962)	3049 (2938 to 3151)
Portugal	1962 (1859 to 2078)	2198 (1722 to 2736)	3454 (2536 to 4534)	6066 (4617 to 7739)	76.5 (74.9 to 77.9)	83.0 (80.3 to 85.5)	88.4 (85.1 to 91.5)	95.4 (92.0 to 98.5)	801 (785 to 816)	745 (721 to 768)	794 (764 to 822)	856 (826 to 884)
Qatar	3018 (2798 to 3248)	3012 (1244 to 6534)	3285 (1024 to 8089)	9430 (3694 to 20979)	76.6 (72.1 to 80.9)	83.8 (74.6 to 94.4)	84.3 (72.8 to 96.8)	98.0 (86.9 to 110.6)	170 (160 to 180)	278 (248 to 313)	280 (242 to 322)	326 (289 to 367)
Romania	890 (820 to 959)	1071 (658 to 1708)	2429 (1446 to 3917)	2921 (1745 to 4685)	65.6 (63.6 to 67.5)	68.9 (64.3 to 73.6)	76.9 (71.6 to 82.4)	78.9 (73.6 to 84.5)	1277 (1238 to 1314)	1193 (1113 to 1276)	1332 (1241 to 1427)	1368 (1275 to 1464)
Russian Federation	993 (984 to 1003)	1167 (742 to 1708)	1179 (679 to 1842)	3233 (1977 to 4840)	62.3 (57.8 to 66.5)	67.8 (61.4 to 74.0)	67.8 (60.8 to 74.3)	78.0 (70.4 to 85.5)	9024 (8383 to 9637)	9450 (8556 to 10315)	9450 (8478 to 10366)	10882 (9818 to 11924)
Rwanda	110 (103 to 119)	147 (78 to 257)	213 (108 to 387)	394 (195 to 716)	51.0 (48.4 to 53.7)	64.3 (58.8 to 69.6)	67.8 (61.7 to 73.7)	73.1 (66.4 to 79.4)	601 (571 to 633)	1281 (1171 to 1386)	1349 (1228 to 1467)	1456 (1323 to 1581)
Saint Lucia	348 (327 to 373)	476 (211 to 845)	531 (207 to 991)	1288 (575 to 2312)	59.0 (56.7 to 61.1)	63.1 (57.0 to 68.1)	63.7 (56.7 to 69.3)	72.3 (65.4 to 78.2)	11 (10 to 11)	11 (10 to 12)	12 (10 to 13)	13 (12 to 14)
Saint Vincent and the Grenadines	422 (408 to 438)	540 (312 to 895)	693 (385 to 1180)	1473 (851 to 2445)	54.6 (52.5 to 56.7)	56.0 (51.9 to 59.9)	58.0 (53.4 to 62.3)	64.1 (59.3 to 68.7)	6 (6 to 6)	6 (6 to 7)	7 (6 to 7)	7 (7 to 8)

	Pooled health spending per capita ($)				Universal Health Coverage index				Covered lives			
	2015 Observed	2040 Worse Scenario	2040 Reference Scenario	2040 Better Scenario	2015 Observed	2040 Worse Scenario	2040 Reference Scenario	2040 Better Scenario	2015 Observed	2040 Worse Scenario	2040 Reference Scenario	2040 Better Scenario
Samoa	307 (283 to 329)	409 (150 to 835)	519 (194 to 1083)	1135 (416 to 2319)	47.5 (44.5 to 50.9)	50.3 (44.0 to 56.1)	52.0 (45.6 to 58.1)	57.7 (50.5 to 64.4)	9 (9 to 10)	13 (11 to 15)	13 (12 to 15)	15 (13 to 17)
Sao Tome and Principe	178 (166 to 187)	224 (64 to 563)	241 (66 to 634)	667 (177 to 1717)	54.7 (51.7 to 58.1)	61.3 (52.3 to 71.4)	61.7 (52.4 to 72.2)	71.1 (60.3 to 83.2)	11 (10 to 11)	21 (18 to 24)	21 (18 to 25)	24 (21 to 29)
Saudi Arabia	2672 (2487 to 2867)	2968 (1339 to 6252)	3610 (1402 to 8065)	8238 (3486 to 17803)	71.1 (69.5 to 72.8)	74.5 (67.3 to 83.4)	76.3 (67.9 to 86.5)	85.6 (76.9 to 96.3)	2204 (2153 to 2256)	2693 (2432 to 3014)	2757 (2455 to 3126)	3094 (2778 to 3481)
Senegal	75 (71 to 80)	98 (54 to 158)	118 (64 to 194)	266 (140 to 445)	44.2 (42.3 to 46.1)	50.8 (47.1 to 54.3)	52.2 (48.3 to 55.9)	58.2 (53.7 to 62.4)	664 (635 to 692)	1416 (1314 to 1513)	1454 (1347 to 1557)	1622 (1497 to 1740)
Serbia	836 (793 to 876)	1034 (796 to 1325)	1683 (1296 to 2172)	2715 (2044 to 3589)	64.7 (63.1 to 66.3)	69.0 (66.2 to 72.1)	73.5 (70.5 to 76.9)	78.7 (75.3 to 82.6)	570 (557 to 585)	521 (500 to 545)	556 (533 to 581)	595 (569 to 624)
Seychelles	931 (840 to 1018)	1161 (359 to 2414)	1866 (578 to 3878)	3278 (993 to 6855)	59.1 (56.6 to 61.4)	65.7 (57.0 to 72.6)	70.0 (60.8 to 77.3)	75.8 (65.5 to 83.8)	6 (5 to 6)	7 (6 to 8)	8 (7 to 8)	8 (7 to 9)
Sierra Leone	131 (125 to 138)	113 (48 to 241)	154 (69 to 323)	302 (113 to 697)	43.2 (40.6 to 46.2)	50.0 (44.8 to 54.7)	50.8 (45.8 to 55.3)	55.7 (49.5 to 61.7)	280 (262 to 299)	600 (538 to 657)	609 (550 to 664)	669 (594 to 741)
Singapore	2500 (2328 to 2662)	2713 (1597 to 4180)	3533 (1980 to 5737)	7348 (4195 to 11627)	80.7 (77.7 to 83.4)	80.6 (75.4 to 85.8)	83.3 (77.5 to 89.1)	92.3 (86.1 to 98.7)	315 (303 to 326)	377 (352 to 401)	389 (362 to 417)	432 (403 to 461)
Slovakia	1803 (1684 to 1943)	2010 (1384 to 2795)	3549 (2289 to 5206)	5507 (3702 to 7830)	69.4 (67.2 to 71.6)	70.6 (66.9 to 73.8)	76.2 (71.8 to 80.0)	81.0 (76.7 to 84.9)	378 (366 to 390)	351 (332 to 367)	378 (357 to 398)	403 (381 to 422)
Slovenia	2453 (2362 to 2559)	2593 (2019 to 3360)	4486 (3132 to 6315)	7376 (5486 to 10004)	79.4 (77.1 to 81.7)	85.5 (82.1 to 88.7)	92.0 (87.5 to 96.3)	98.6 (94.3 to 103.0)	164 (159 to 169)	162 (155 to 168)	174 (166 to 182)	187 (178 to 195)
Solomon Islands	151 (139 to 160)	205 (94 to 394)	252 (112 to 488)	578 (266 to 1100)	39.5 (36.1 to 43.1)	43.8 (38.8 to 48.3)	45.1 (39.9 to 49.8)	49.9 (44.2 to 55.0)	23 (21 to 25)	37 (33 to 41)	38 (34 to 42)	42 (37 to 46)
Somalia	26 (26 to 27)	48 (28 to 89)	74 (44 to 132)	126 (70 to 236)	26.5 (23.8 to 29.6)	28.4 (25.0 to 33.0)	29.4 (26.0 to 34.1)	31.7 (27.9 to 37.1)	268 (240 to 299)	471 (414 to 547)	488 (430 to 565)	526 (462 to 614)
South Africa	1022 (999 to 1046)	949 (703 to 1272)	1096 (786 to 1500)	3203 (2326 to 4323)	52.6 (51.0 to 54.2)	55.0 (52.7 to 57.2)	56.1 (53.5 to 58.4)	65.1 (62.1 to 67.7)	2771 (2689 to 2859)	3841 (3679 to 3993)	3915 (3734 to 4077)	4542 (4333 to 4727)
South Korea	1793 (1731 to 1855)	2046 (1459 to 2727)	3960 (2564 to 5683)	5554 (3776 to 7723)	80.5 (76.6 to 84.2)	81.3 (76.5 to 86.2)	88.8 (82.7 to 94.6)	93.2 (87.2 to 99.0)	4043 (3843 to 4228)	3659 (3442 to 3876)	3992 (3720 to 4255)	4191 (3922 to 4455)
South Sudan	35 (33 to 36)	57 (36 to 90)	82 (54 to 124)	151 (95 to 236)	35.3 (31.2 to 39.5)	40.0 (34.7 to 45.7)	41.4 (36.0 to 47.2)	45.1 (39.1 to 51.5)	463 (409 to 518)	1386 (1201 to 1583)	1434 (1247 to 1634)	1562 (1356 to 1786)
Spain	2548 (2463 to 2633)	2781 (2209 to 3363)	4181 (3262 to 5147)	7556 (5918 to 9252)	82.1 (80.7 to 83.5)	86.7 (83.8 to 89.4)	91.5 (88.3 to 94.6)	99.4 (96.0 to 102.7)	3812 (3747 to 3880)	3876 (3748 to 3999)	4093 (3948 to 4231)	4446 (4291 to 4594)
Sri Lanka	229 (215 to 241)	309 (177 to 509)	560 (299 to 994)	828 (462 to 1397)	67.9 (64.6 to 71.2)	76.6 (70.8 to 82.8)	83.3 (76.5 to 90.5)	87.6 (80.7 to 94.7)	1402 (1335 to 1470)	1548 (1431 to 1673)	1684 (1546 to 1829)	1771 (1632 to 1913)
Sudan	102 (91 to 119)	145 (56 to 299)	154 (57 to 334)	423 (161 to 896)	46.2 (44.0 to 48.2)	52.3 (47.0 to 57.4)	52.5 (46.8 to 57.9)	60.7 (54.3 to 66.7)	1779 (1693 to 1858)	2686 (2409 to 2943)	2693 (2403 to 2972)	3114 (2784 to 3422)
Suriname	881 (777 to 994)	530 (176 to 1127)	762 (266 to 1622)	2893 (934 to 6222)	55.2 (52.8 to 57.5)	56.4 (49.7 to 62.1)	59.5 (52.7 to 65.4)	70.0 (61.5 to 77.0)	30 (29 to 31)	33 (29 to 36)	35 (31 to 38)	41 (36 to 45)
Swaziland	619 (581 to 661)	758 (372 to 1332)	1110 (544 to 1937)	2106 (1018 to 3707)	49.3 (43.5 to 56.0)	52.8 (45.6 to 61.1)	54.6 (47.2 to 63.2)	59.8 (51.6 to 69.2)	65 (58 to 74)	115 (100 to 133)	119 (103 to 138)	130 (113 to 151)

	Pooled health spending per capita ($)				Universal Health Coverage index				Covered lives			
	2015 Observed	2040 Worse Scenario	2040 Reference Scenario	2040 Better Scenario	2015 Observed	2040 Worse Scenario	2040 Reference Scenario	2040 Better Scenario	2015 Observed	2040 Worse Scenario	2040 Reference Scenario	2040 Better Scenario
Sweden	4705 (4495 to 4901)	4823 (3746 to 6090)	6544 (4976 to 8402)	13306 (10239 to 16936)	82.8 (80.6 to 84.8)	82.0 (79.1 to 84.8)	85.2 (82.0 to 88.2)	94.3 (90.8 to 97.6)	810 (788 to 830)	937 (904 to 969)	973 (936 to 1008)	1077 (1037 to 1115)
Switzerland	5750 (5487 to 5980)	5373 (4424 to 6392)	5640 (4499 to 6877)	15936 (12917 to 19156)	85.3 (81.8 to 88.5)	86.2 (82.2 to 90.1)	86.4 (82.2 to 90.3)	100.1 (95.3 to 104.5)	706 (678 to 733)	797 (760 to 833)	799 (760 to 836)	926 (882 to 967)
Syria	119 (105 to 133)	127 (57 to 250)	135 (57 to 273)	474 (201 to 960)	67.2 (65.1 to 69.3)	71.3 (64.8 to 78.2)	71.7 (64.8 to 79.0)	85.5 (77.4 to 94.1)	1227 (1189 to 1267)	1867 (1696 to 2047)	1876 (1695 to 2067)	2238 (2026 to 2462)
Taiwan	1841 (1740 to 1957)	2040 (1509 to 2758)	2684 (1842 to 3876)	5542 (3973 to 7771)	72.3 (70.1 to 74.5)	75.4 (71.8 to 79.1)	78.1 (73.8 to 82.6)	86.5 (82.0 to 91.1)	1704 (1654 to 1756)	1623 (1545 to 1703)	1681 (1588 to 1778)	1862 (1764 to 1961)
Tajikistan	73 (69 to 77)	122 (53 to 227)	135 (56 to 263)	300 (125 to 573)	55.0 (52.3 to 57.7)	60.8 (54.1 to 66.5)	61.1 (54.1 to 67.4)	68.5 (60.8 to 75.3)	463 (439 to 485)	859 (765 to 940)	863 (765 to 952)	968 (859 to 1063)
Tanzania	115 (105 to 126)	164 (77 to 323)	307 (140 to 604)	433 (196 to 874)	47.8 (45.2 to 50.6)	52.5 (47.2 to 57.9)	56.8 (51.1 to 62.7)	59.6 (53.4 to 66.0)	2530 (2394 to 2676)	5252 (4727 to 5797)	5688 (5115 to 6272)	5970 (5349 to 6602)
Thailand	539 (515 to 559)	650 (425 to 953)	1075 (696 to 1600)	1807 (1139 to 2713)	67.7 (65.7 to 69.8)	71.6 (67.5 to 75.6)	76.5 (71.9 to 80.9)	82.4 (77.3 to 87.2)	4565 (4426 to 4704)	4487 (4230 to 4739)	4795 (4509 to 5069)	5163 (4841 to 5465)
The Bahamas	1286 (1176 to 1395)	1422 (898 to 2149)	1847 (1151 to 2823)	3897 (2415 to 6011)	60.5 (57.9 to 63.1)	63.2 (59.1 to 66.7)	65.5 (61.1 to 69.3)	72.5 (67.6 to 76.8)	24 (23 to 25)	32 (29 to 33)	33 (30 to 35)	36 (34 to 38)
The Gambia	117 (111 to 125)	162 (74 to 306)	191 (91 to 355)	446 (189 to 879)	50.1 (47.6 to 52.5)	50.9 (46.1 to 56.4)	52.1 (47.4 to 57.6)	58.4 (52.5 to 65.2)	99 (94 to 104)	203 (184 to 225)	207 (189 to 230)	233 (209 to 260)
Timor-Leste	92 (84 to 101)	129 (77 to 210)	208 (125 to 335)	359 (207 to 591)	45.2 (41.2 to 50.5)	55.3 (49.2 to 62.9)	58.7 (52.3 to 66.7)	63.3 (56.3 to 71.9)	52 (47 to 58)	92 (82 to 104)	98 (87 to 111)	105 (93 to 119)
Togo	44 (40 to 48)	73 (29 to 165)	87 (35 to 195)	193 (77 to 438)	44.6 (42.5 to 46.9)	49.3 (44.1 to 54.7)	50.0 (44.8 to 55.5)	56.0 (50.1 to 62.2)	322 (307 to 339)	654 (585 to 726)	664 (595 to 737)	743 (665 to 826)
Tonga	210 (196 to 227)	284 (132 to 525)	642 (293 to 1195)	790 (362 to 1486)	53.5 (50.6 to 56.6)	56.4 (50.8 to 61.8)	62.0 (55.8 to 68.1)	63.8 (57.4 to 70.2)	6 (5 to 6)	7 (6 to 8)	8 (7 to 9)	8 (7 to 9)
Trinidad and Tobago	1274 (1176 to 1391)	1530 (713 to 2729)	1937 (842 to 3602)	4107 (1789 to 7606)	58.1 (55.1 to 60.7)	58.4 (52.6 to 63.2)	60.3 (53.8 to 65.7)	66.8 (59.7 to 72.7)	78 (74 to 81)	71 (64 to 76)	73 (65 to 79)	81 (72 to 88)
Tunisia	478 (456 to 511)	598 (455 to 898)	655 (455 to 1095)	1647 (1199 to 2601)	65.6 (62.6 to 68.7)	69.3 (65.0 to 74.6)	70.0 (65.1 to 76.7)	79.7 (74.4 to 86.5)	730 (697 to 765)	829 (777 to 892)	837 (778 to 917)	953 (889 to 1034)
Turkey	853 (812 to 908)	1023 (506 to 1600)	2321 (1132 to 3639)	2821 (1362 to 4471)	66.4 (63.5 to 69.3)	75.6 (69.0 to 80.8)	84.5 (76.9 to 90.4)	86.8 (78.8 to 93.0)	5199 (4970 to 5420)	7093 (6480 to 7583)	7934 (7222 to 8485)	8149 (7401 to 8727)
Turkmenistan	345 (319 to 379)	497 (181 to 979)	869 (298 to 1782)	1281 (443 to 2639)	54.8 (52.8 to 56.7)	60.8 (53.8 to 67.5)	65.7 (57.8 to 73.4)	69.0 (60.8 to 77.1)	297 (286 to 307)	459 (406 to 510)	496 (436 to 554)	521 (459 to 582)
Uganda	96 (85 to 110)	127 (65 to 241)	152 (74 to 297)	348 (159 to 698)	43.3 (40.8 to 45.9)	50.5 (46.0 to 55.5)	51.4 (46.7 to 56.8)	57.7 (52.2 to 63.9)	1694 (1594 to 1794)	4212 (3838 to 4626)	4290 (3896 to 4733)	4812 (4358 to 5330)
Ukraine	318 (297 to 338)	357 (245 to 519)	366 (240 to 548)	1145 (770 to 1669)	62.2 (58.2 to 66.0)	66.3 (61.1 to 71.4)	66.3 (60.9 to 71.6)	77.9 (71.6 to 84.0)	2829 (2649 to 3001)	2670 (2460 to 2878)	2672 (2453 to 2884)	3137 (2886 to 3382)
United Arab Emirates	2039 (1898 to 2160)	2288 (1040 to 4229)	2746 (1048 to 5537)	6300 (2690 to 12055)	65.5 (61.8 to 69.2)	69.8 (62.9 to 76.1)	71.3 (63.3 to 78.6)	80.2 (71.8 to 87.7)	622 (587 to 657)	961 (866 to 1047)	982 (871 to 1081)	1103 (988 to 1207)
United Kingdom	3659 (3546 to 3787)	3800 (2809 to 4881)	4439 (3186 to 5835)	10500 (7645 to 13605)	77.0 (75.8 to 78.1)	78.8 (75.9 to 81.6)	80.3 (77.0 to 83.4)	90.6 (87.1 to 93.9)	4999 (4925 to 5069)	5607 (5400 to 5806)	5714 (5476 to 5935)	6447 (6197 to 6680)

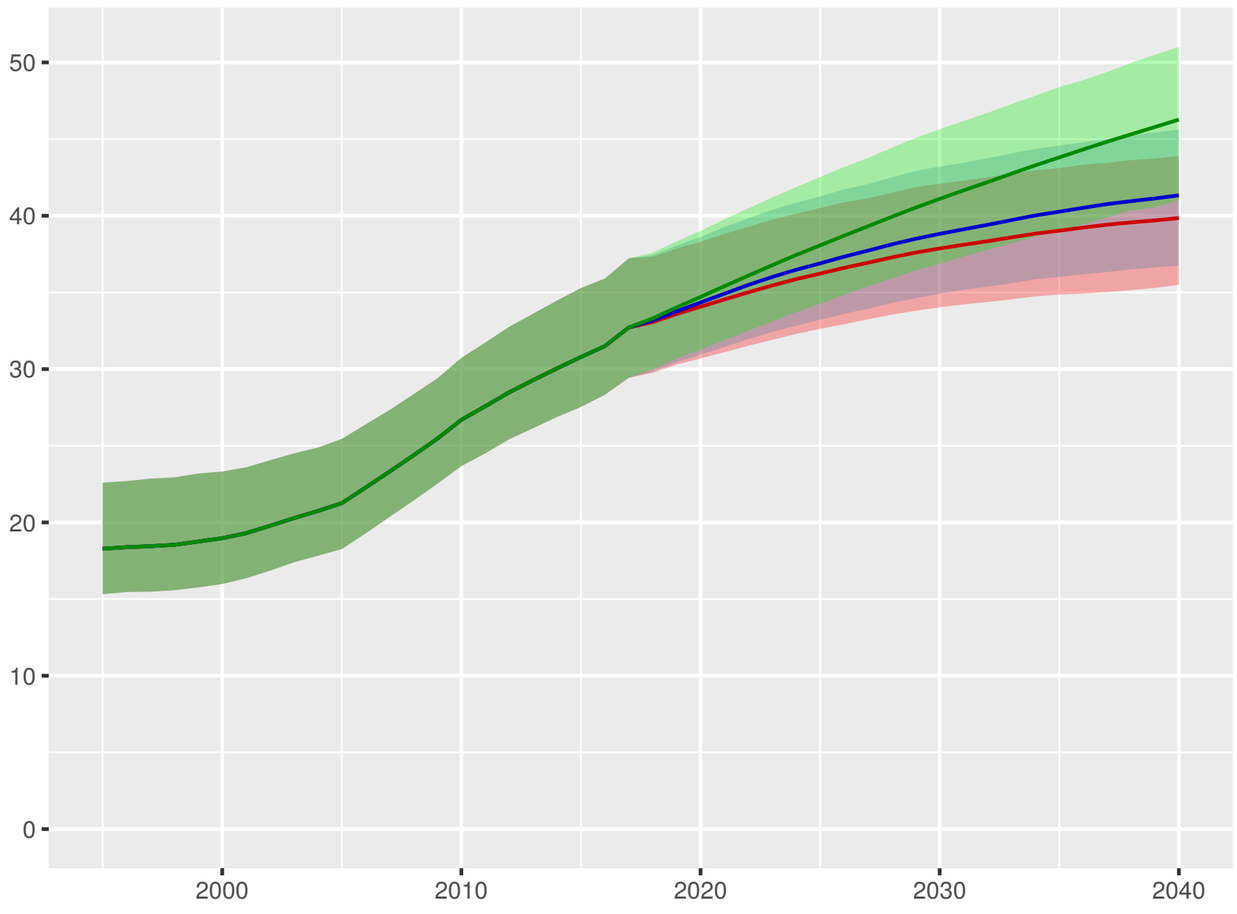
	Pooled health spending per capita ($)				Universal Health Coverage index				Covered lives			
	2015 Observed	2040 Worse Scenario	2040 Reference Scenario	2040 Better Scenario	2015 Observed	2040 Worse Scenario	2040 Reference Scenario	2040 Better Scenario	2015 Observed	2040 Worse Scenario	2040 Reference Scenario	2040 Better Scenario
United States	8744 (8482 to 8978)	8094 (5930 to 10163)	14876 (9805 to 19166)	22685 (15934 to 29084)	72.6 (71.4 to 73.5)	70.6 (67.9 to 72.6)	76.7 (72.7 to 79.2)	81.3 (77.7 to 83.8)	23242 (22865 to 23543)	25611 (24610 to 26315)	27806 (26369 to 28714)	29488 (28160 to 30408)
Uruguay	1706 (1608 to 1805)	1873 (1315 to 2545)	2550 (1725 to 3602)	5181 (3535 to 7280)	64.2 (62.4 to 65.9)	66.0 (63.1 to 68.8)	68.6 (65.2 to 71.9)	75.8 (72.2 to 79.5)	220 (214 to 226)	239 (228 to 249)	248 (236 to 260)	275 (262 to 288)
Uzbekistan	258 (249 to 268)	364 (194 to 607)	607 (306 to 1023)	956 (499 to 1619)	59.6 (56.9 to 62.1)	63.1 (57.7 to 67.4)	67.3 (61.0 to 72.2)	71.9 (65.3 to 76.9)	1791 (1710 to 1866)	2512 (2296 to 2682)	2680 (2427 to 2875)	2862 (2599 to 3063)
Vanuatu	138 (127 to 152)	116 (60 to 201)	127 (62 to 222)	515 (275 to 860)	38.4 (34.6 to 41.5)	34.2 (30.7 to 37.5)	34.5 (30.8 to 38.0)	42.1 (37.8 to 45.9)	10 (9 to 11)	14 (13 to 16)	15 (13 to 16)	18 (16 to 19)
Venezuela	310 (294 to 326)	231 (75 to 451)	240 (79 to 470)	1134 (392 to 2171)	59.5 (56.5 to 62.3)	60.3 (53.0 to 65.8)	60.7 (53.4 to 66.3)	74.0 (65.3 to 80.6)	1848 (1754 to 1935)	2282 (2005 to 2490)	2294 (2018 to 2505)	2798 (2470 to 3048)
Vietnam	167 (156 to 180)	239 (148 to 366)	552 (324 to 867)	624 (374 to 974)	60.4 (57.9 to 62.8)	67.2 (62.9 to 71.1)	75.3 (70.2 to 80.0)	76.6 (71.6 to 81.3)	5633 (5404 to 5863)	7049 (6602 to 7466)	7902 (7372 to 8396)	8038 (7515 to 8529)
Yemen	38 (33 to 44)	43 (23 to 70)	46 (25 to 75)	136 (71 to 227)	43.6 (40.7 to 46.7)	58.4 (53.8 to 63.0)	59.0 (54.4 to 63.7)	67.8 (62.4 to 73.3)	1201 (1123 to 1287)	2535 (2335 to 2738)	2563 (2364 to 2765)	2945 (2709 to 3184)
Zambia	180 (168 to 192)	219 (106 to 407)	246 (119 to 465)	647 (304 to 1231)	44.0 (40.2 to 47.9)	50.6 (44.5 to 56.8)	50.9 (44.7 to 57.2)	58.3 (51.2 to 65.5)	710 (648 to 773)	1749 (1538 to 1963)	1757 (1543 to 1974)	2014 (1767 to 2264)
Zimbabwe	135 (126 to 145)	121 (45 to 256)	139 (55 to 289)	491 (165 to 1063)	44.6 (41.1 to 48.1)	48.9 (42.7 to 54.8)	49.9 (43.8 to 55.8)	58.9 (50.7 to 66.1)	695 (641 to 750)	1433 (1250 to 1606)	1461 (1283 to 1636)	1725 (1486 to 1937)

B5. Figure: Comparison of future health scenarios

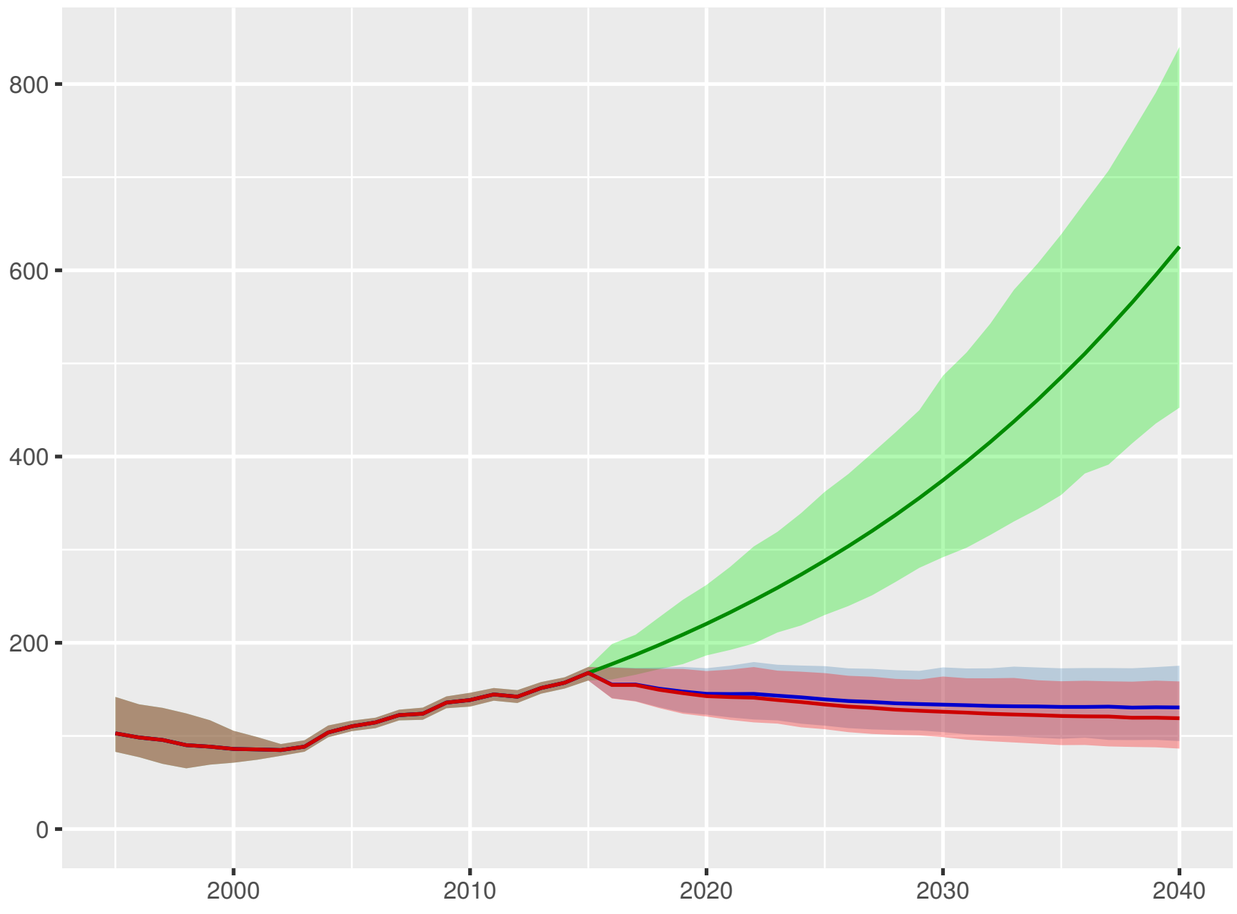
This set of figures included show six panels of the dependent variables that we forecast, starting with UHC, THE, and DAH, GHE, OOP, and PPP per capita. Each variable contains its respective reference, better, and worse scenarios.

Afghanistan

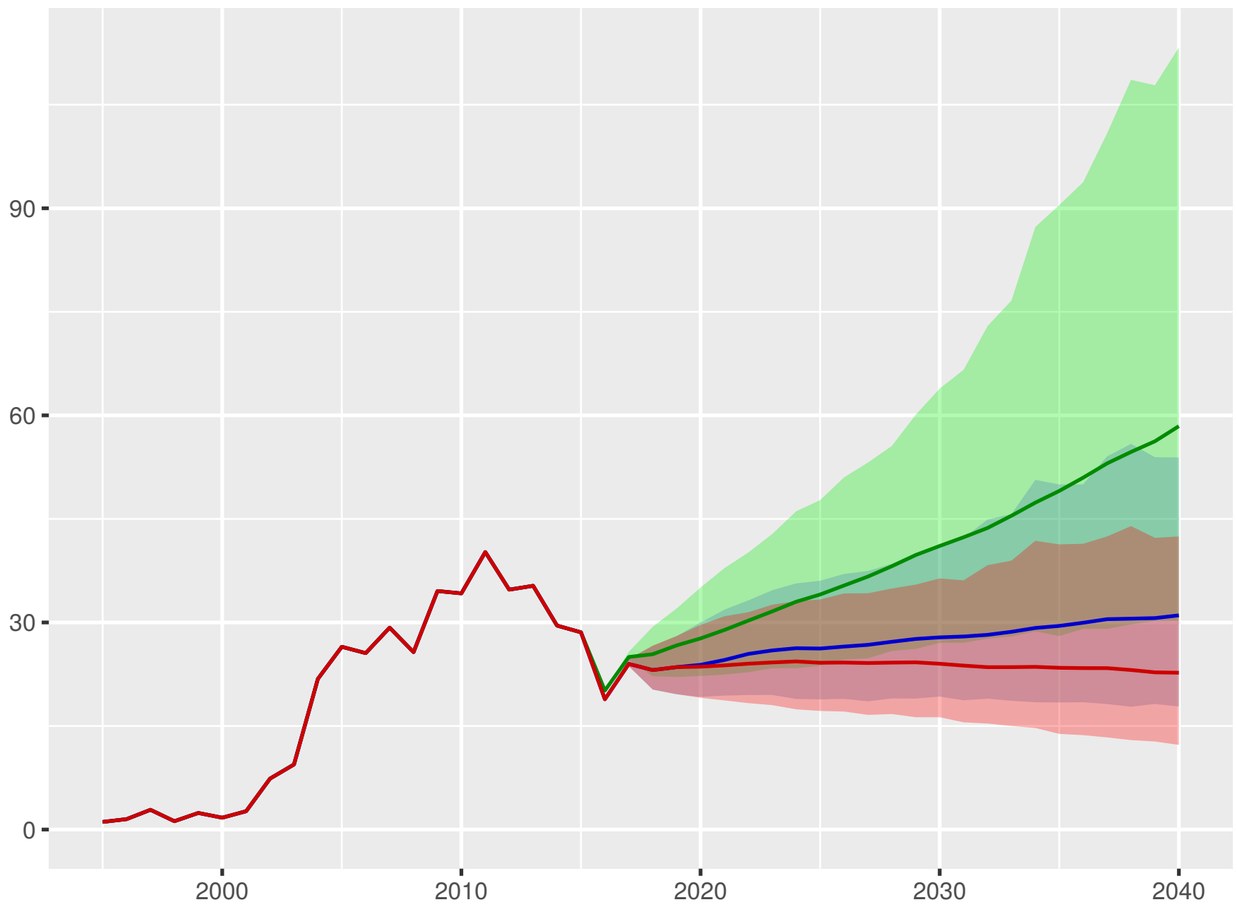
Universal health coverage index



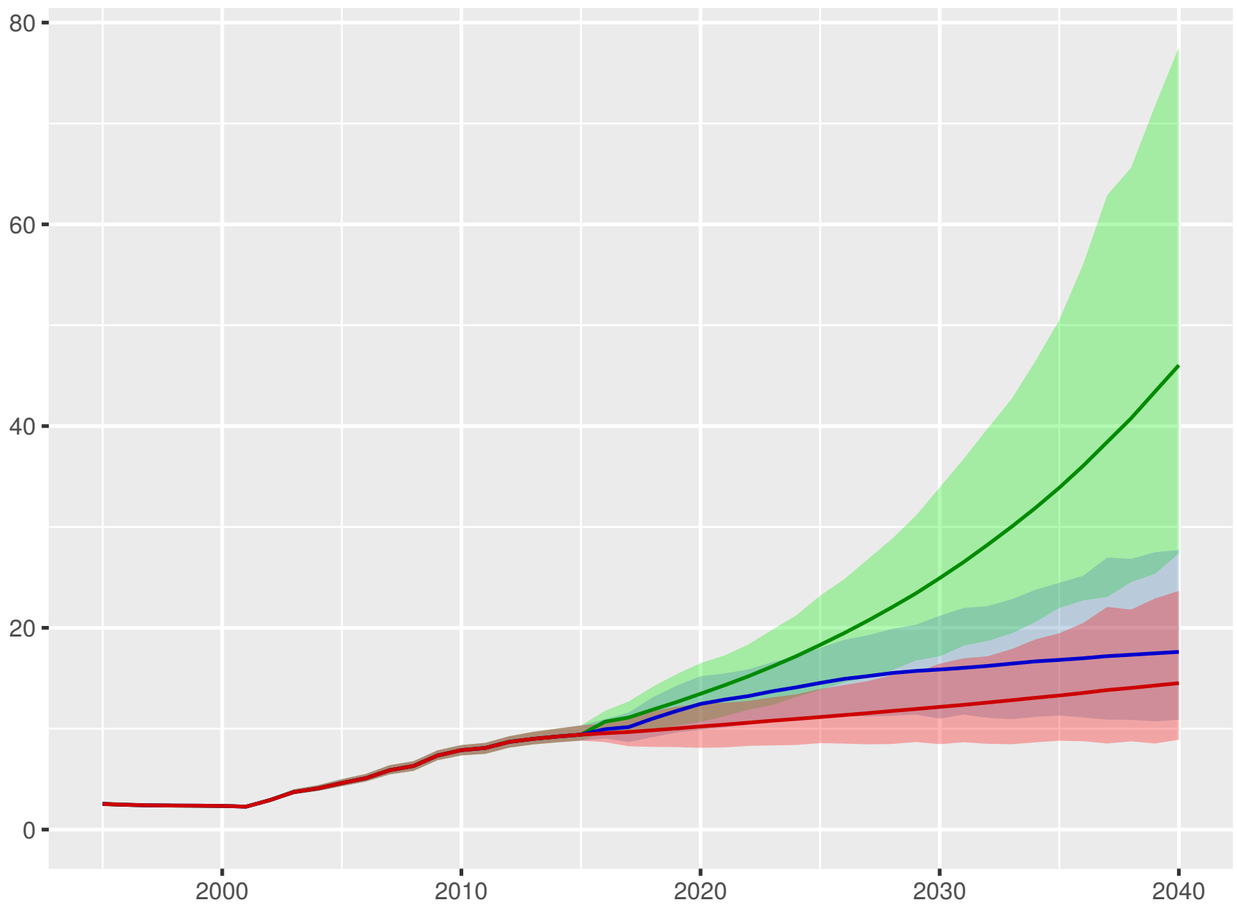
Total health spending per person



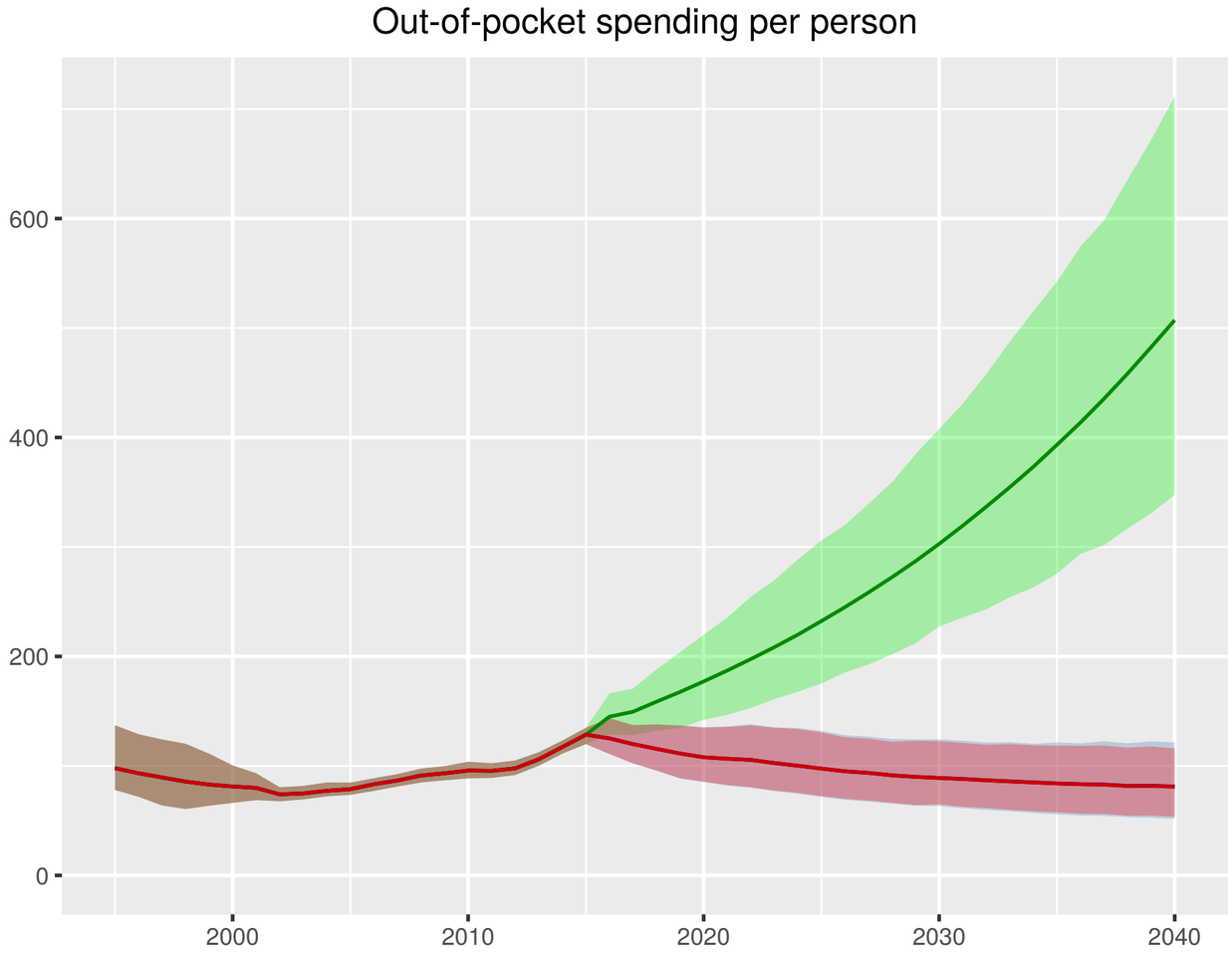
Development assistance for health received per person



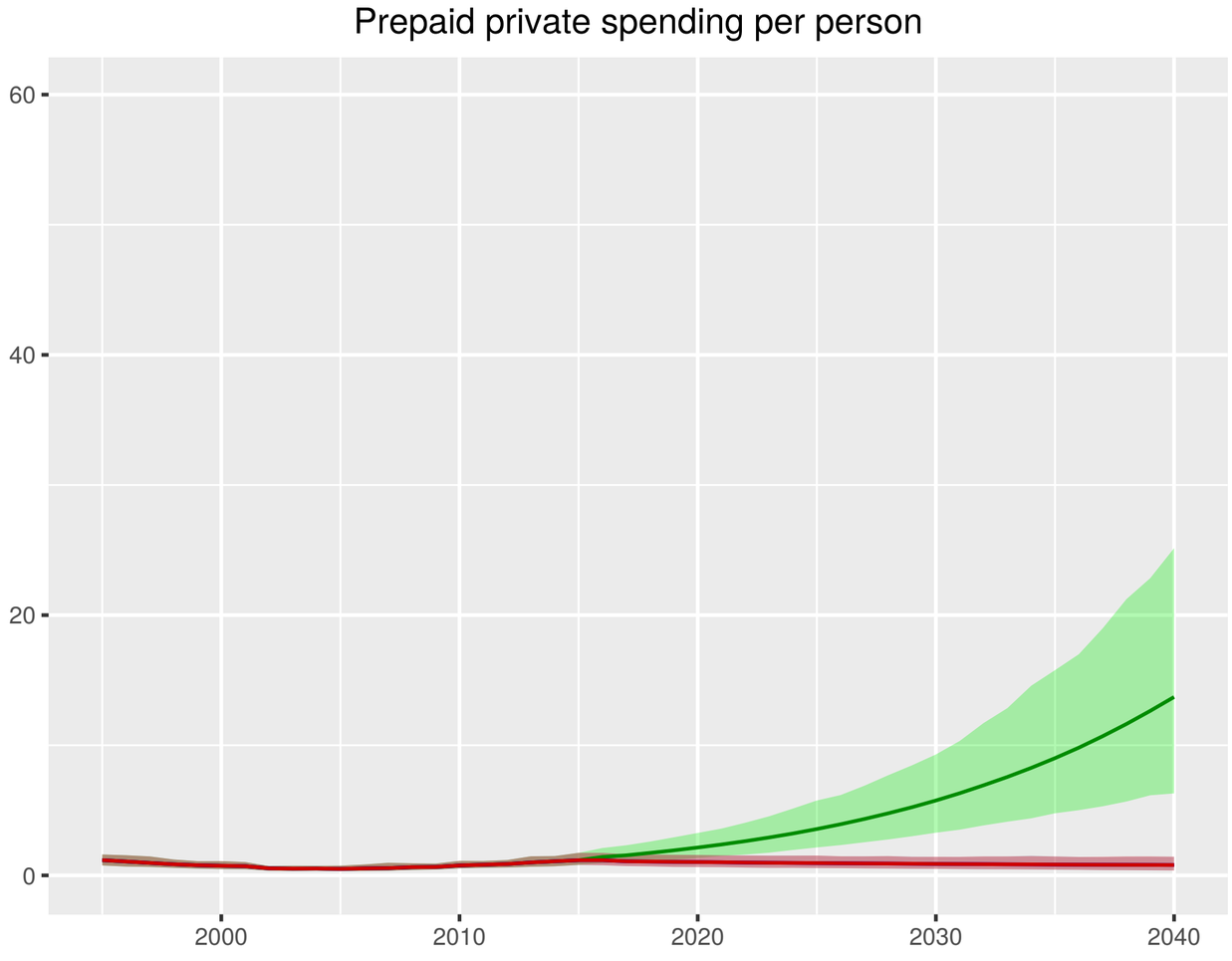
Government health spending per person



Out-of-pocket spending per person



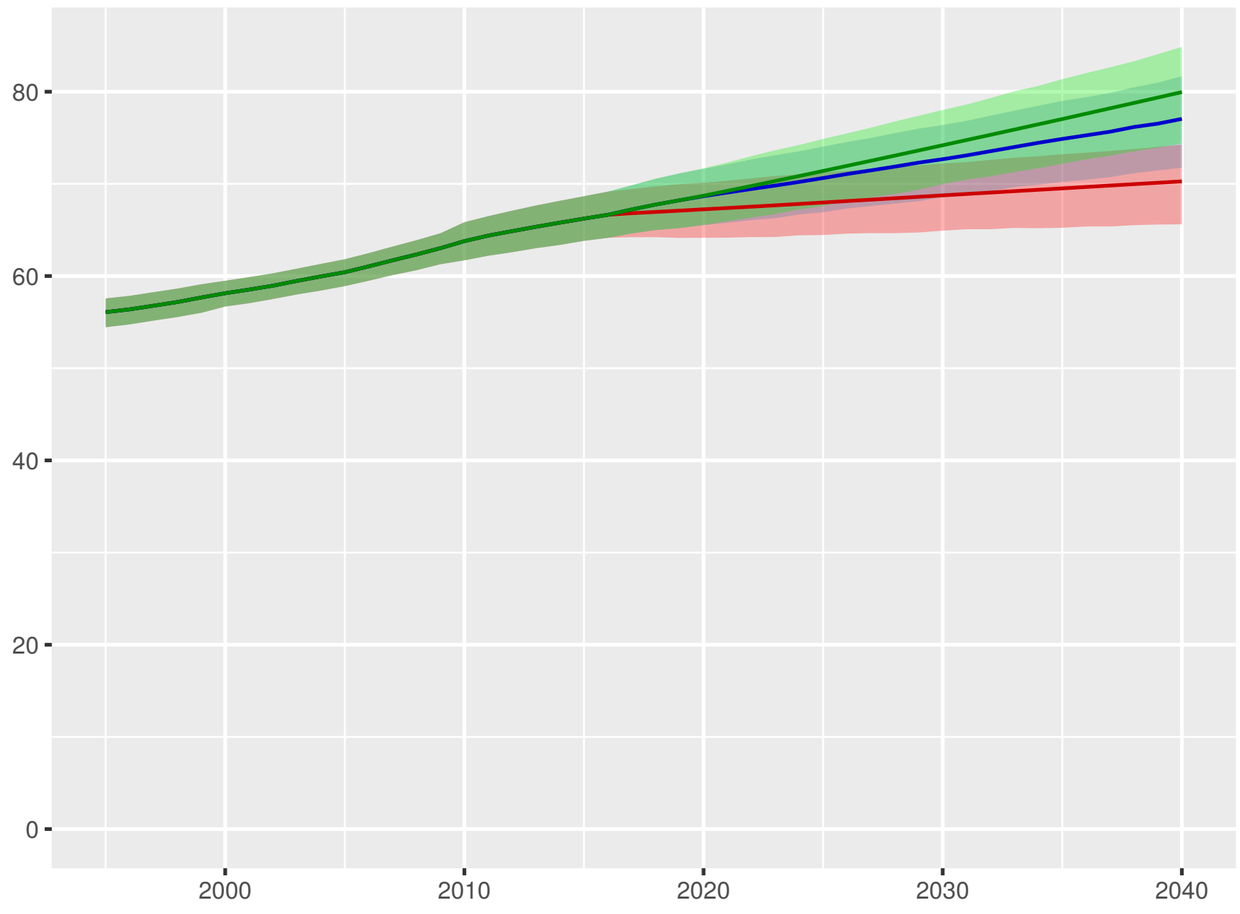
Prepaid private spending per person



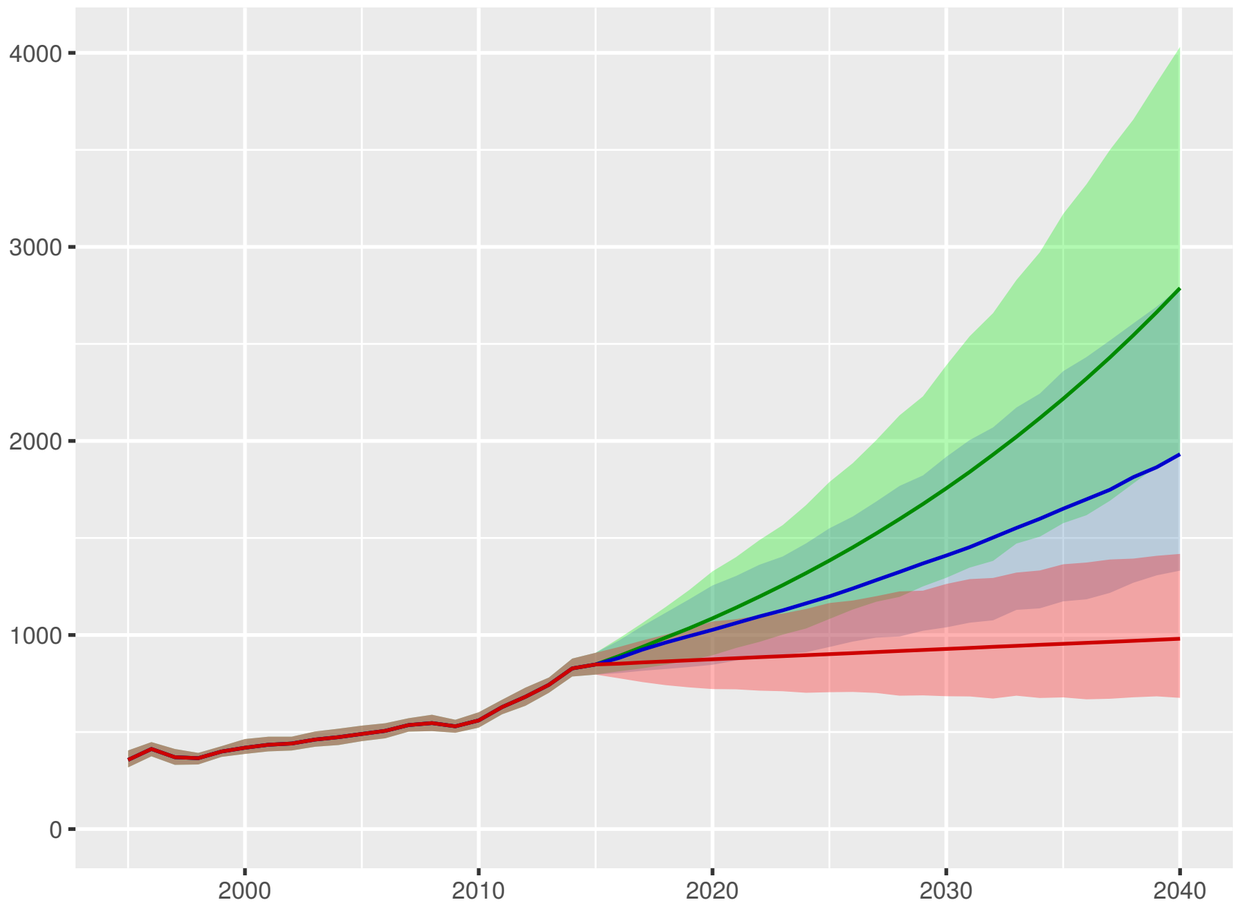
Scenario — Better — Reference — Worse

Albania

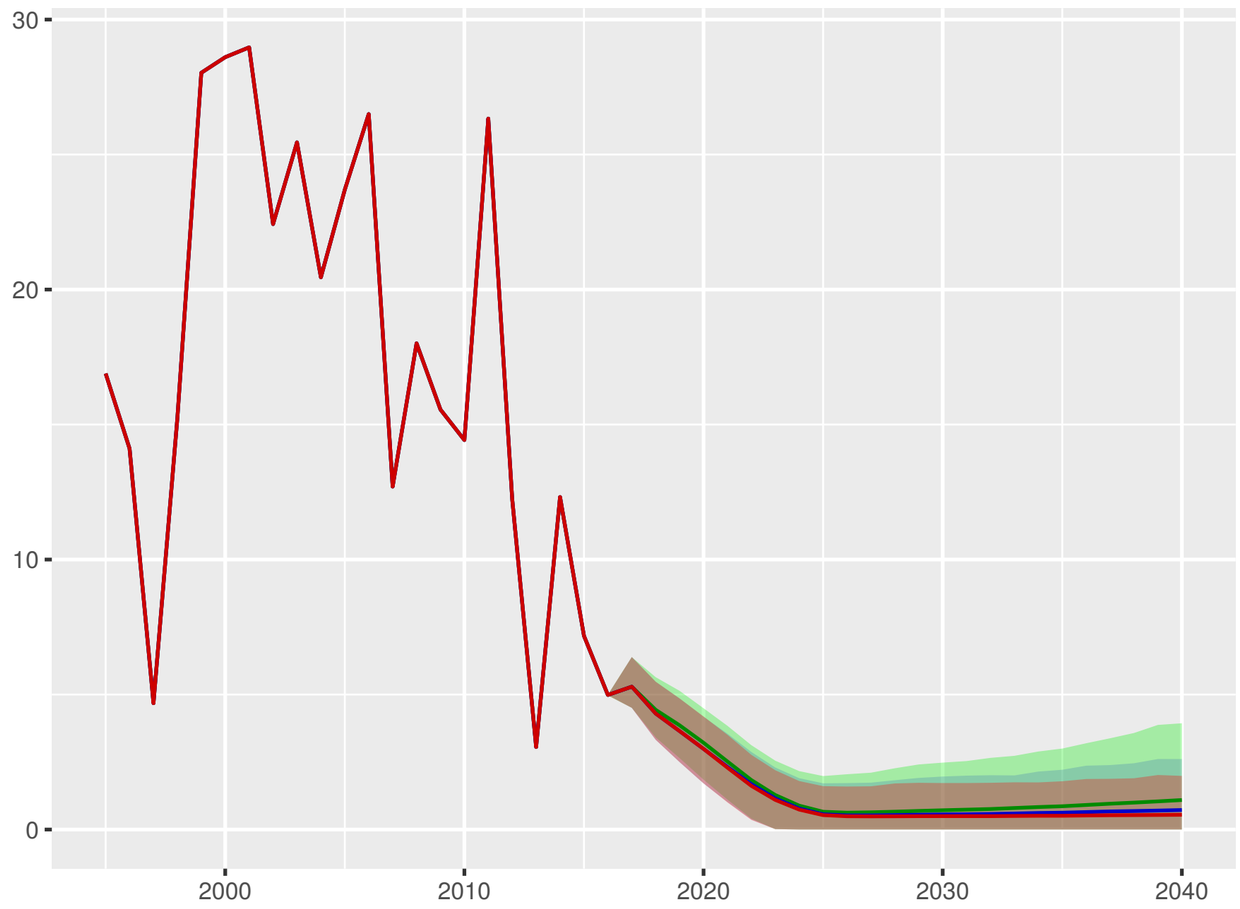
Universal health coverage index



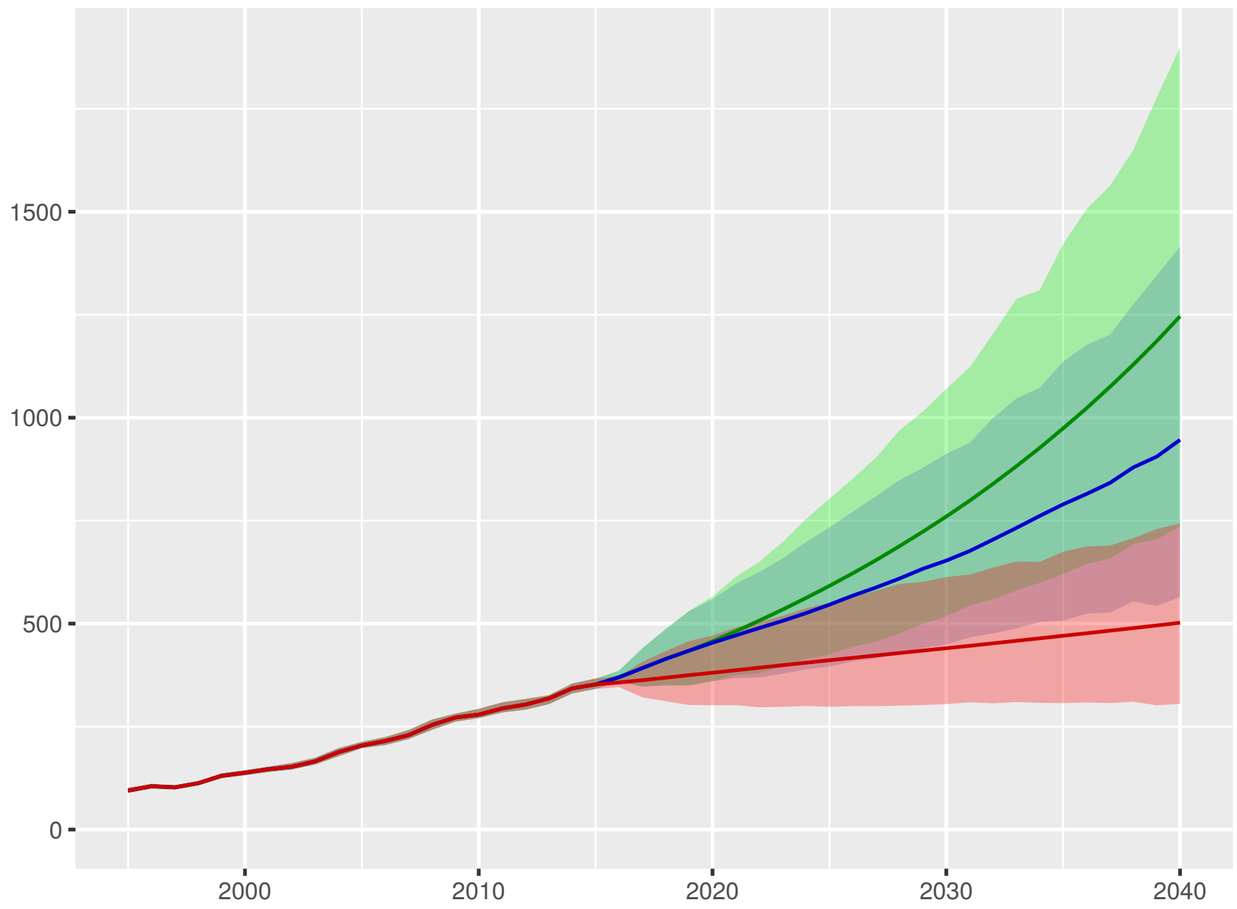
Total health spending per person



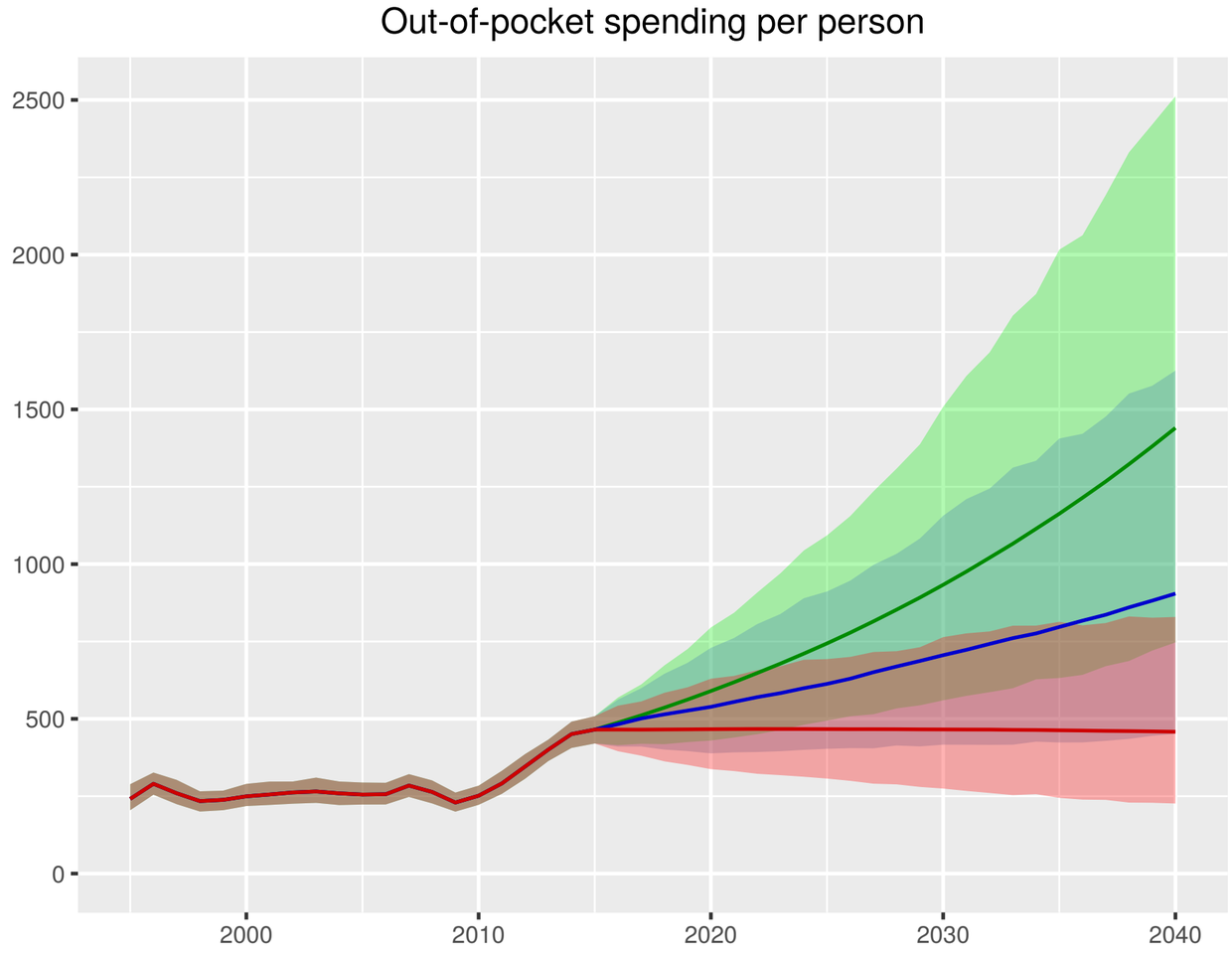
Development assistance for health received per person



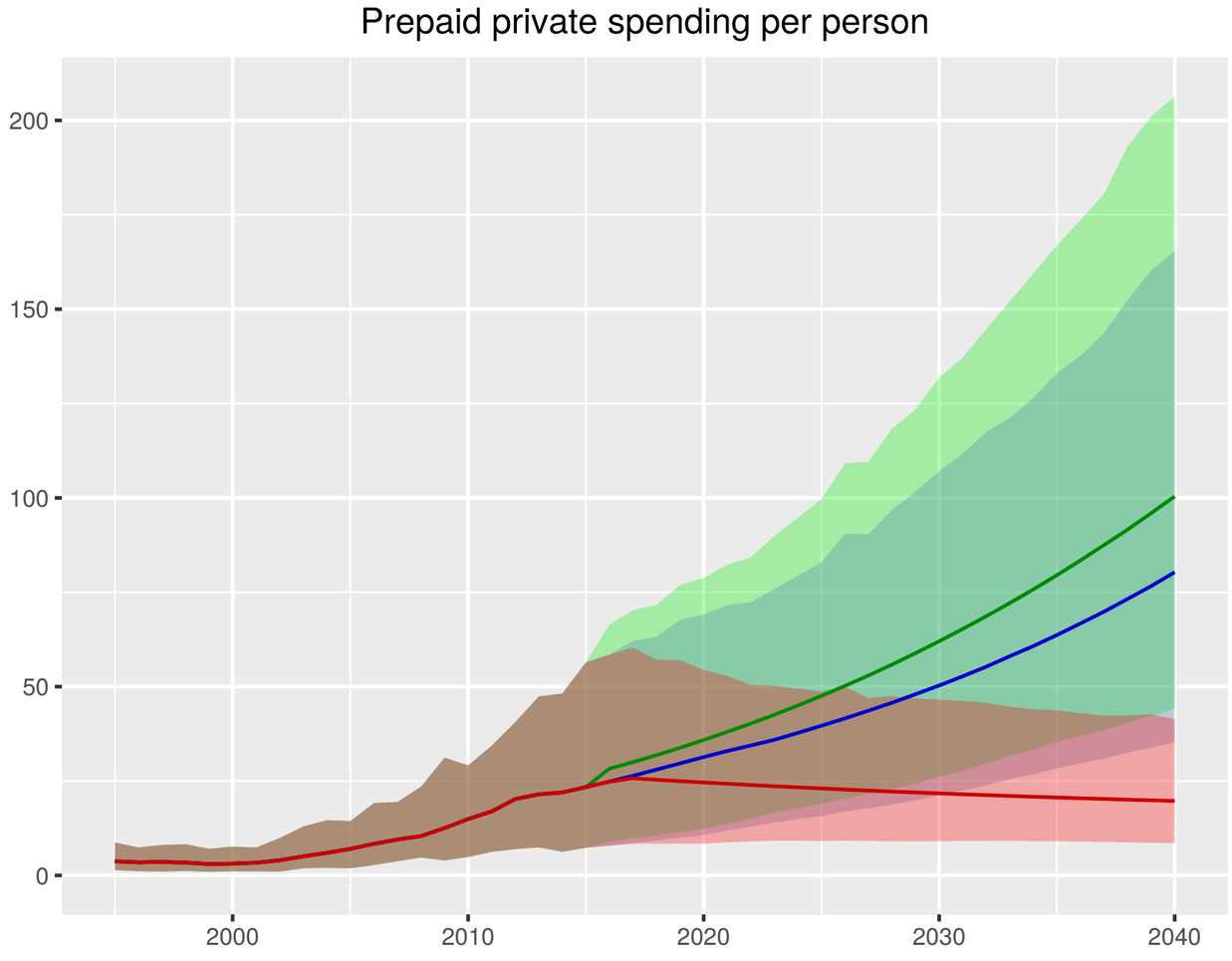
Government health spending per person



Out-of-pocket spending per person



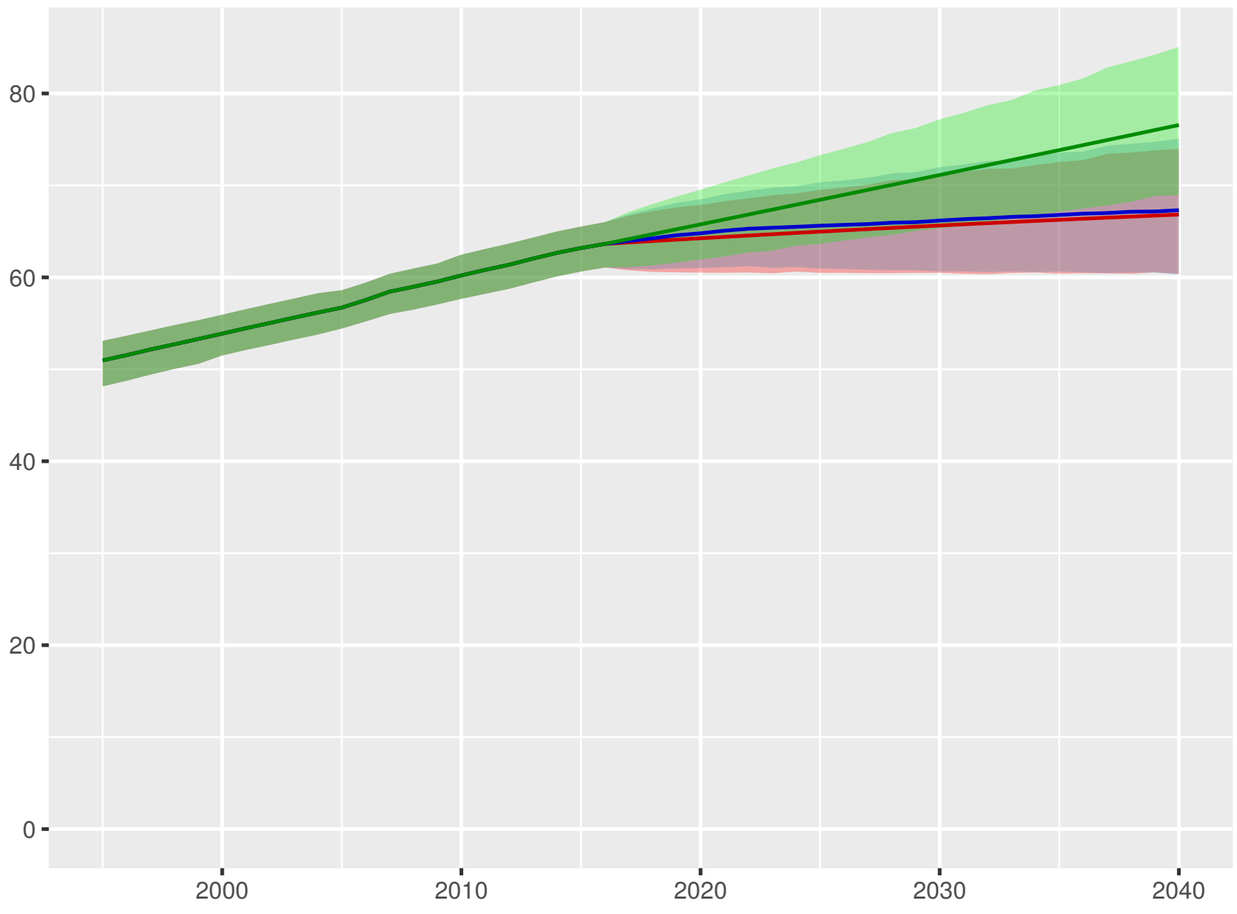
Prepaid private spending per person



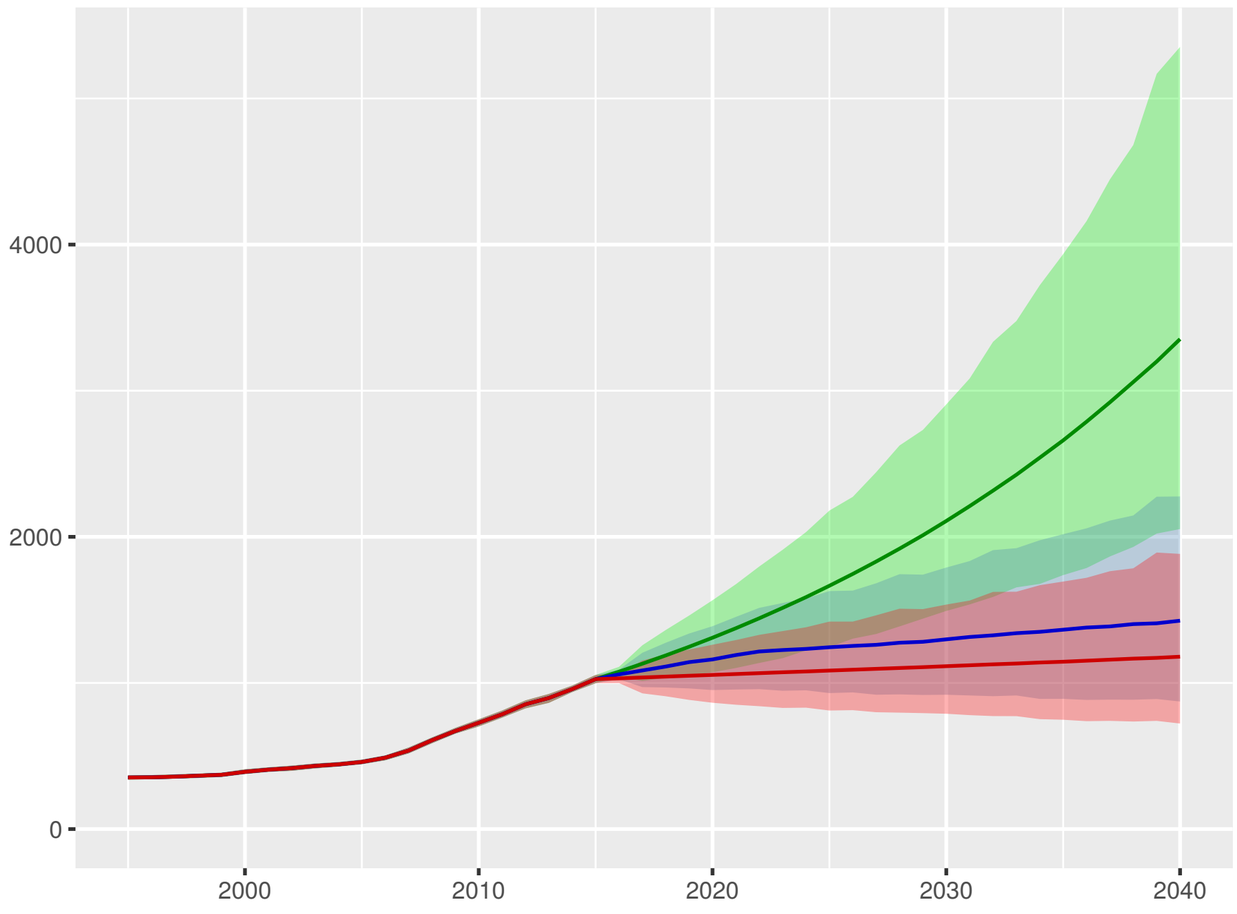
Scenario — Better — Reference — Worse

Algeria

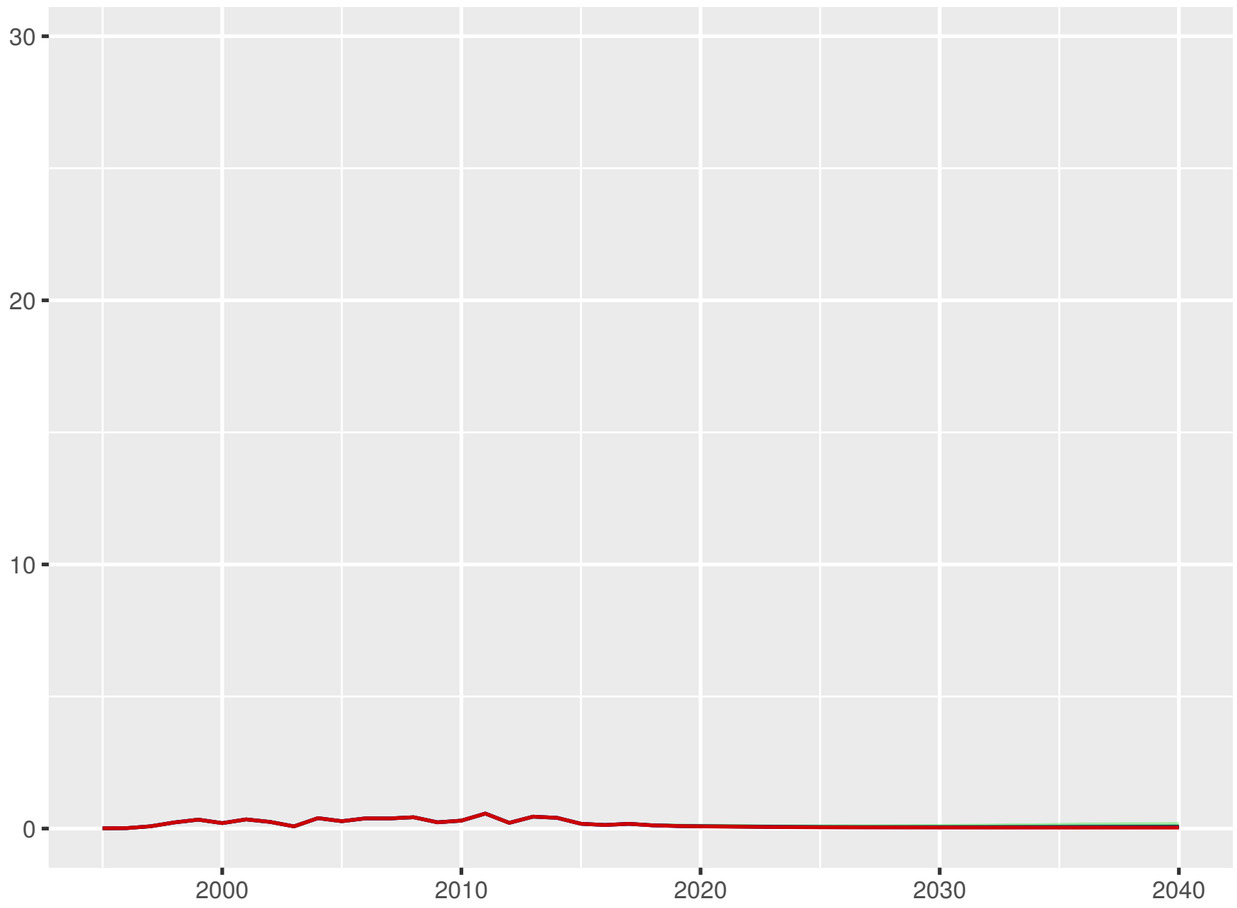
Universal health coverage index



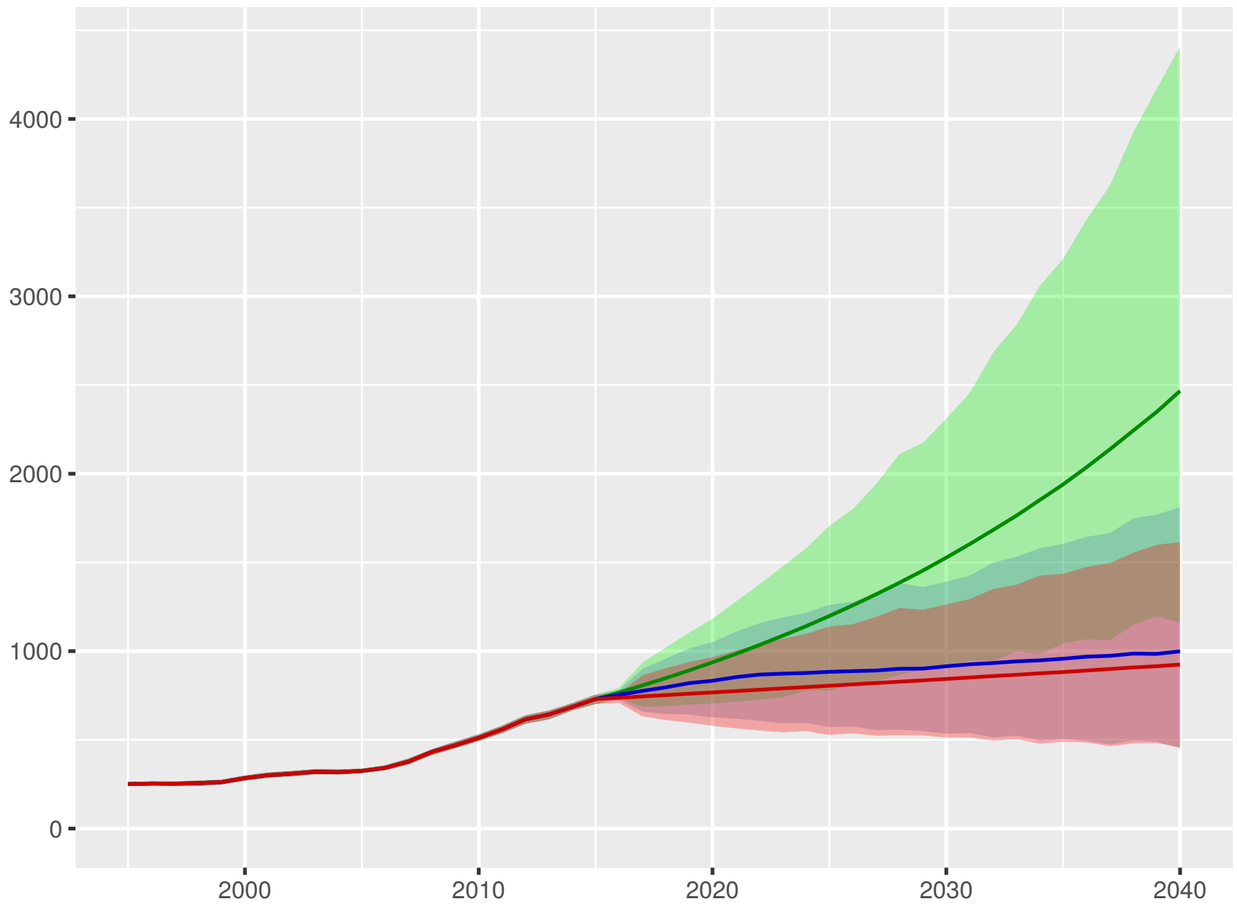
Total health spending per person



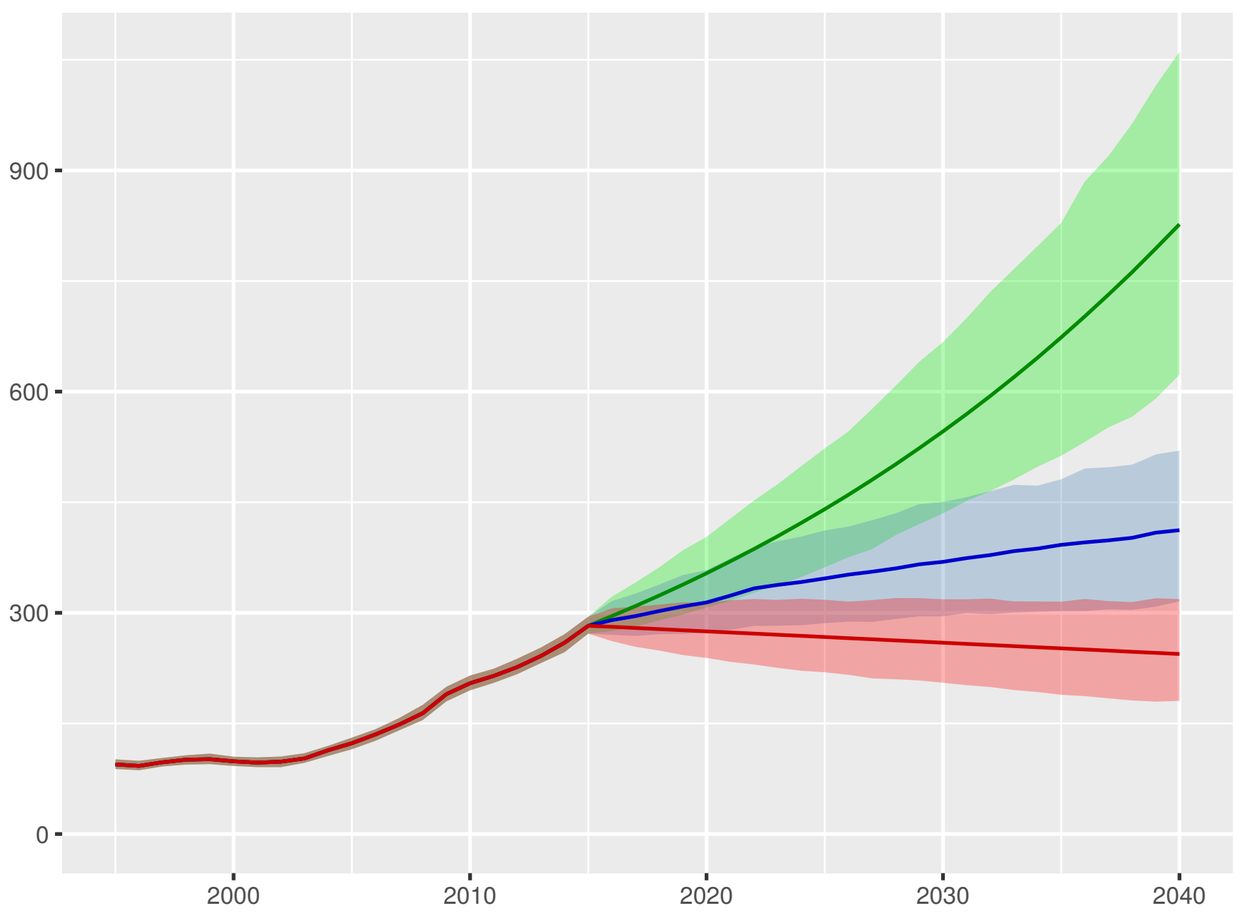
Development assistance for health received per person



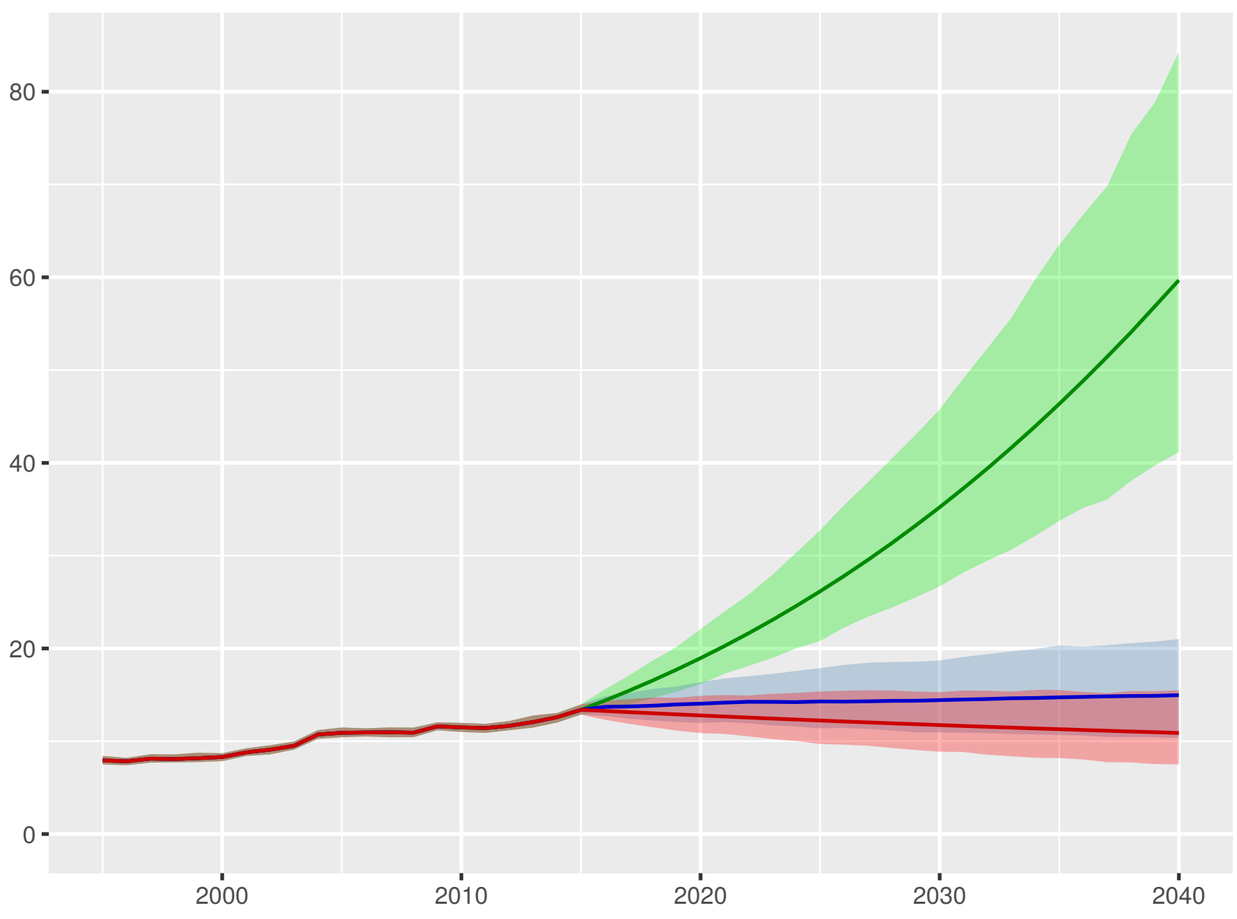
Government health spending per person



Out-of-pocket spending per person



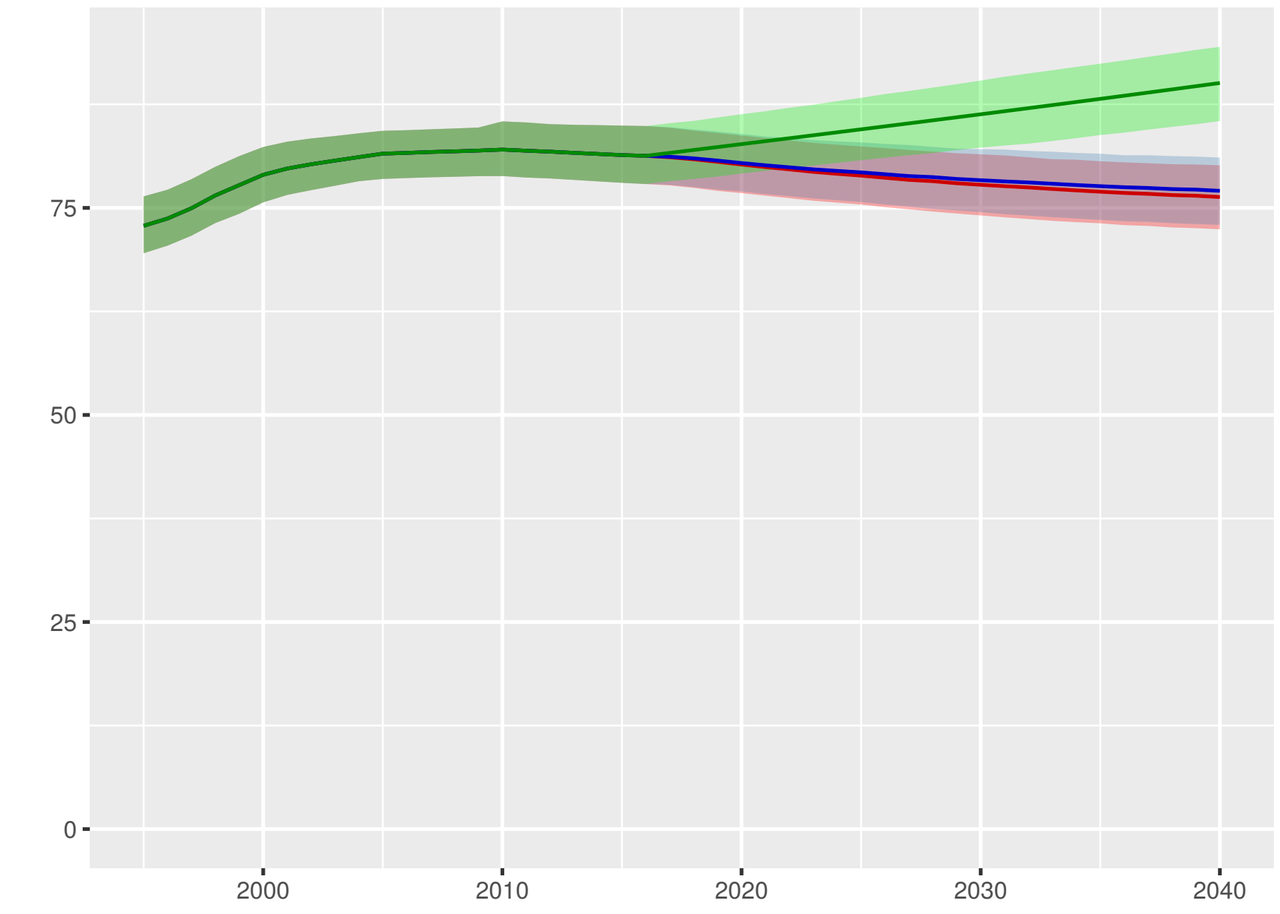
Prepaid private spending per person



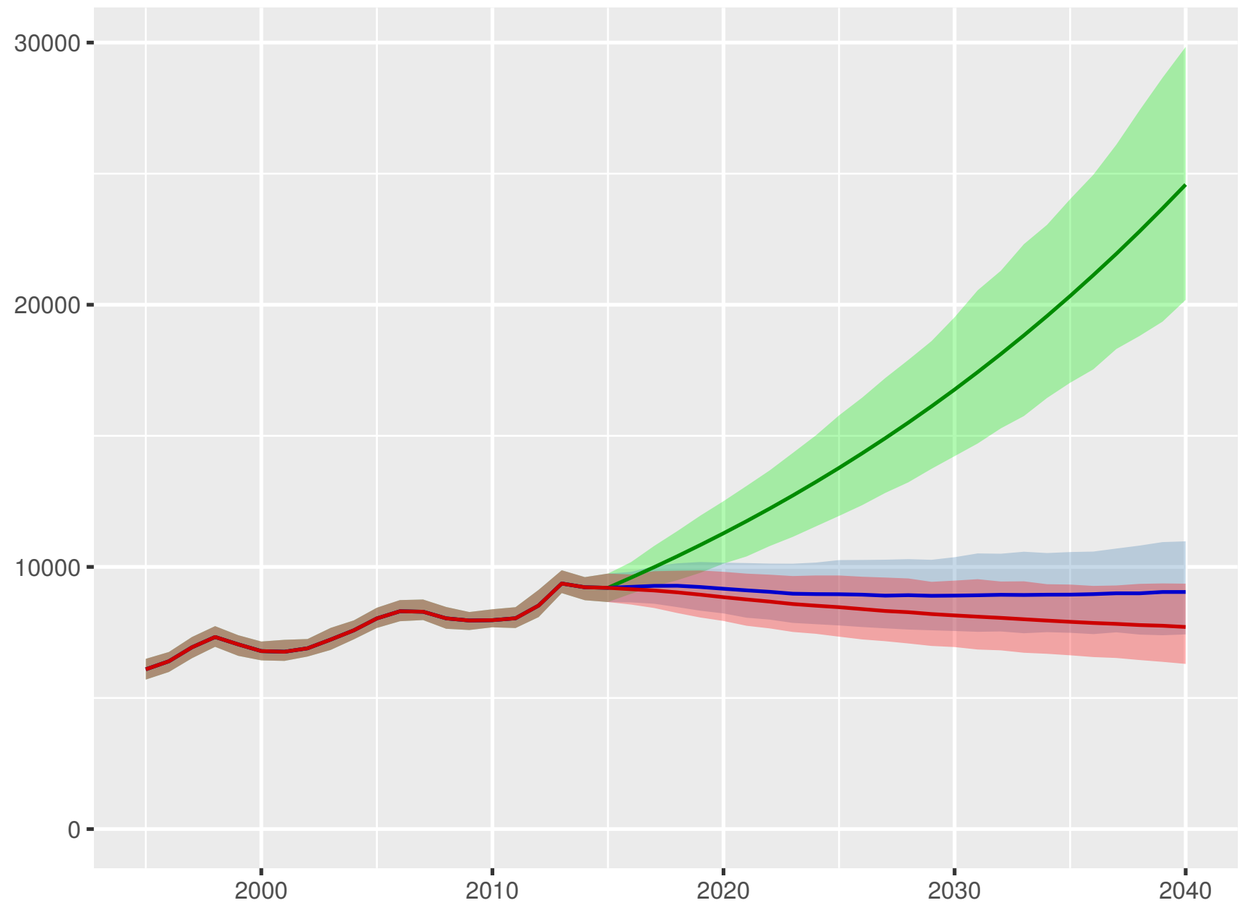
Scenario — Better — Reference — Worse

Andorra

Universal health coverage index

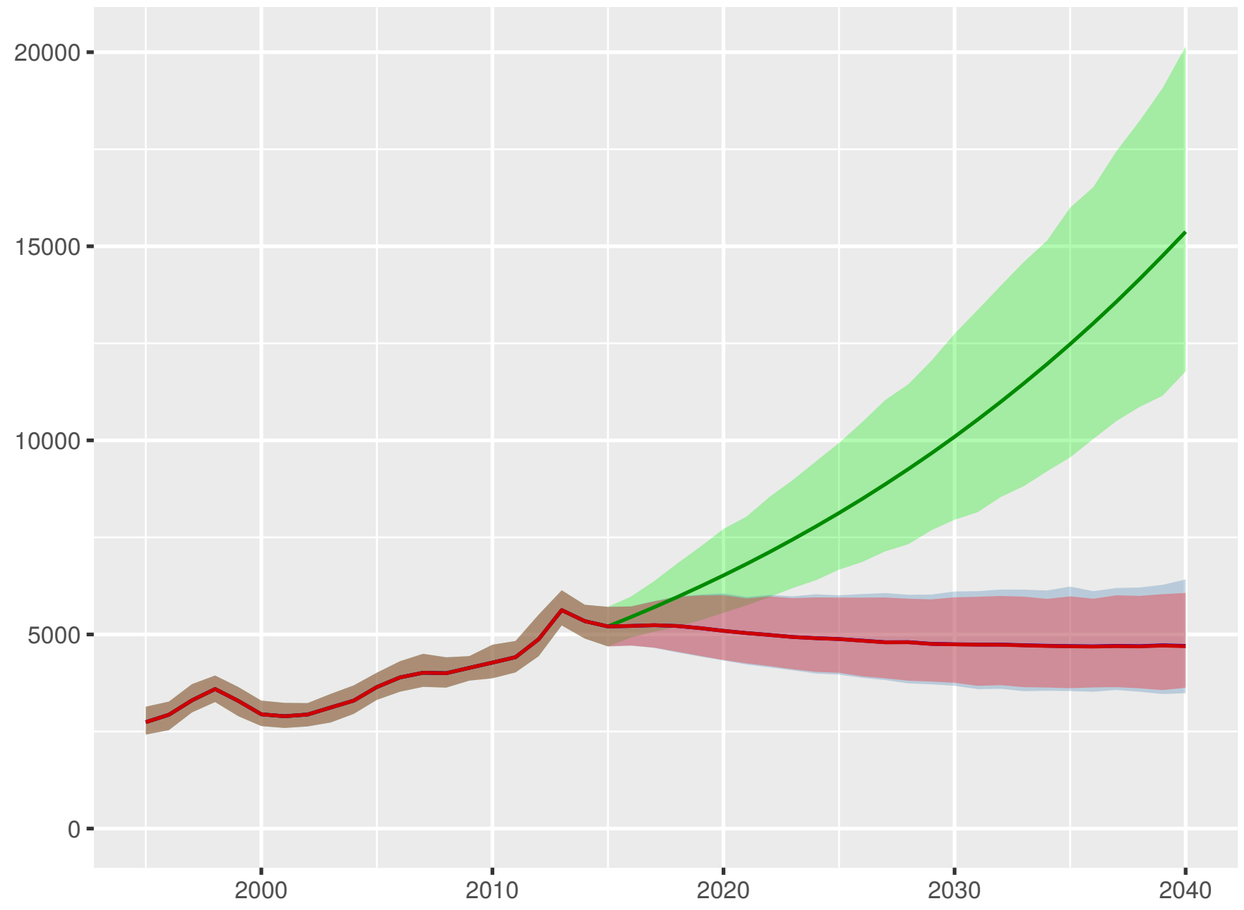


Total health spending per person

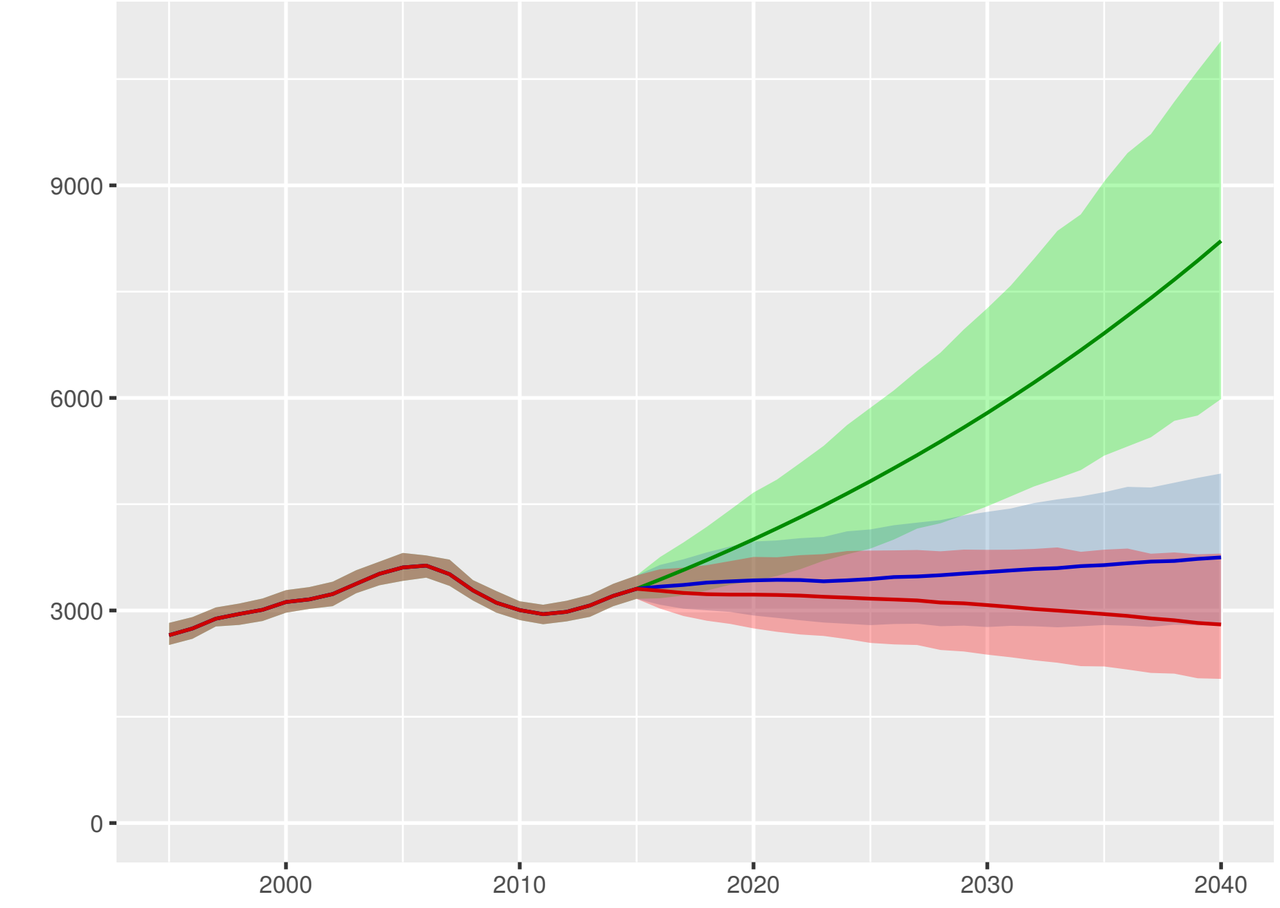


Development assistance for health received per person

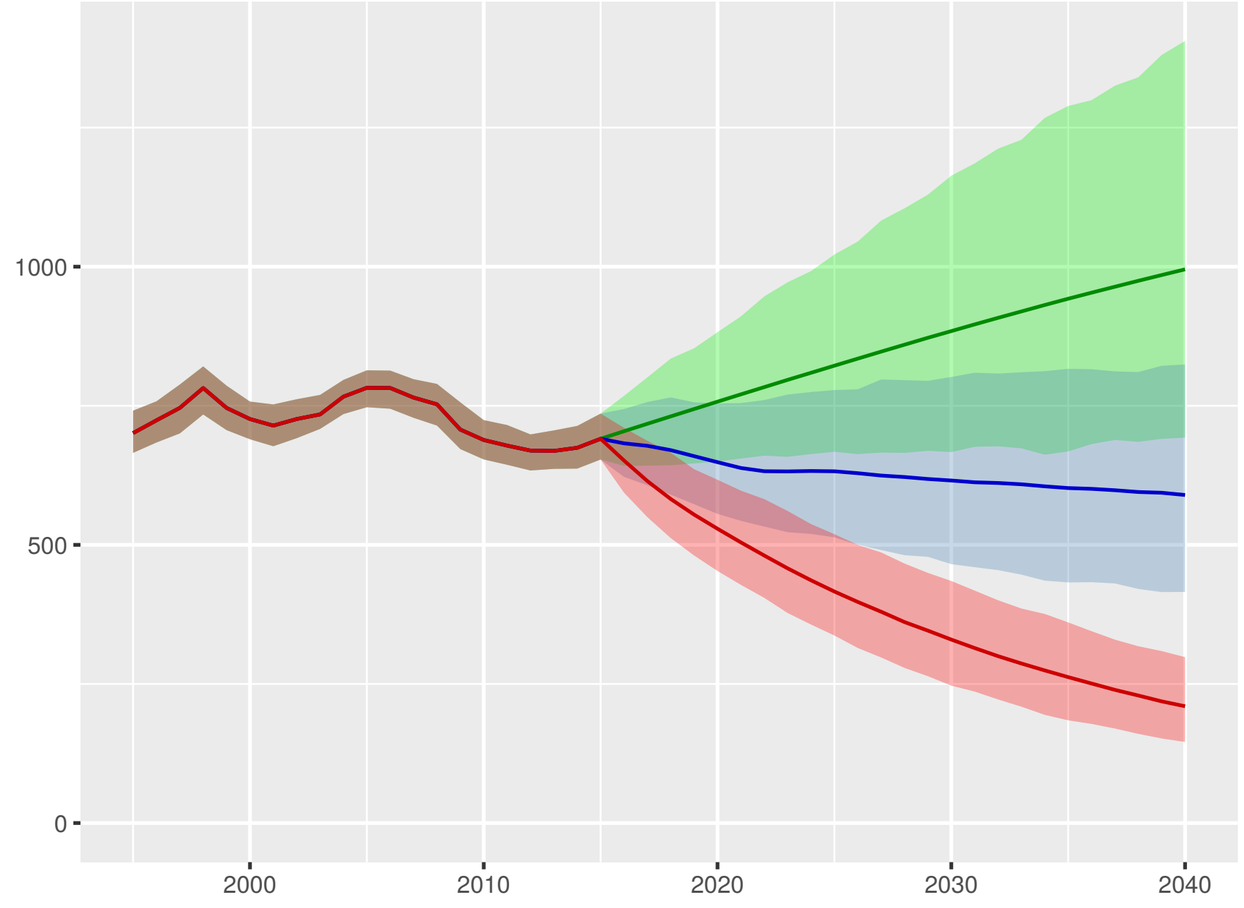
Government health spending per person



Out-of-pocket spending per person



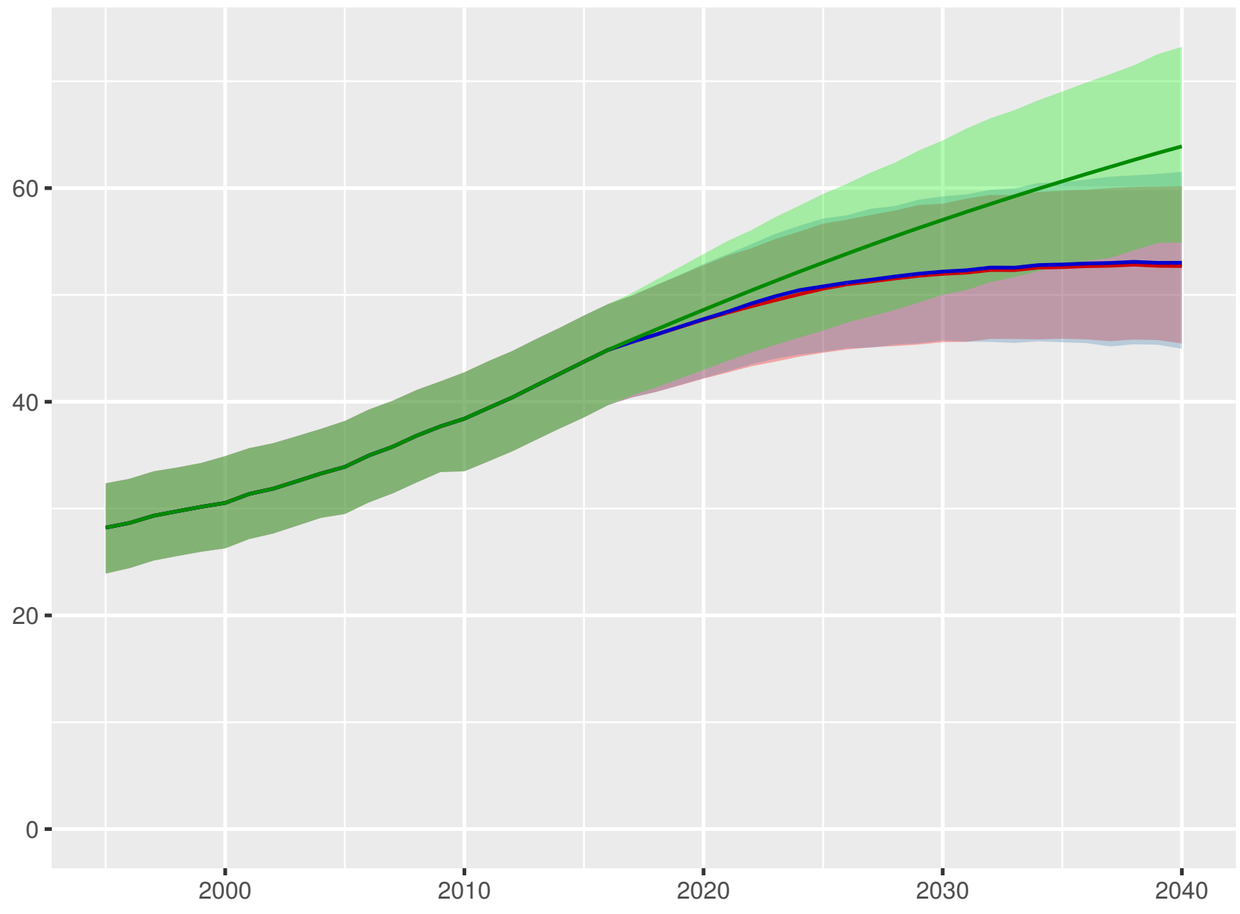
Prepaid private spending per person



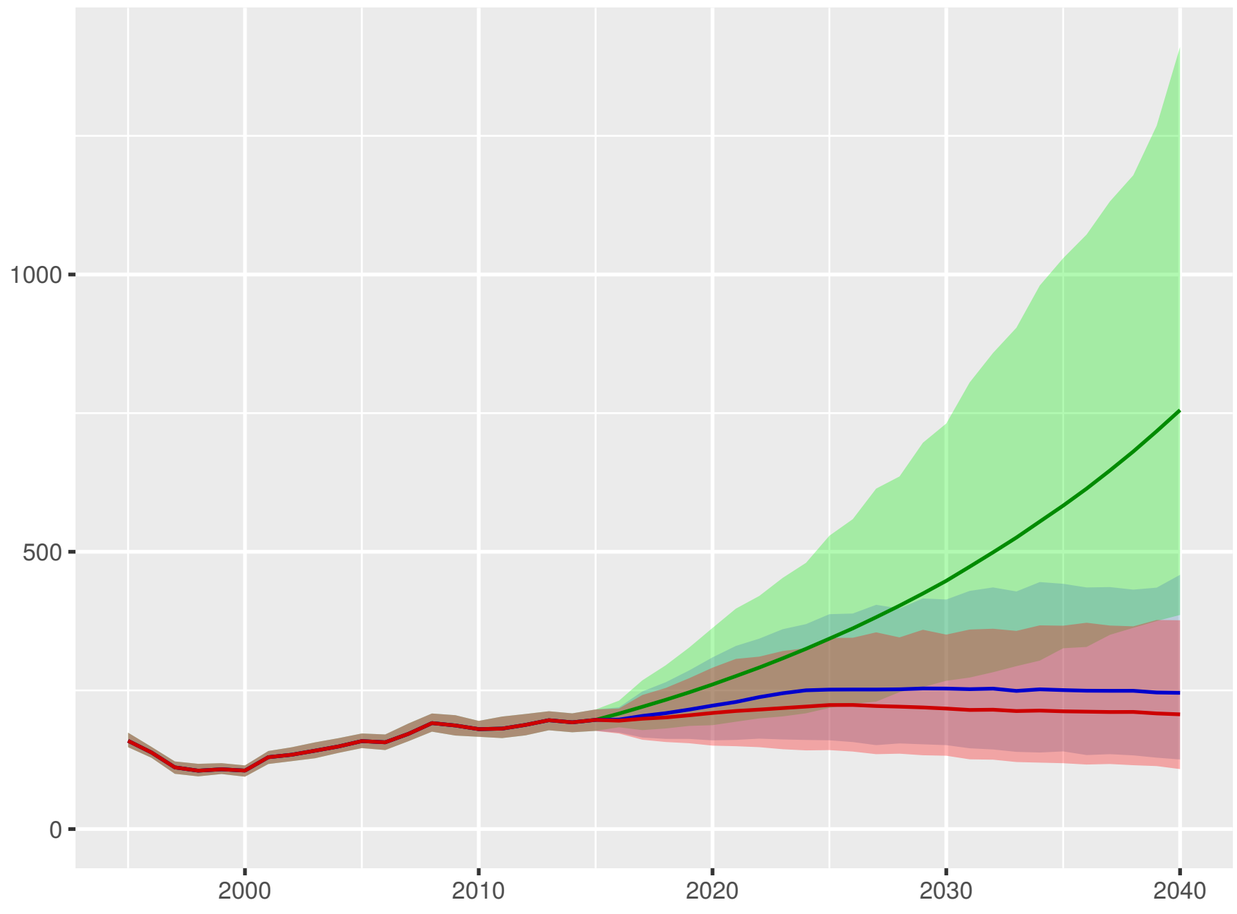
Scenario — Better — Reference — Worse

Angola

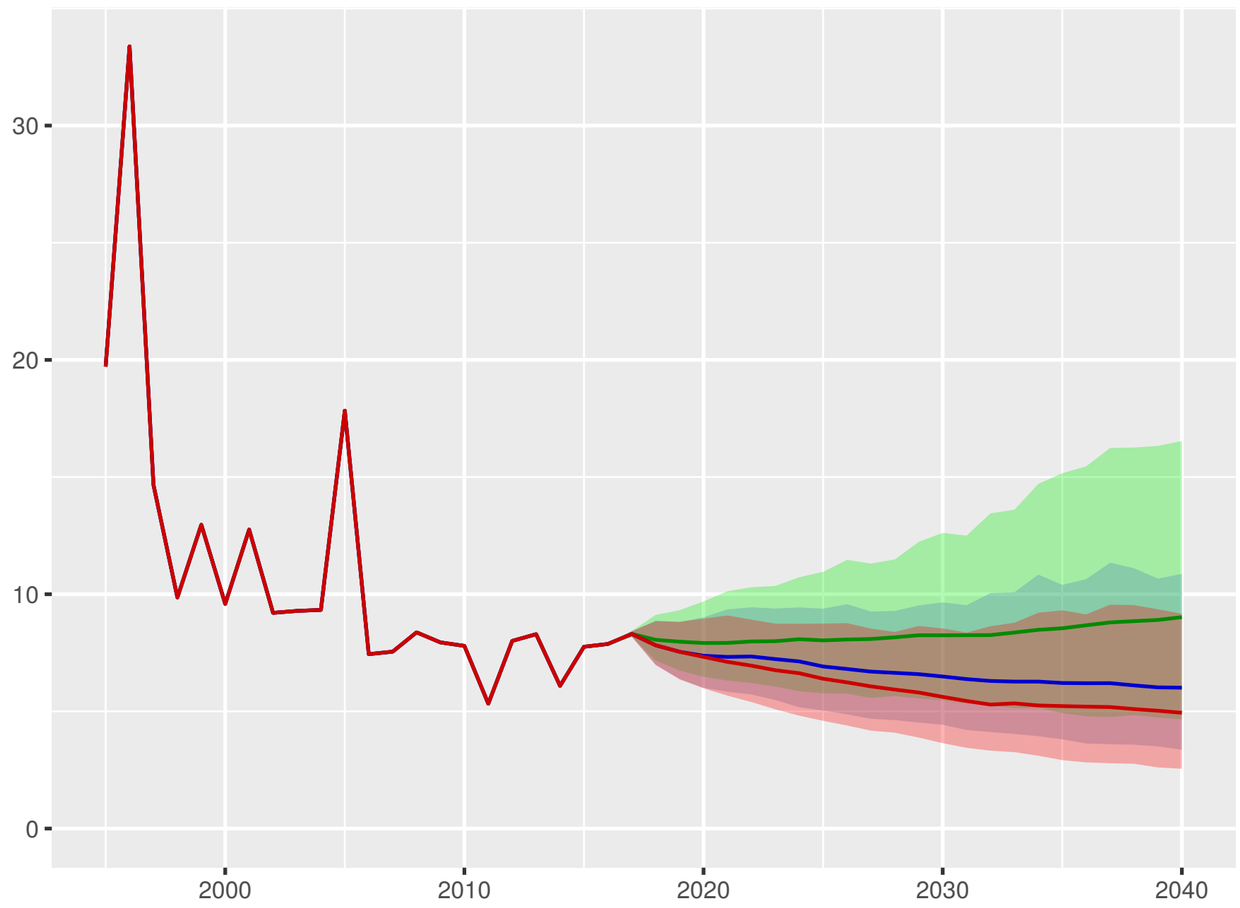
Universal health coverage index



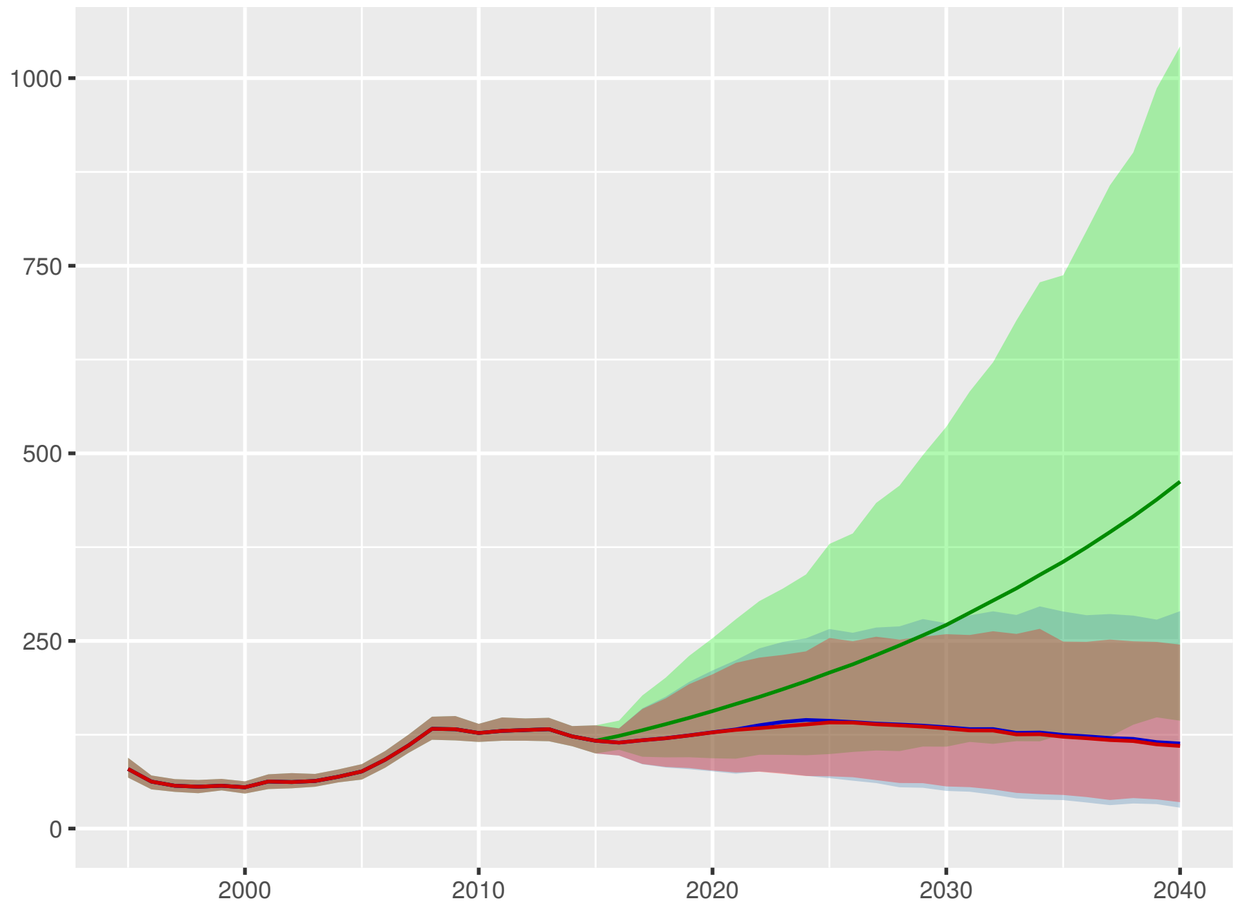
Total health spending per person



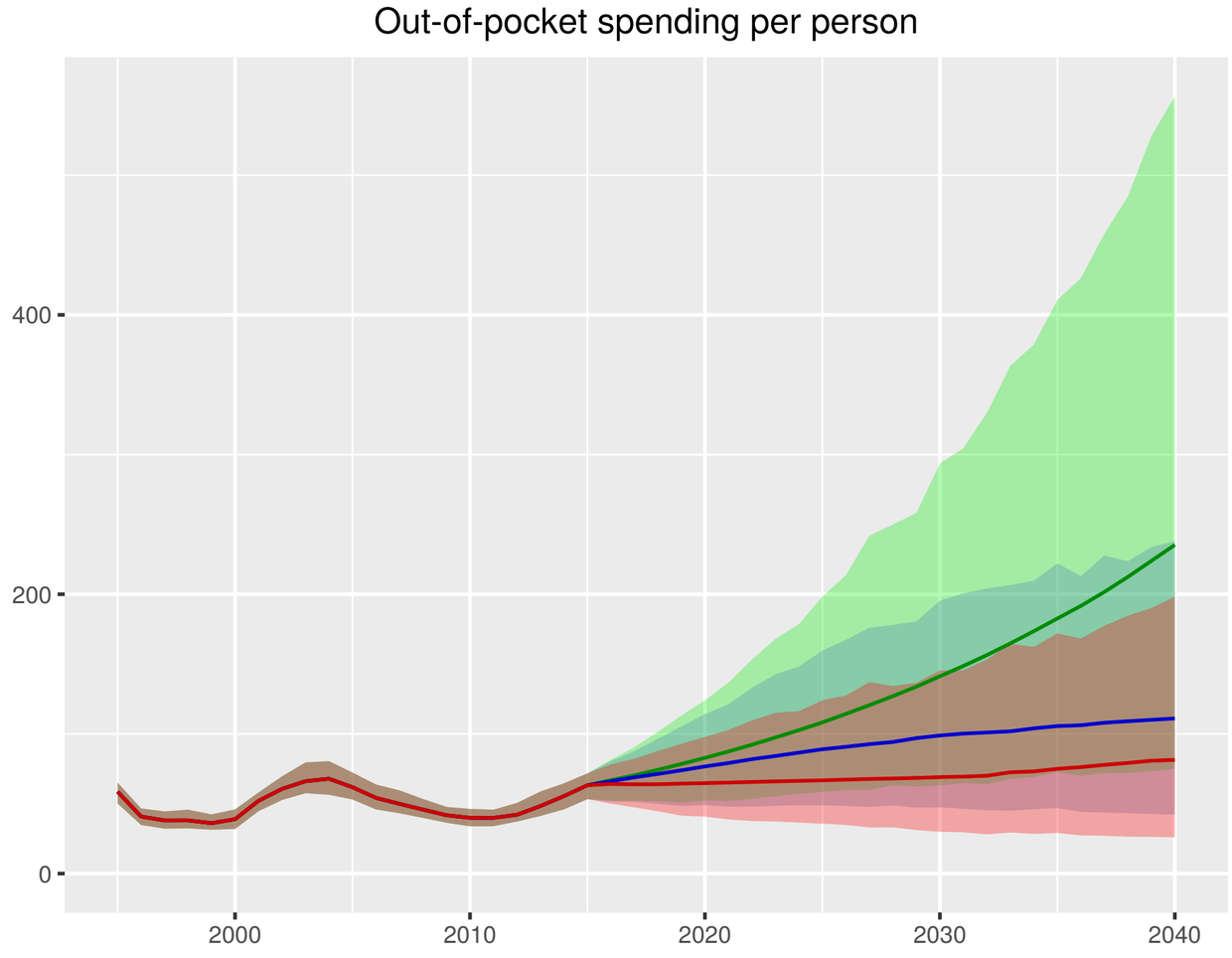
Development assistance for health received per person



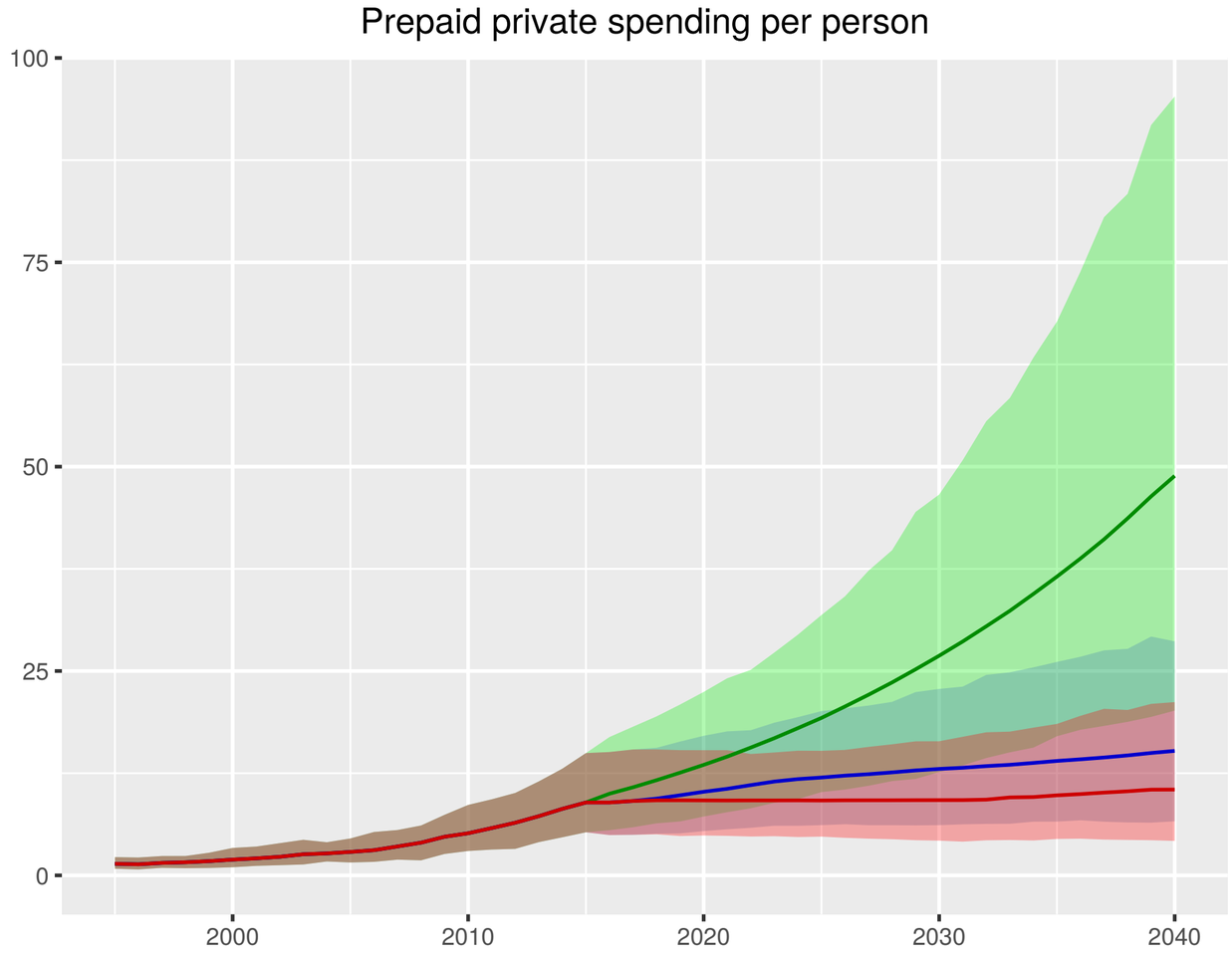
Government health spending per person



Out-of-pocket spending per person



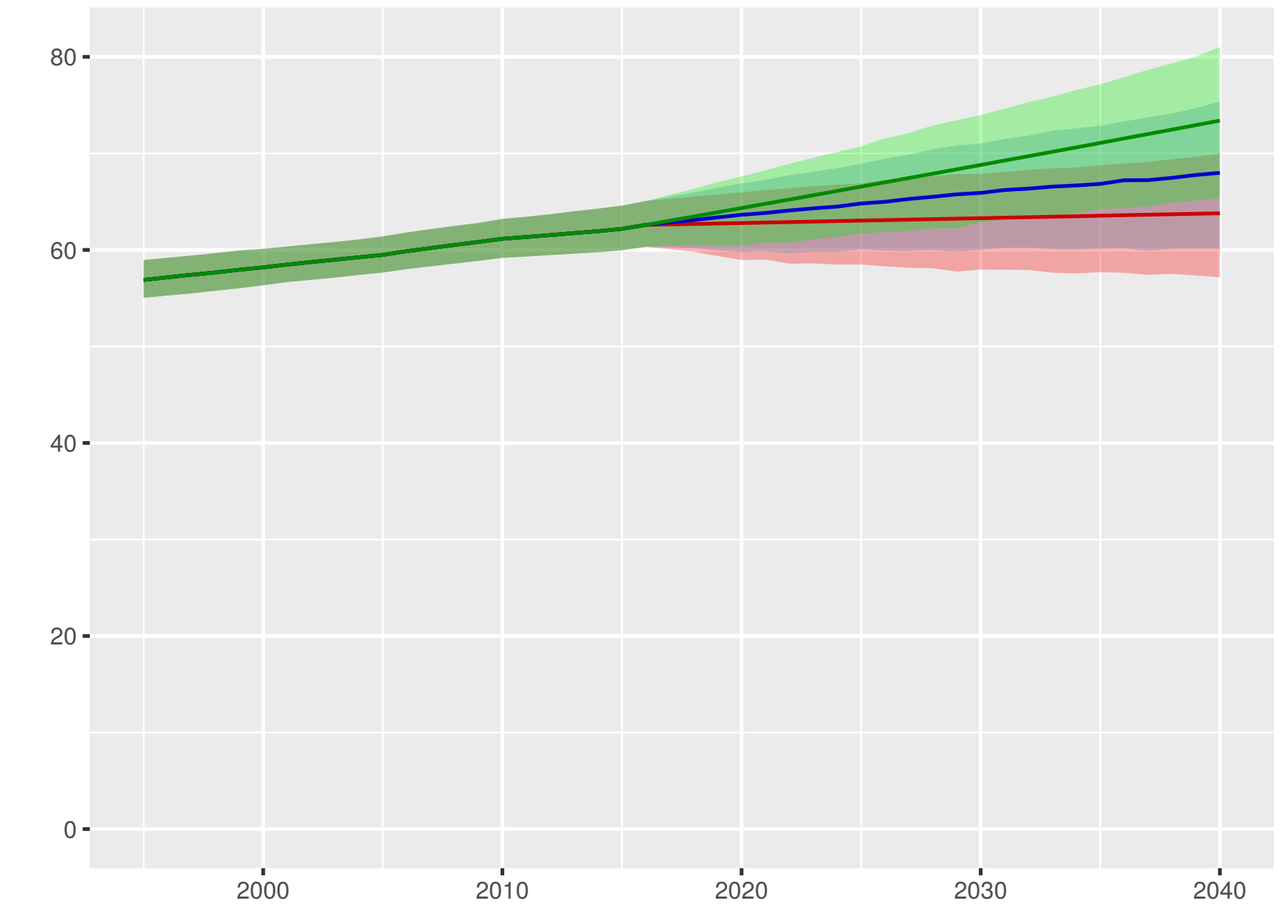
Prepaid private spending per person



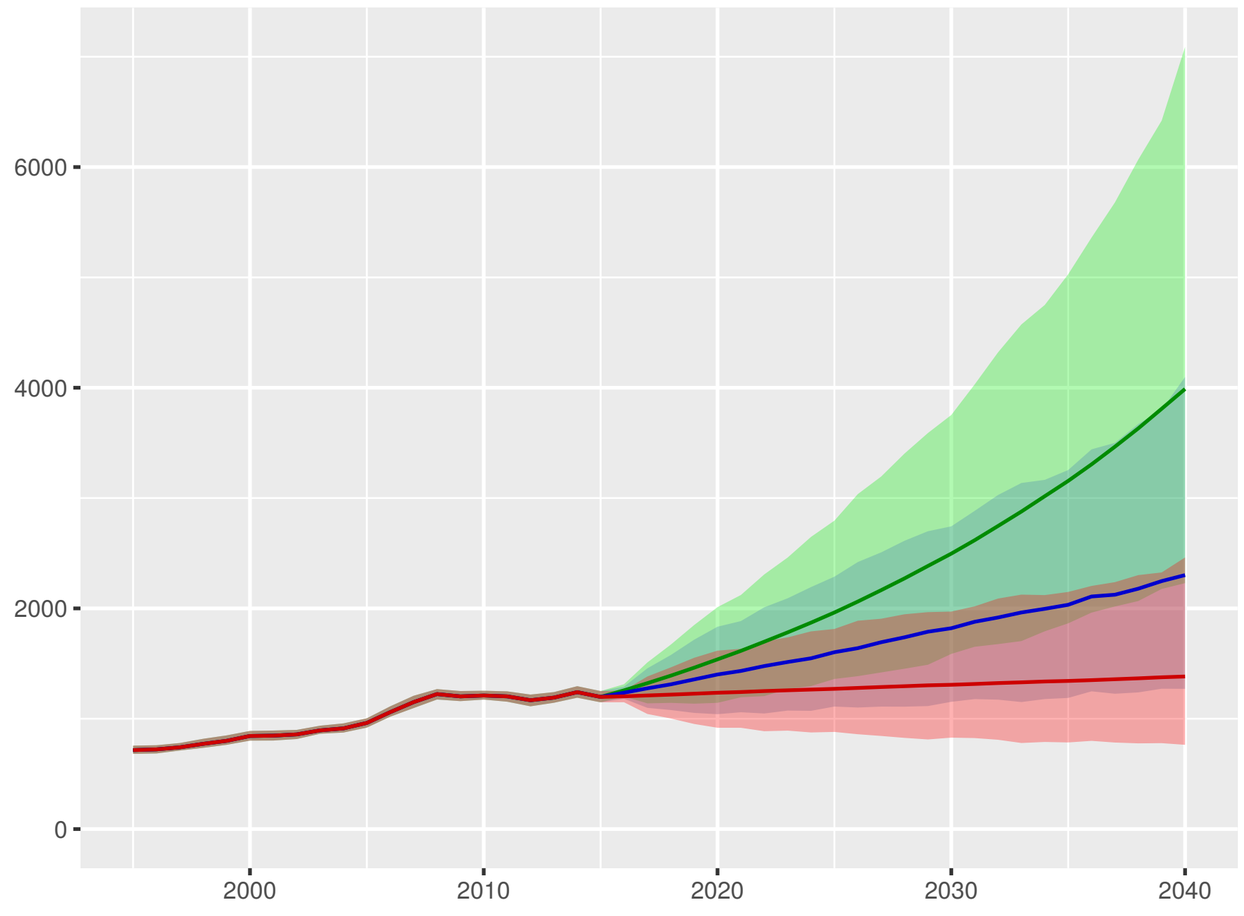
Scenario — Better — Reference — Worse

Antigua and Barbuda

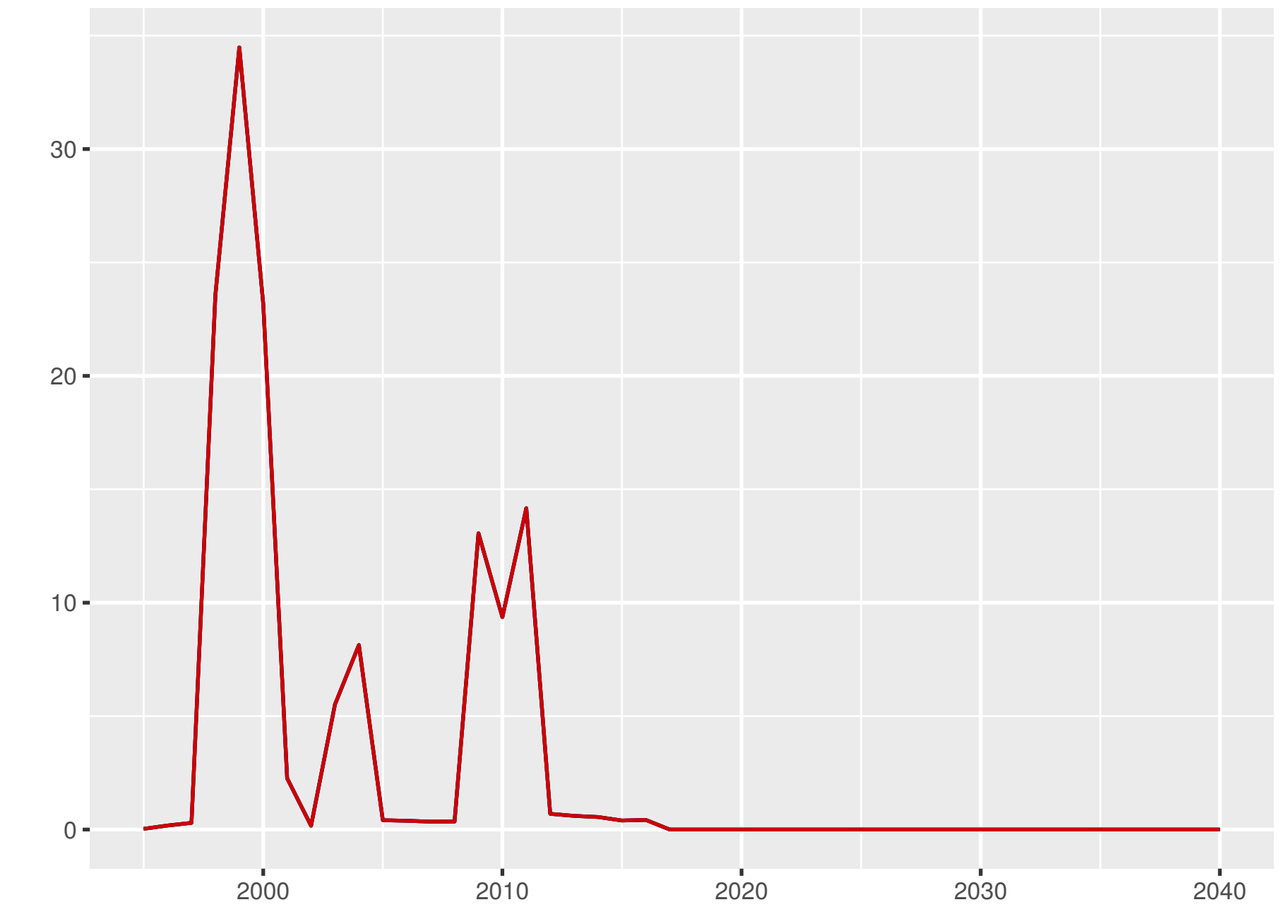
Universal health coverage index



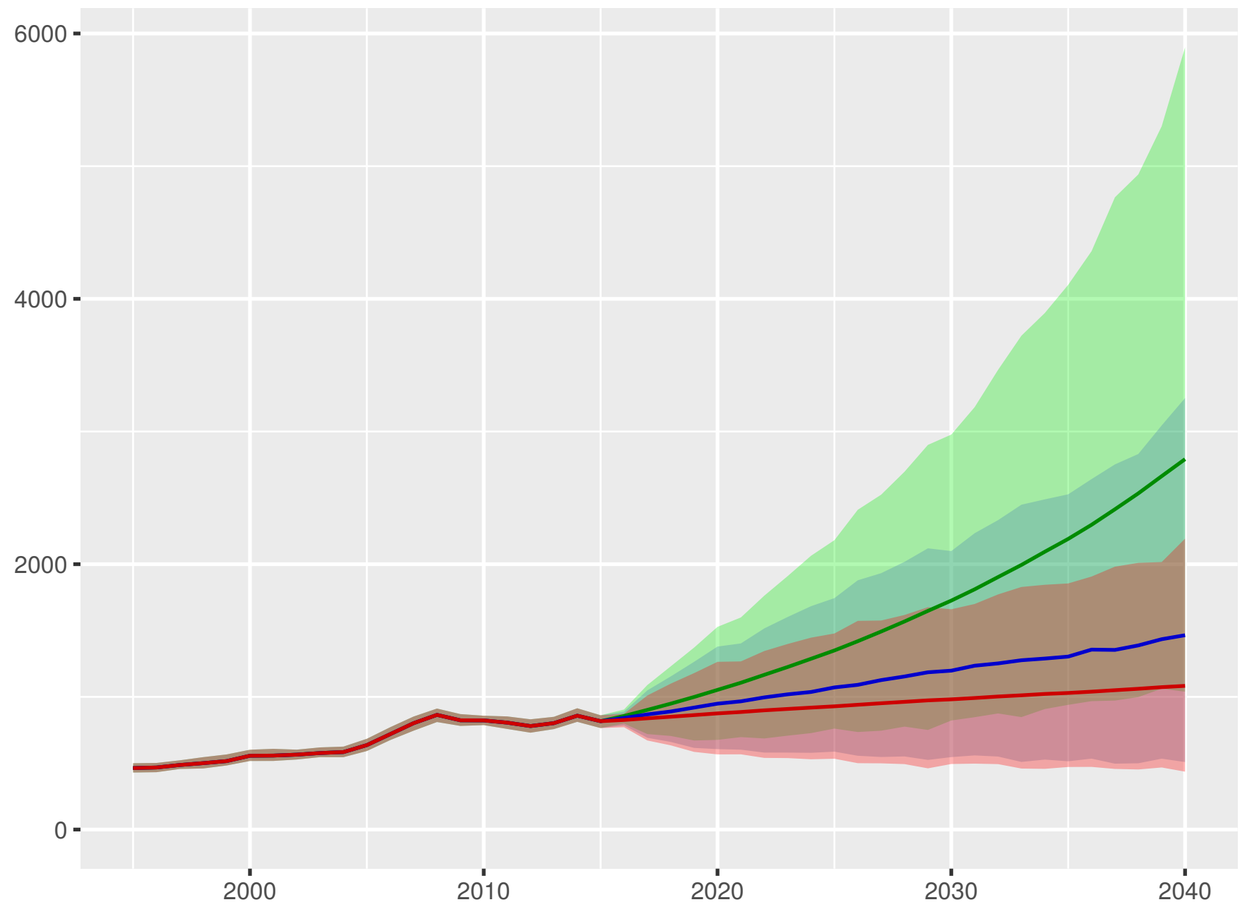
Total health spending per person



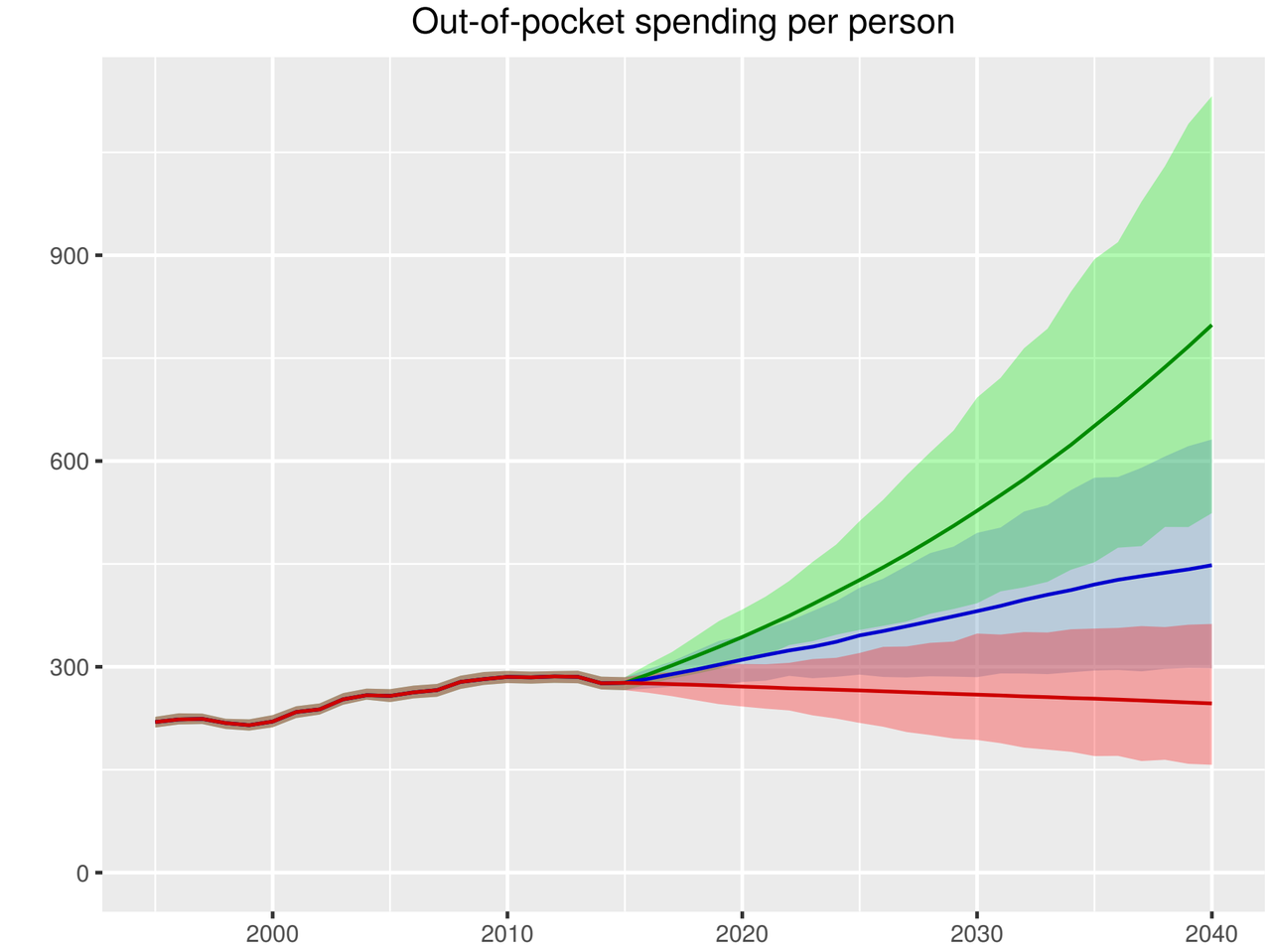
Development assistance for health received per person



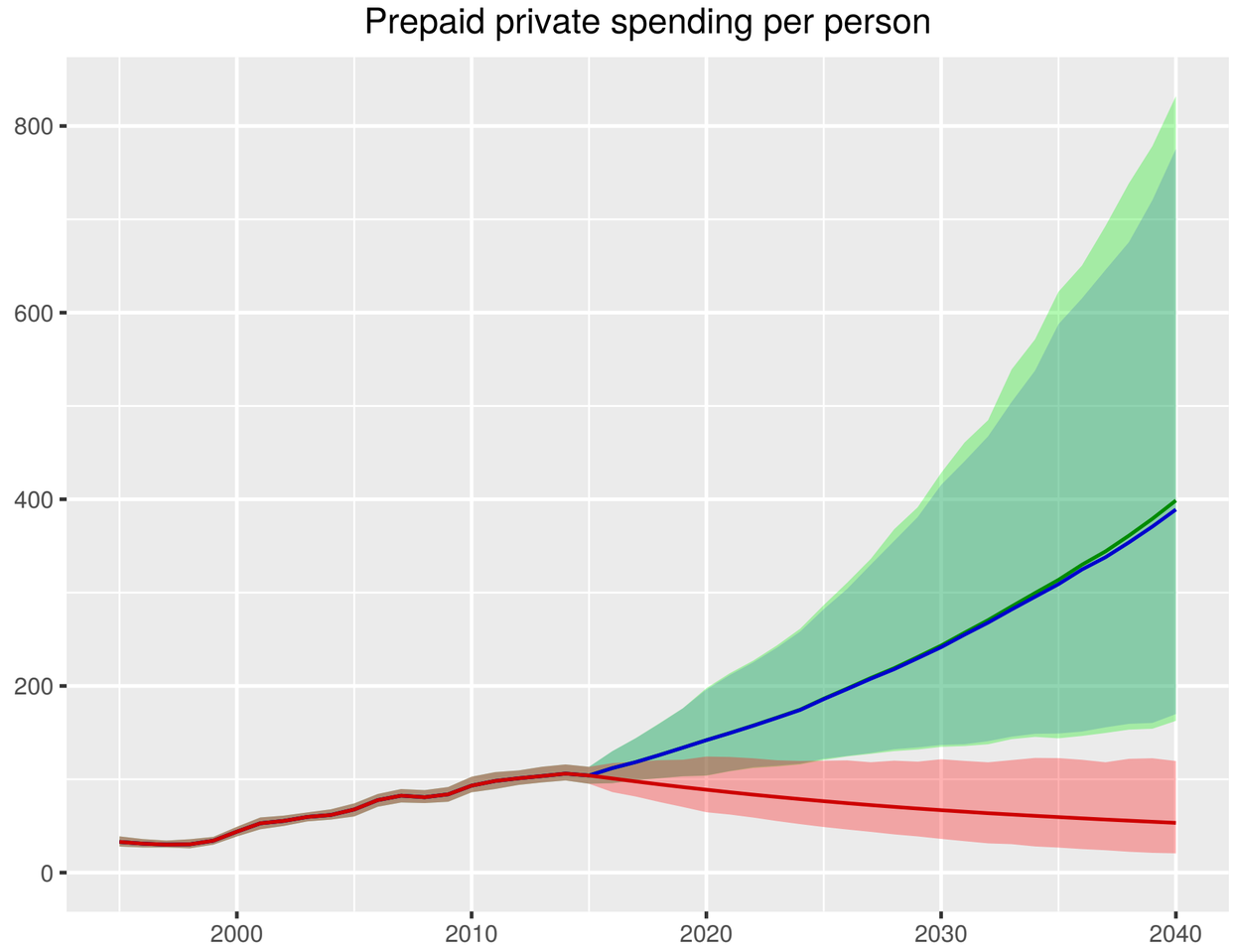
Government health spending per person



Out-of-pocket spending per person



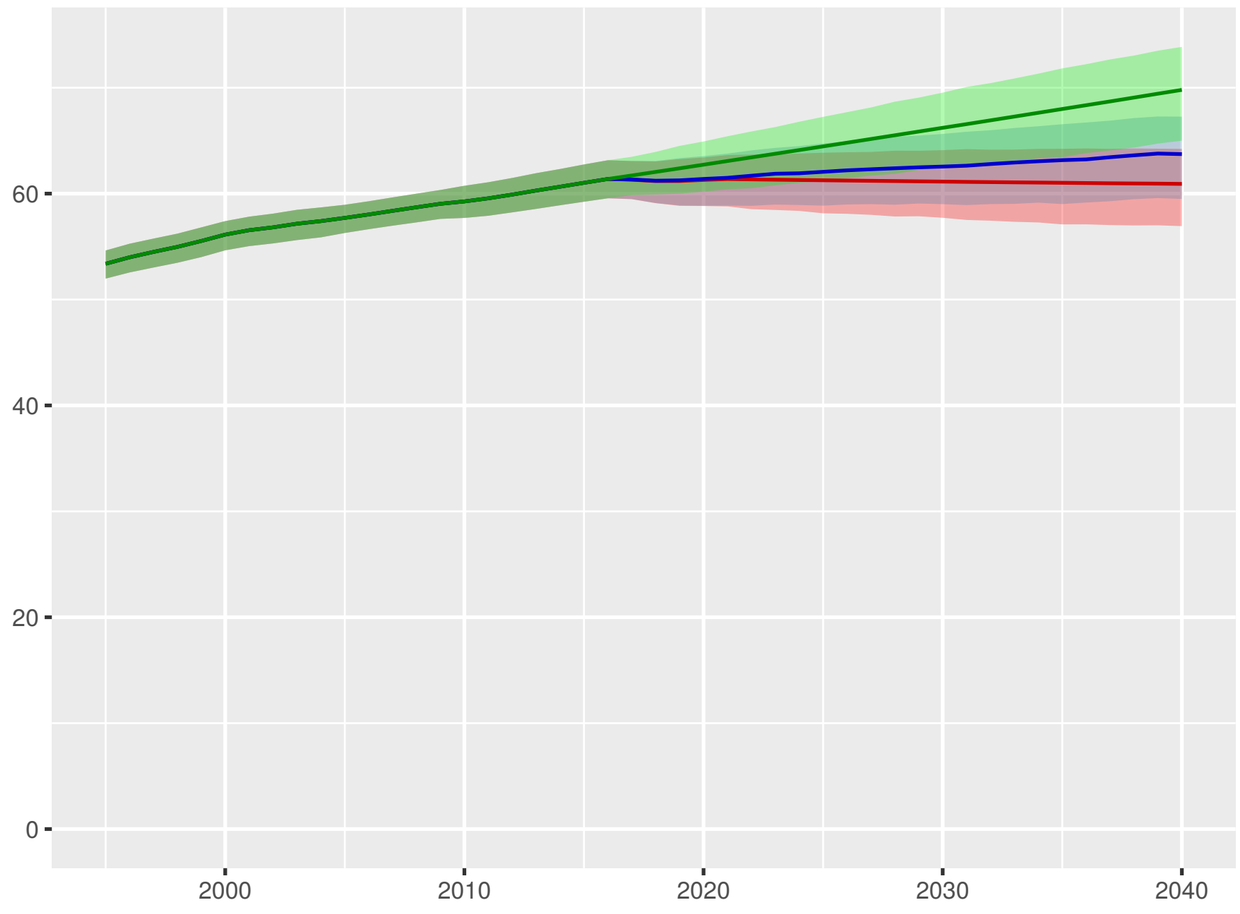
Prepaid private spending per person



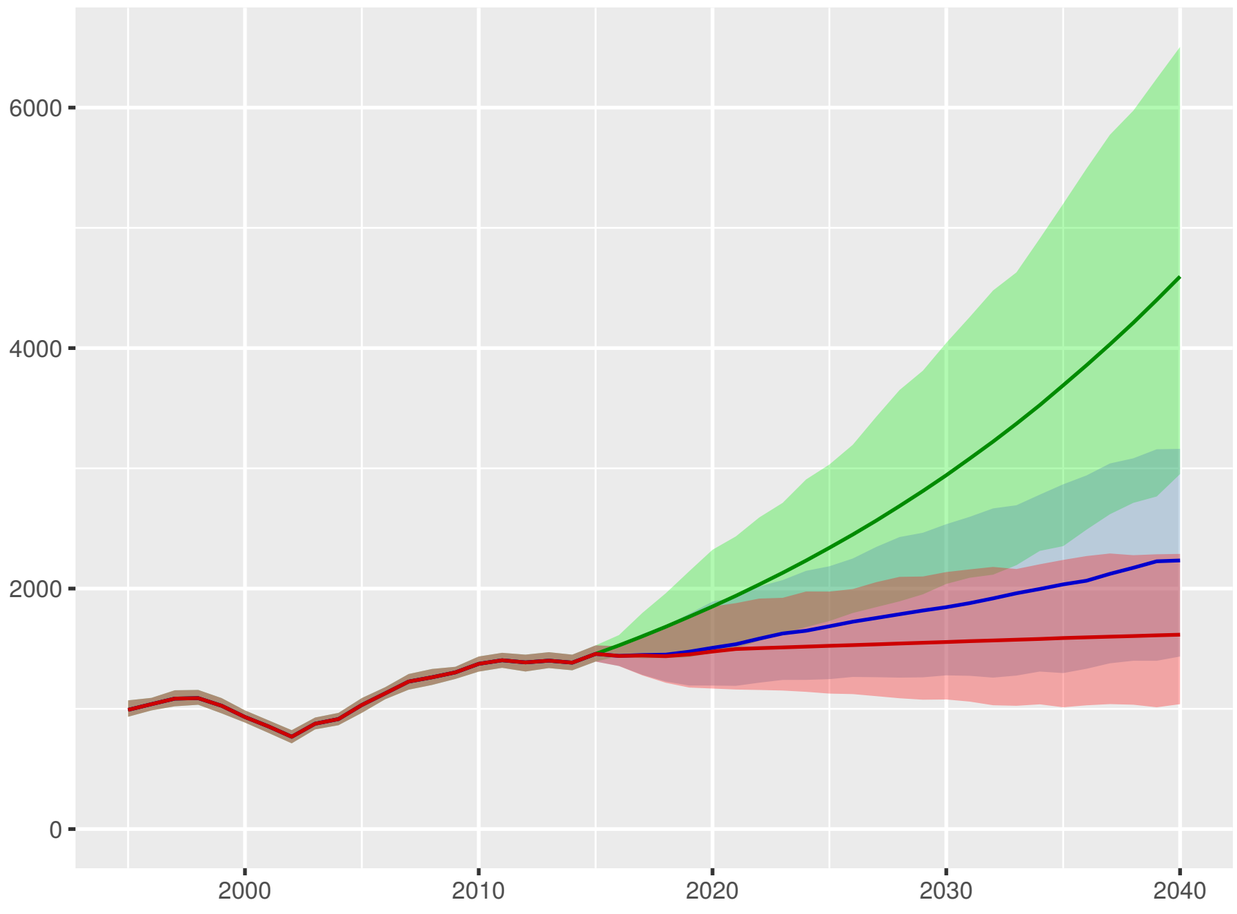
Scenario — Better — Reference — Worse

Argentina

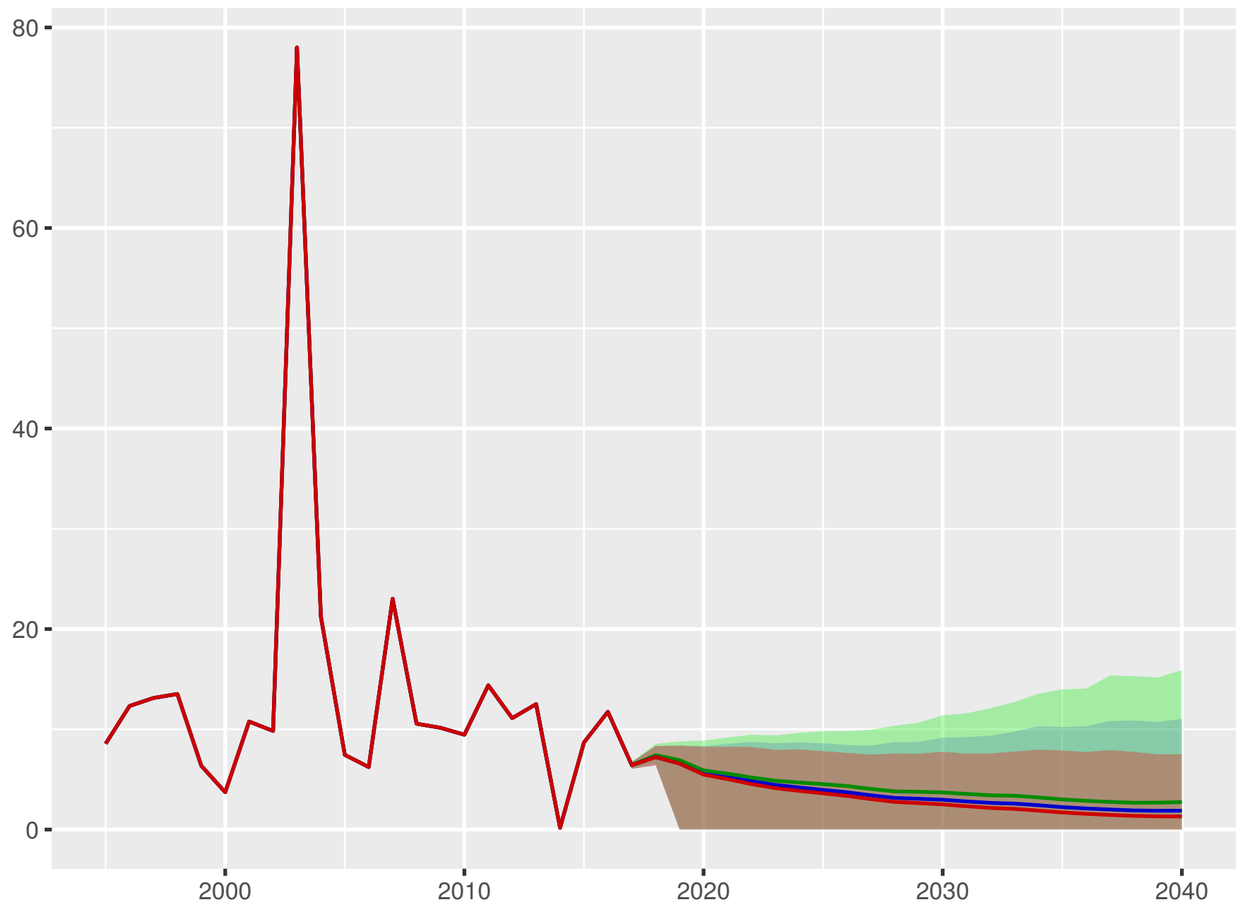
Universal health coverage index



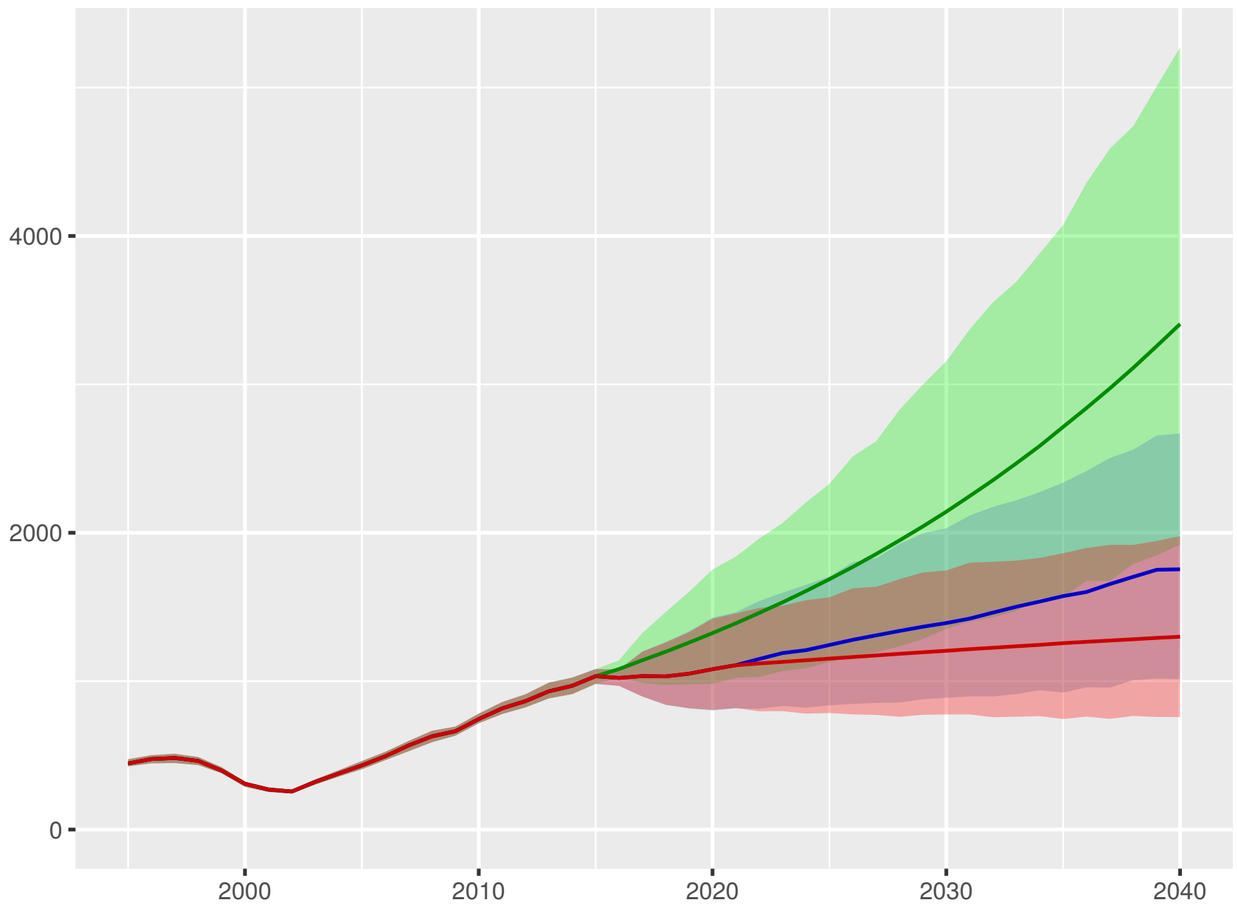
Total health spending per person



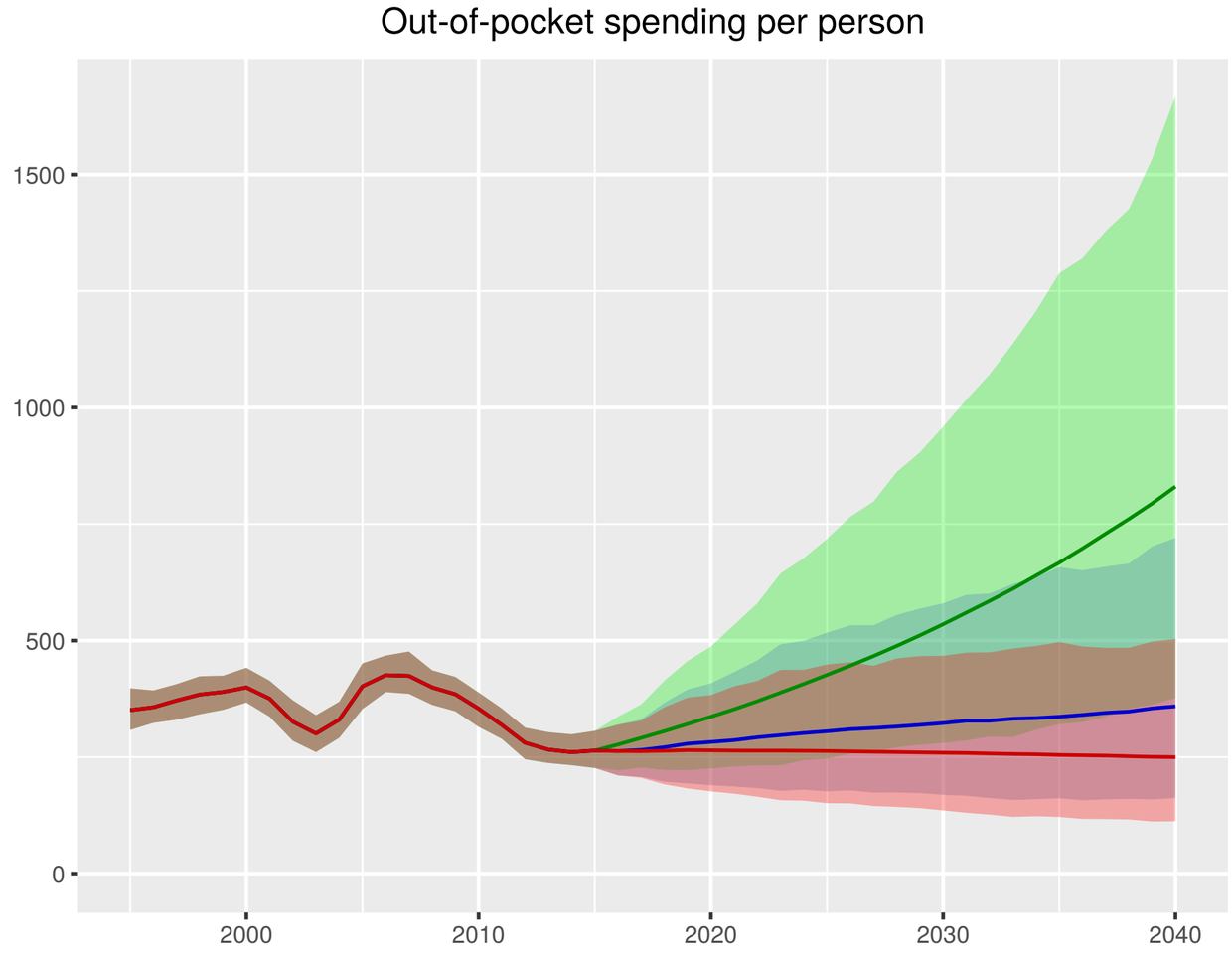
Development assistance for health received per person



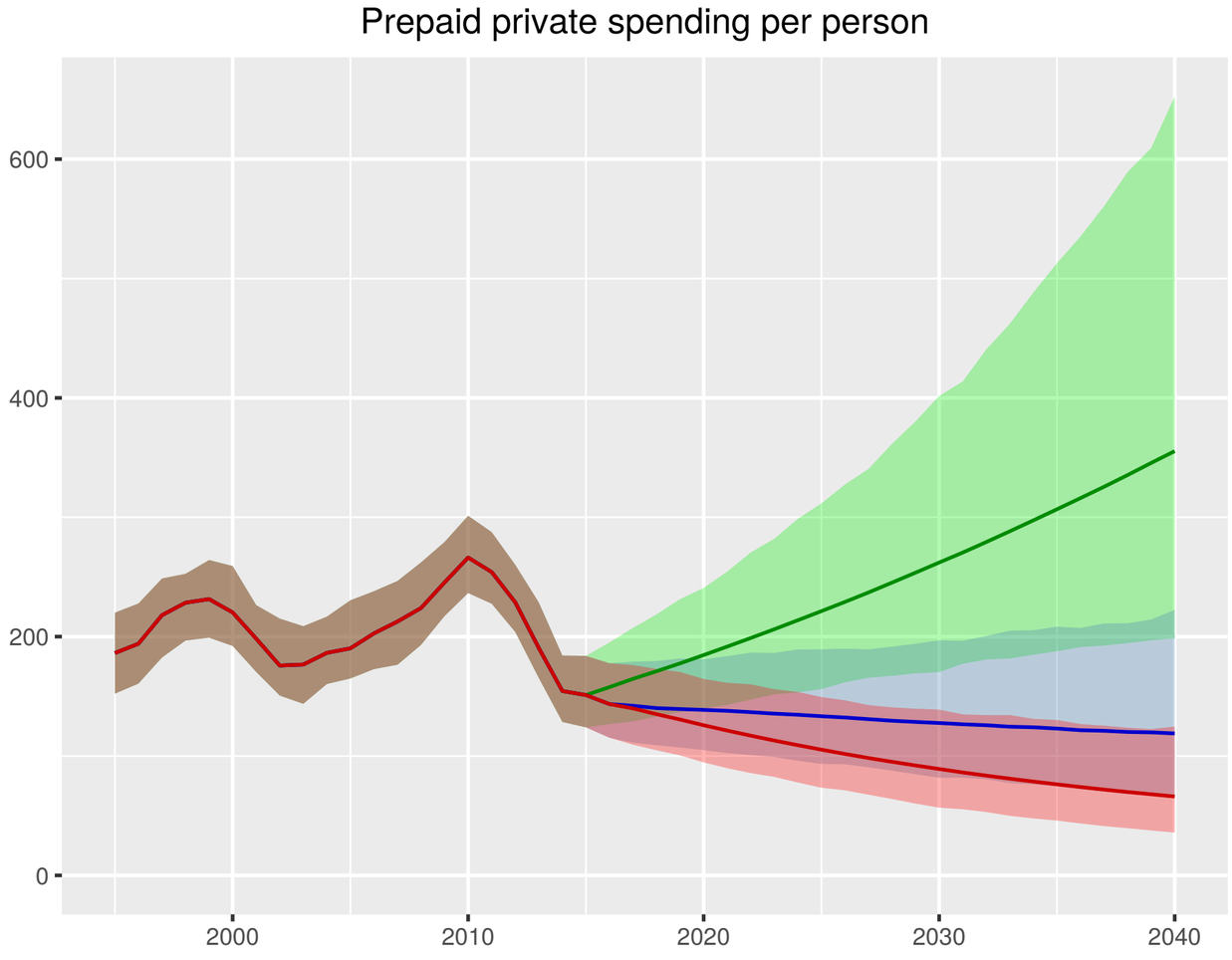
Government health spending per person



Out-of-pocket spending per person



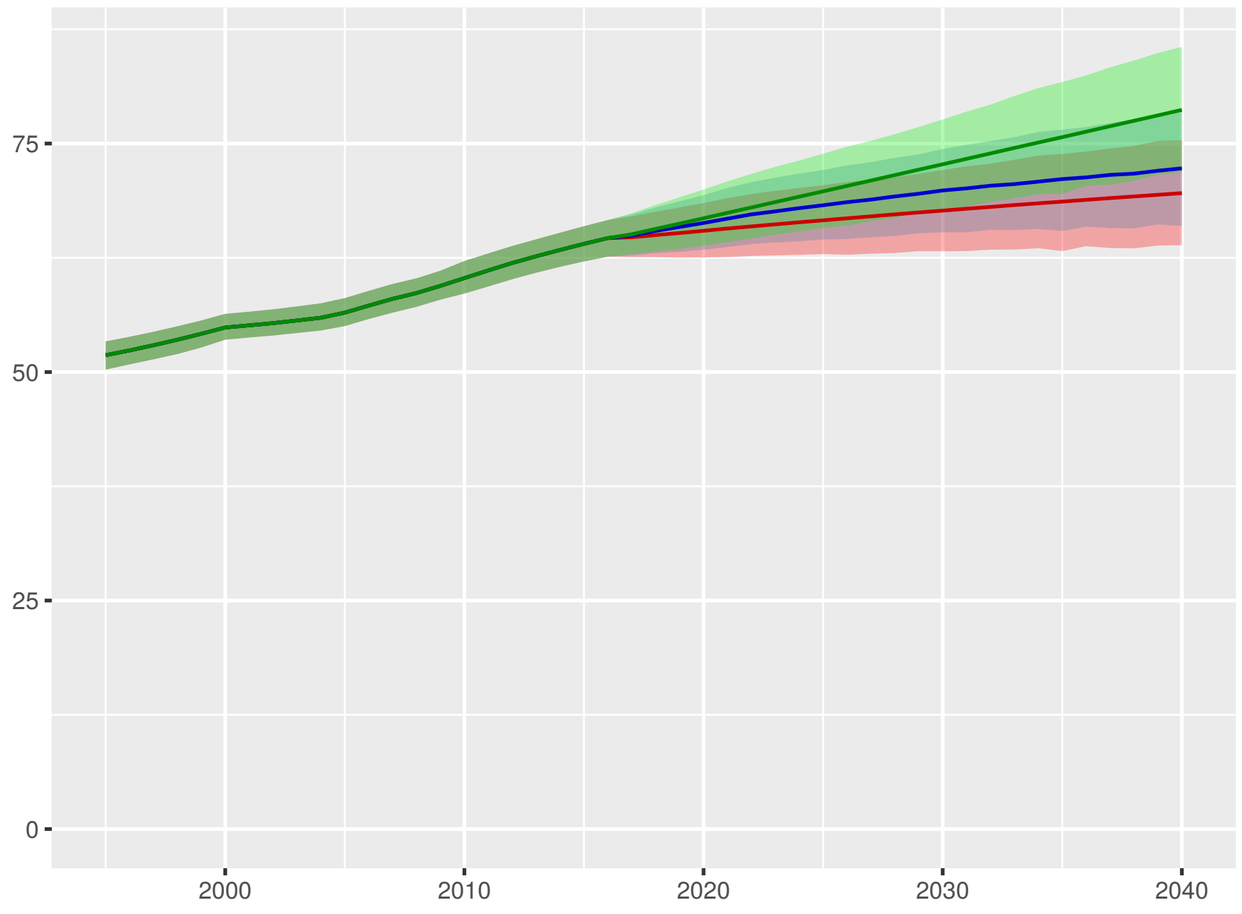
Prepaid private spending per person



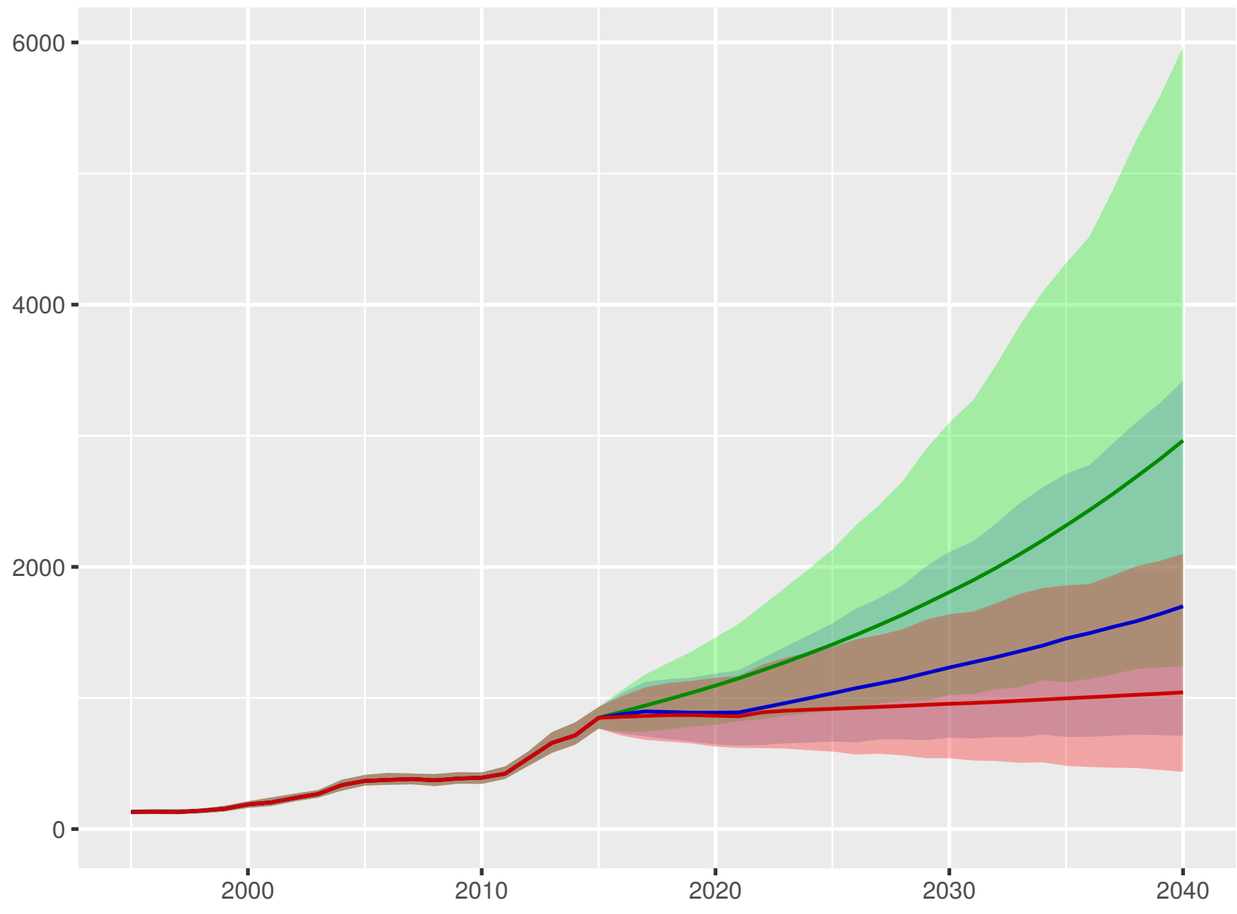
Scenario — Better — Reference — Worse

Armenia

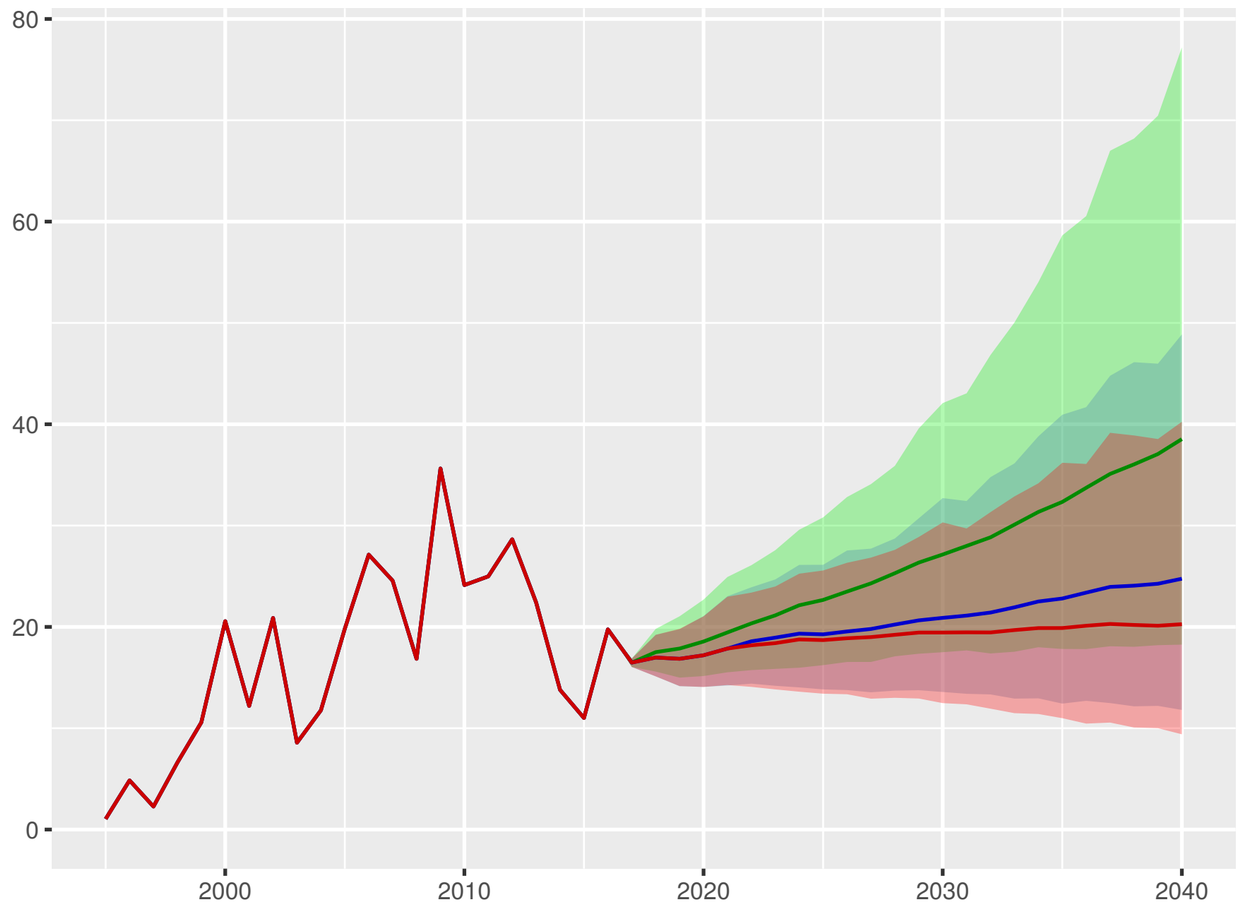
Universal health coverage index



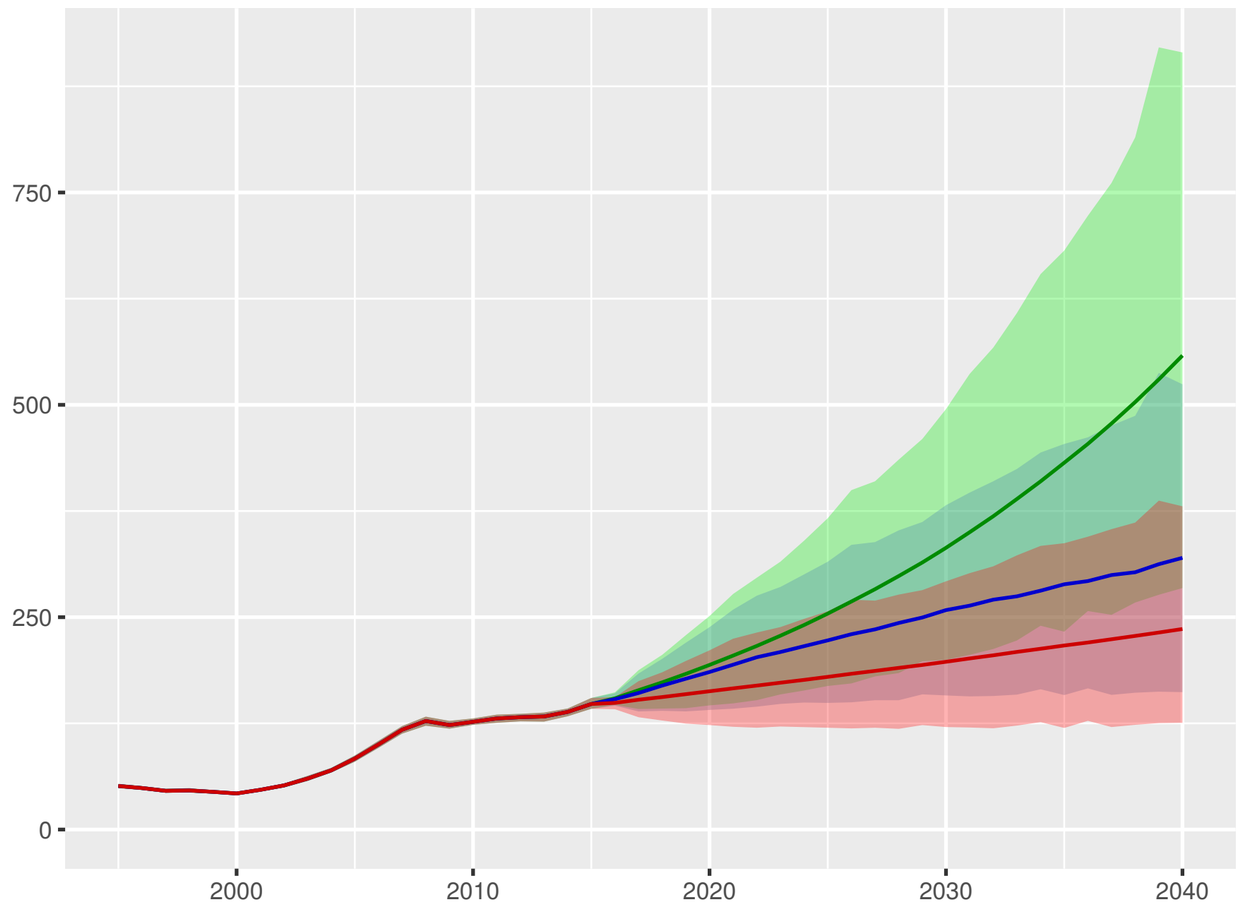
Total health spending per person



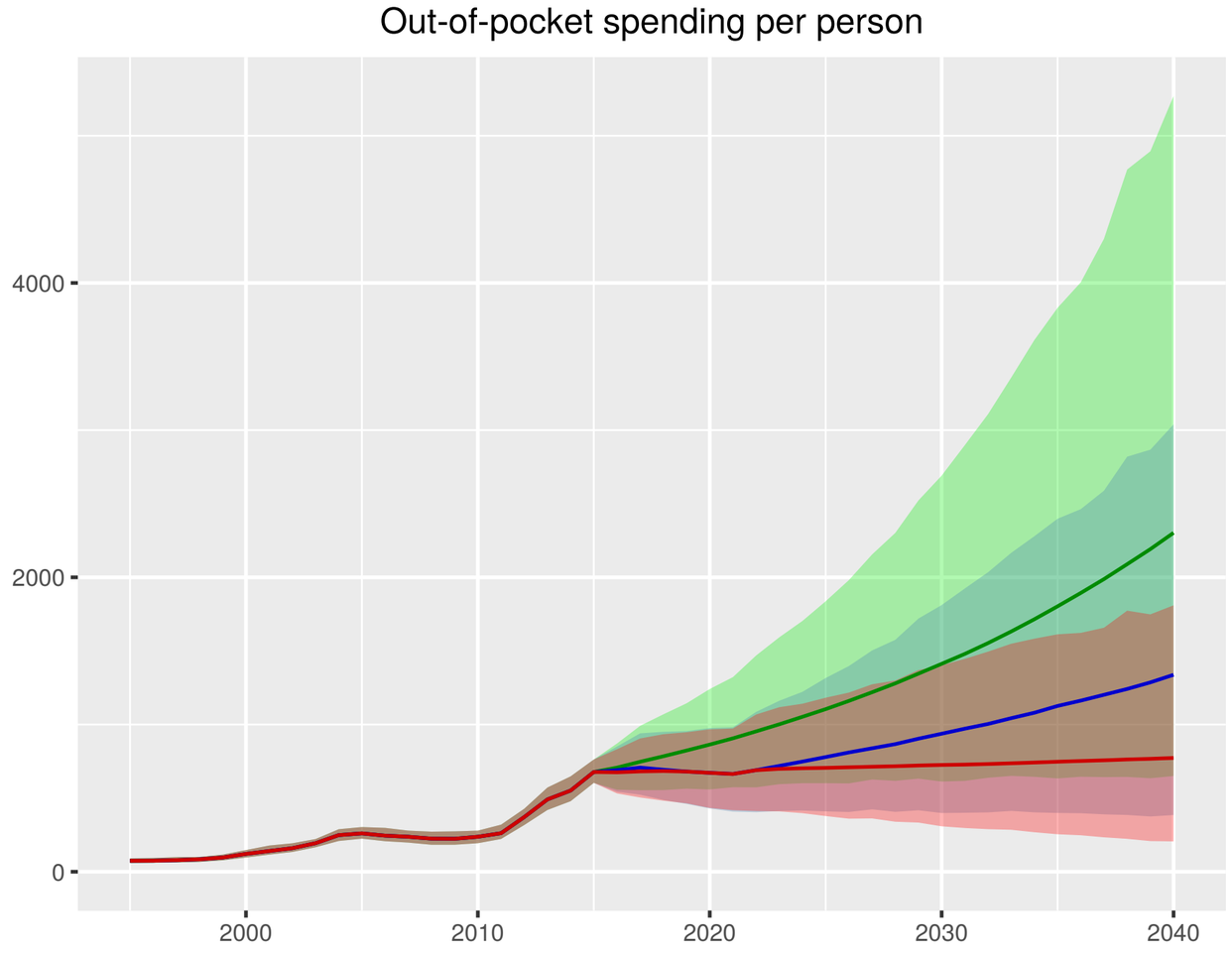
Development assistance for health received per person



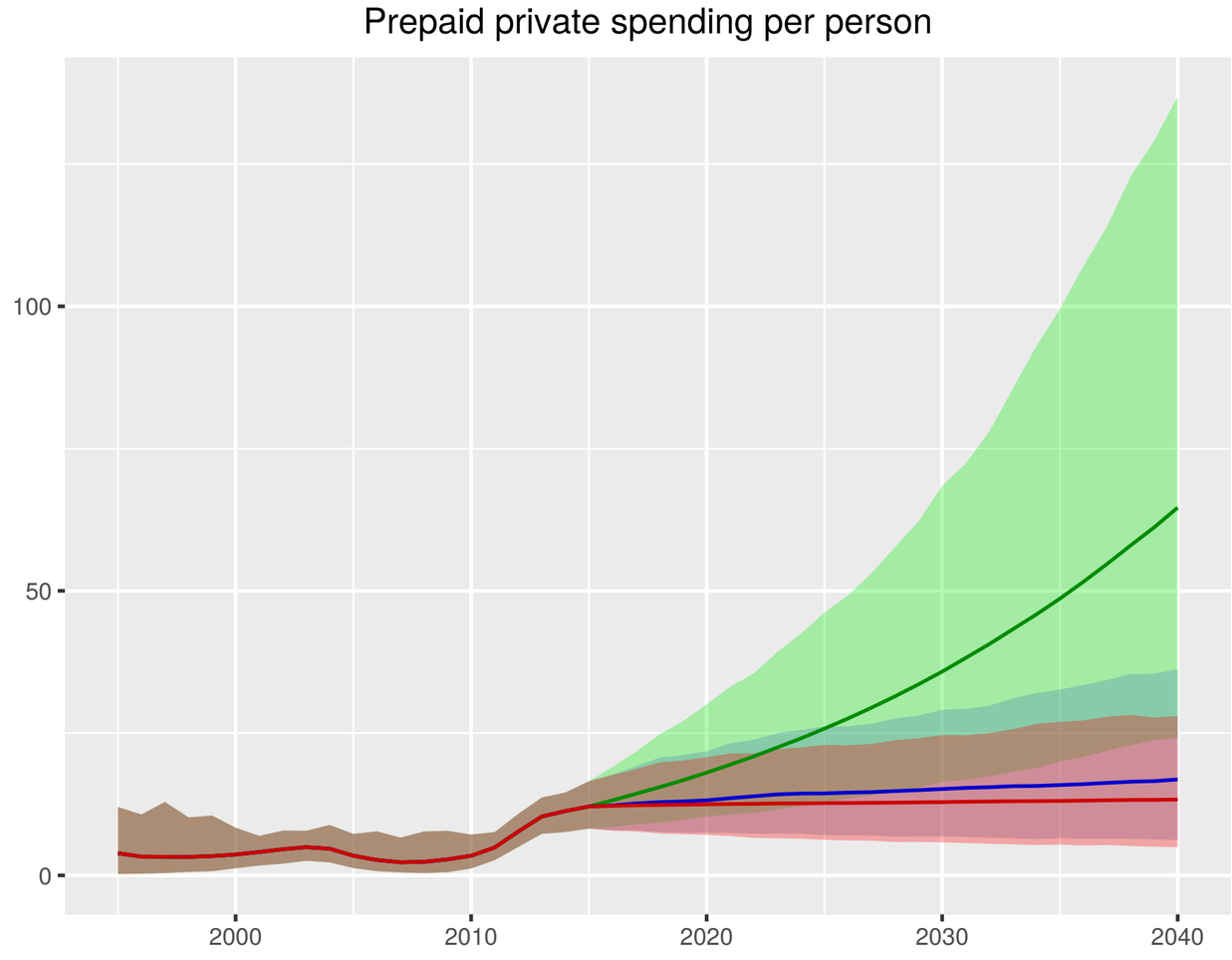
Government health spending per person



Out-of-pocket spending per person



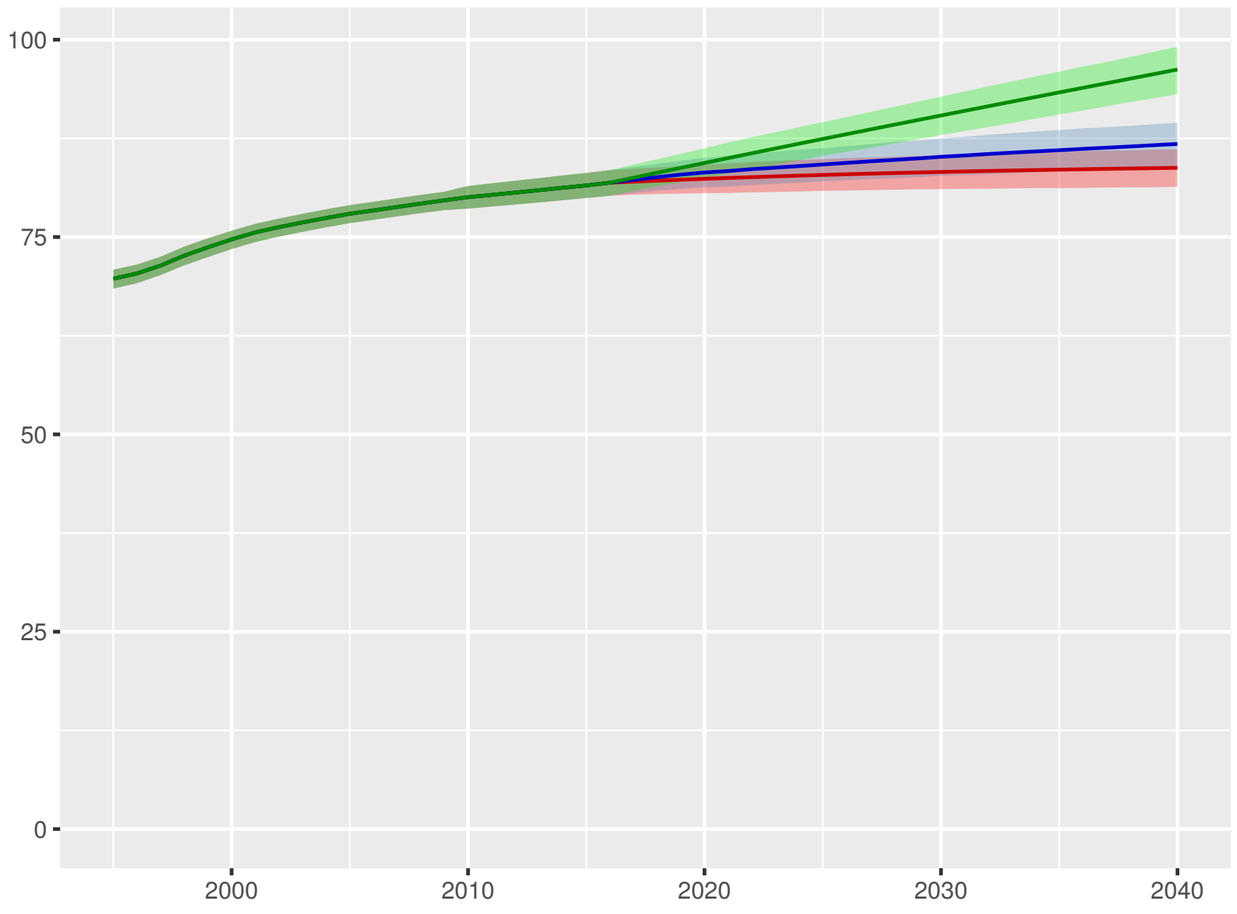
Prepaid private spending per person



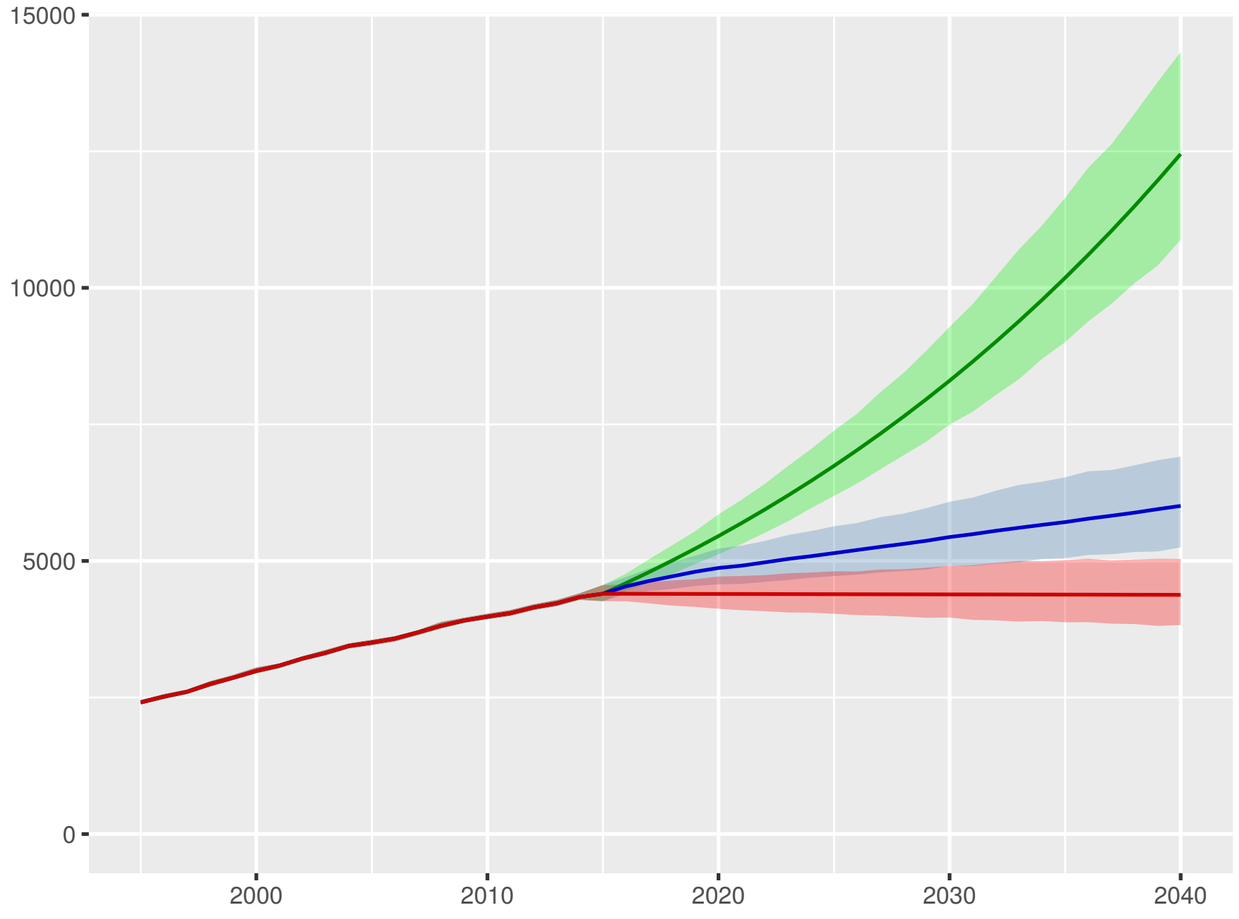
Scenario — Better — Reference — Worse

Australia

Universal health coverage index

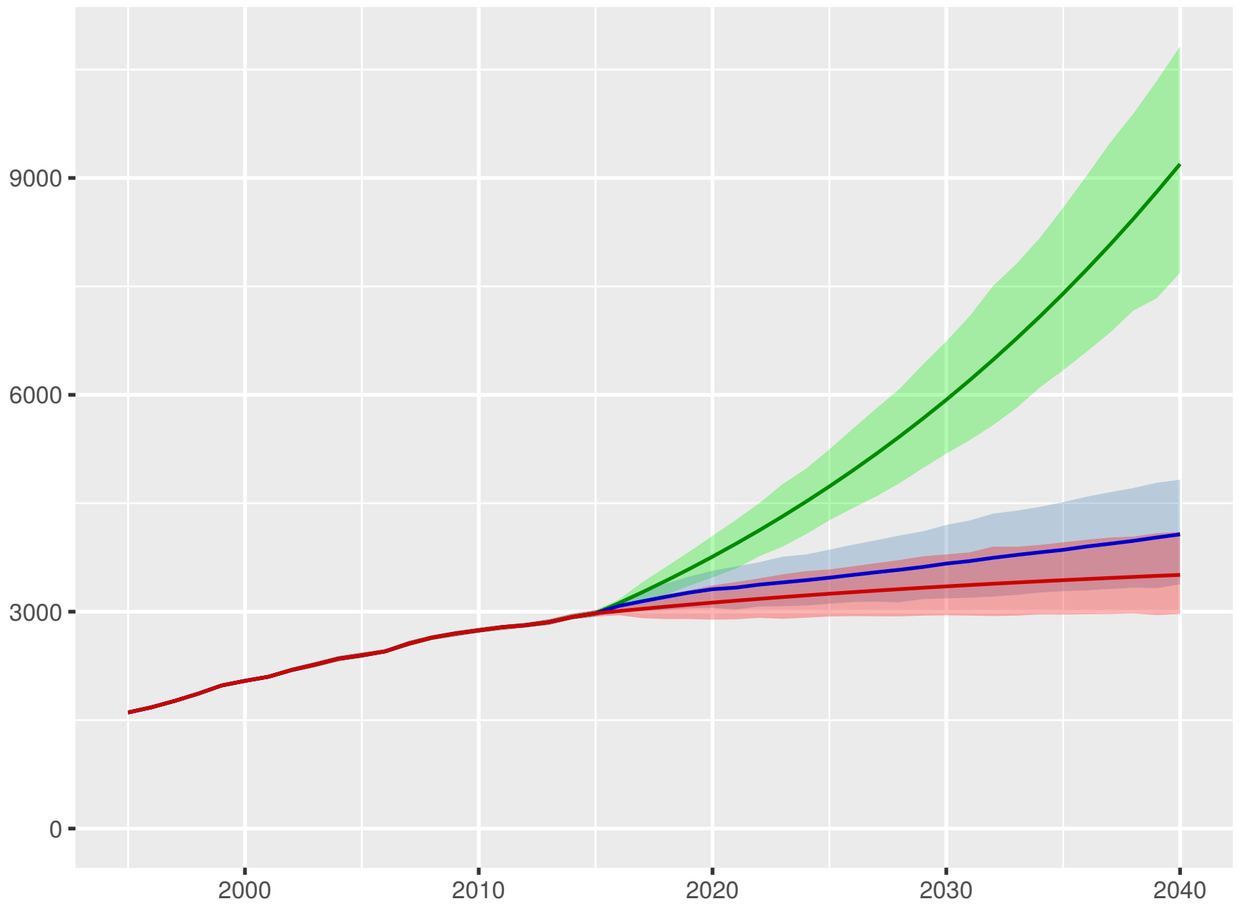


Total health spending per person

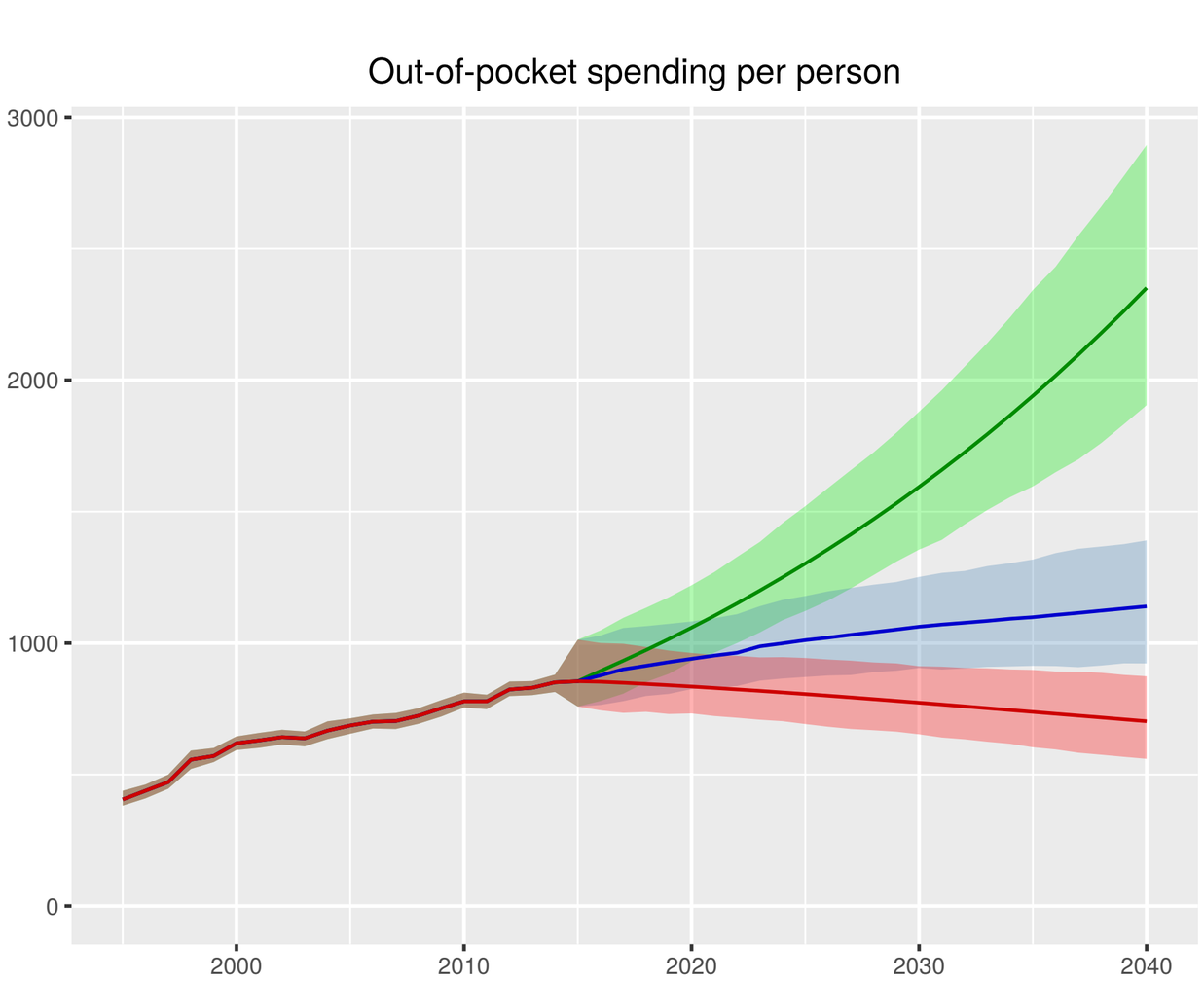


Development assistance for health received per person

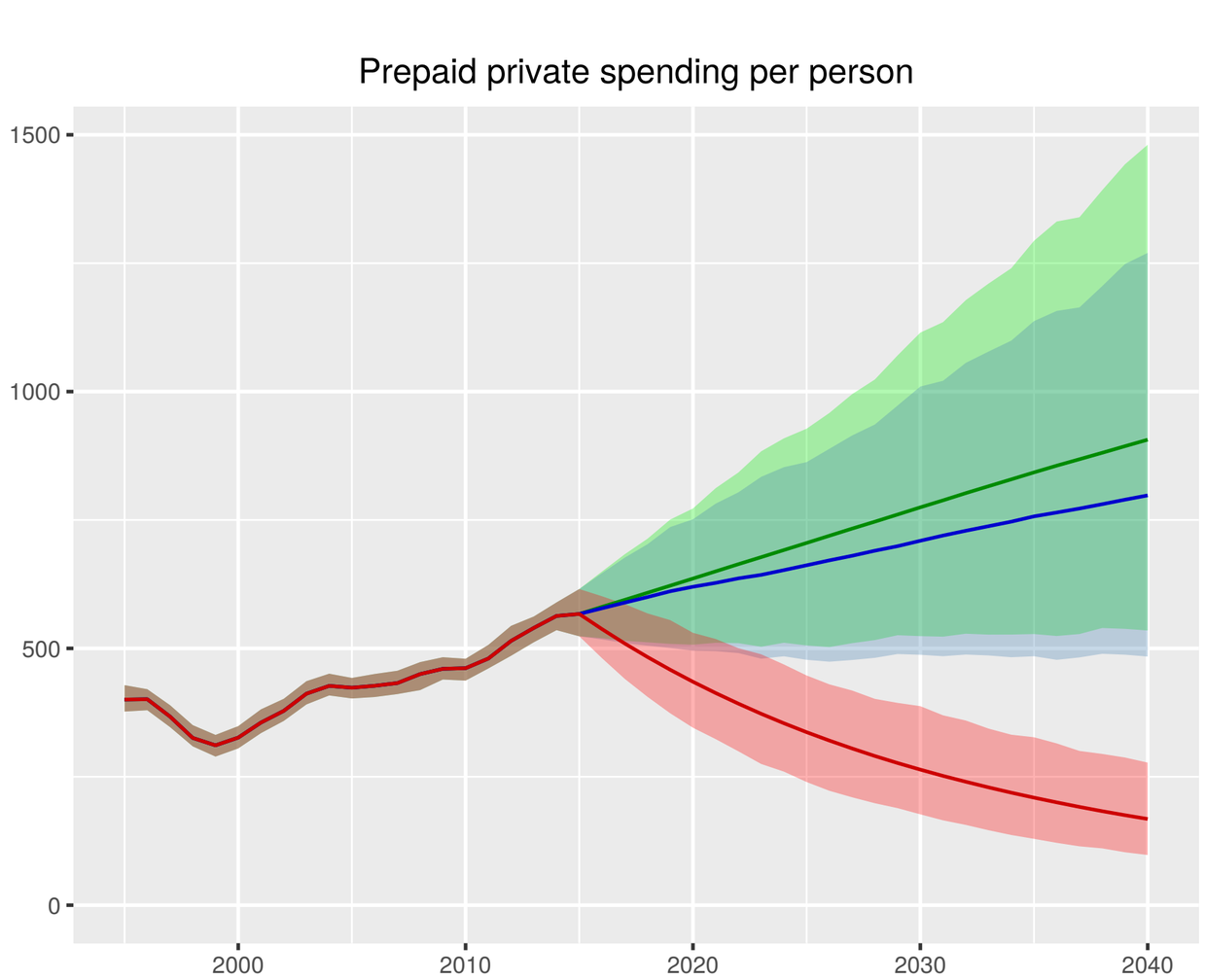
Government health spending per person



Out-of-pocket spending per person



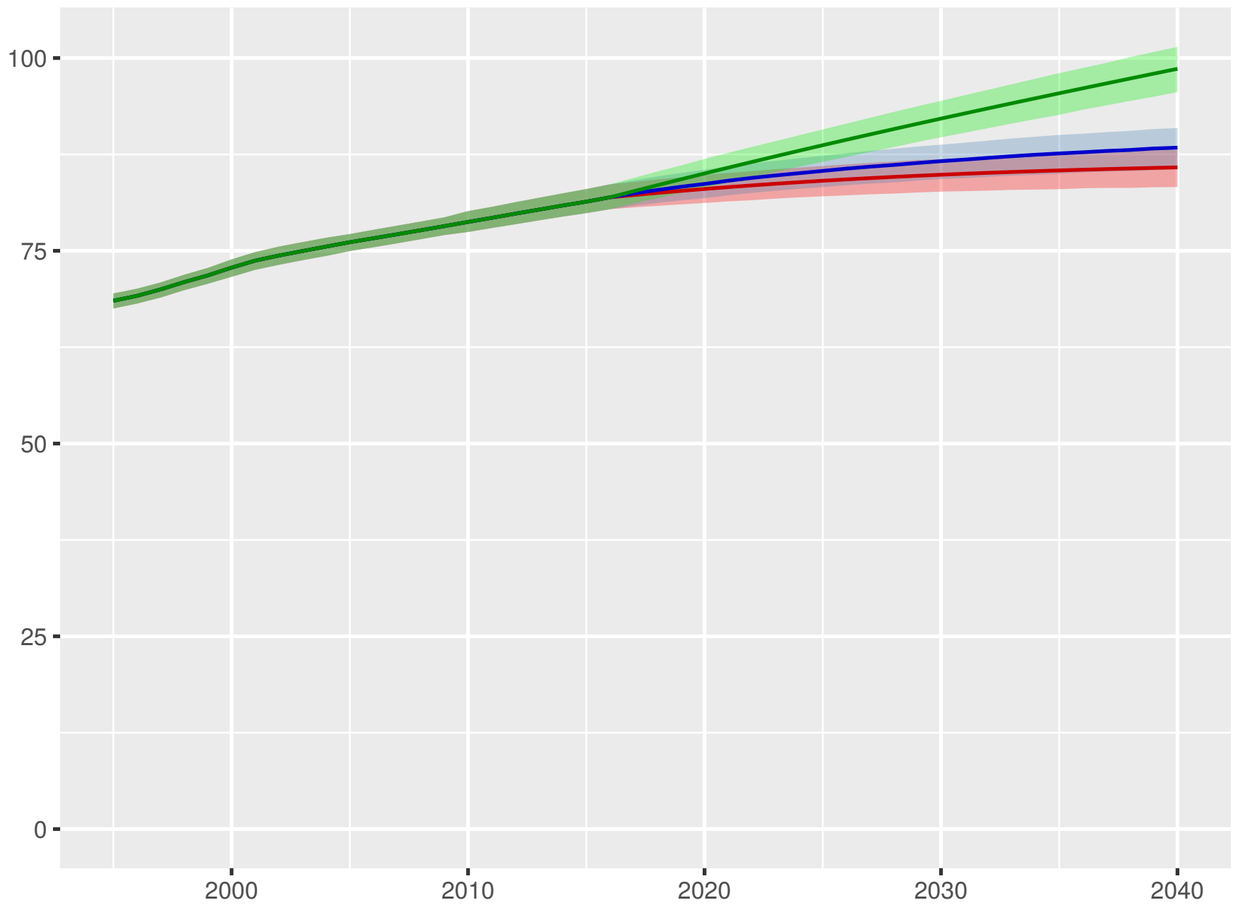
Prepaid private spending per person



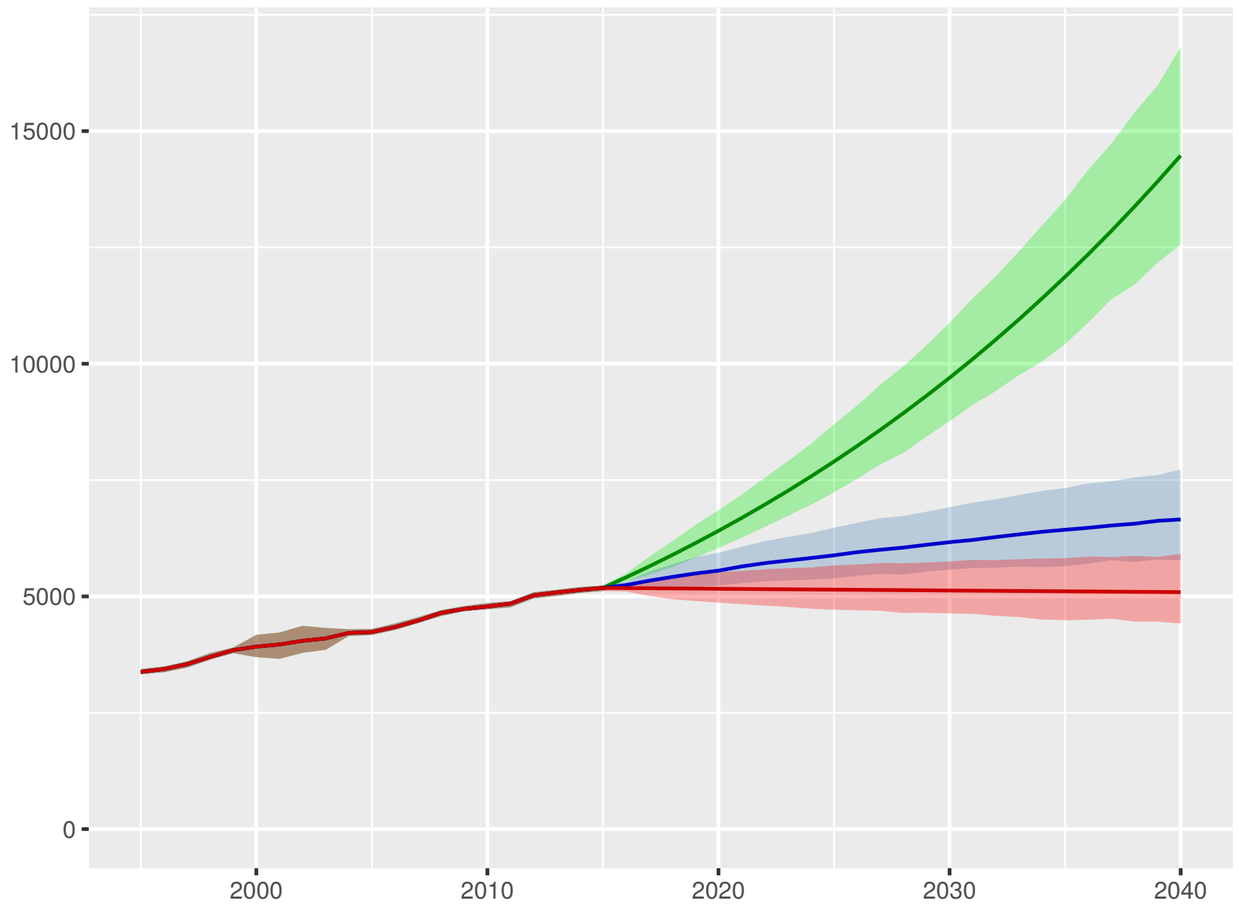
Scenario — Better — Reference — Worse

Austria

Universal health coverage index

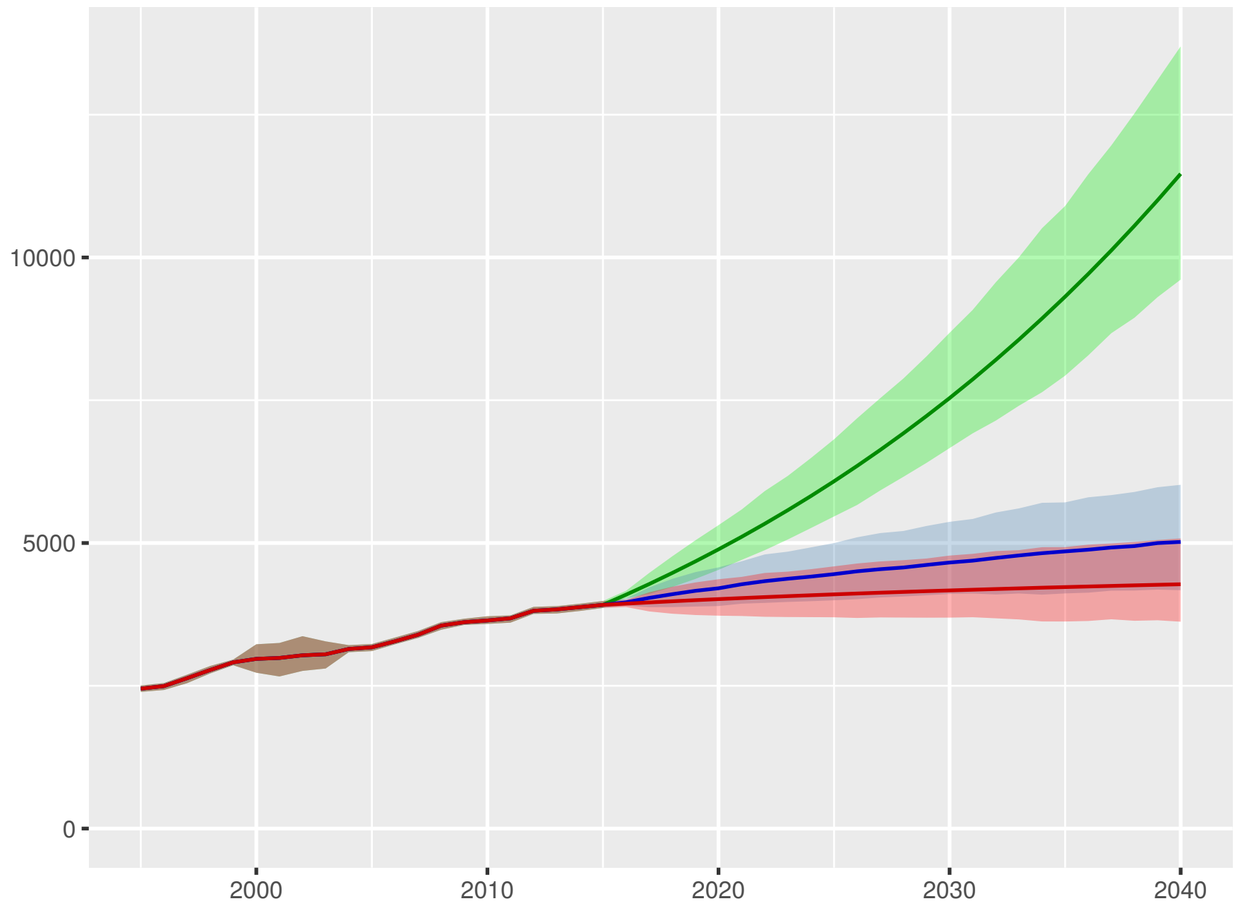


Total health spending per person

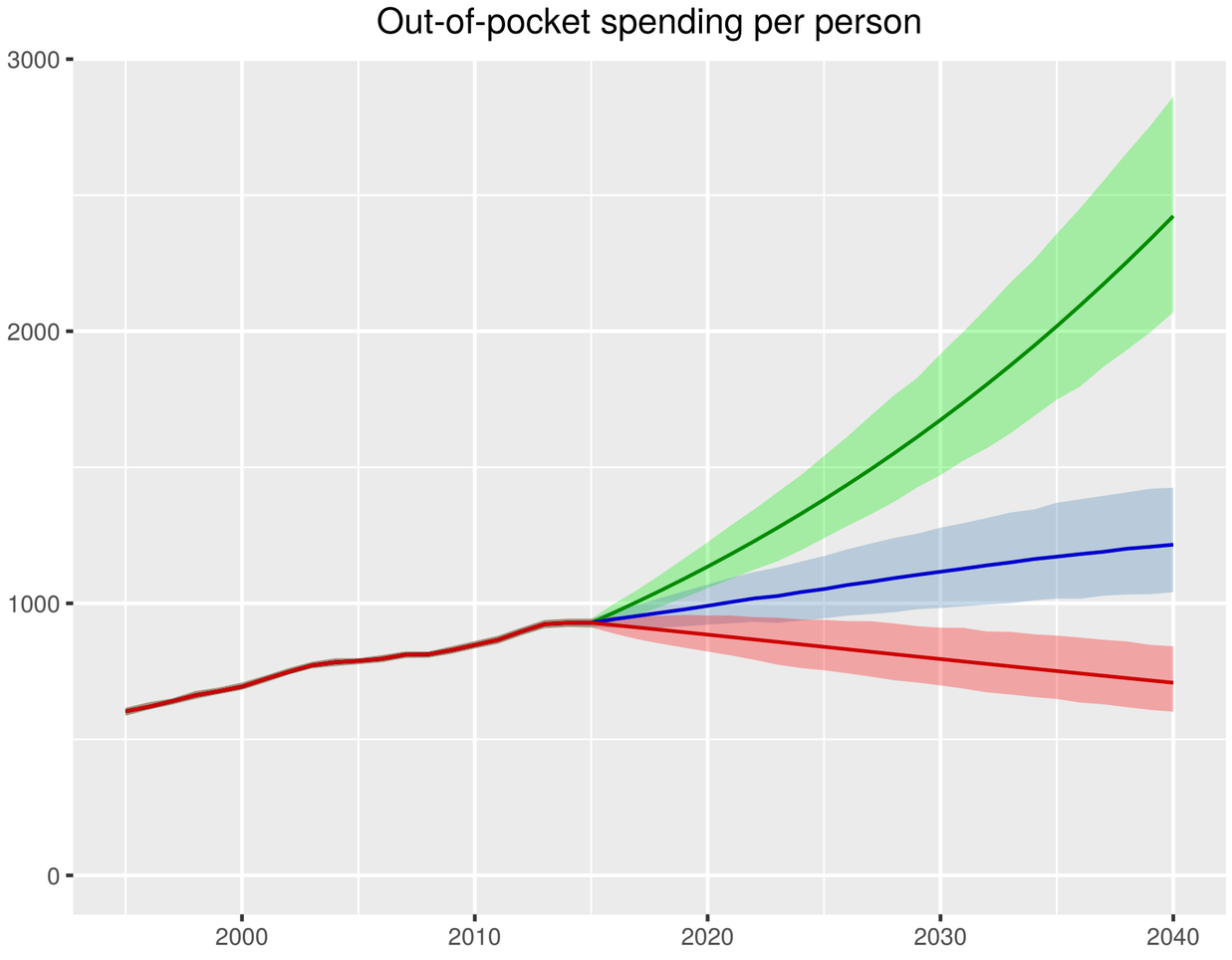


Development assistance for health received per person

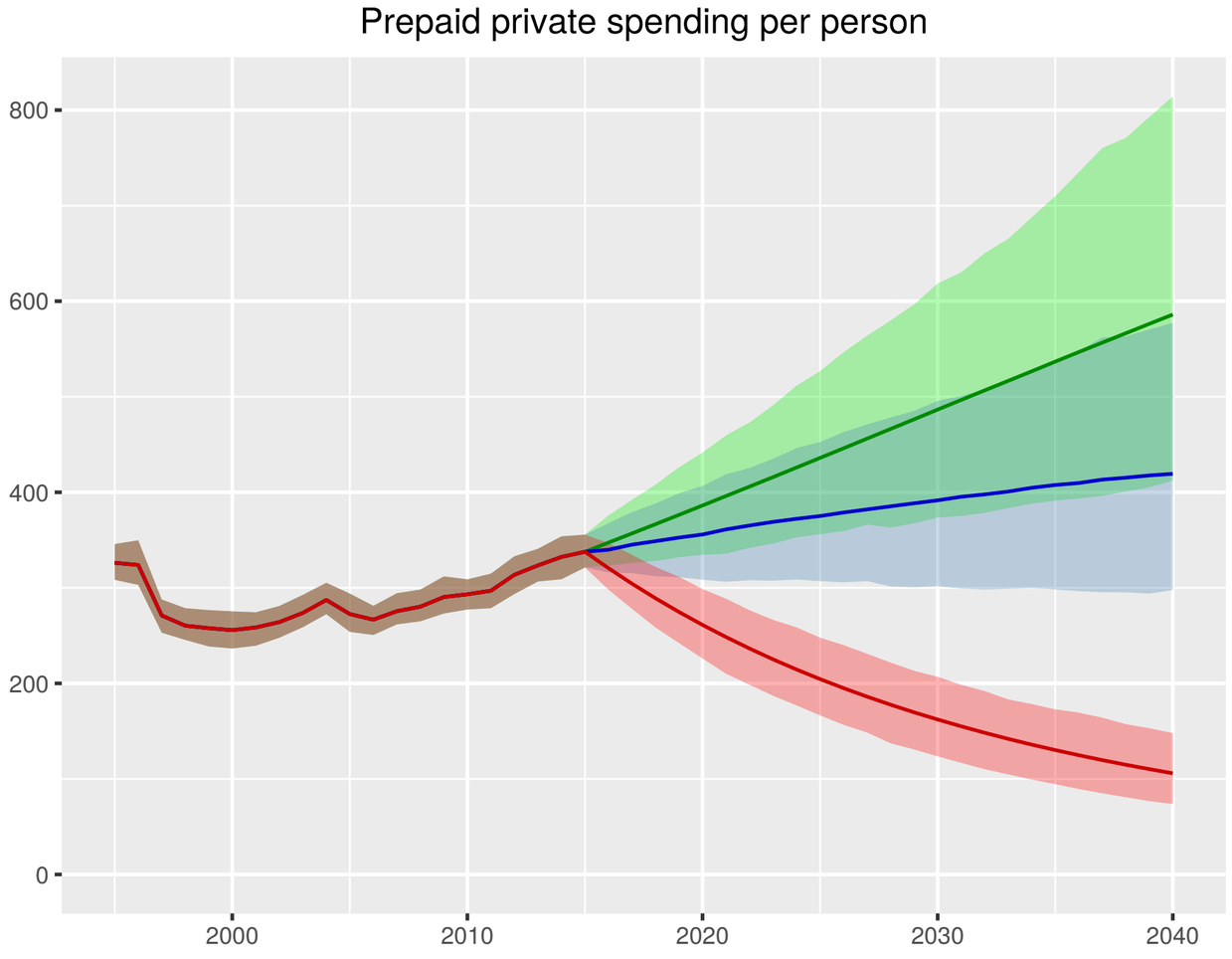
Government health spending per person



Out-of-pocket spending per person



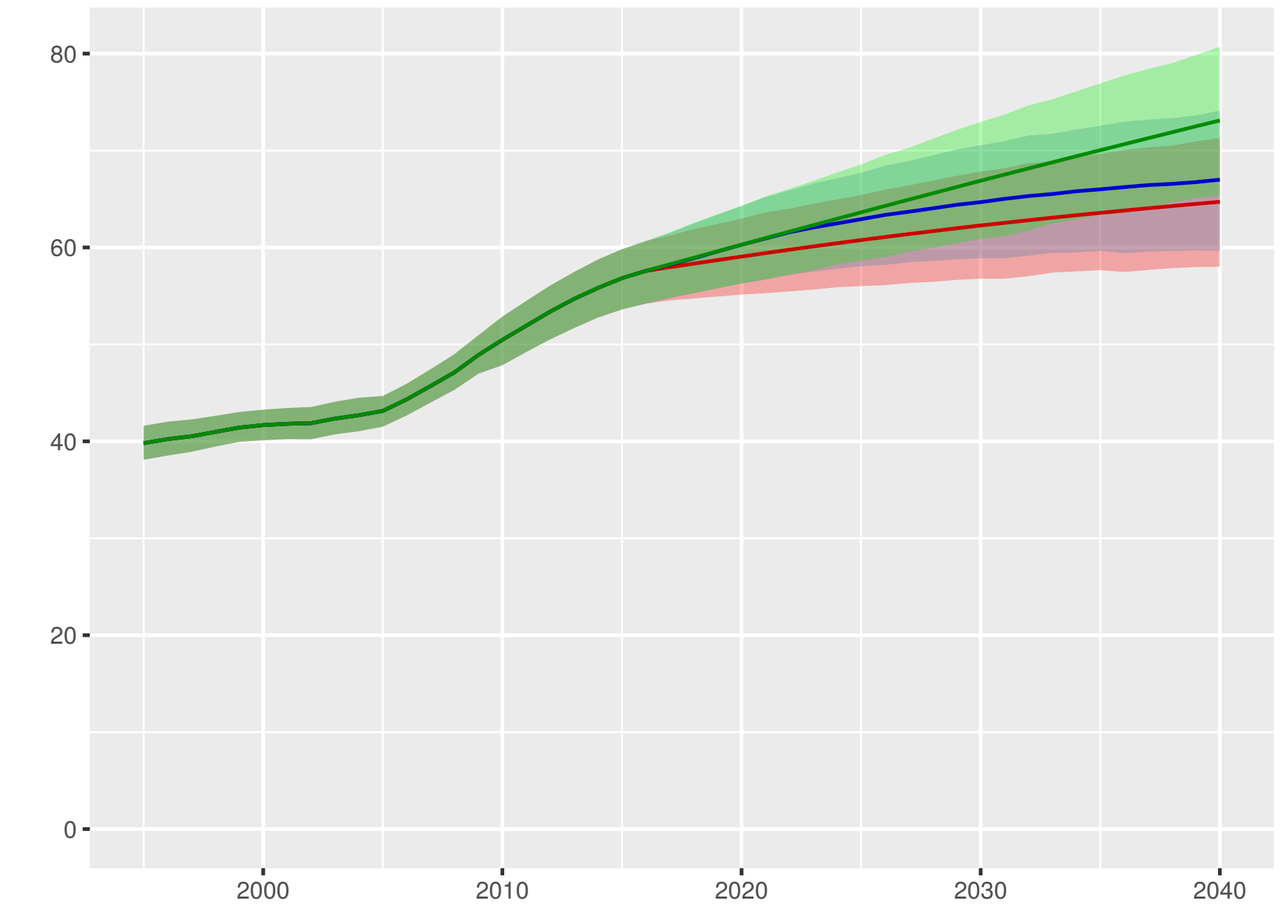
Prepaid private spending per person



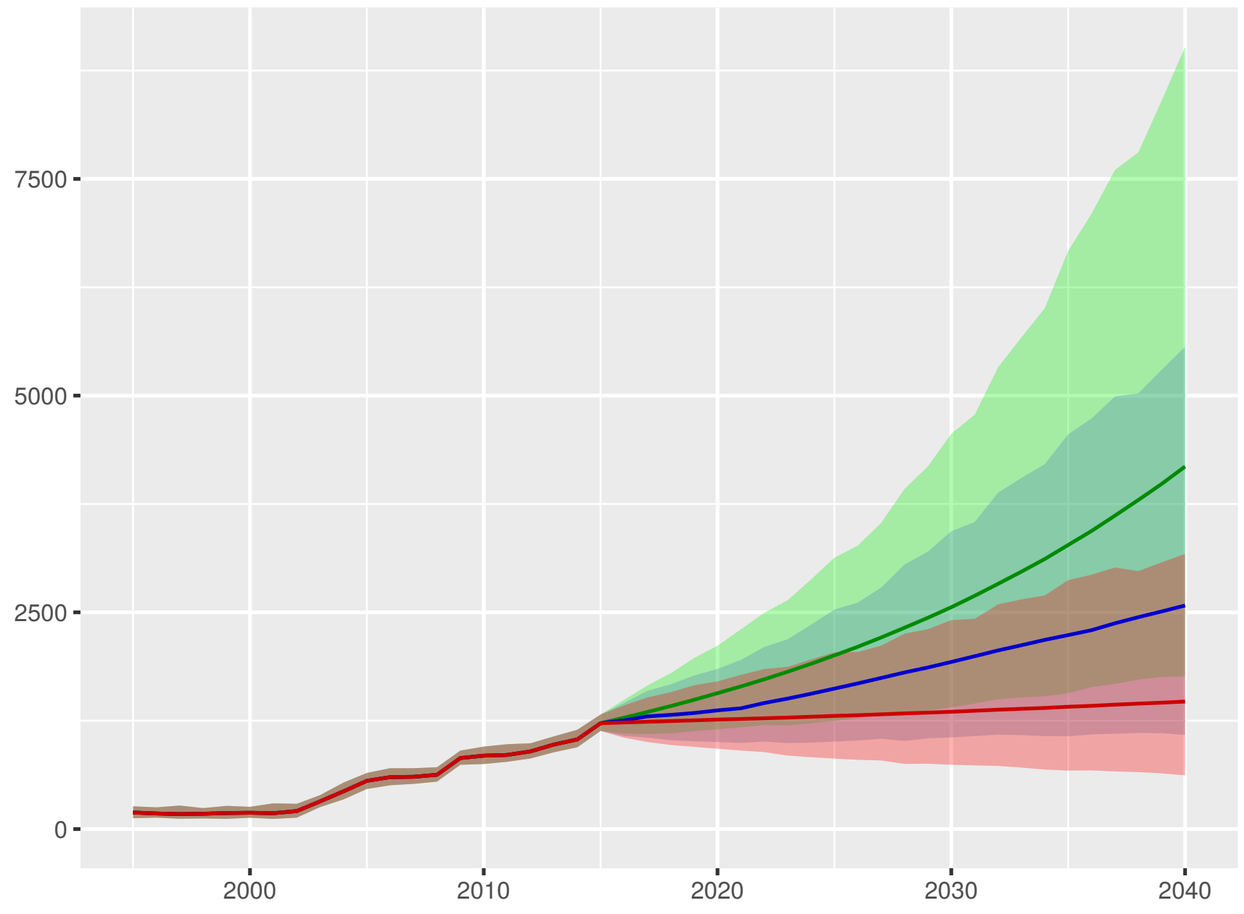
Scenario — Better — Reference — Worse

Azerbaijan

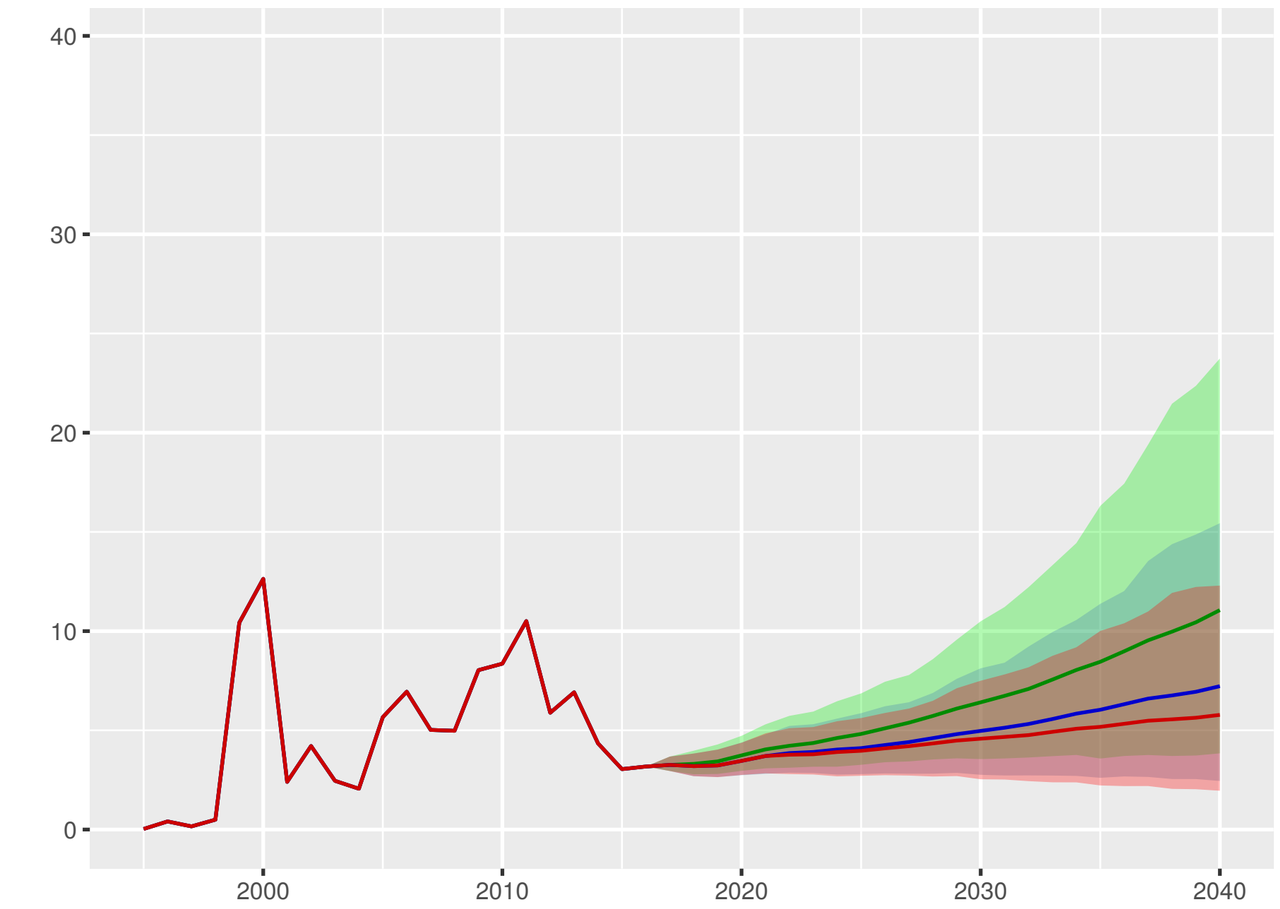
Universal health coverage index



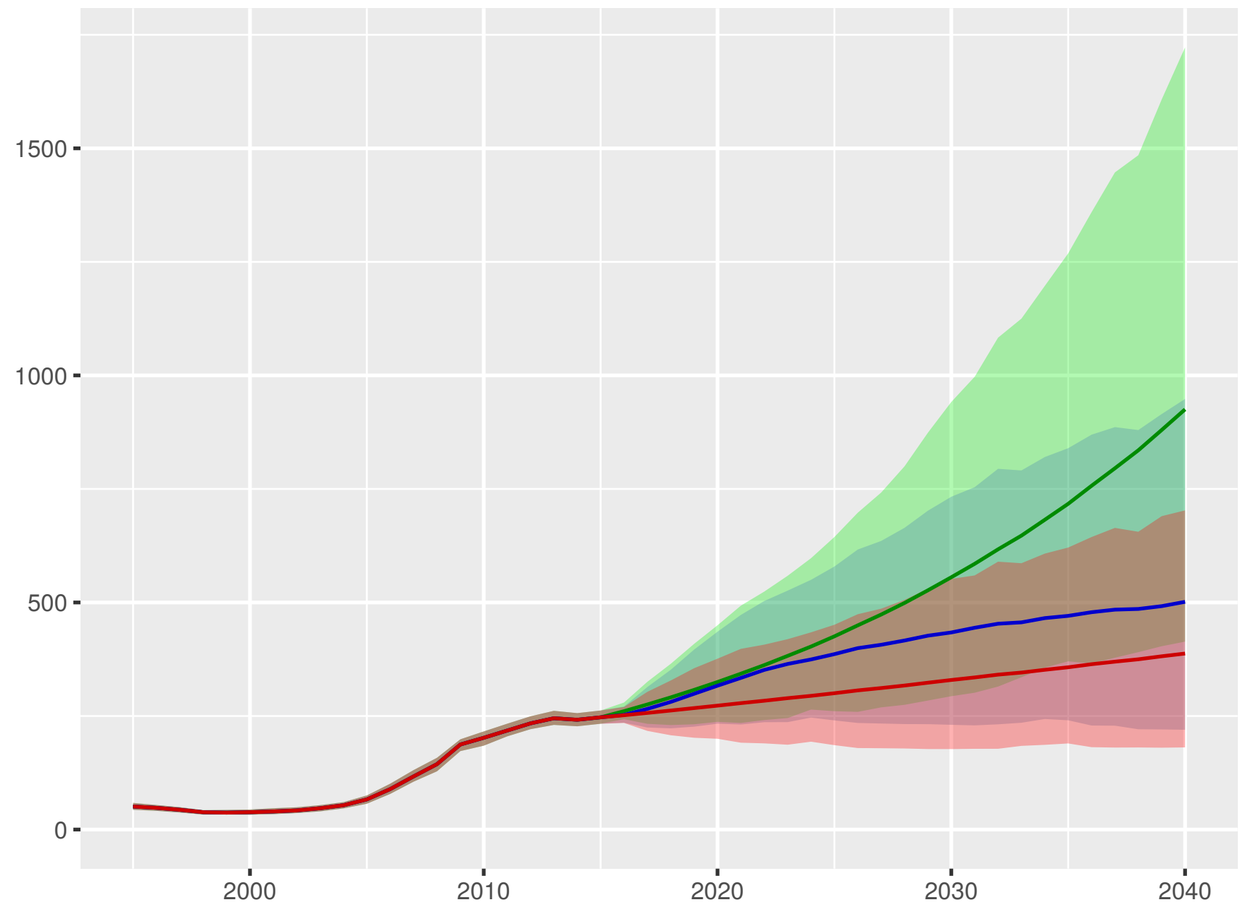
Total health spending per person



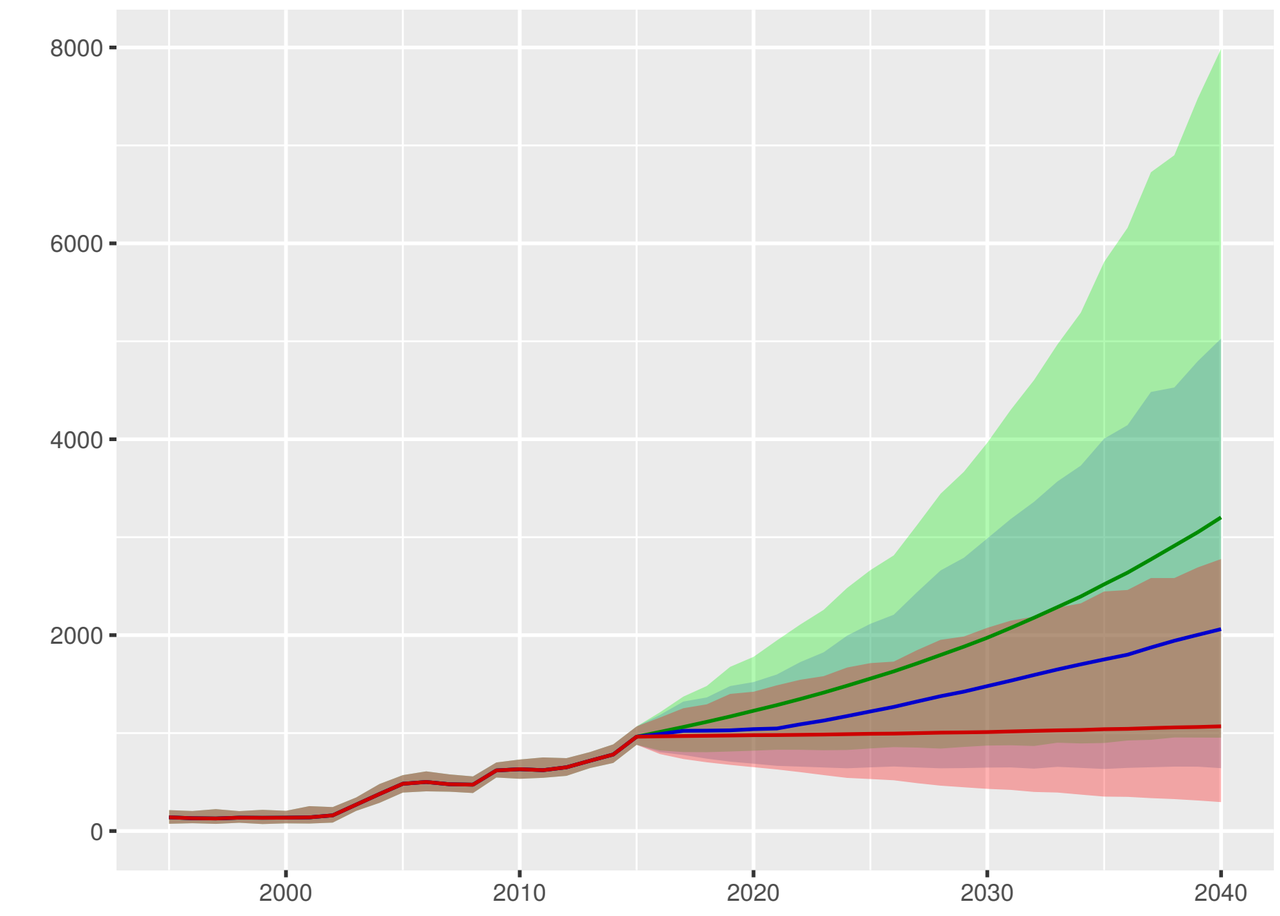
Development assistance for health received per person



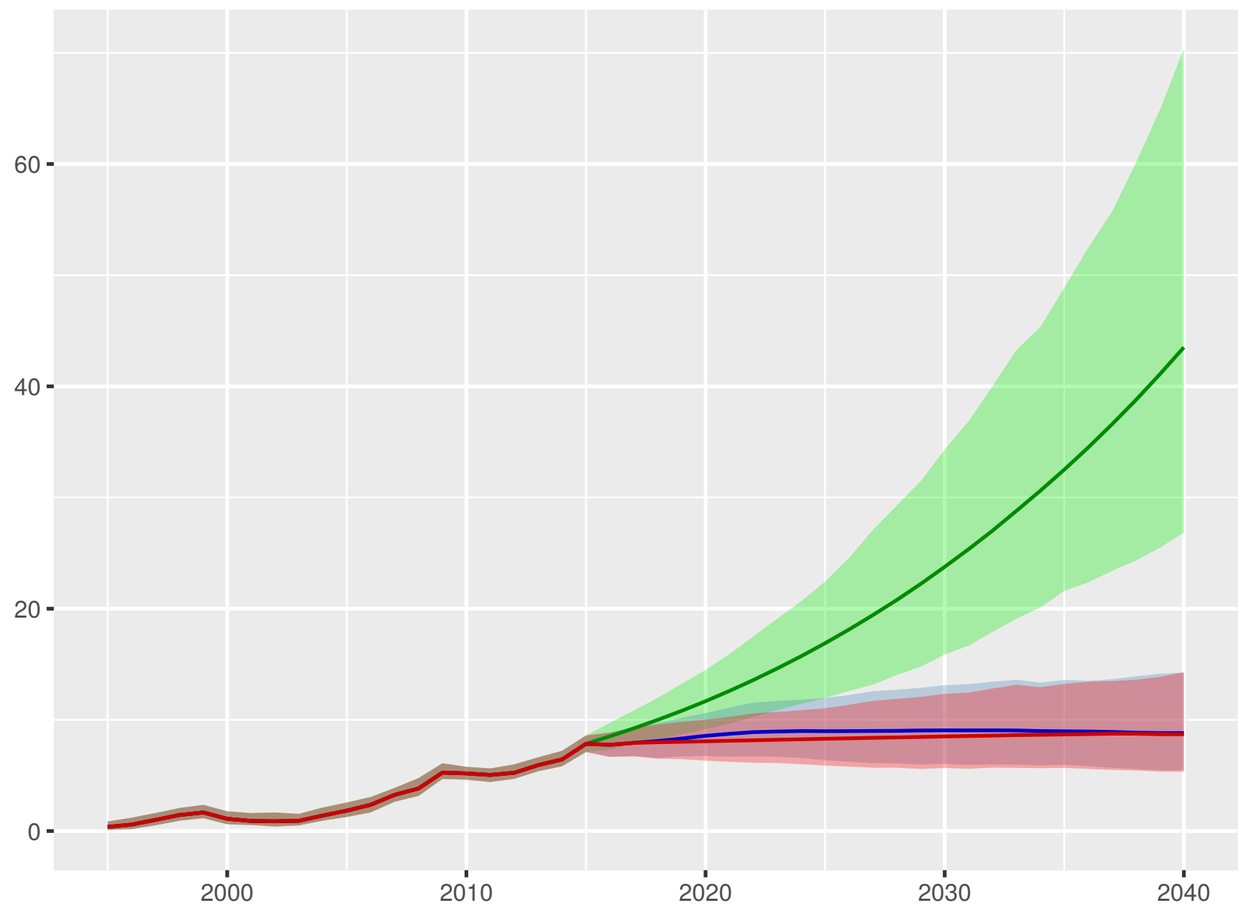
Government health spending per person



Out-of-pocket spending per person



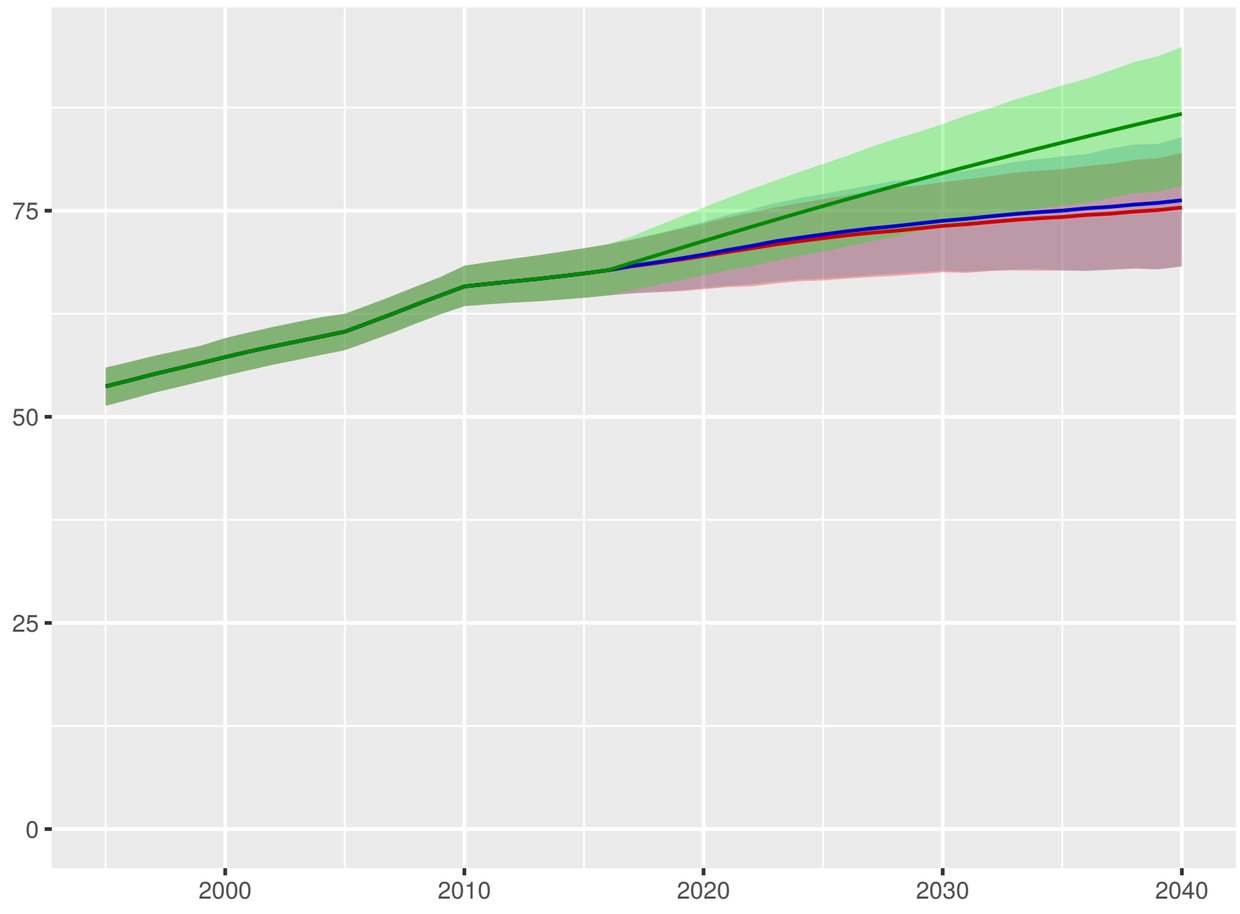
Prepaid private spending per person



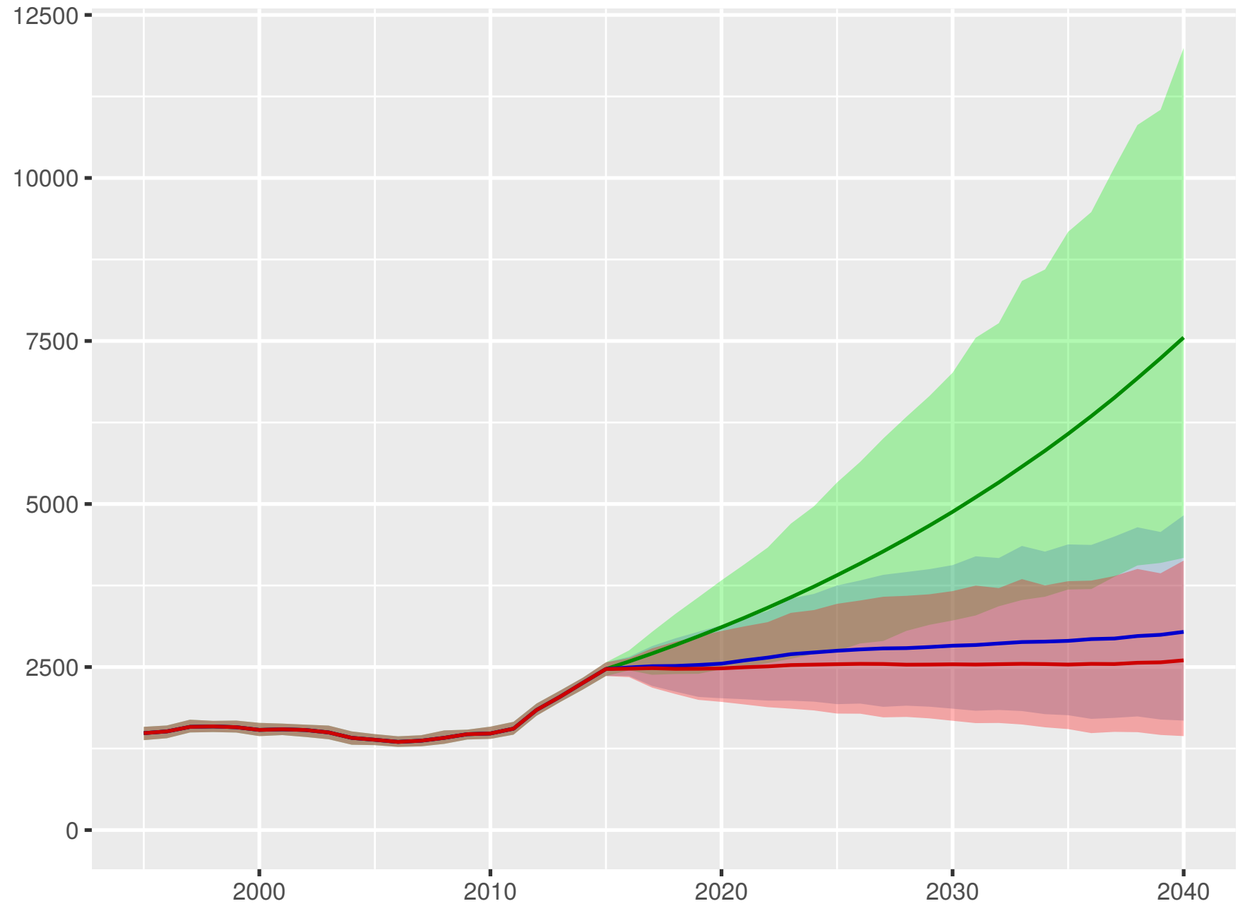
Scenario — Better — Reference — Worse

Bahrain

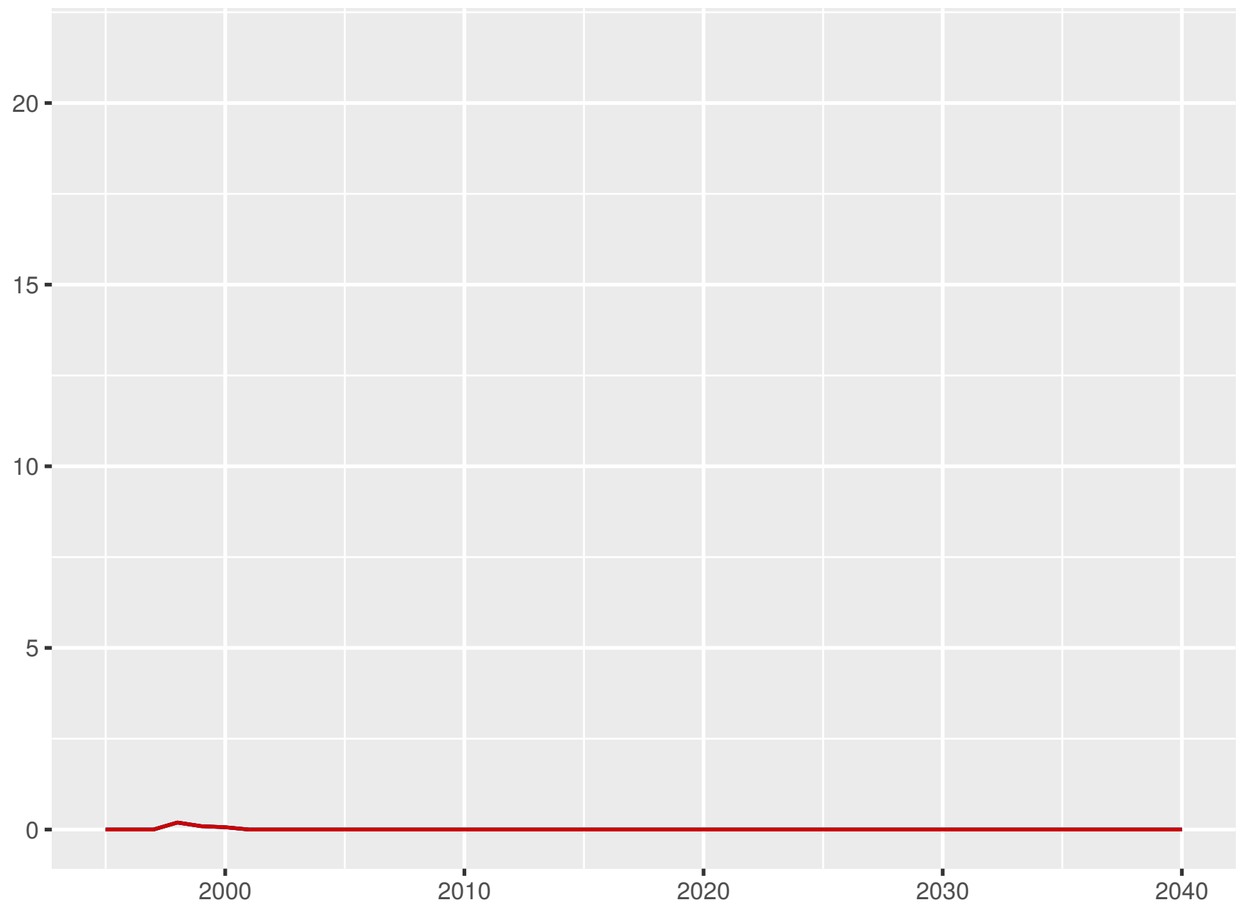
Universal health coverage index



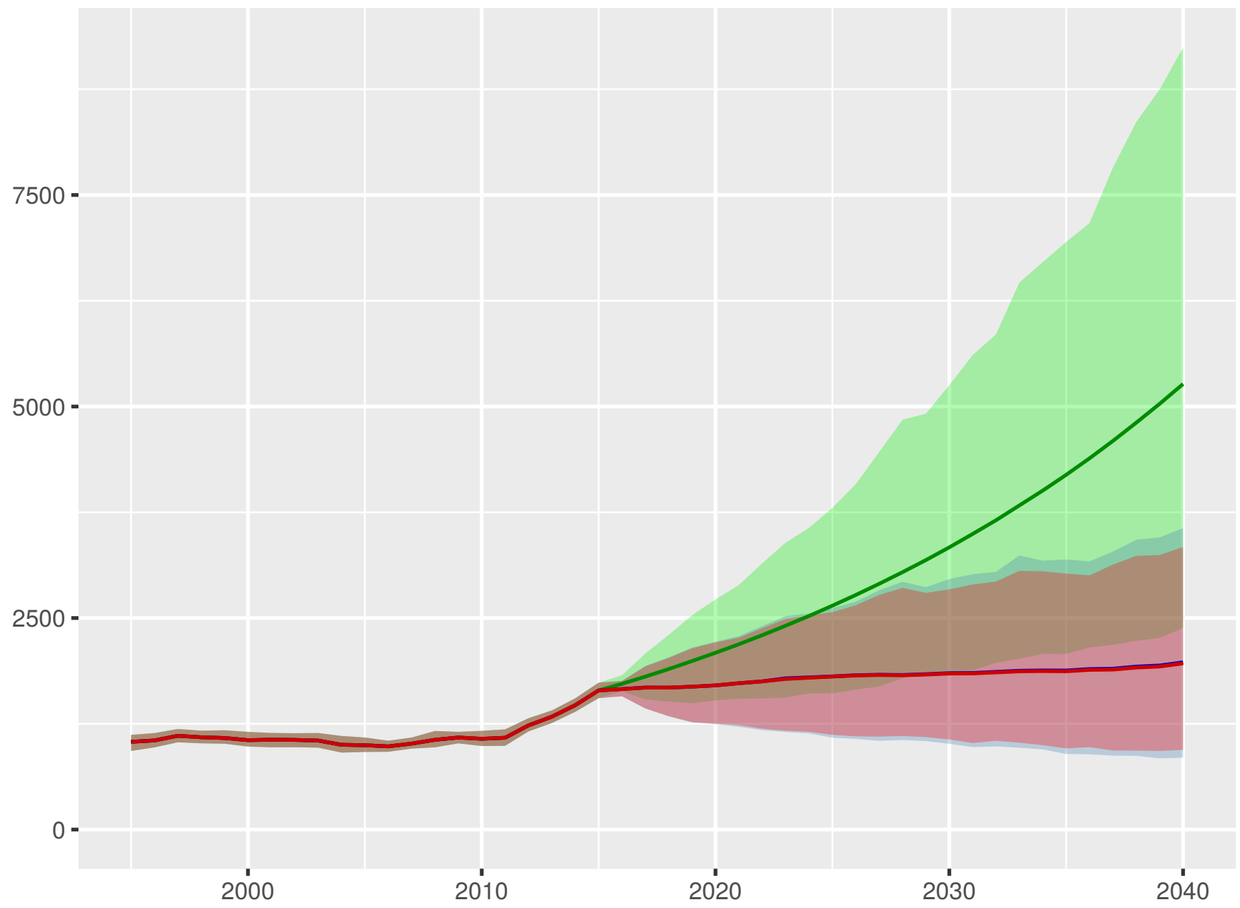
Total health spending per person



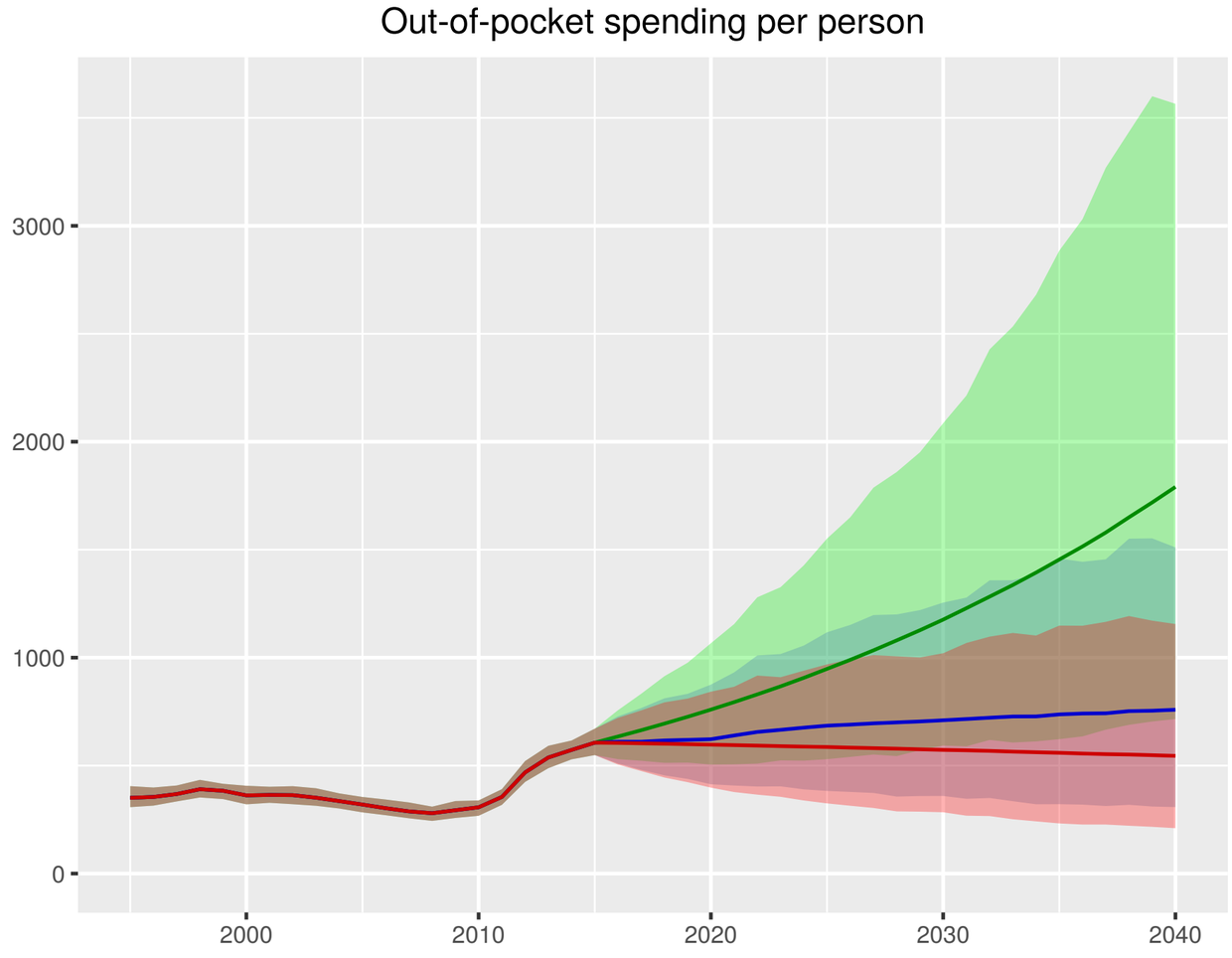
Development assistance for health received per person



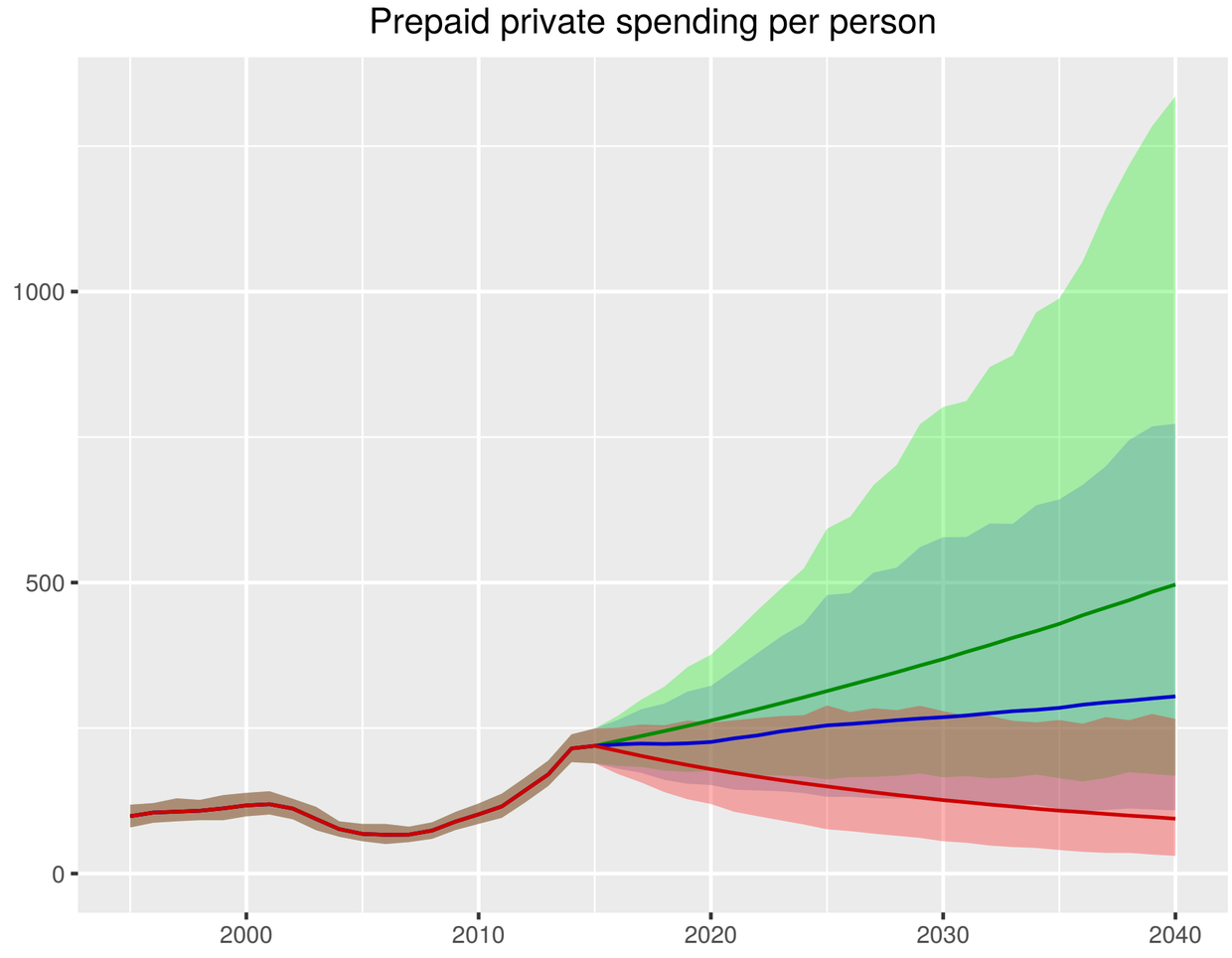
Government health spending per person



Out-of-pocket spending per person



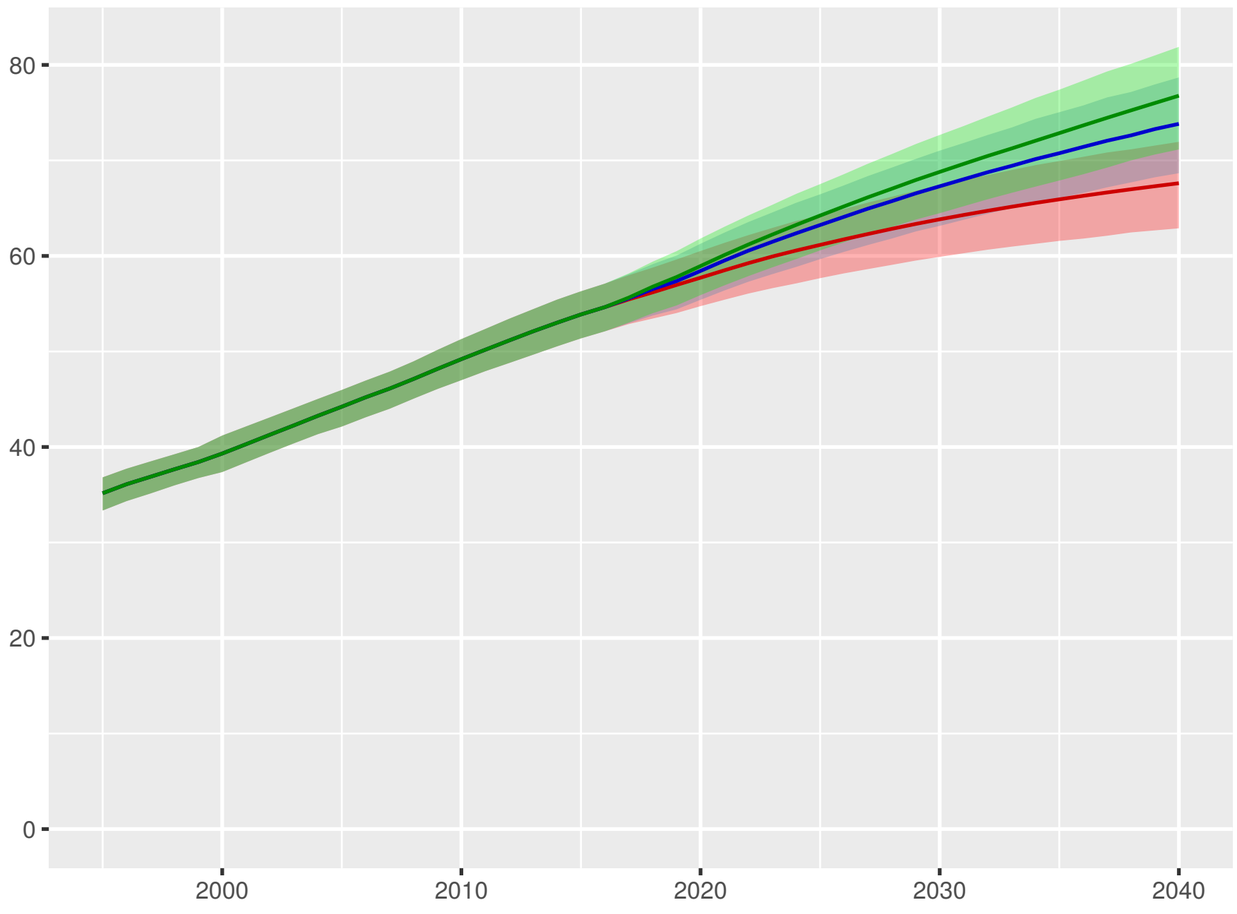
Prepaid private spending per person



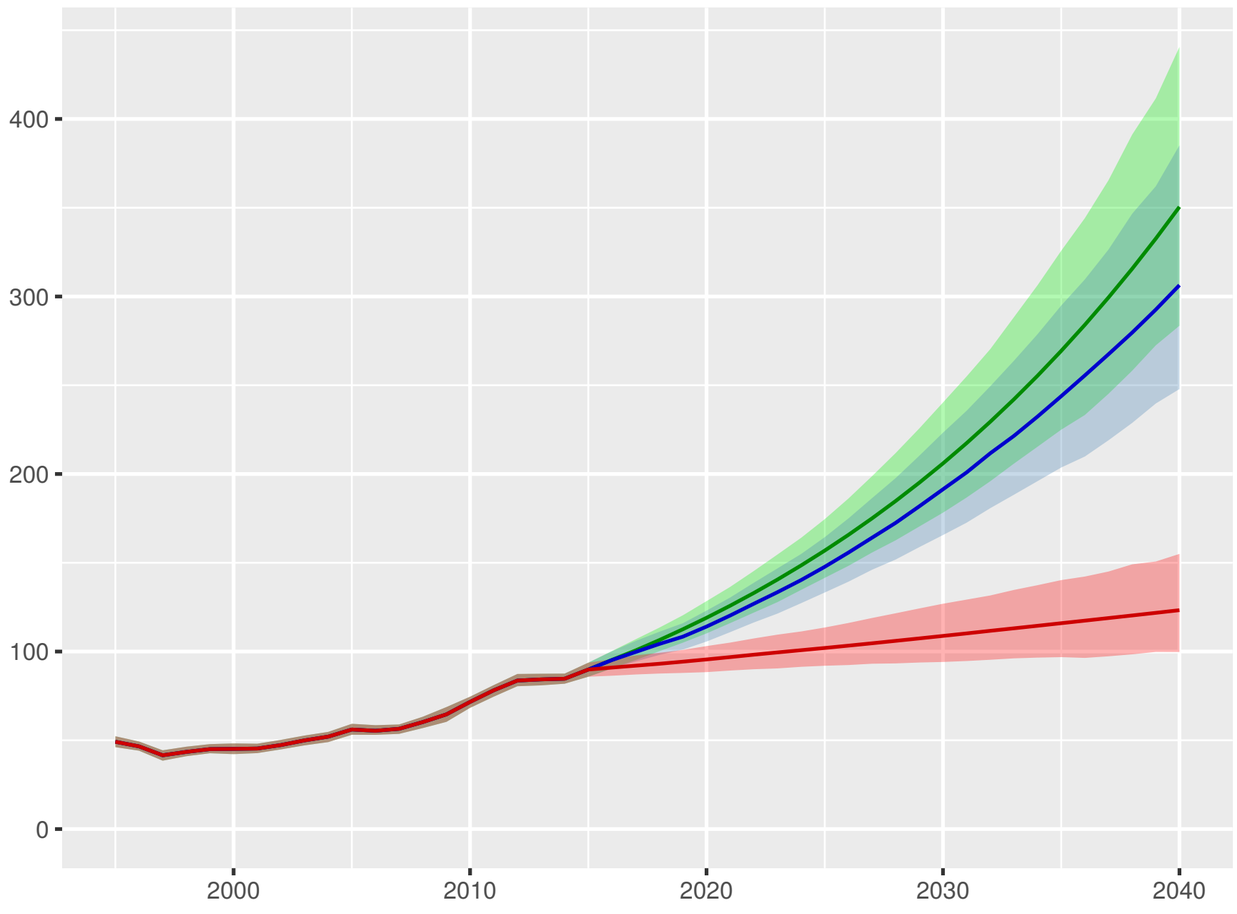
Scenario — Better — Reference — Worse

Bangladesh

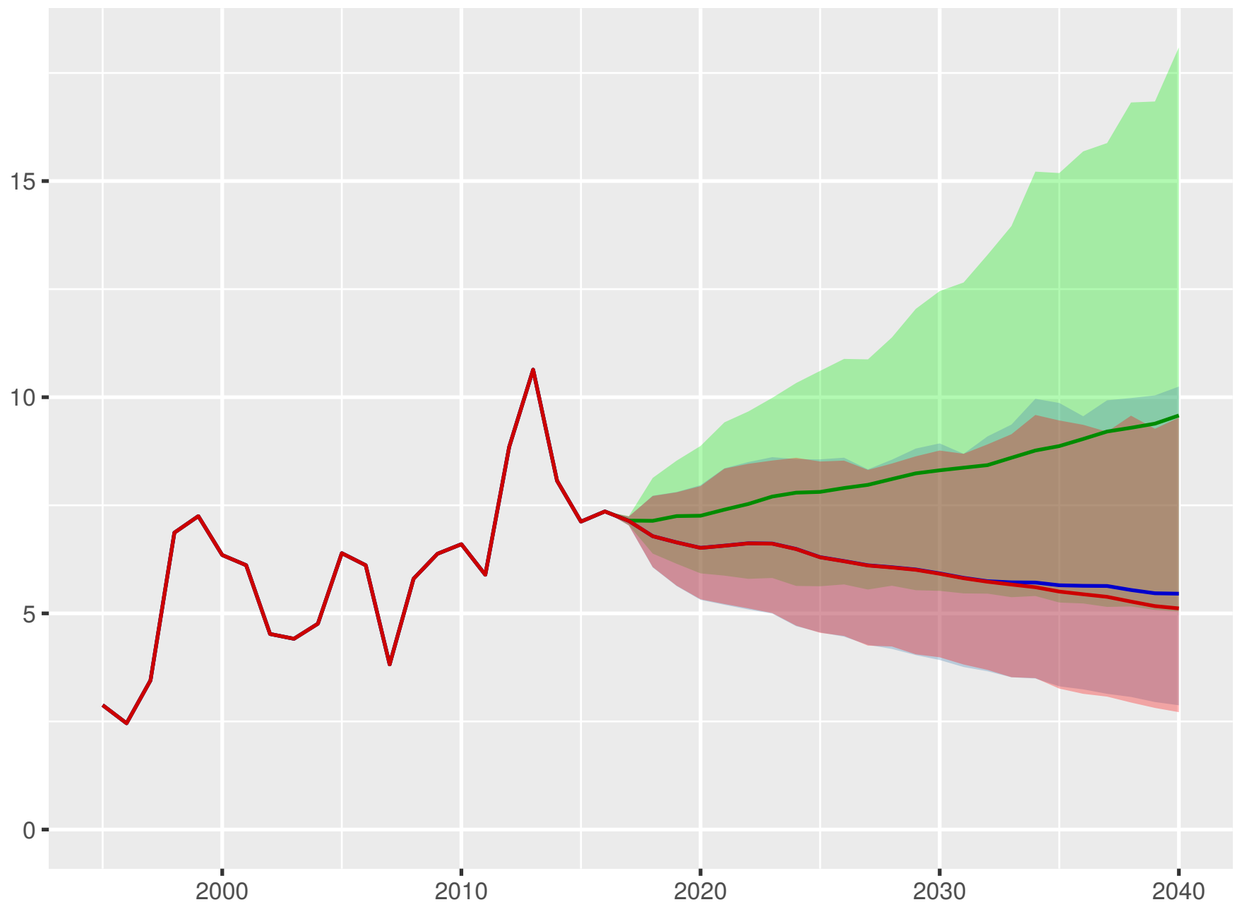
Universal health coverage index



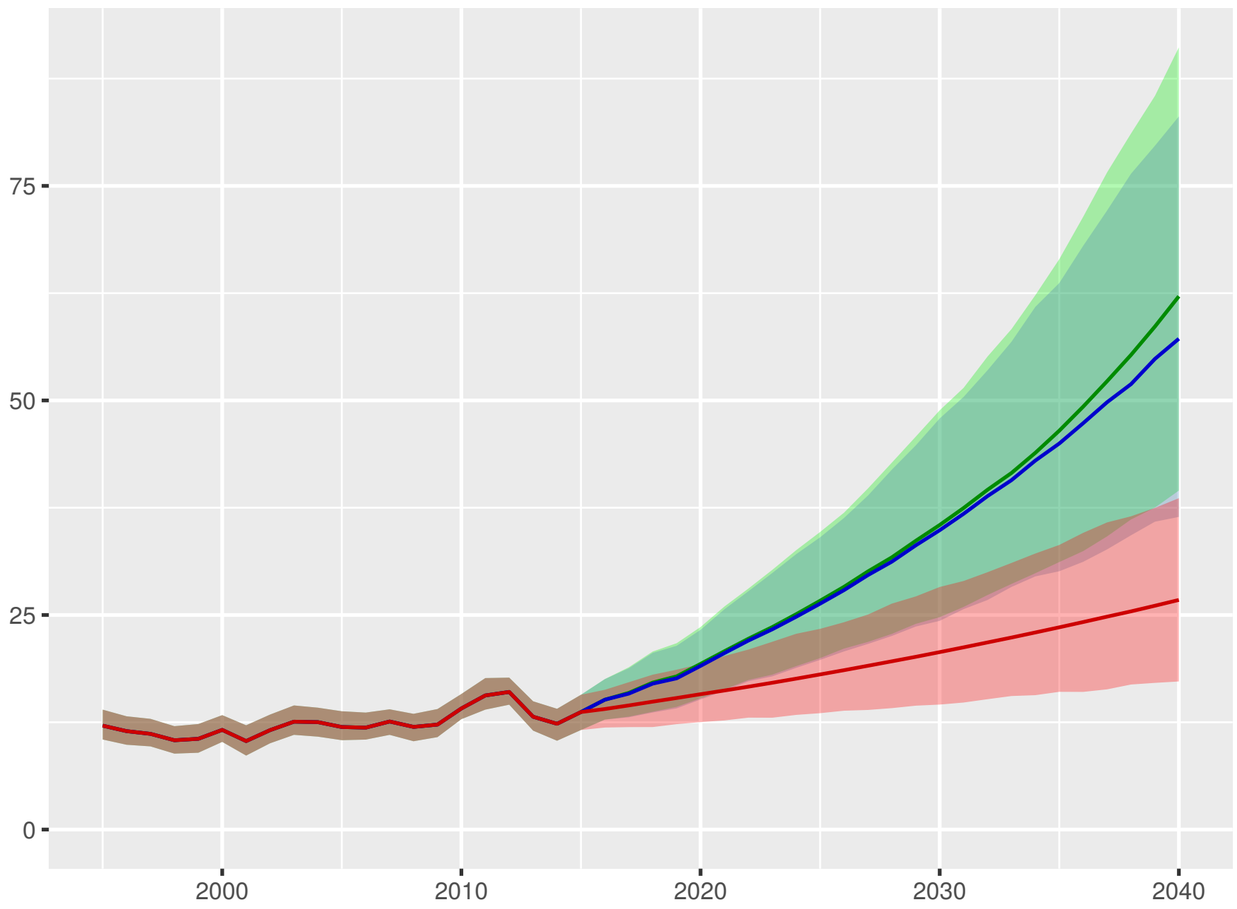
Total health spending per person



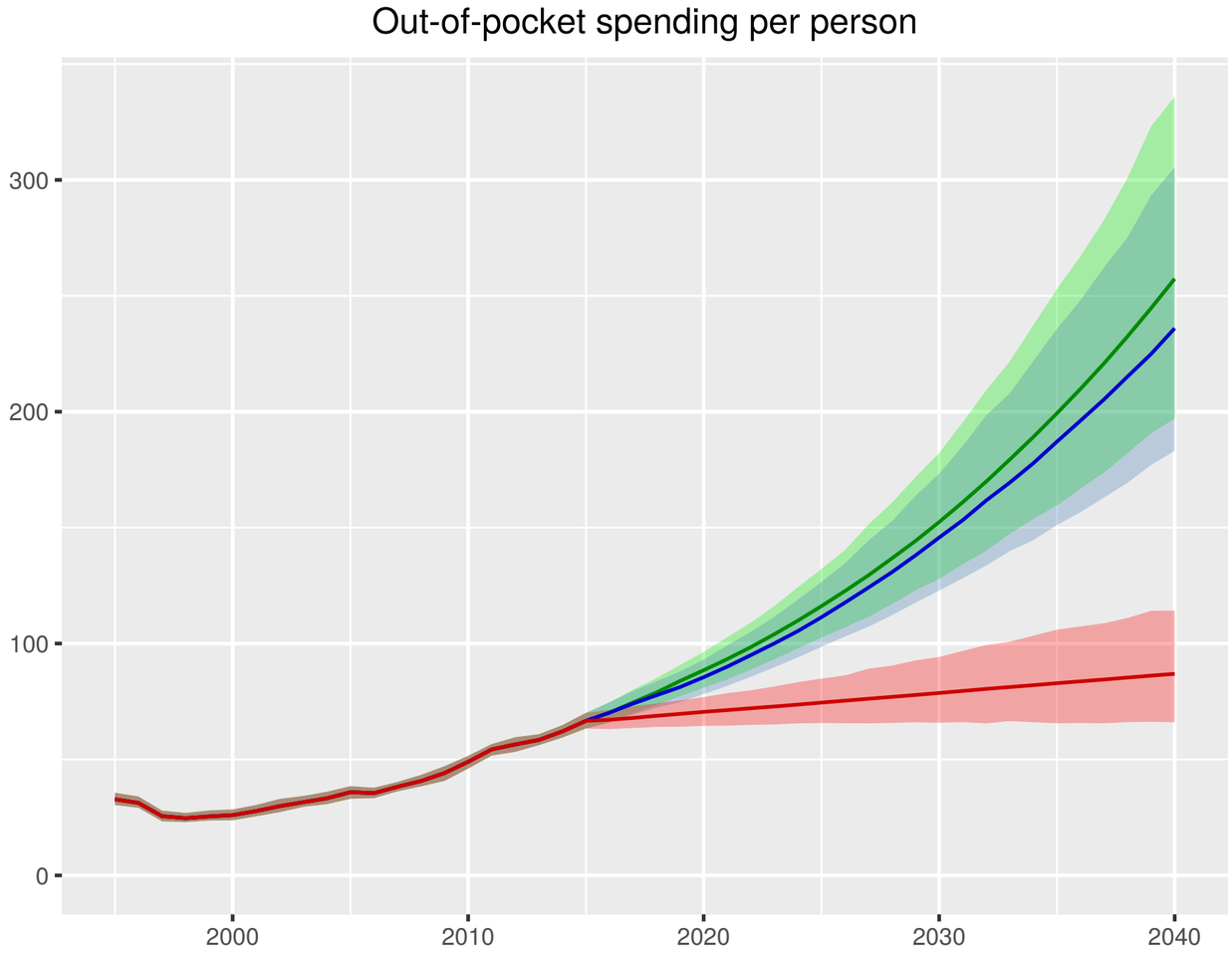
Development assistance for health received per person



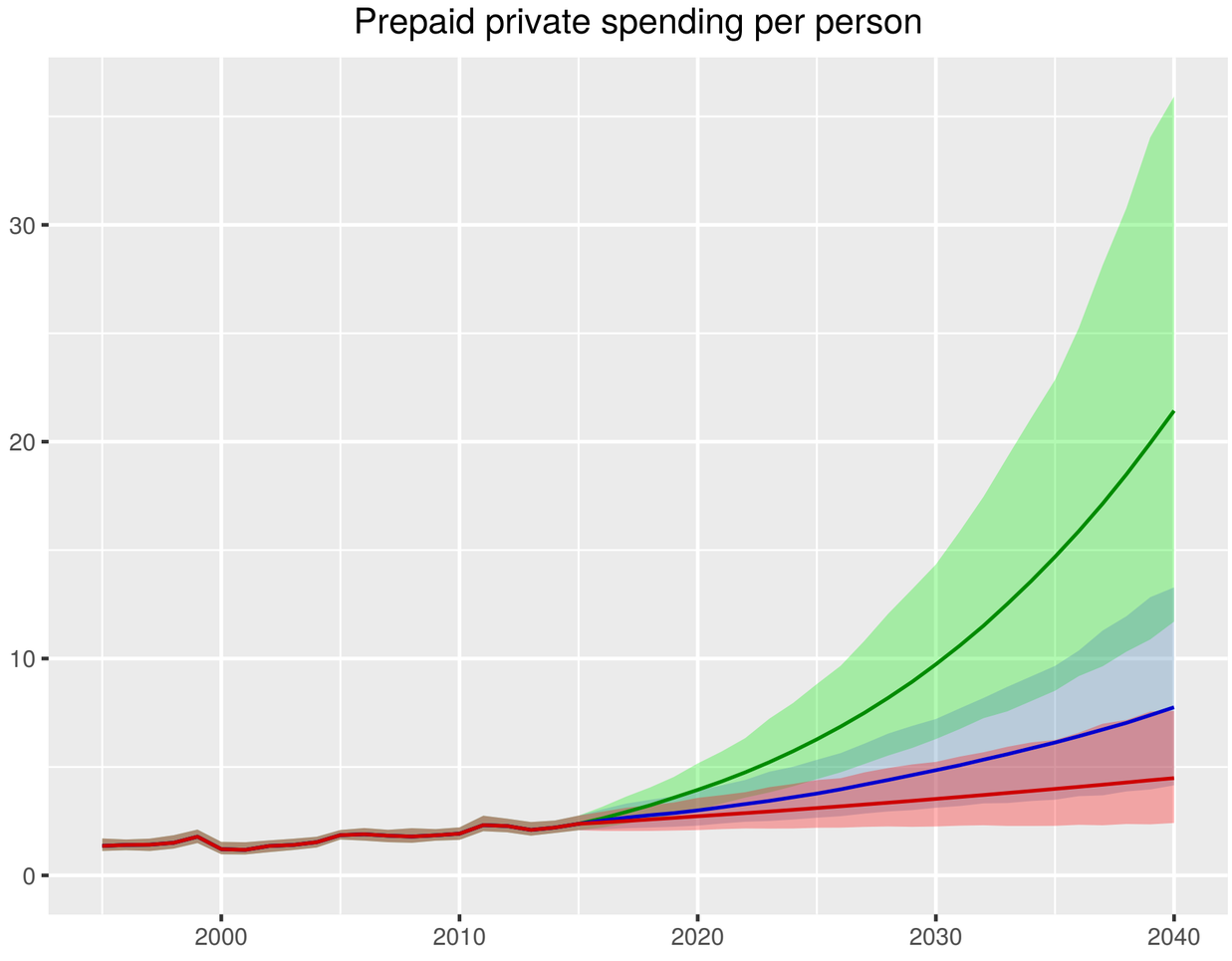
Government health spending per person



Out-of-pocket spending per person



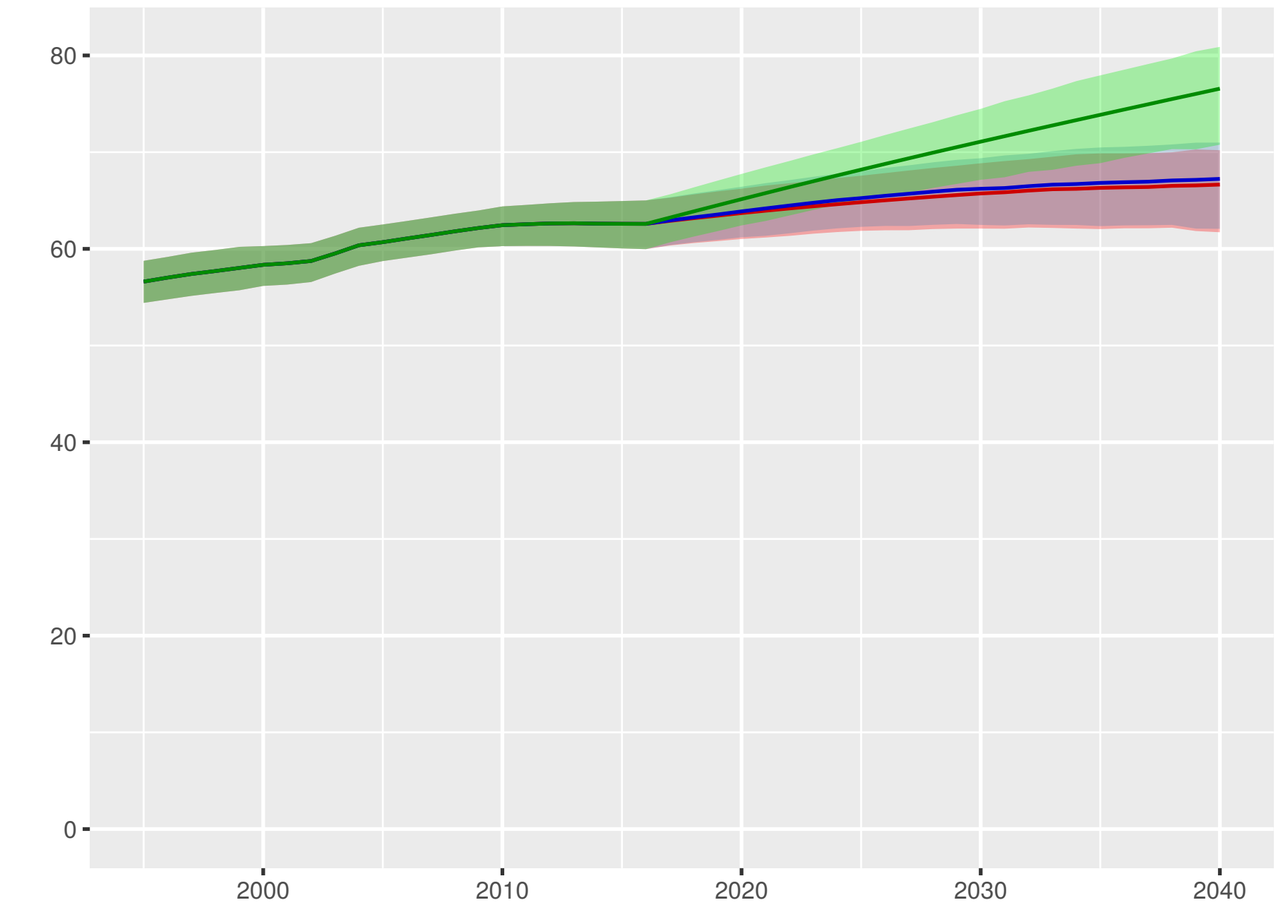
Prepaid private spending per person



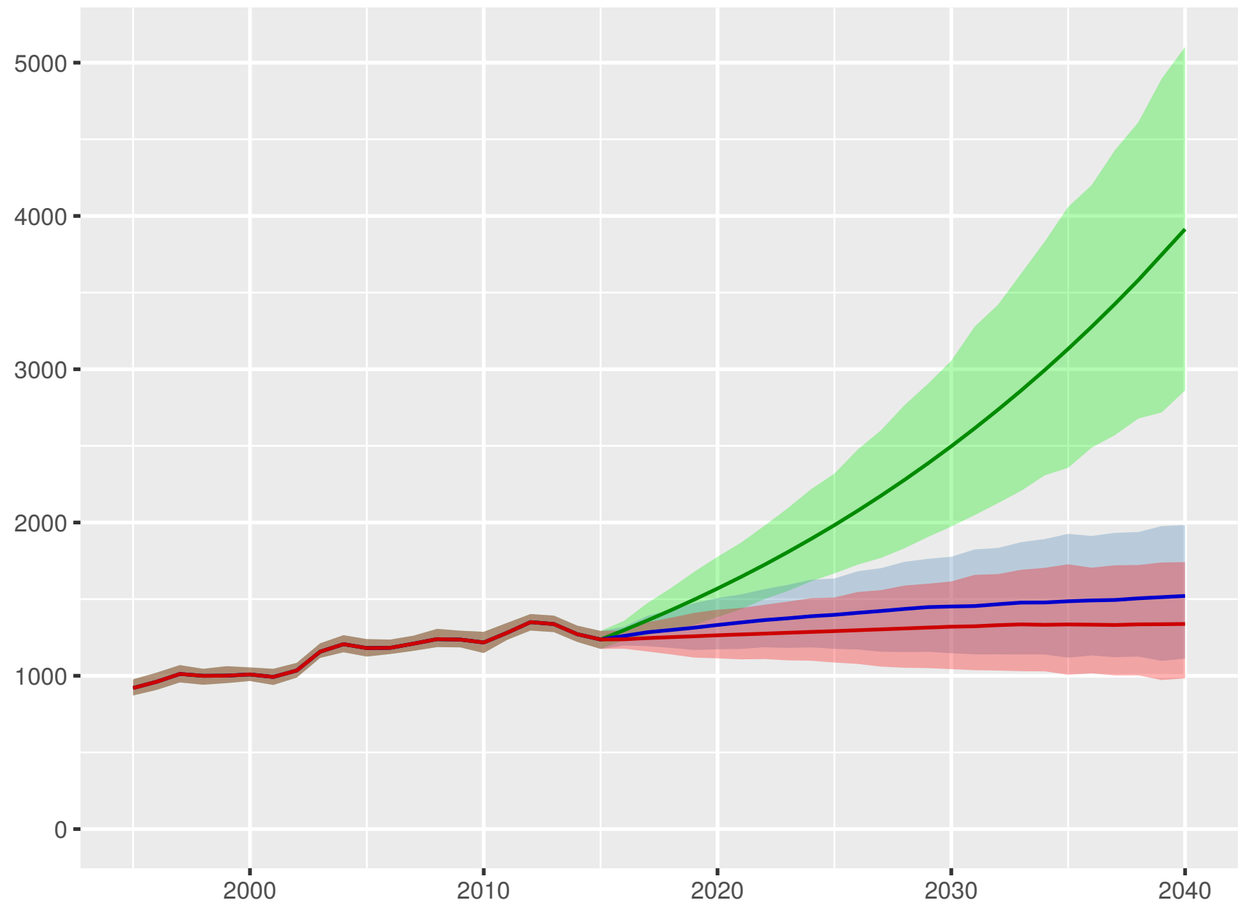
Scenario — Better — Reference — Worse

Barbados

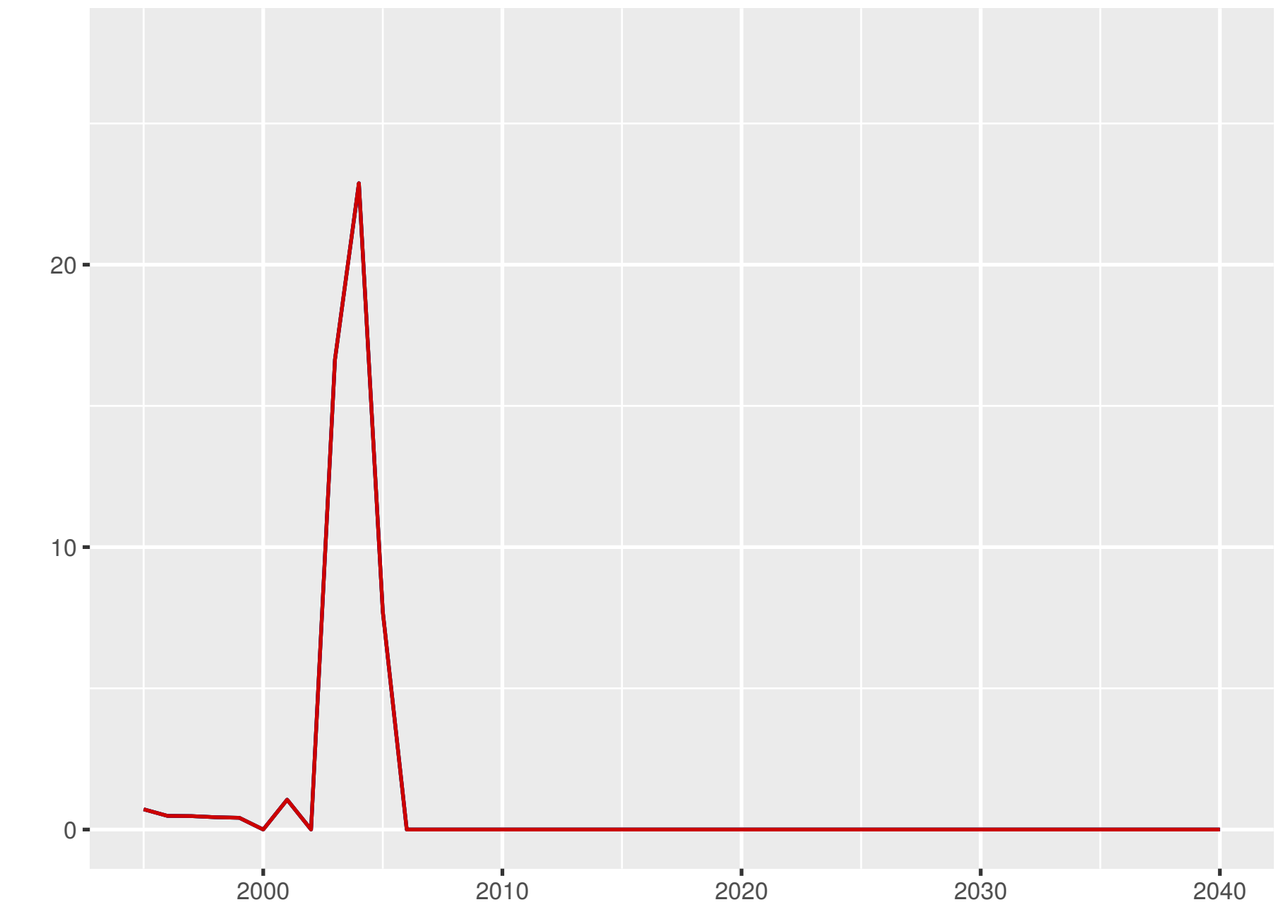
Universal health coverage index



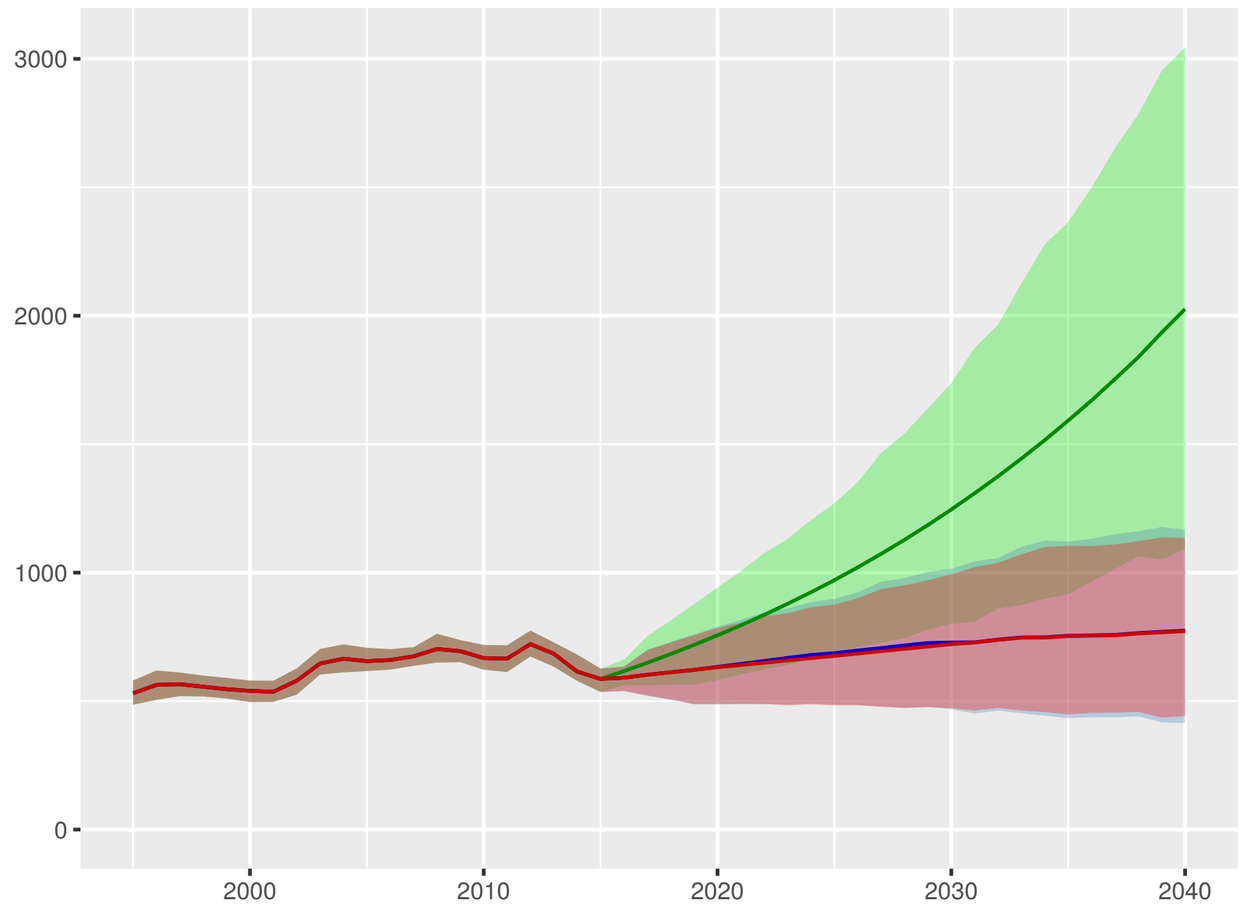
Total health spending per person



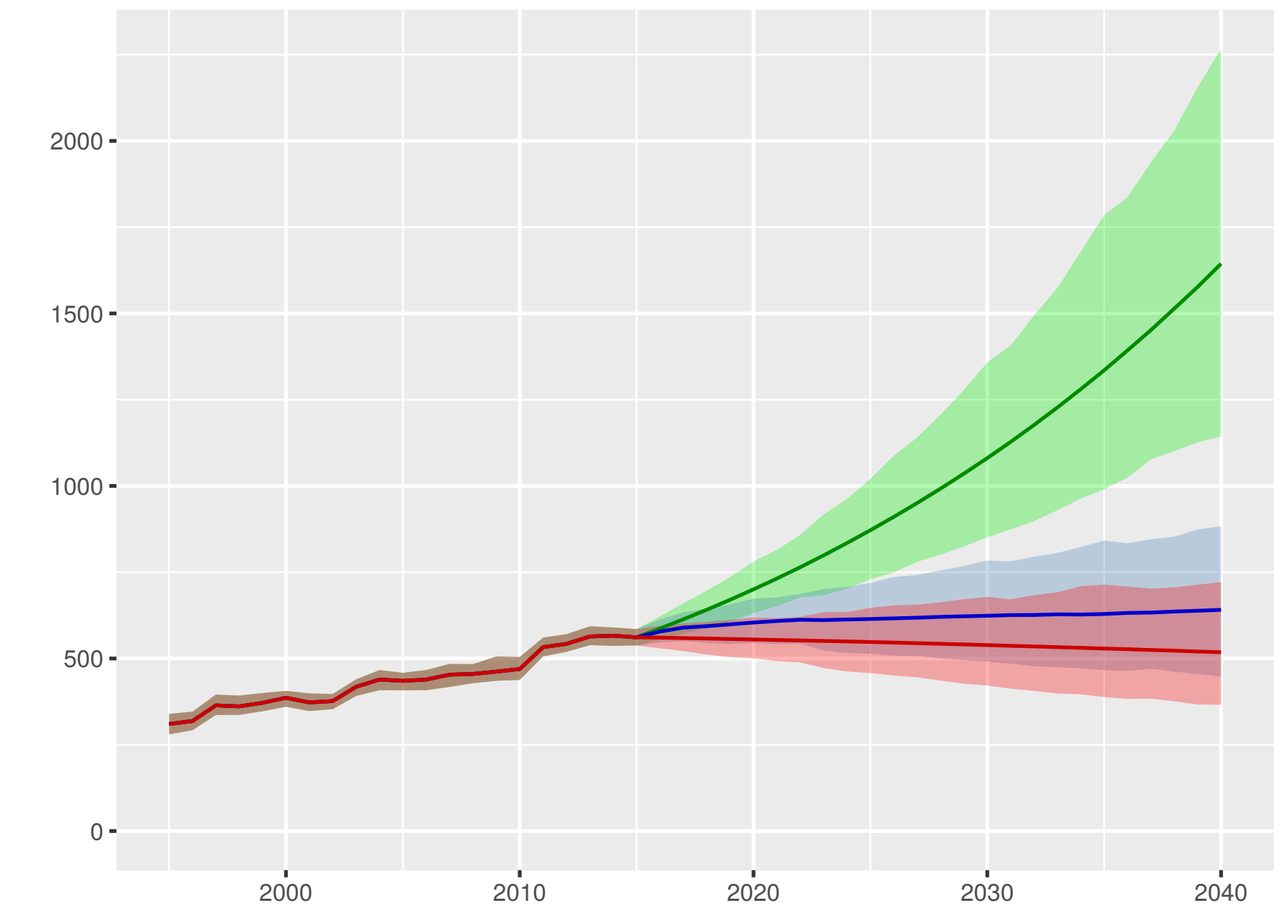
Development assistance for health received per person



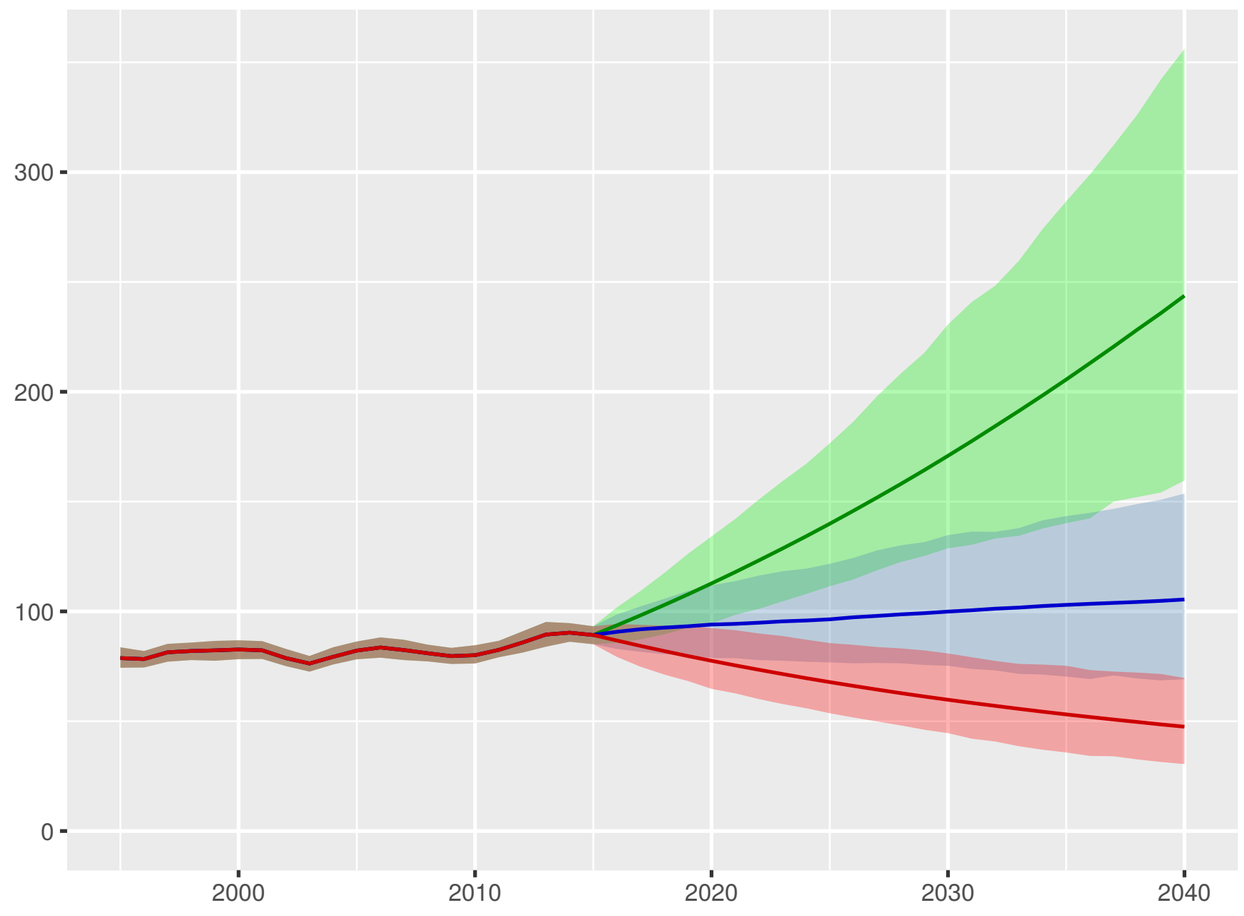
Government health spending per person



Out-of-pocket spending per person



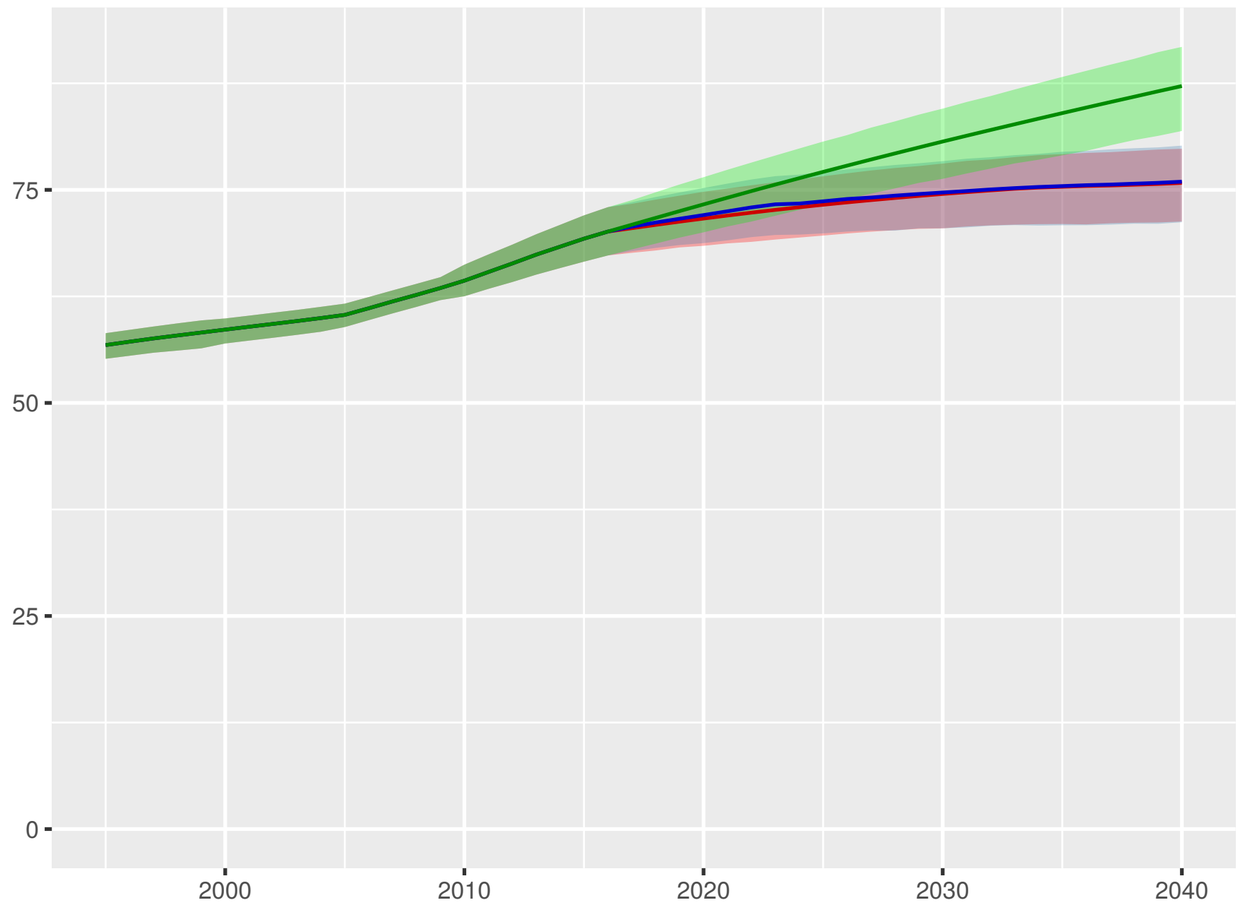
Prepaid private spending per person



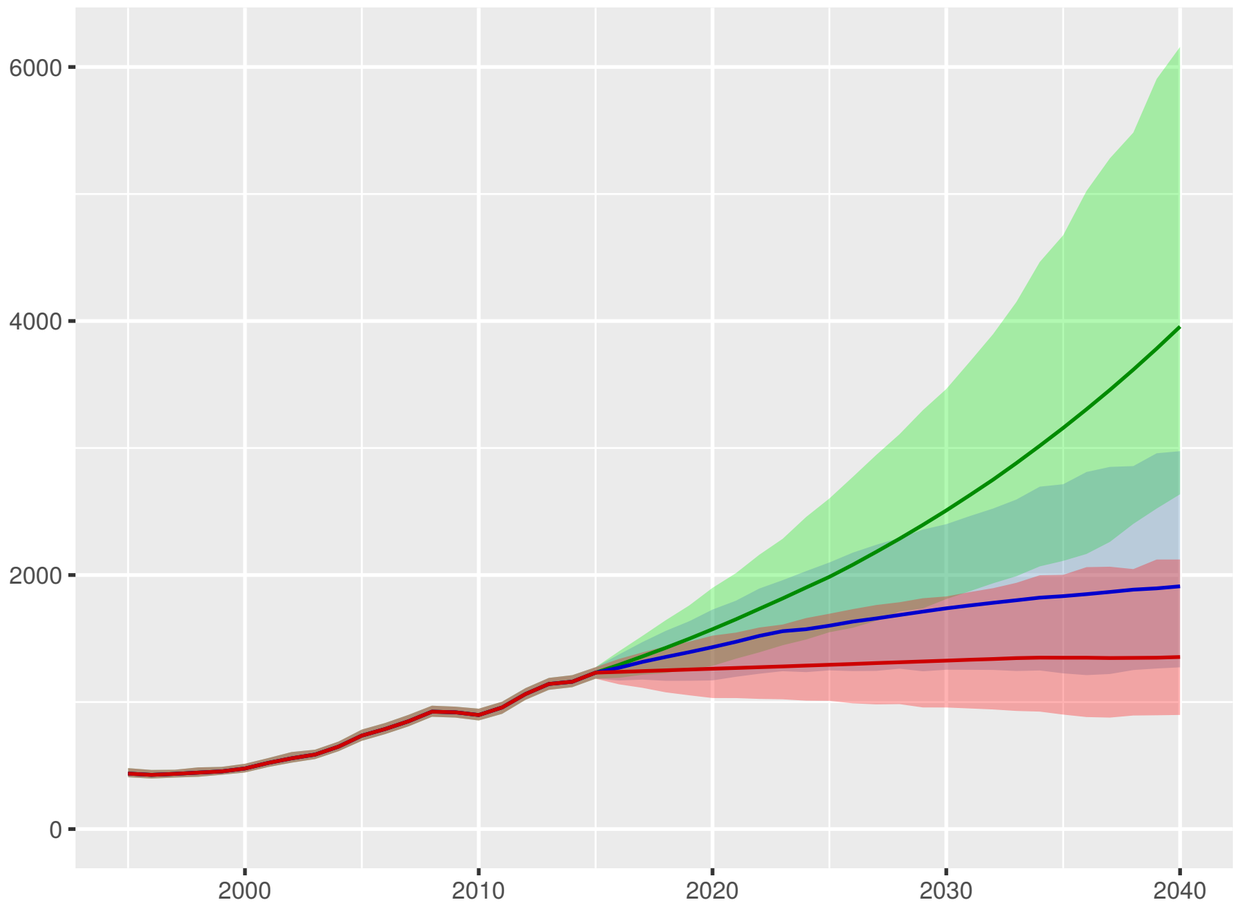
Scenario — Better — Reference — Worse

Belarus

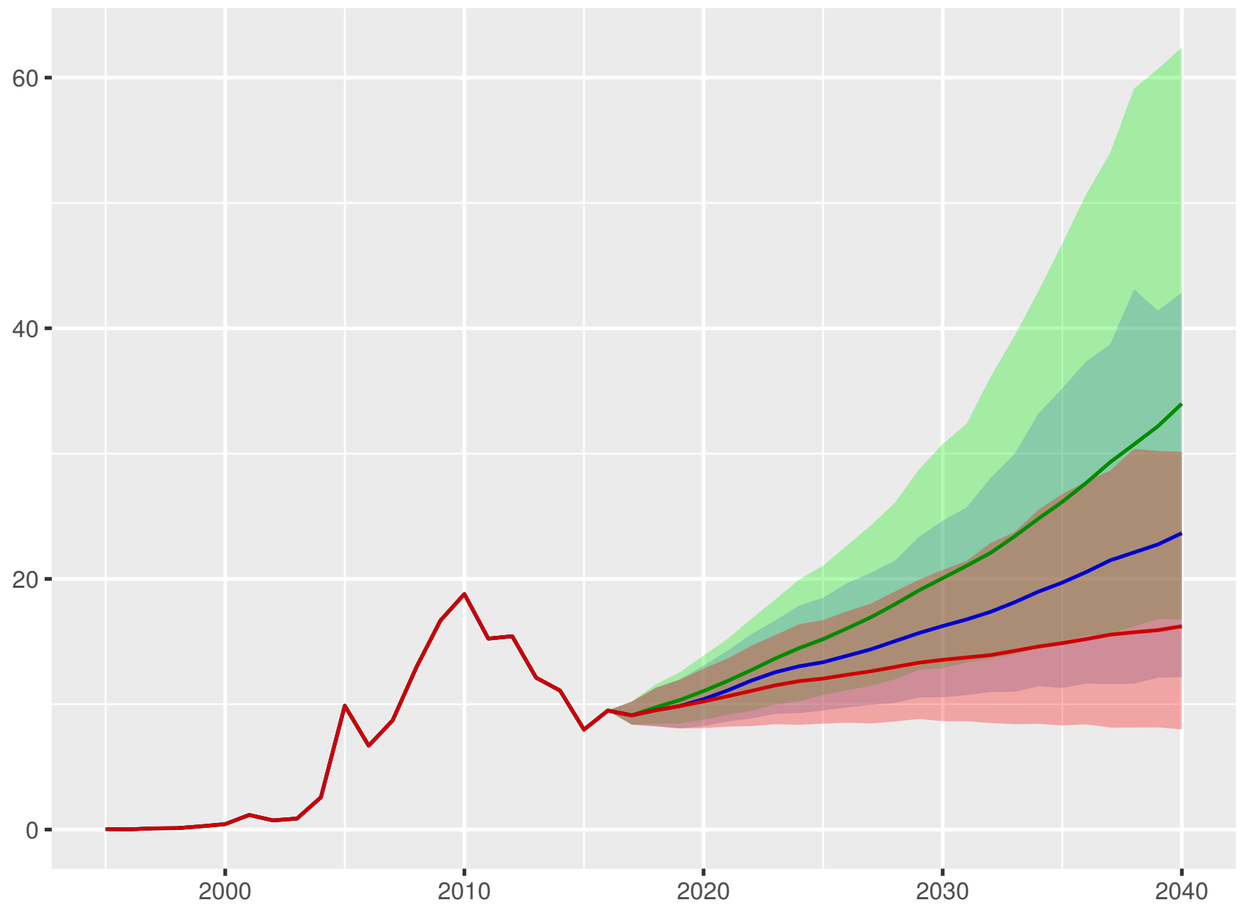
Universal health coverage index



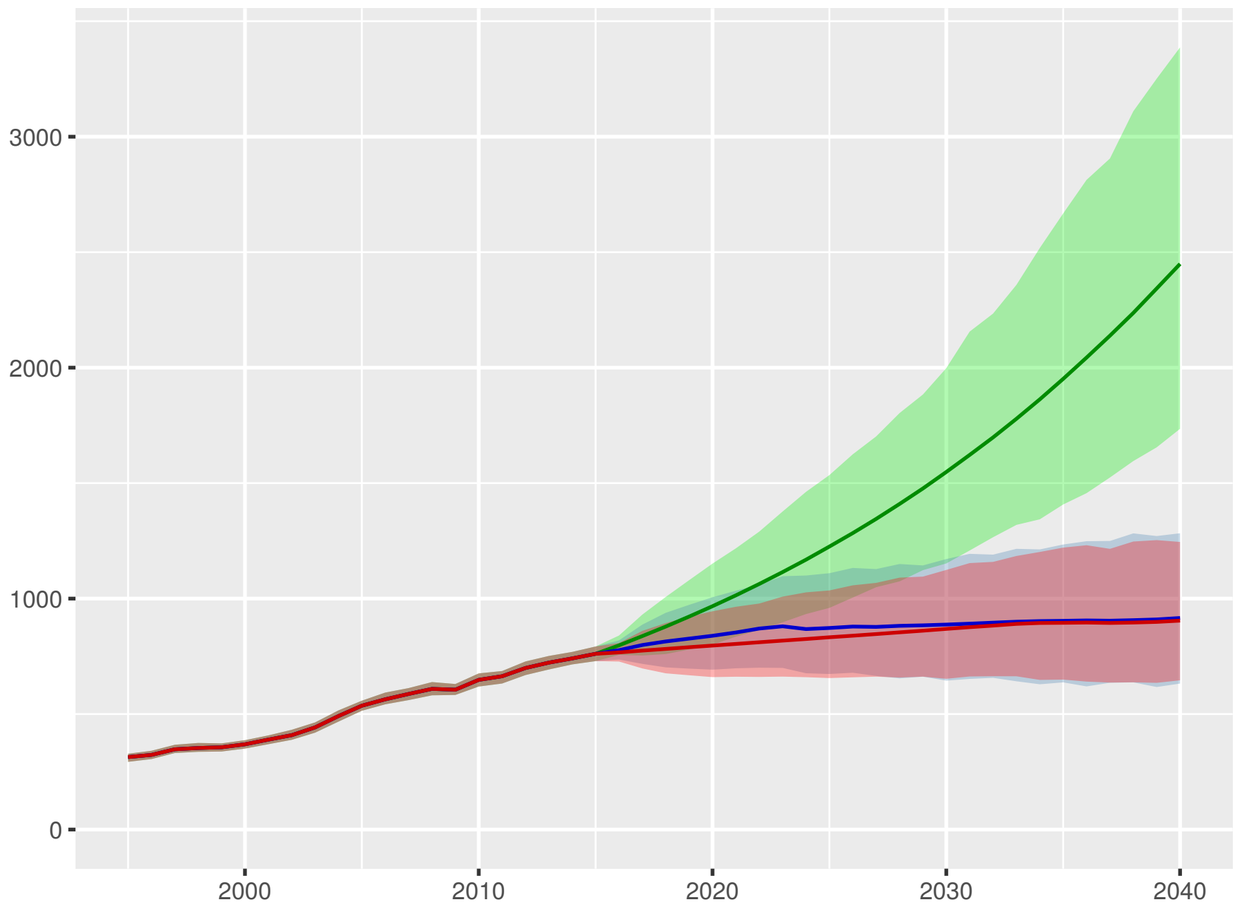
Total health spending per person



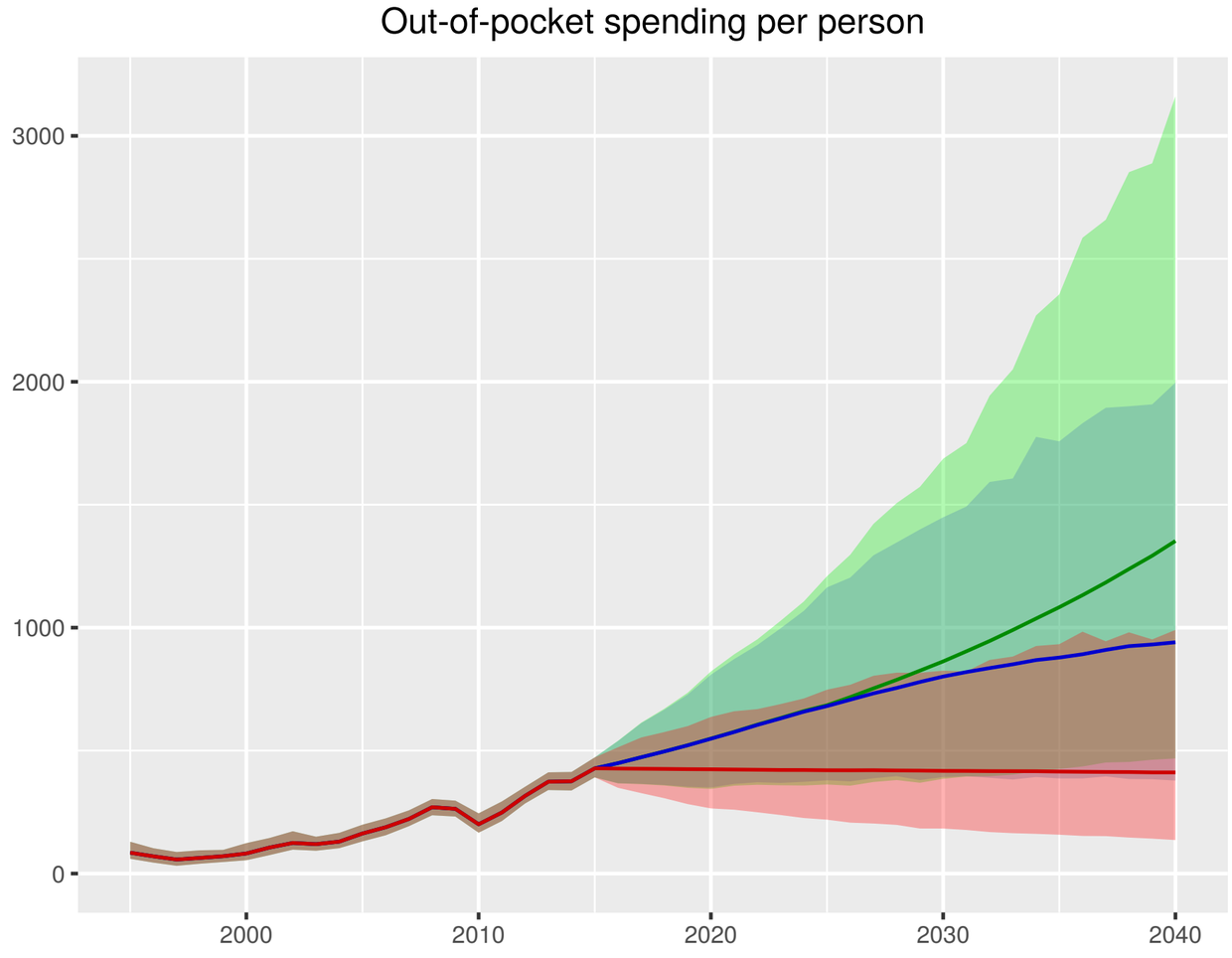
Development assistance for health received per person



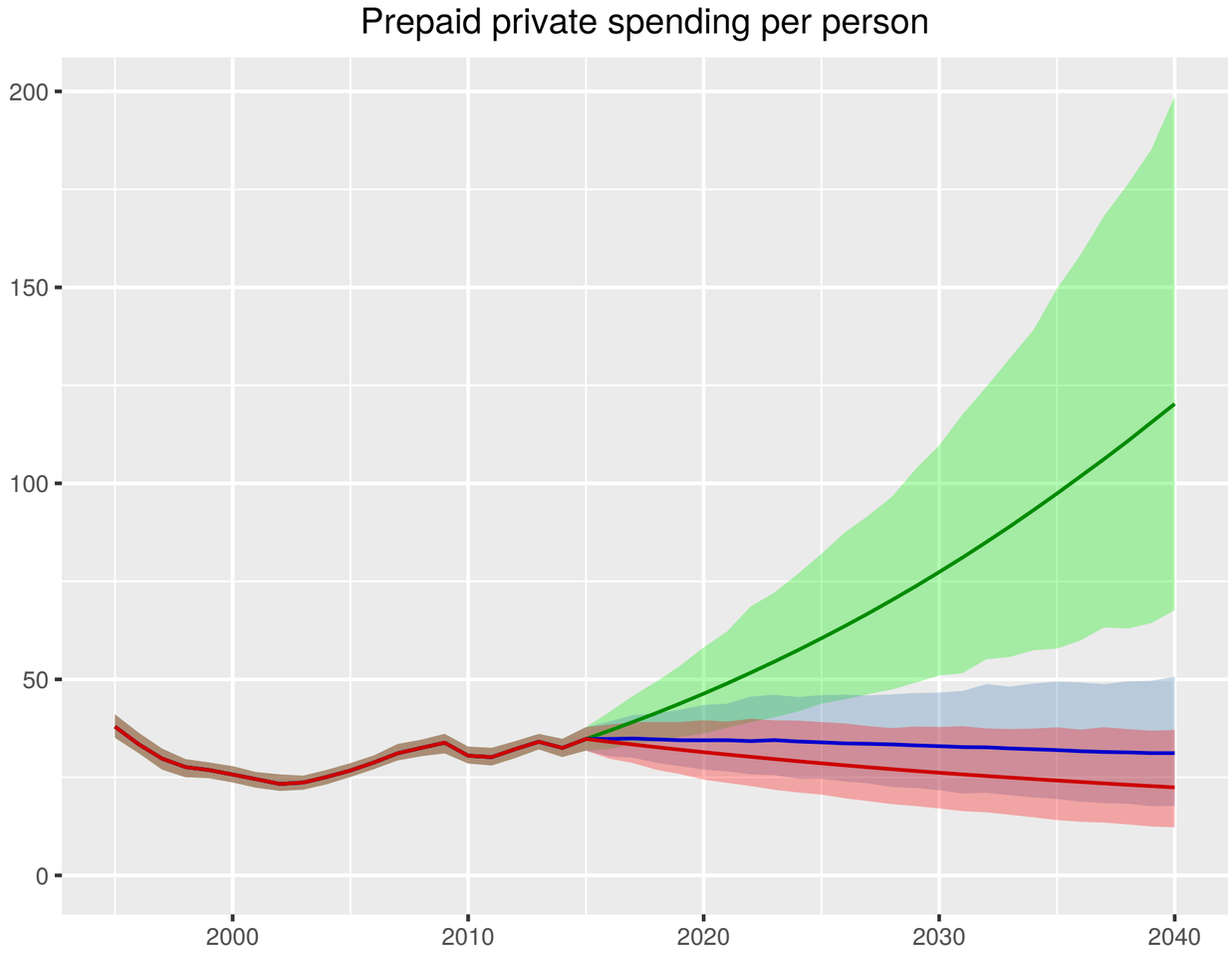
Government health spending per person



Out-of-pocket spending per person



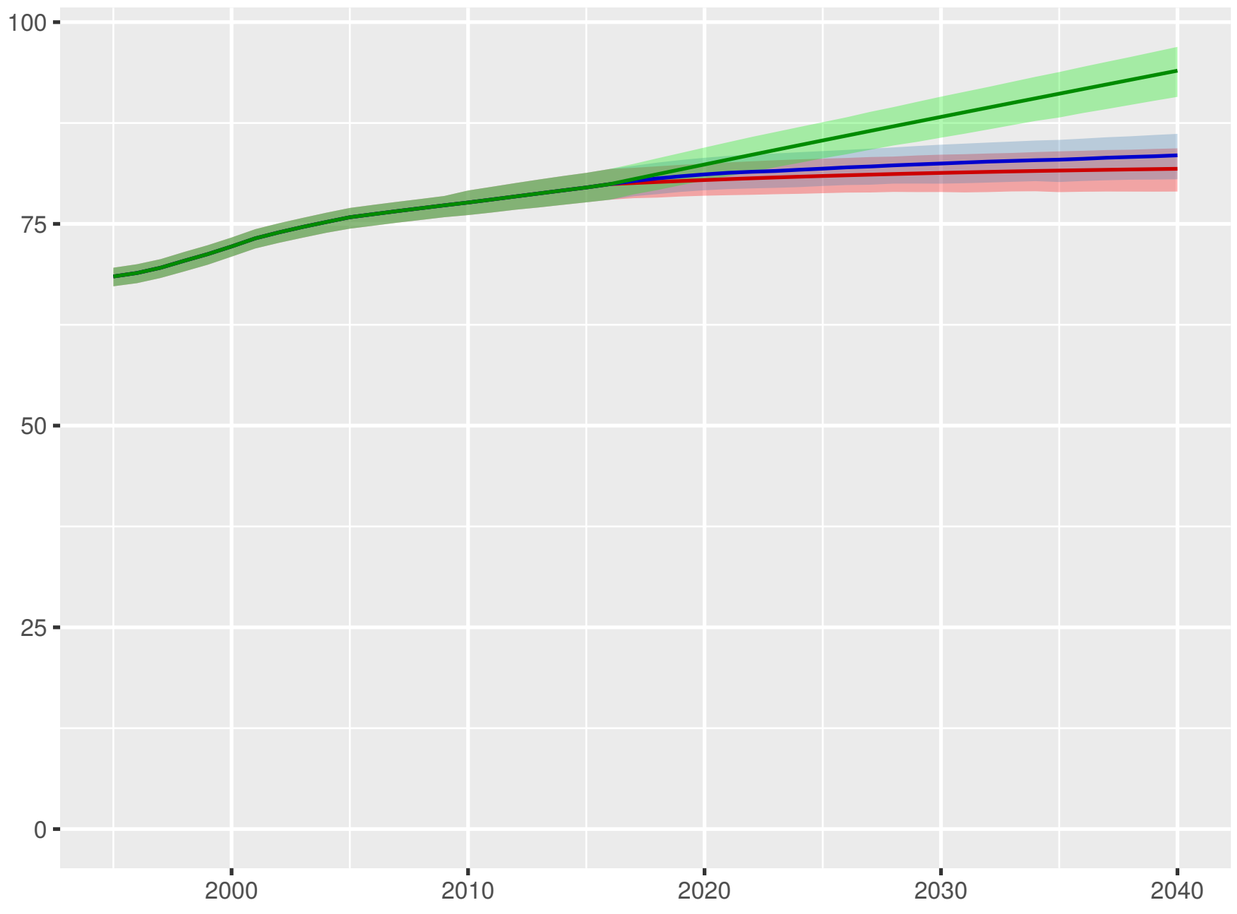
Prepaid private spending per person



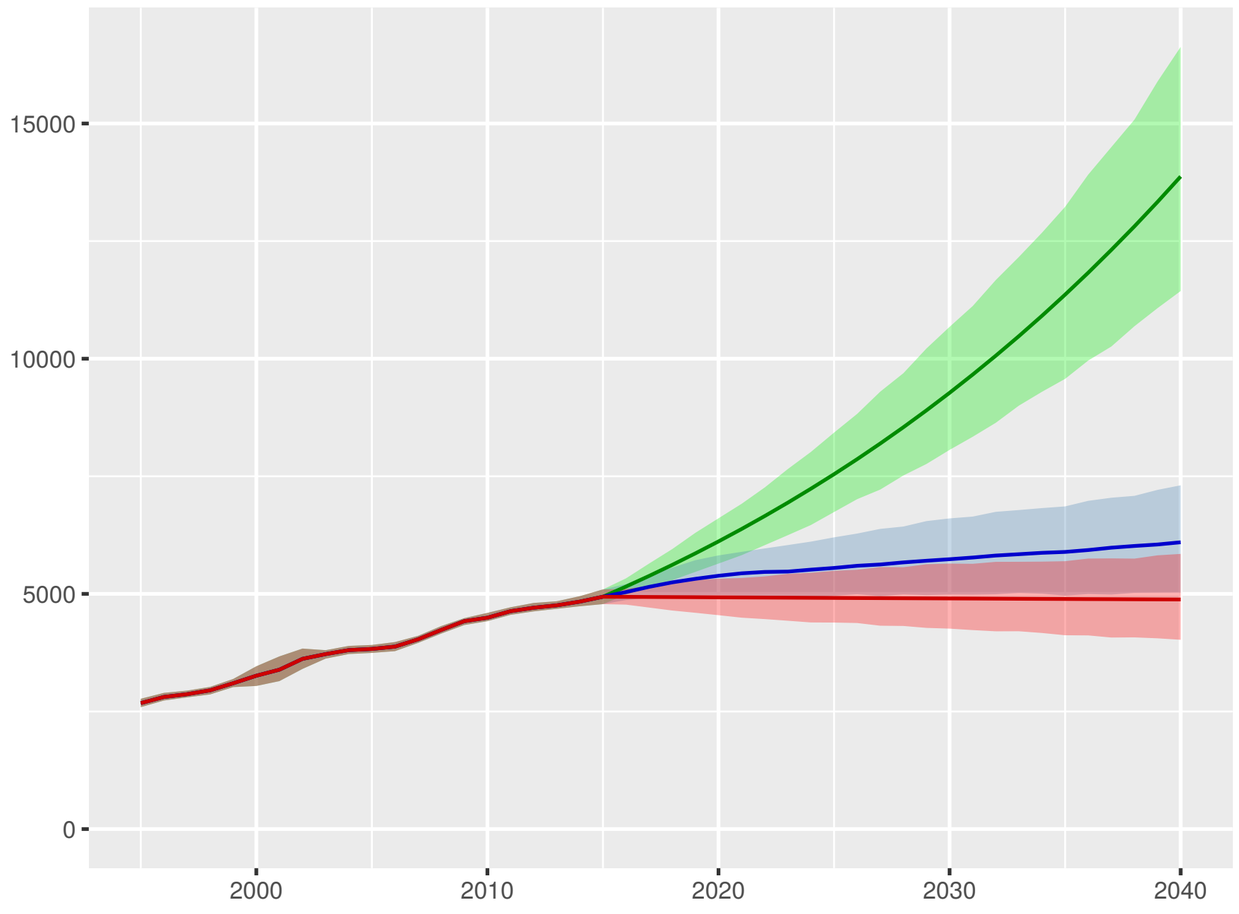
Scenario — Better — Reference — Worse

Belgium

Universal health coverage index

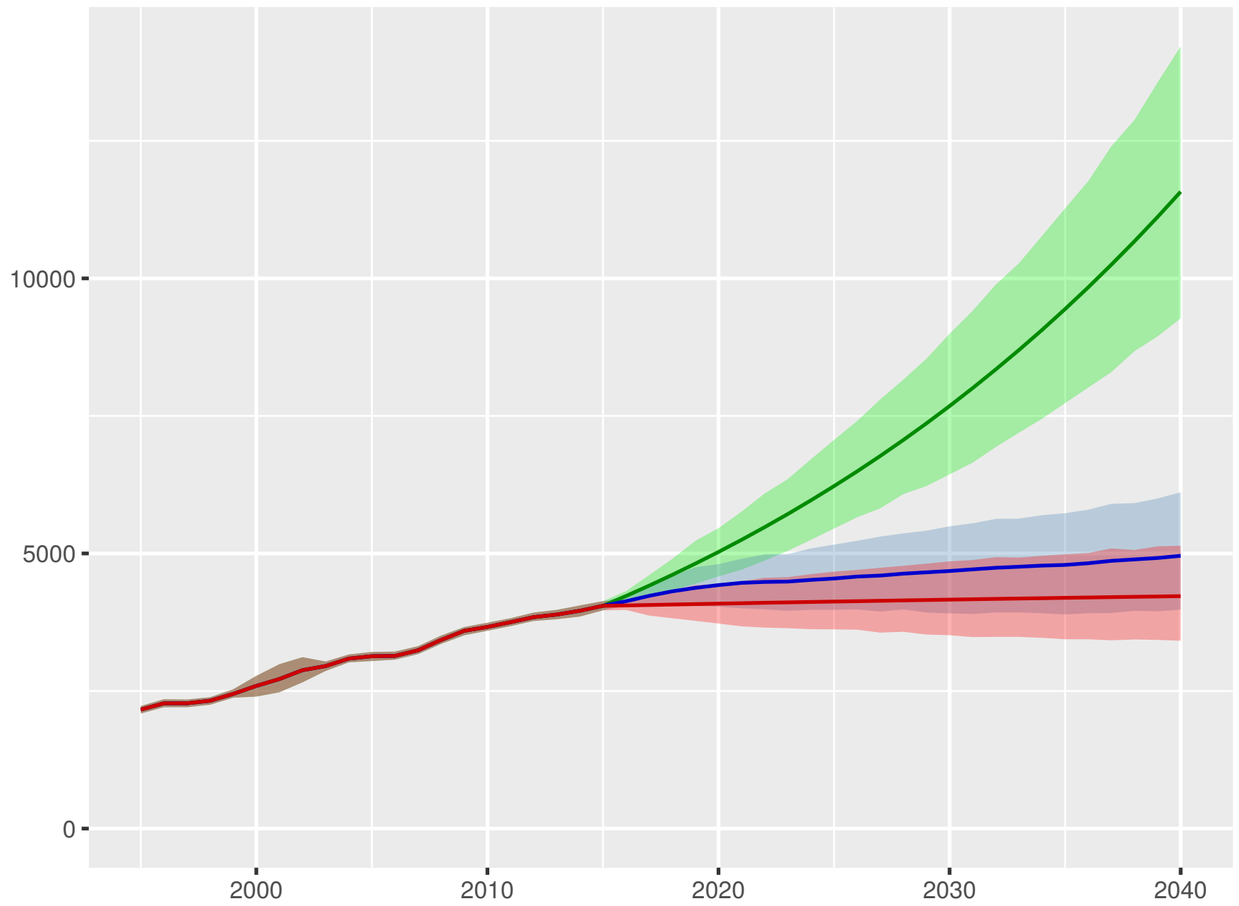


Total health spending per person

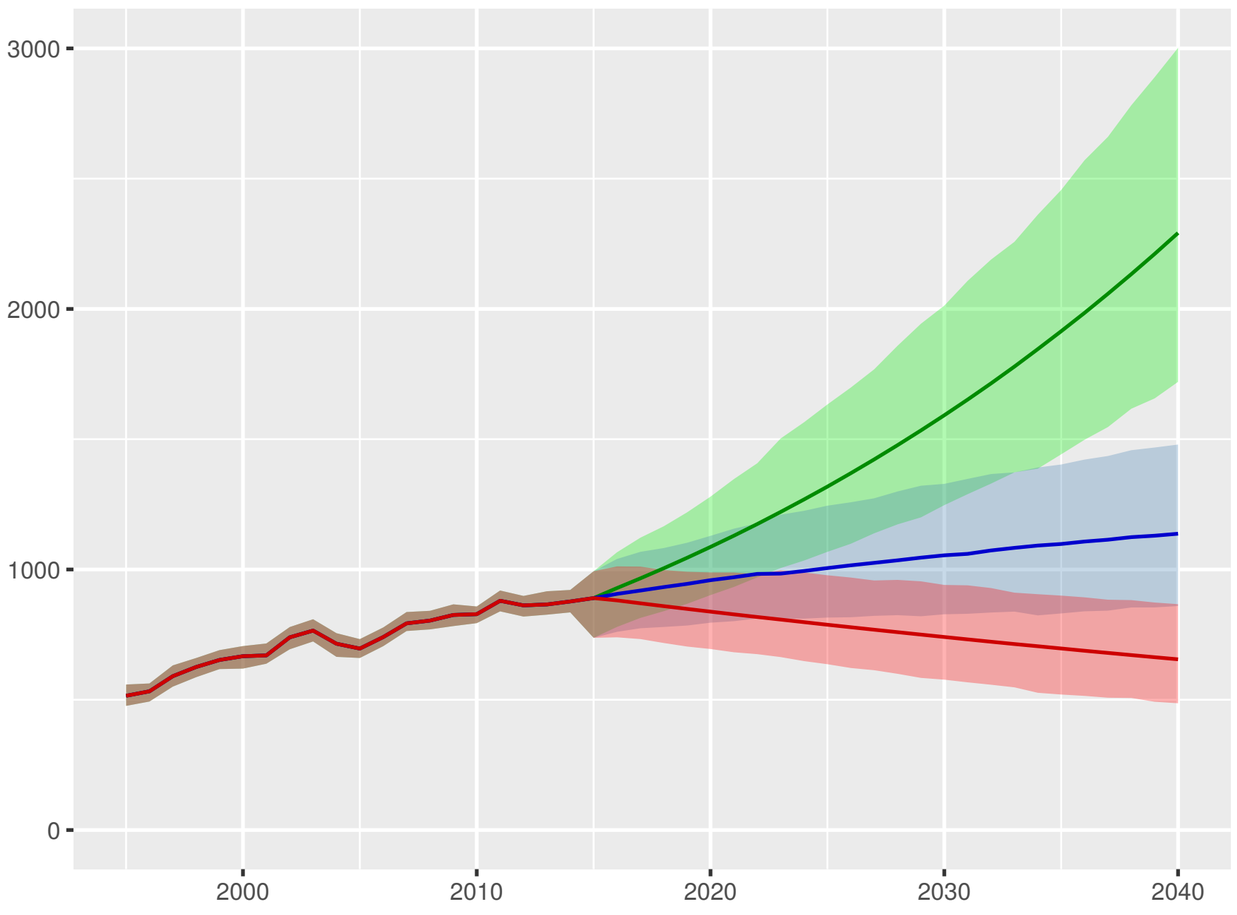


Development assistance for health received per person

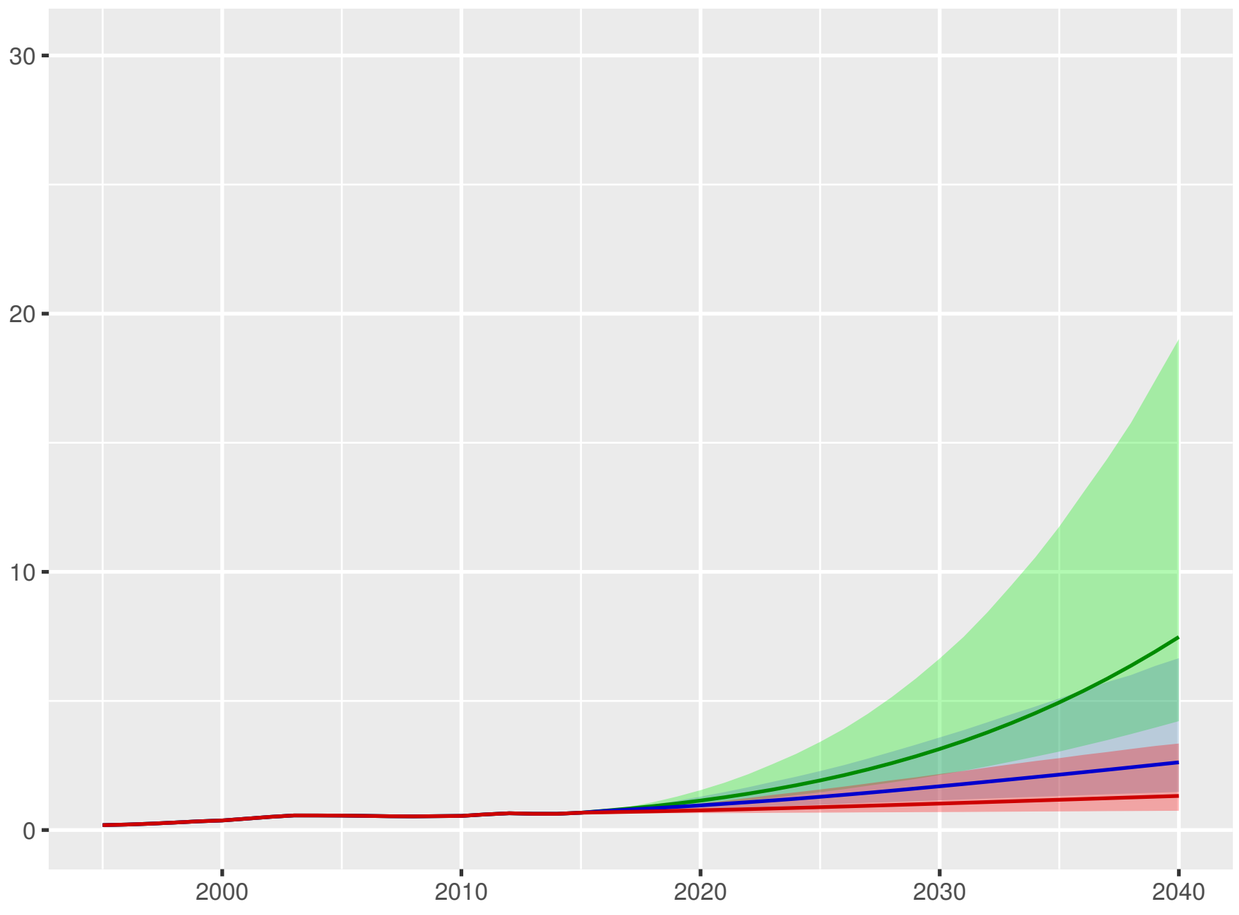
Government health spending per person



Out-of-pocket spending per person



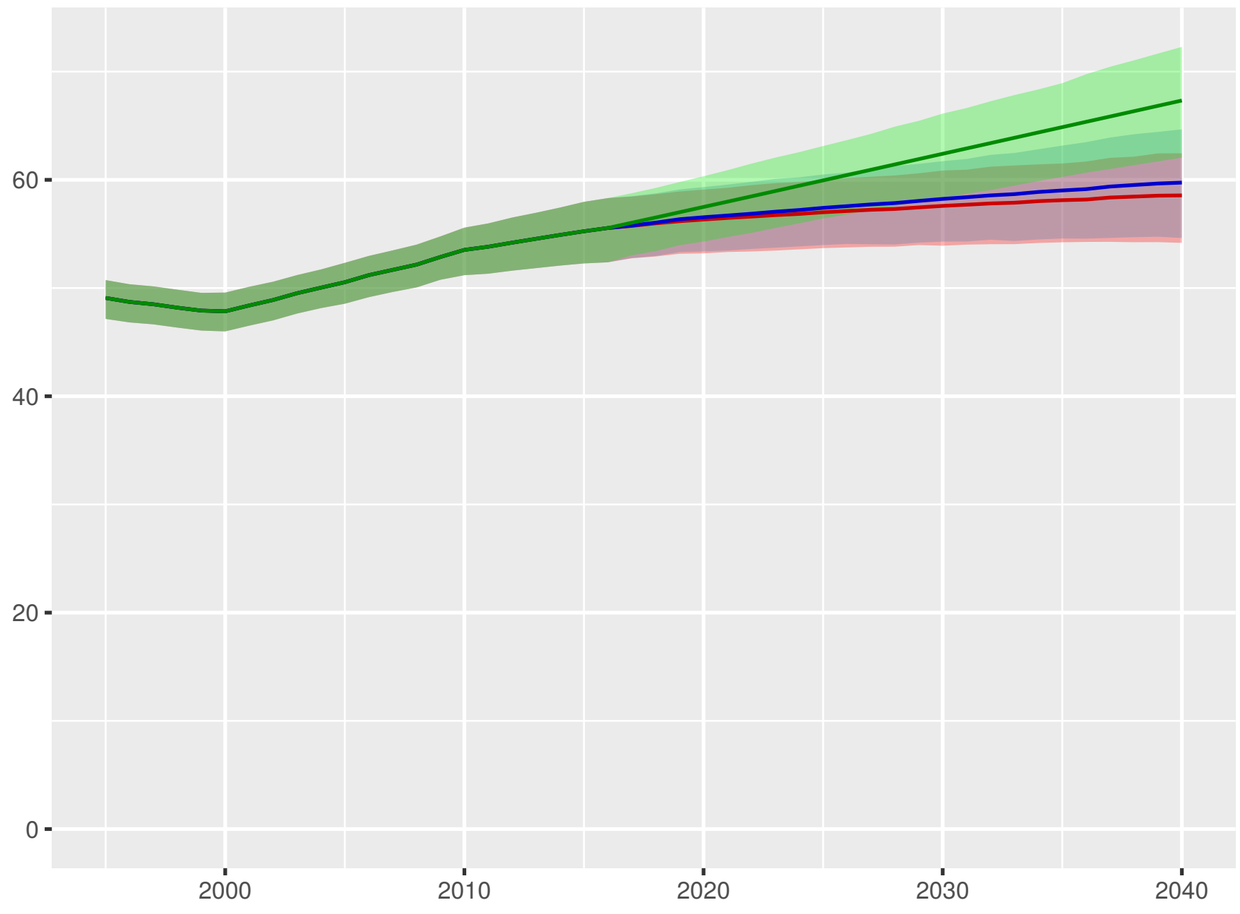
Prepaid private spending per person



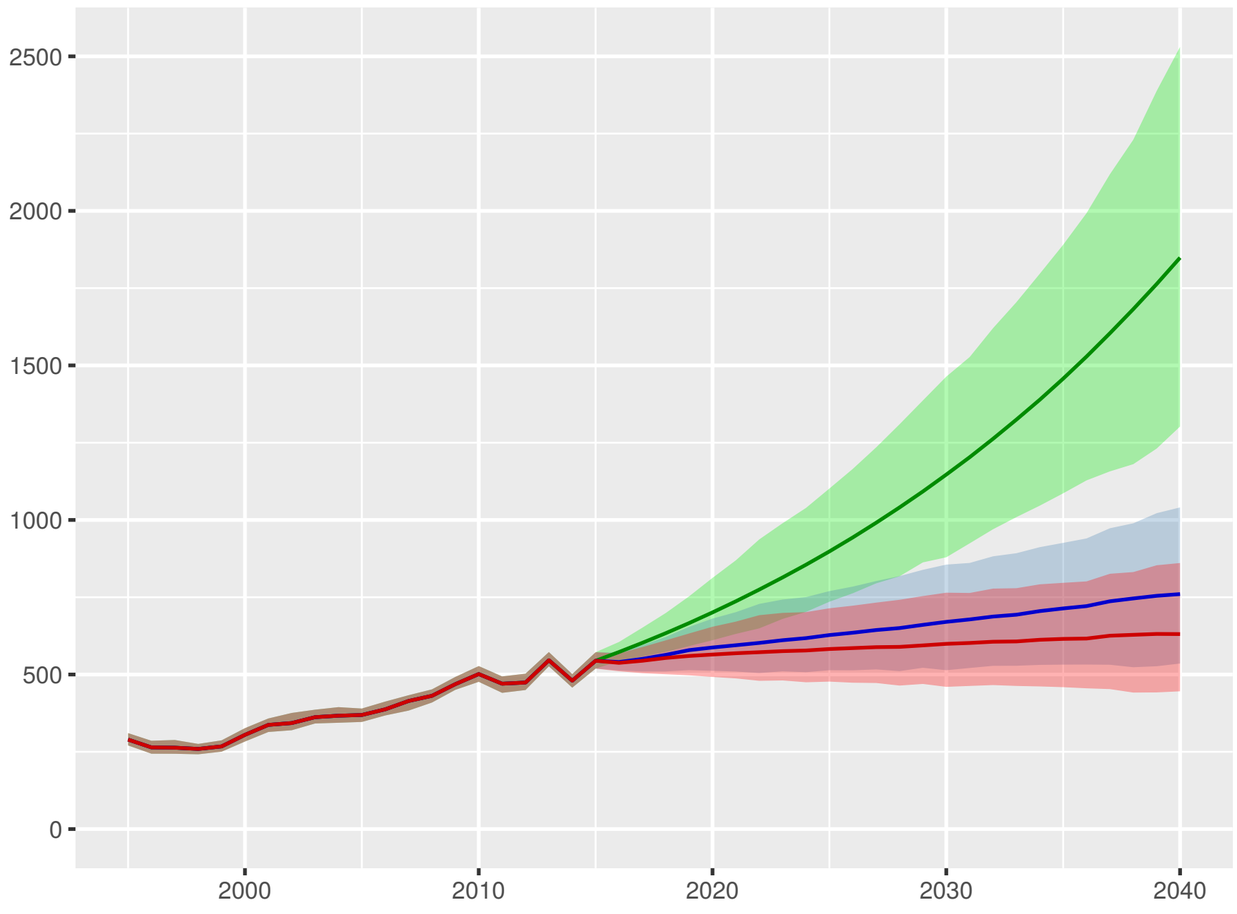
Scenario — Better — Reference — Worse

Belize

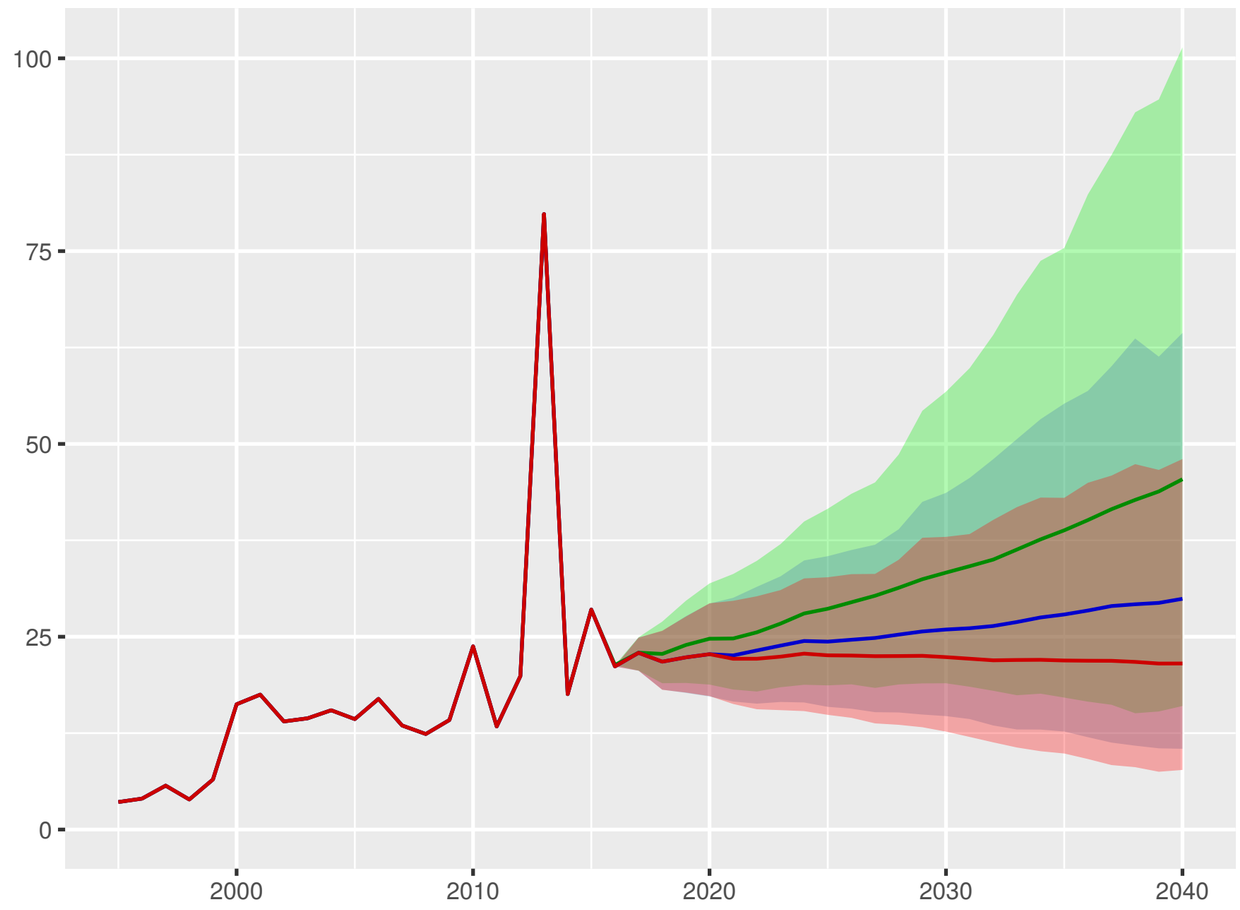
Universal health coverage index



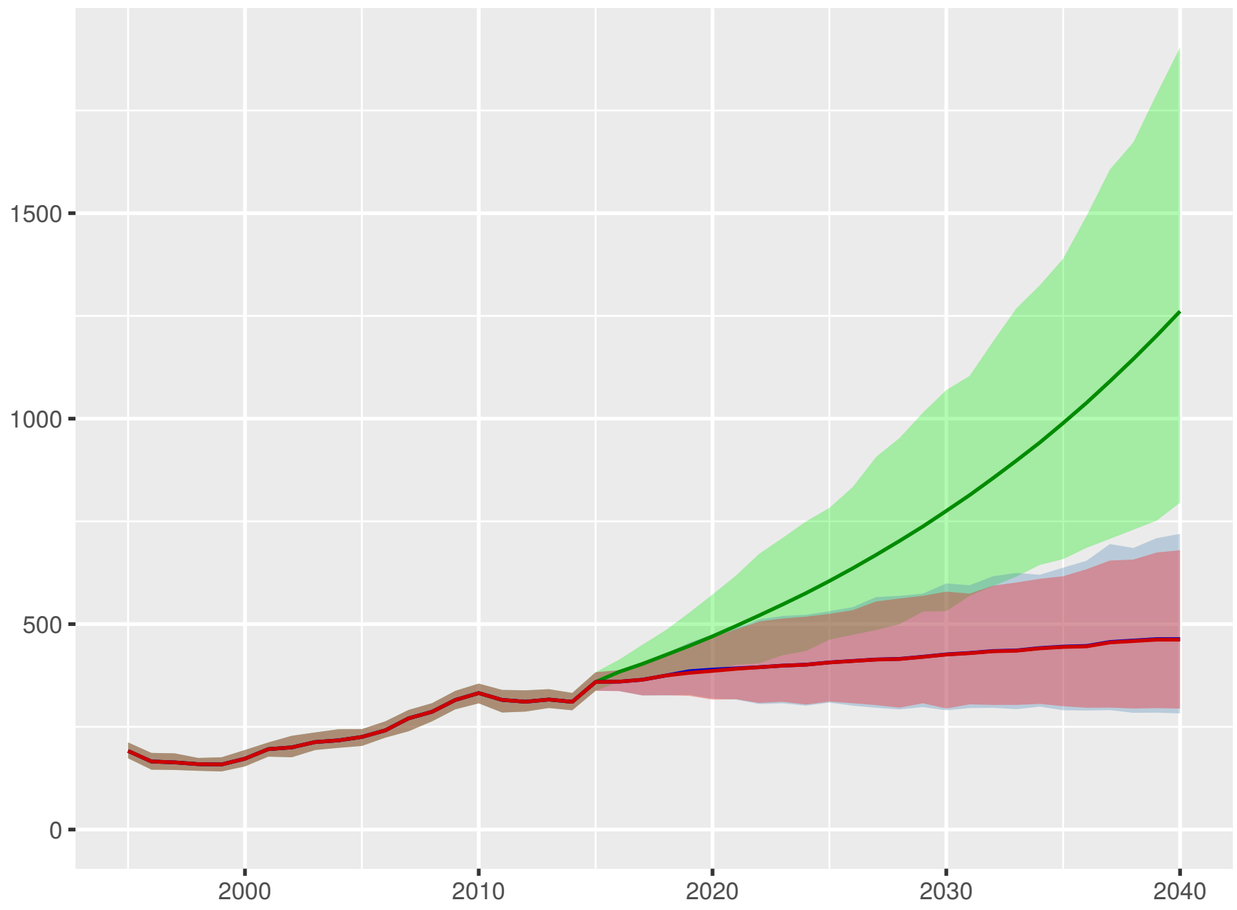
Total health spending per person



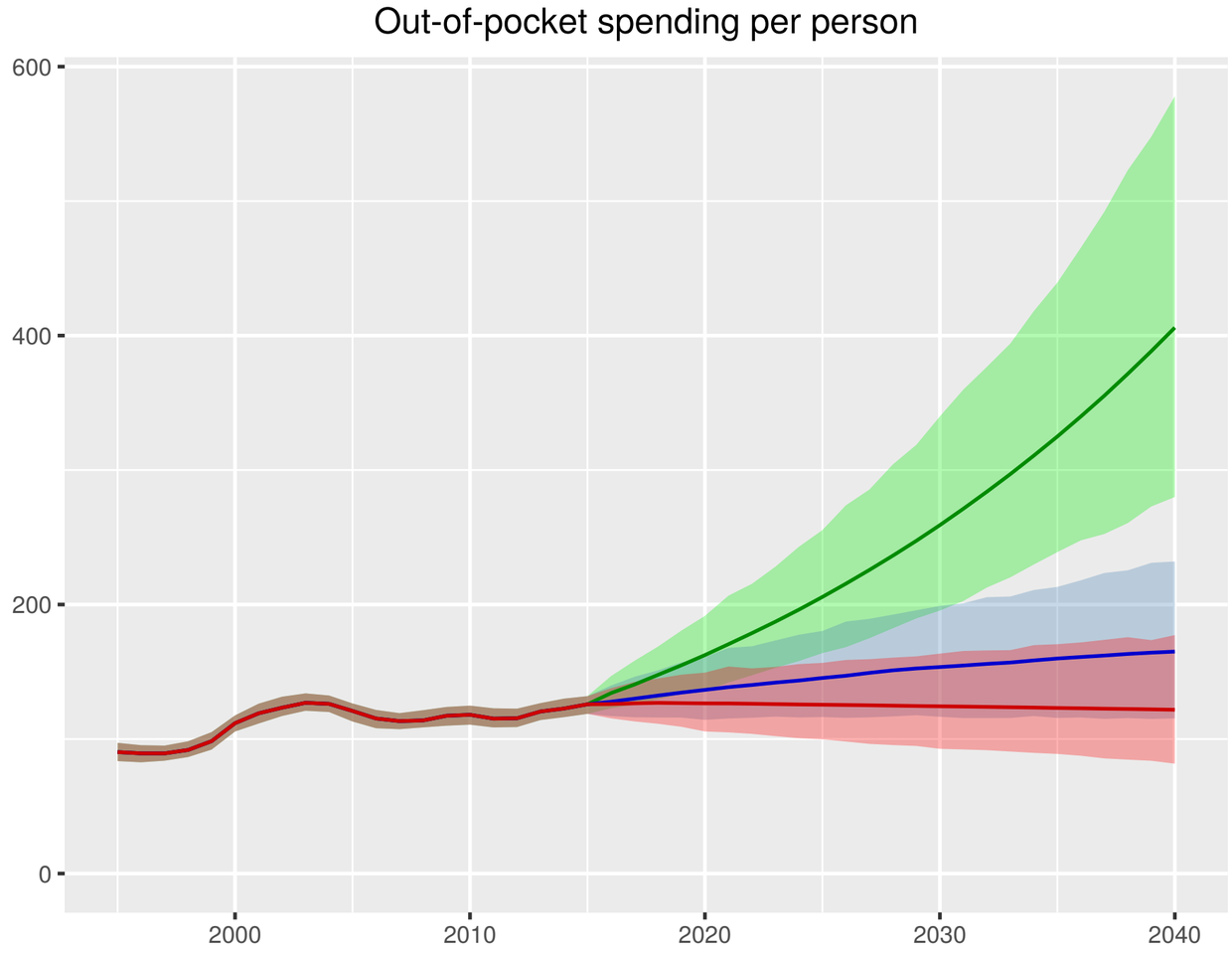
Development assistance for health received per person



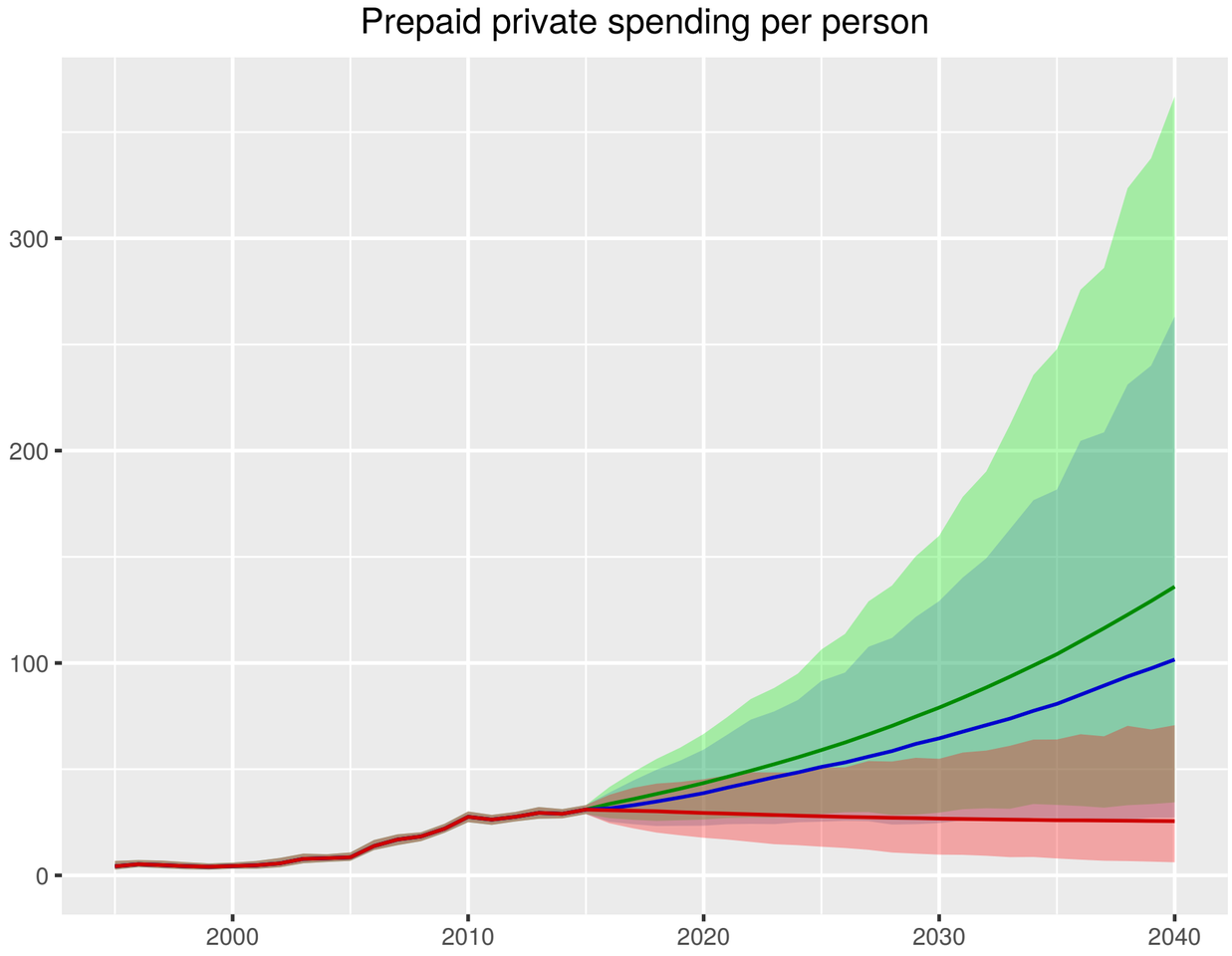
Government health spending per person



Out-of-pocket spending per person



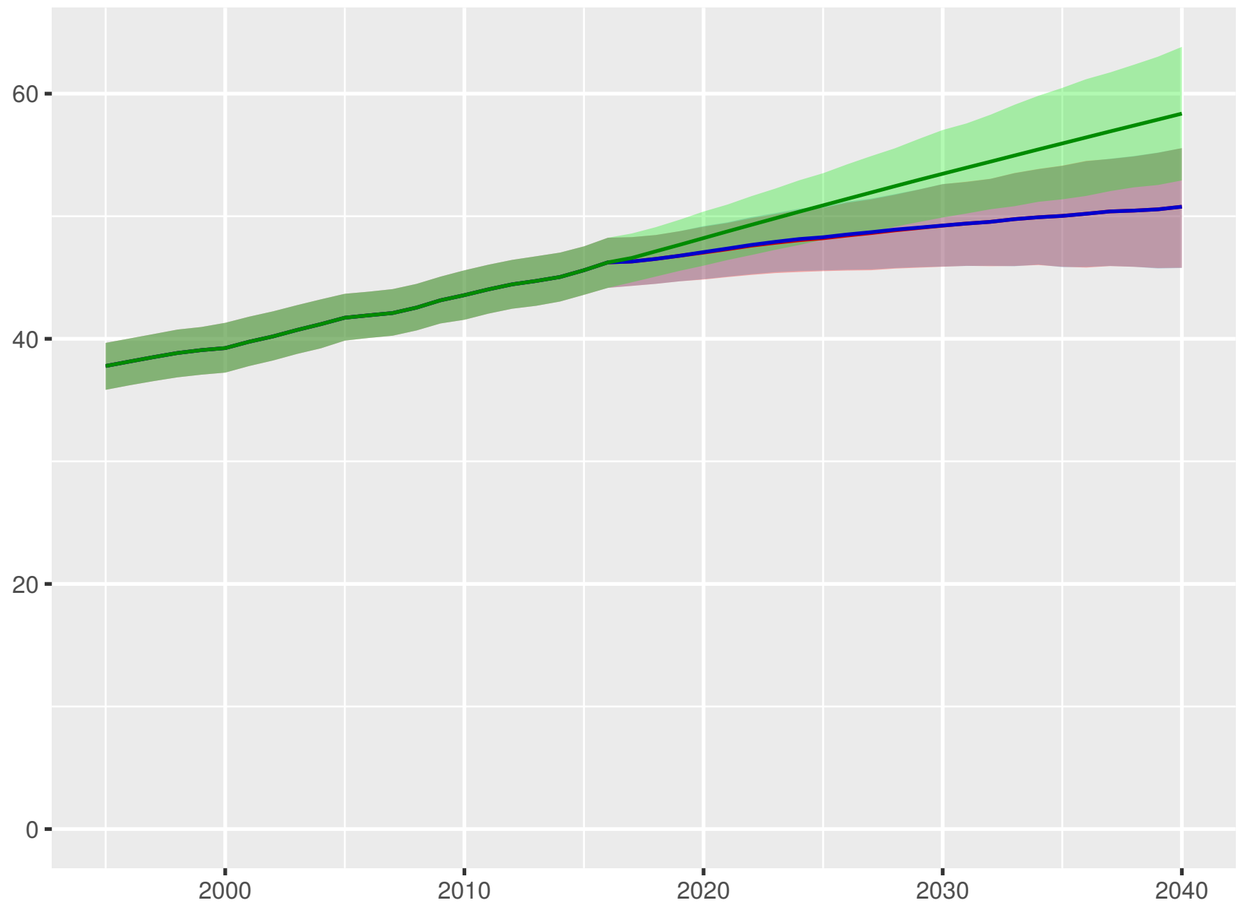
Prepaid private spending per person



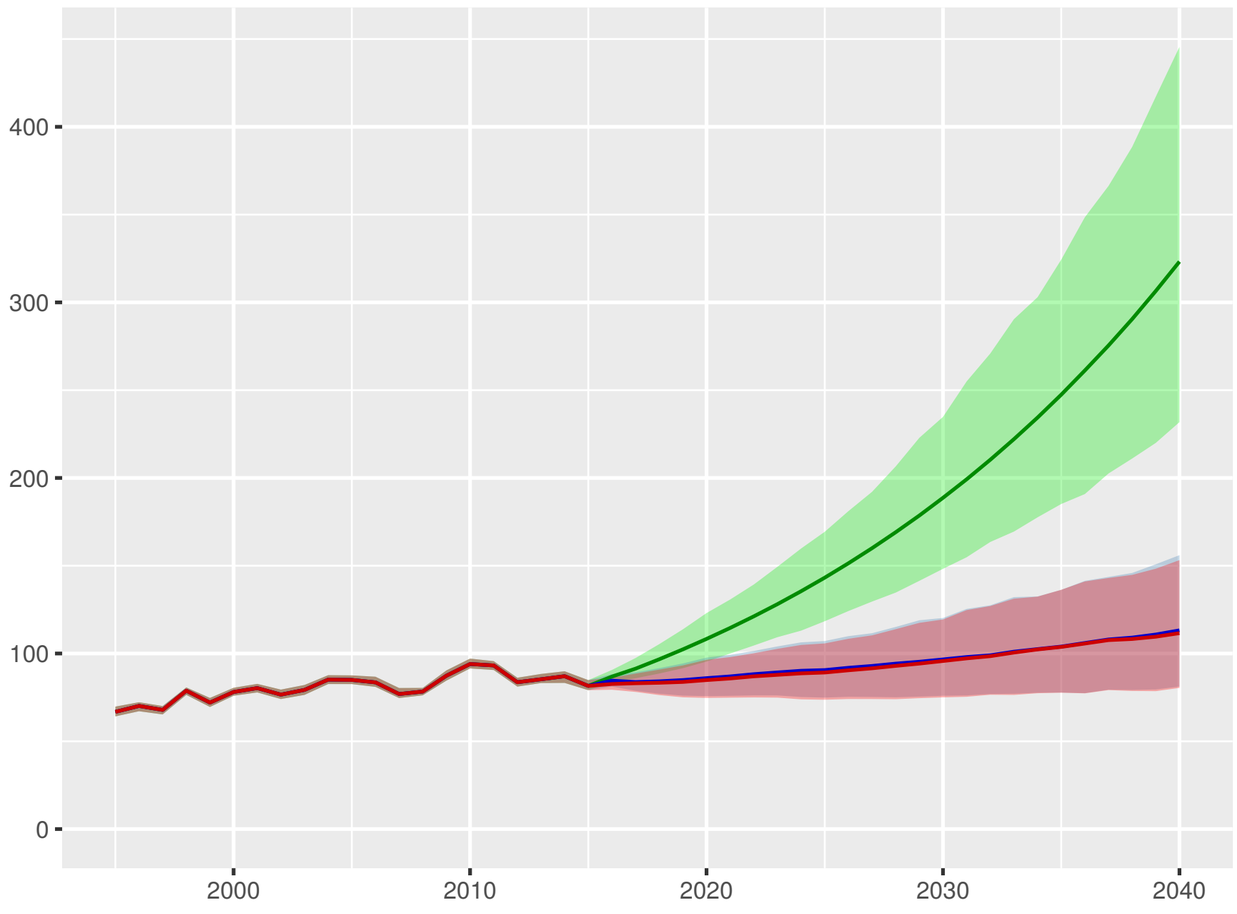
Scenario — Better — Reference — Worse

Benin

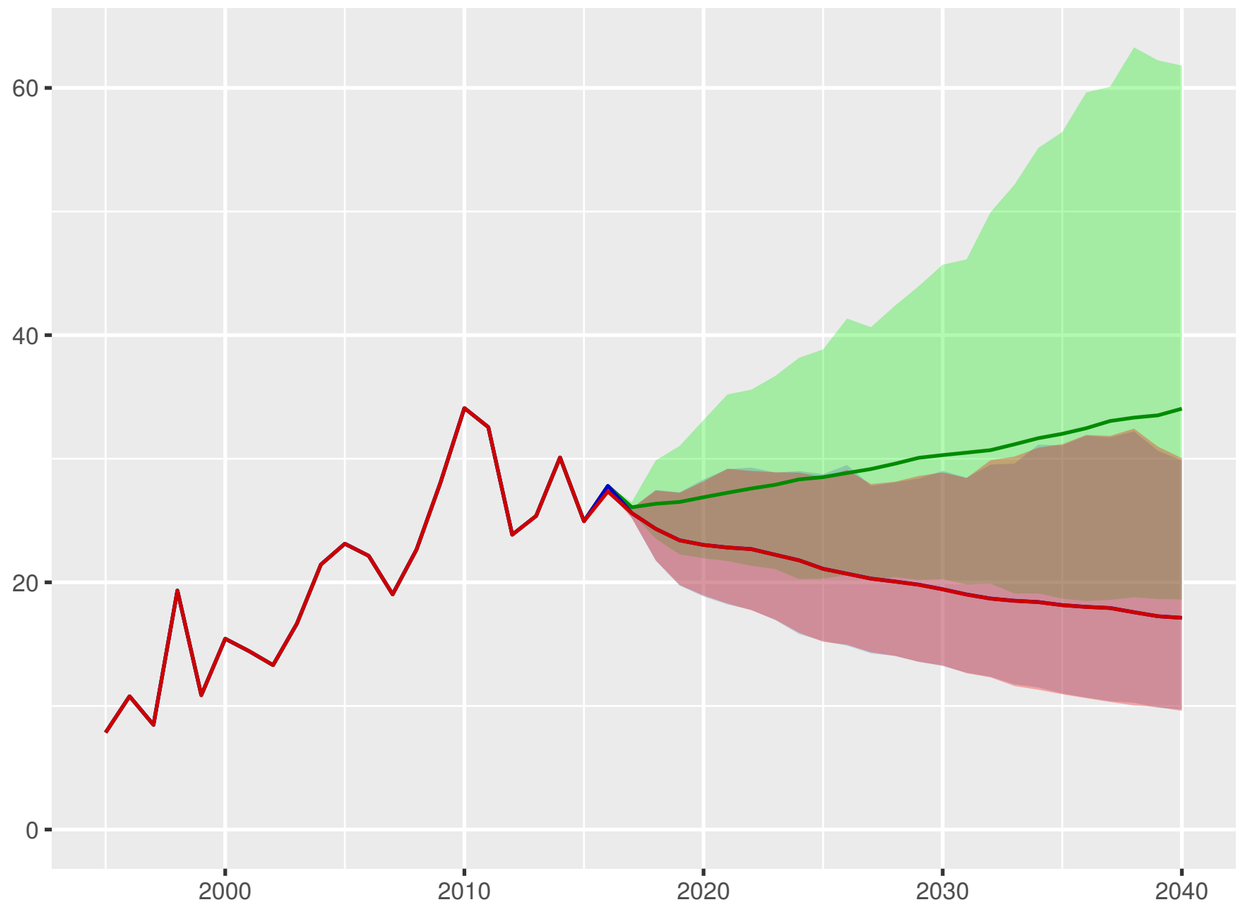
Universal health coverage index



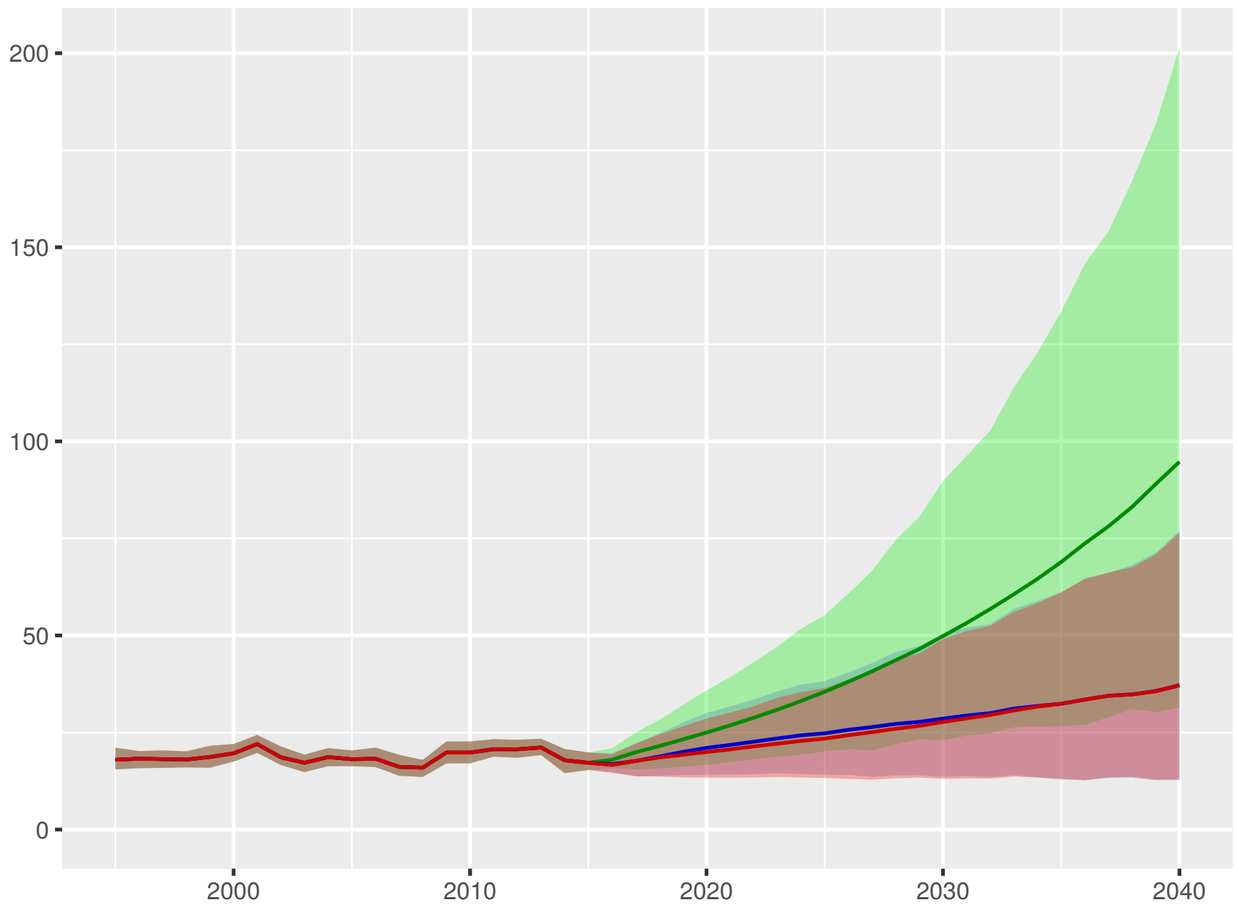
Total health spending per person



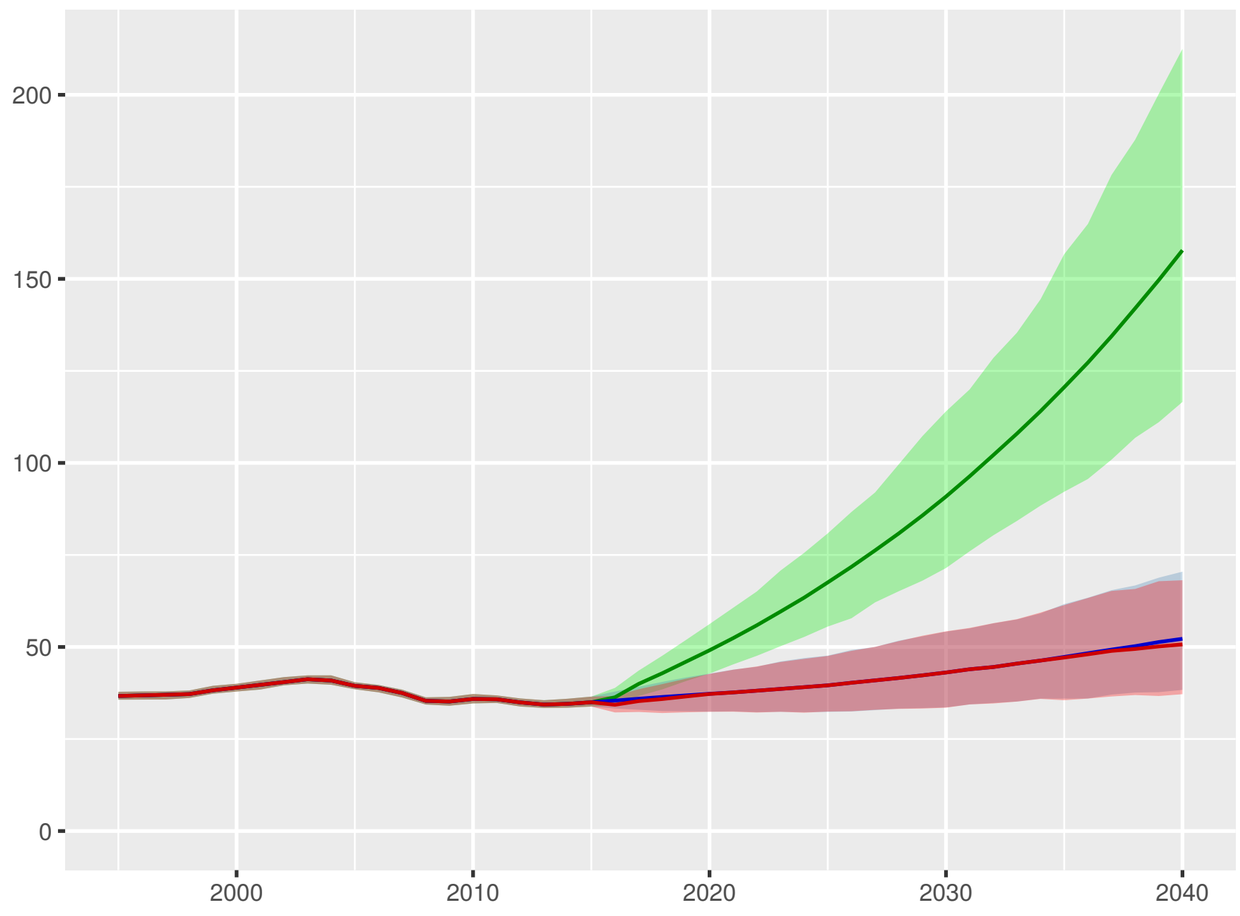
Development assistance for health received per person



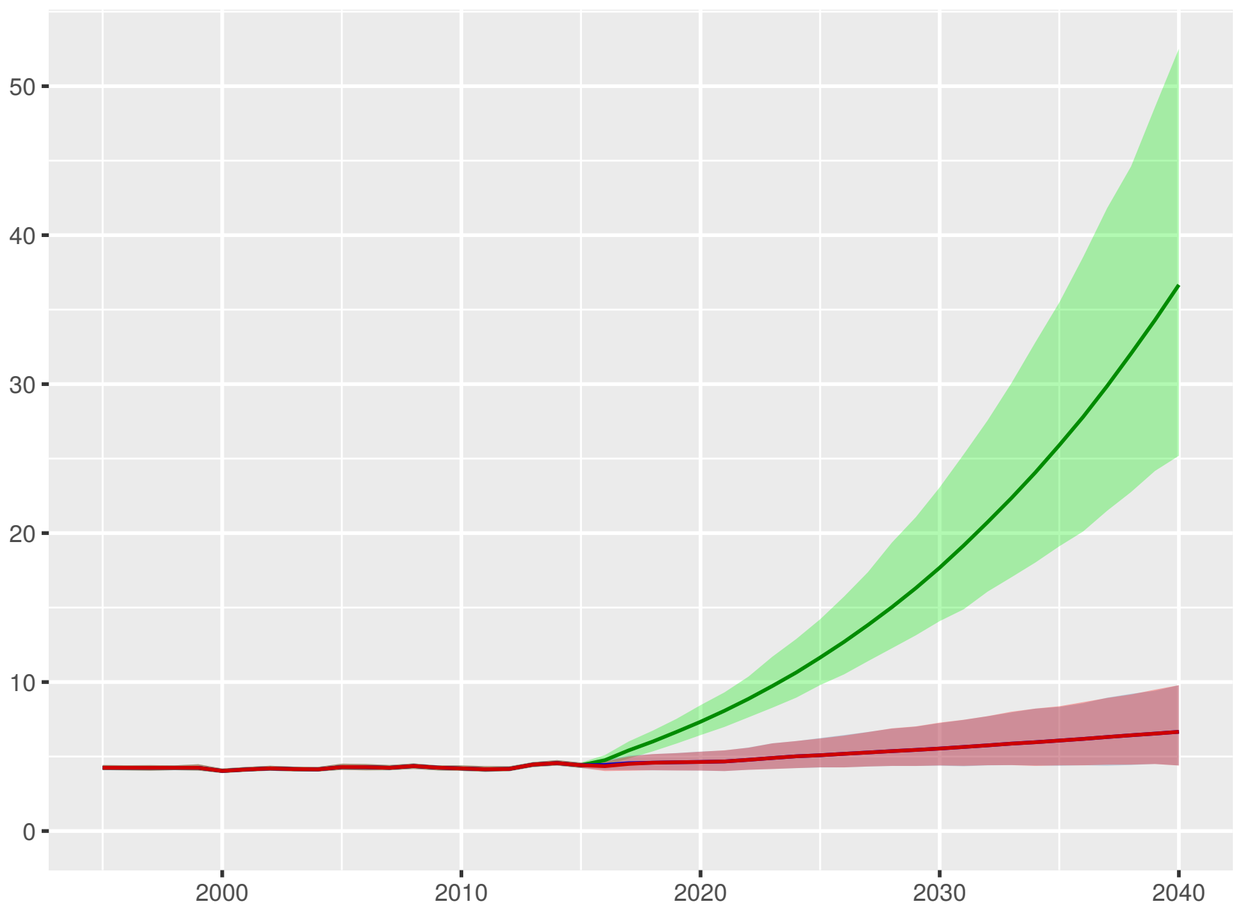
Government health spending per person



Out-of-pocket spending per person



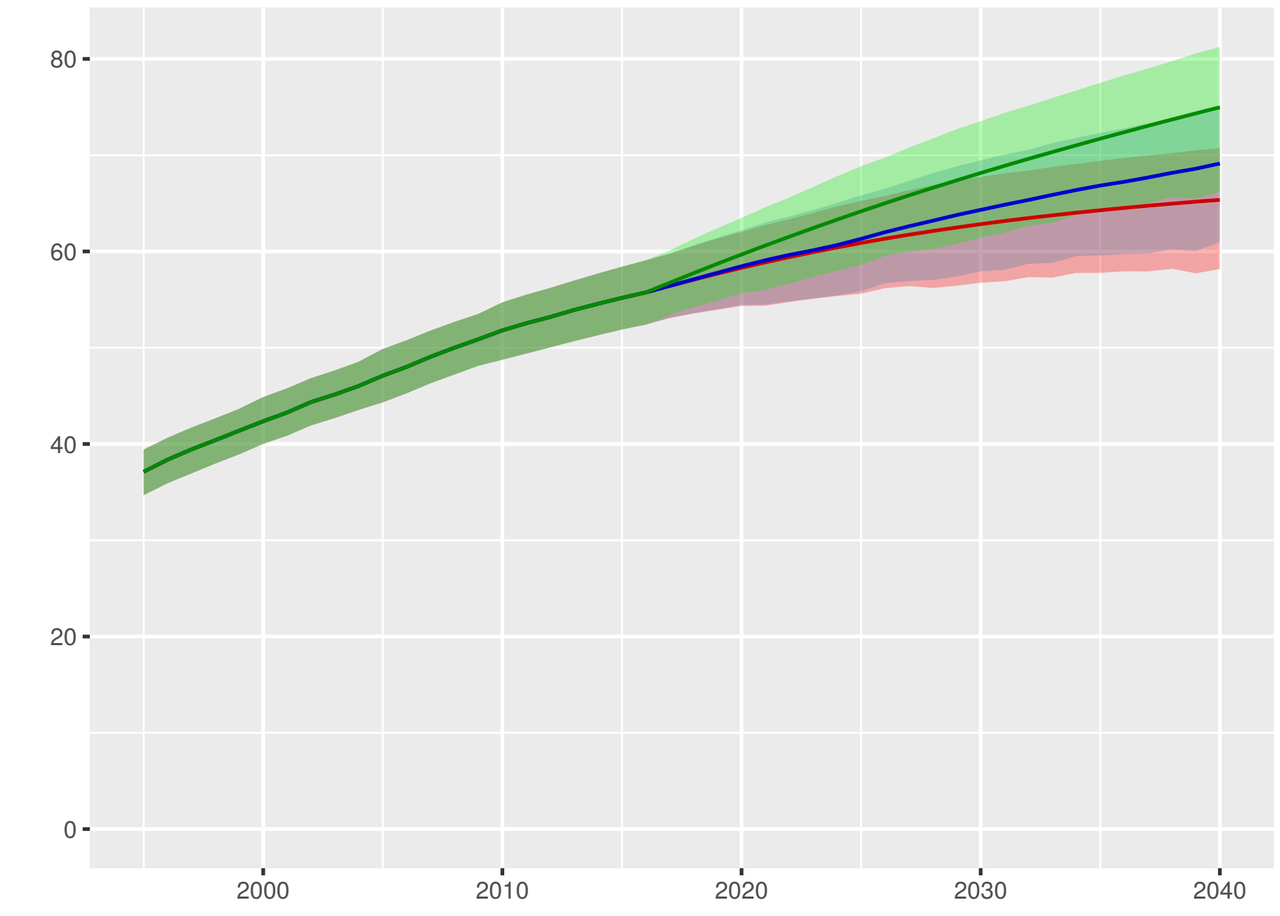
Prepaid private spending per person



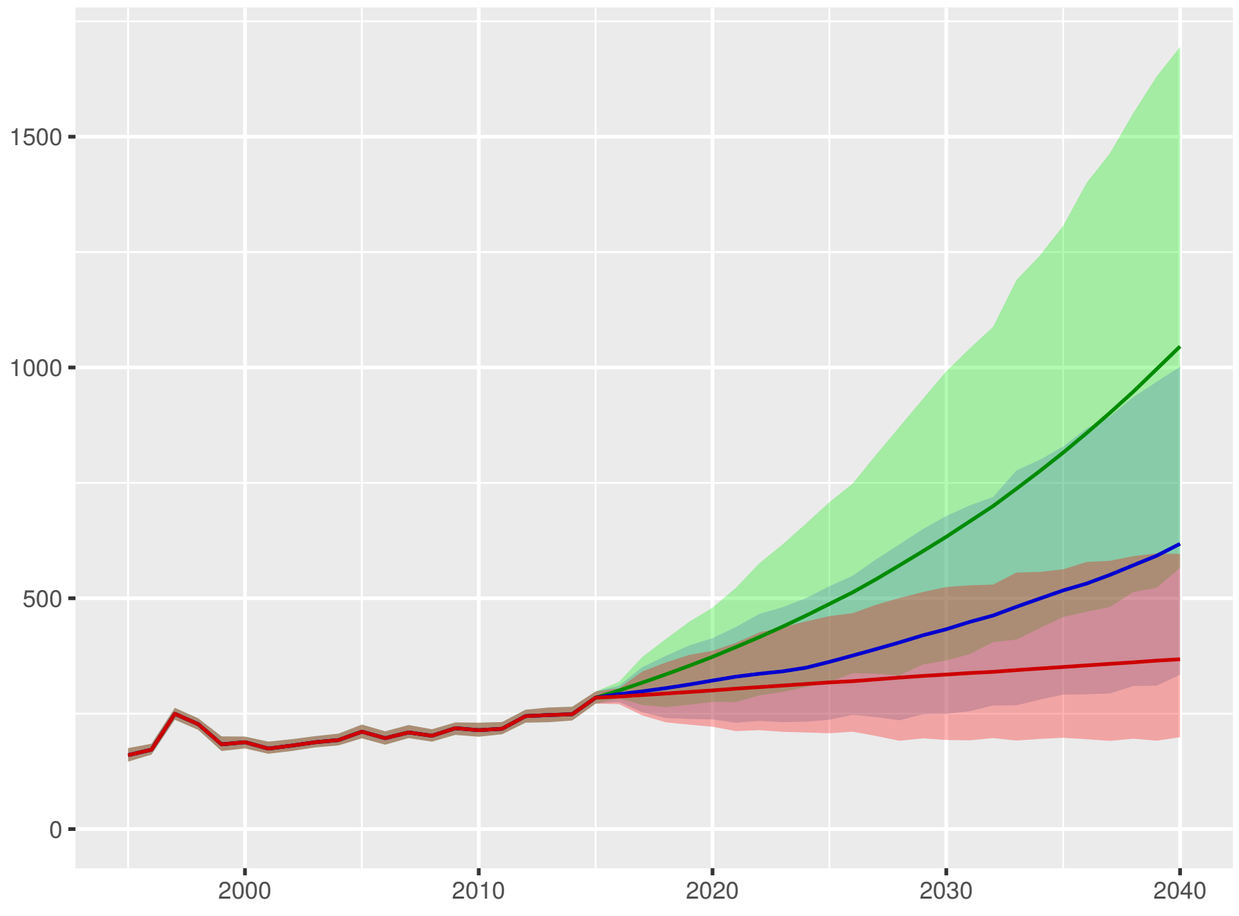
Scenario — Better — Reference — Worse

Bhutan

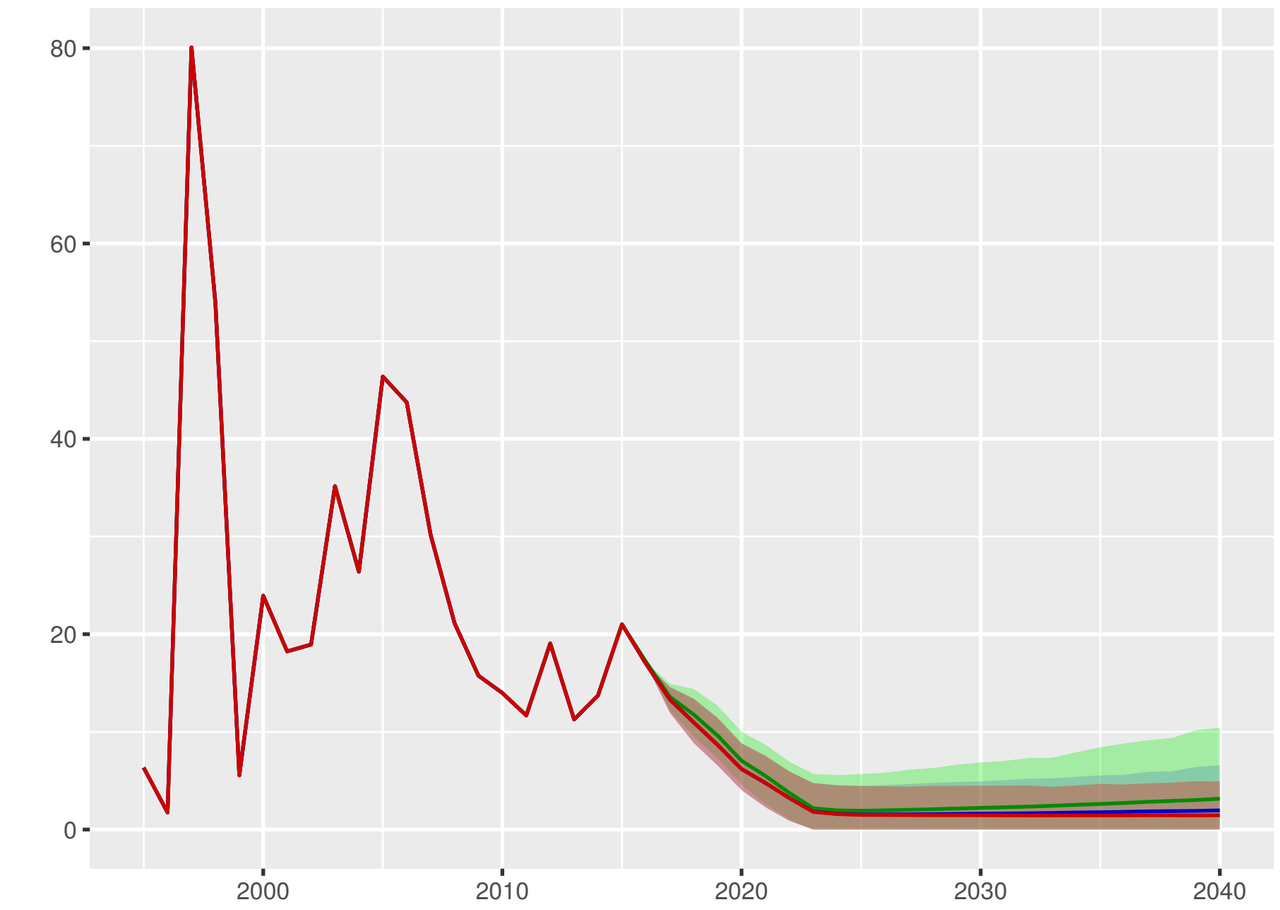
Universal health coverage index



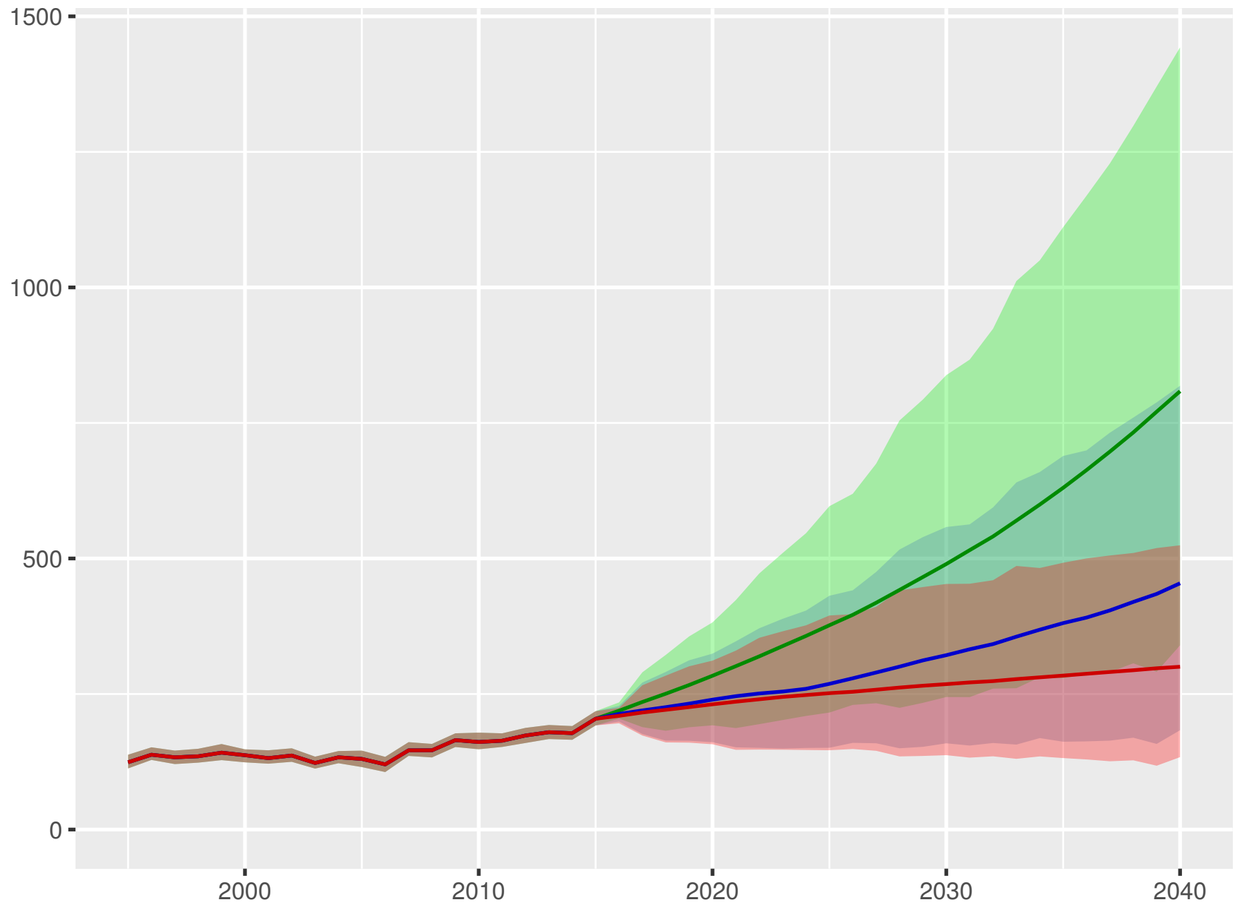
Total health spending per person



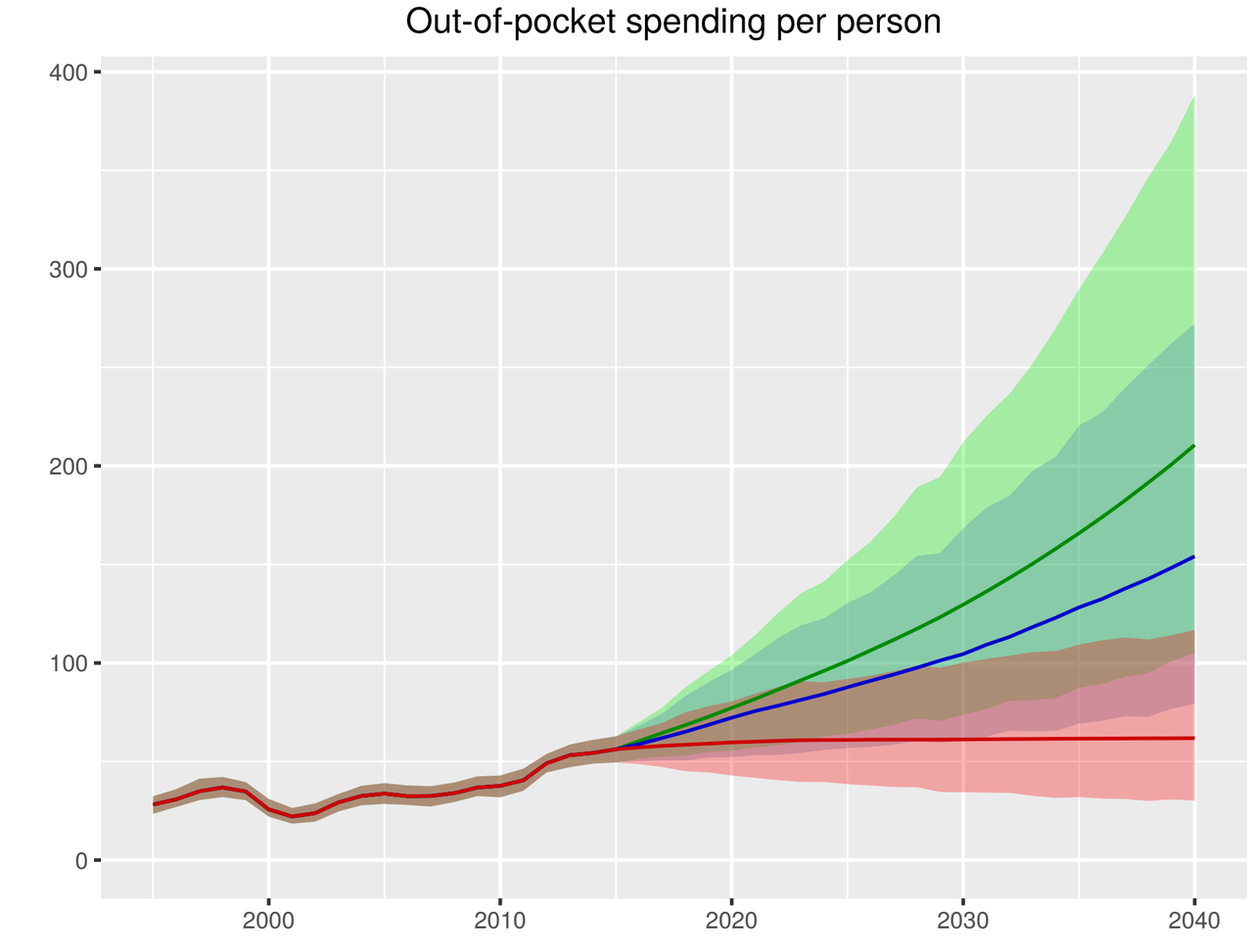
Development assistance for health received per person



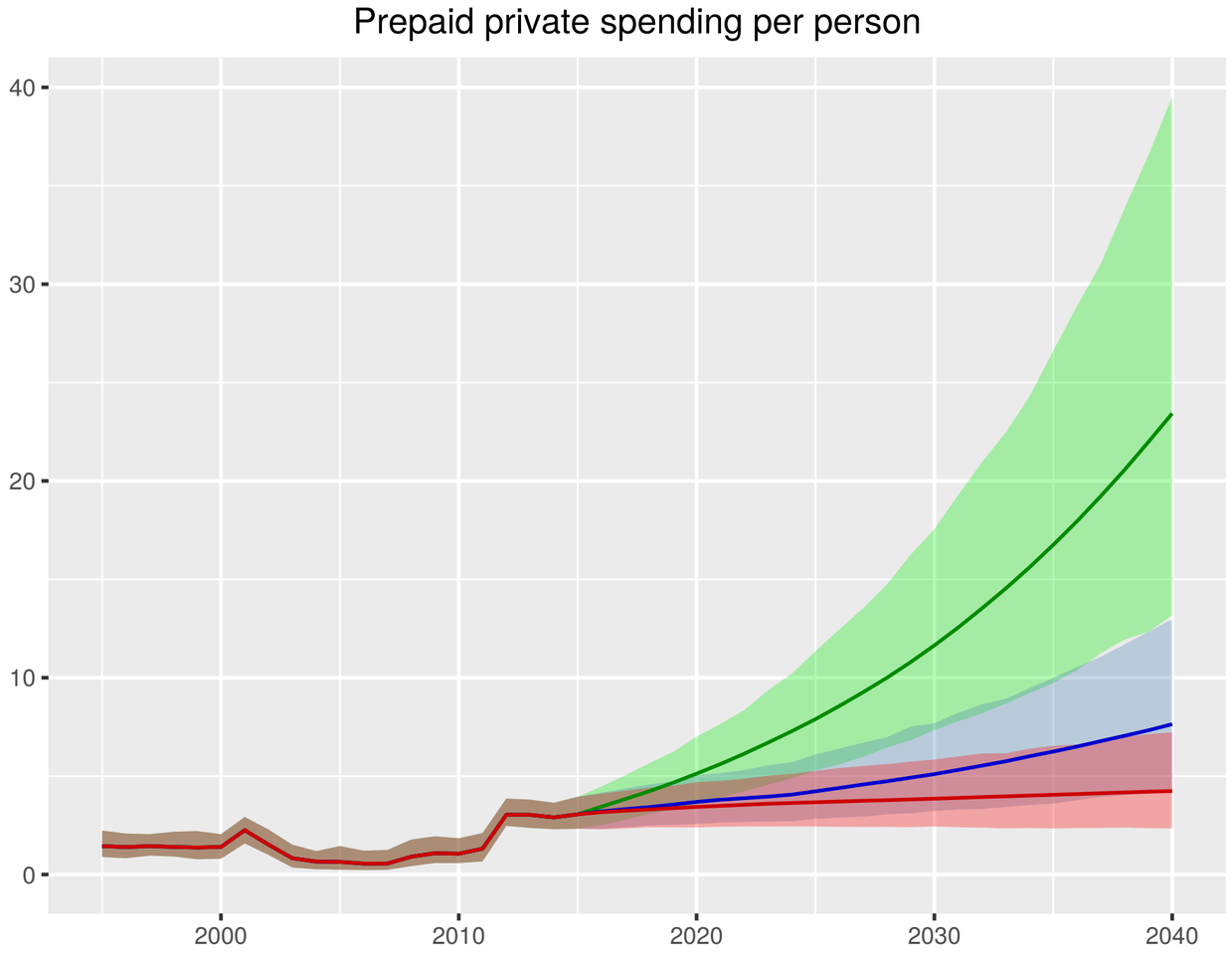
Government health spending per person



Out-of-pocket spending per person



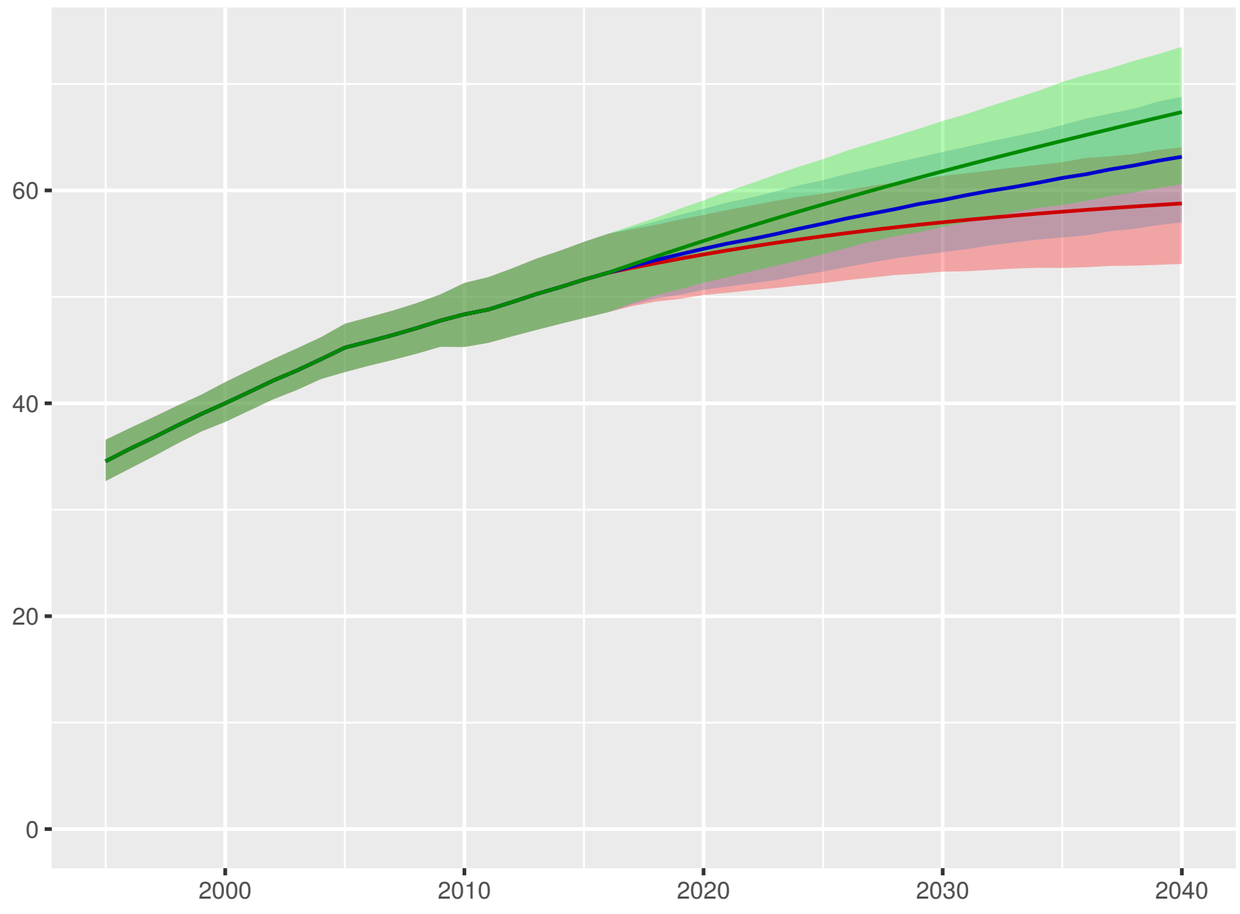
Prepaid private spending per person



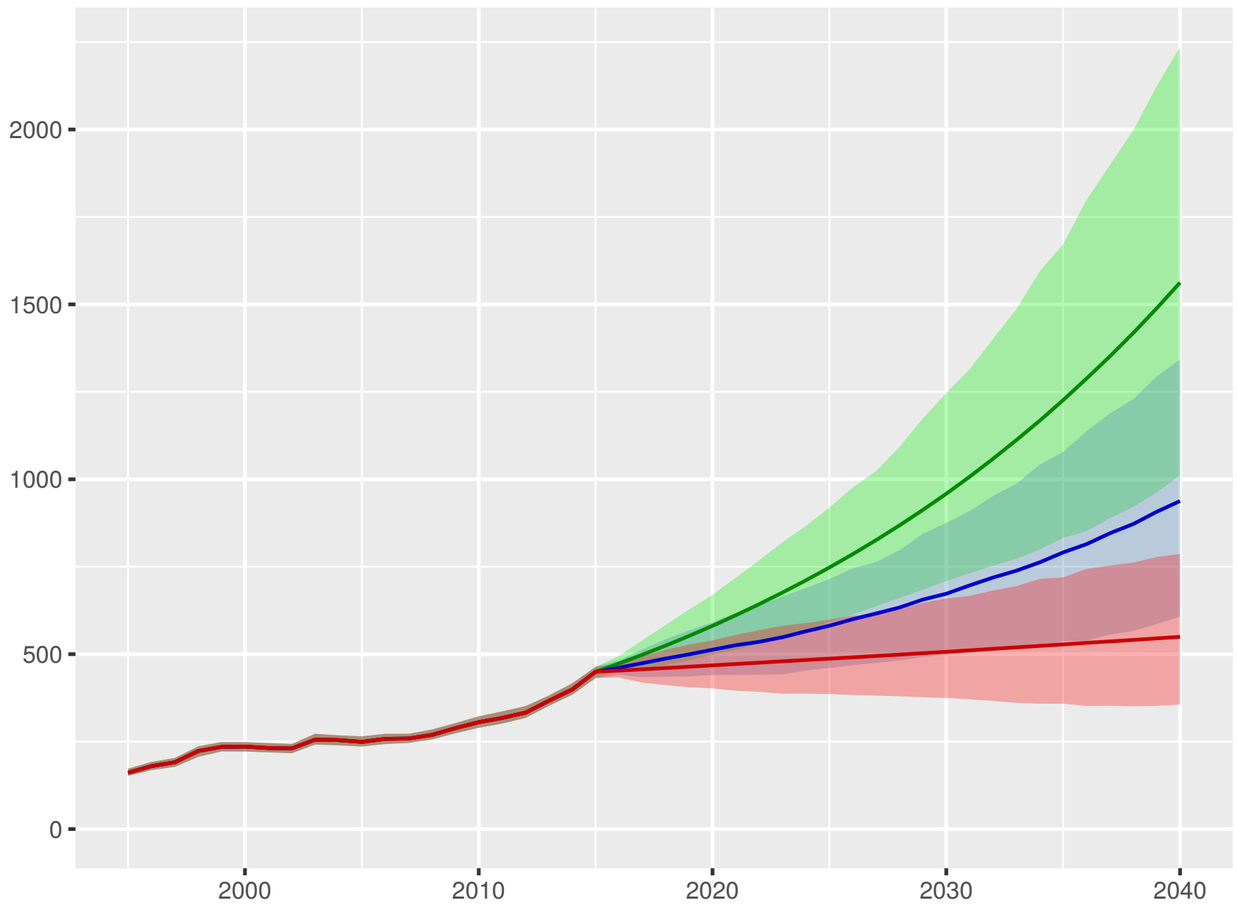
Scenario — Better — Reference — Worse

Bolivia

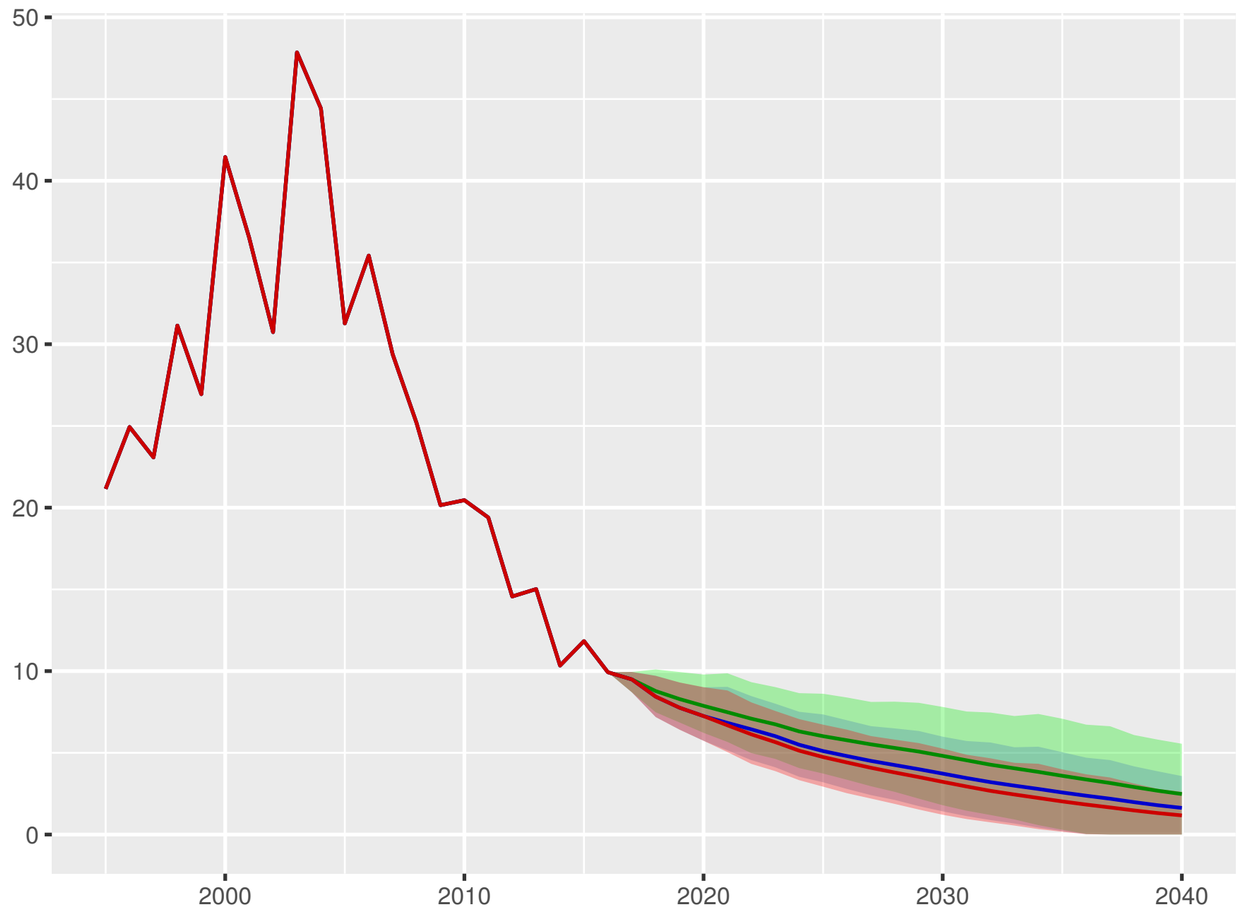
Universal health coverage index



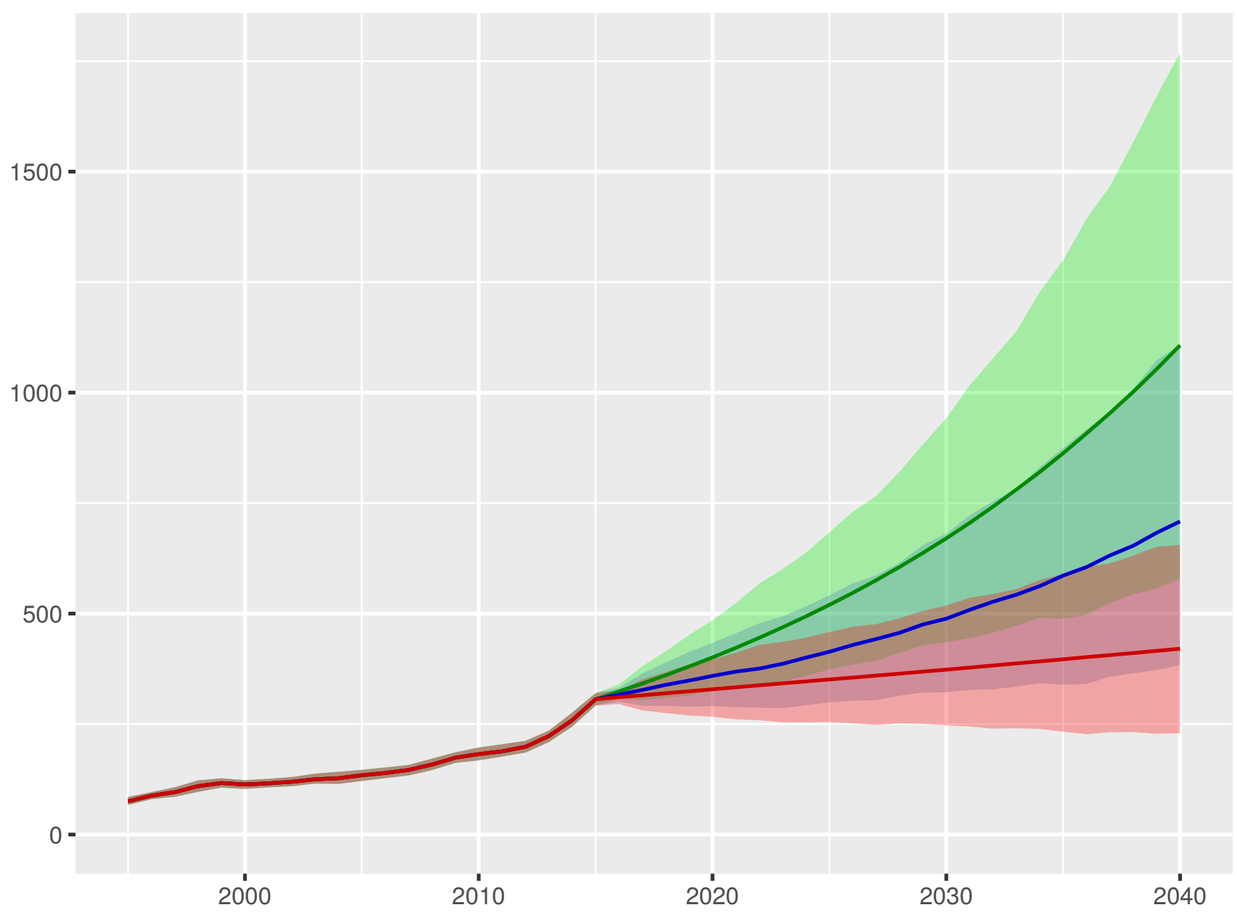
Total health spending per person



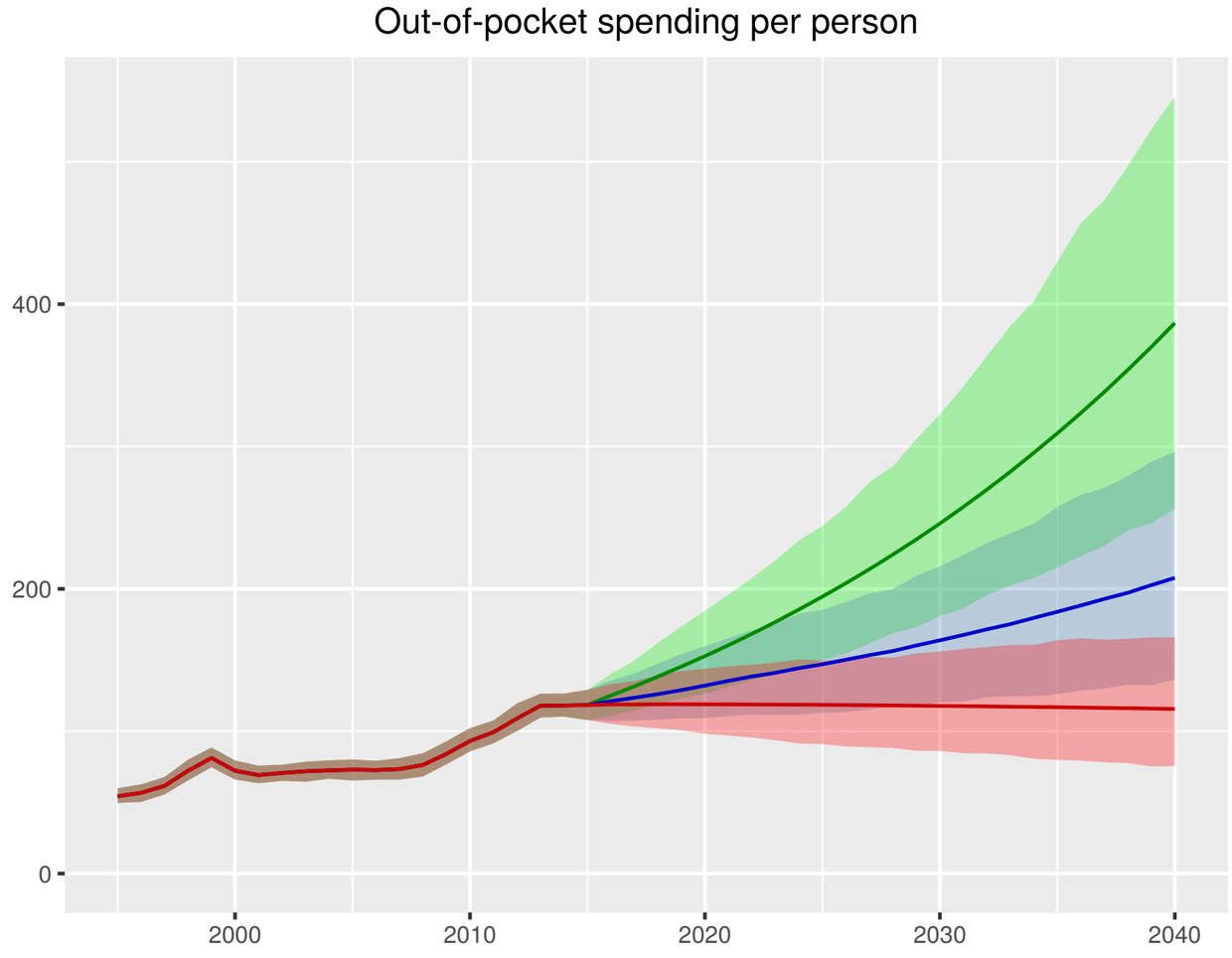
Development assistance for health received per person



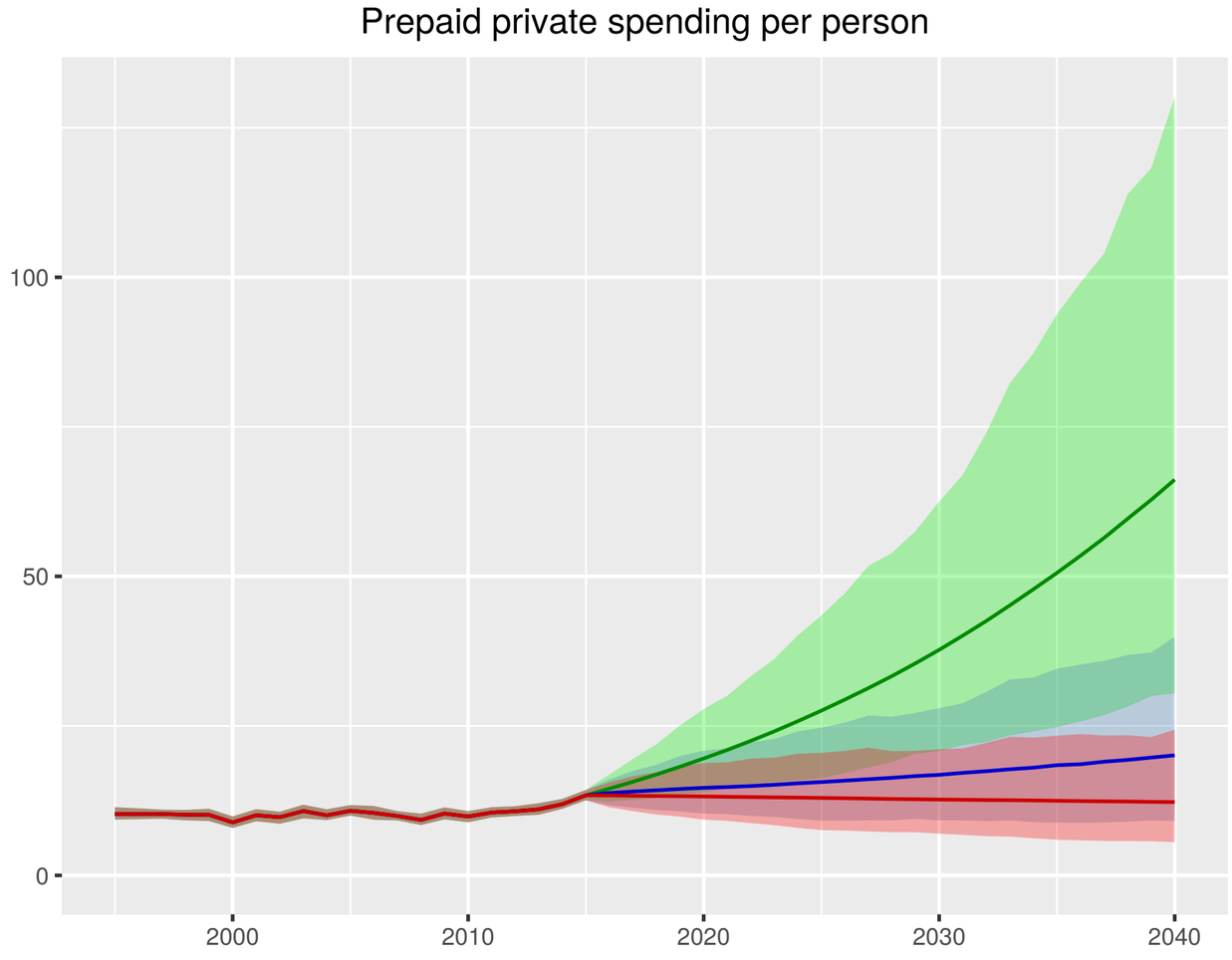
Government health spending per person



Out-of-pocket spending per person



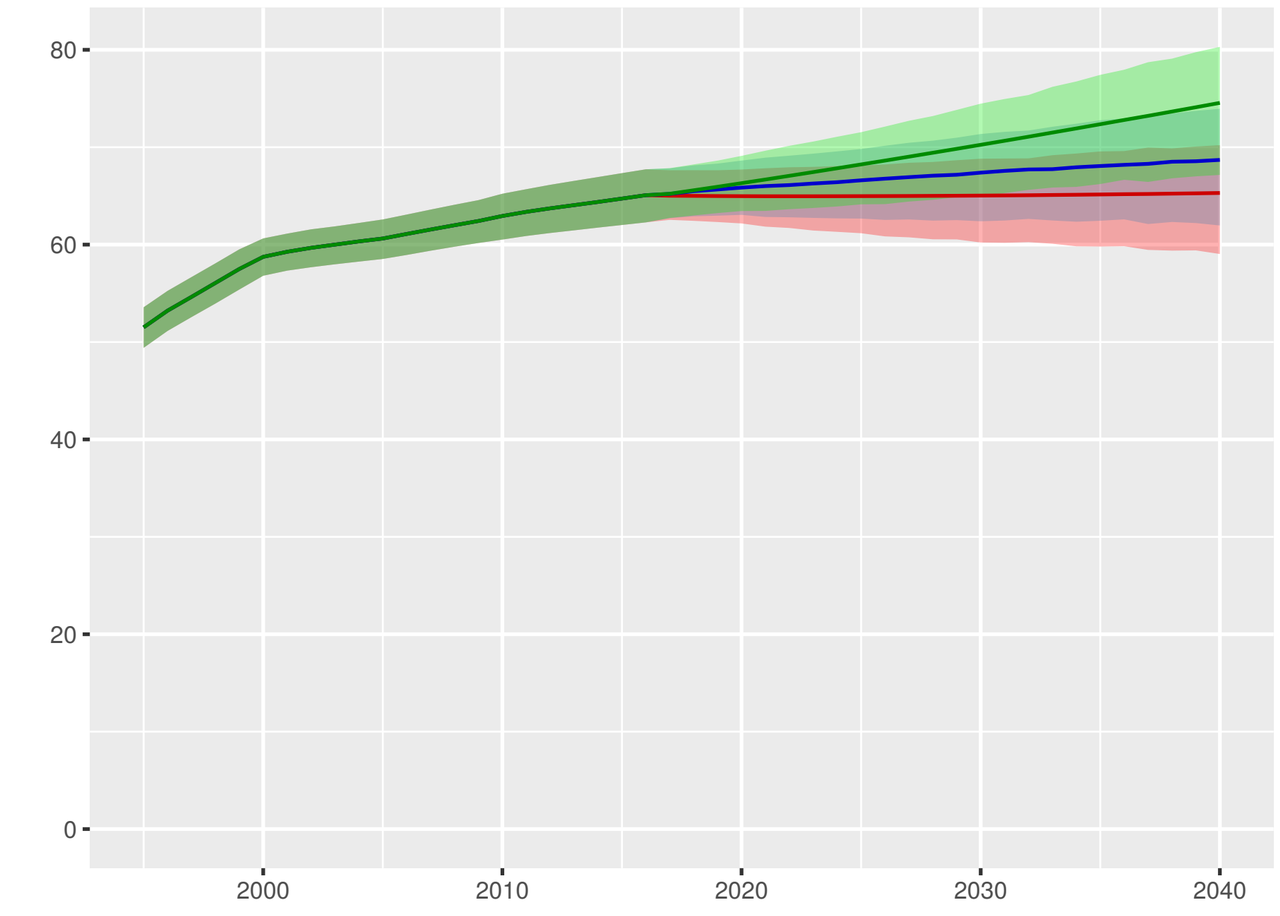
Prepaid private spending per person



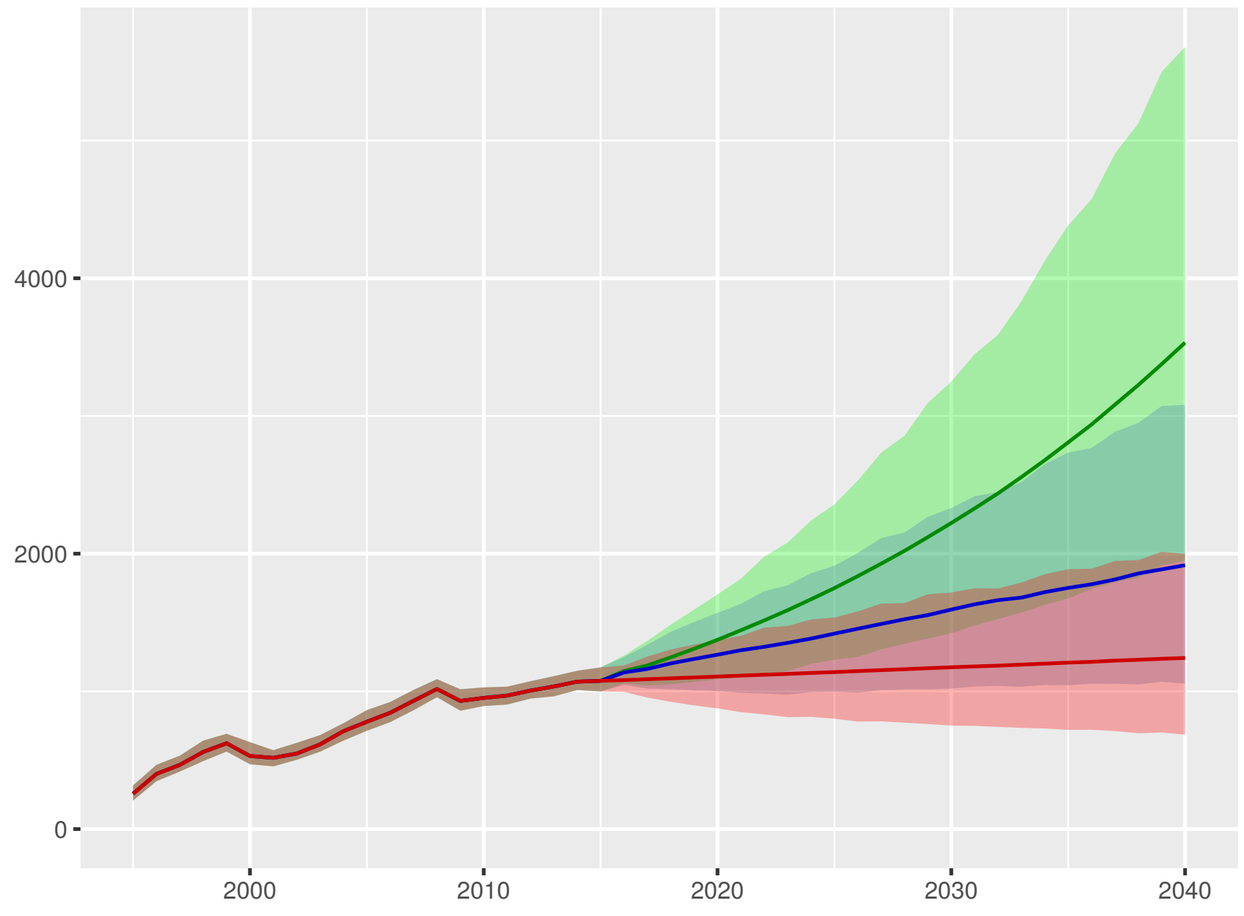
Scenario — Better — Reference — Worse

Bosnia and Herzegovina

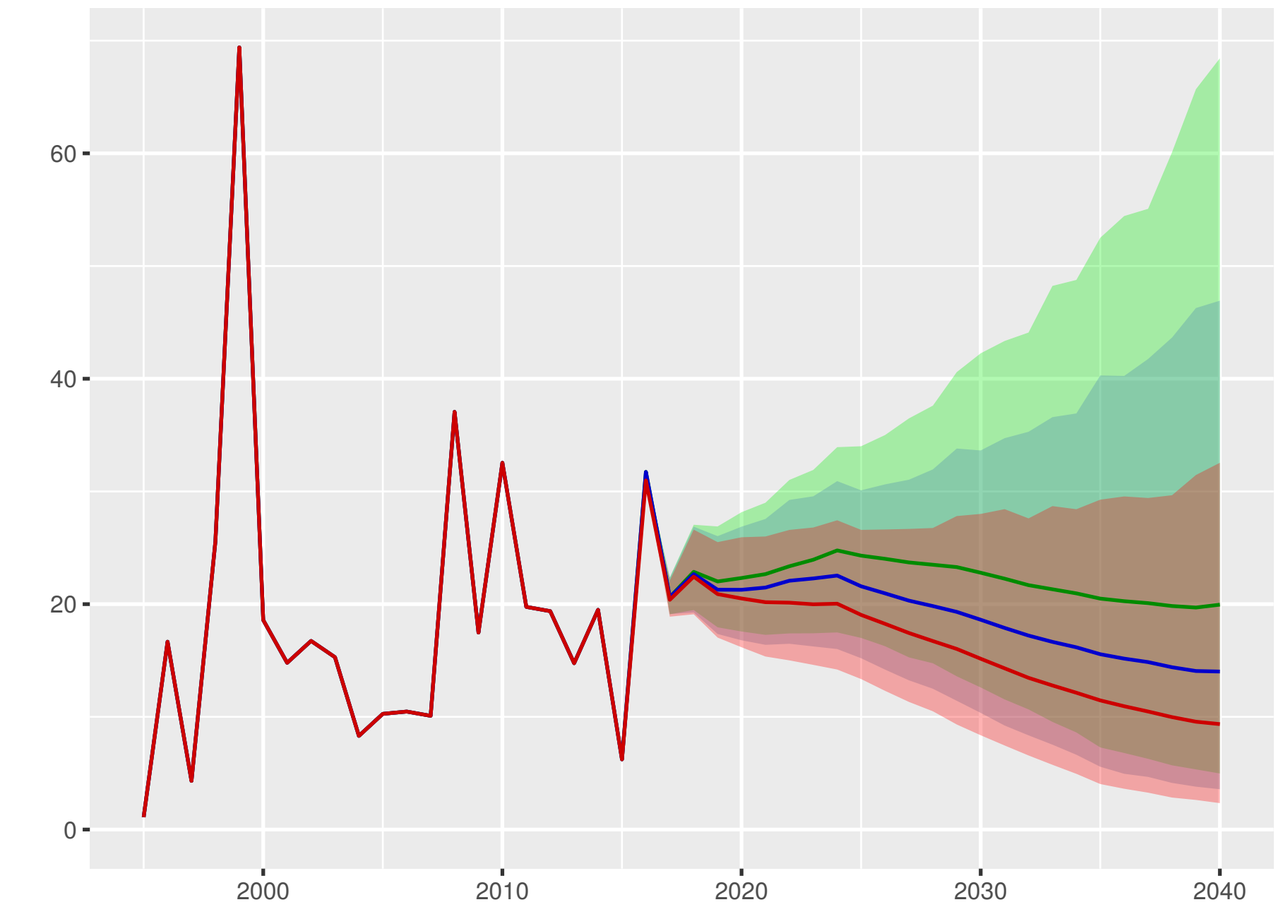
Universal health coverage index



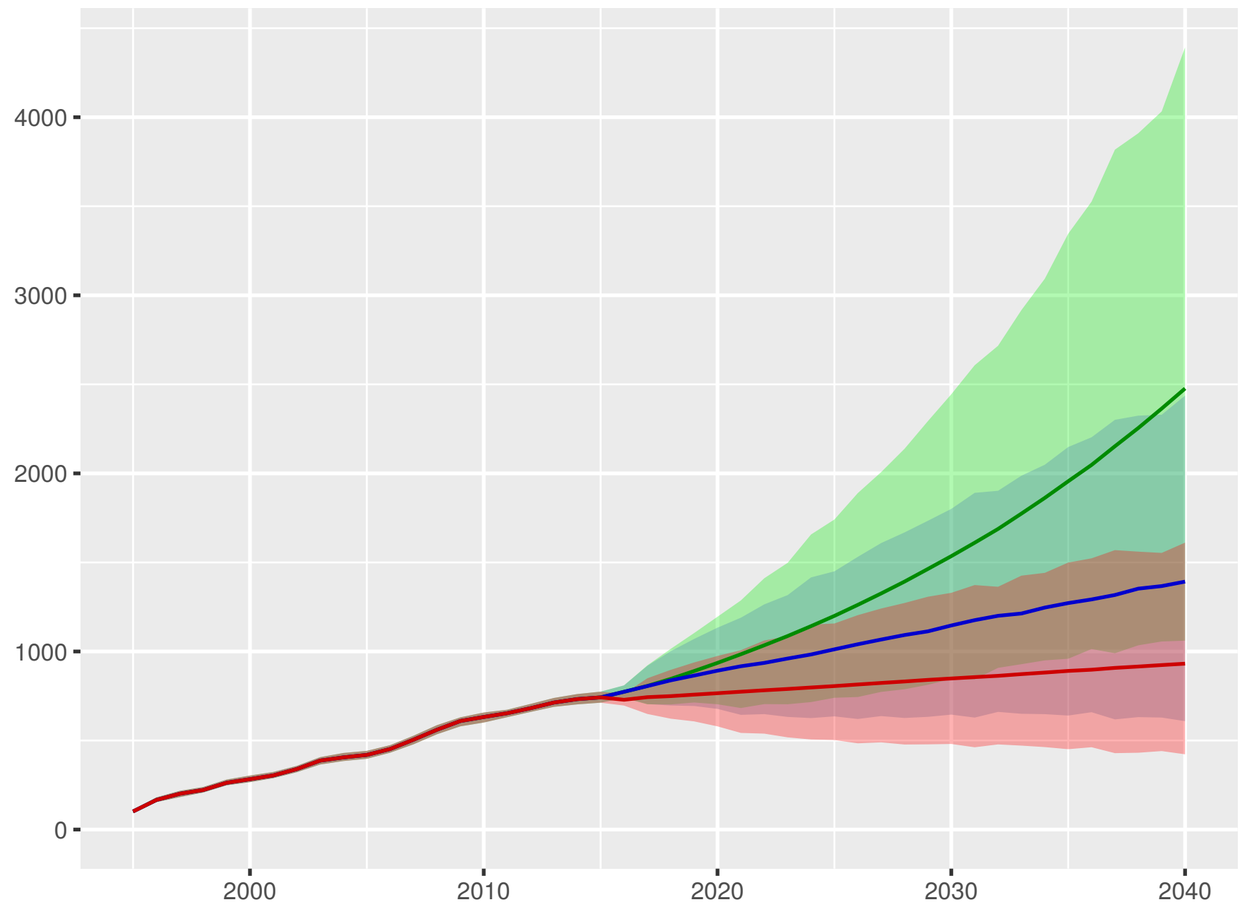
Total health spending per person



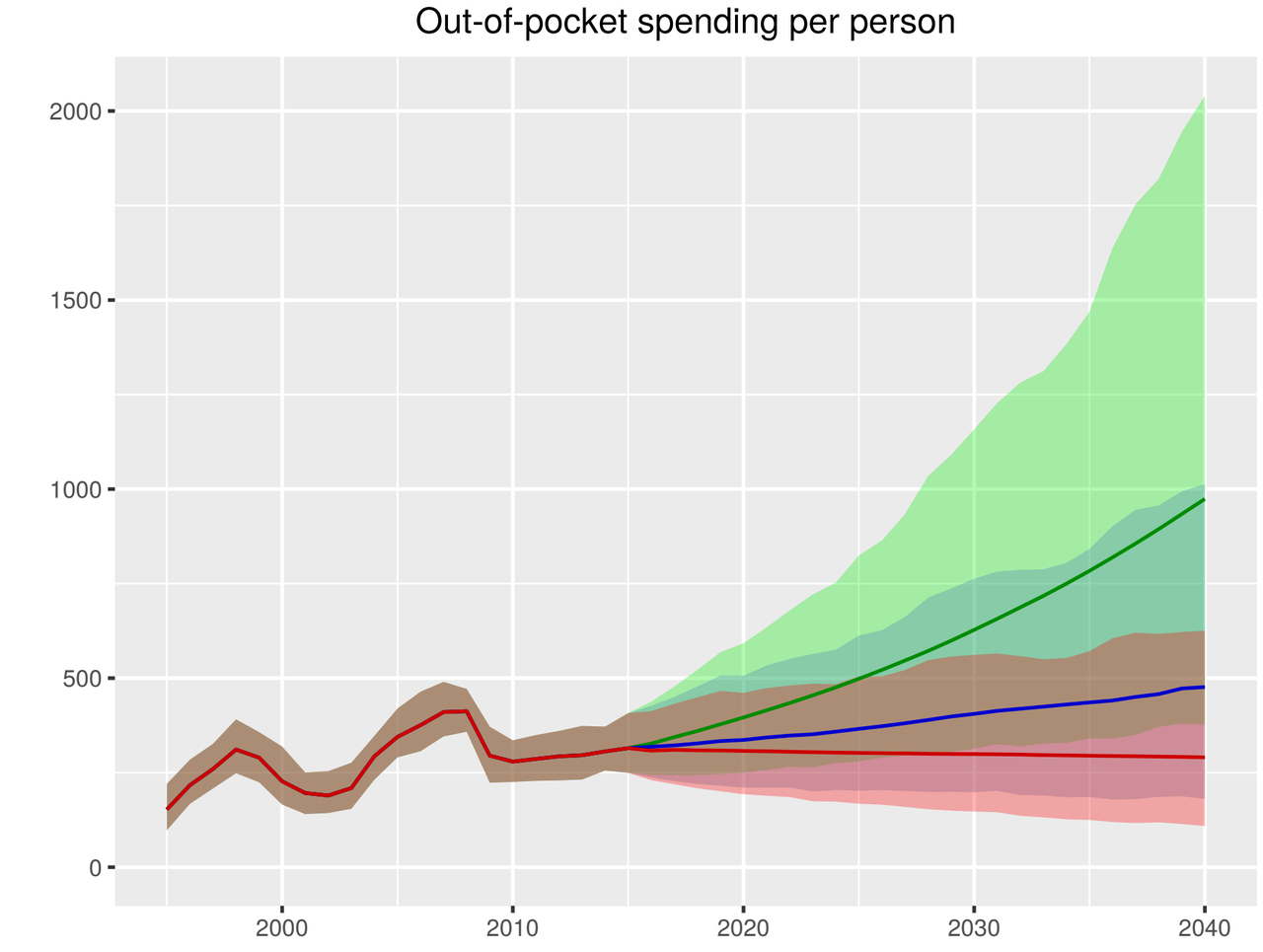
Development assistance for health received per person



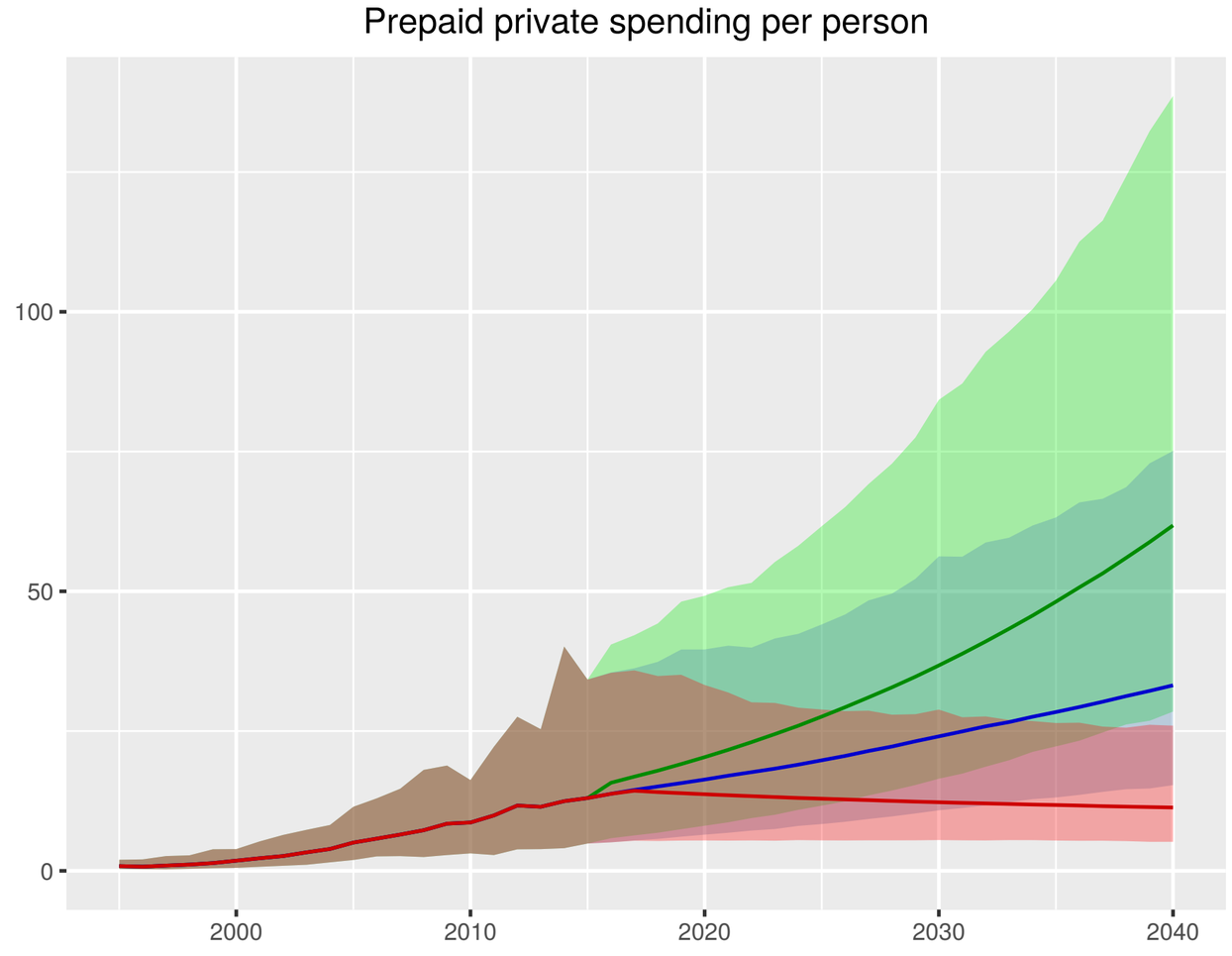
Government health spending per person



Out-of-pocket spending per person



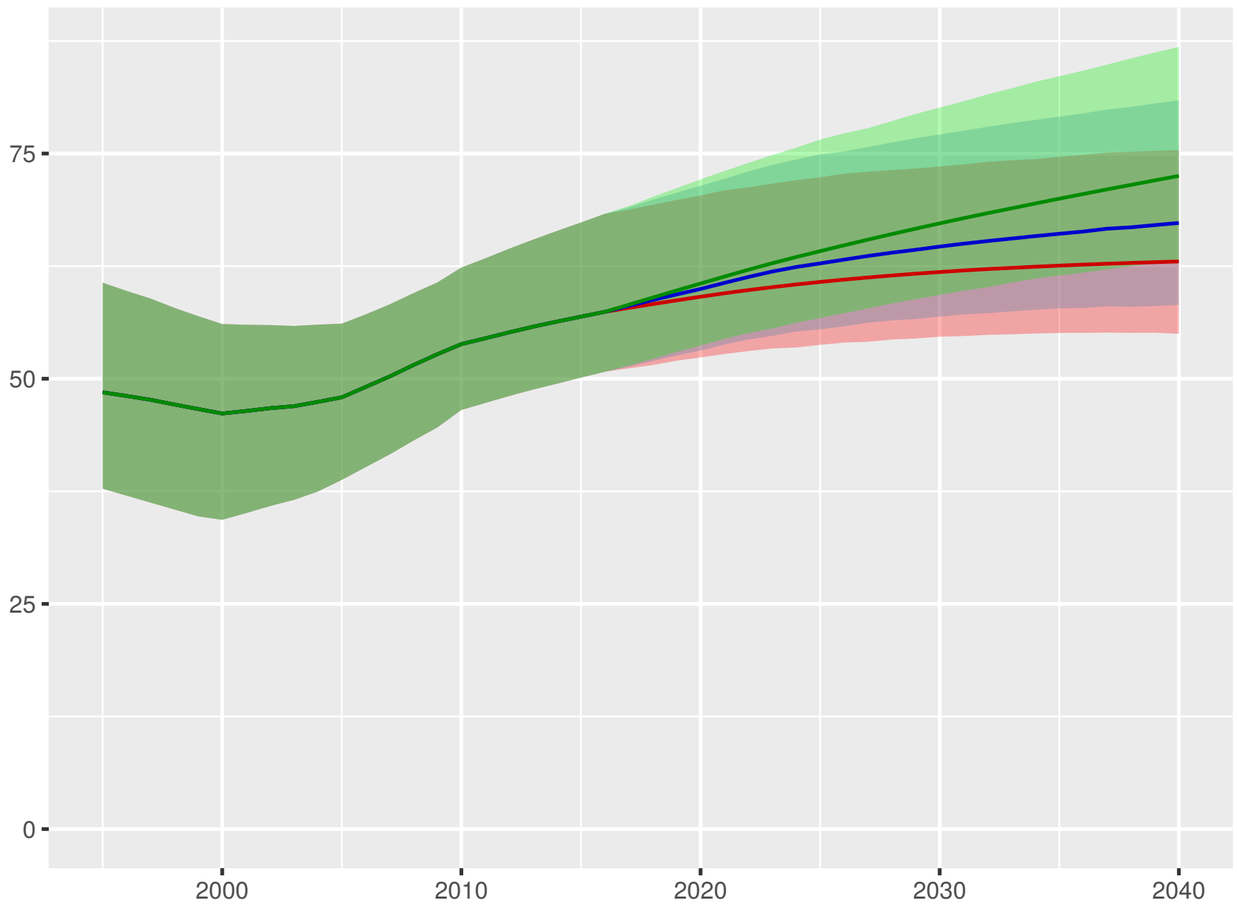
Prepaid private spending per person



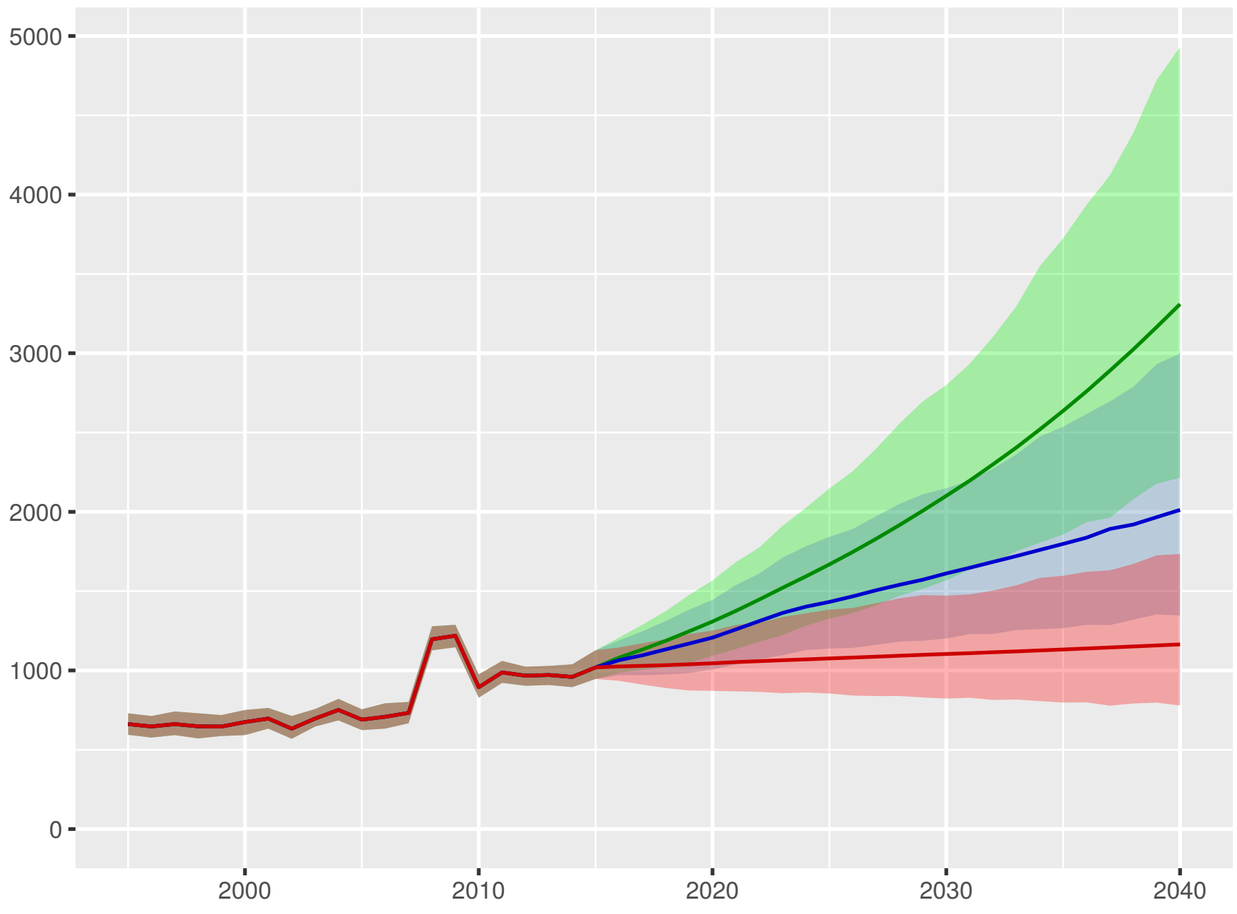
Scenario — Better — Reference — Worse

Botswana

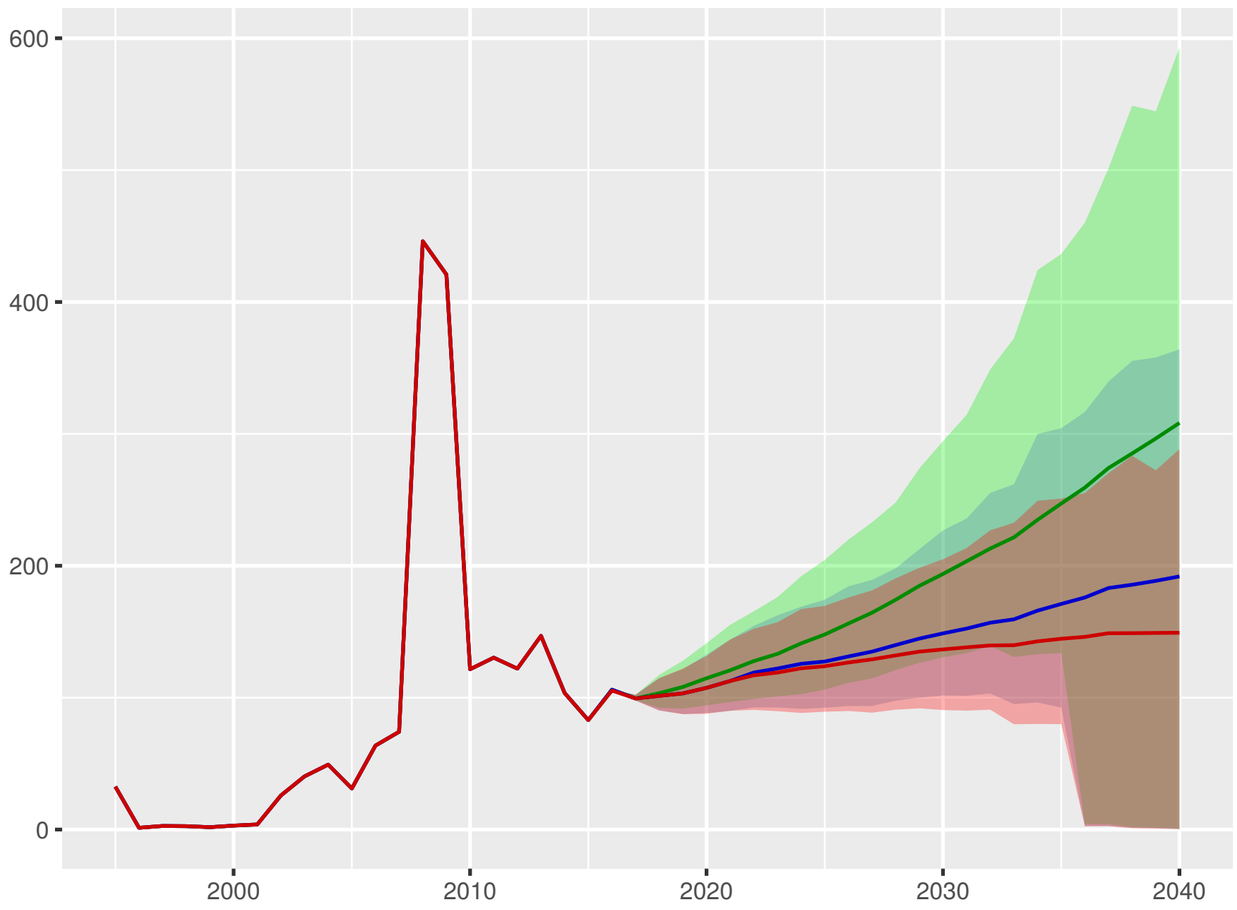
Universal health coverage index



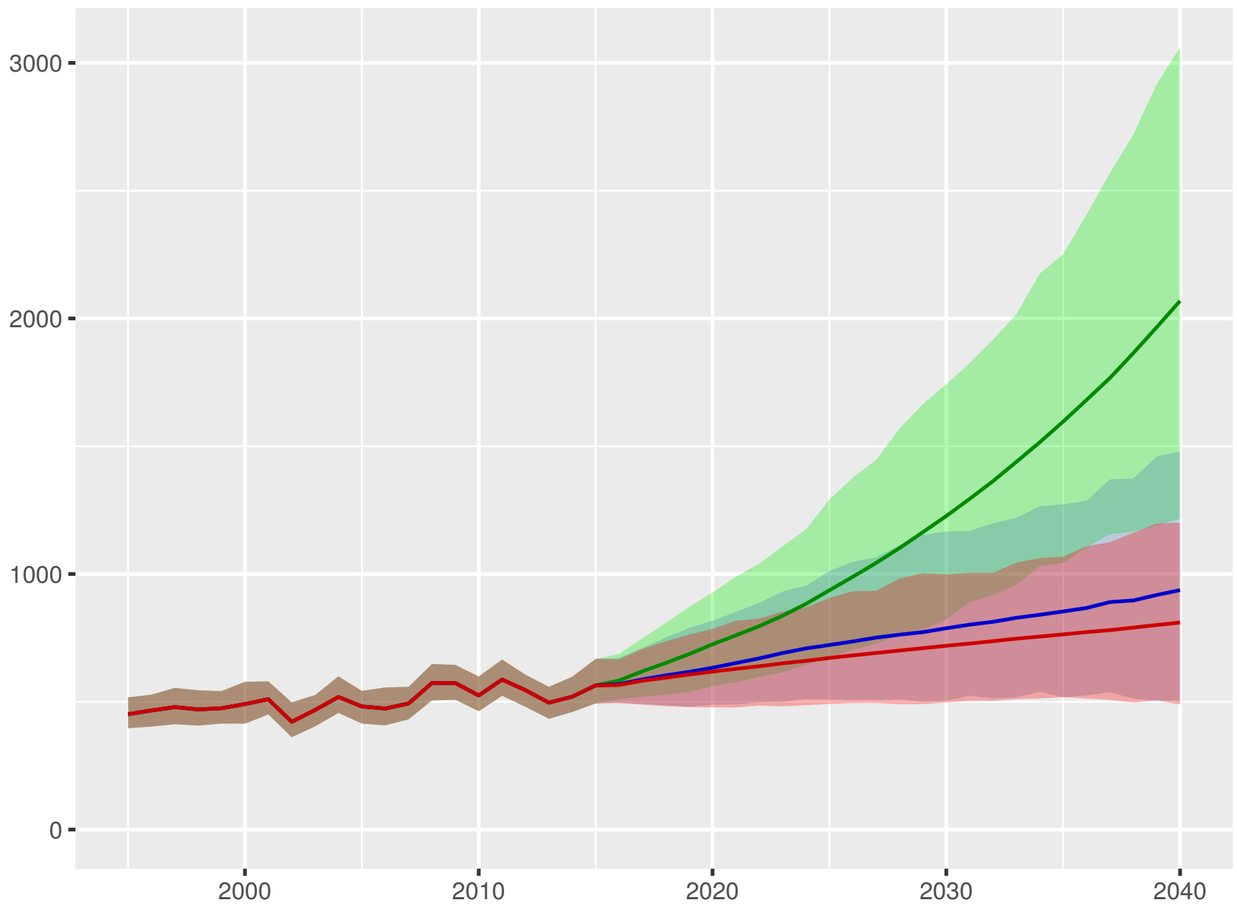
Total health spending per person



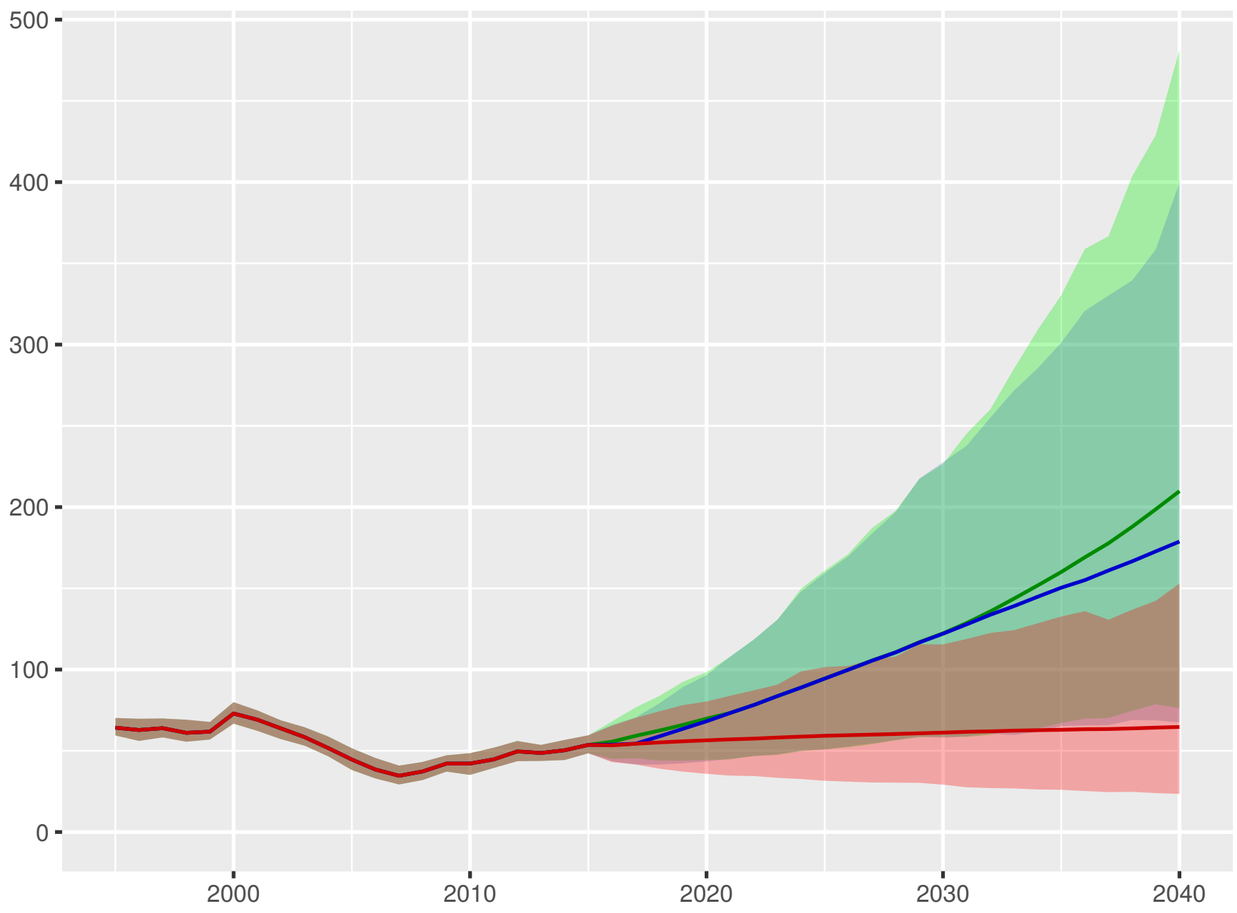
Development assistance for health received per person



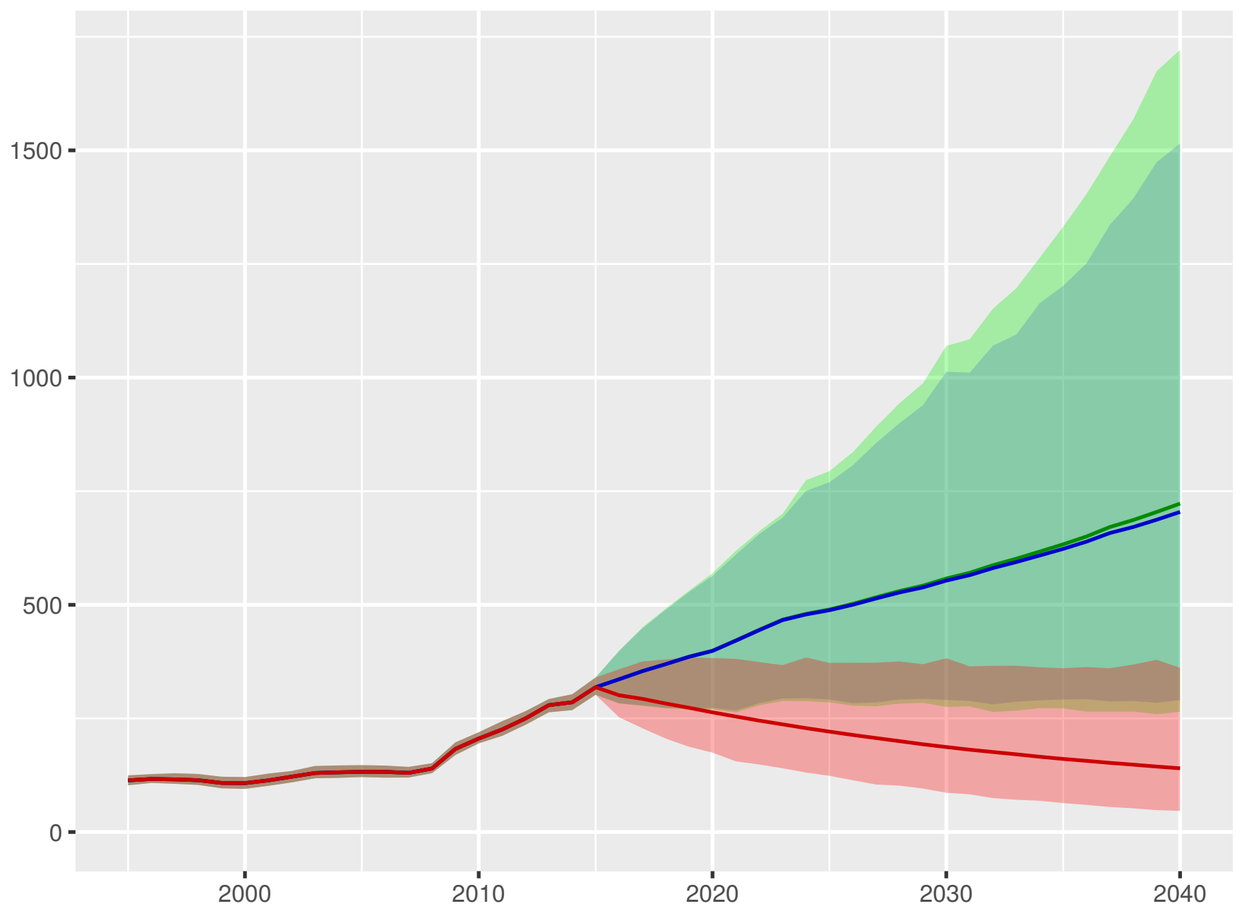
Government health spending per person



Out-of-pocket spending per person



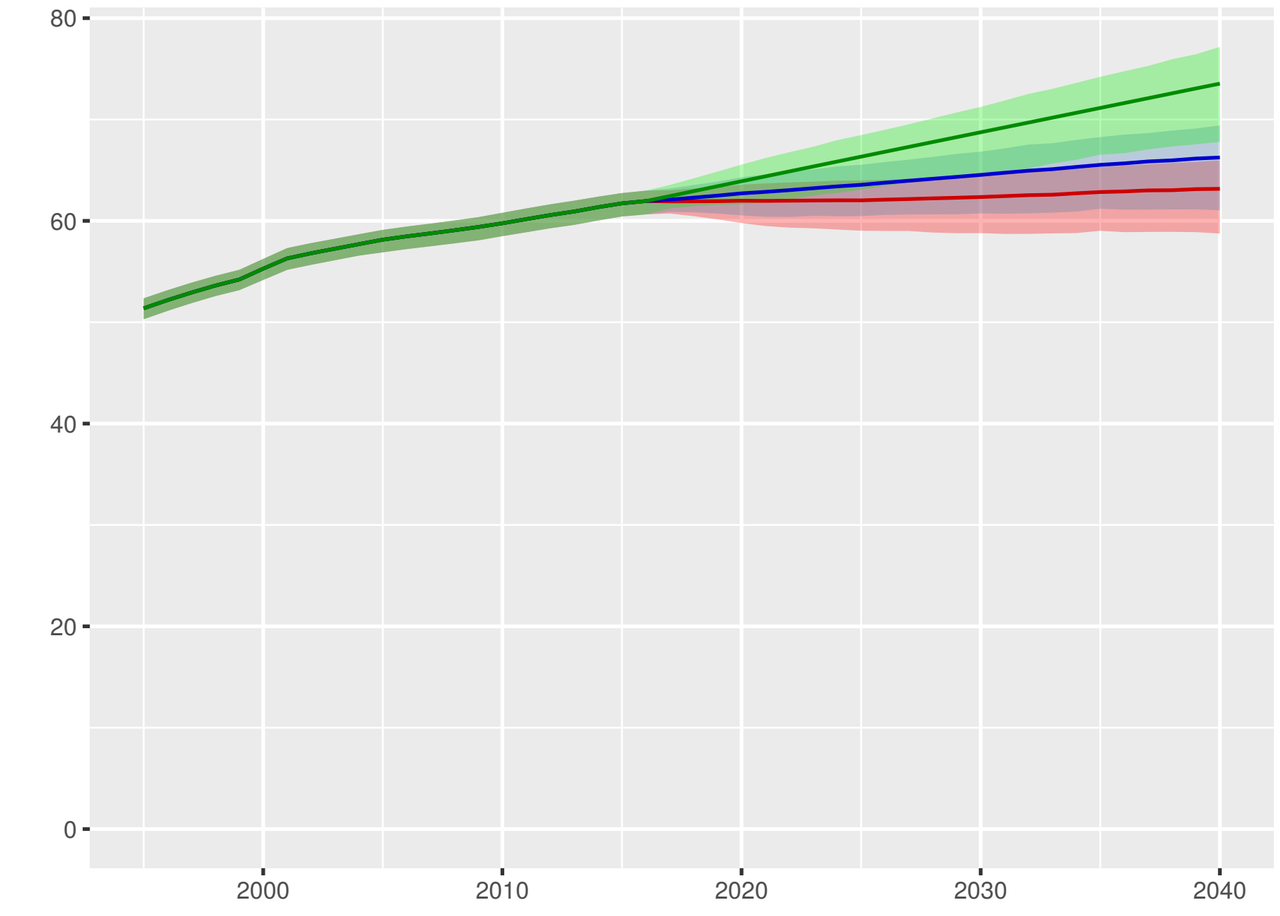
Prepaid private spending per person



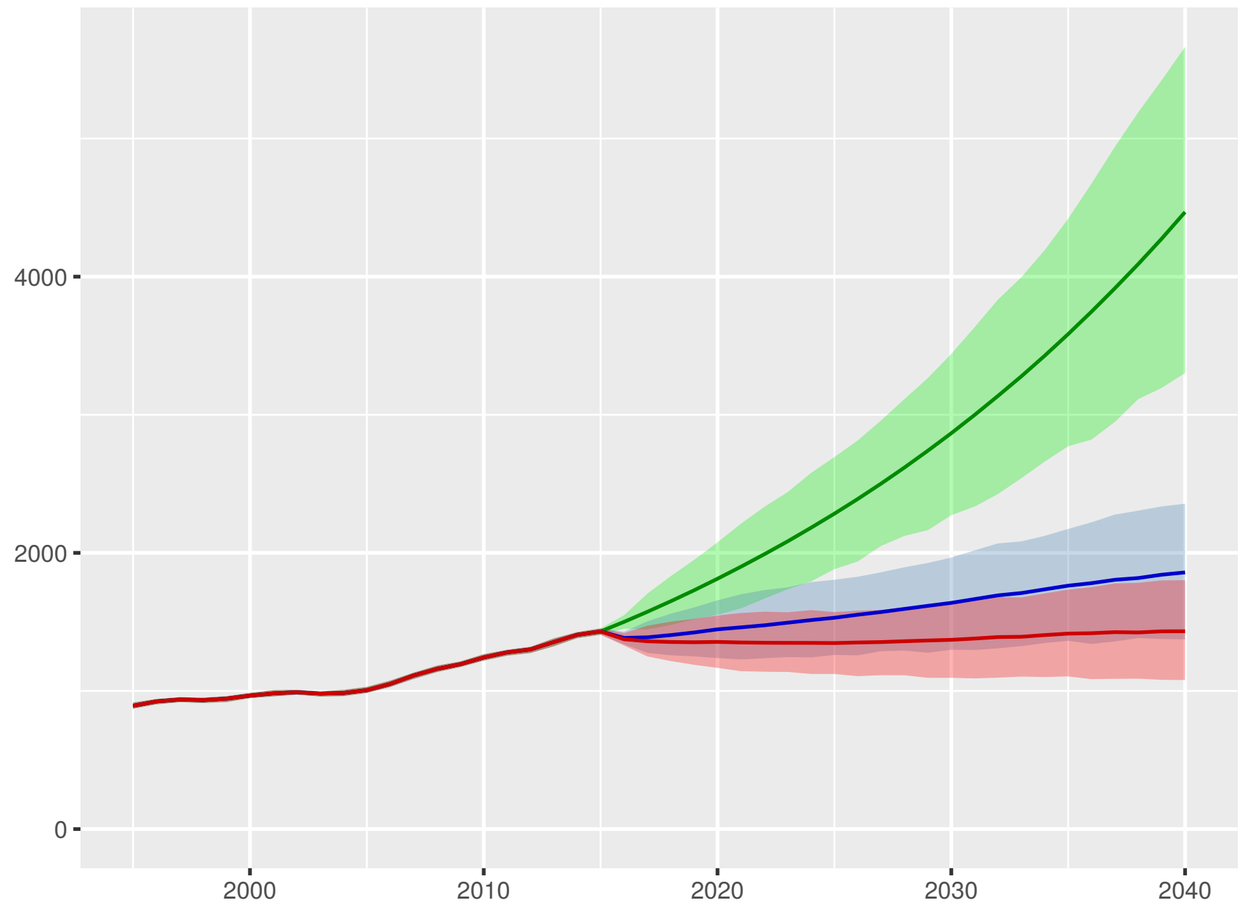
Scenario — Better — Reference — Worse

Brazil

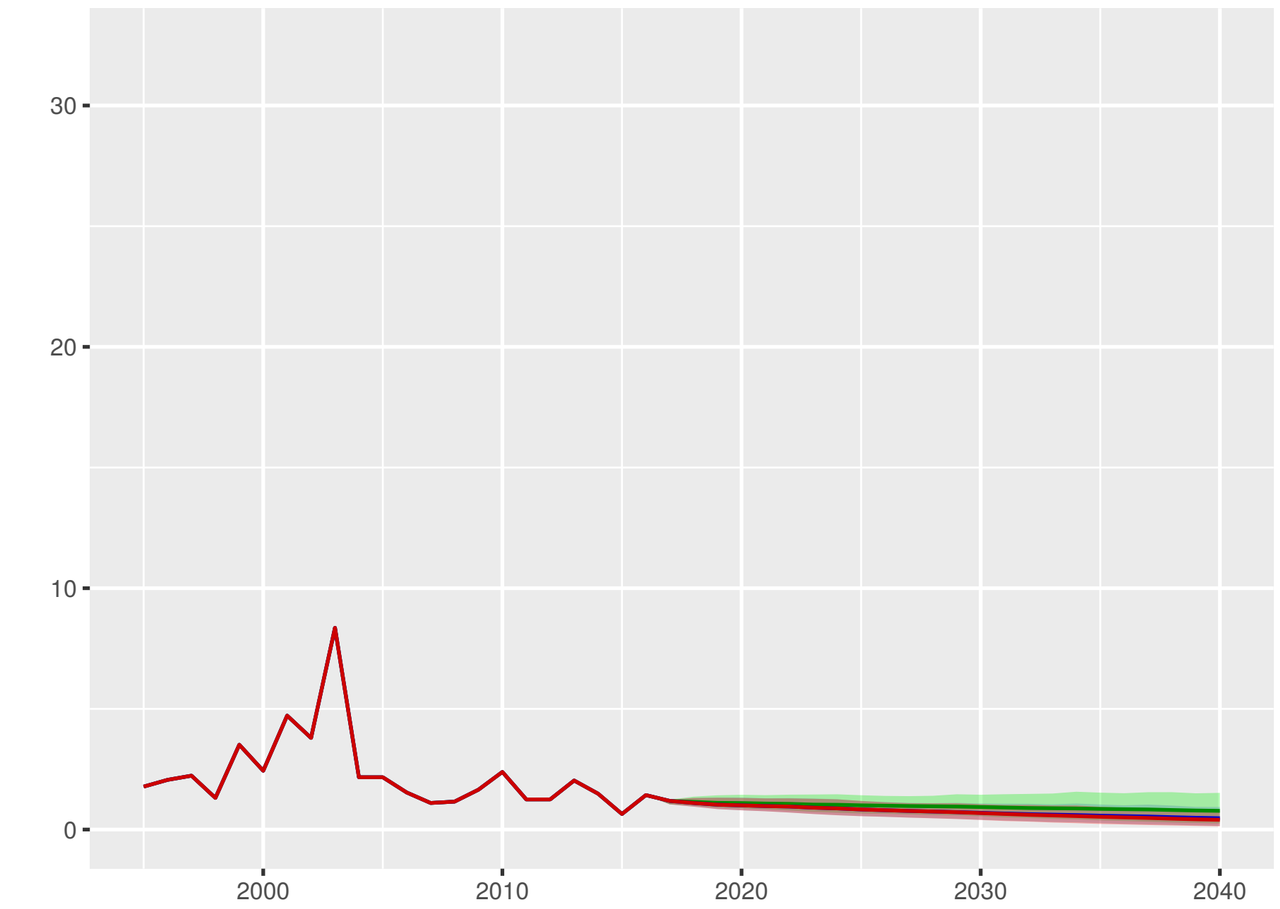
Universal health coverage index



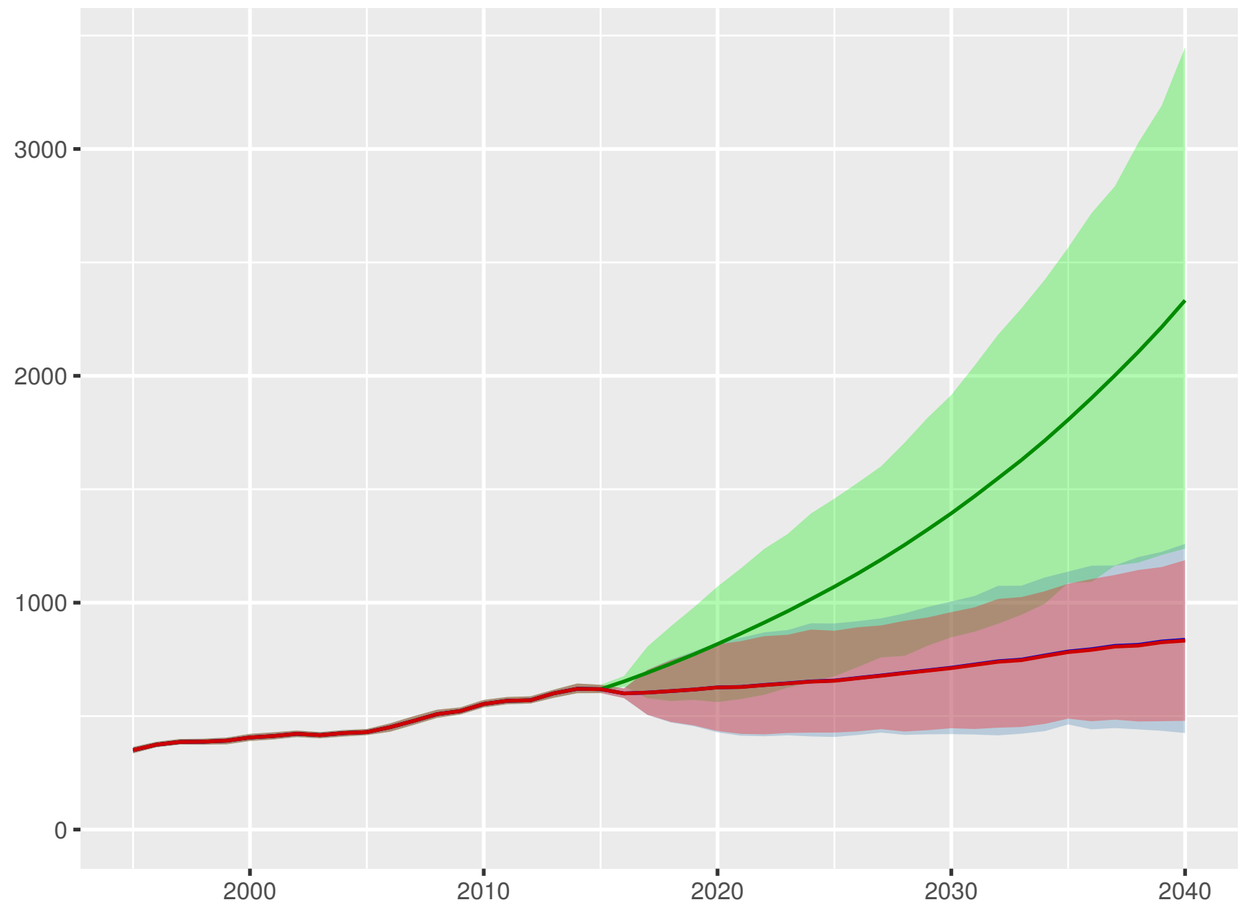
Total health spending per person



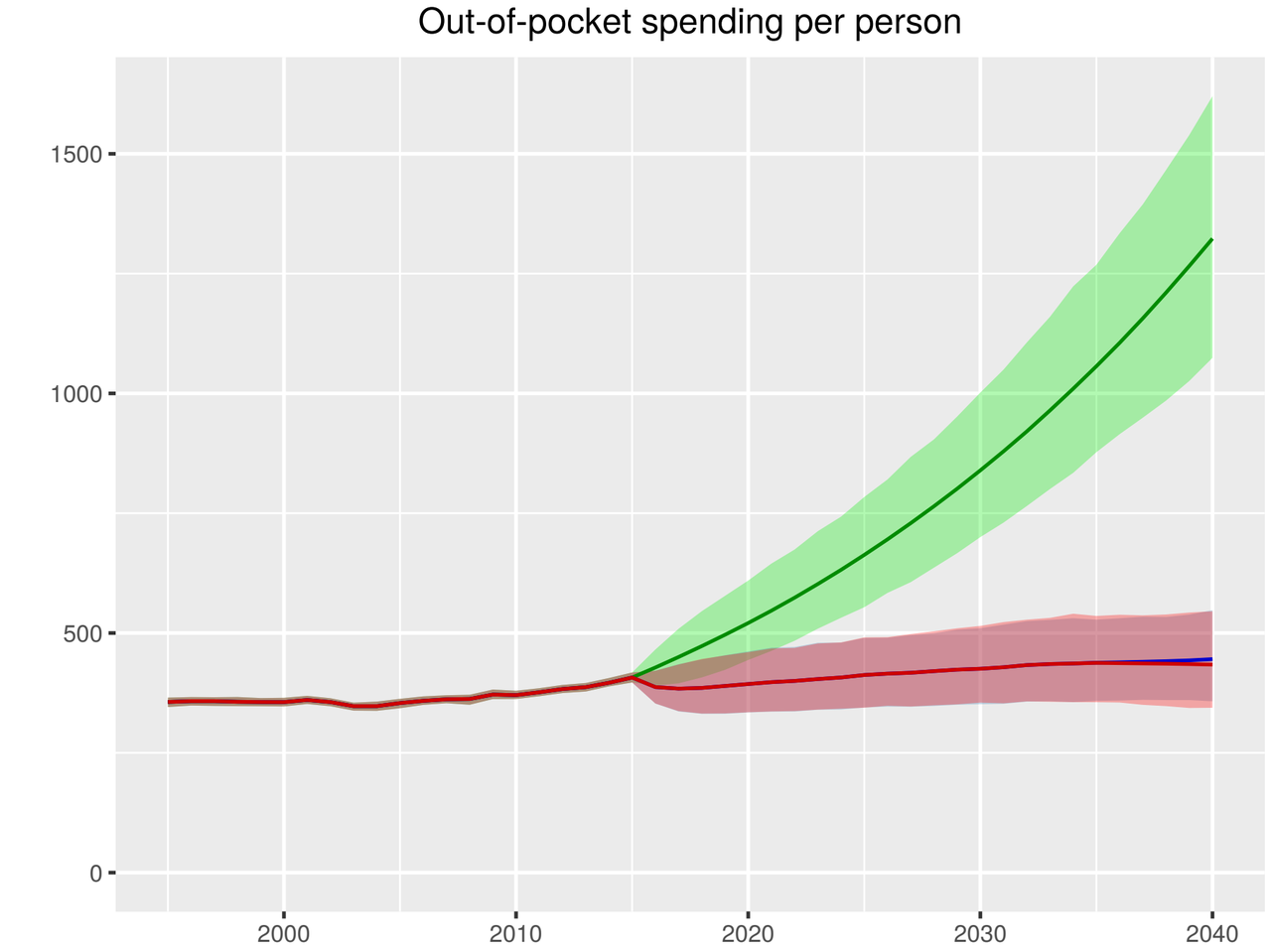
Development assistance for health received per person



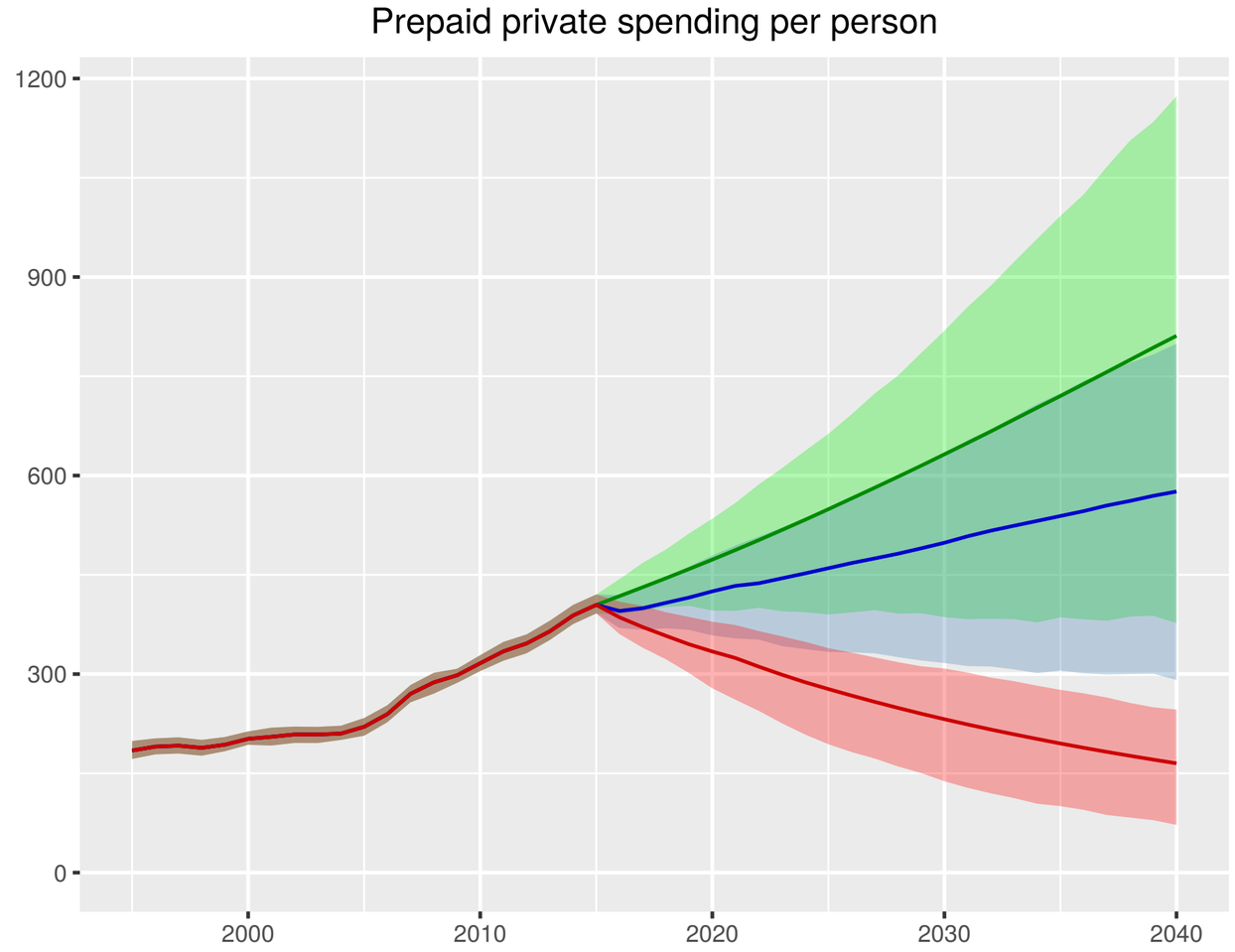
Government health spending per person



Out-of-pocket spending per person



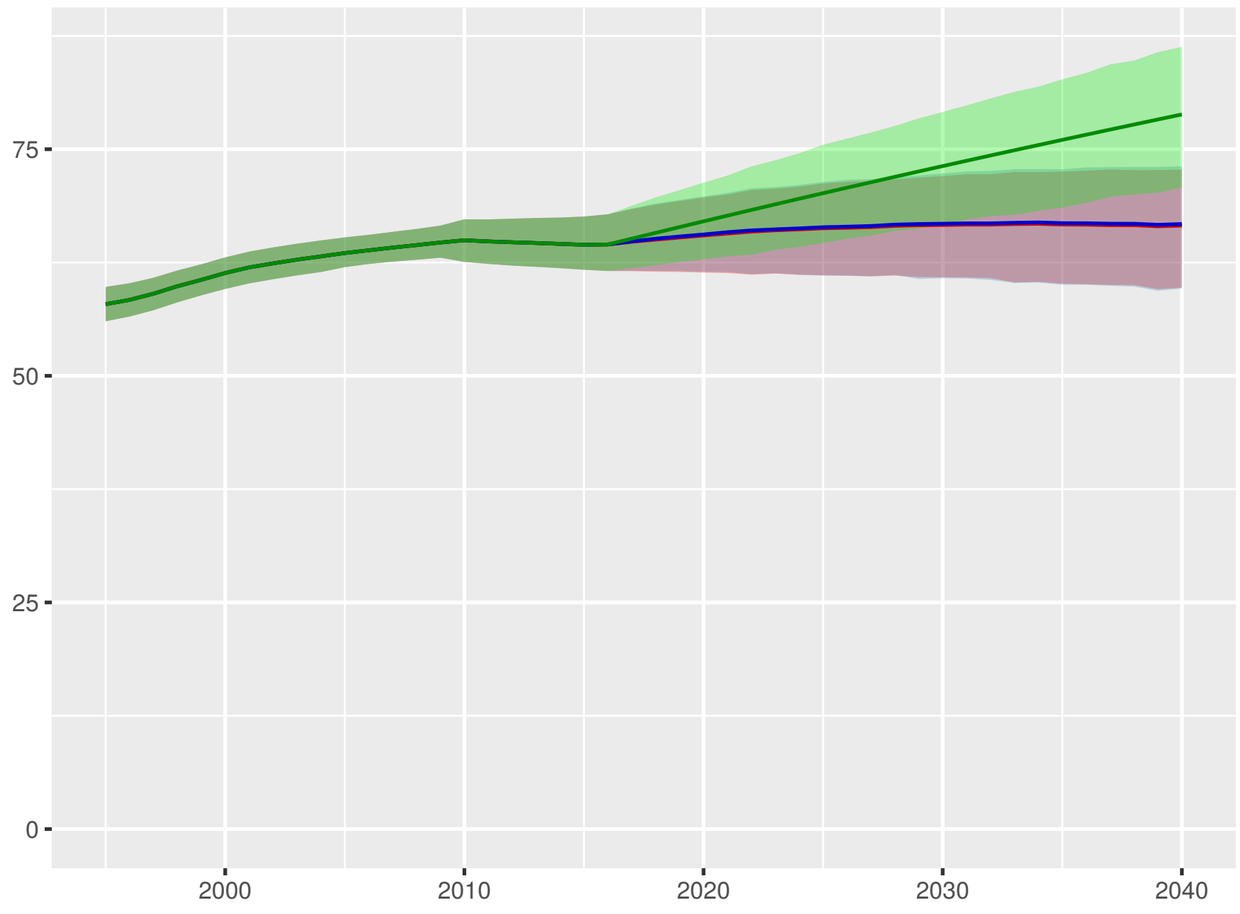
Prepaid private spending per person



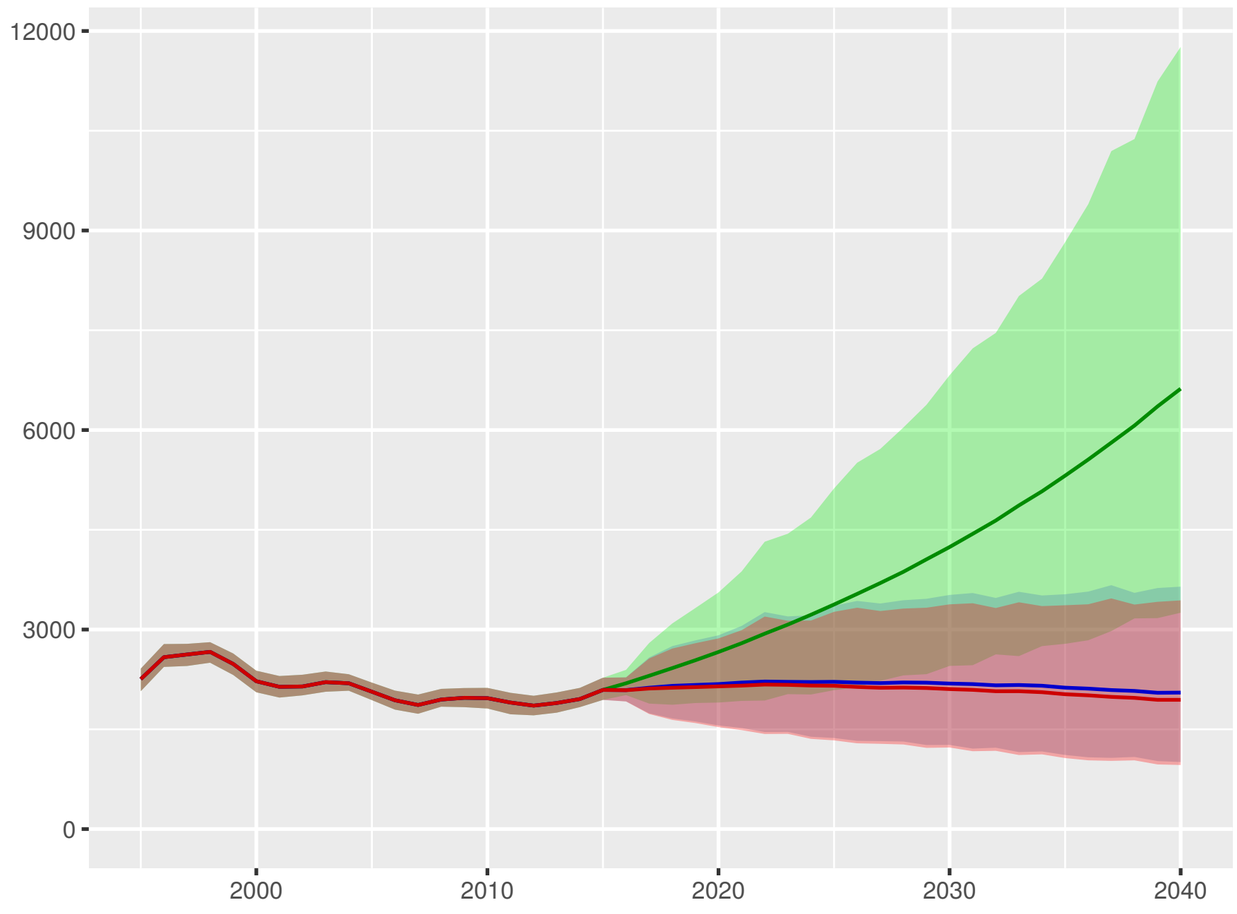
Scenario — Better — Reference — Worse

Brunei

Universal health coverage index

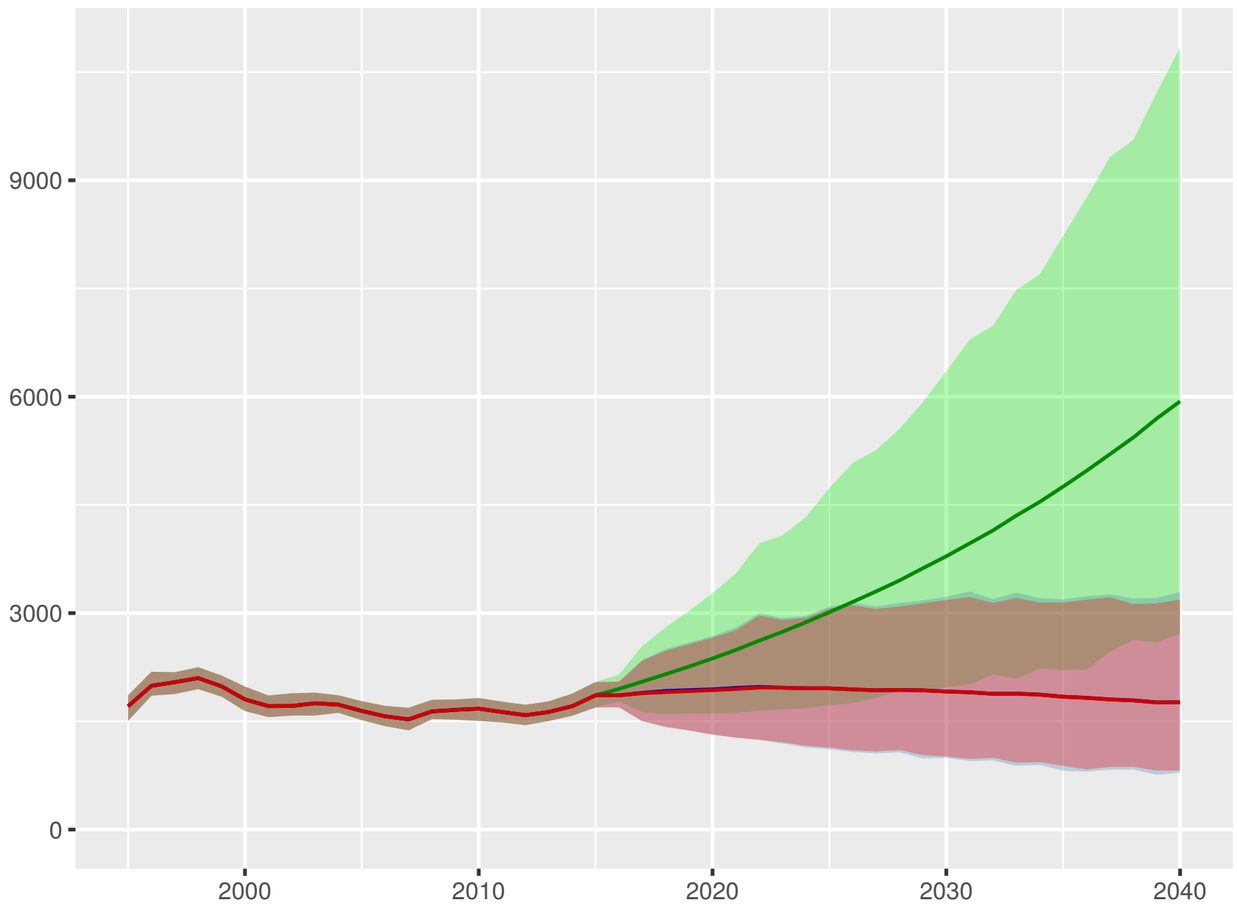


Total health spending per person

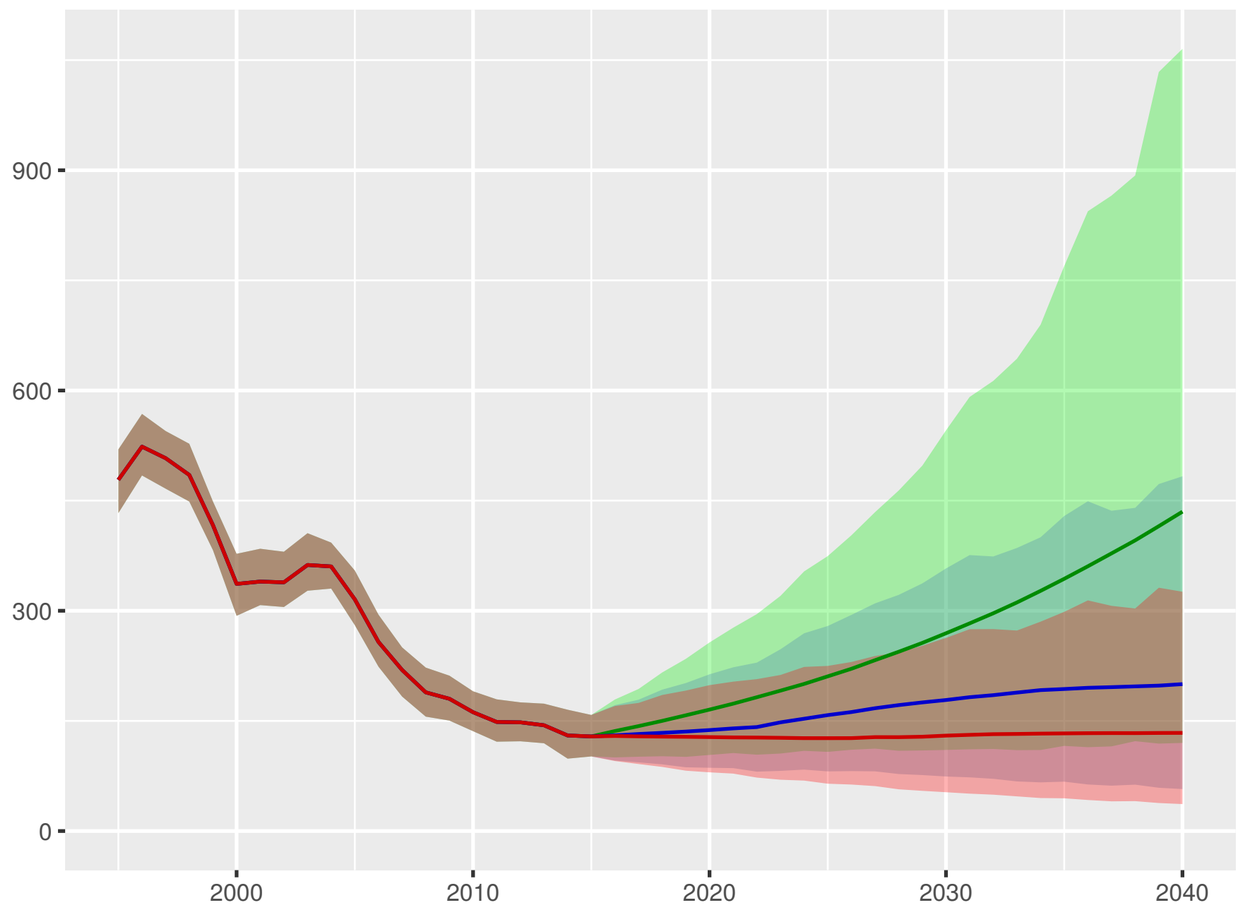


Development assistance for health received per person

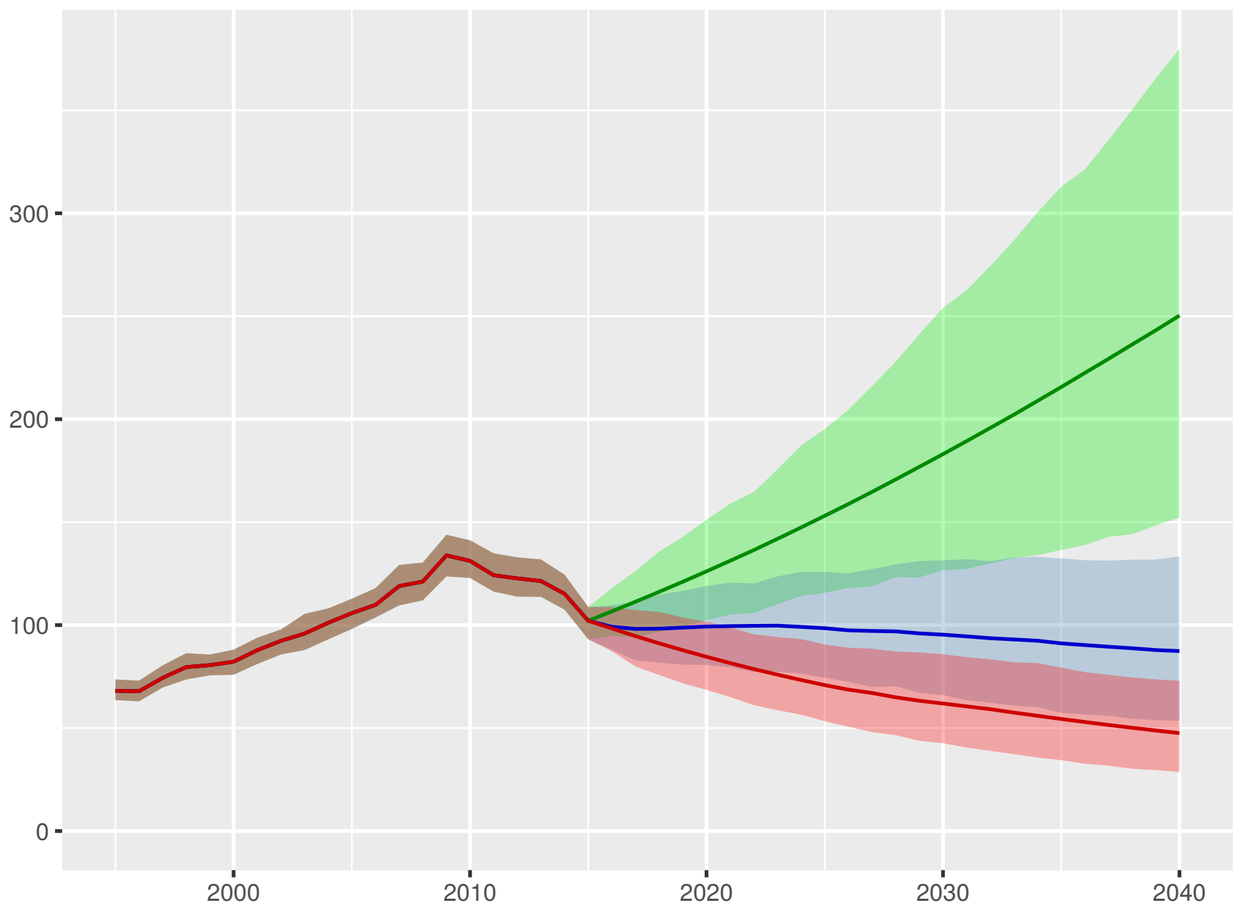
Government health spending per person



Out-of-pocket spending per person



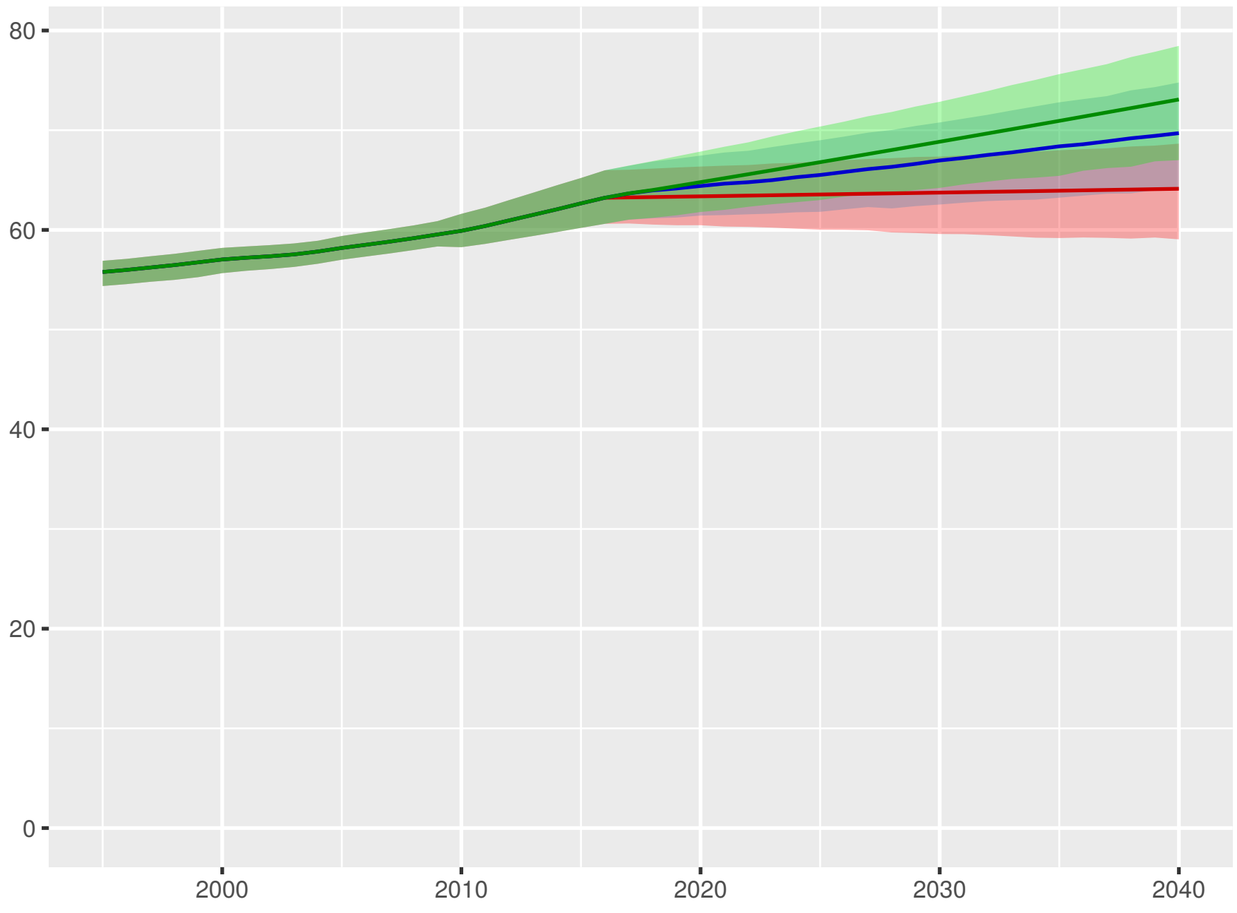
Prepaid private spending per person



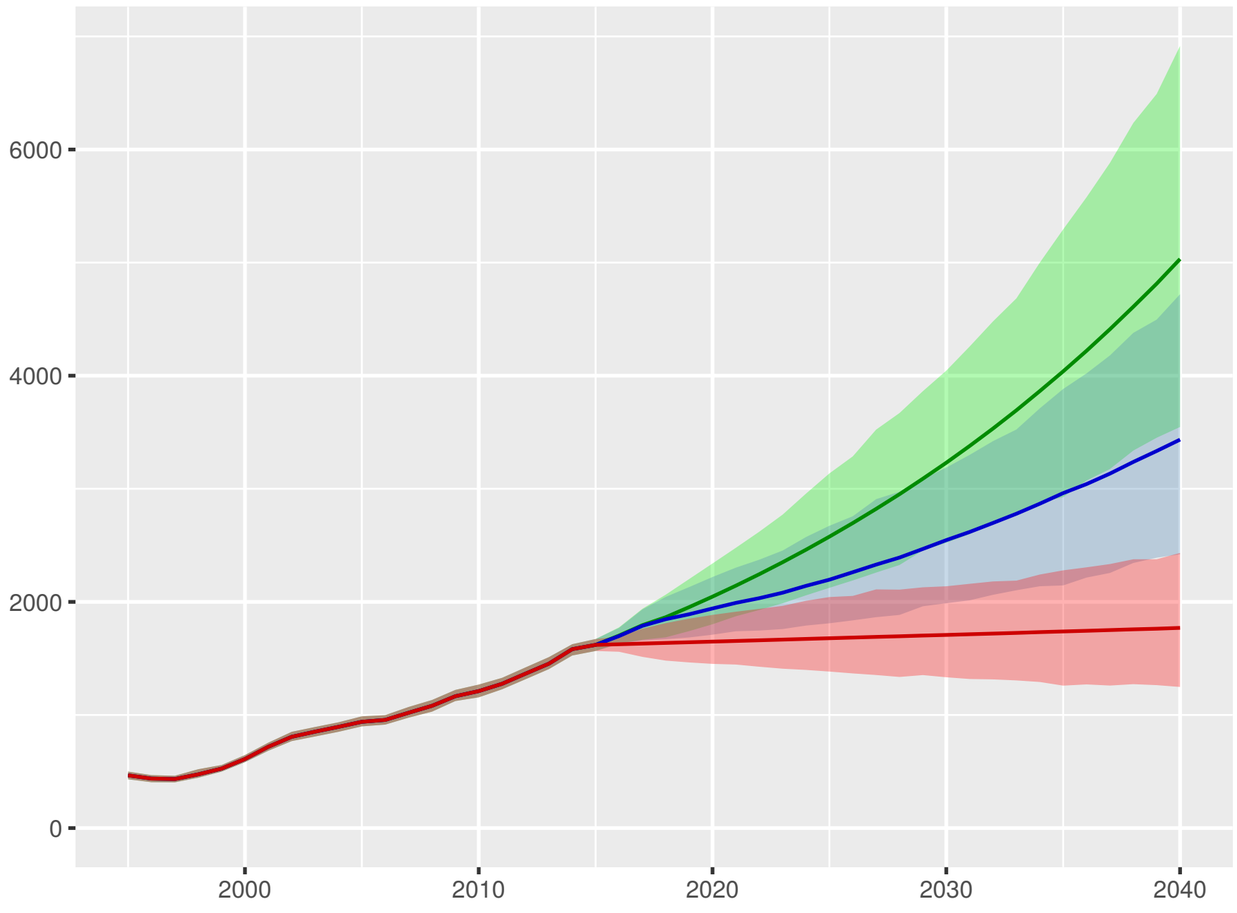
Scenario — Better — Reference — Worse

Bulgaria

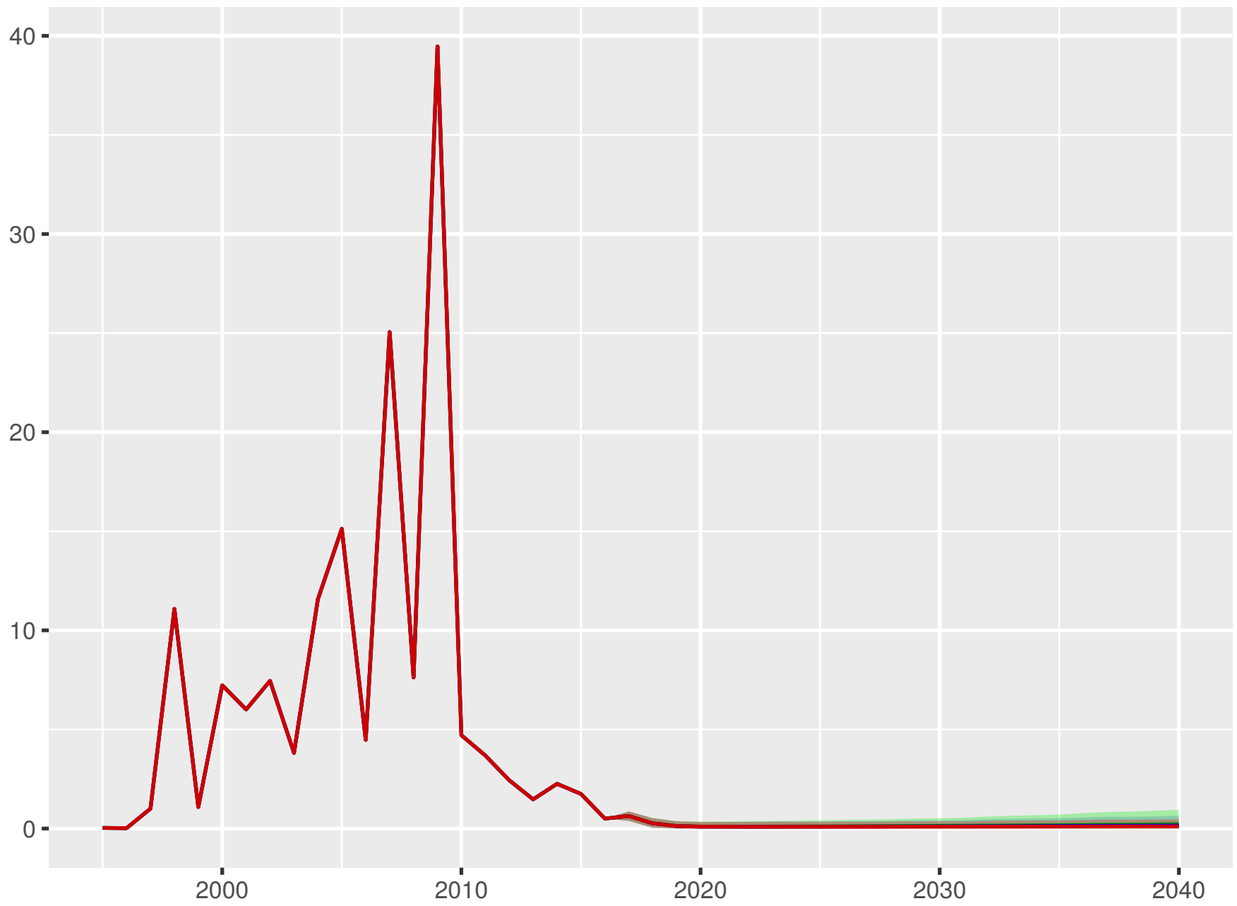
Universal health coverage index



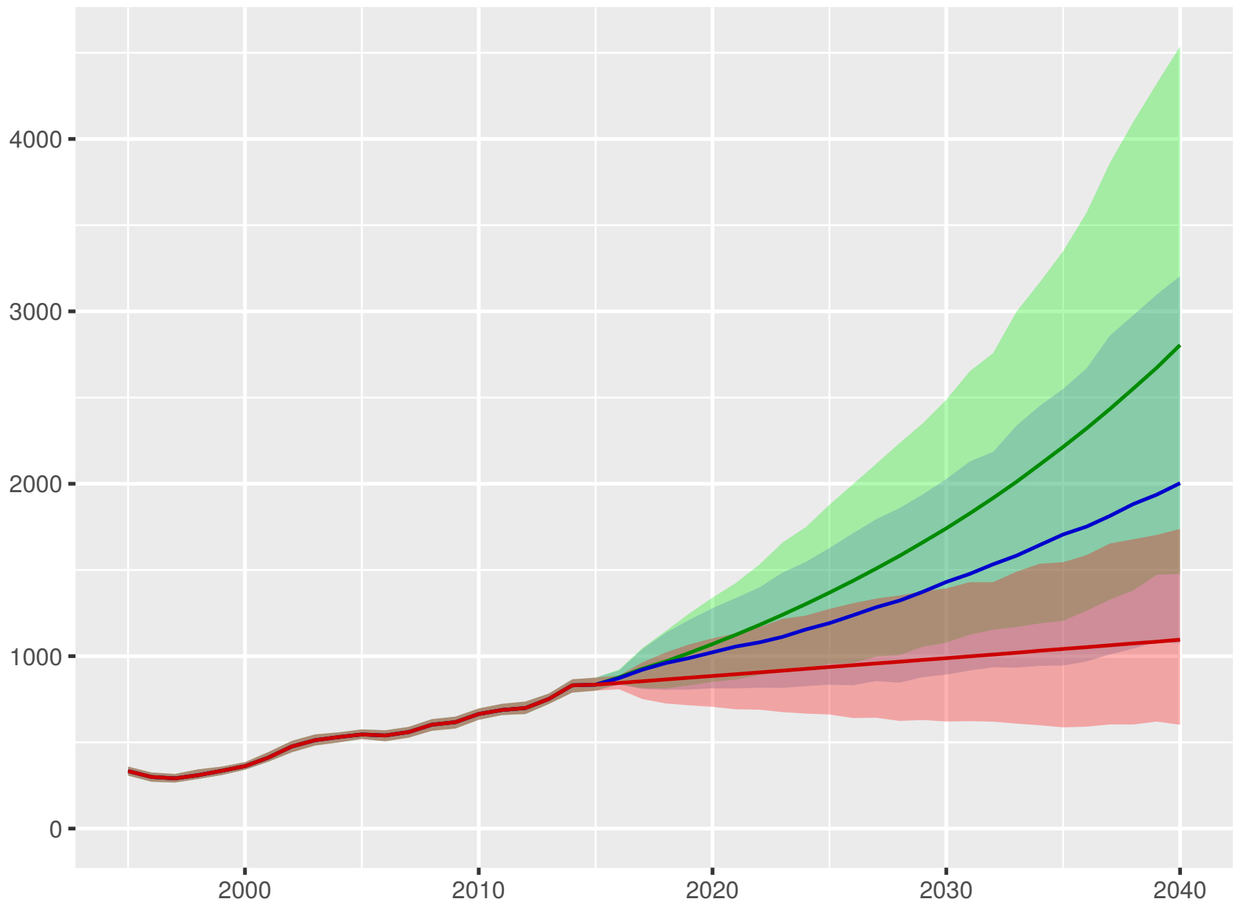
Total health spending per person



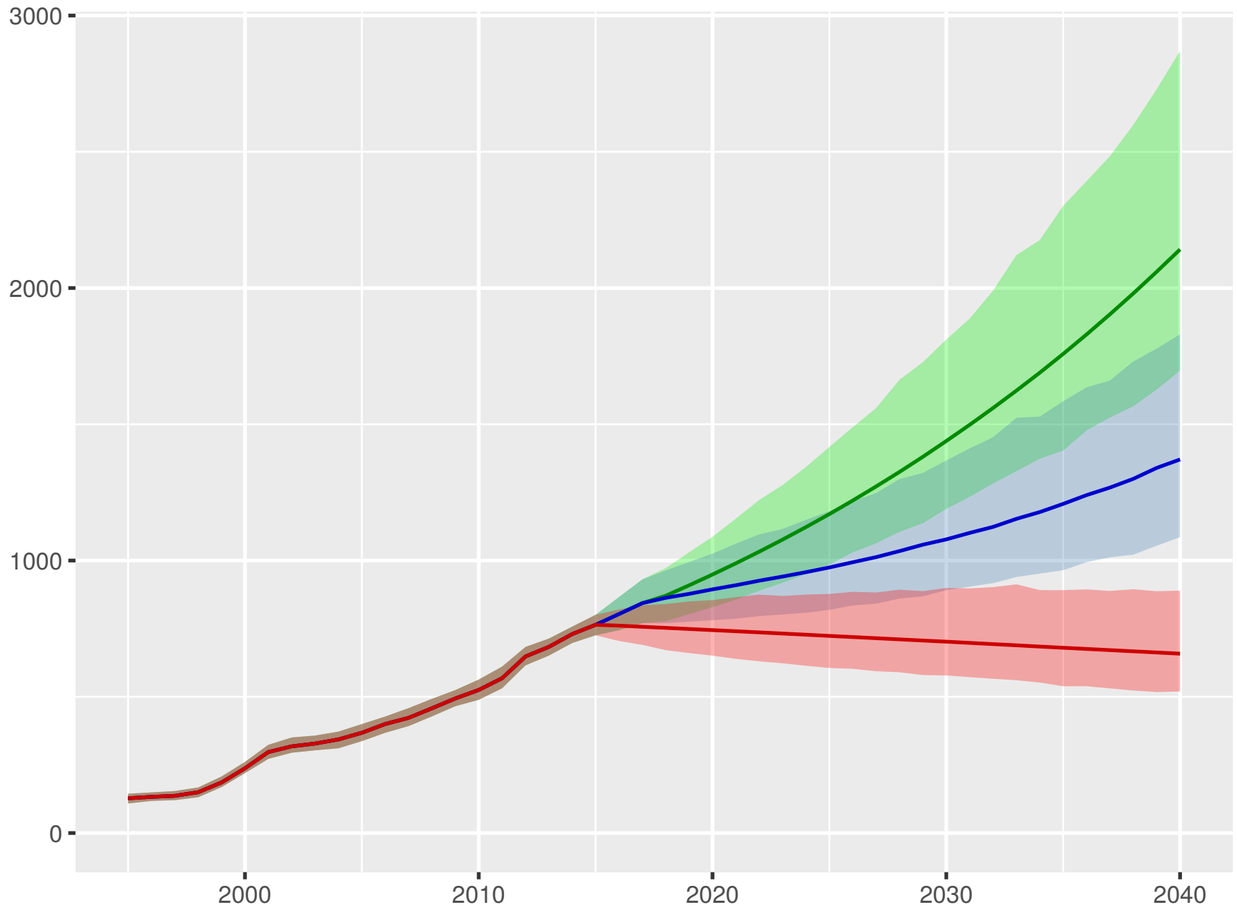
Development assistance for health received per person



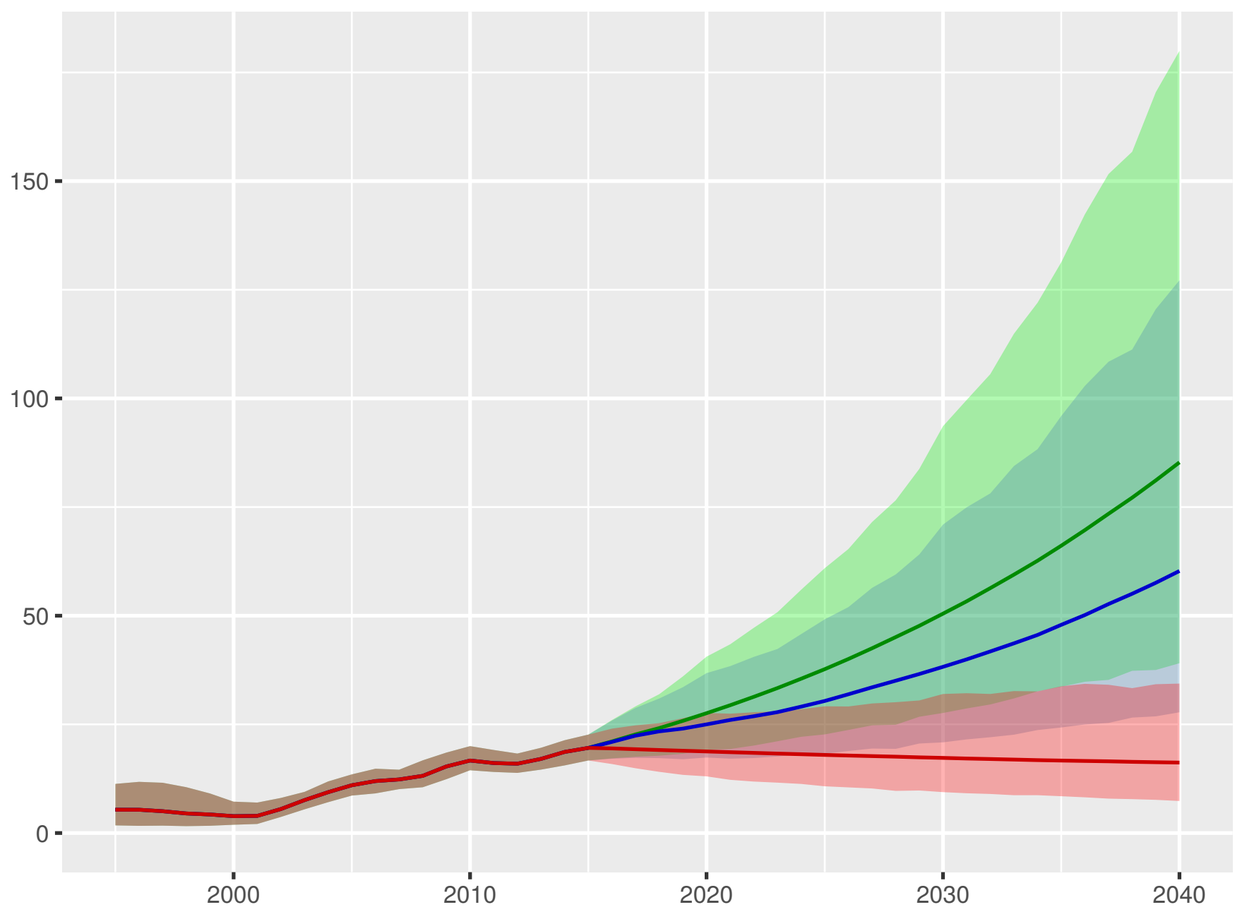
Government health spending per person



Out-of-pocket spending per person



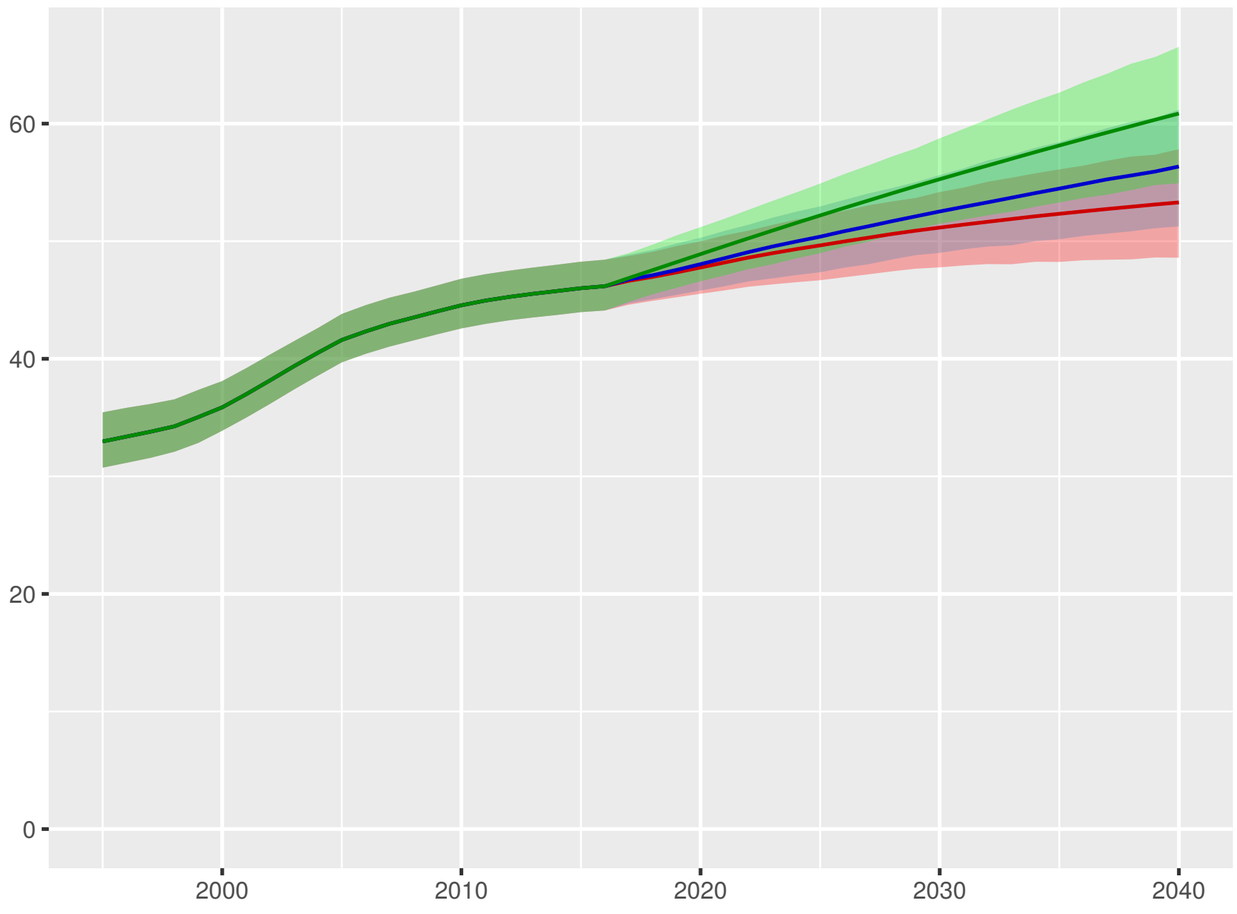
Prepaid private spending per person



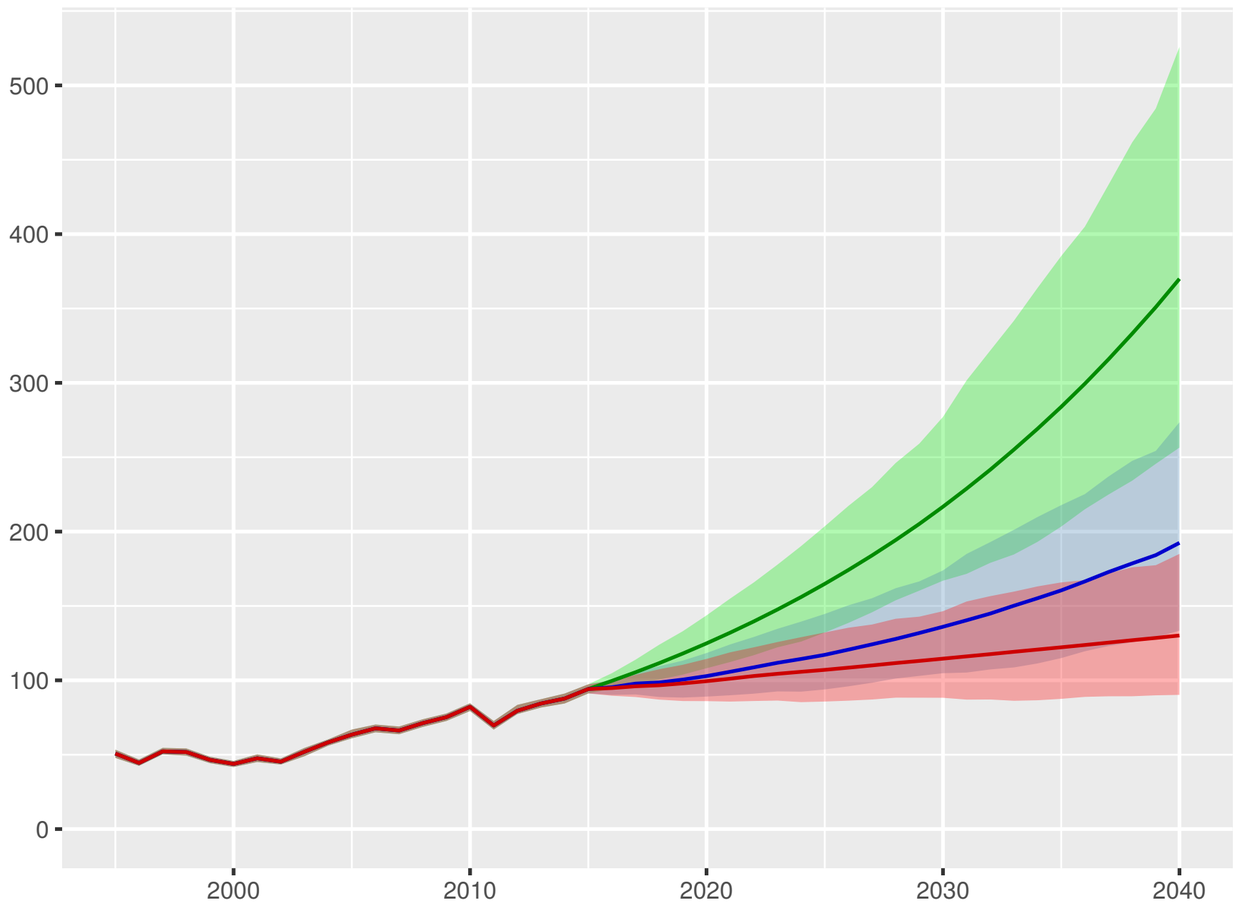
Scenario — Better — Reference — Worse

Burkina Faso

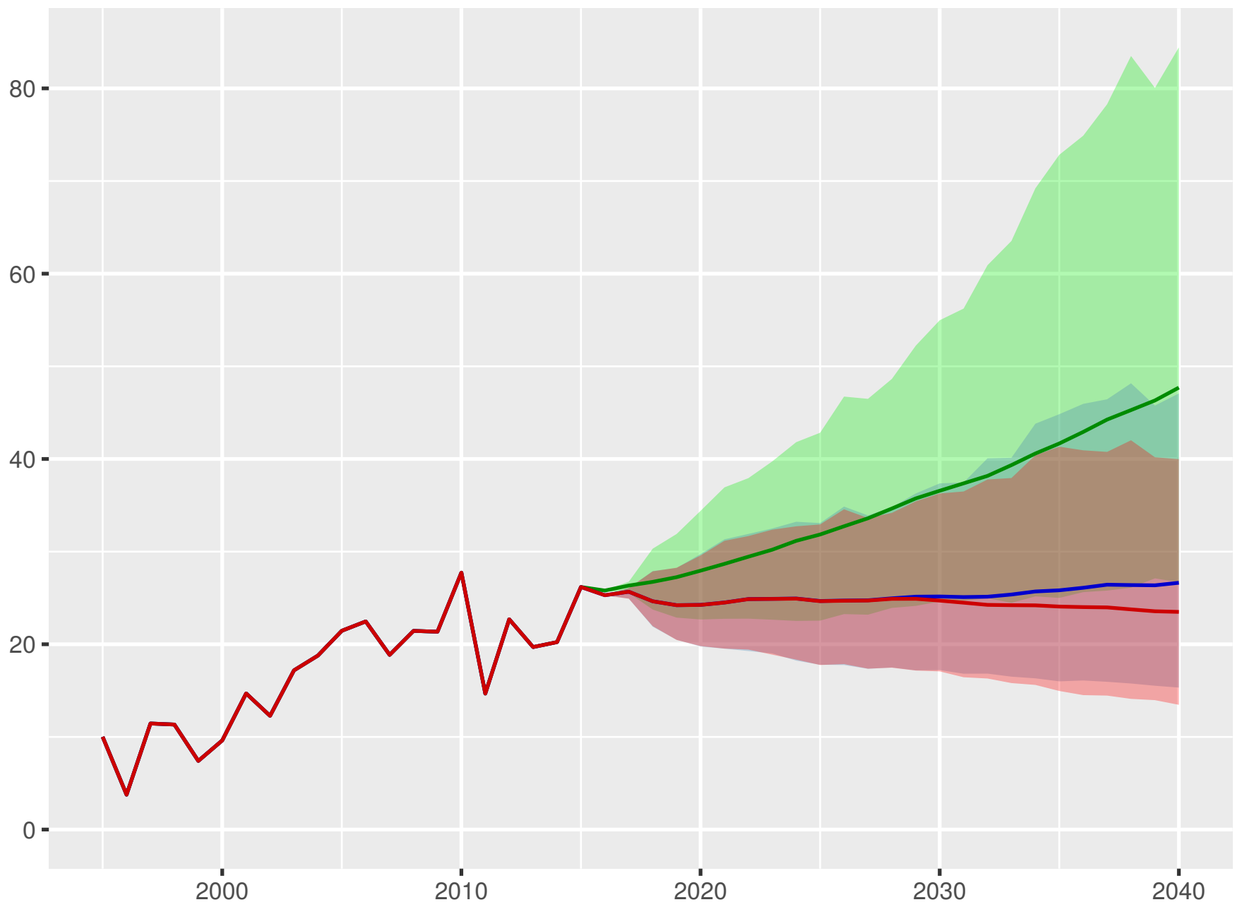
Universal health coverage index



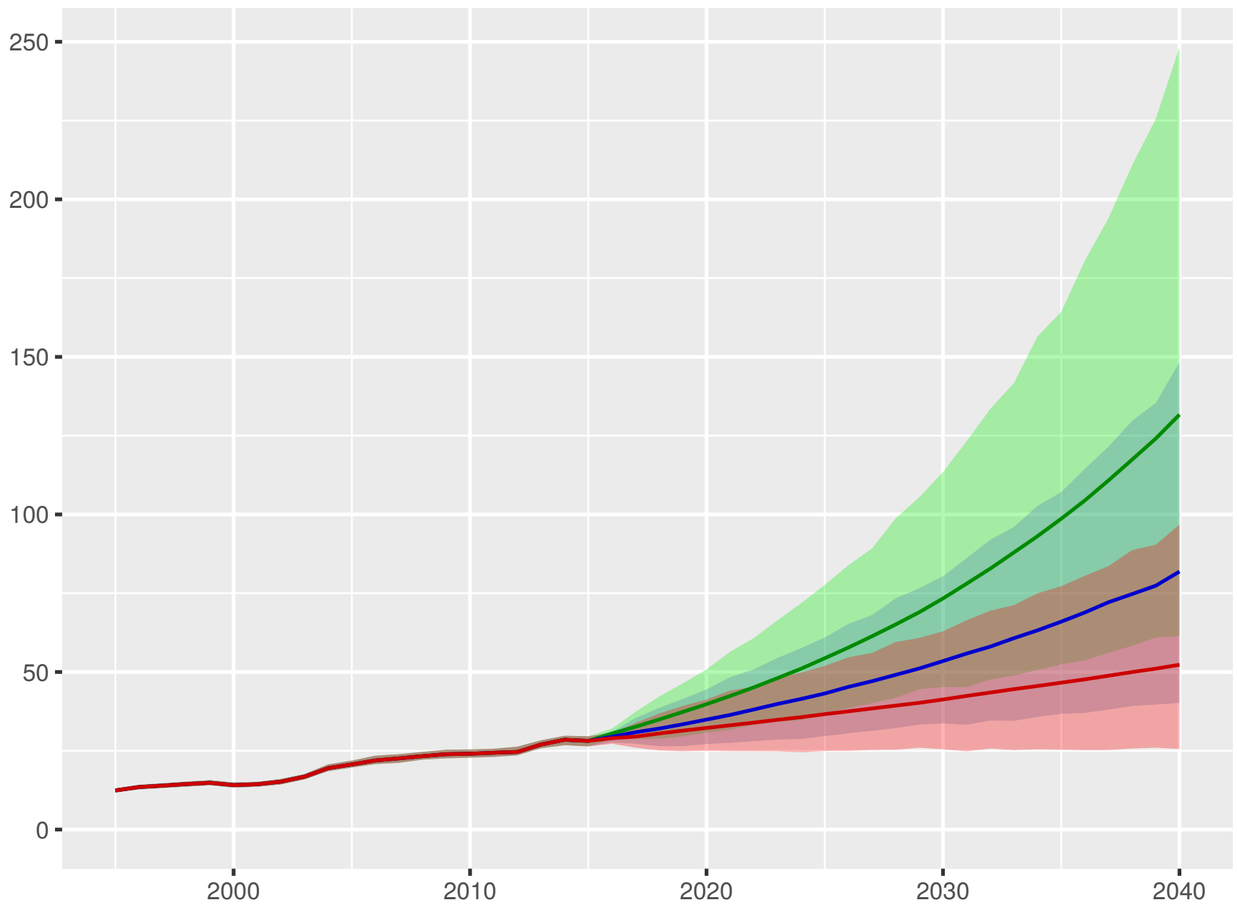
Total health spending per person



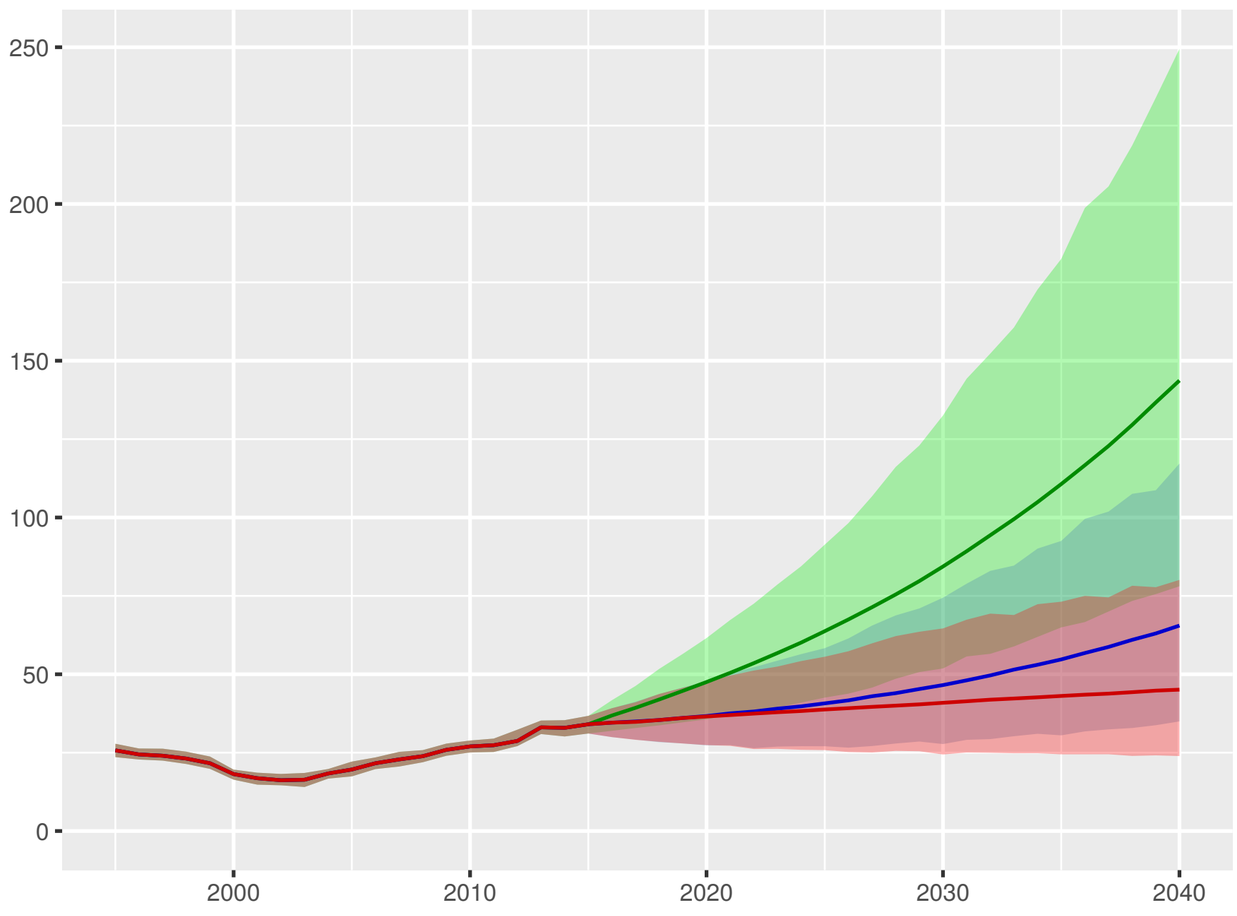
Development assistance for health received per person



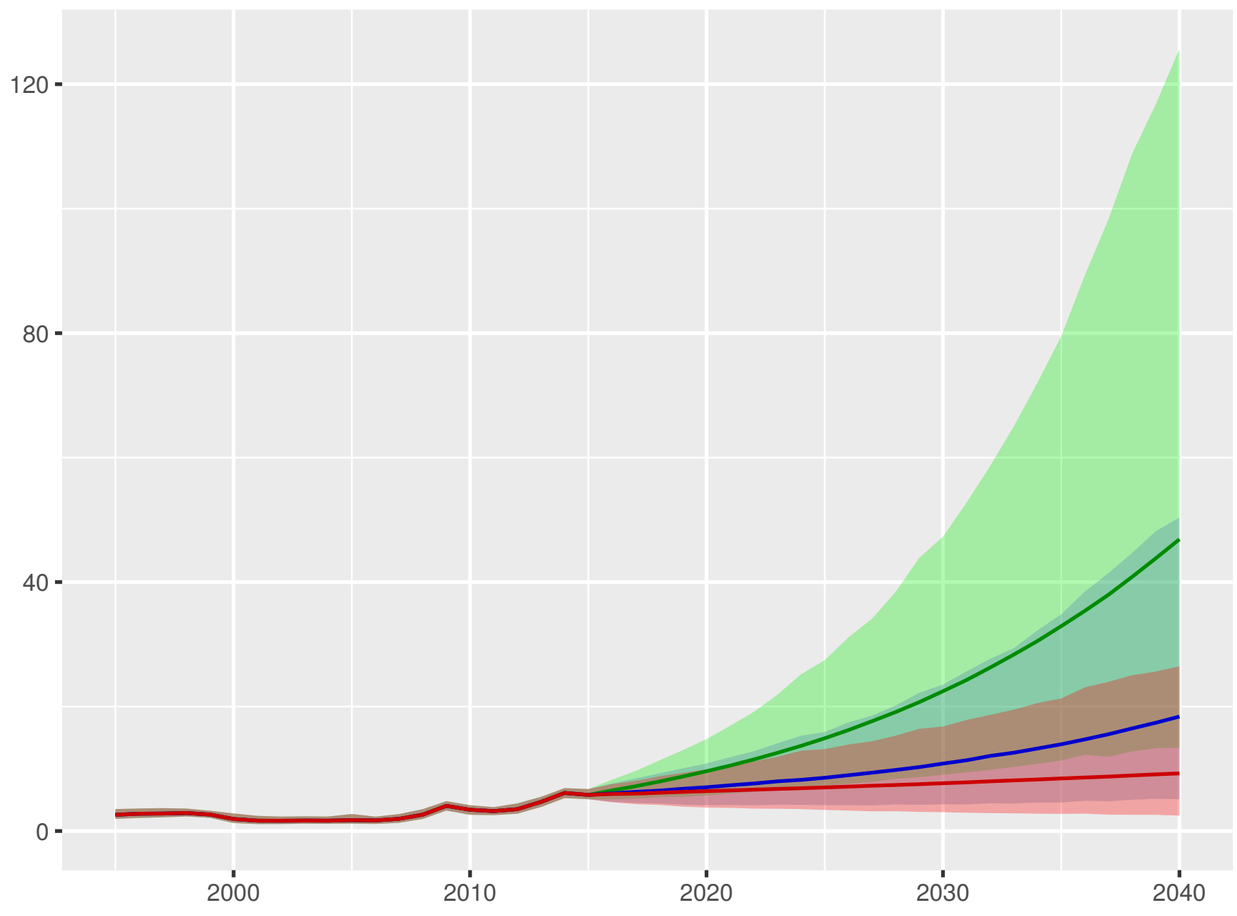
Government health spending per person



Out-of-pocket spending per person



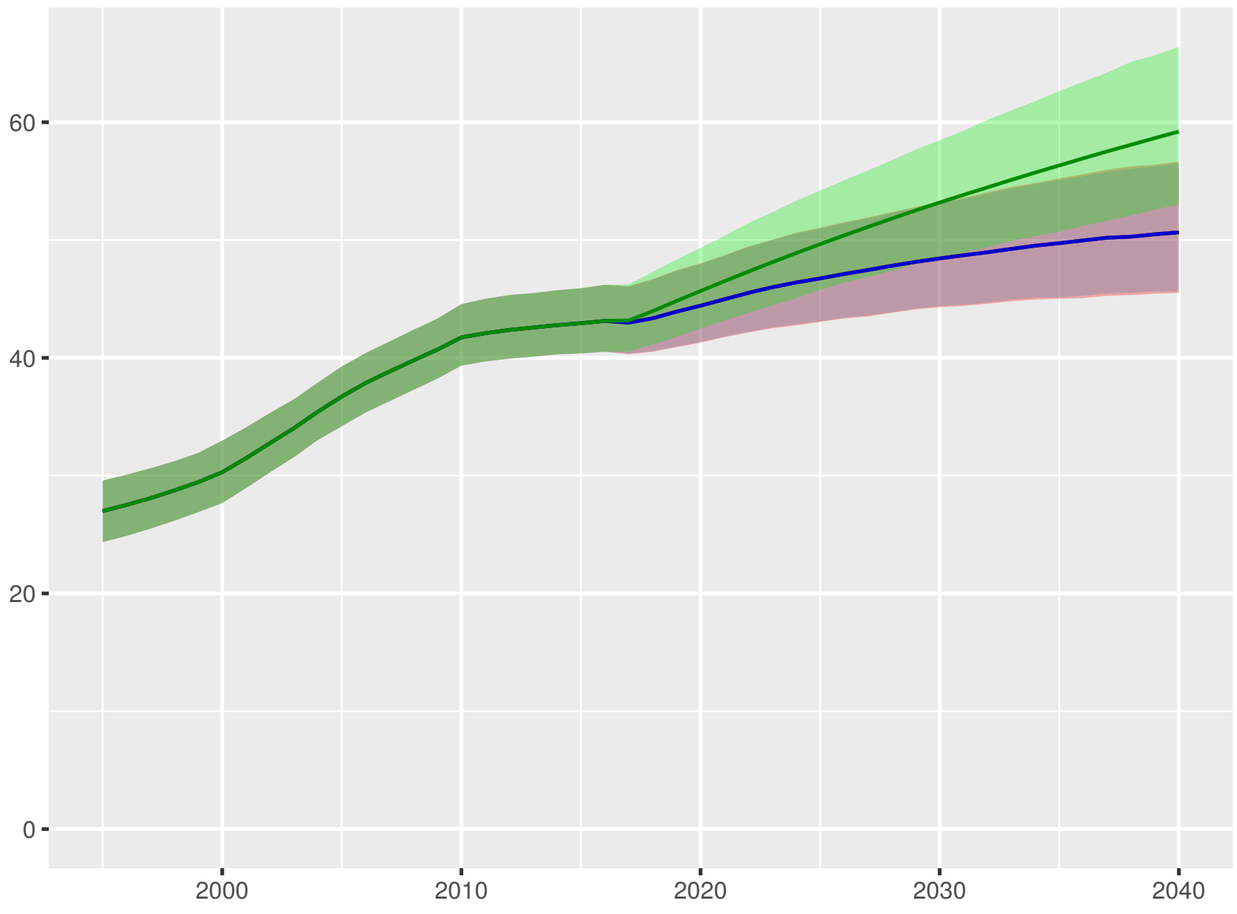
Prepaid private spending per person



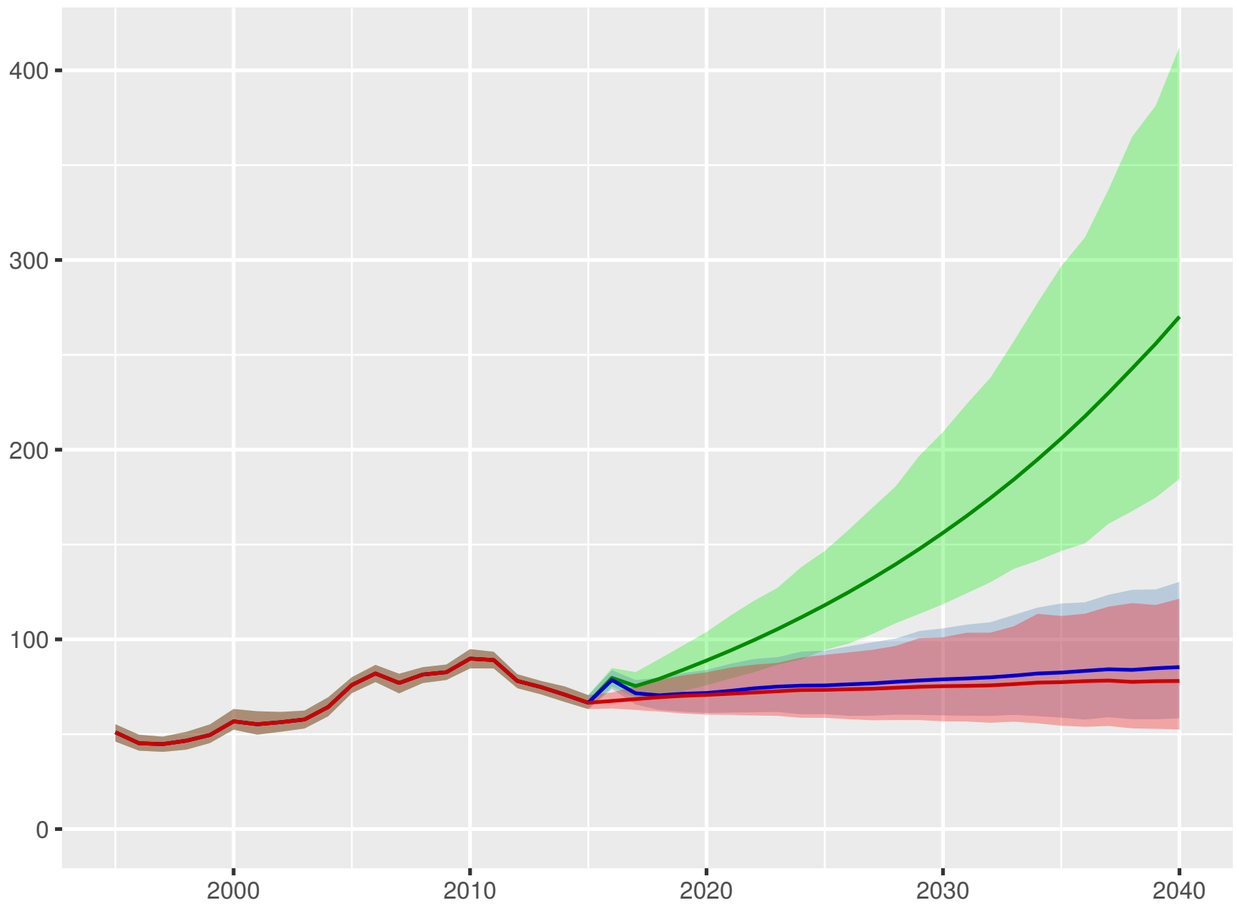
Scenario — Better — Reference — Worse

Burundi

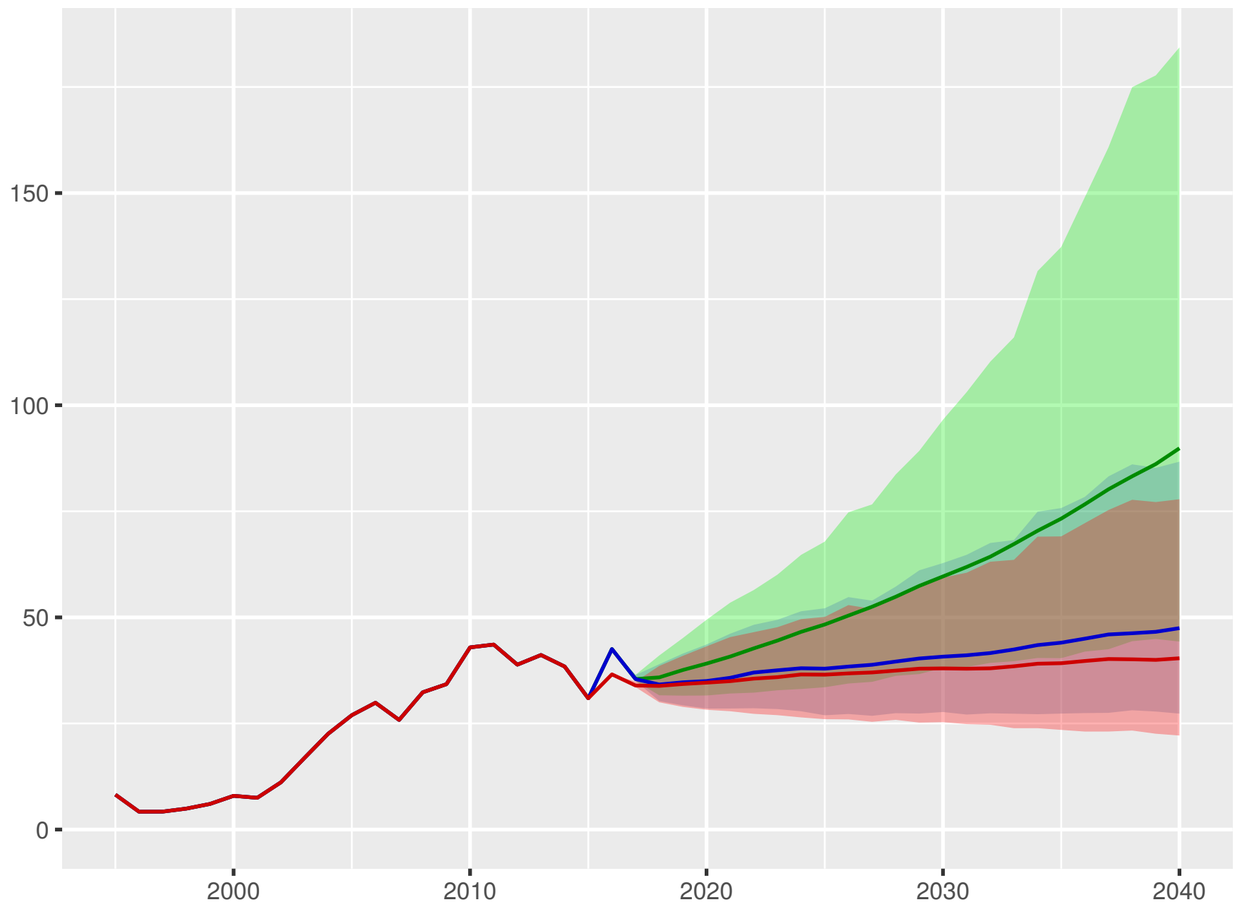
Universal health coverage index



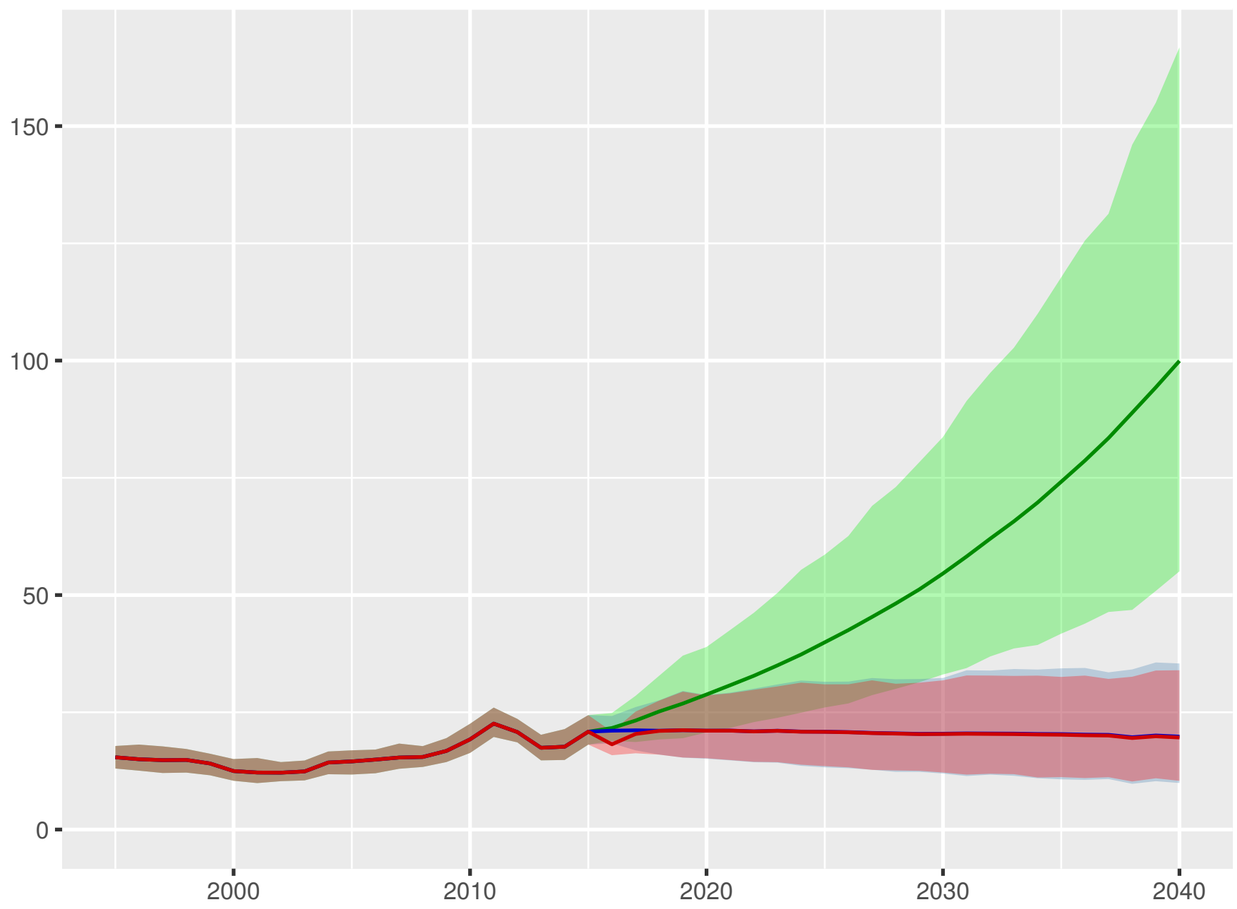
Total health spending per person



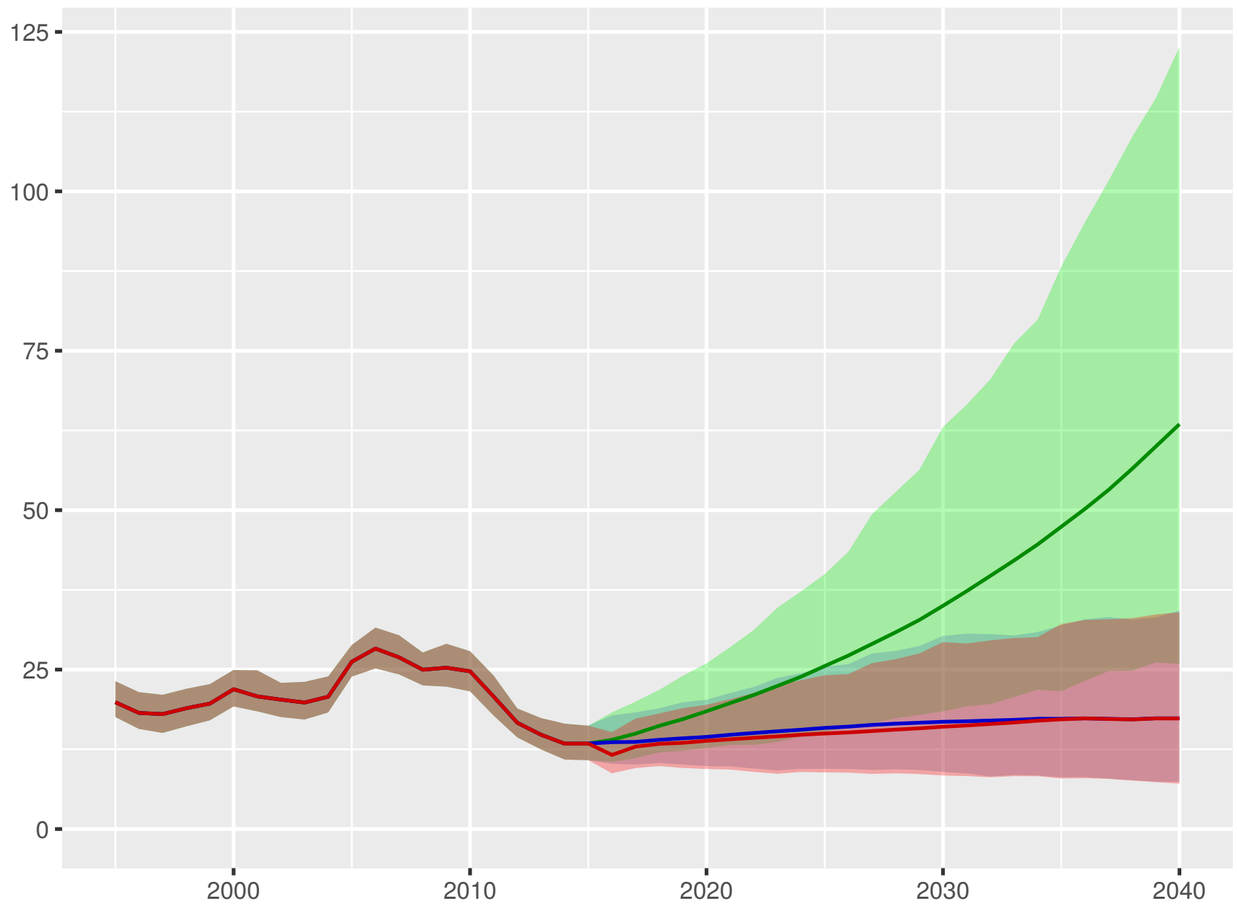
Development assistance for health received per person



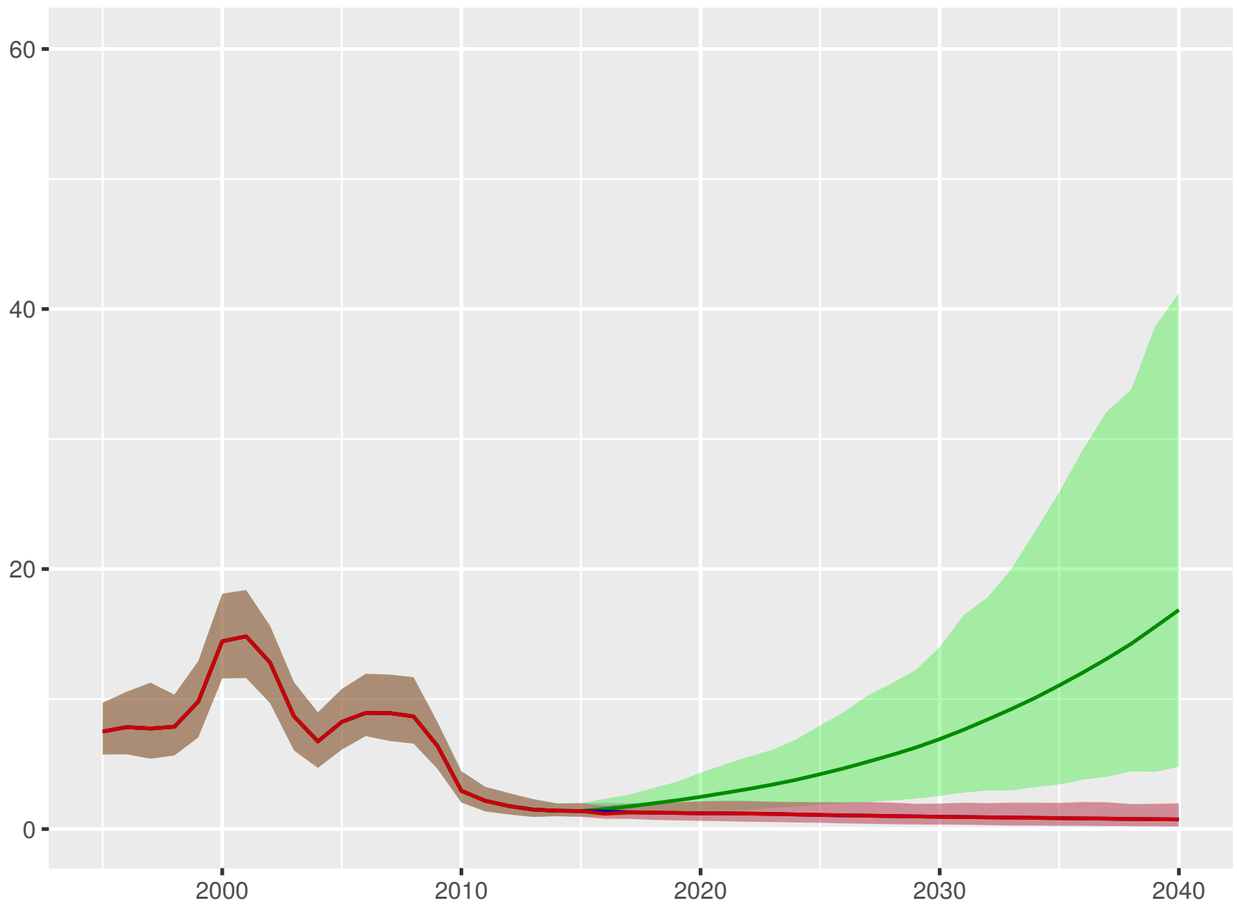
Government health spending per person



Out-of-pocket spending per person



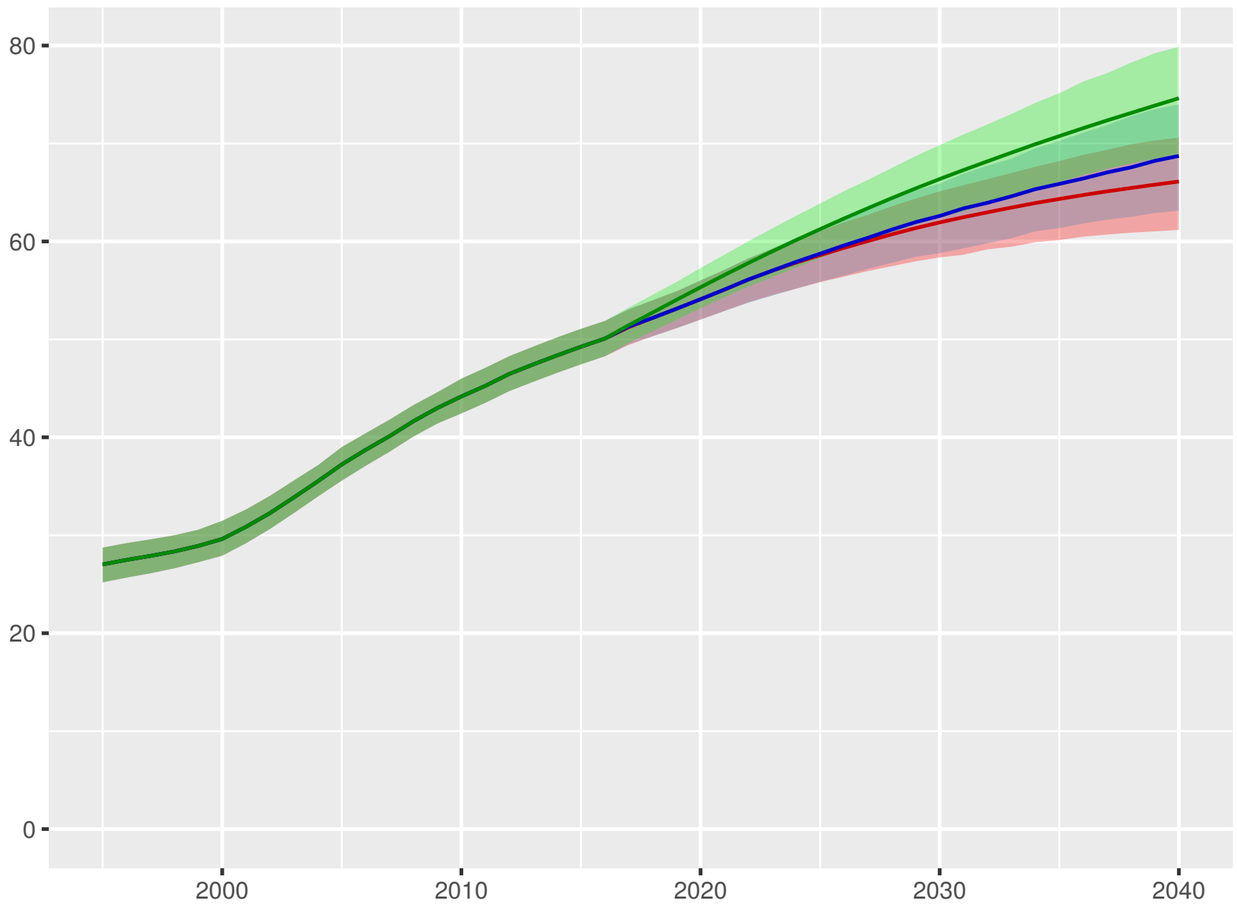
Prepaid private spending per person



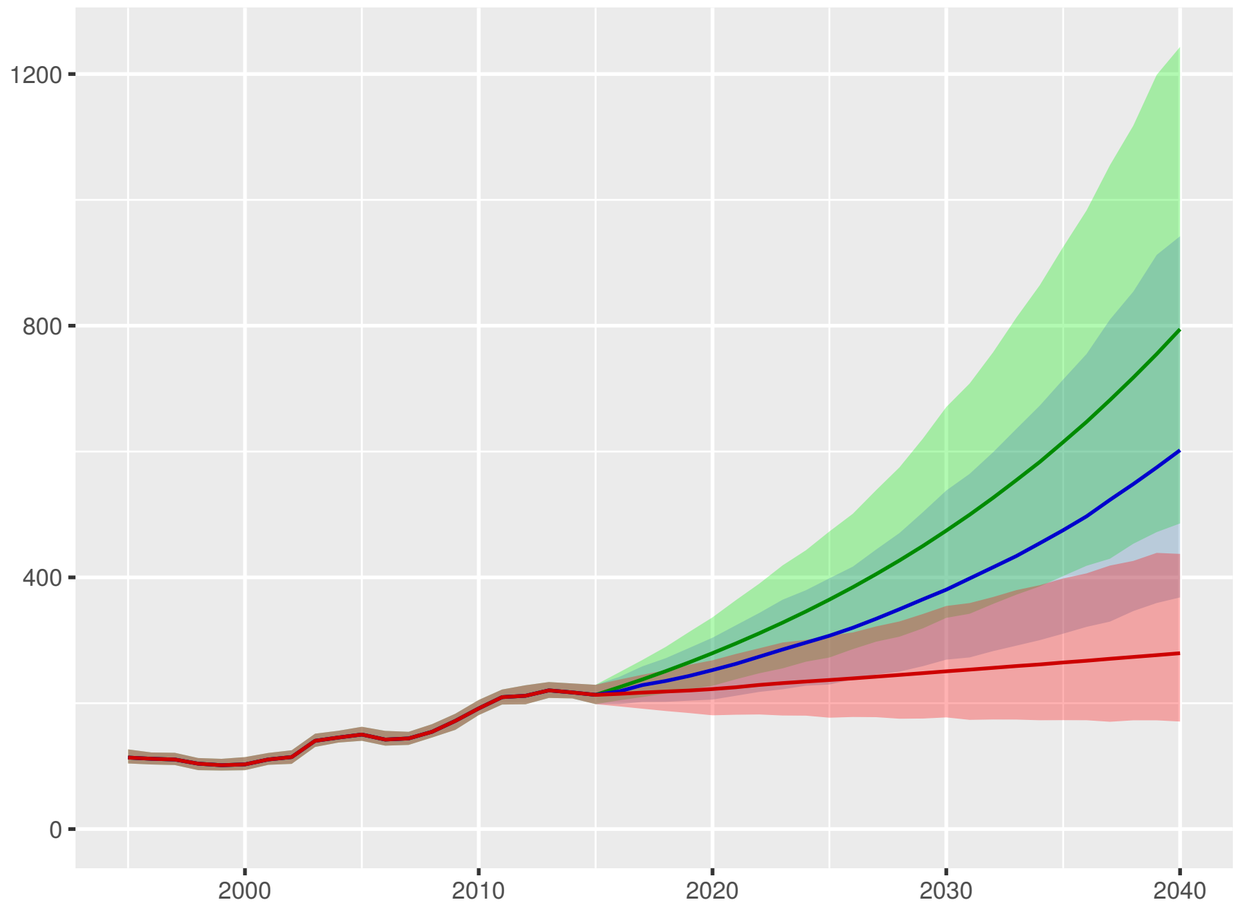
Scenario — Better — Reference — Worse

Cambodia

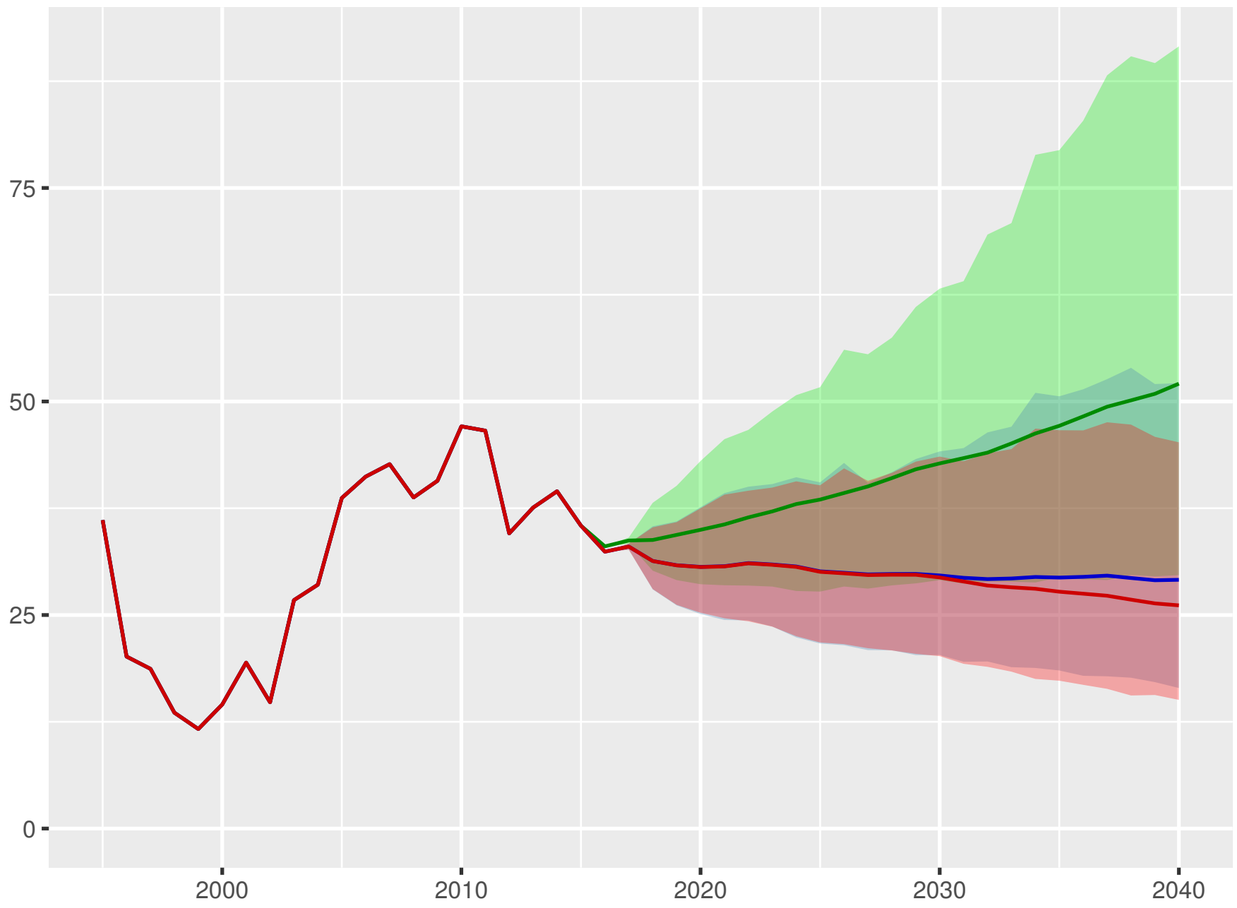
Universal health coverage index



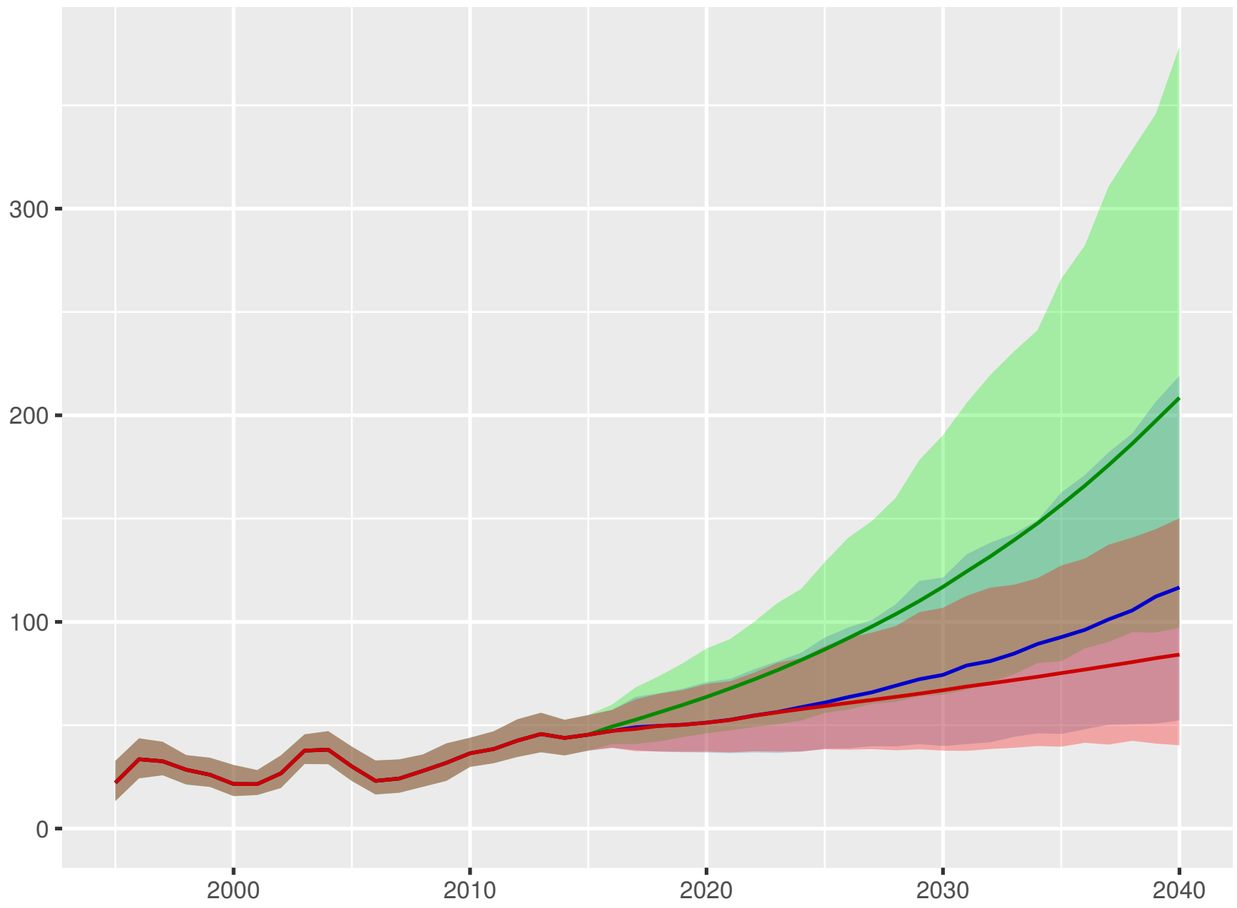
Total health spending per person



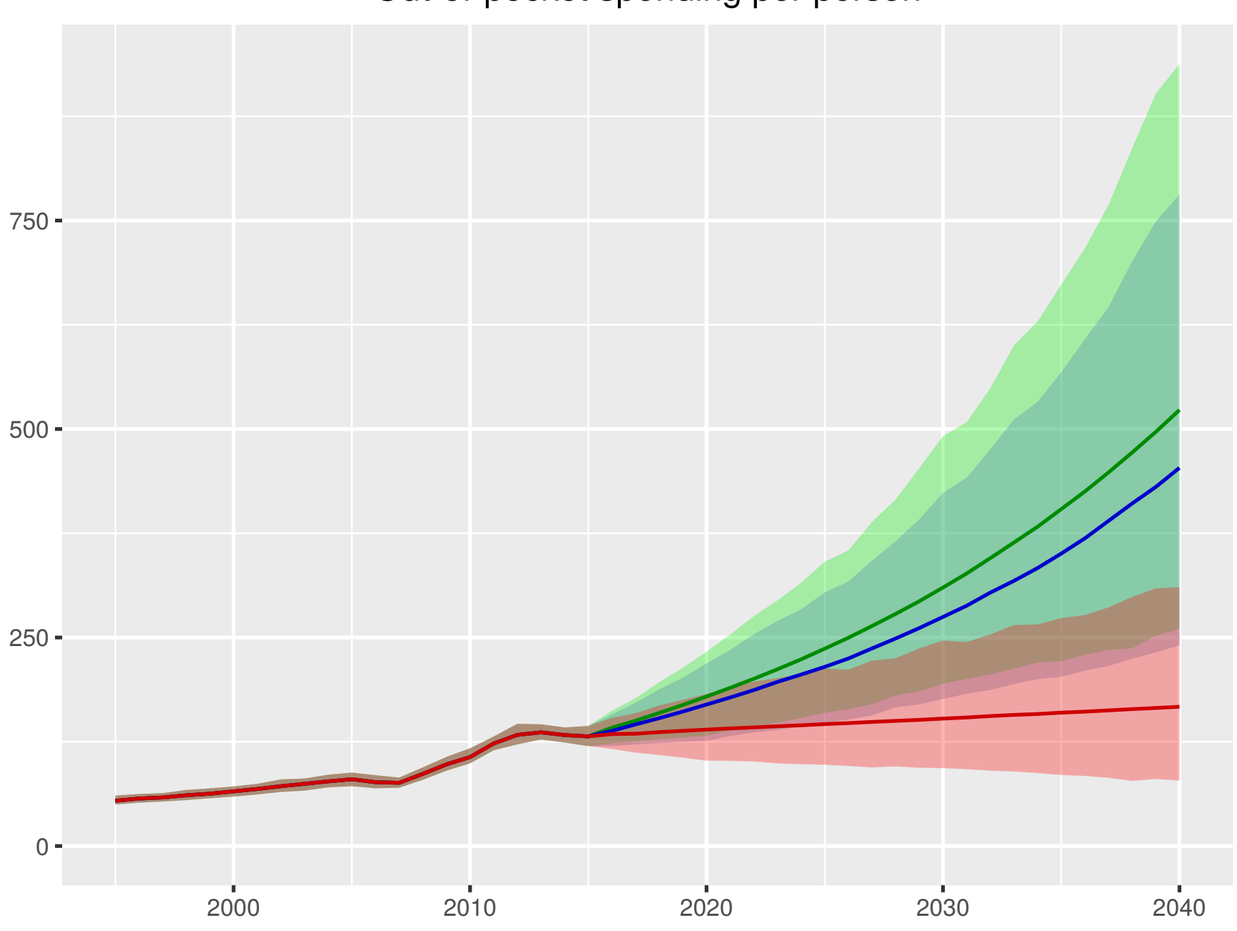
Development assistance for health received per person



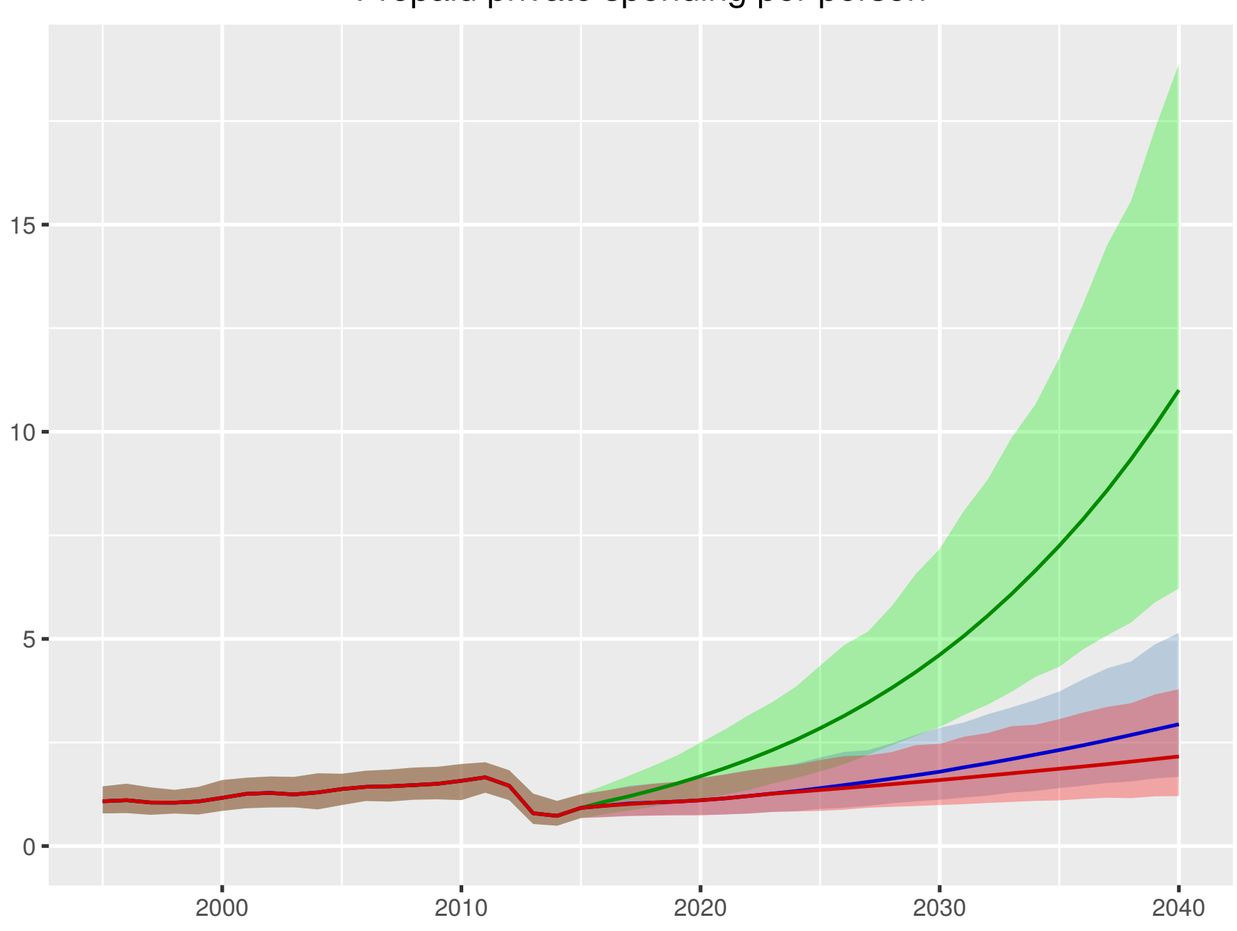
Government health spending per person



Out-of-pocket spending per person



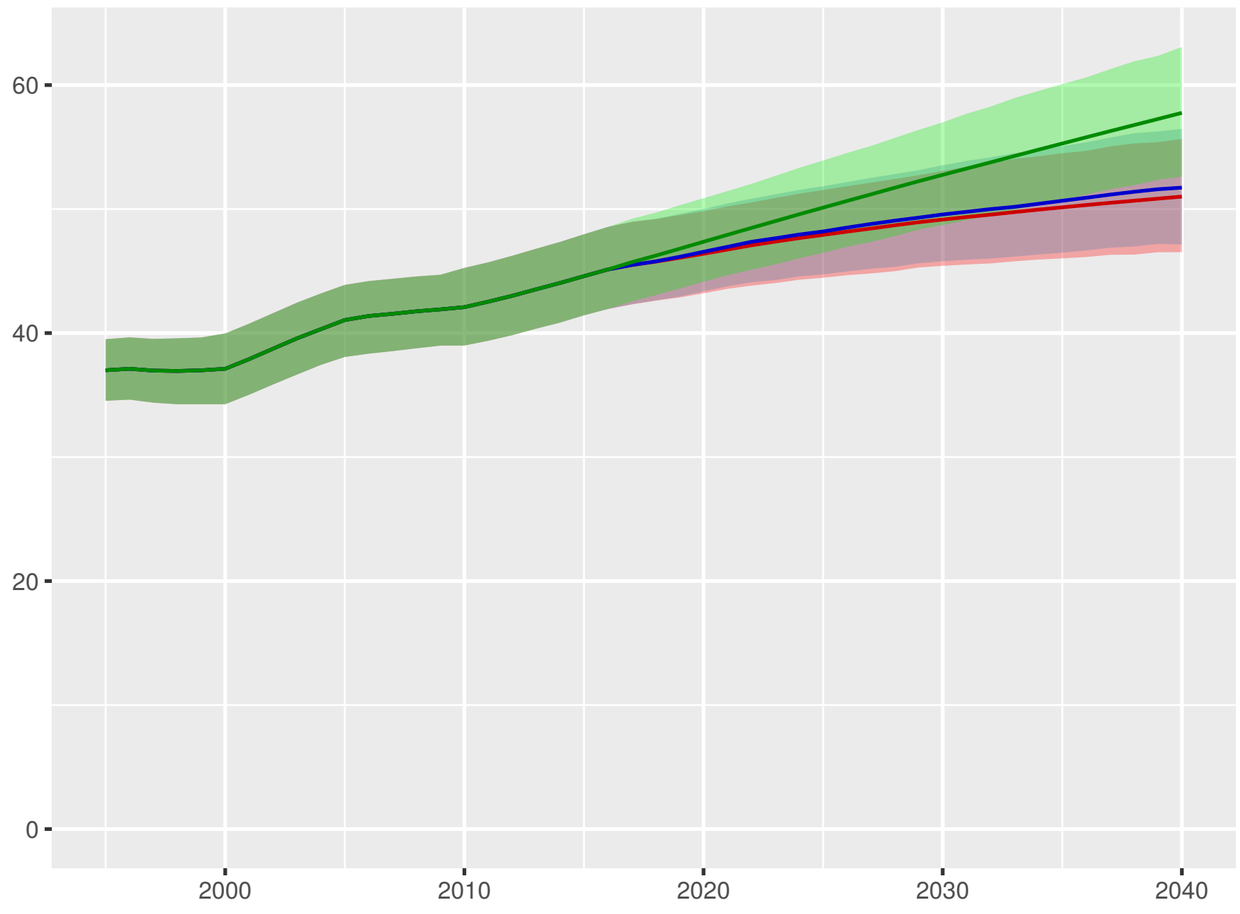
Prepaid private spending per person



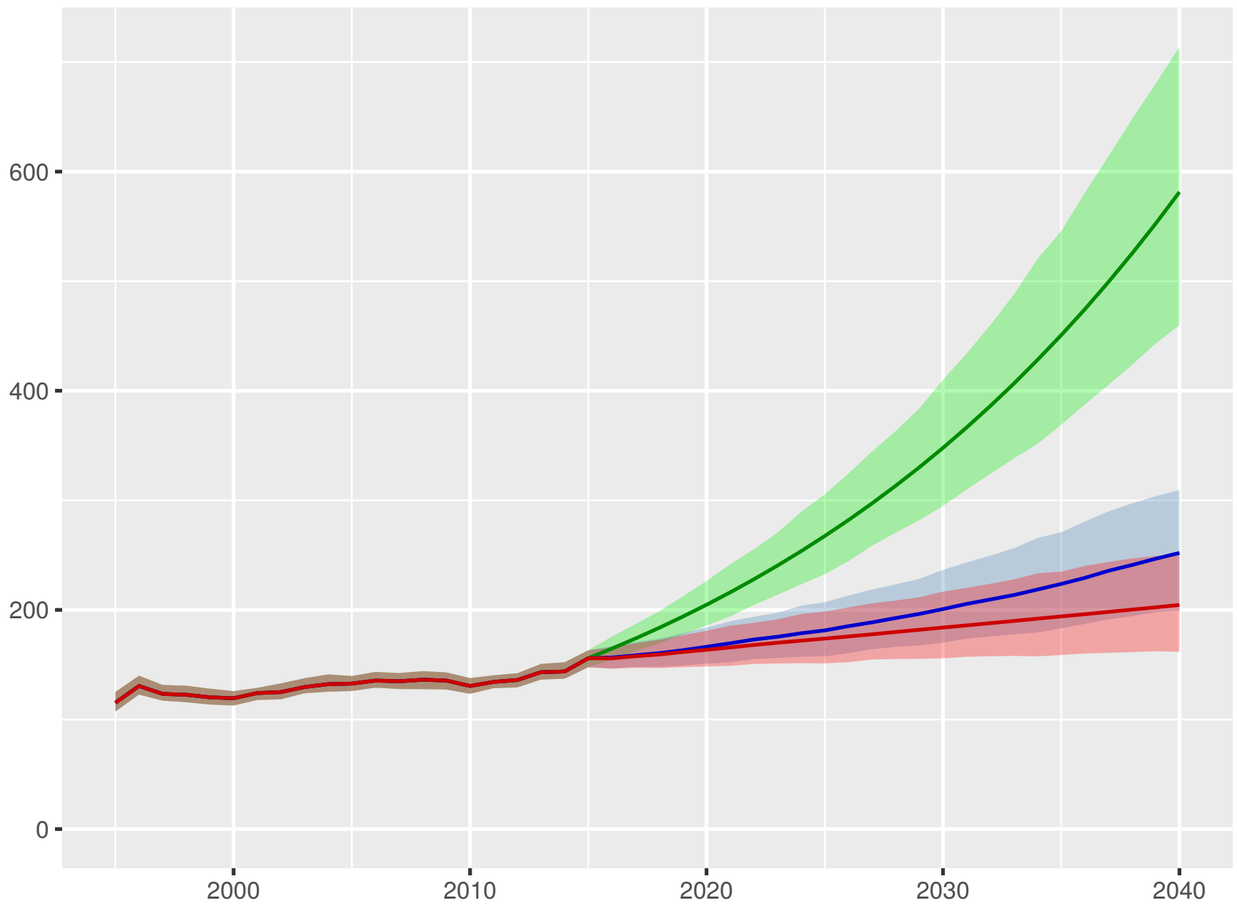
Scenario — Better — Reference — Worse

Cameroon

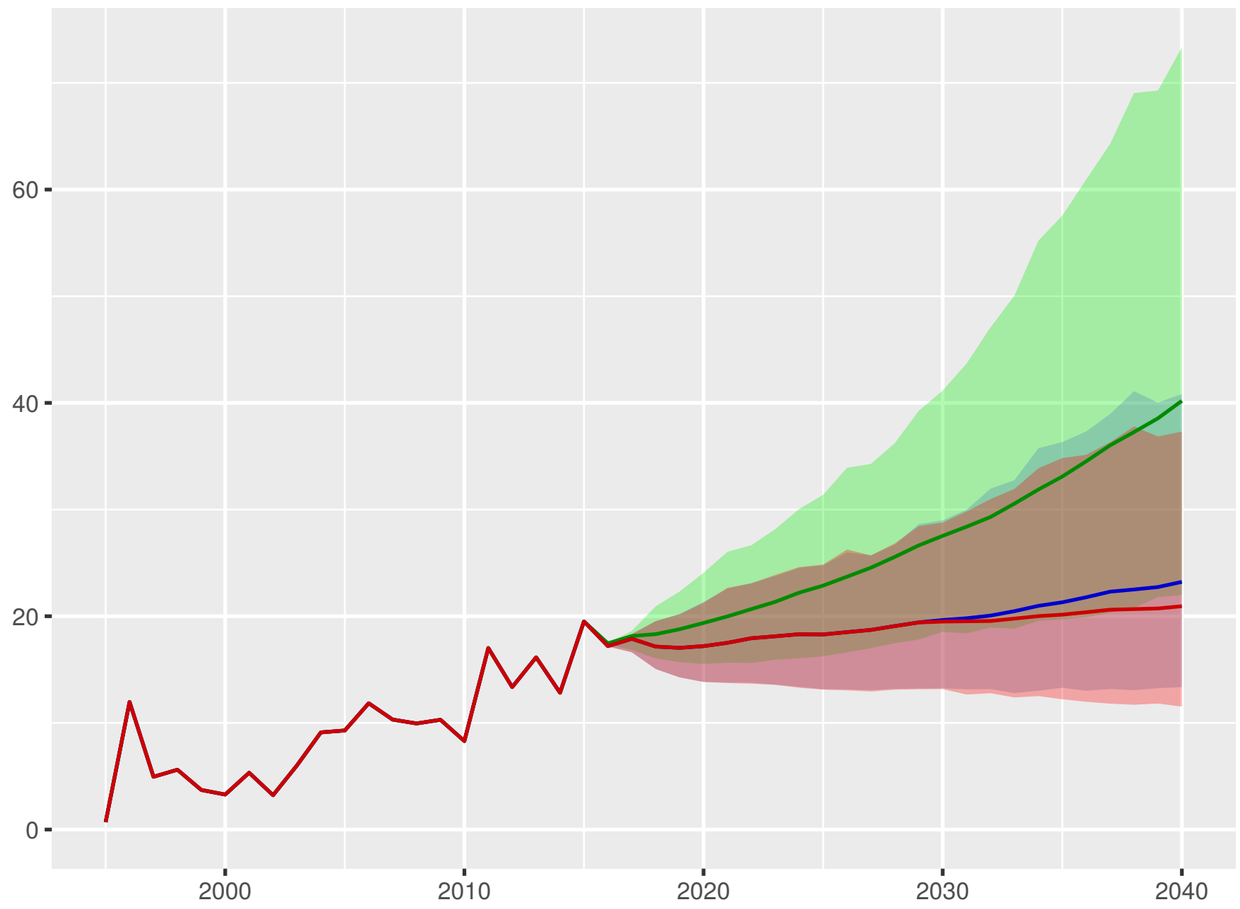
Universal health coverage index



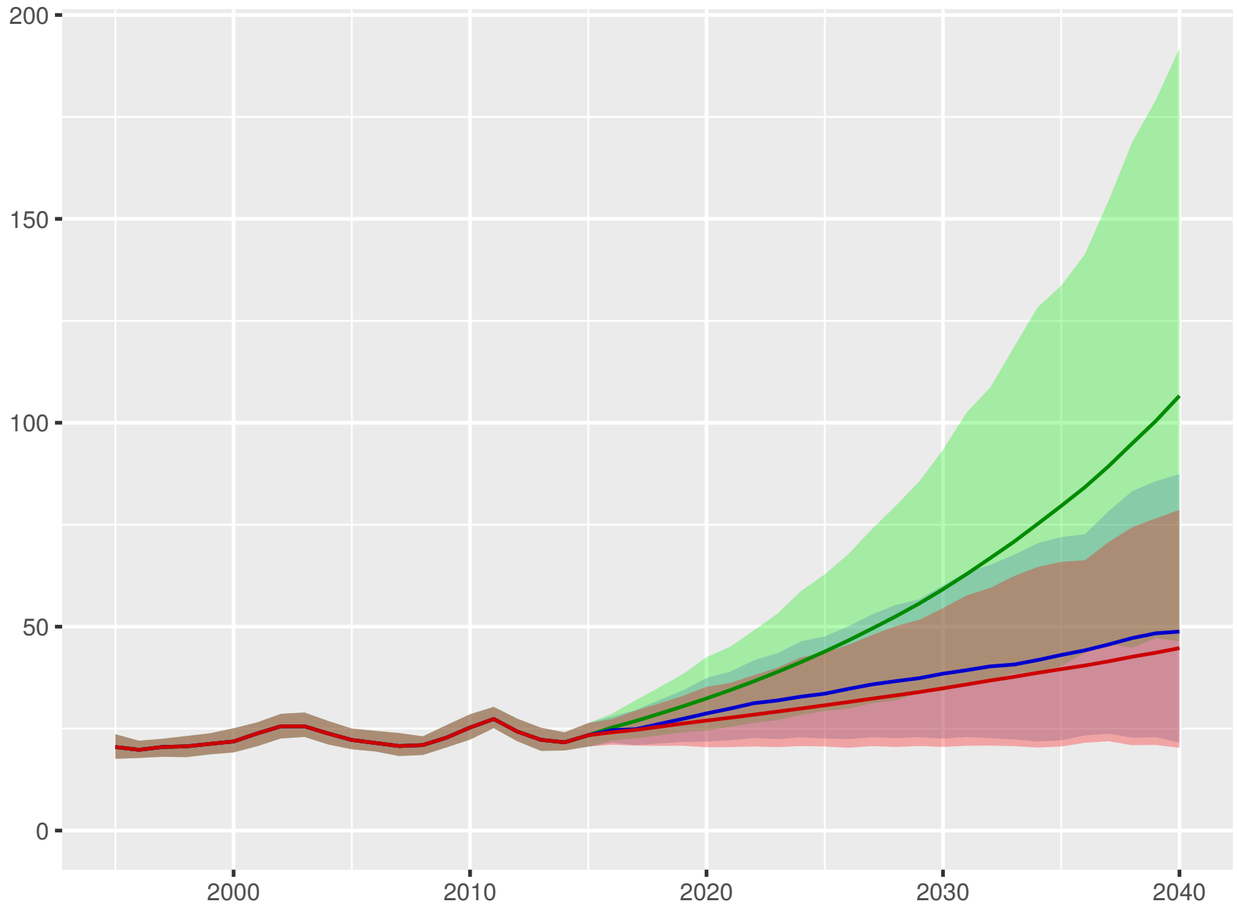
Total health spending per person



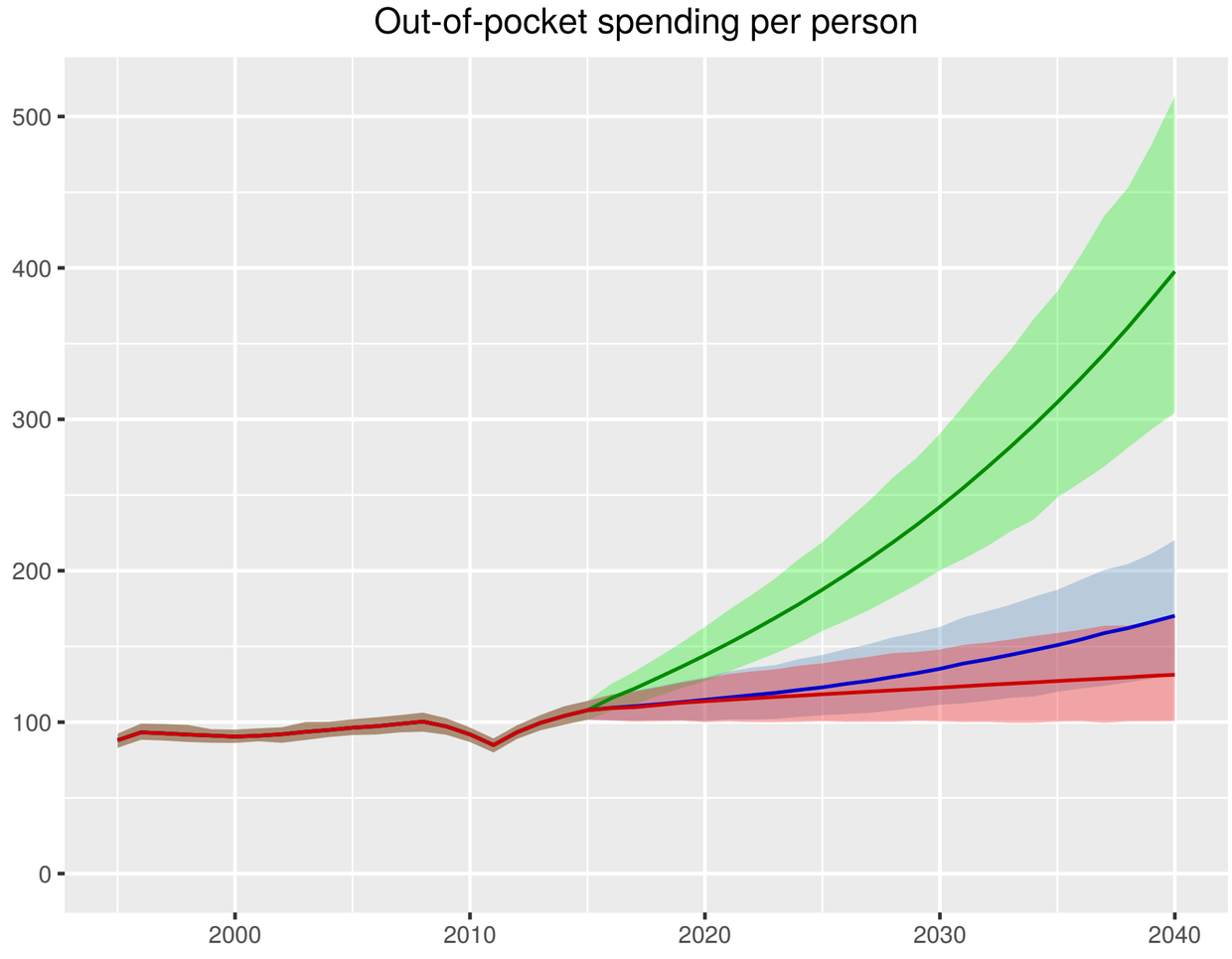
Development assistance for health received per person



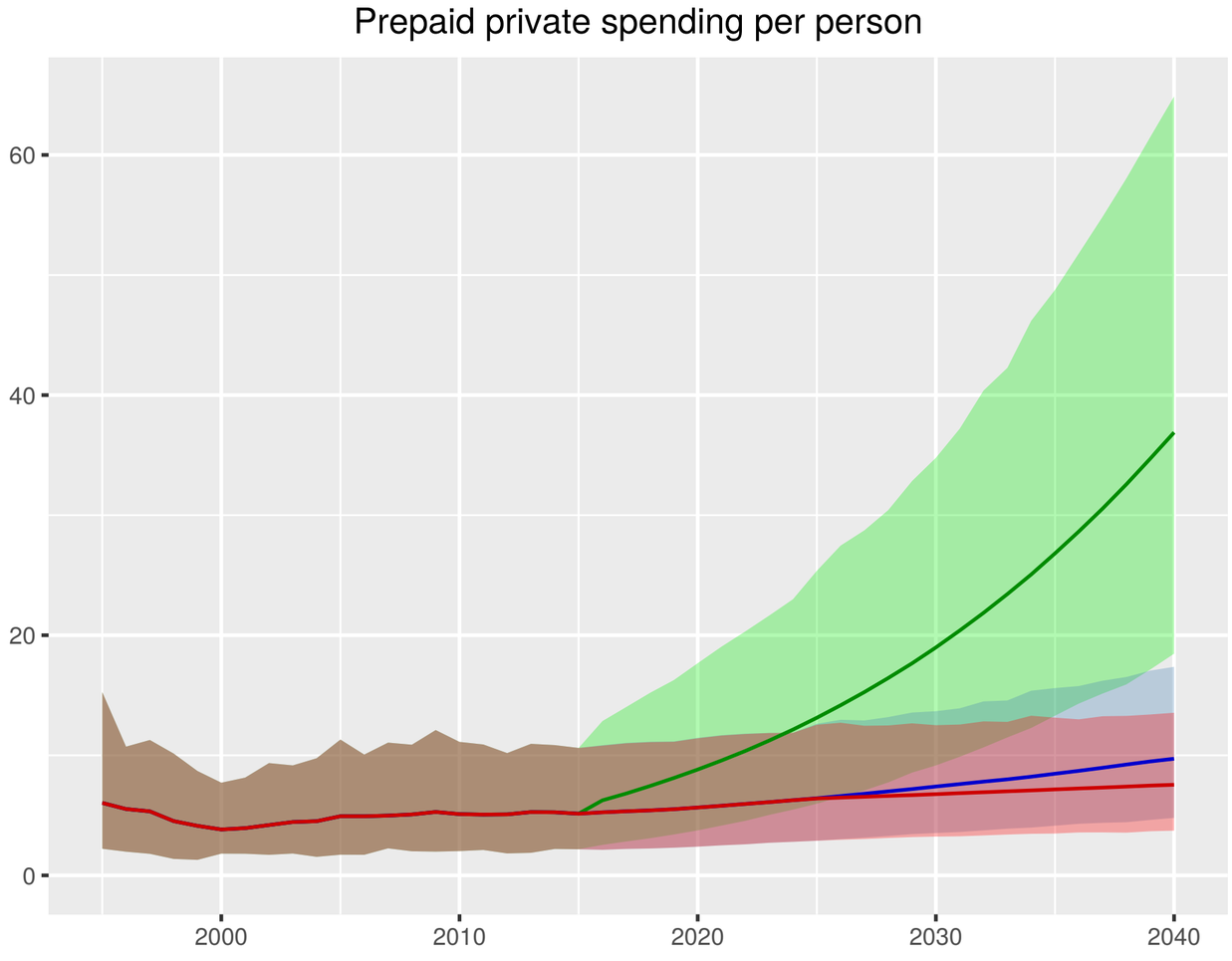
Government health spending per person



Out-of-pocket spending per person



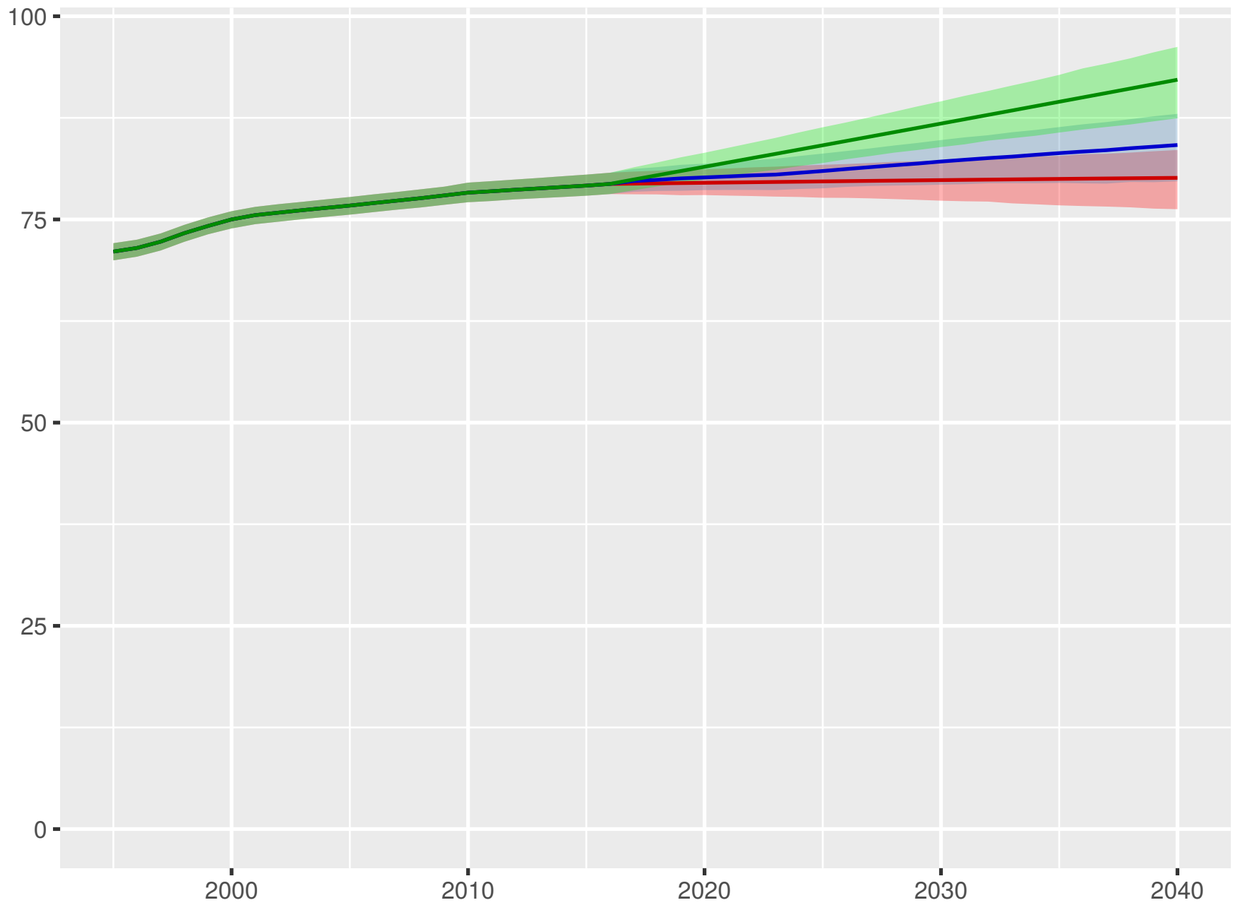
Prepaid private spending per person



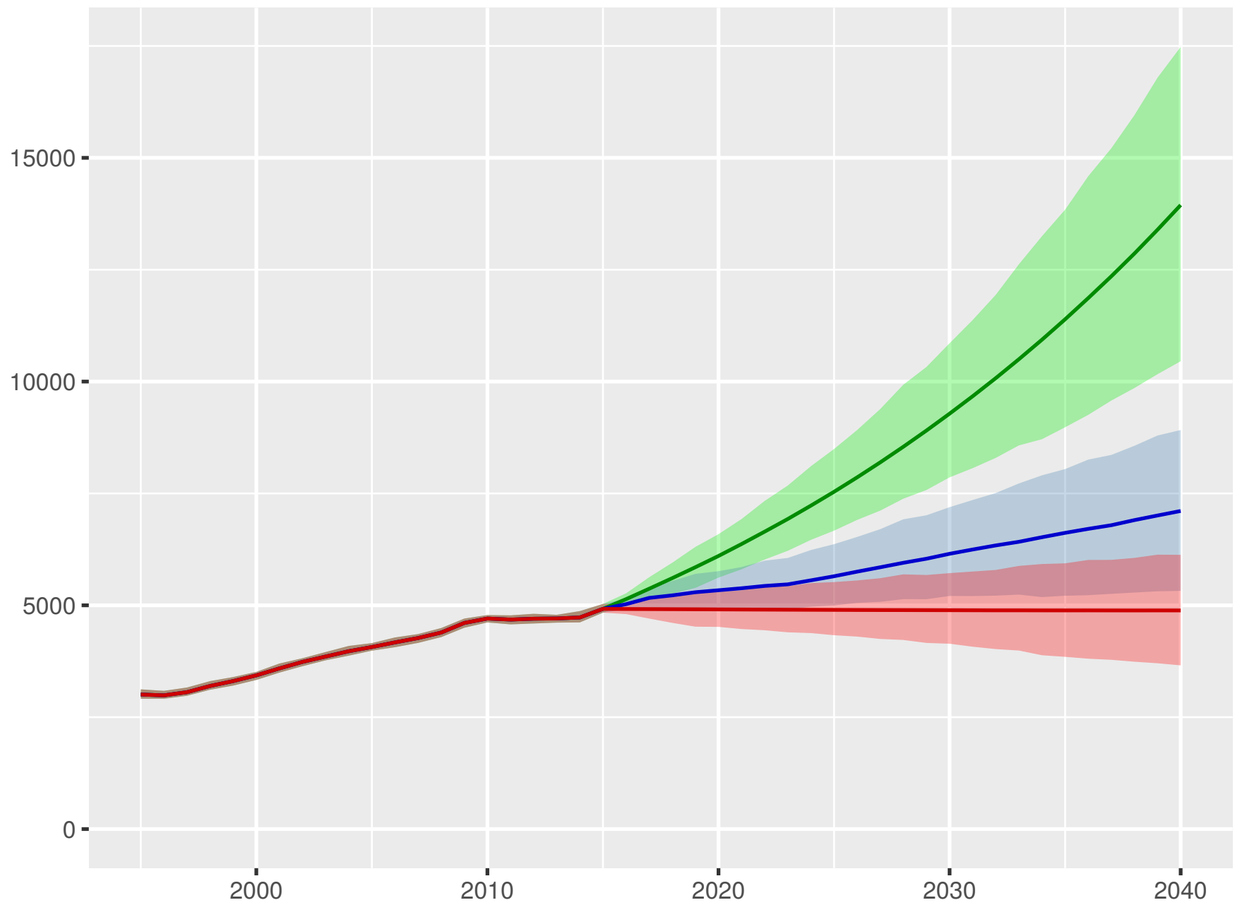
Scenario — Better — Reference — Worse

Canada

Universal health coverage index

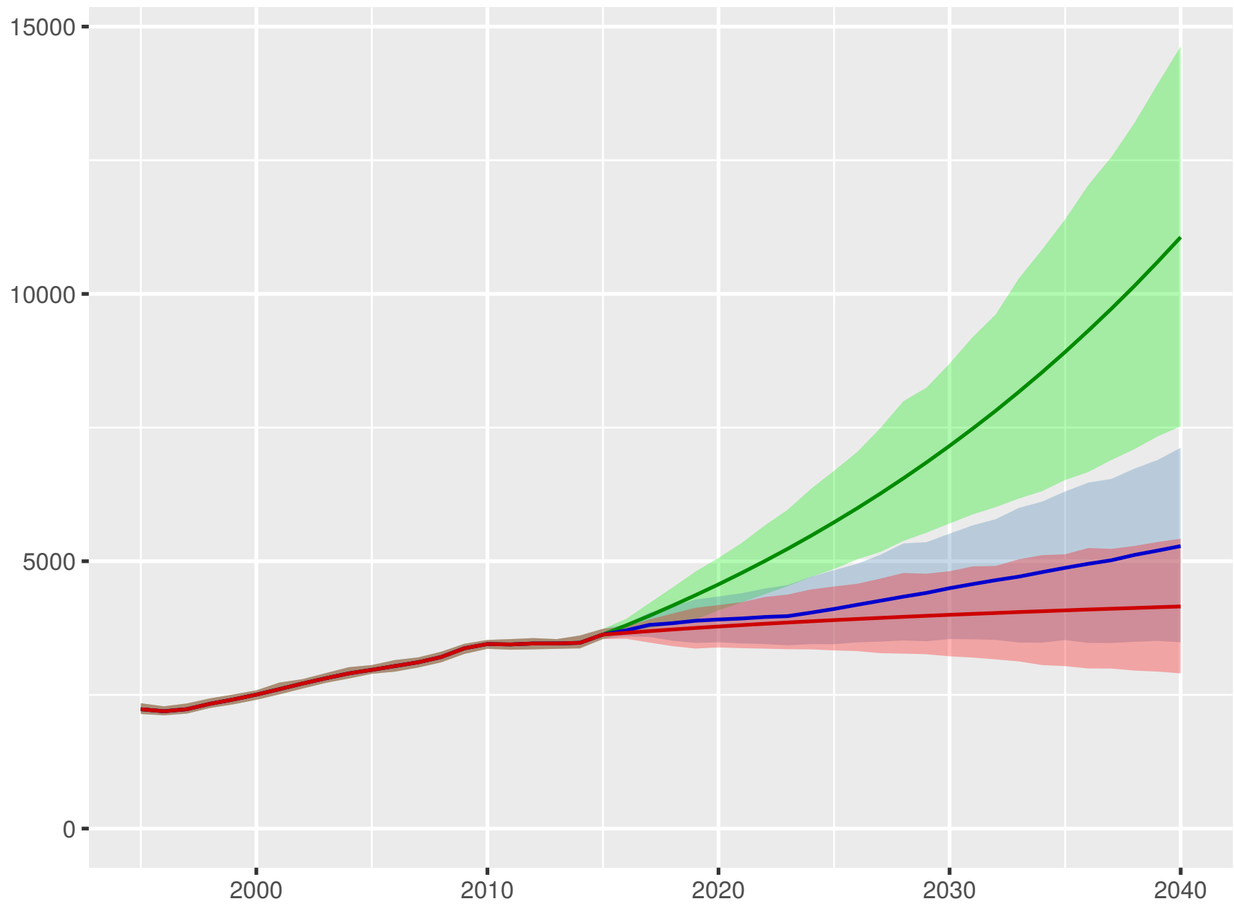


Total health spending per person

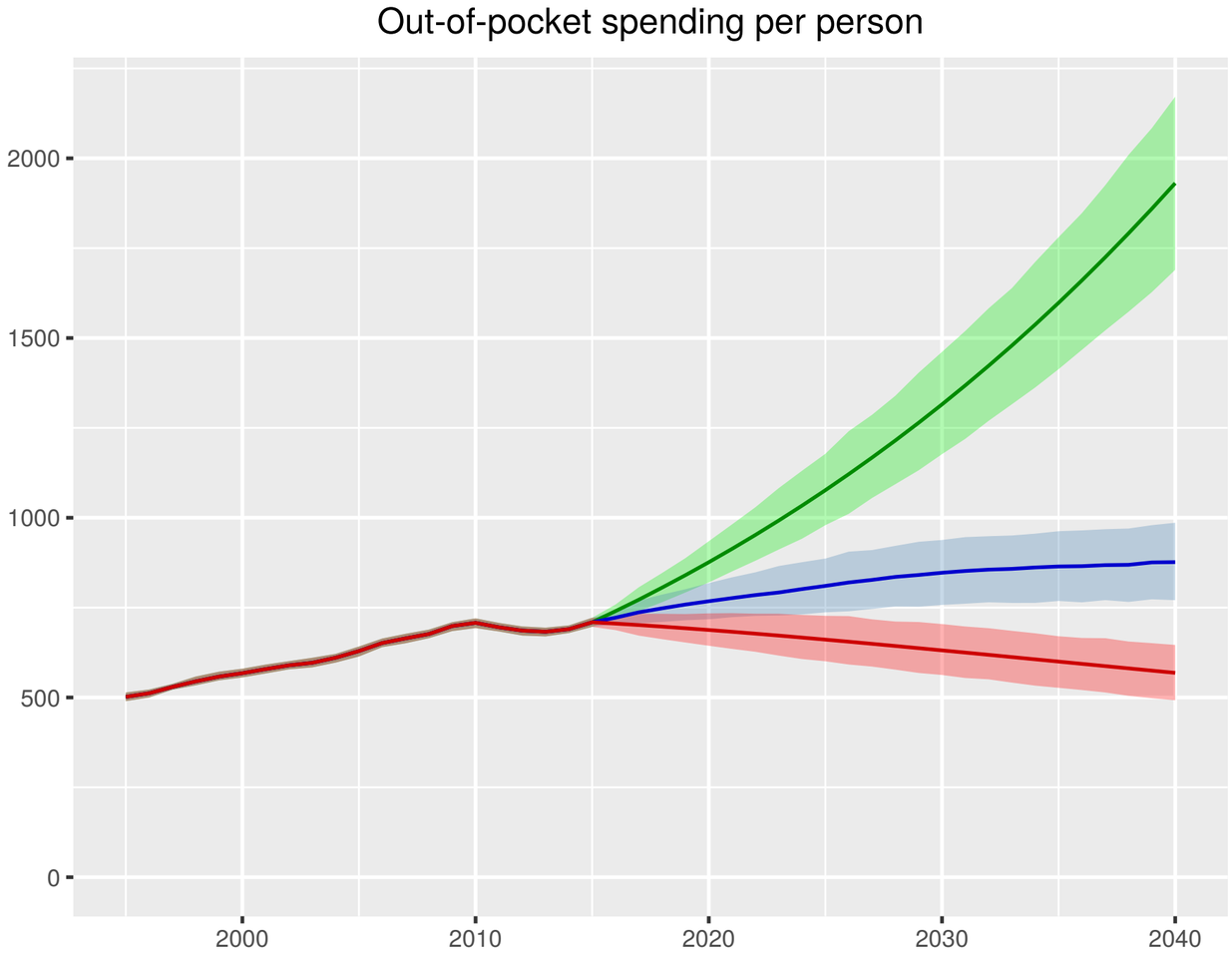


Development assistance for health received per person

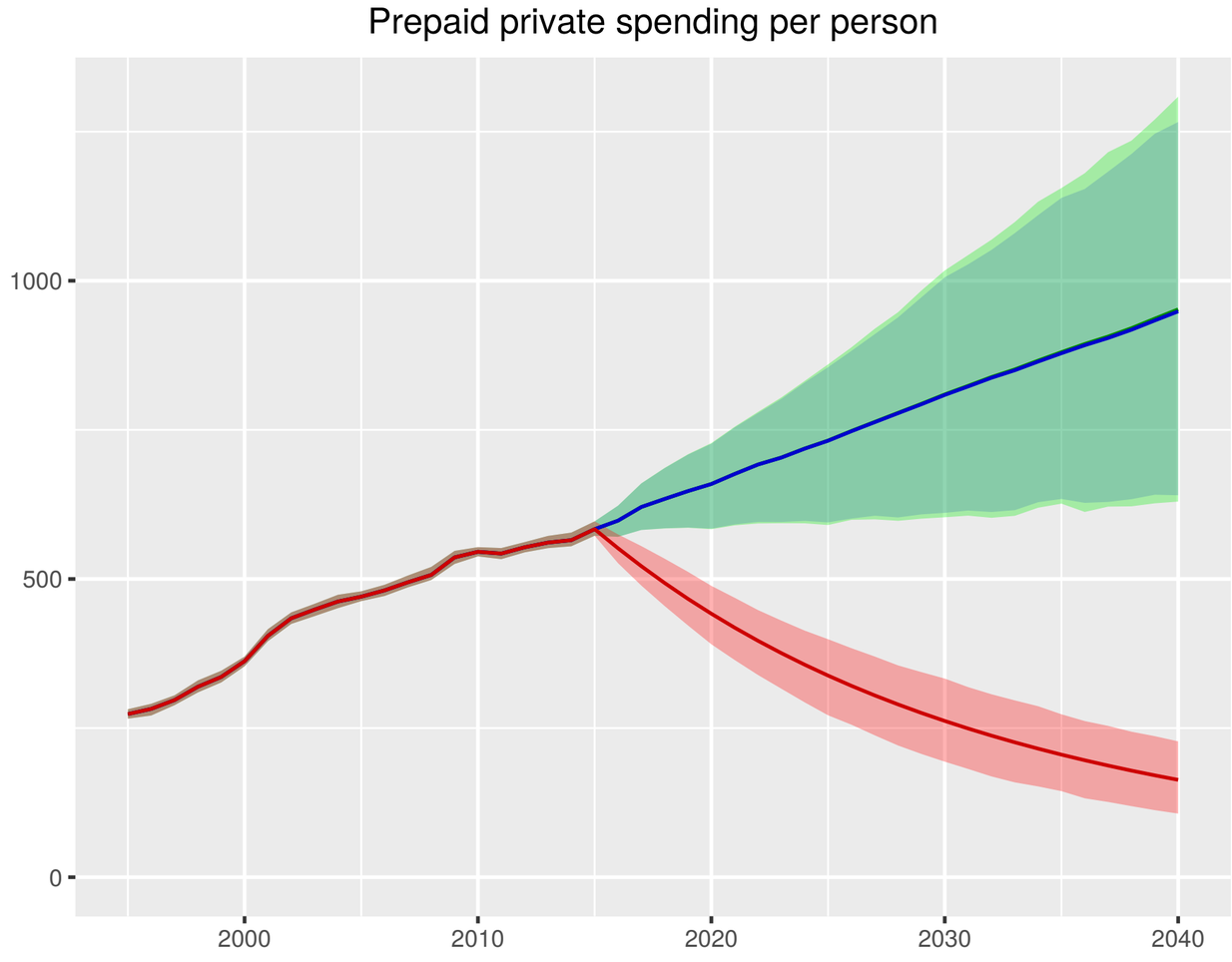
Government health spending per person



Out-of-pocket spending per person



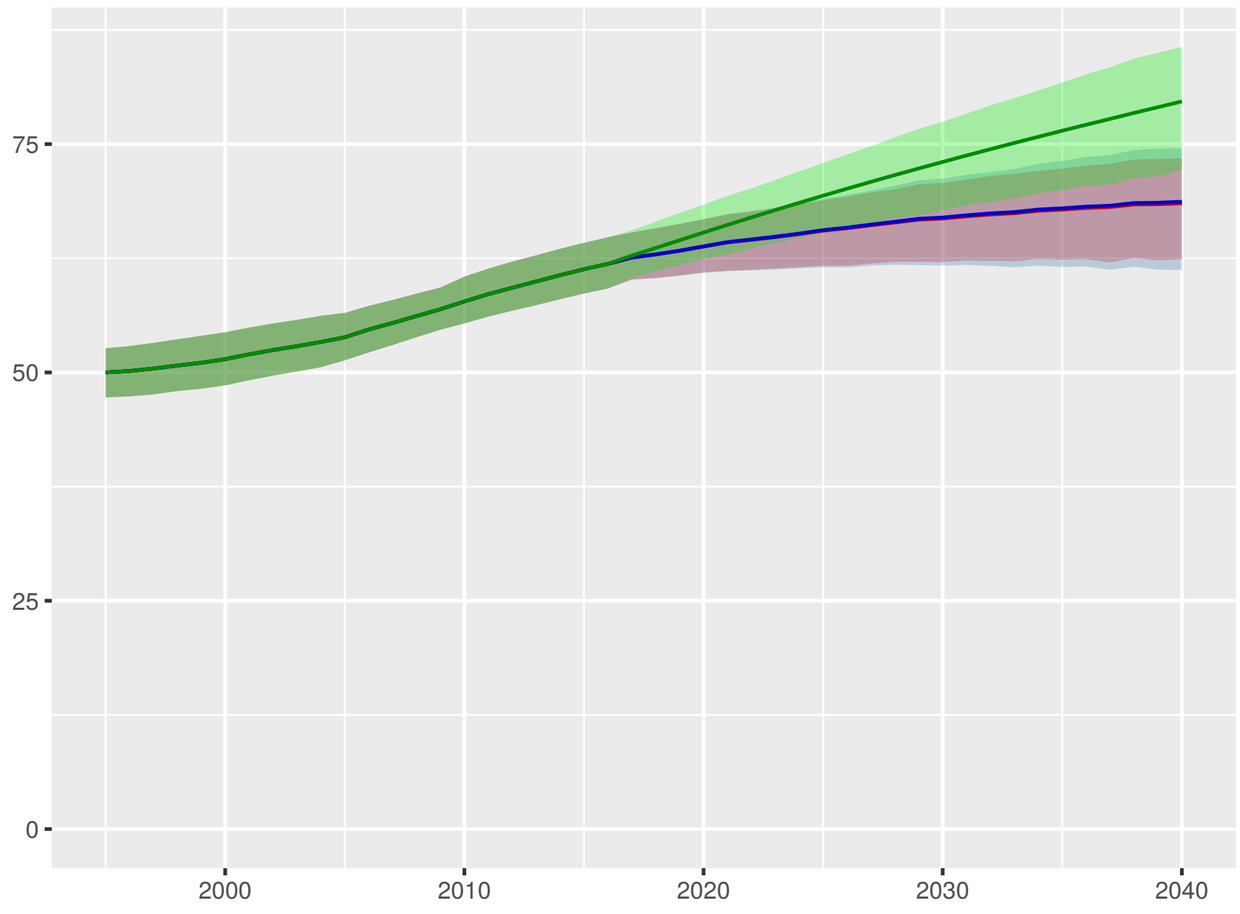
Prepaid private spending per person



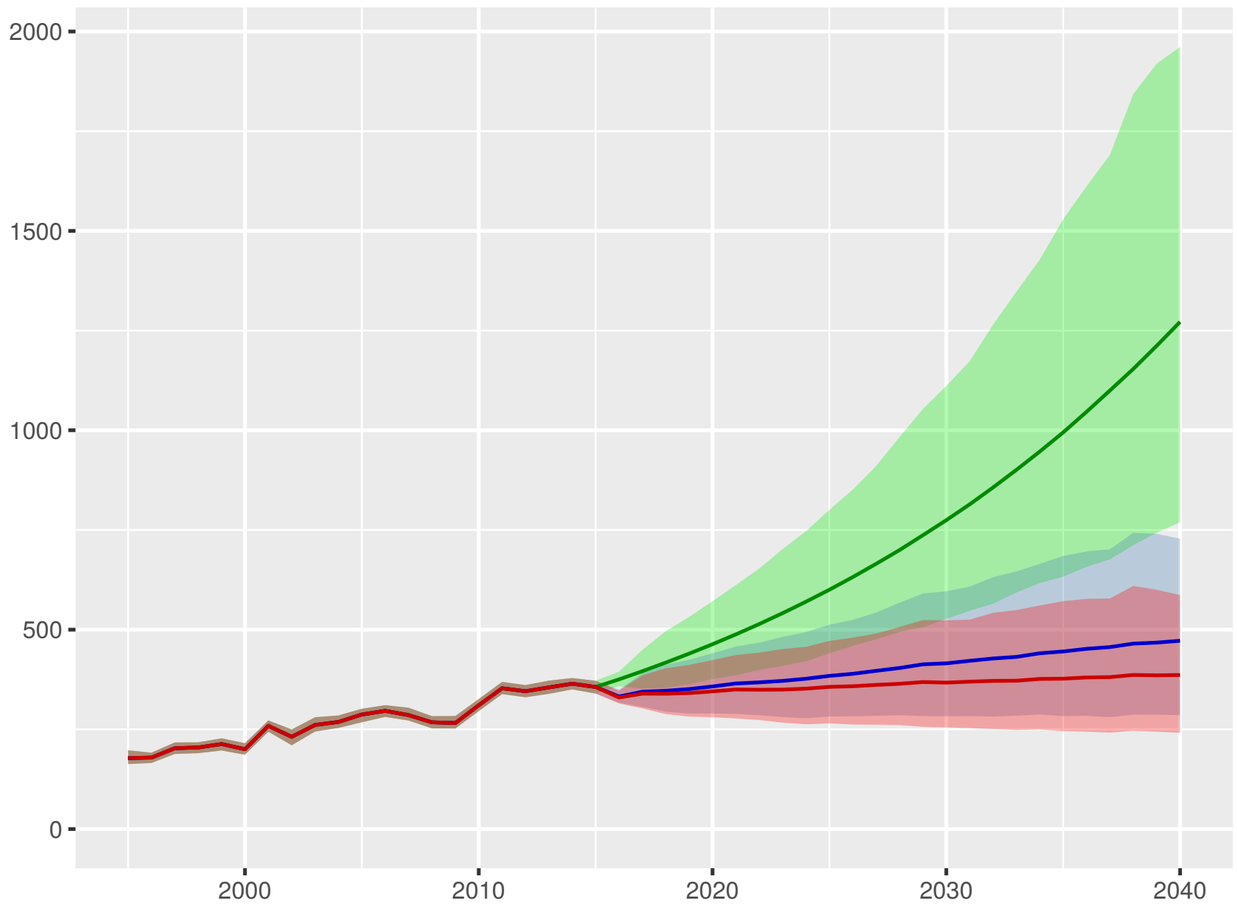
Scenario — Better — Reference — Worse

Cape Verde

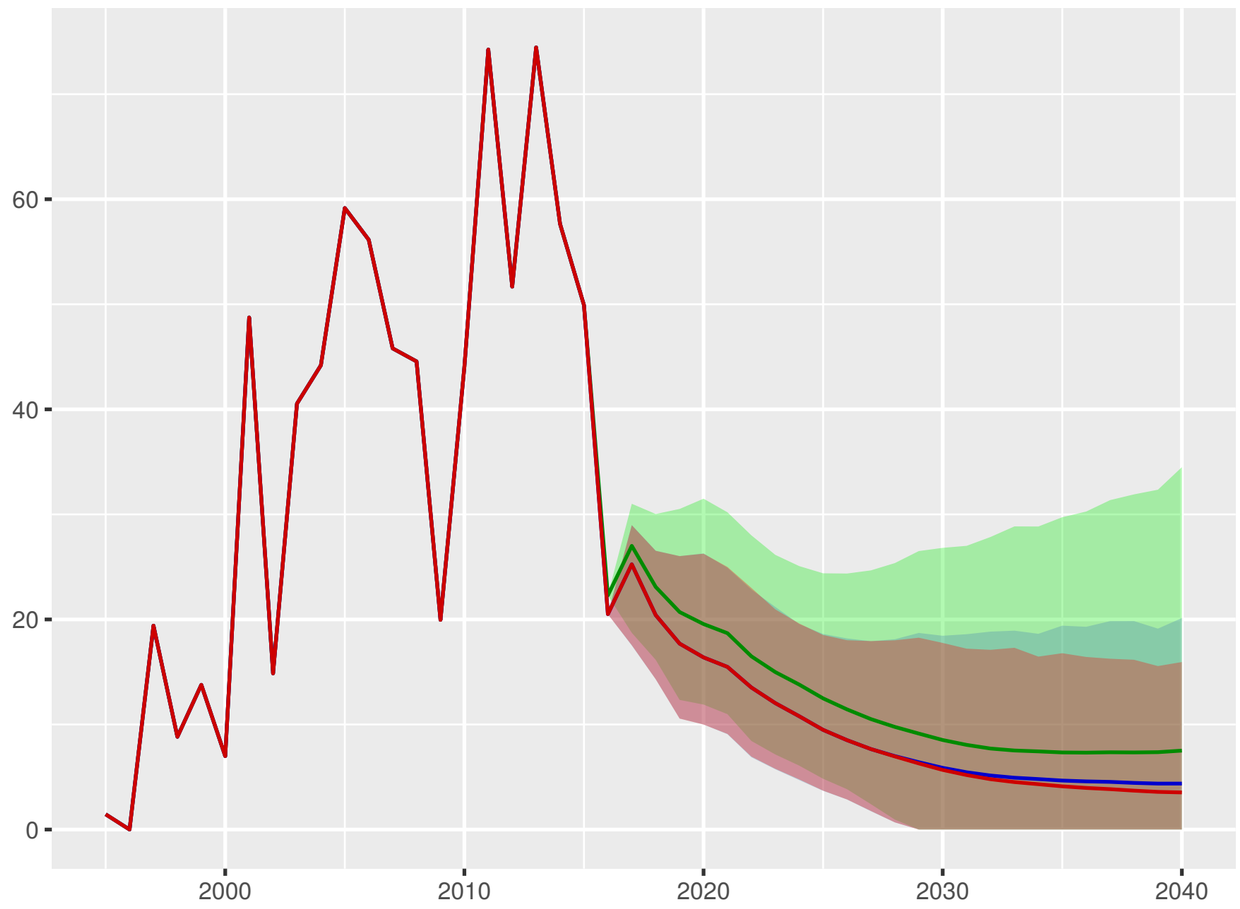
Universal health coverage index



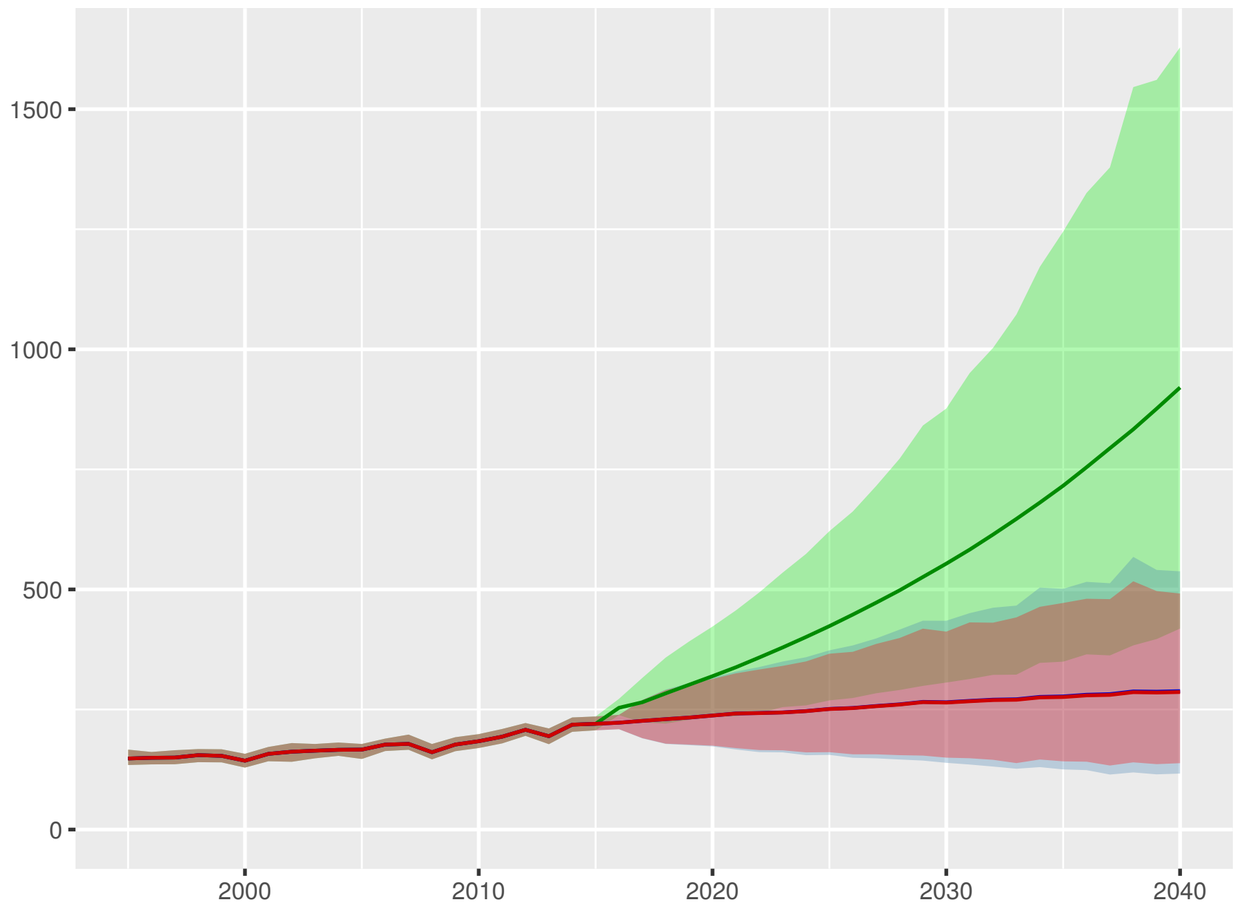
Total health spending per person



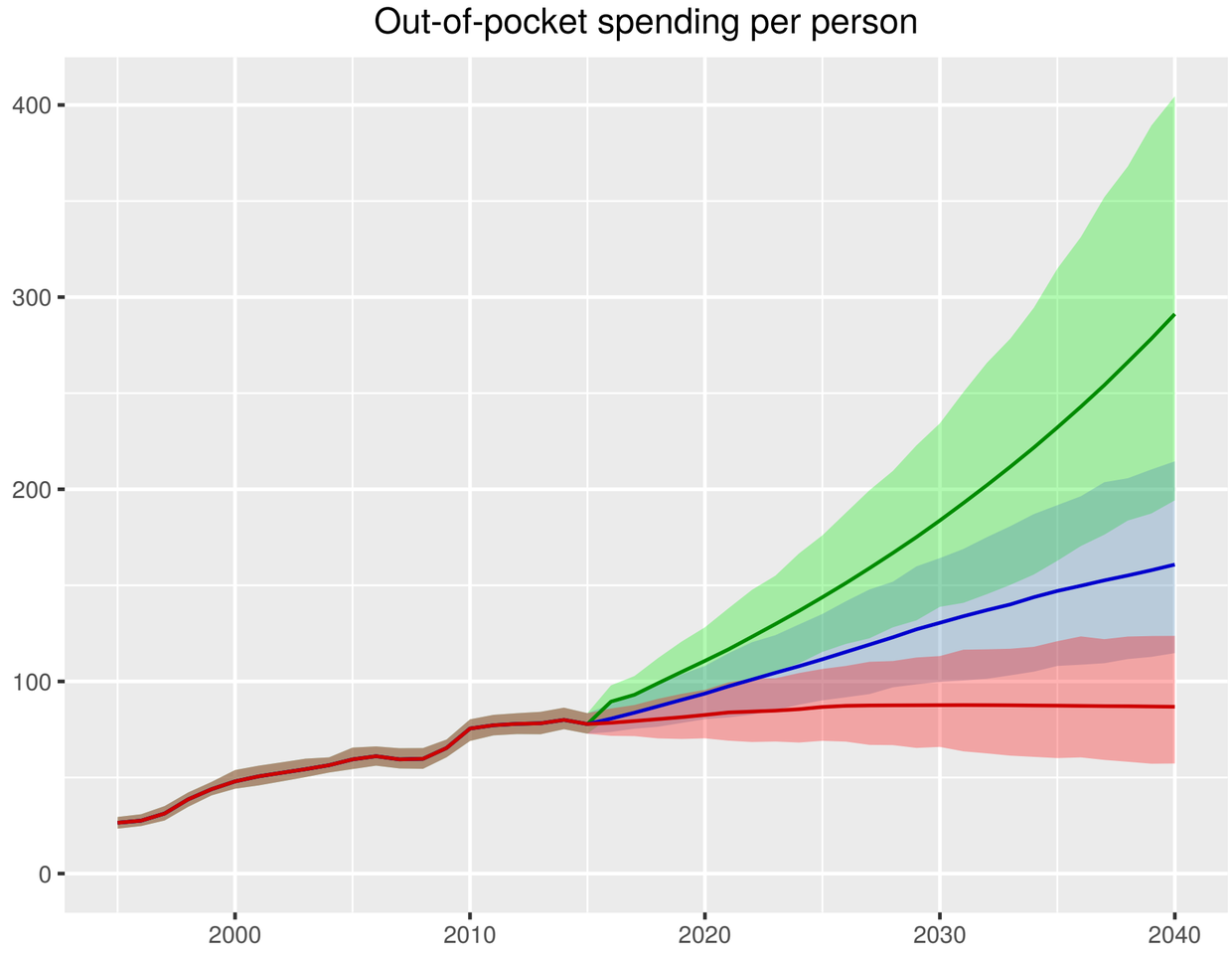
Development assistance for health received per person



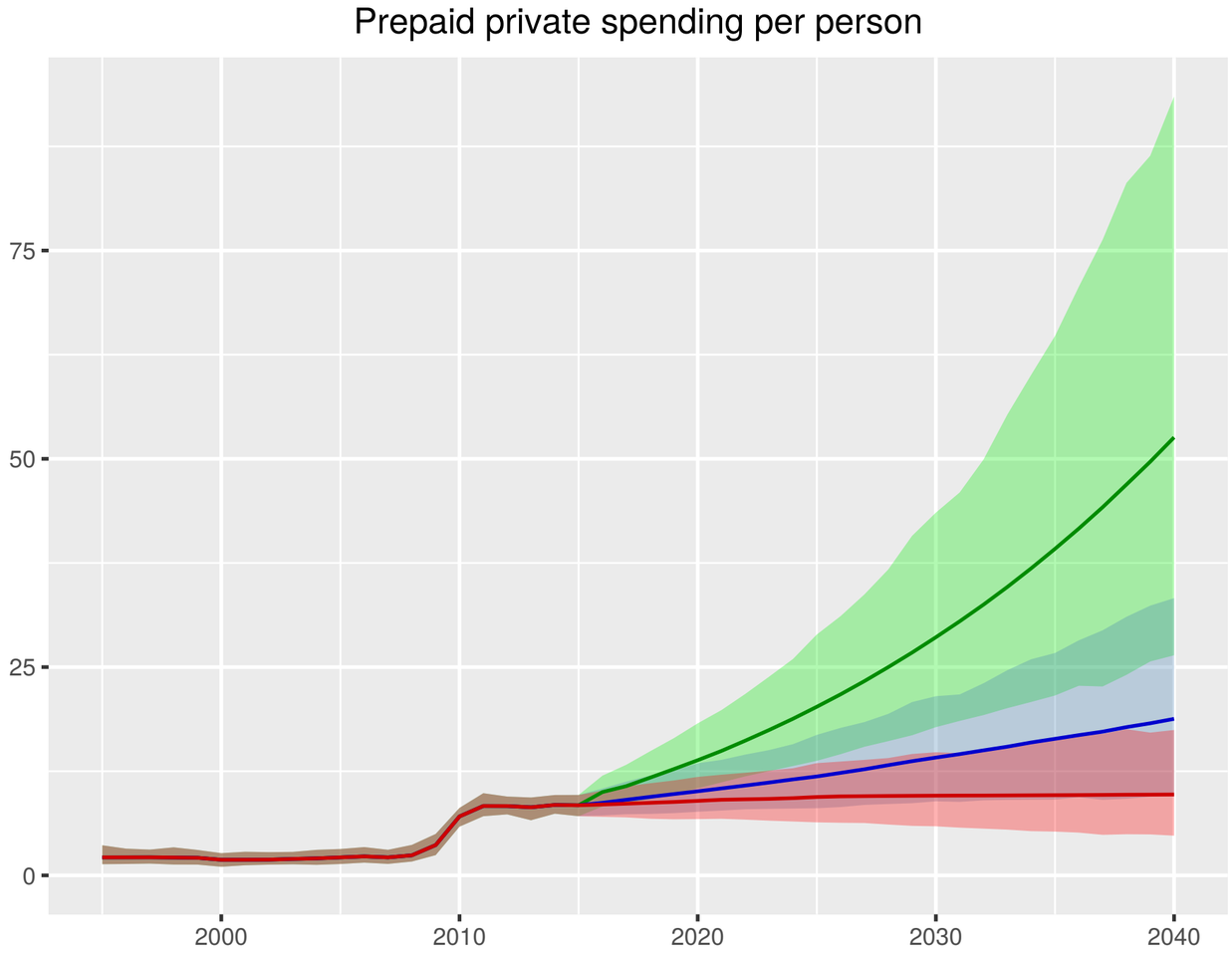
Government health spending per person



Out-of-pocket spending per person



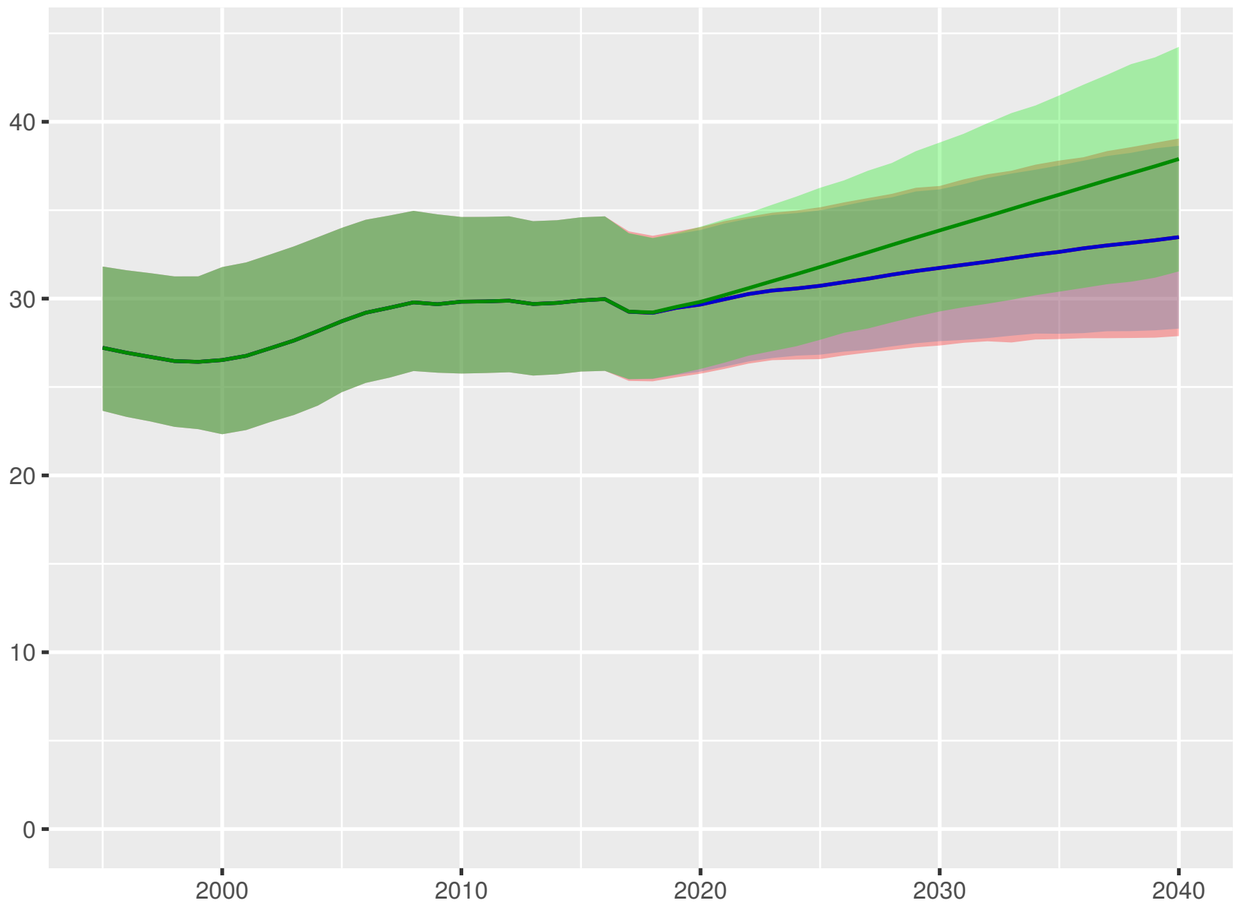
Prepaid private spending per person



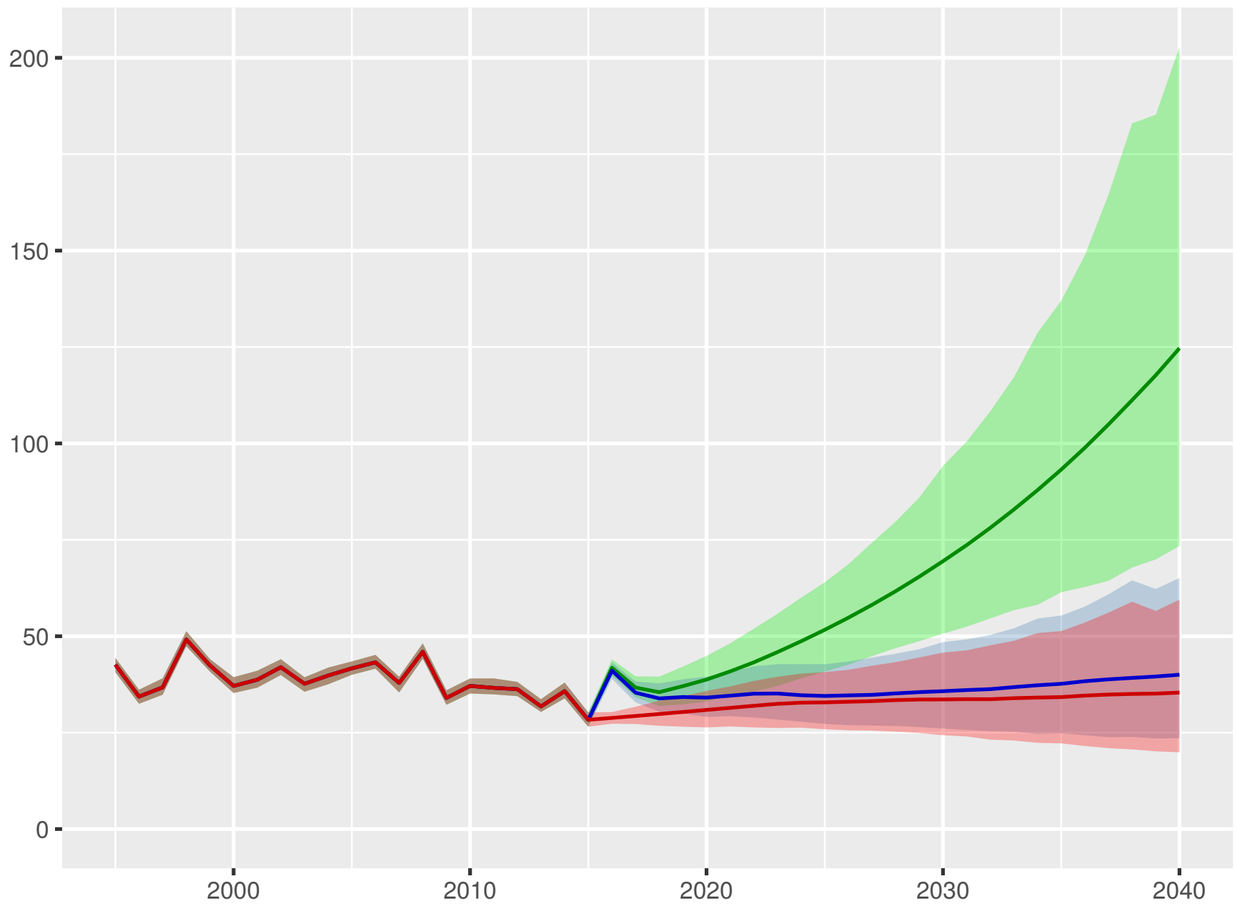
Scenario — Better — Reference — Worse

Central African Republic

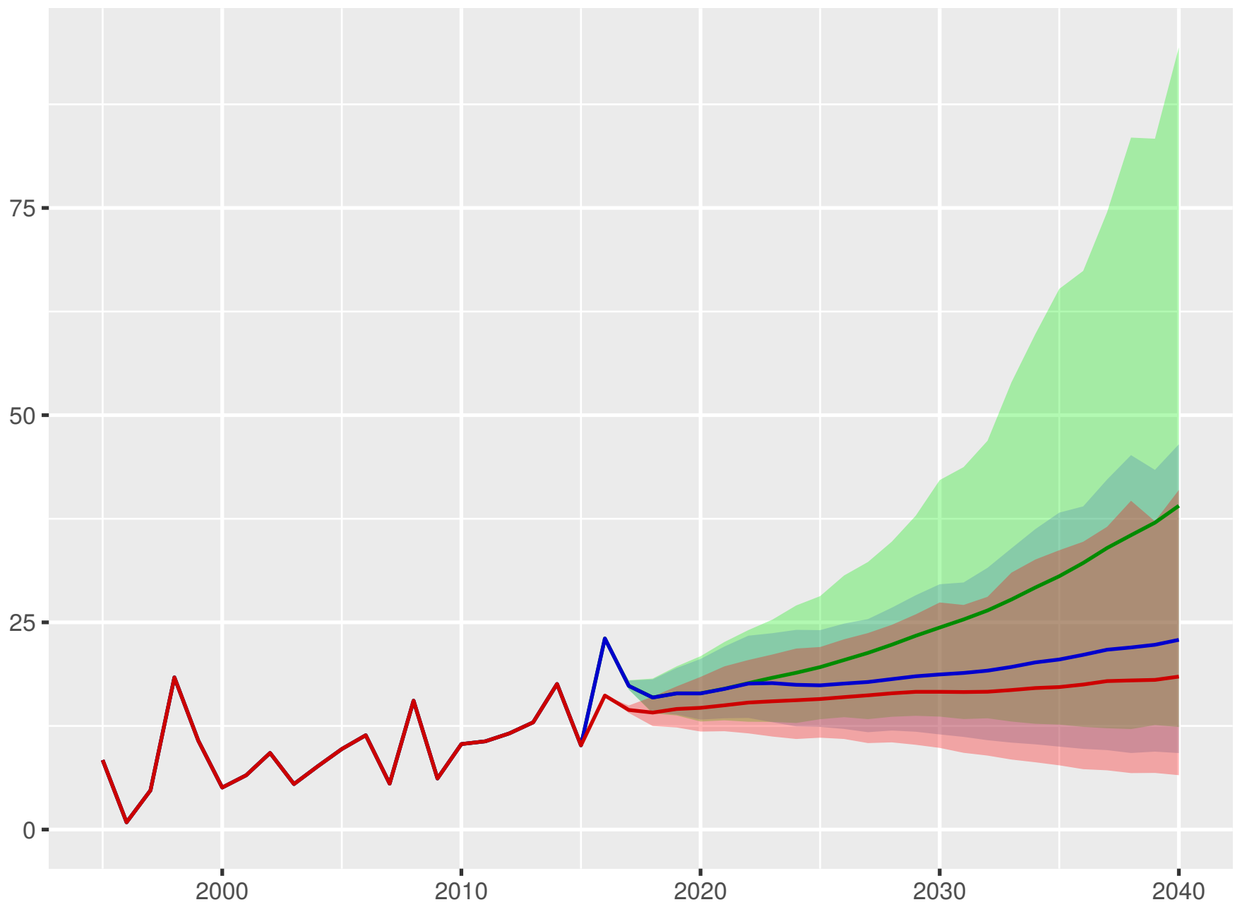
Universal health coverage index



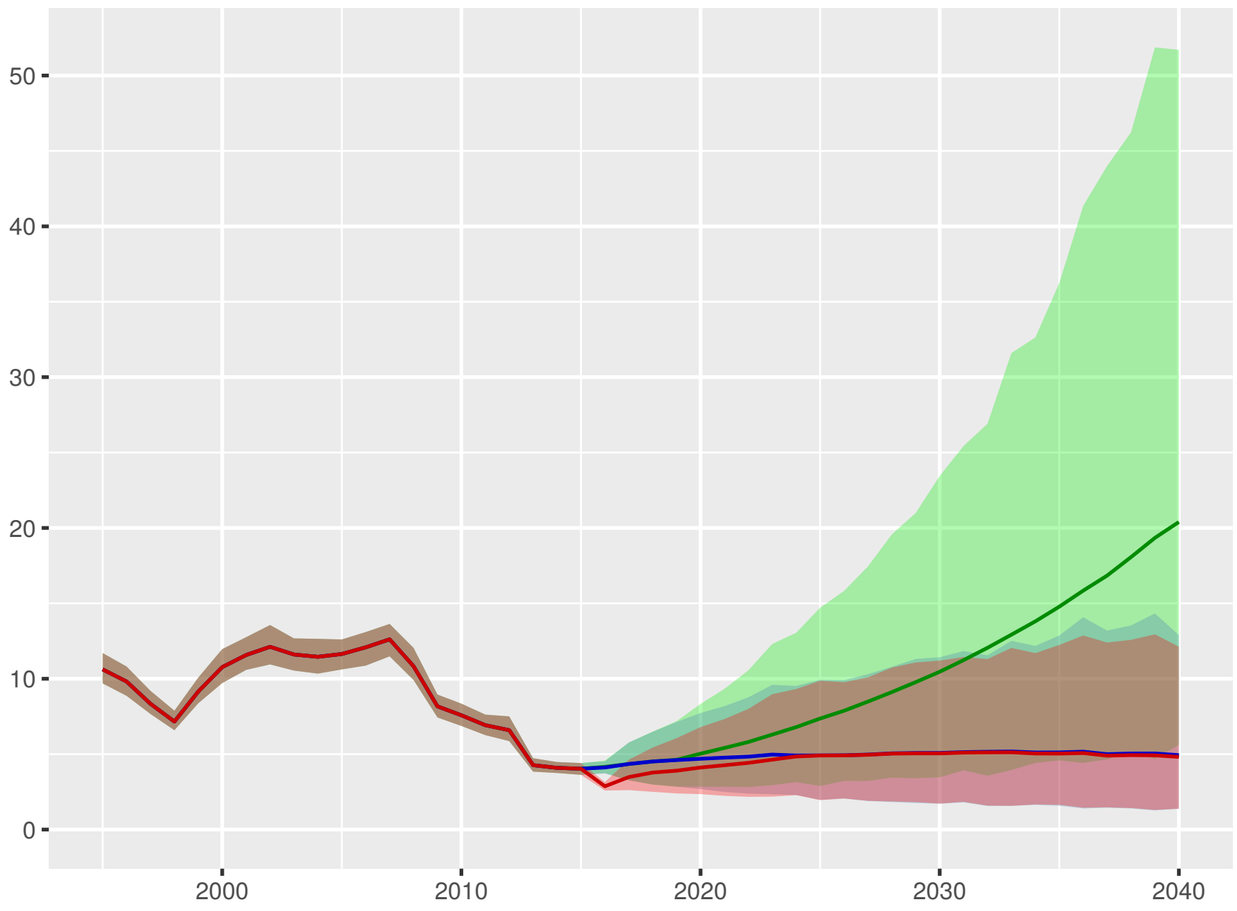
Total health spending per person



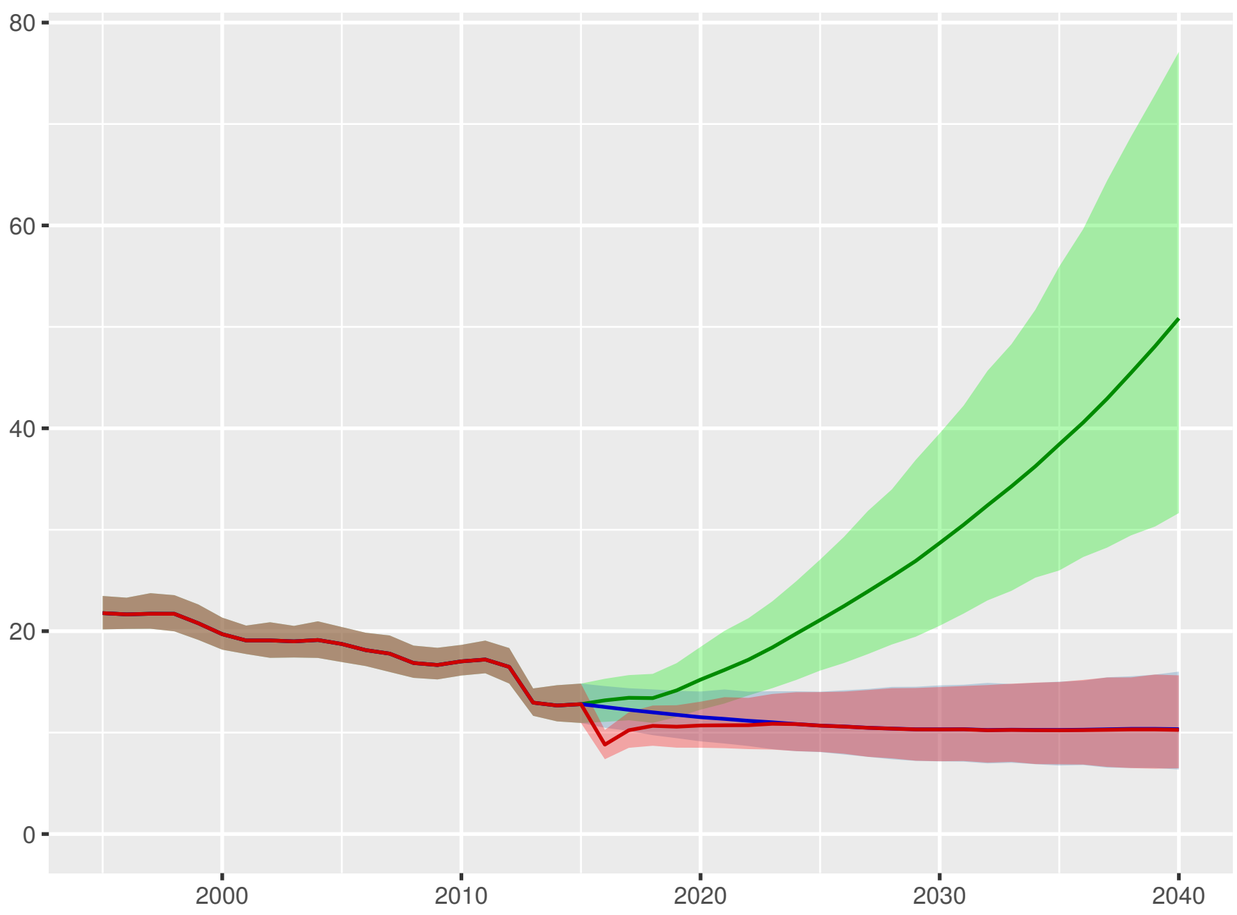
Development assistance for health received per person



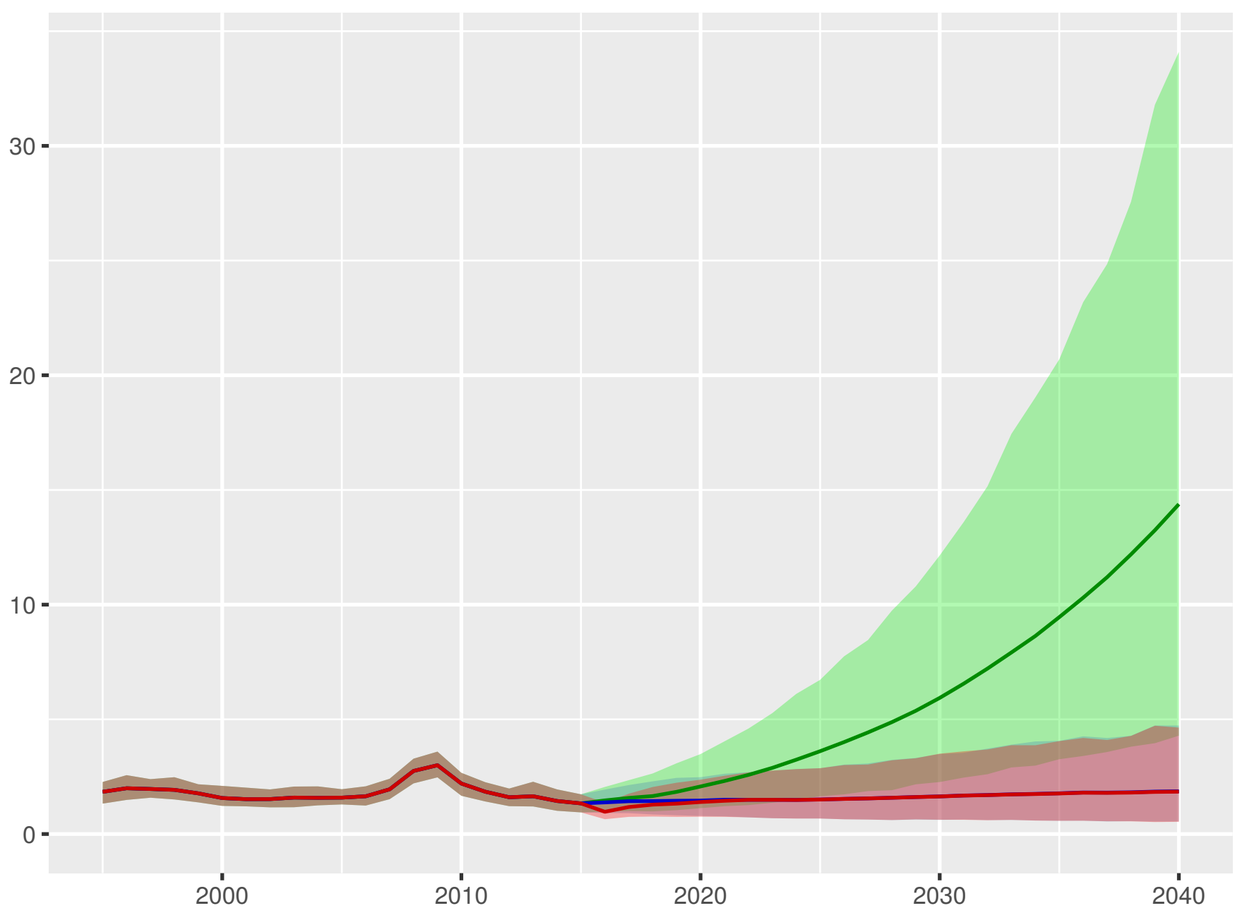
Government health spending per person



Out-of-pocket spending per person



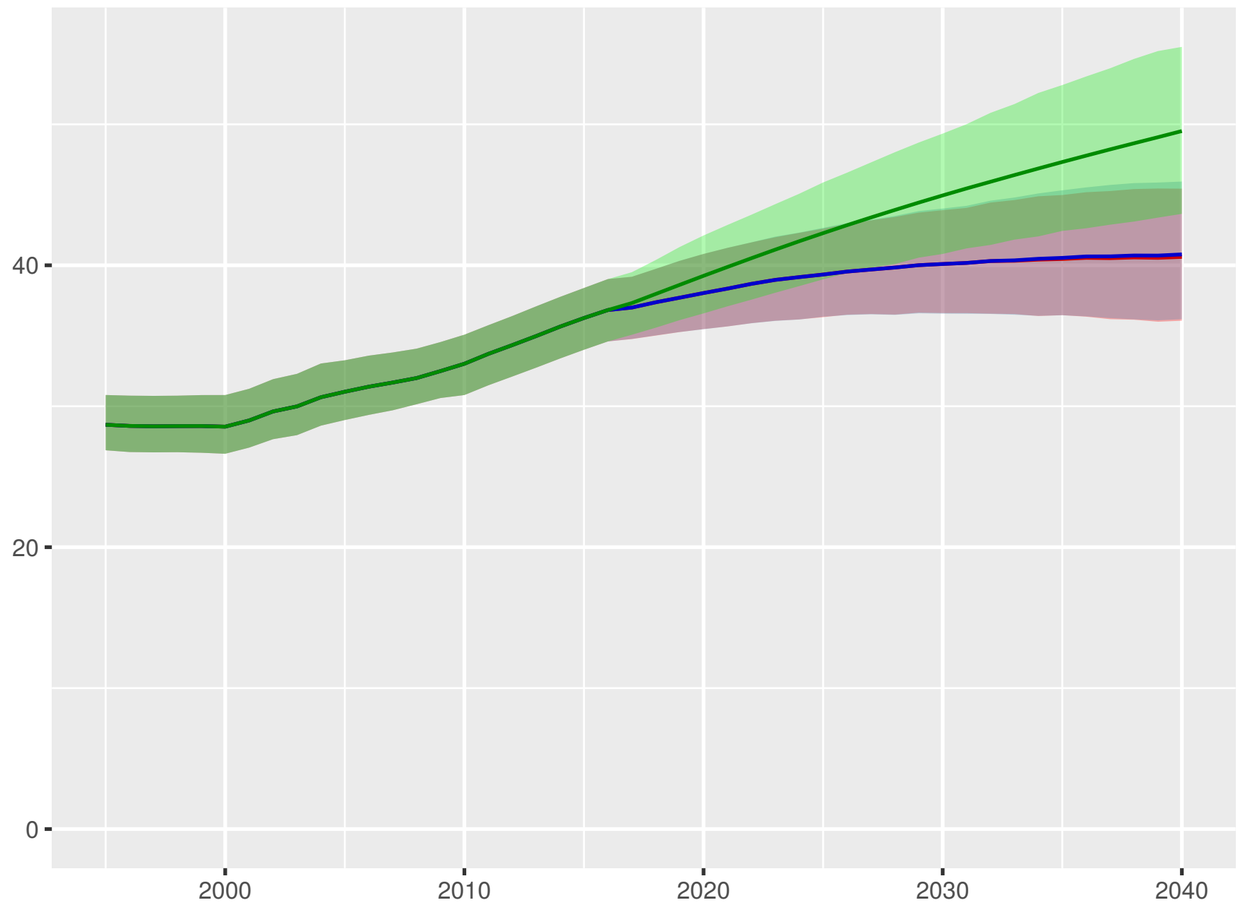
Prepaid private spending per person



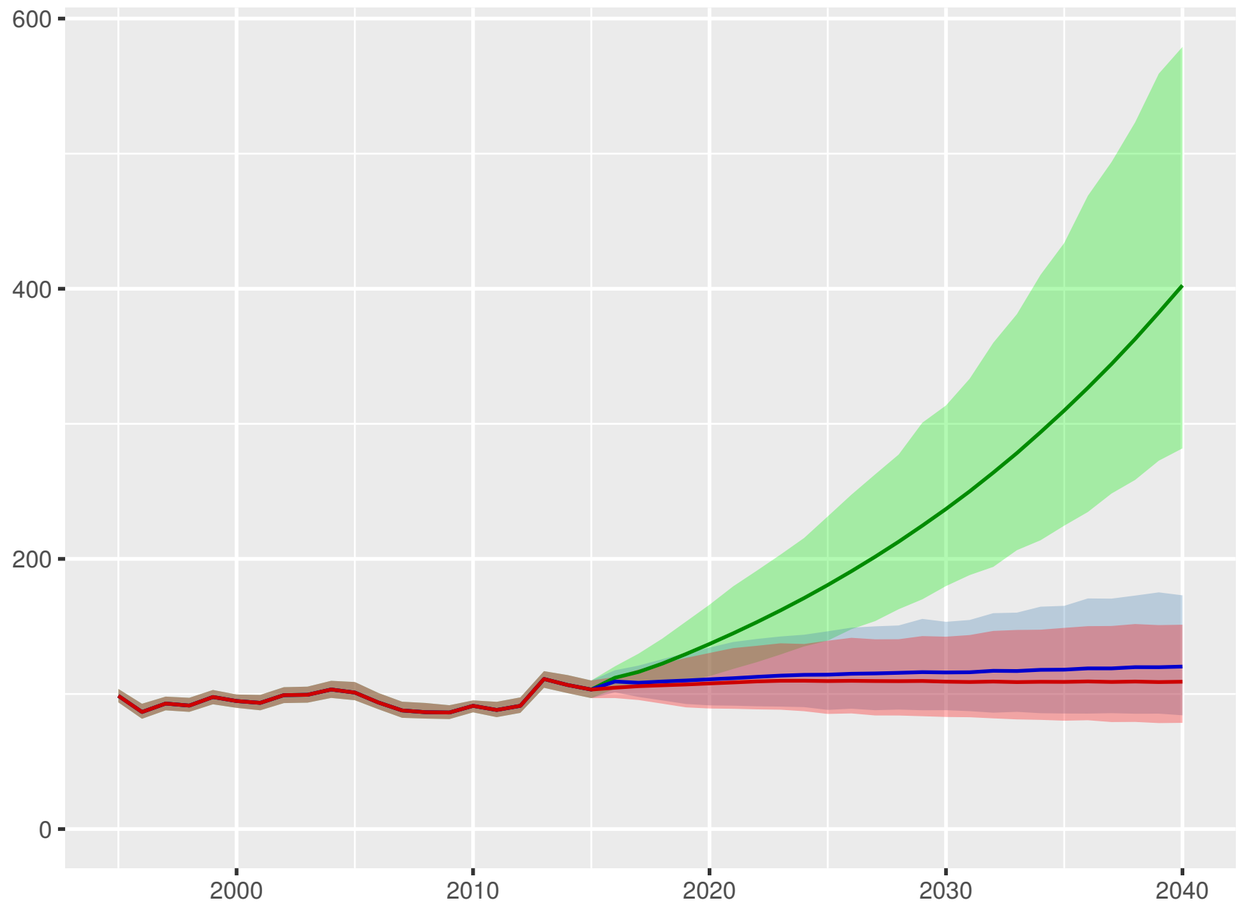
Scenario — Better — Reference — Worse

Chad

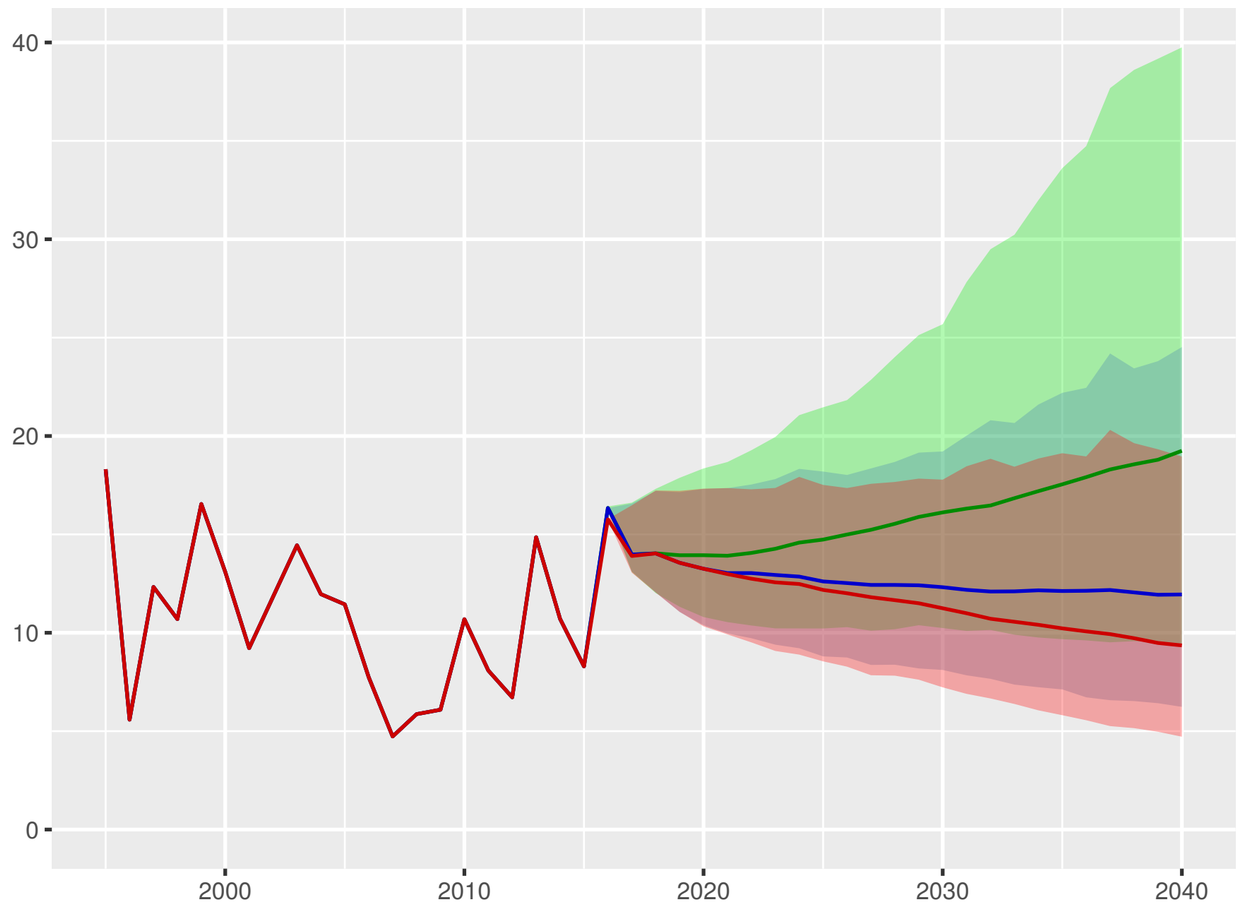
Universal health coverage index



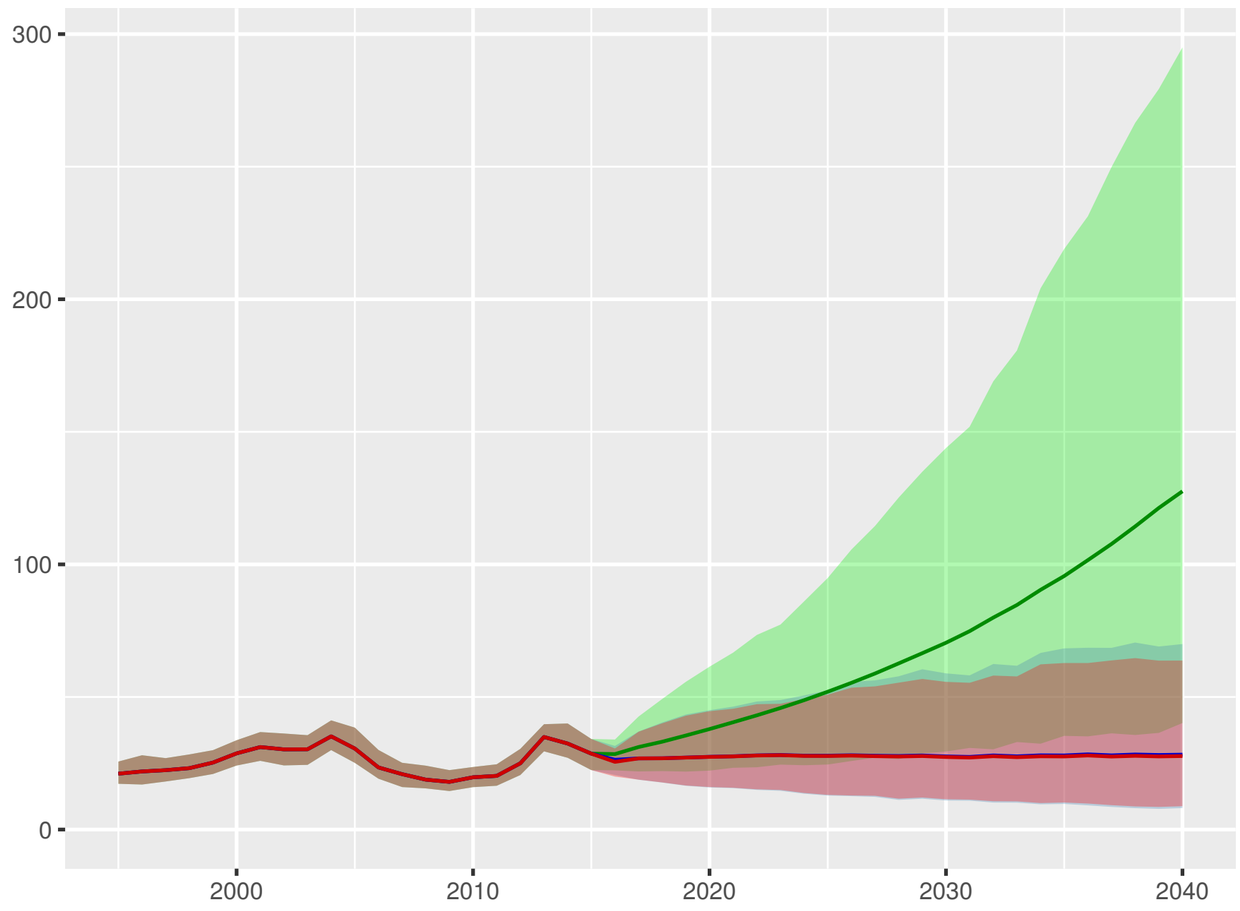
Total health spending per person



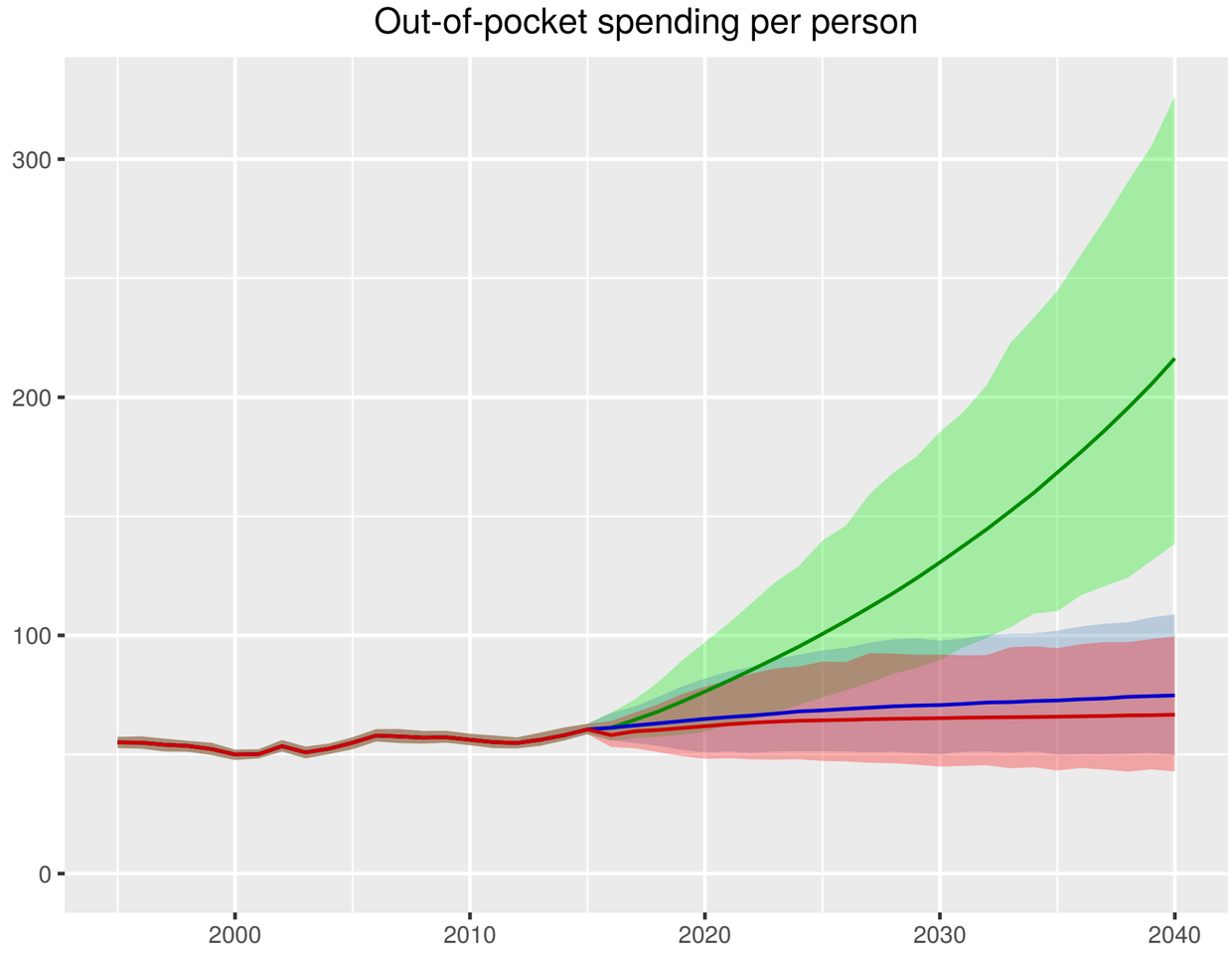
Development assistance for health received per person



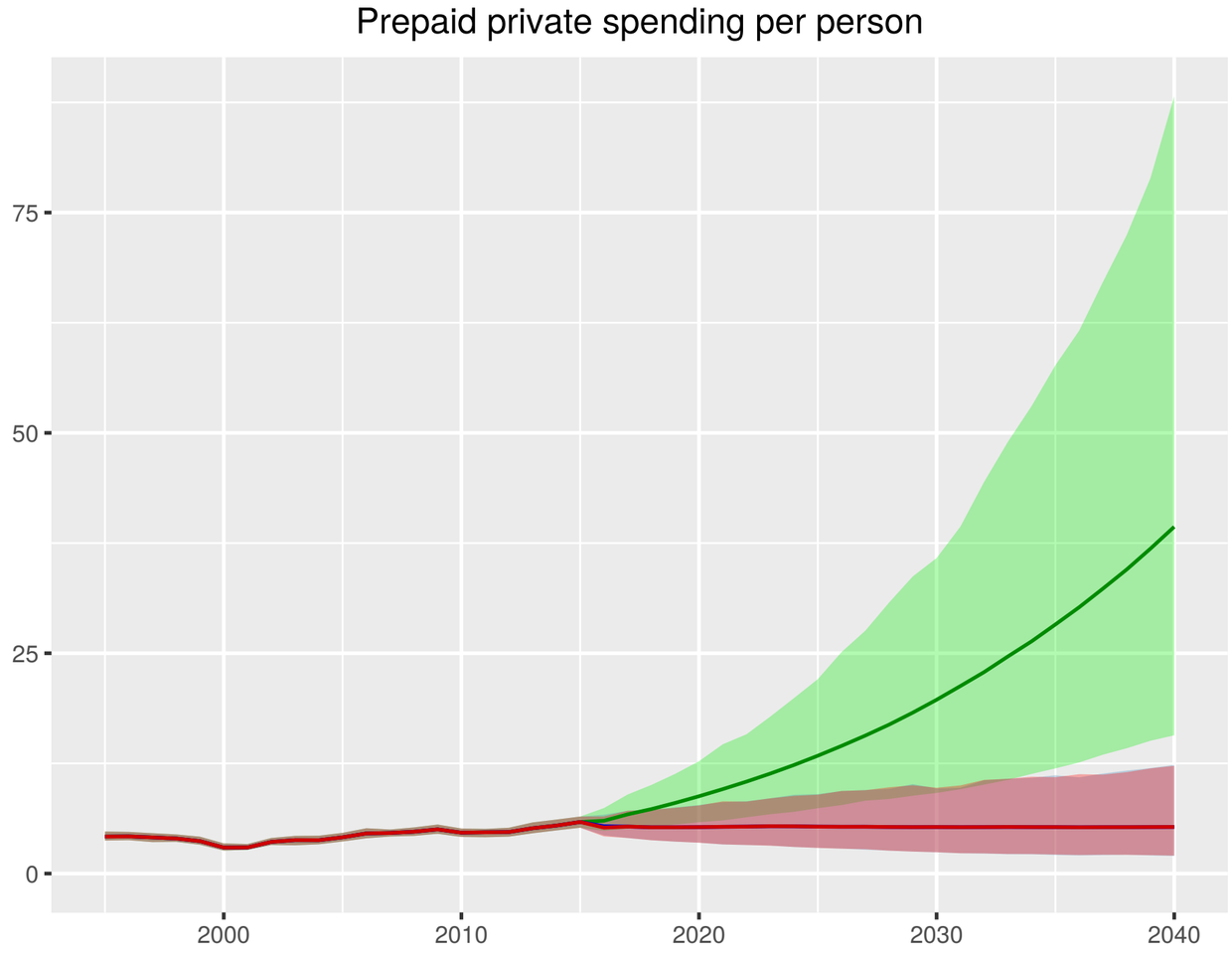
Government health spending per person



Out-of-pocket spending per person



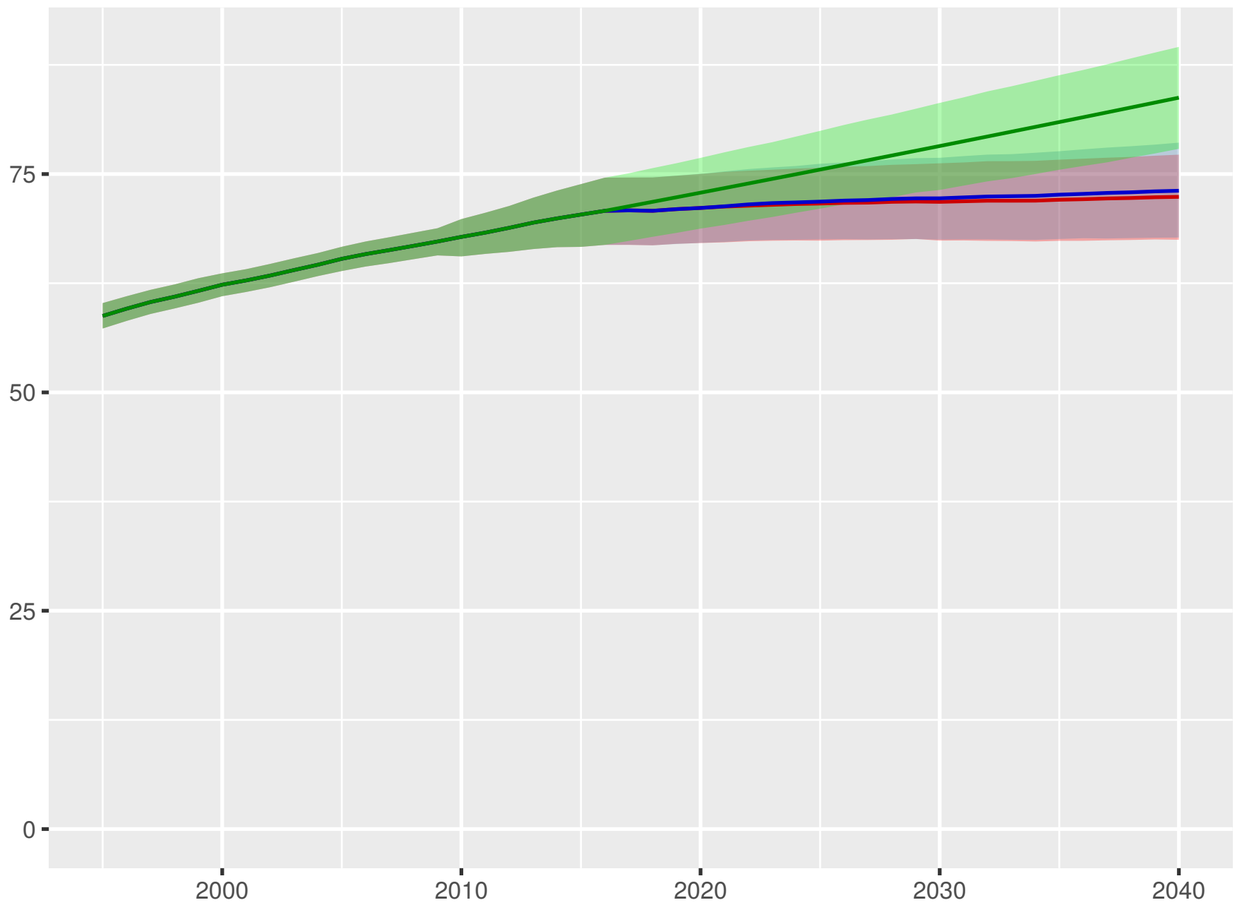
Prepaid private spending per person



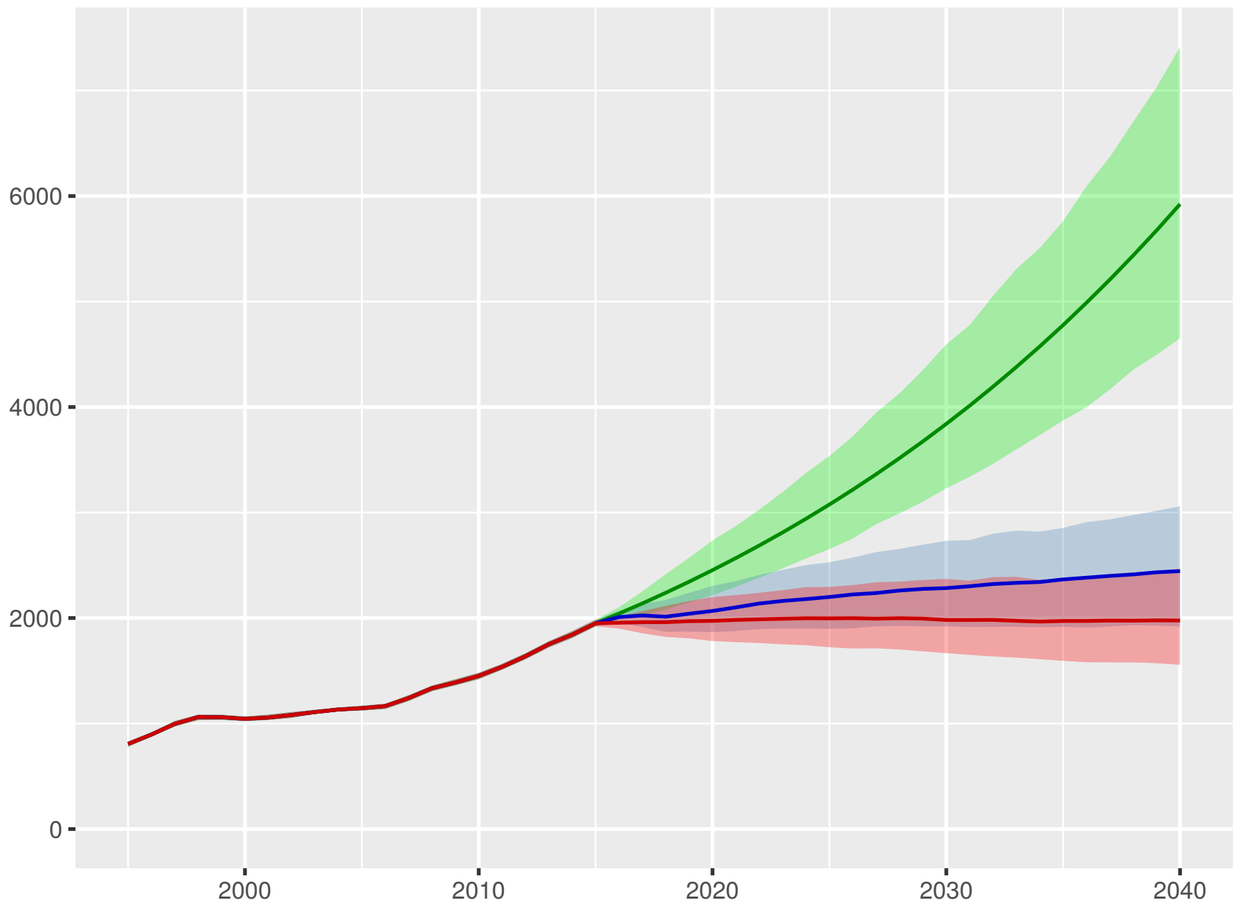
Scenario — Better — Reference — Worse

Chile

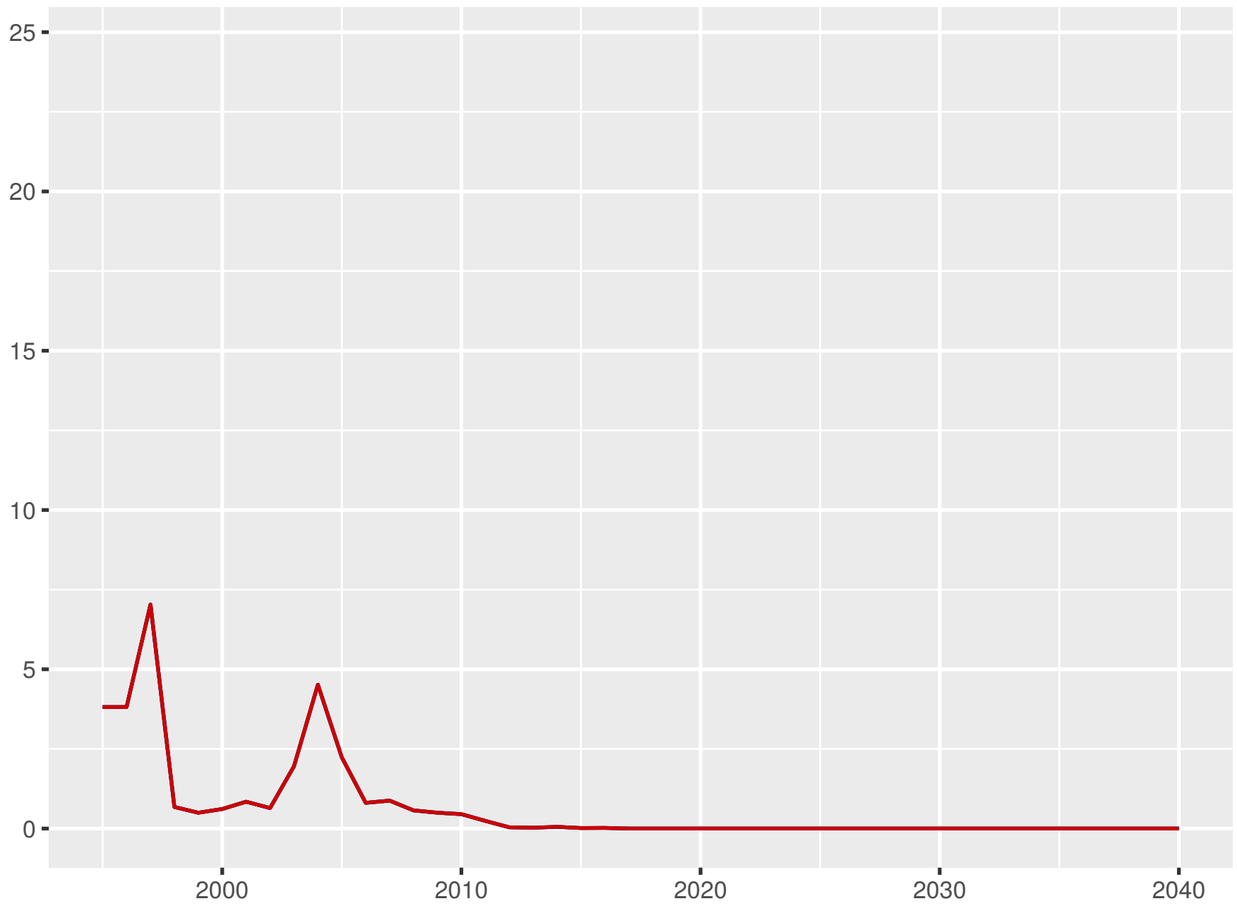
Universal health coverage index



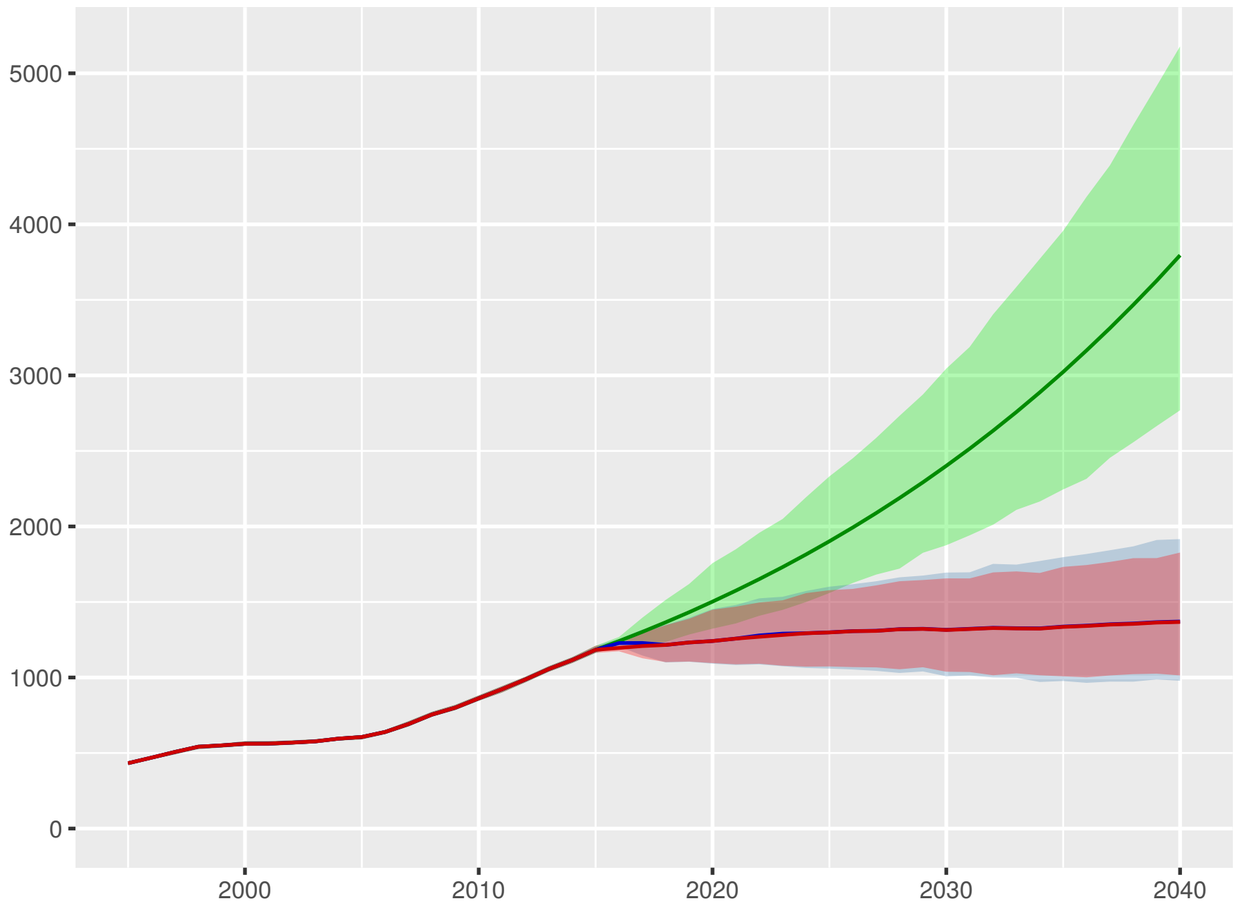
Total health spending per person



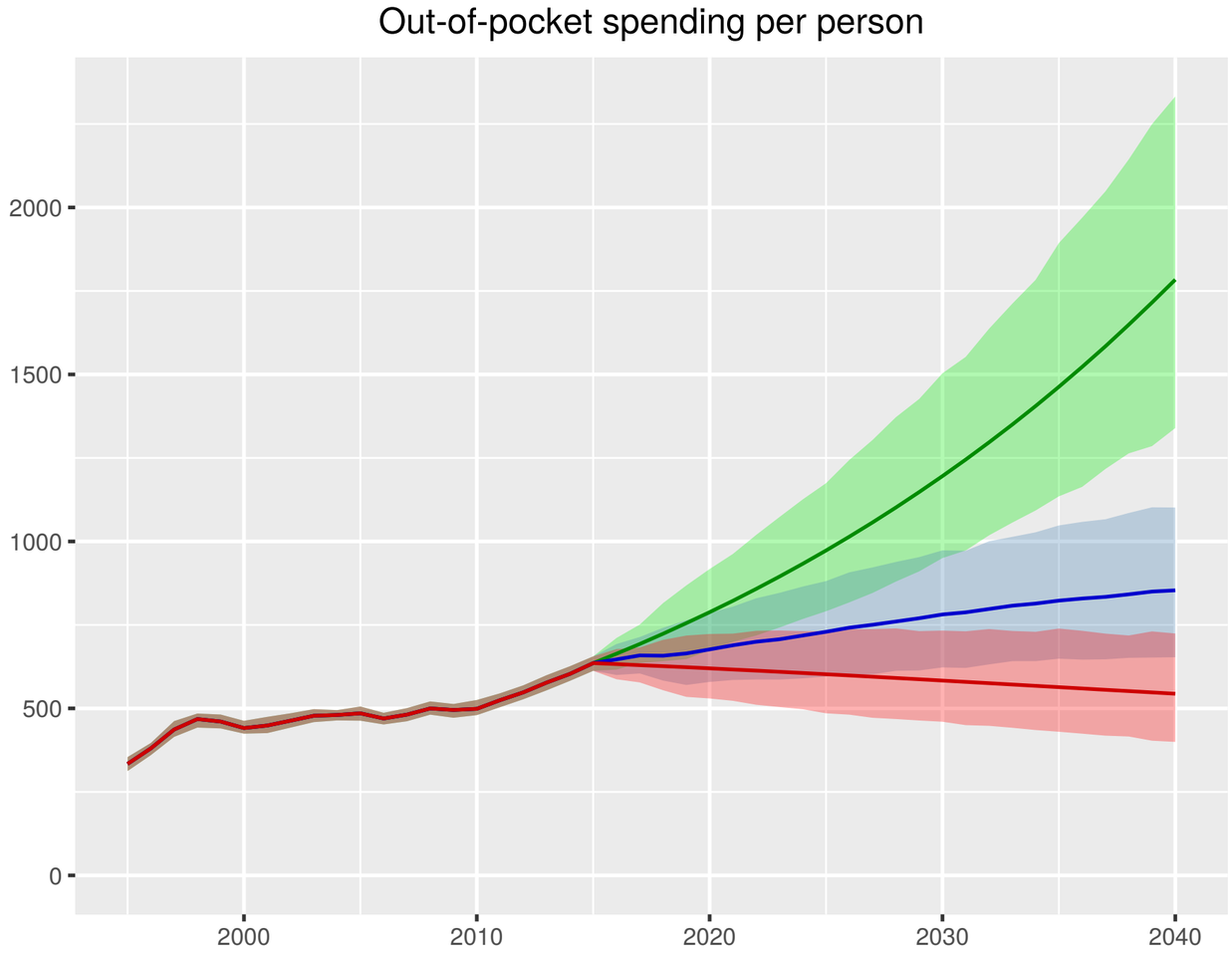
Development assistance for health received per person



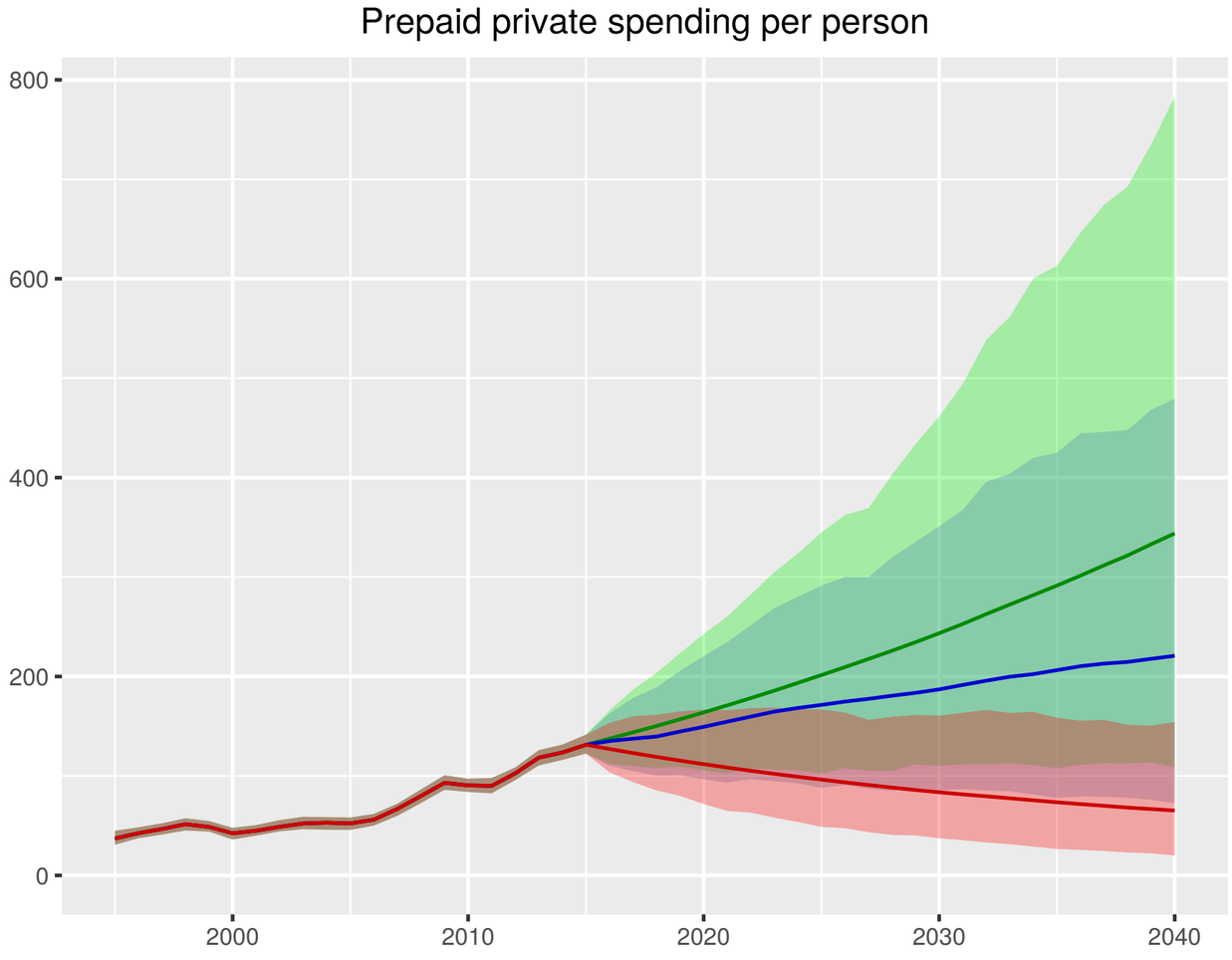
Government health spending per person



Out-of-pocket spending per person



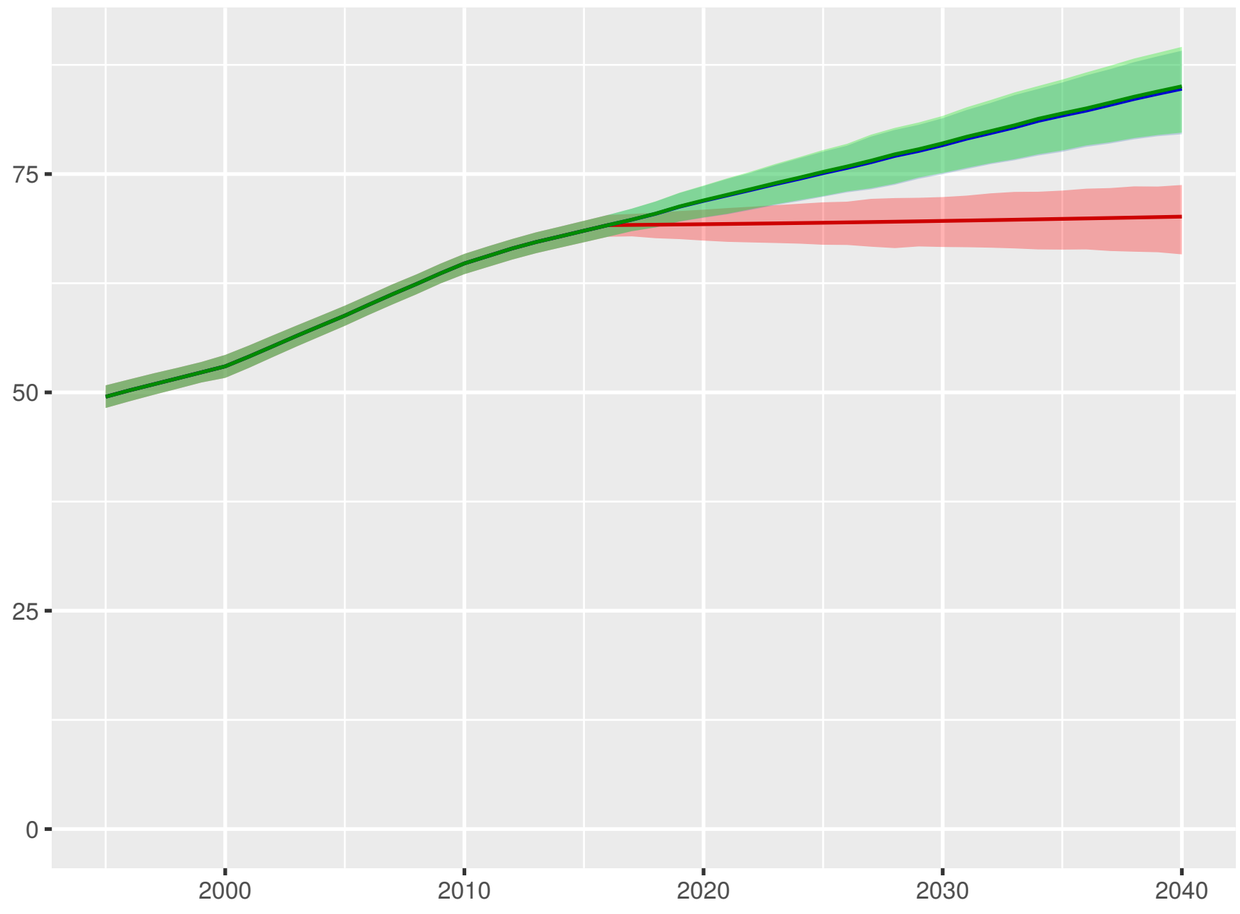
Prepaid private spending per person



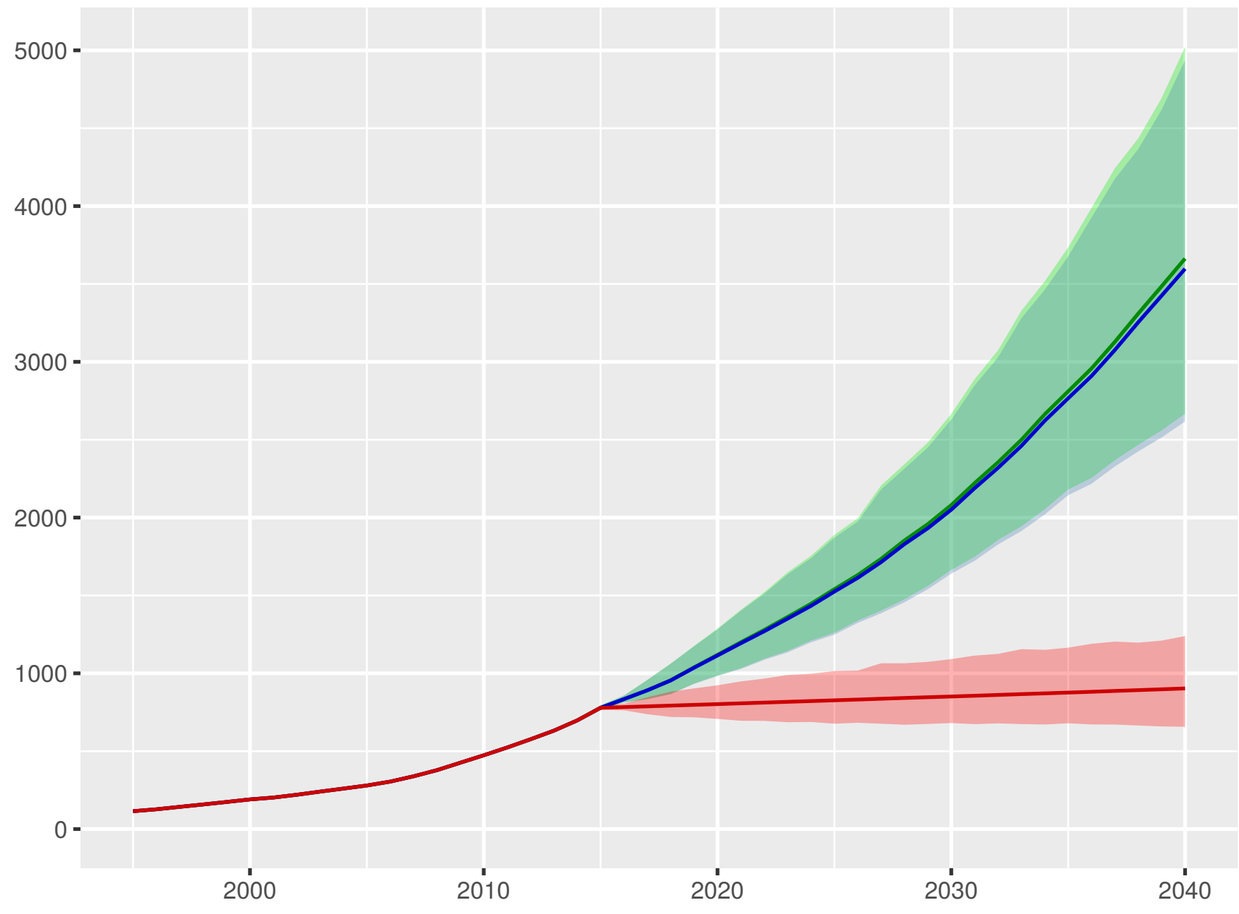
Scenario — Better — Reference — Worse

China

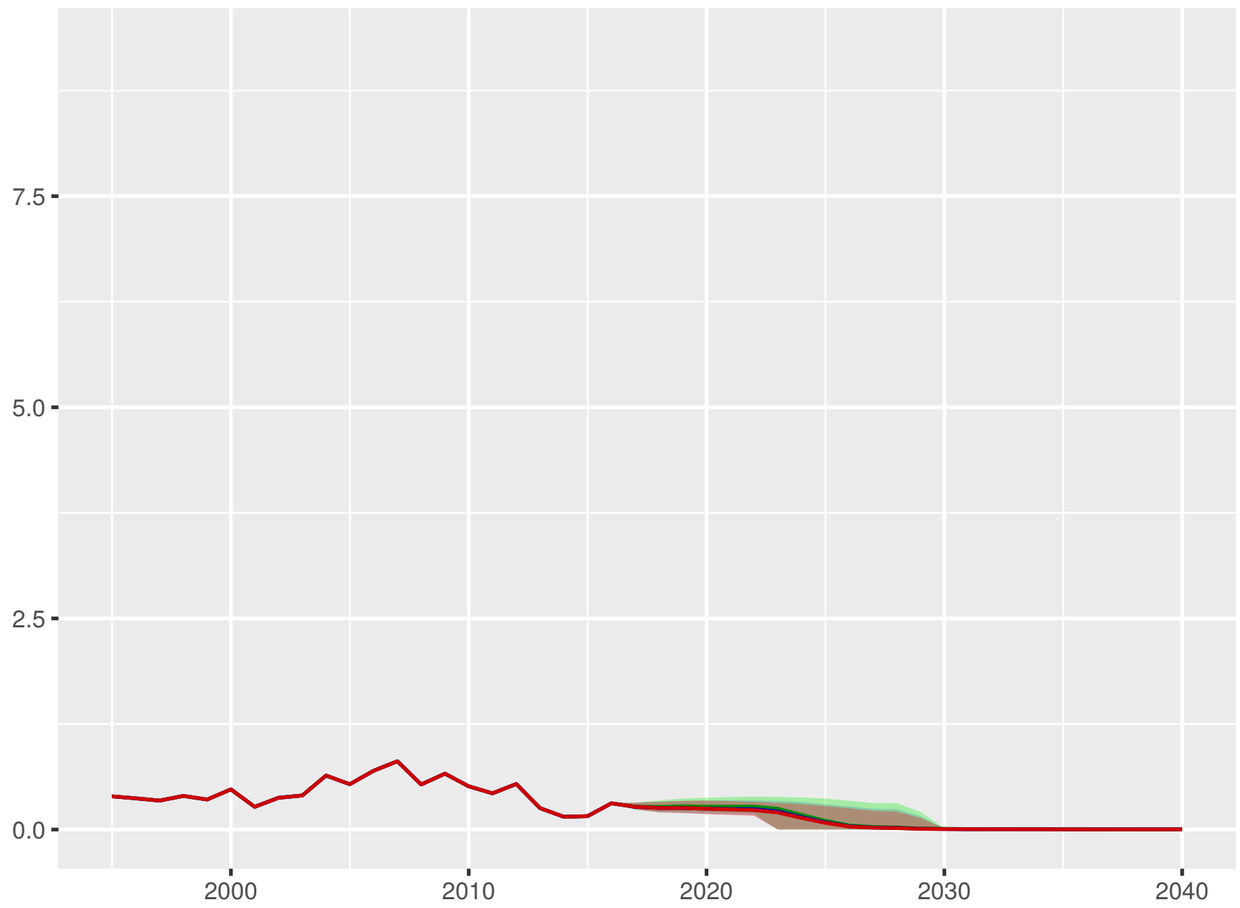
Universal health coverage index



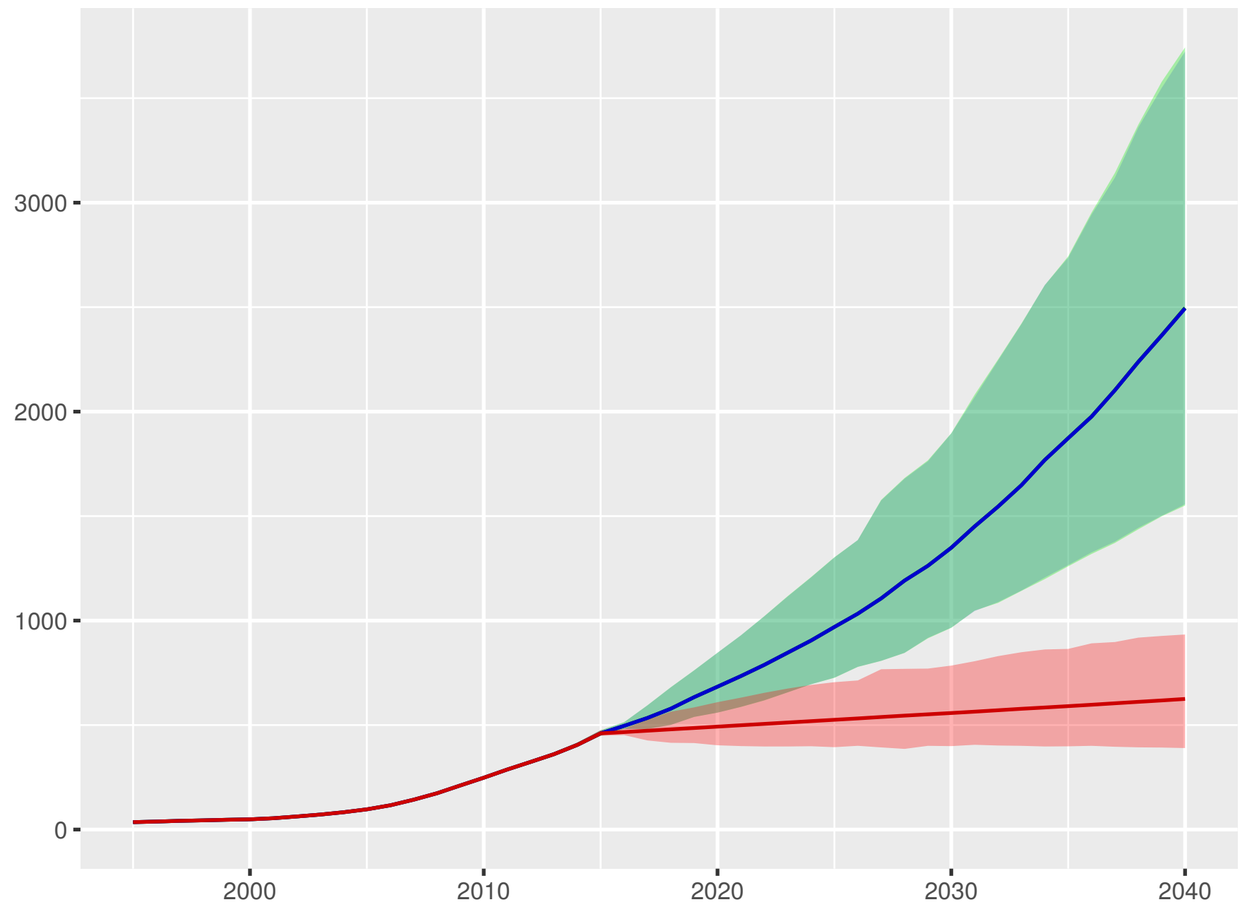
Total health spending per person



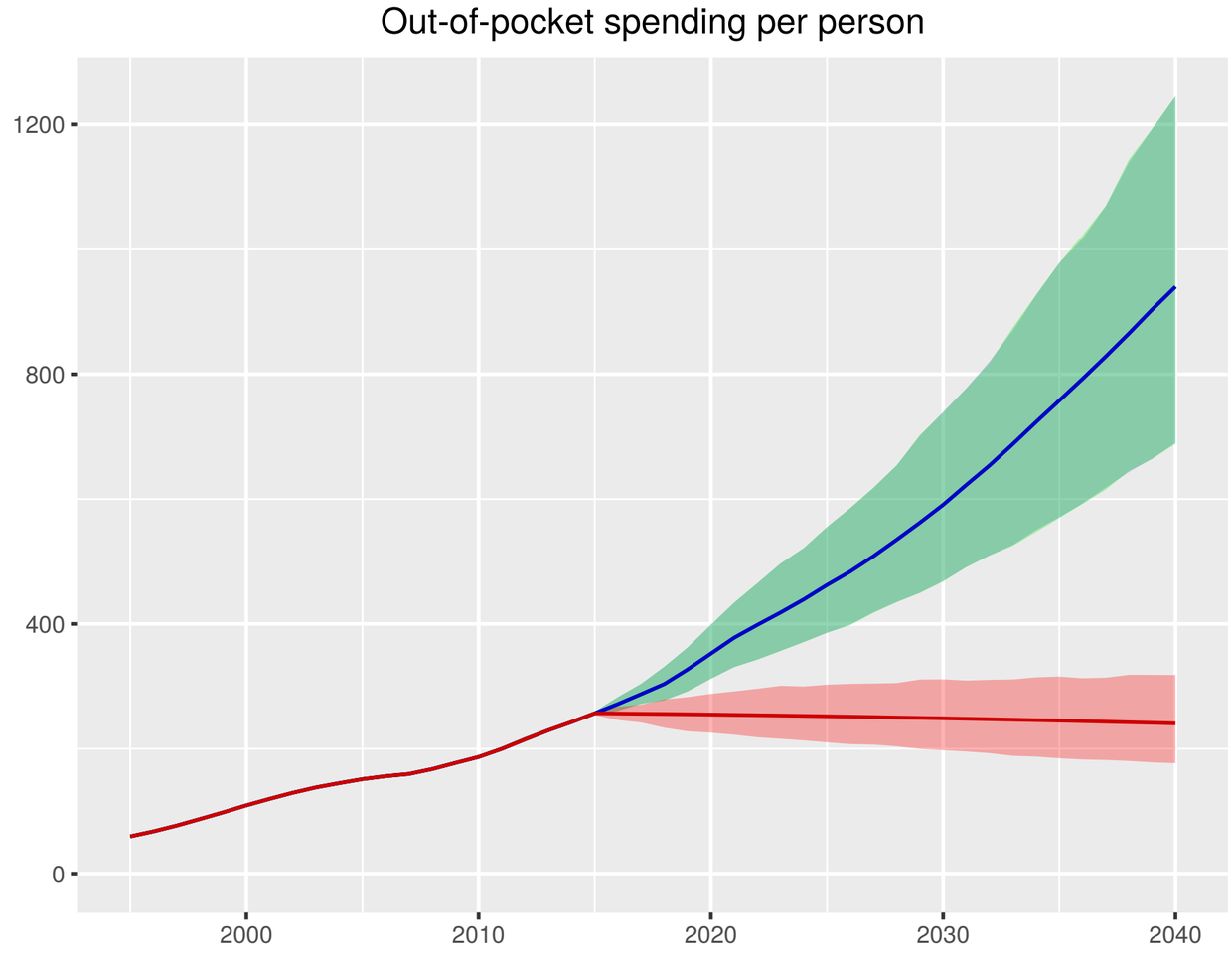
Development assistance for health received per person



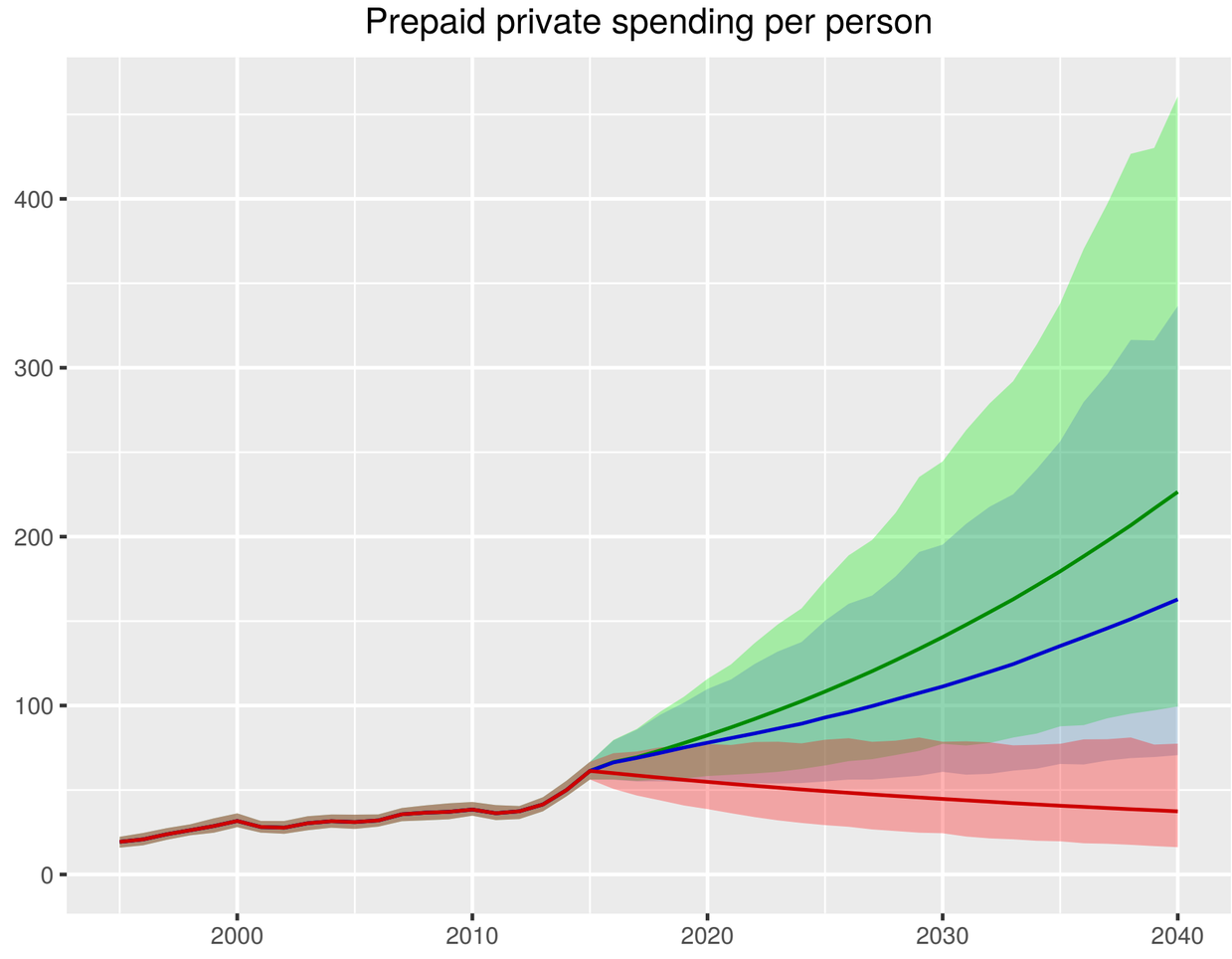
Government health spending per person



Out-of-pocket spending per person



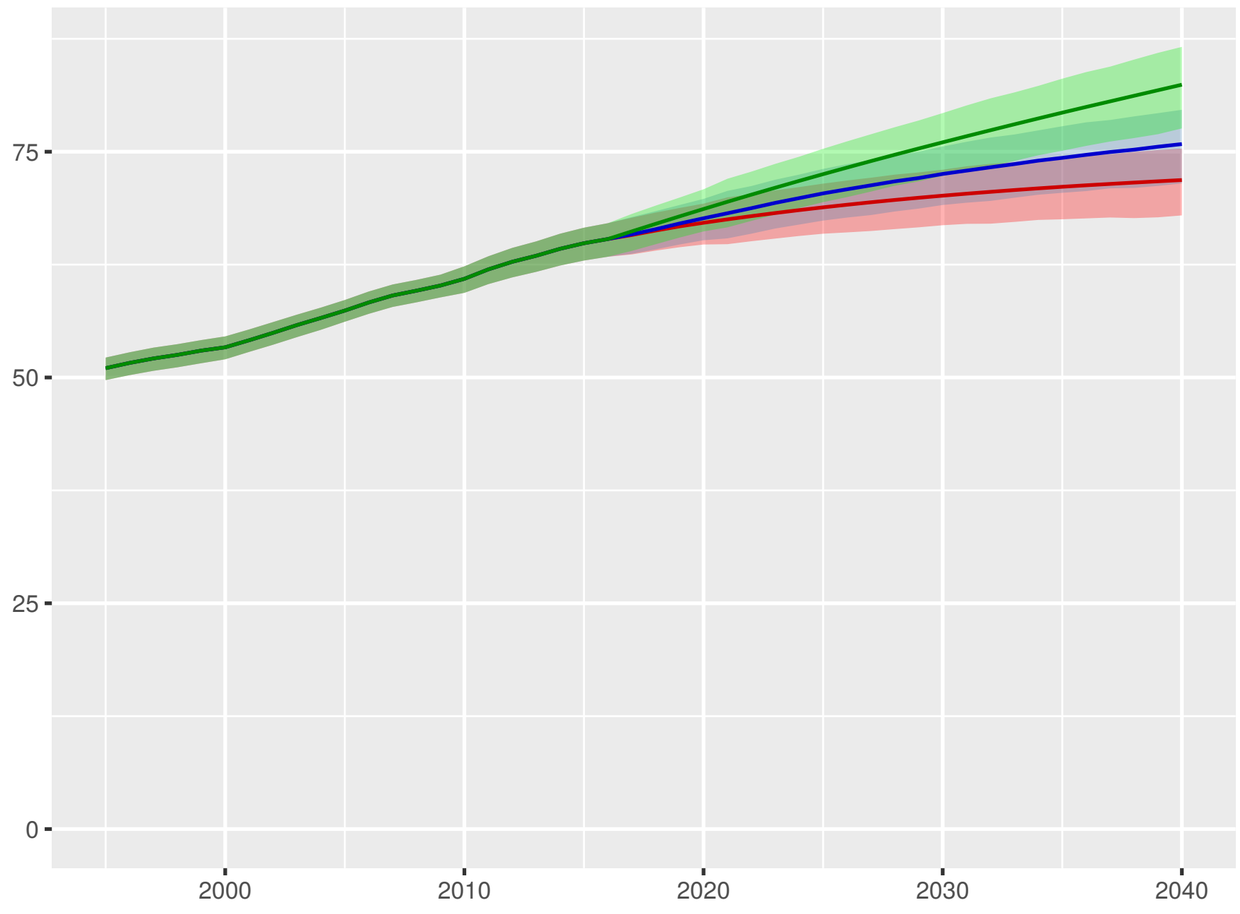
Prepaid private spending per person



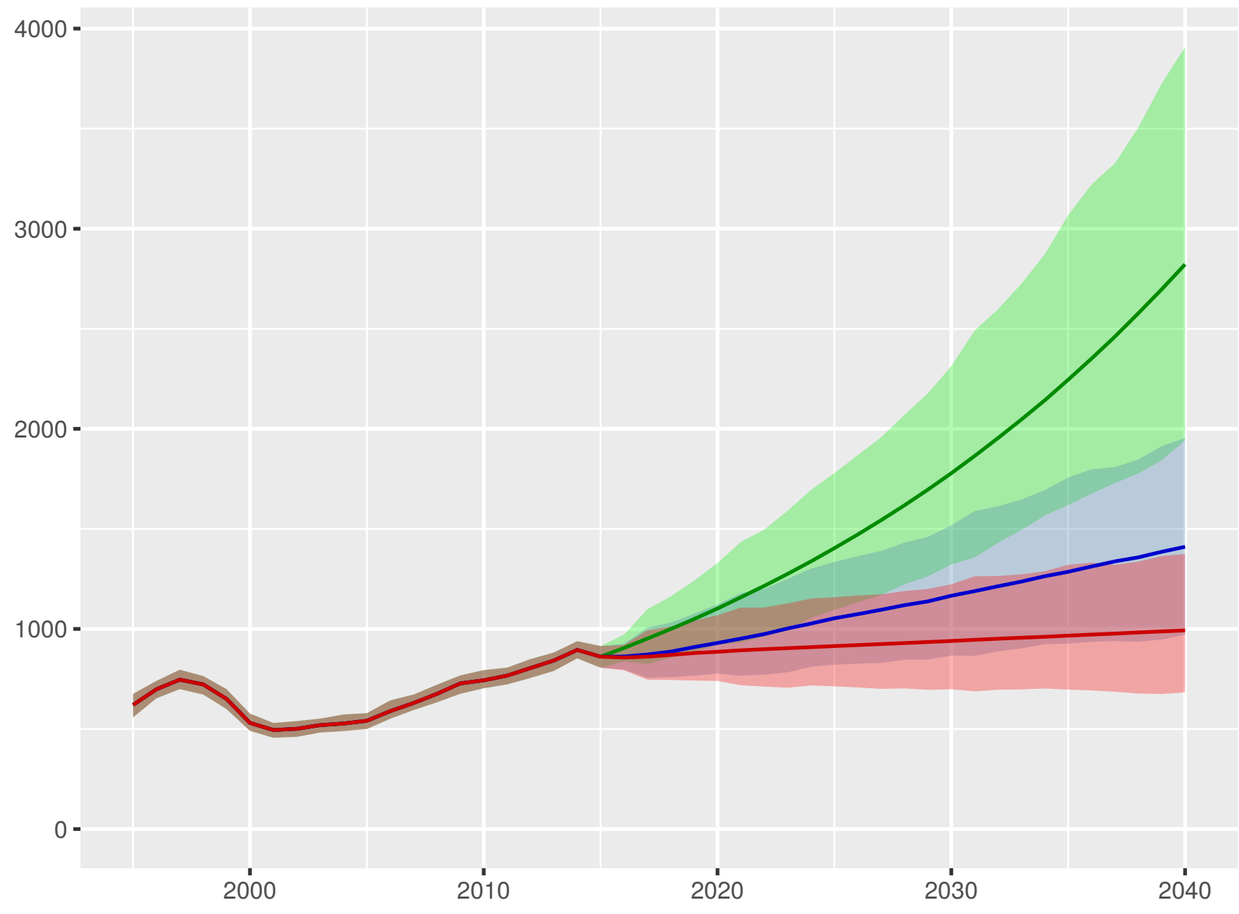
Scenario — Better — Reference — Worse

Colombia

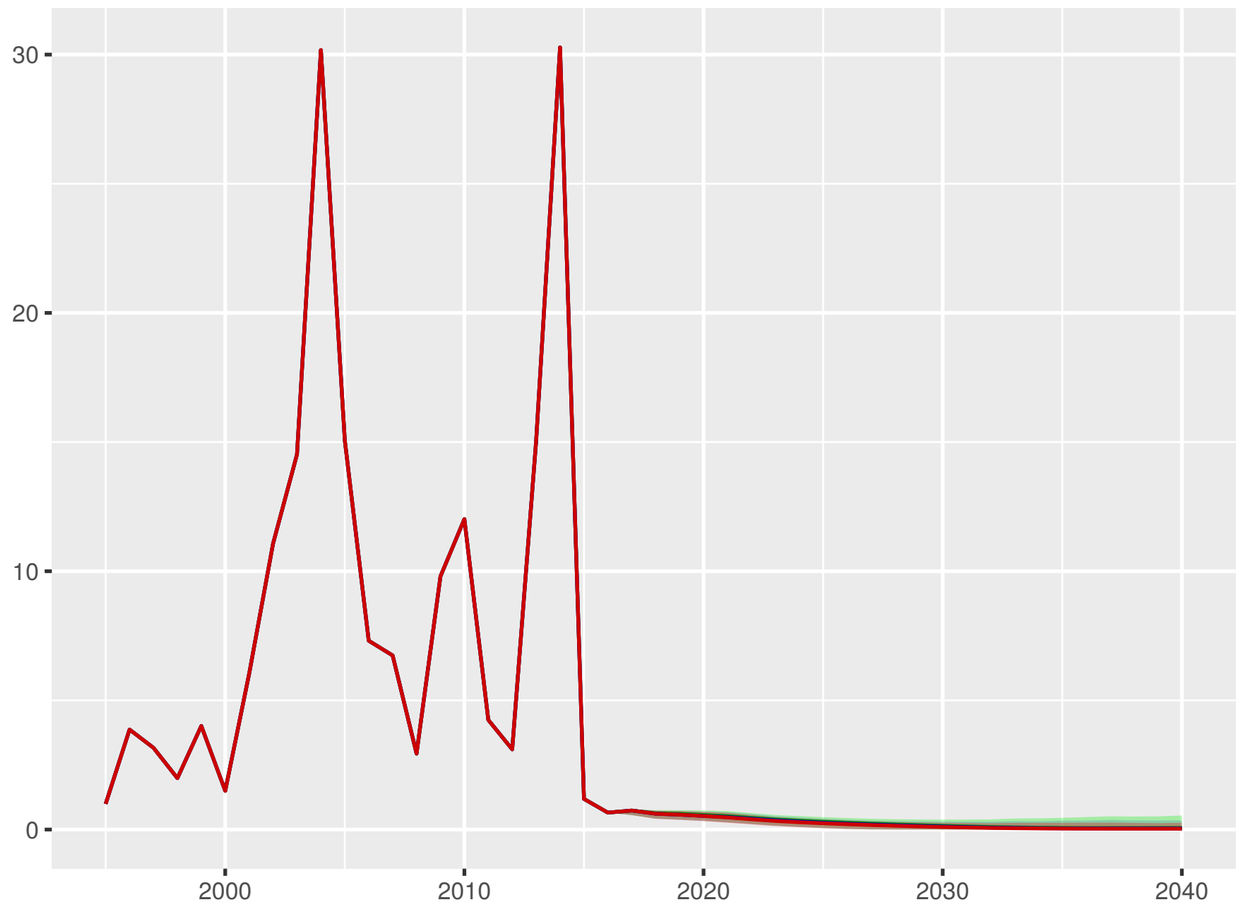
Universal health coverage index



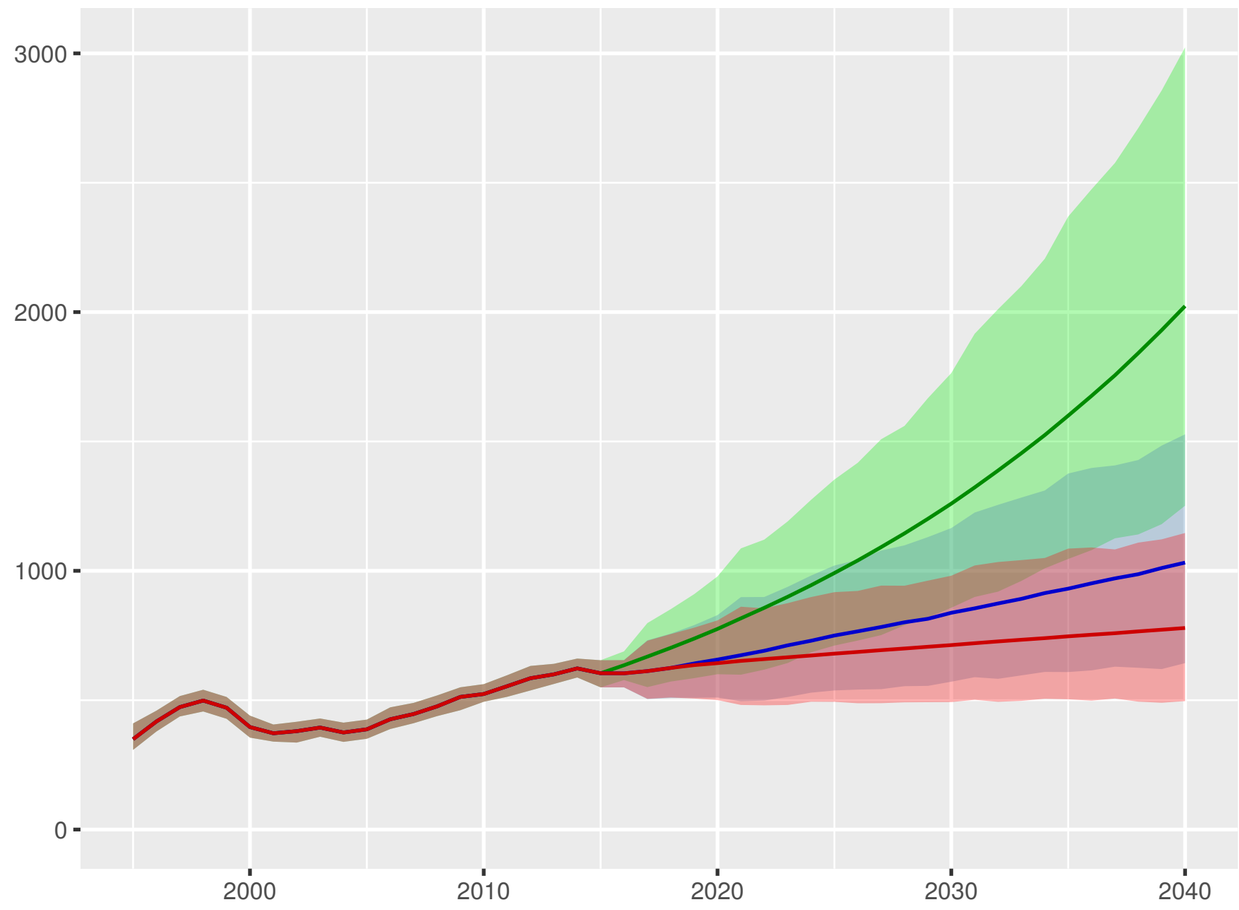
Total health spending per person



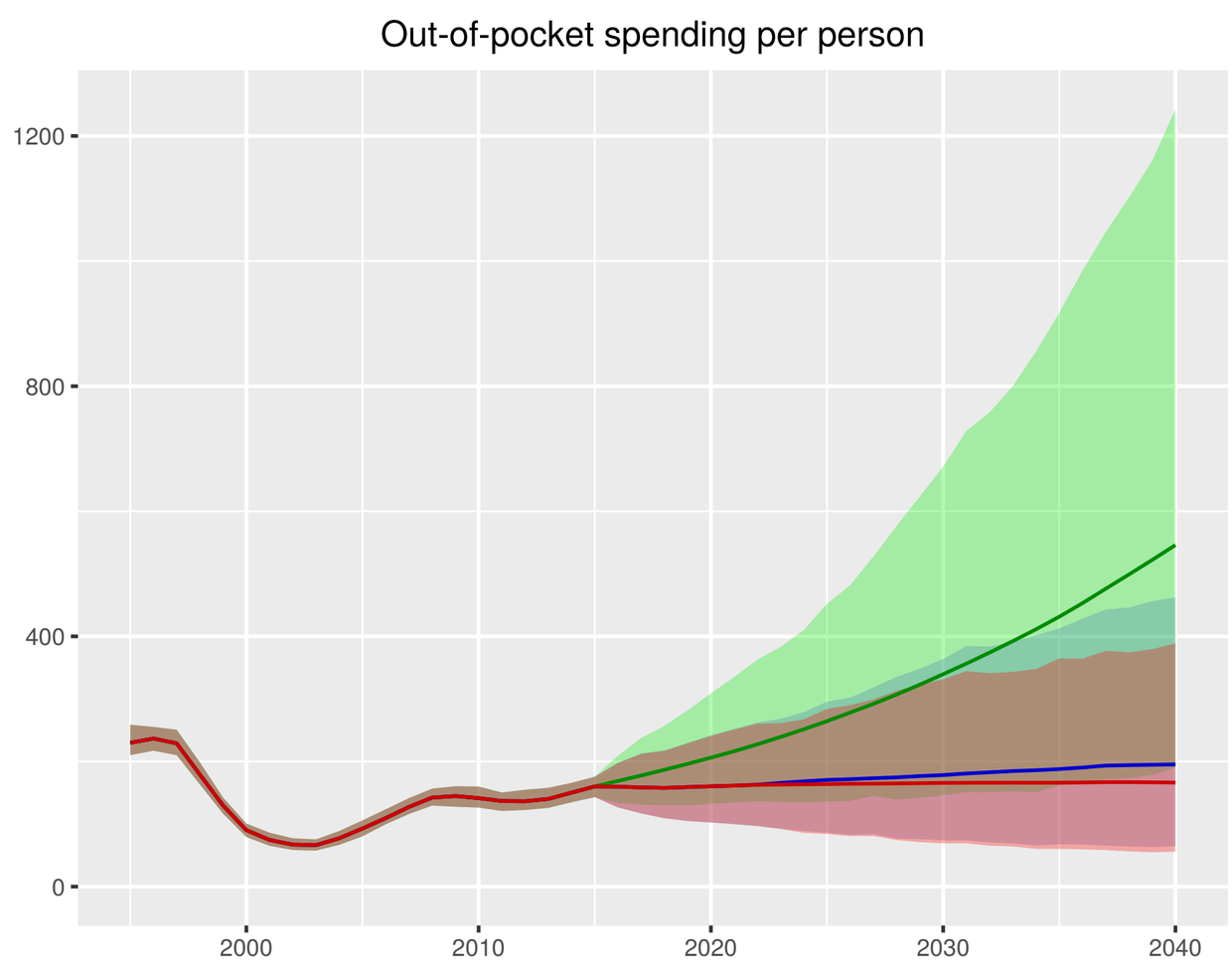
Development assistance for health received per person



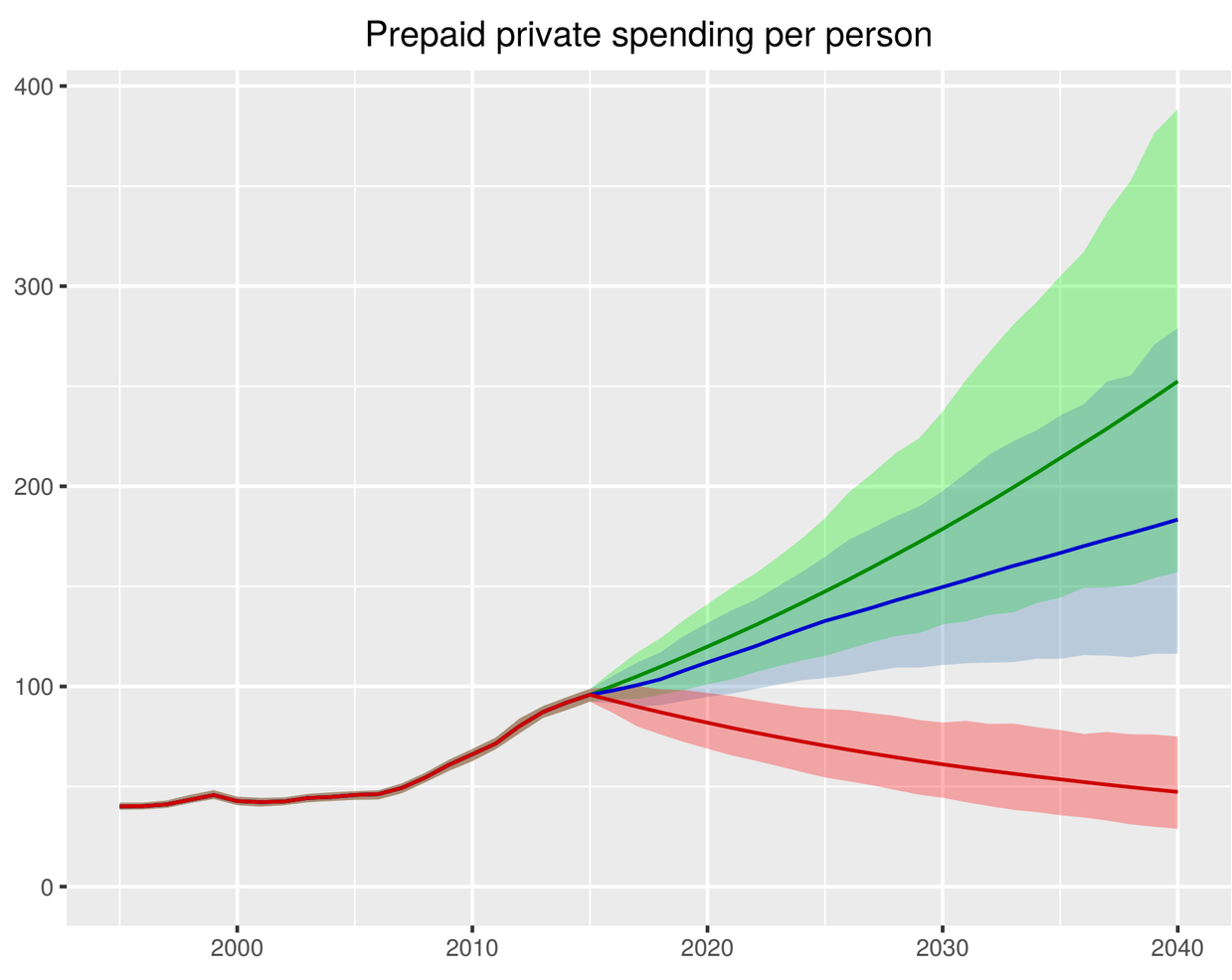
Government health spending per person



Out-of-pocket spending per person



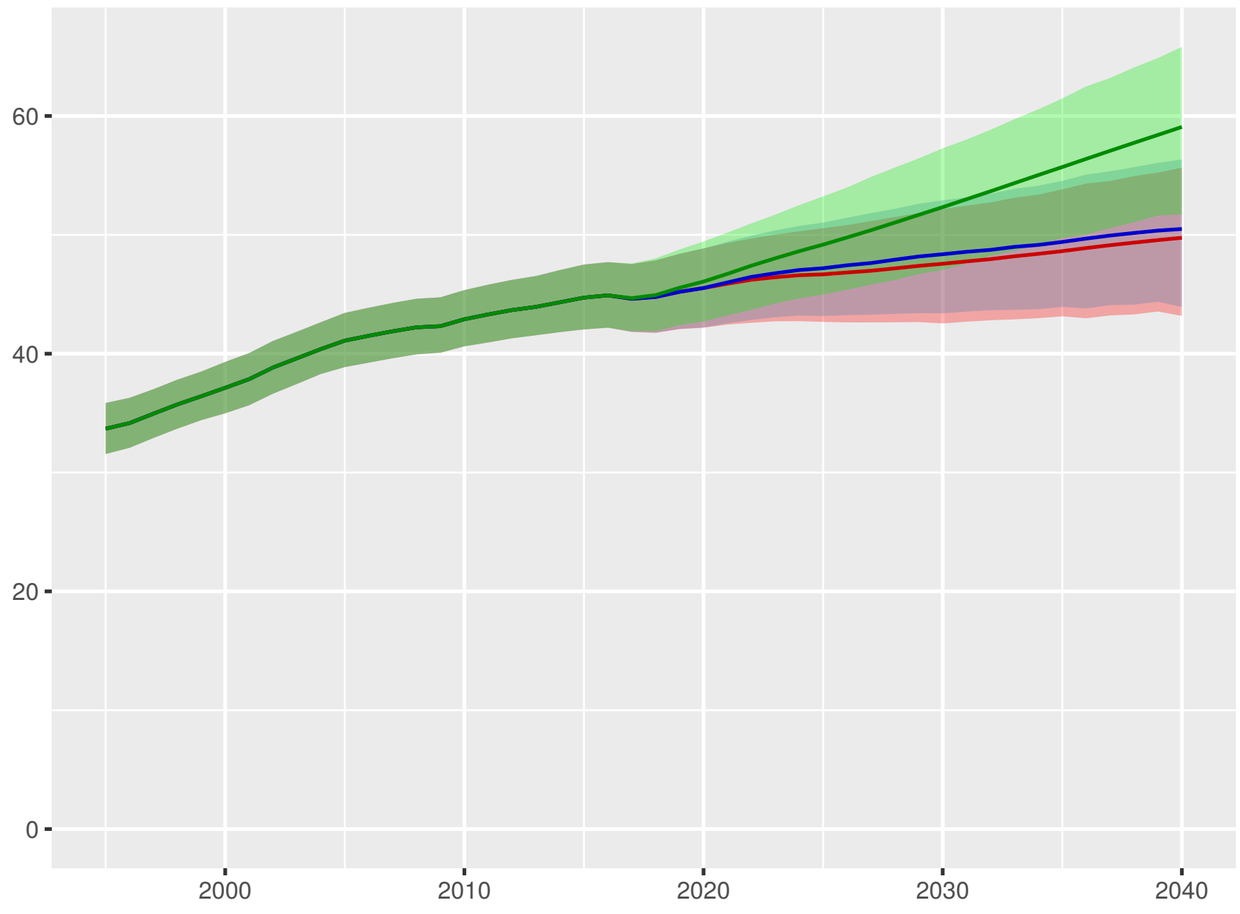
Prepaid private spending per person



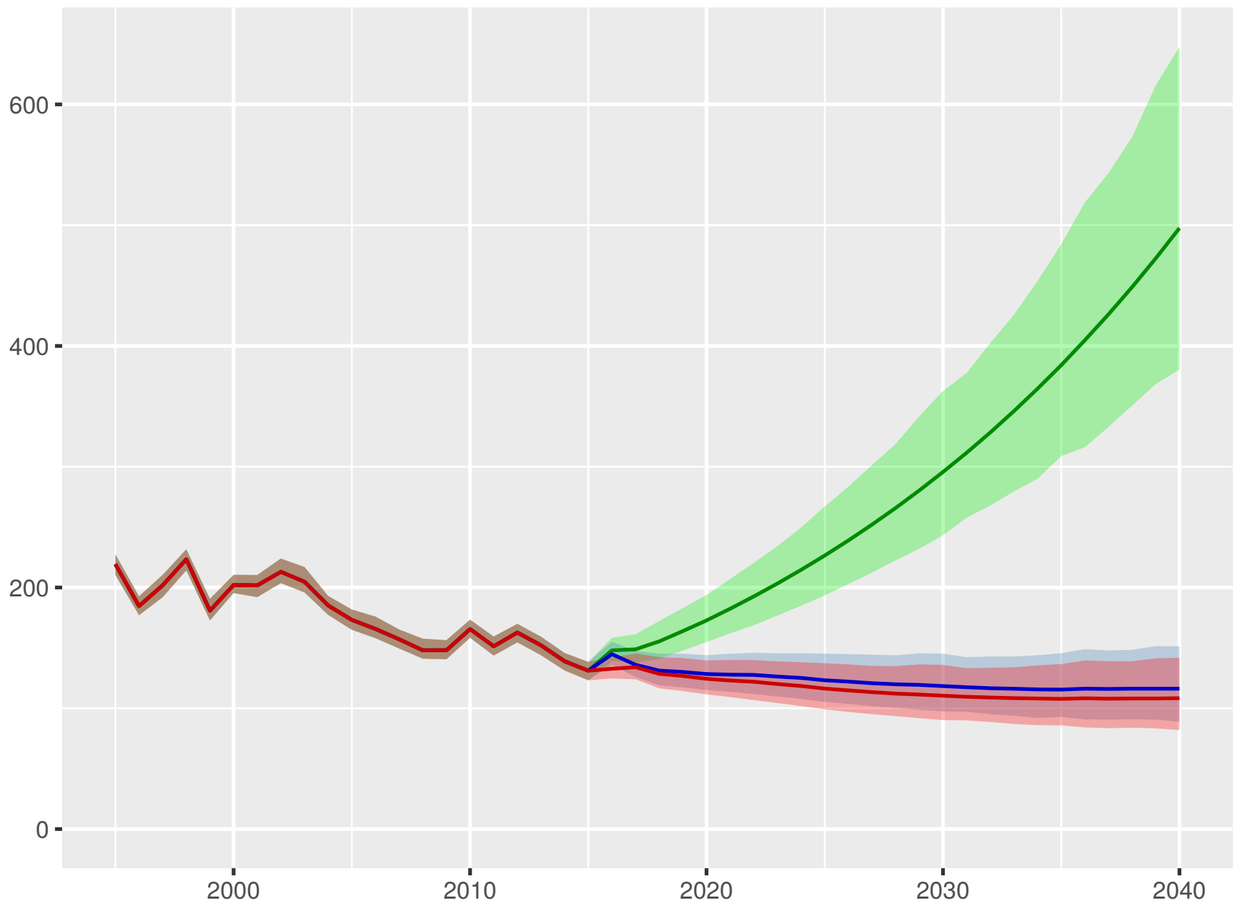
Scenario — Better — Reference — Worse

Comoros

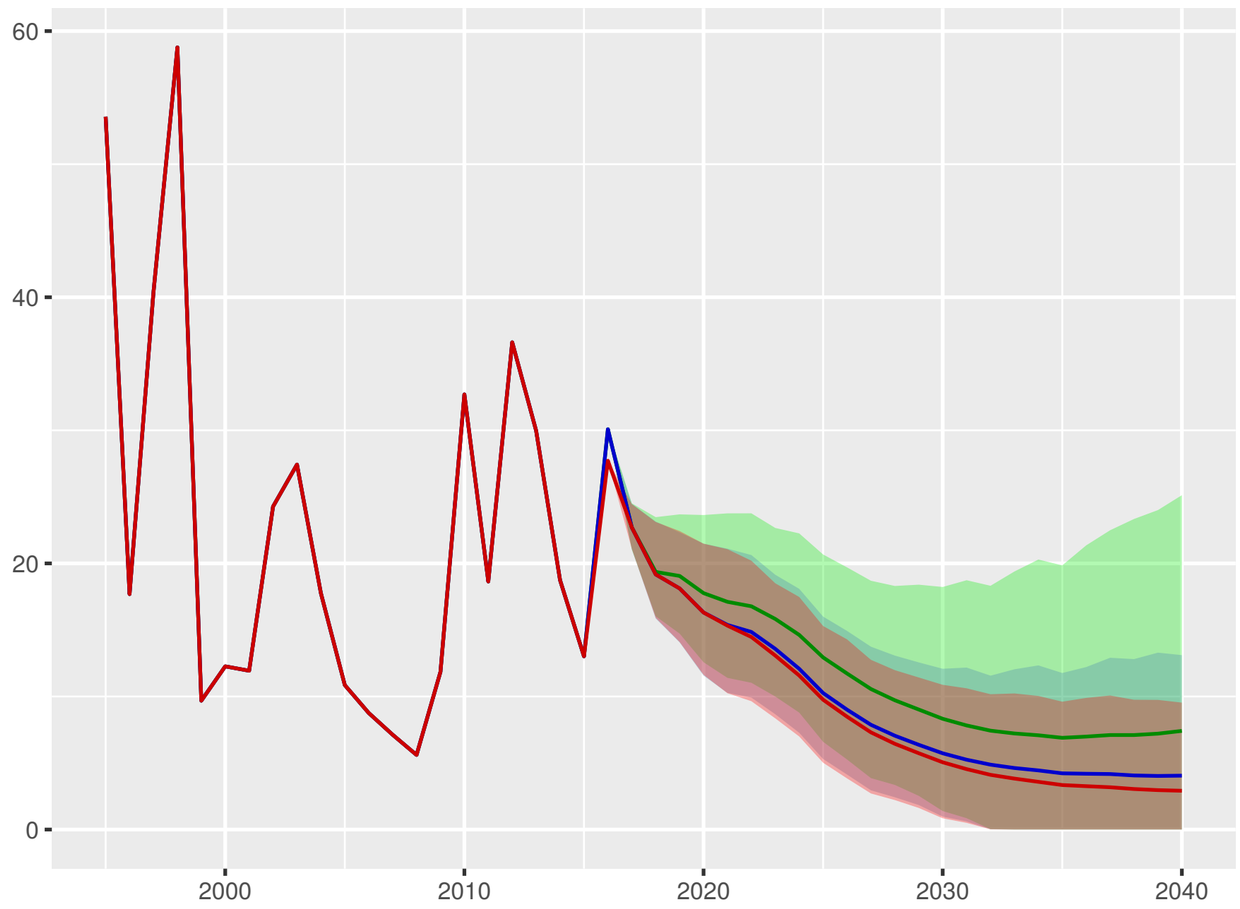
Universal health coverage index



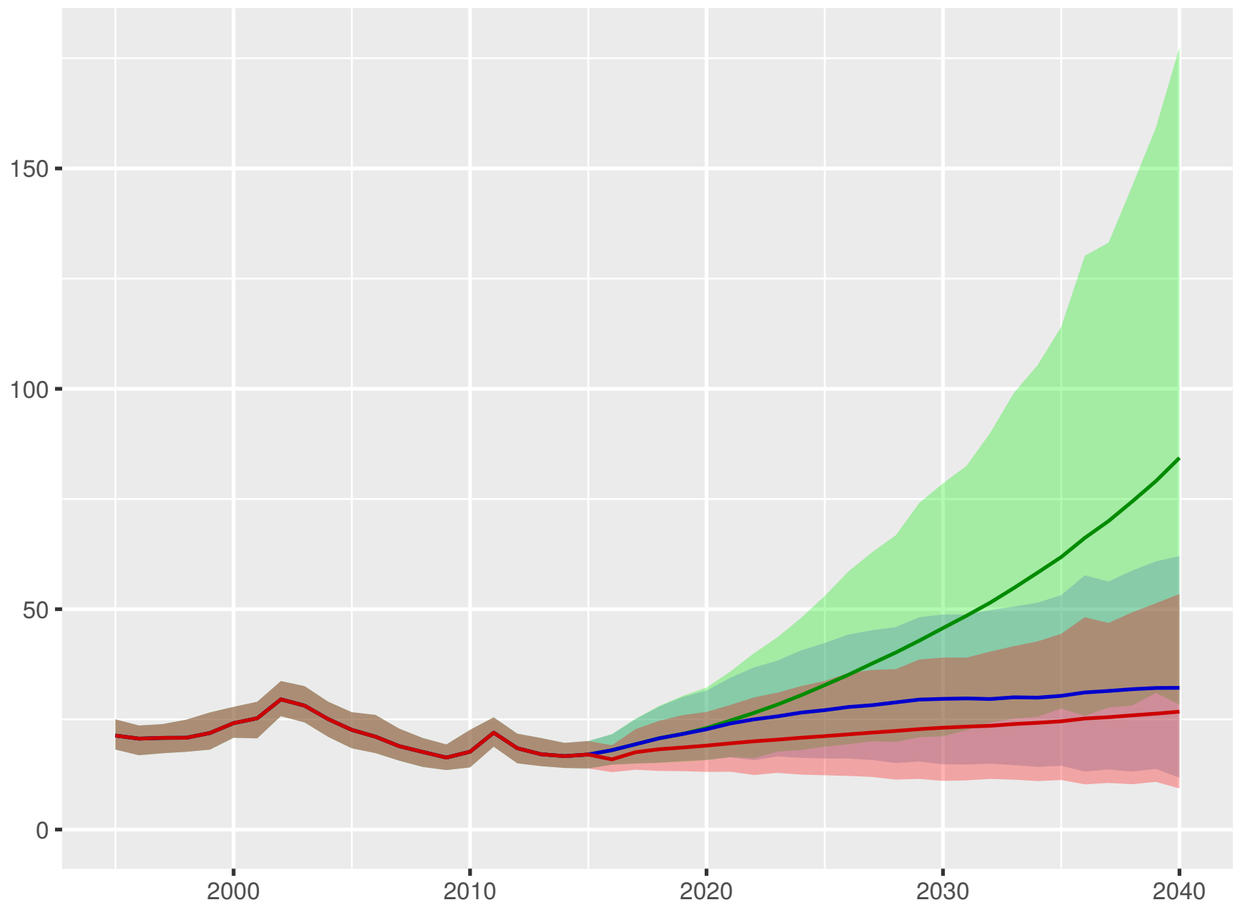
Total health spending per person



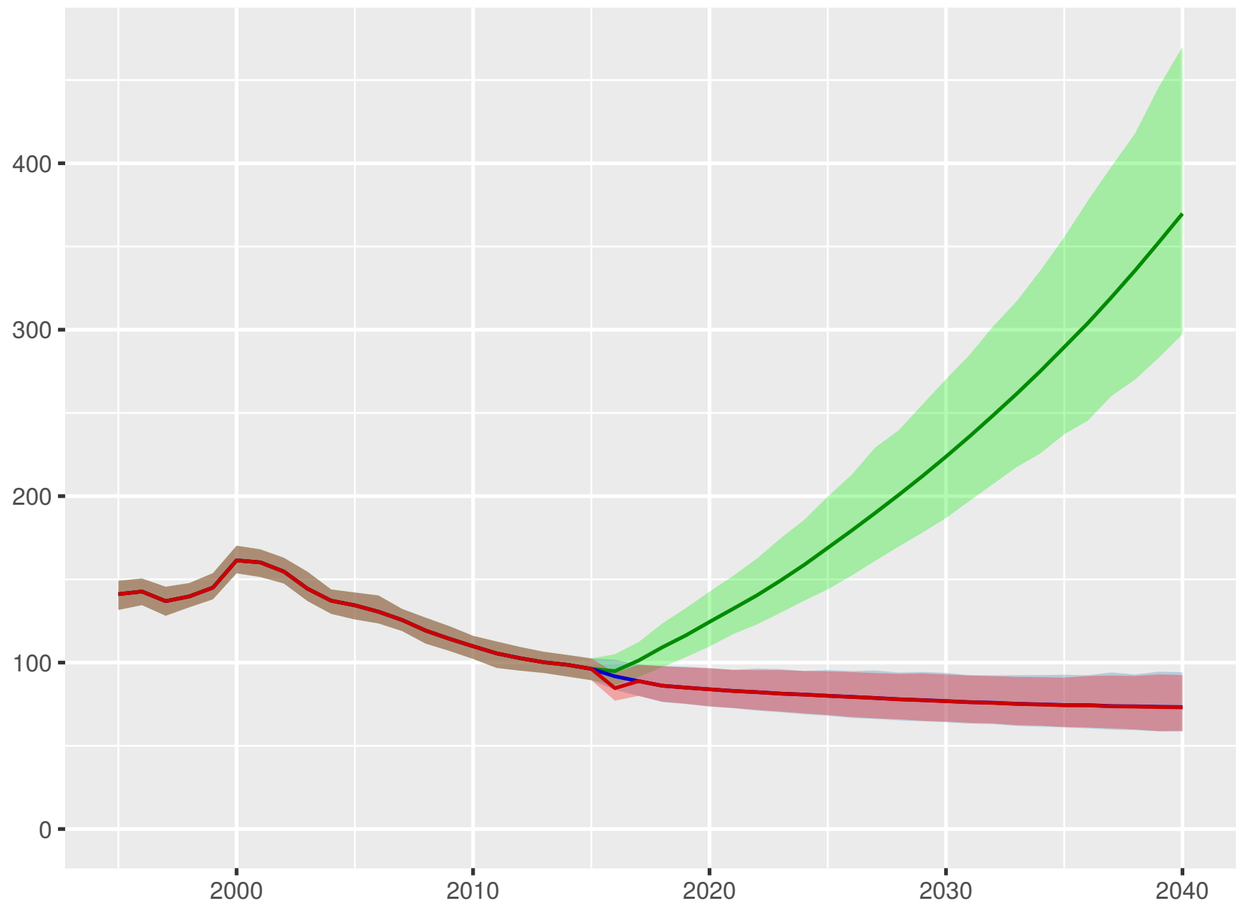
Development assistance for health received per person



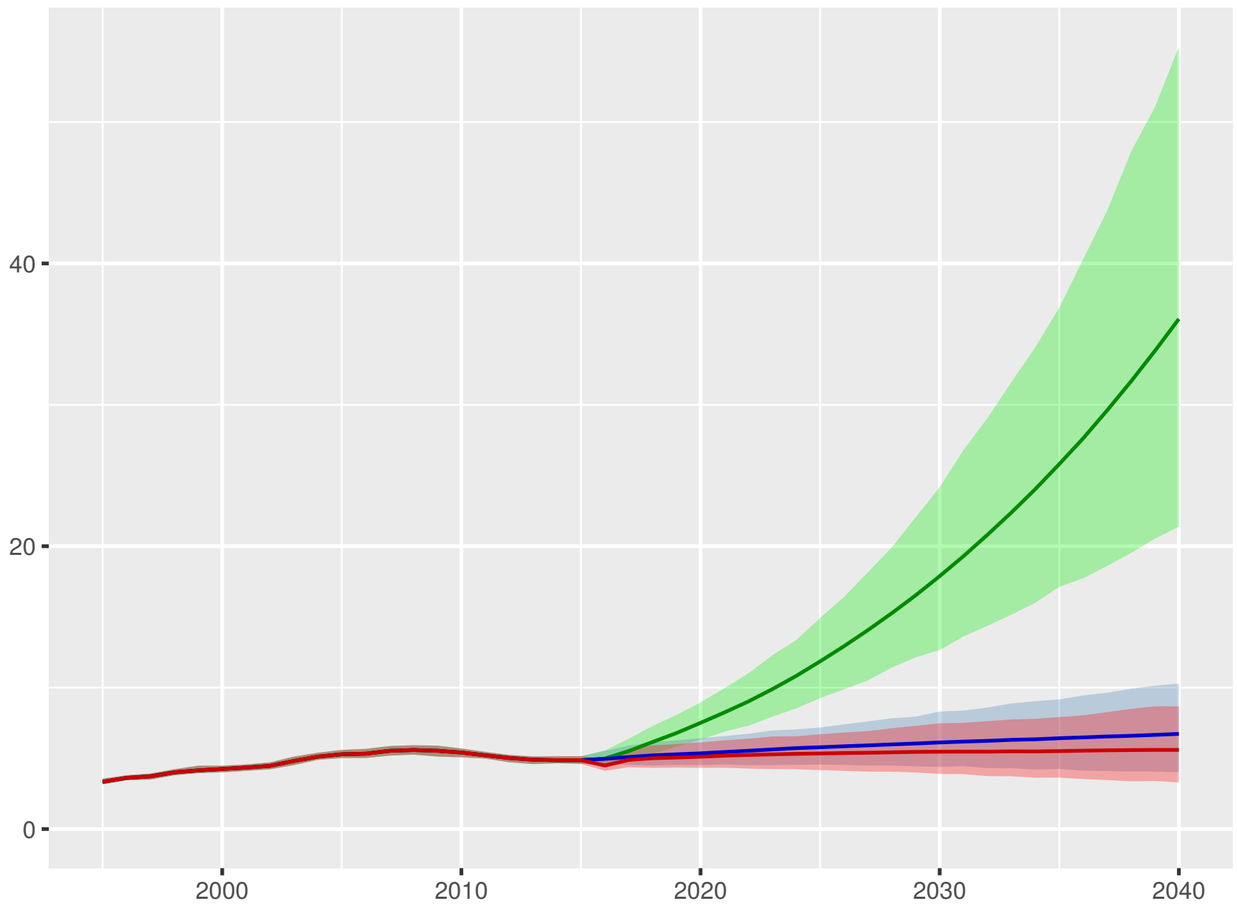
Government health spending per person



Out-of-pocket spending per person



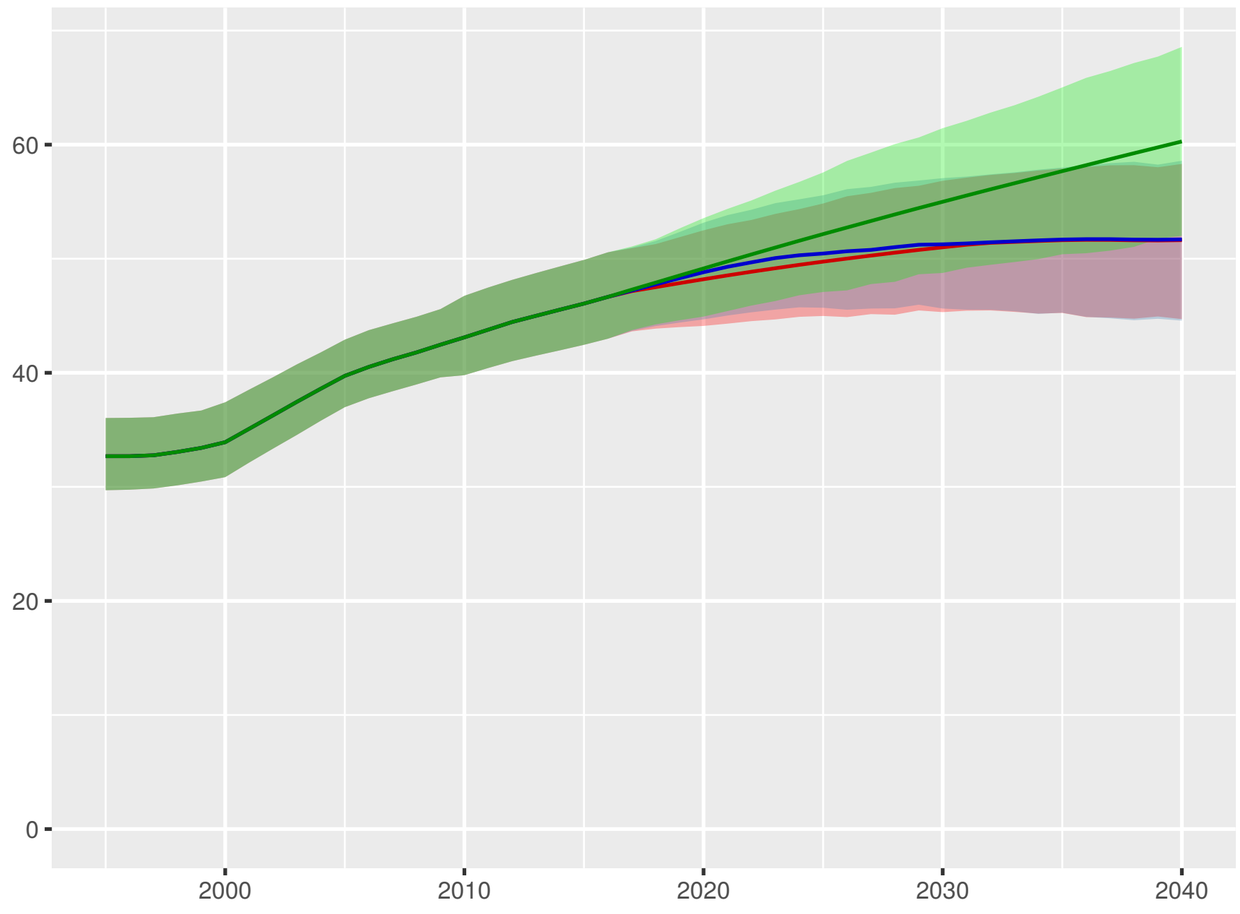
Prepaid private spending per person



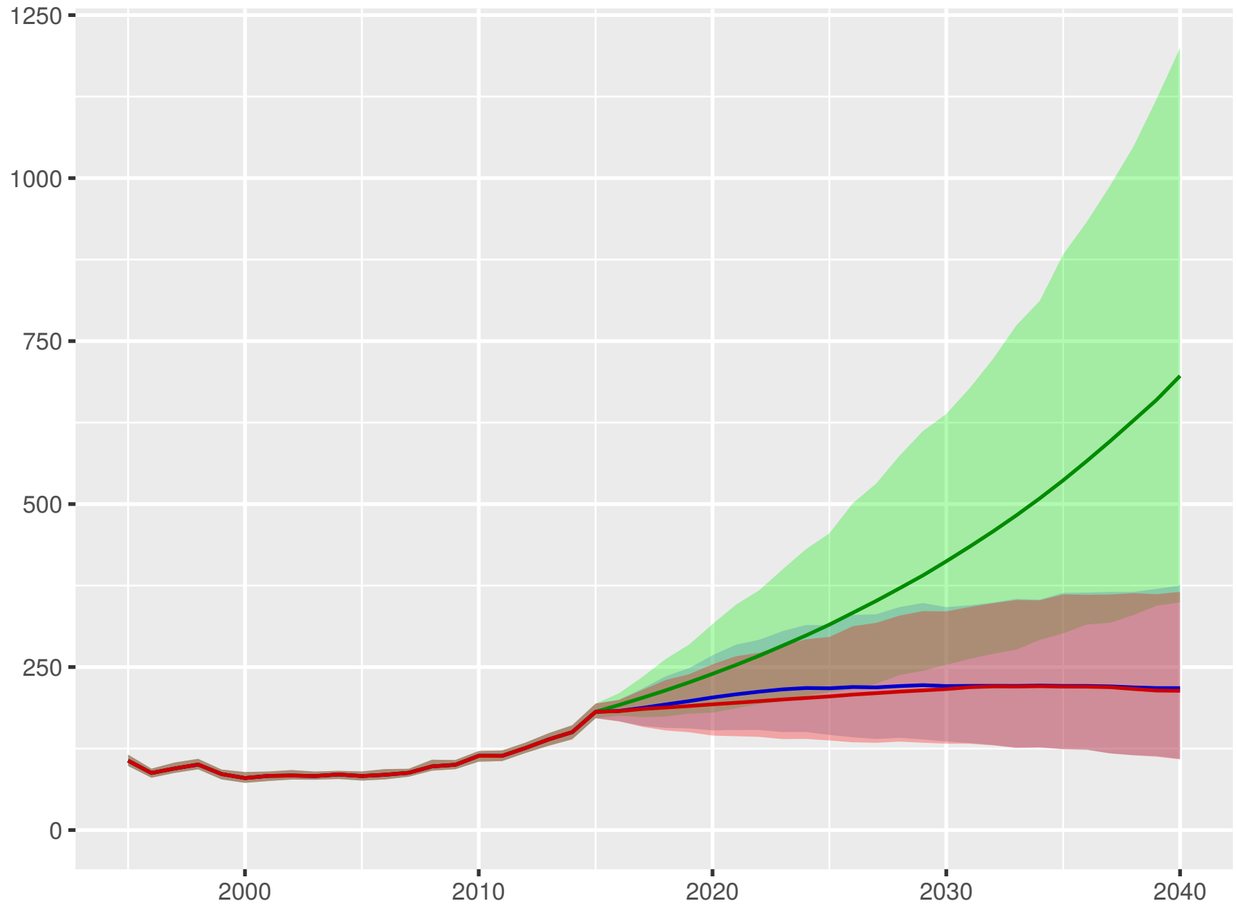
Scenario — Better — Reference — Worse

Congo

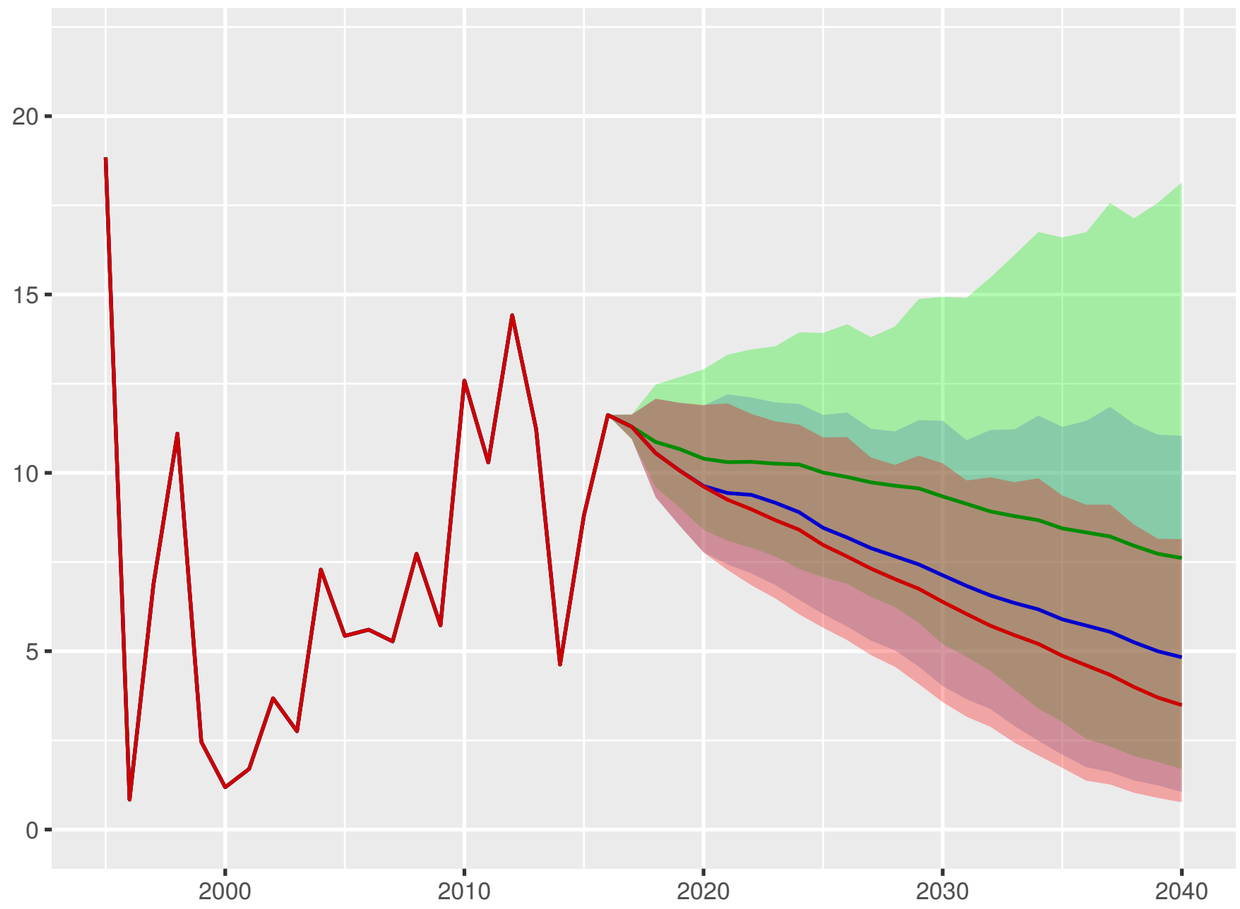
Universal health coverage index



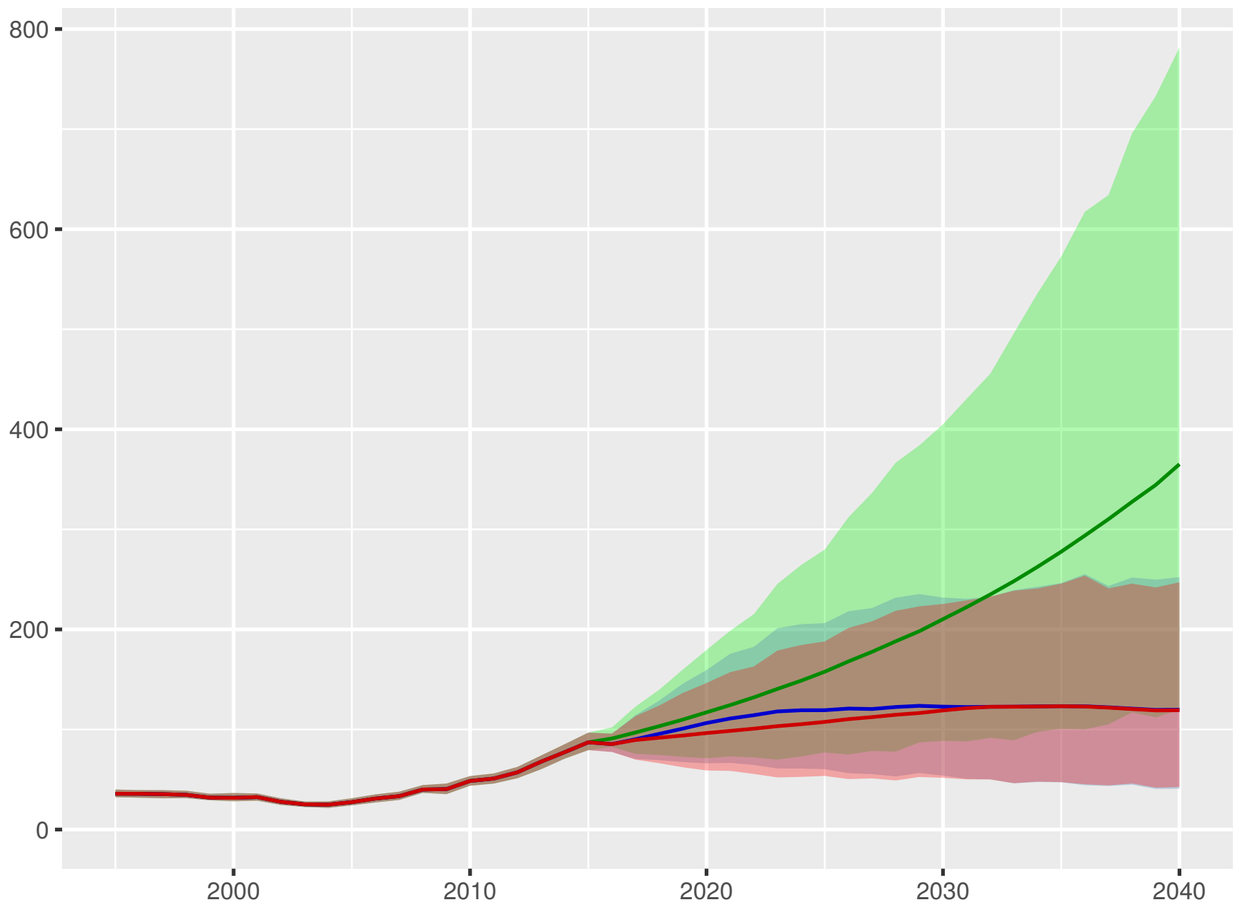
Total health spending per person



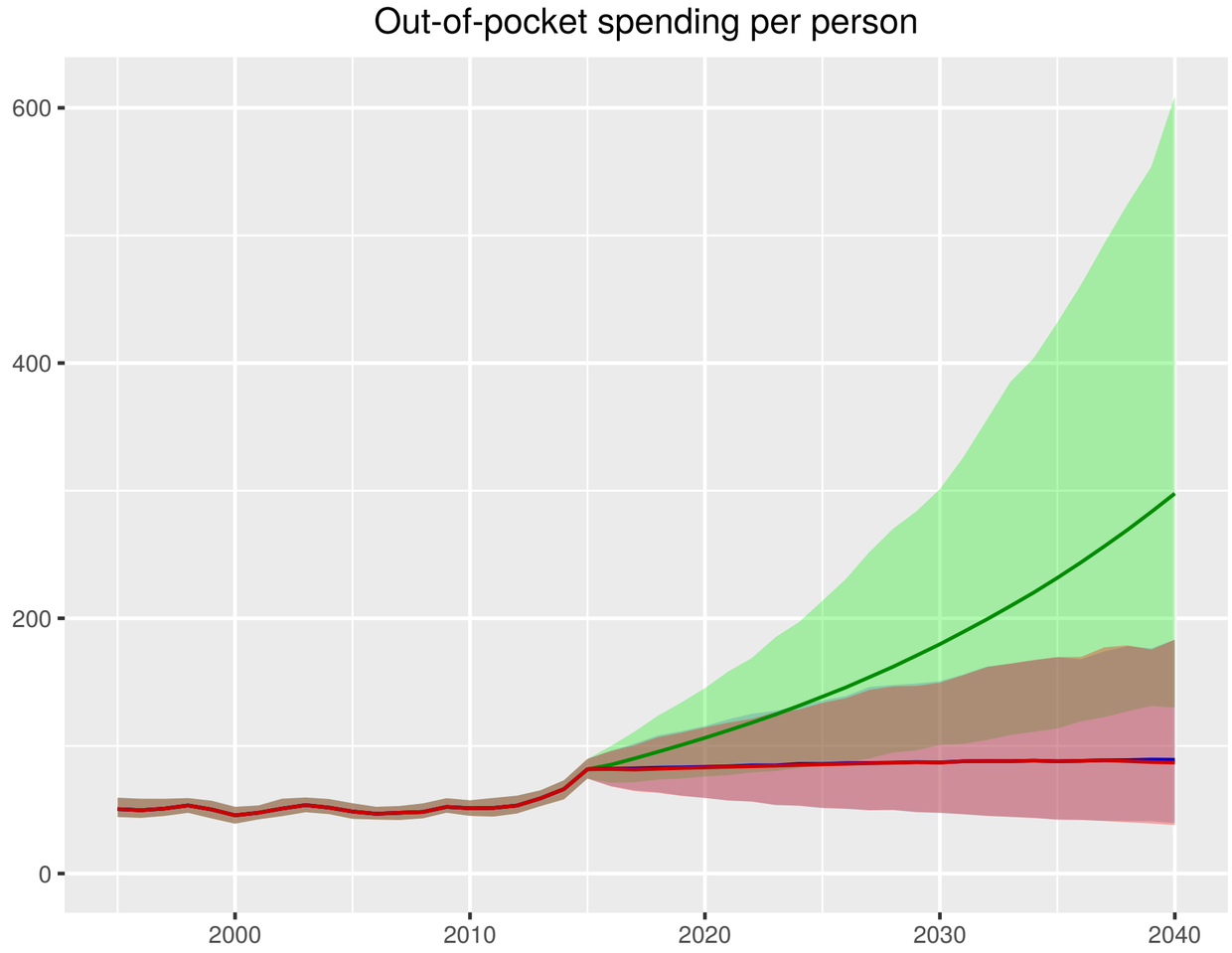
Development assistance for health received per person



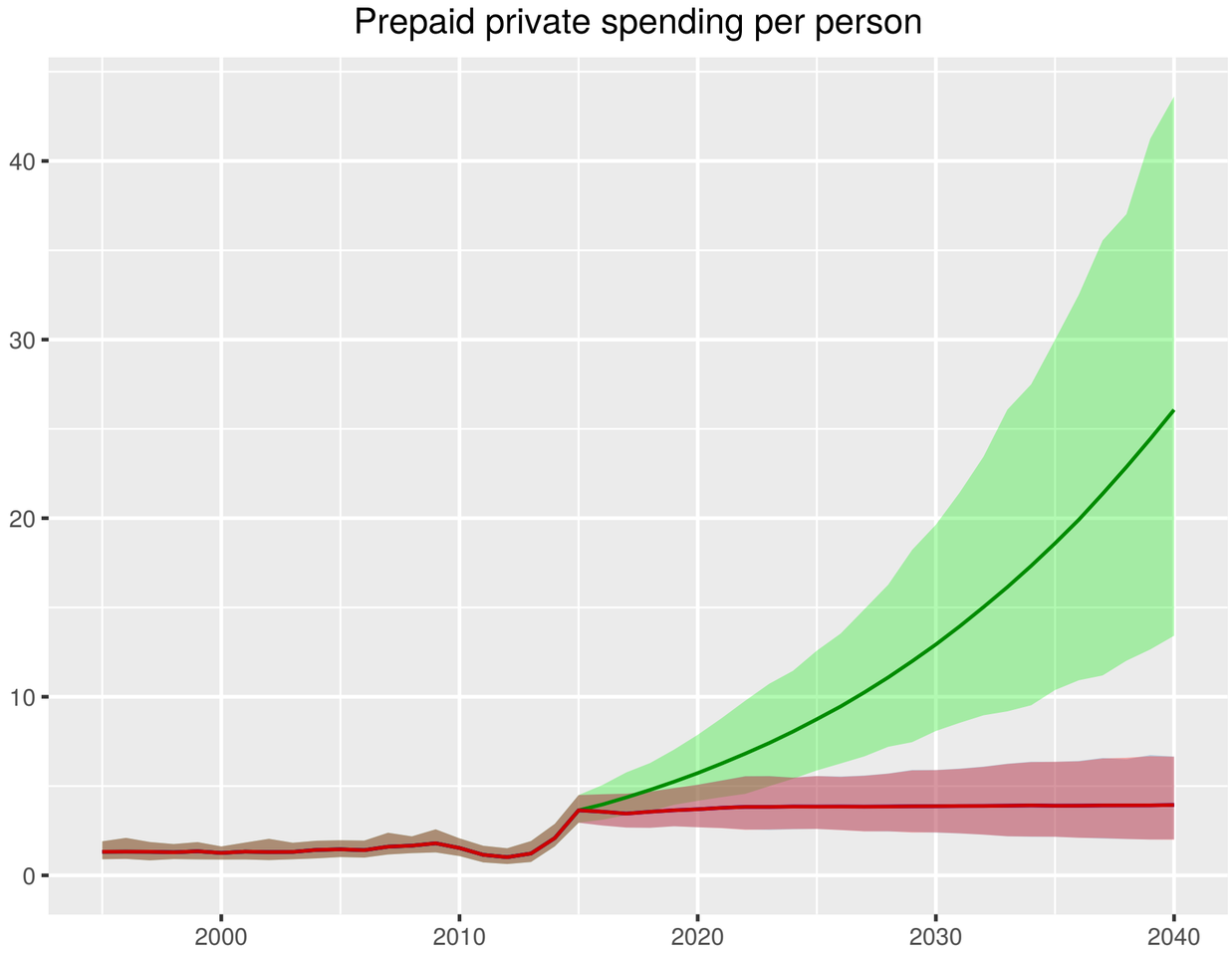
Government health spending per person



Out-of-pocket spending per person



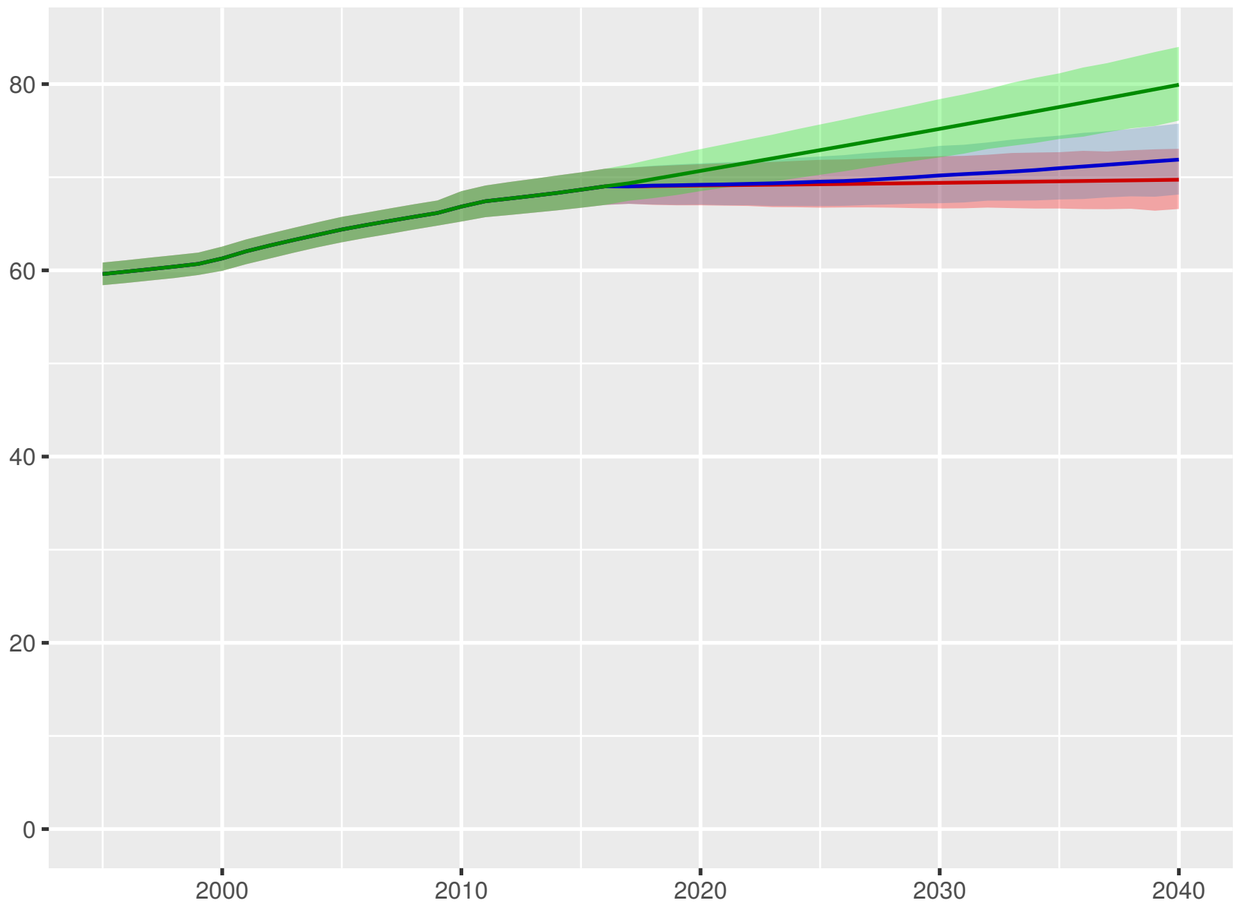
Prepaid private spending per person



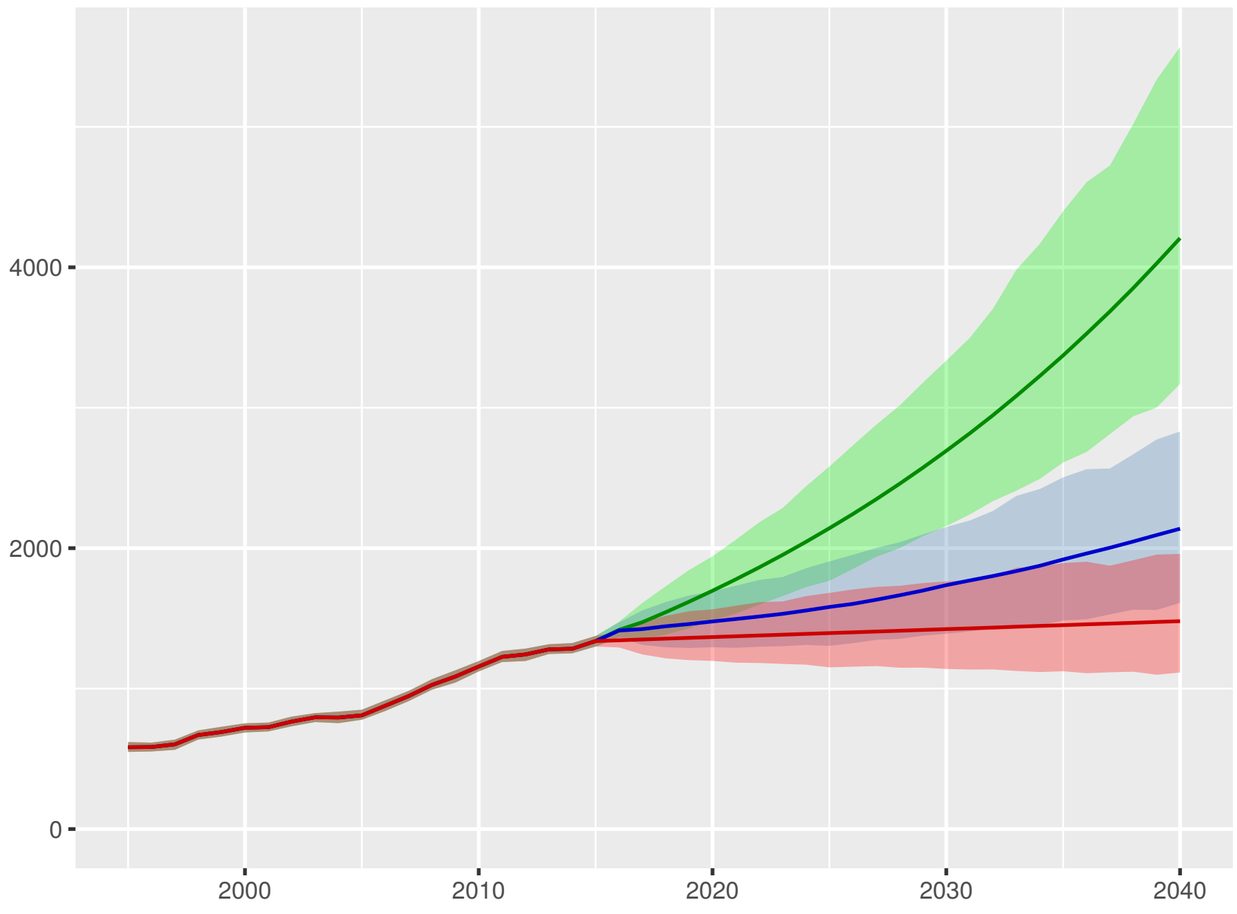
Scenario — Better — Reference — Worse

Costa Rica

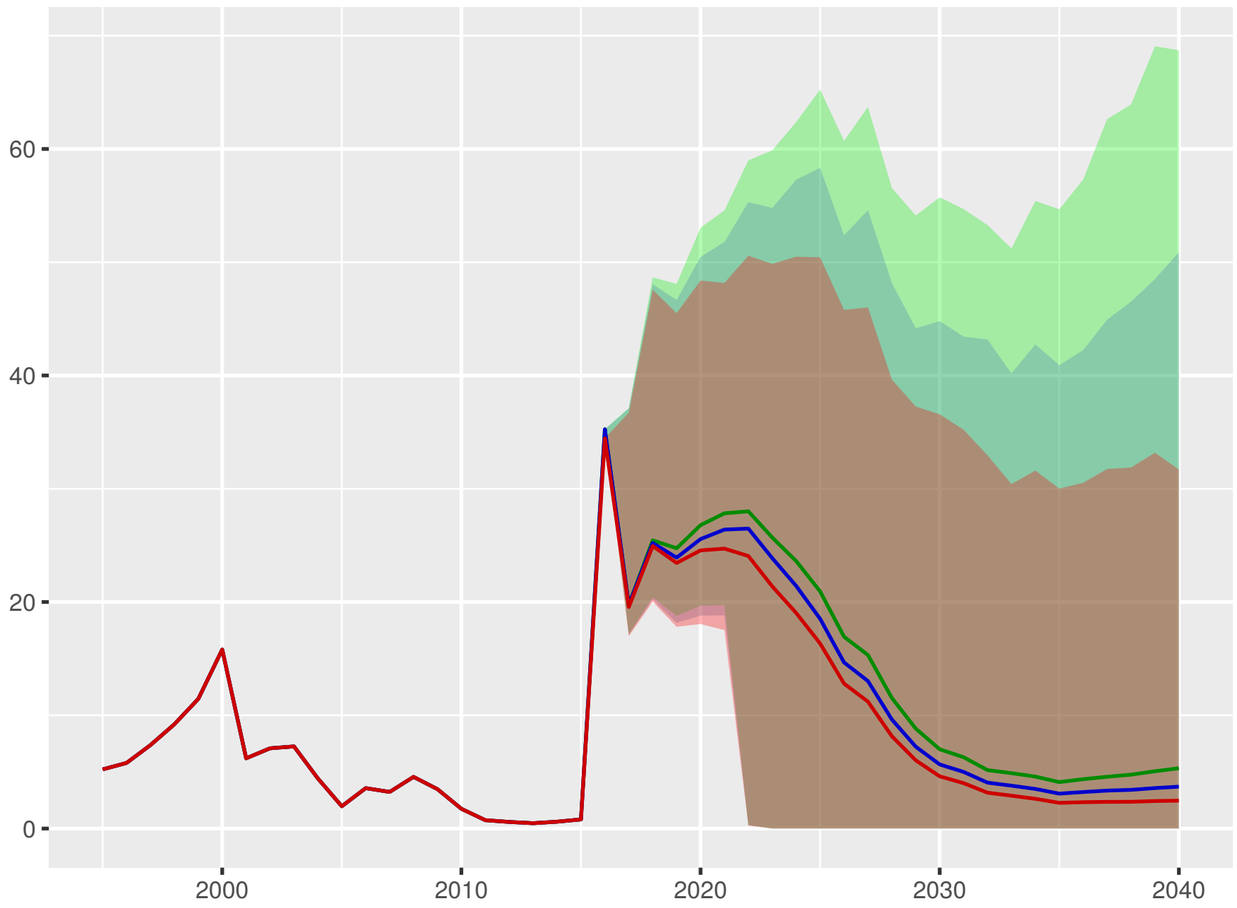
Universal health coverage index



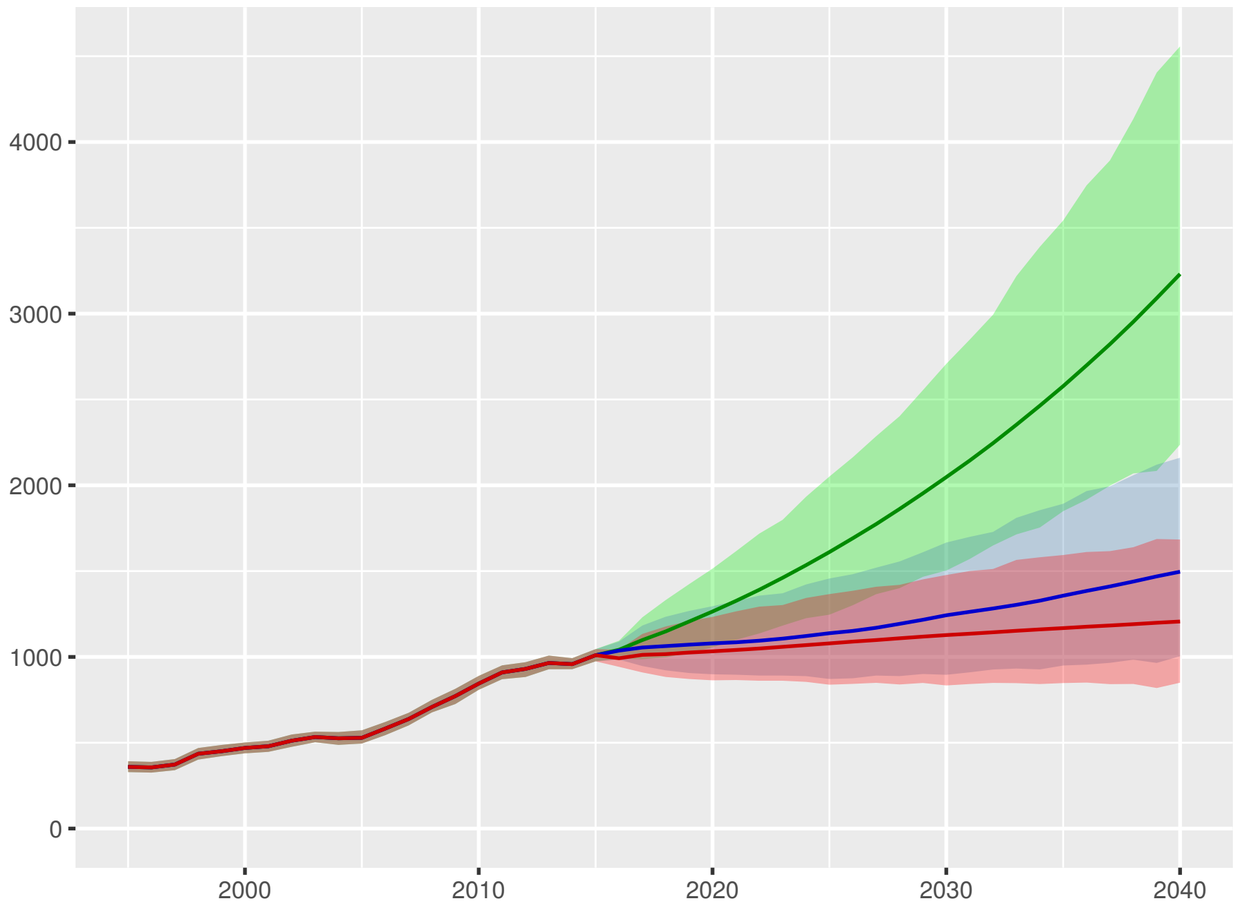
Total health spending per person



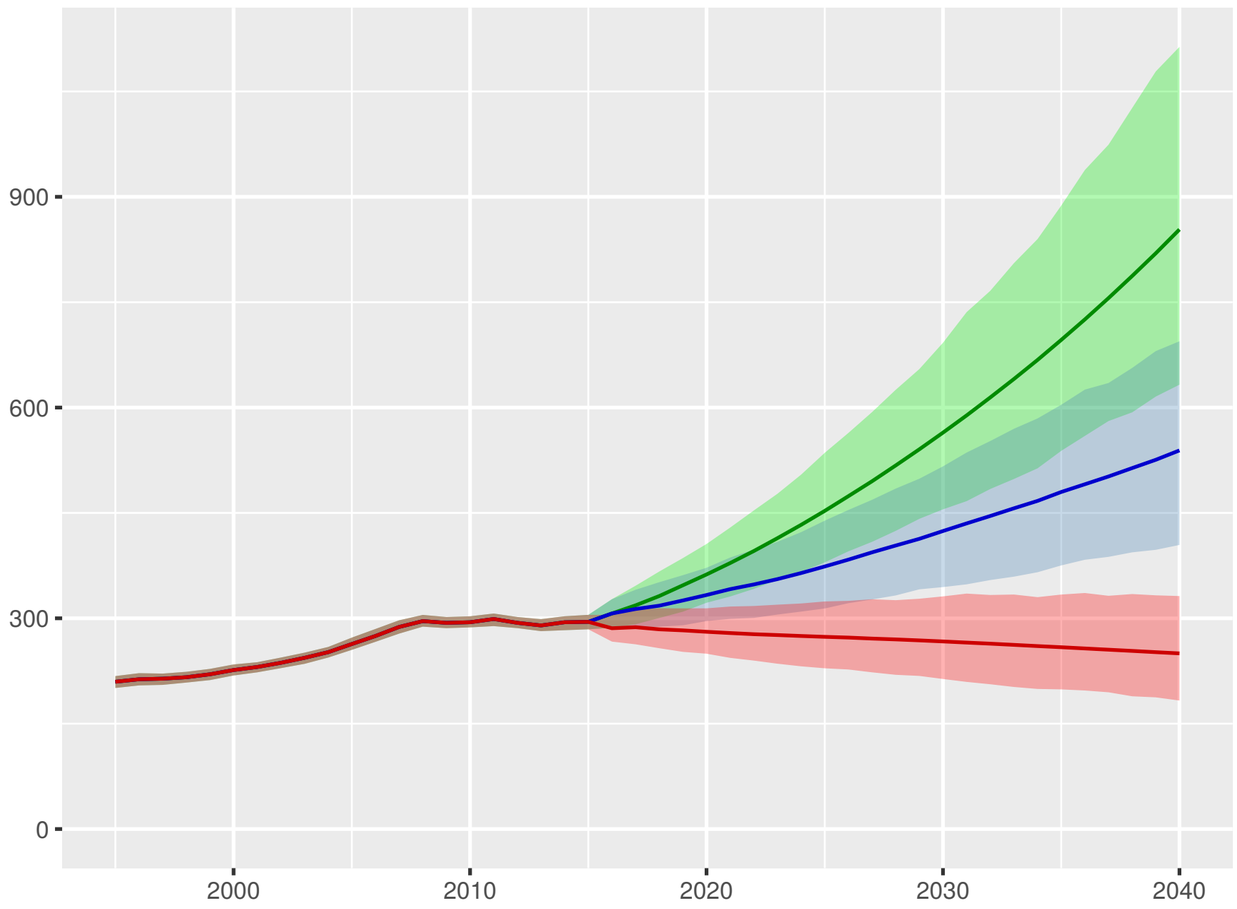
Development assistance for health received per person



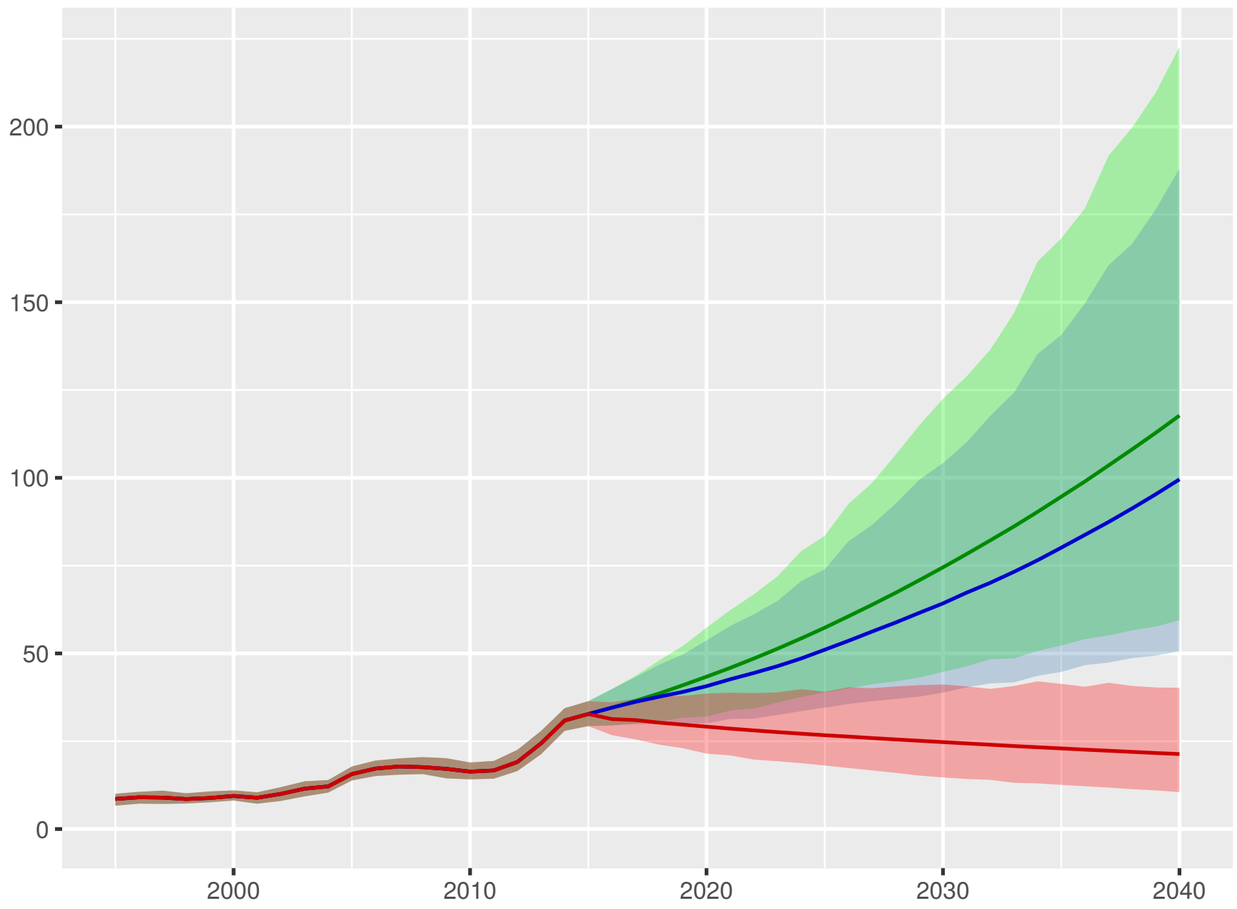
Government health spending per person



Out-of-pocket spending per person



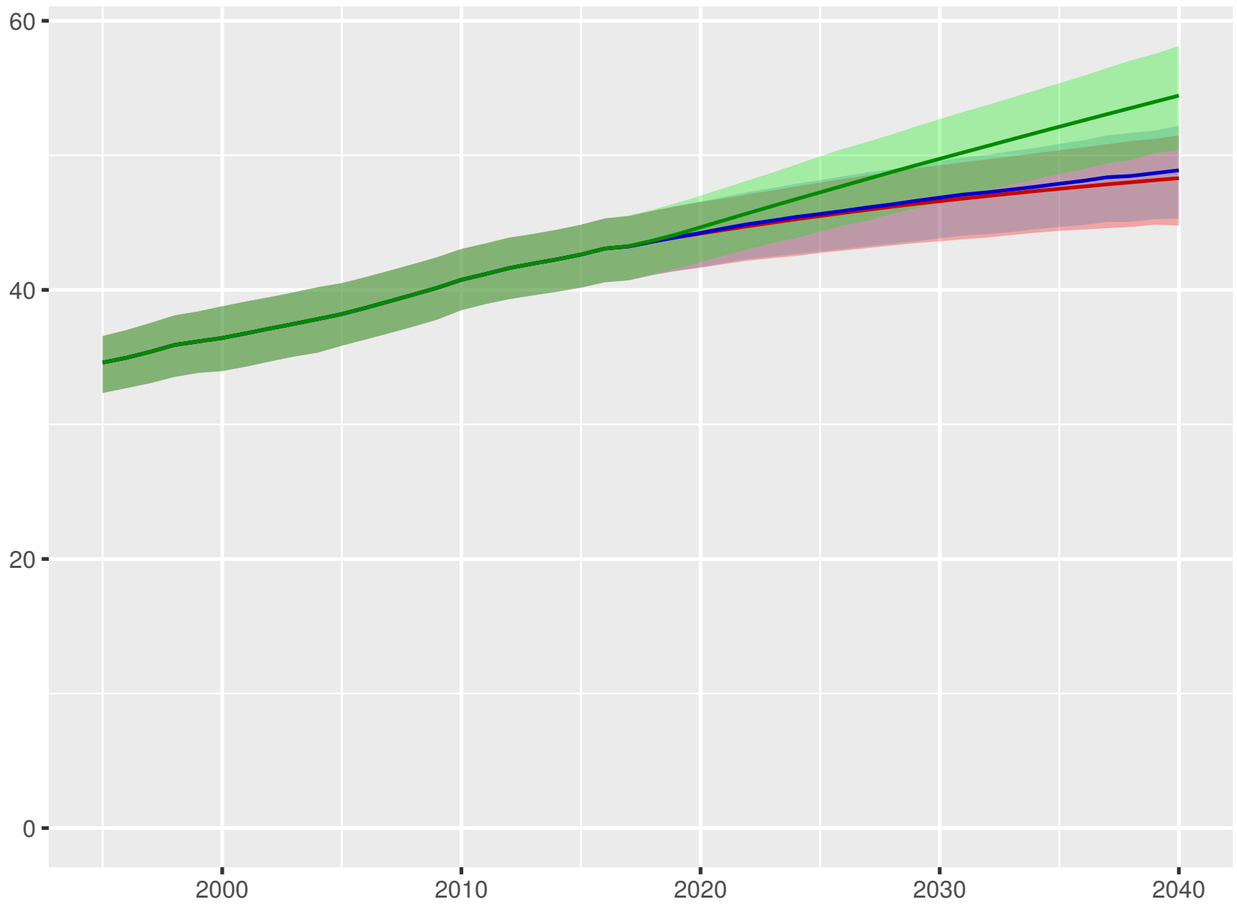
Prepaid private spending per person



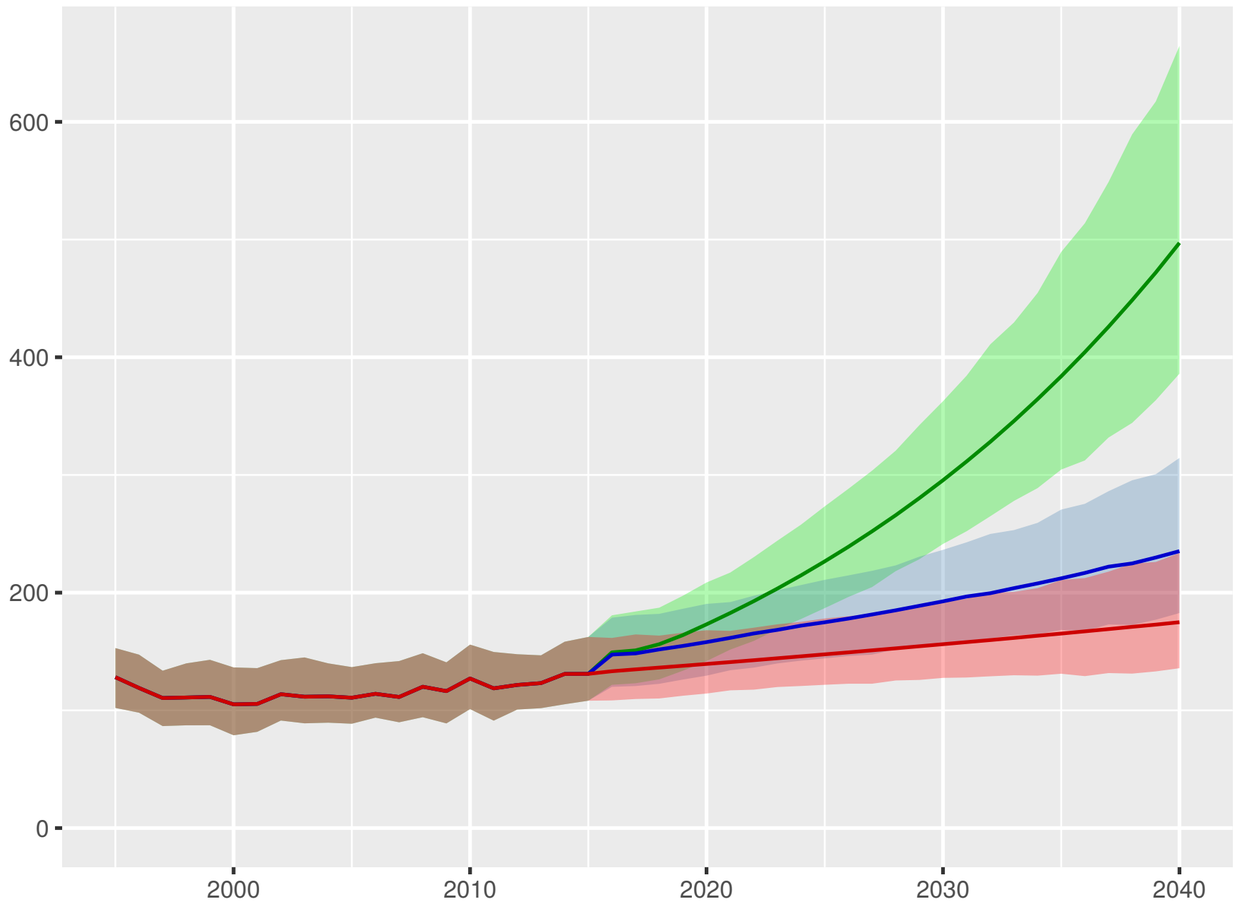
Scenario — Better — Reference — Worse

Cote d'Ivoire

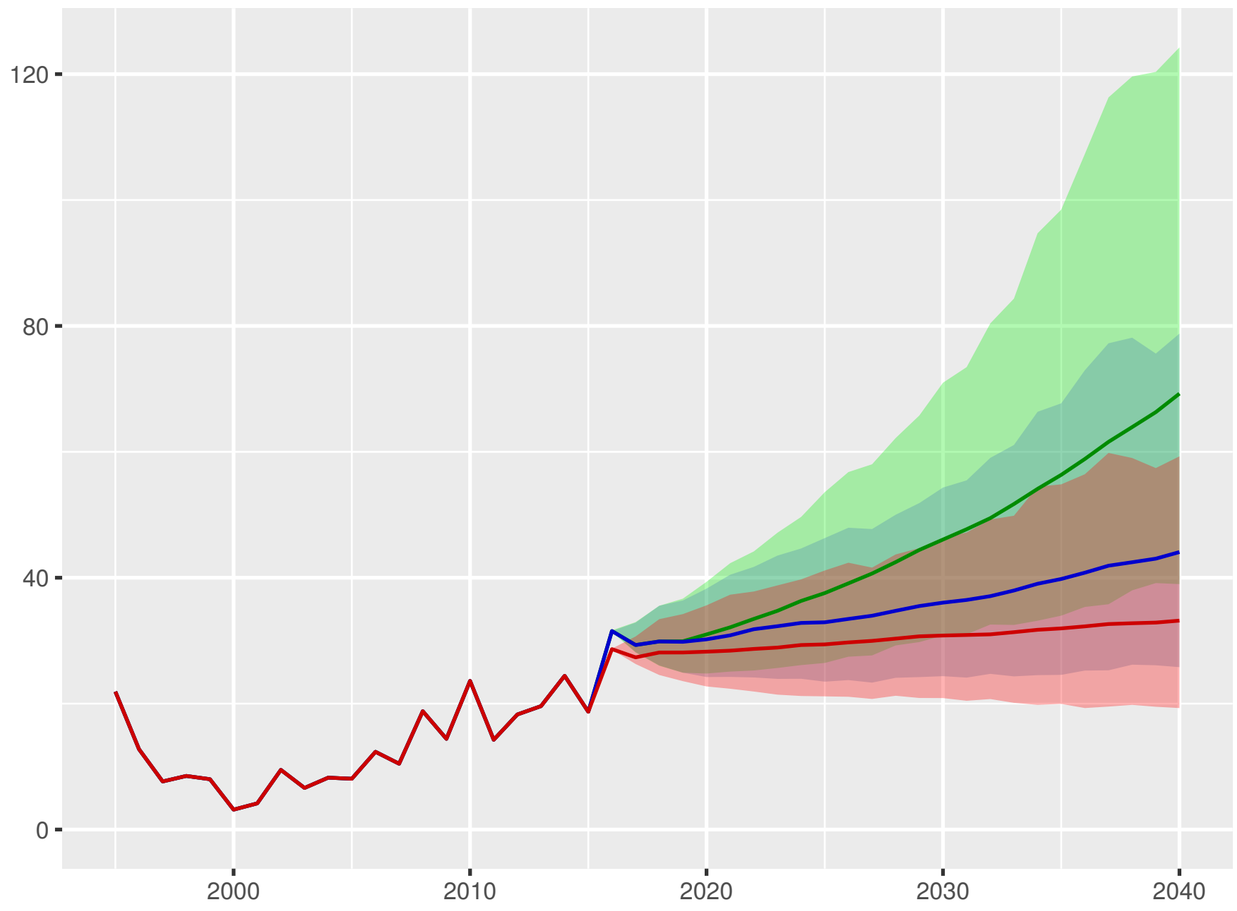
Universal health coverage index



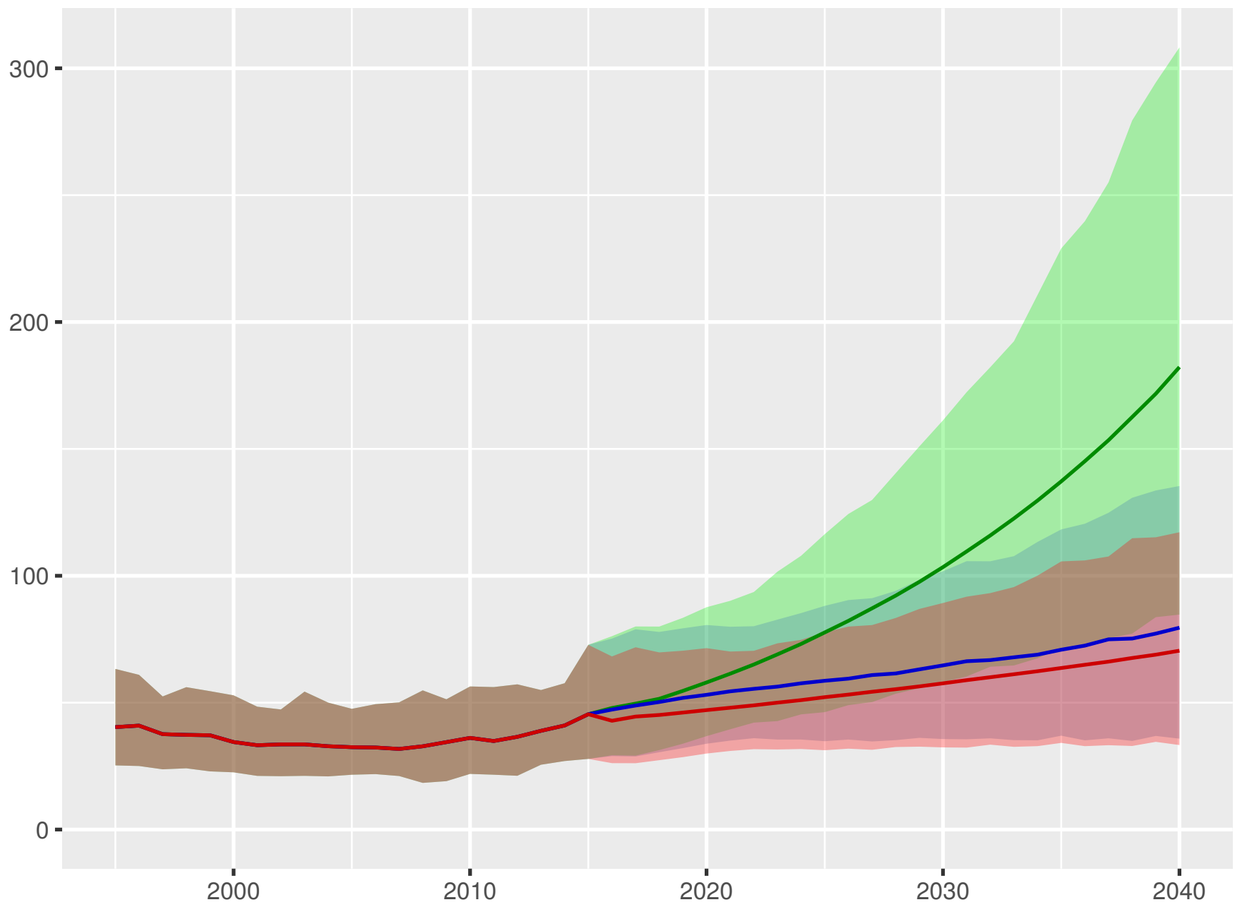
Total health spending per person



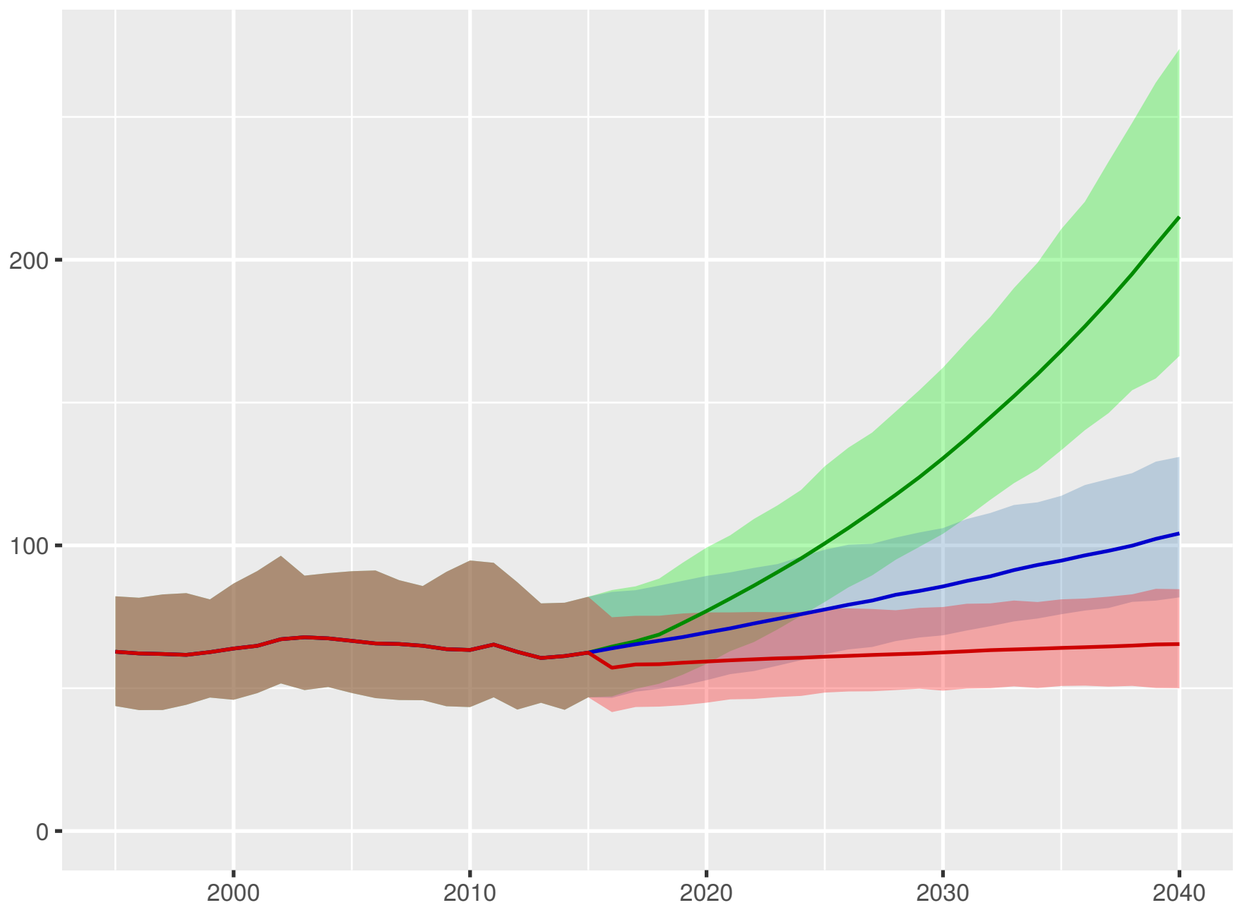
Development assistance for health received per person



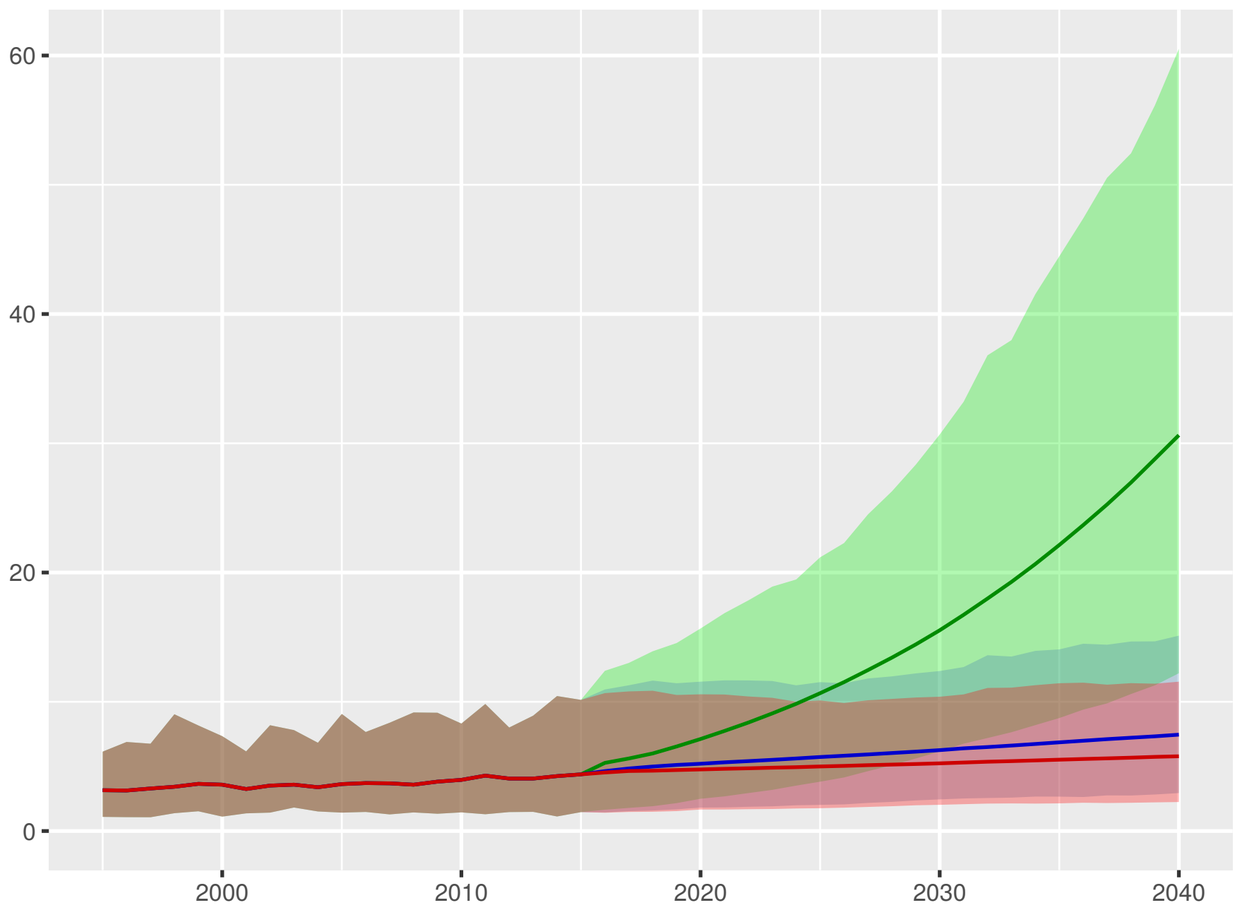
Government health spending per person



Out-of-pocket spending per person



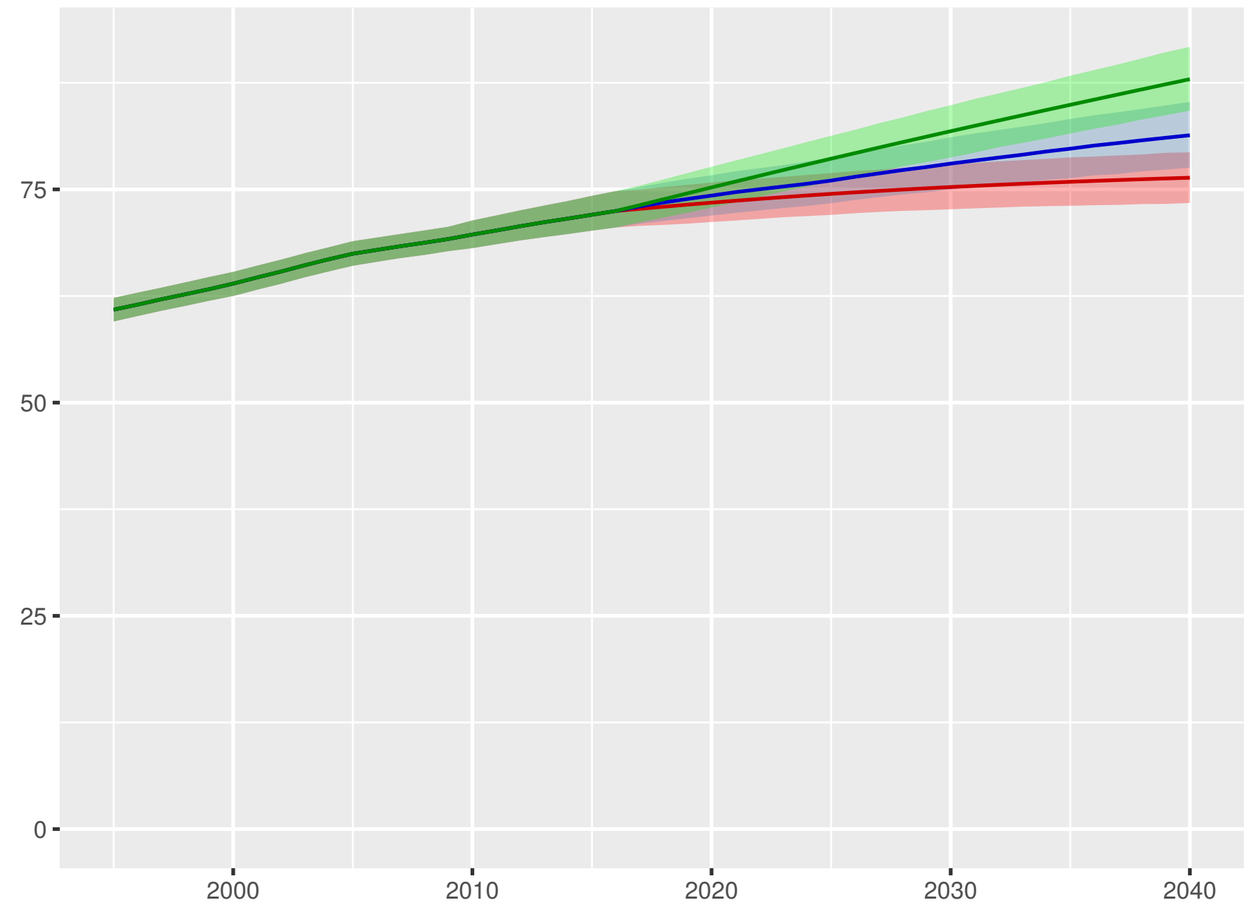
Prepaid private spending per person



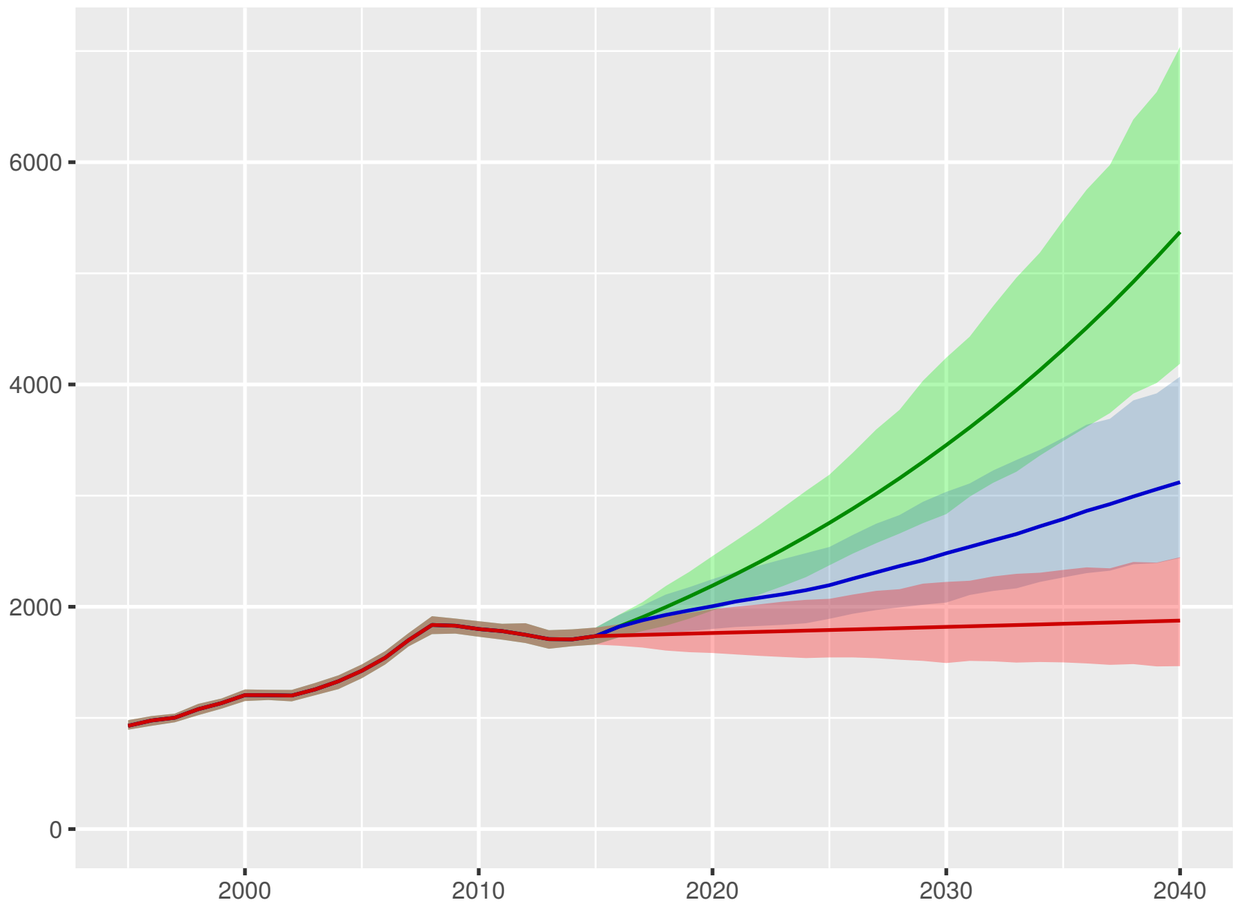
Scenario — Better — Reference — Worse

Croatia

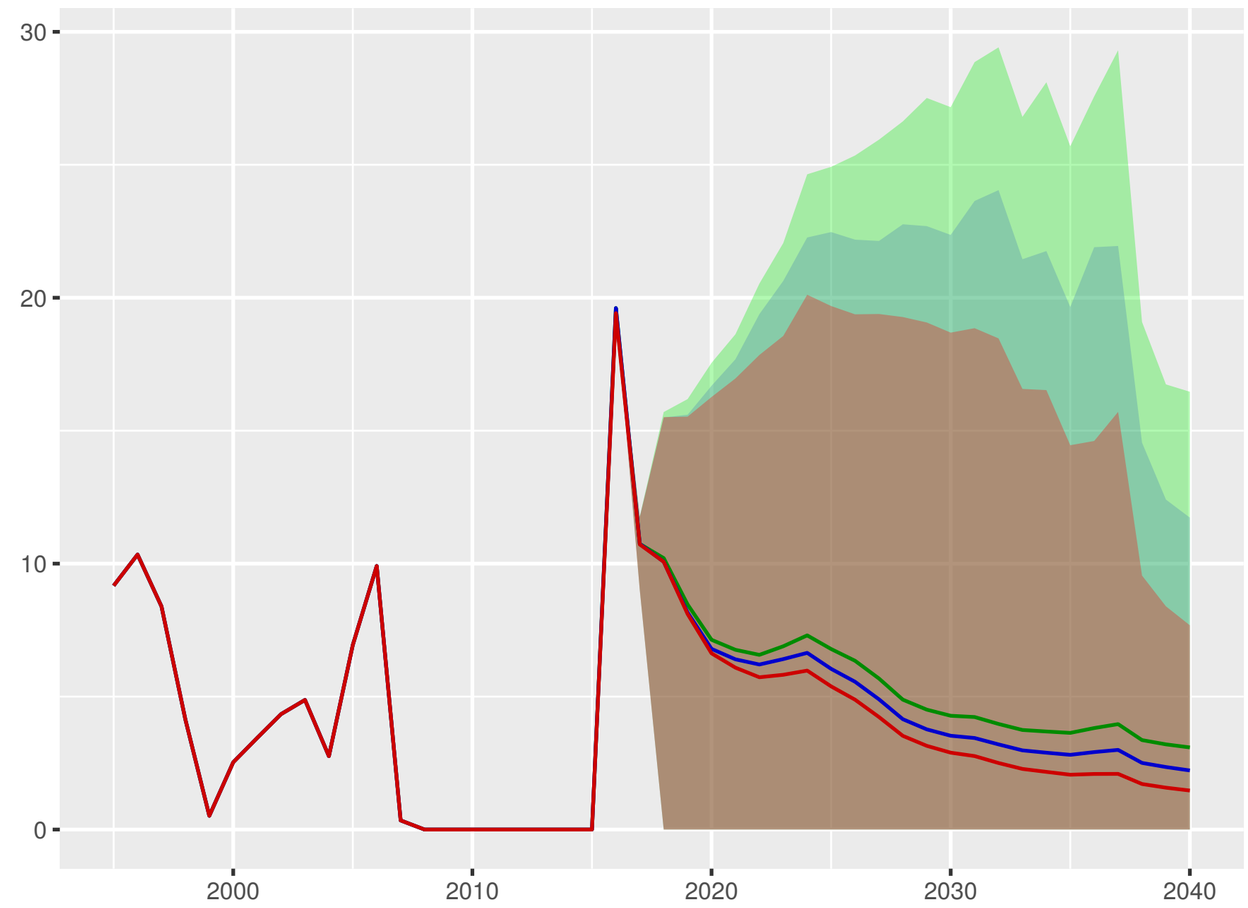
Universal health coverage index



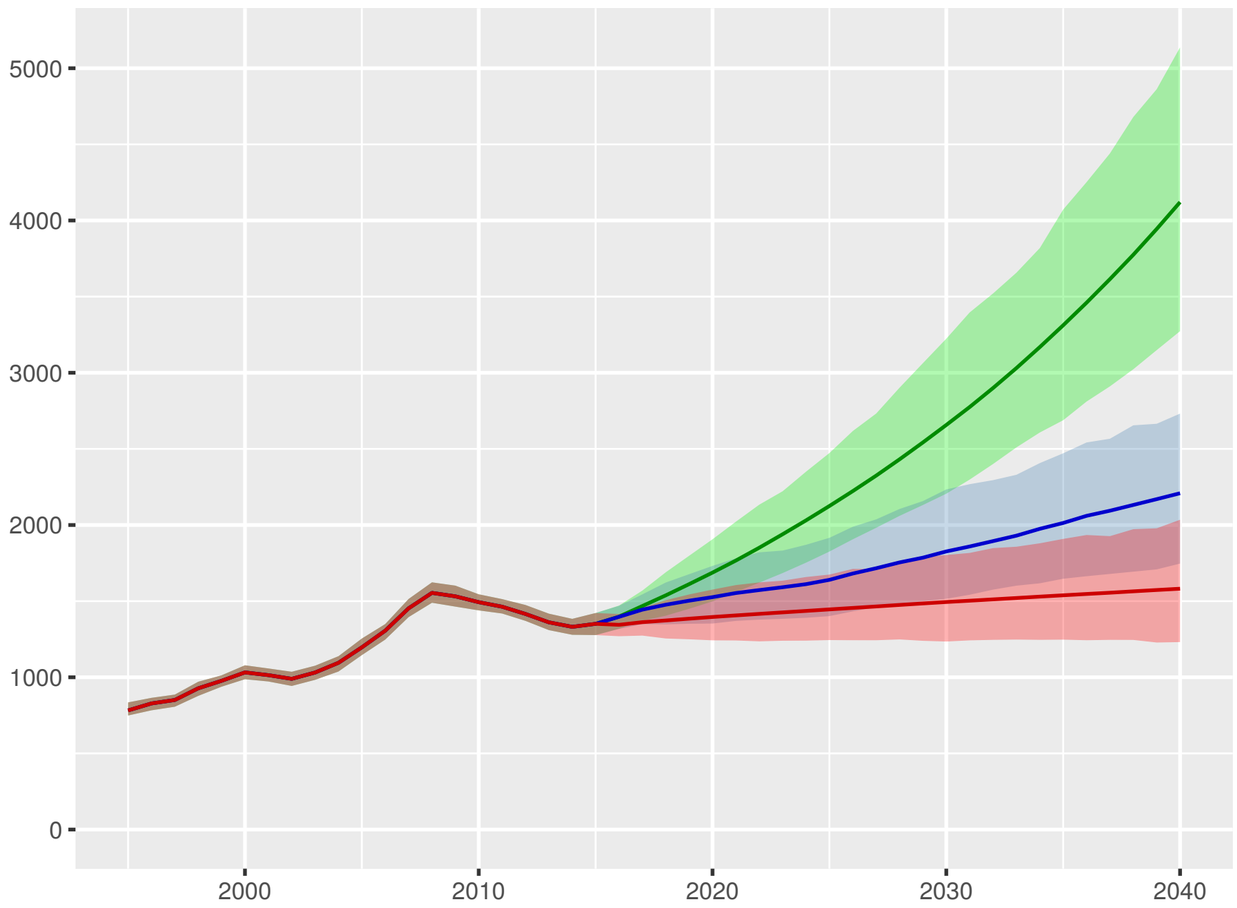
Total health spending per person



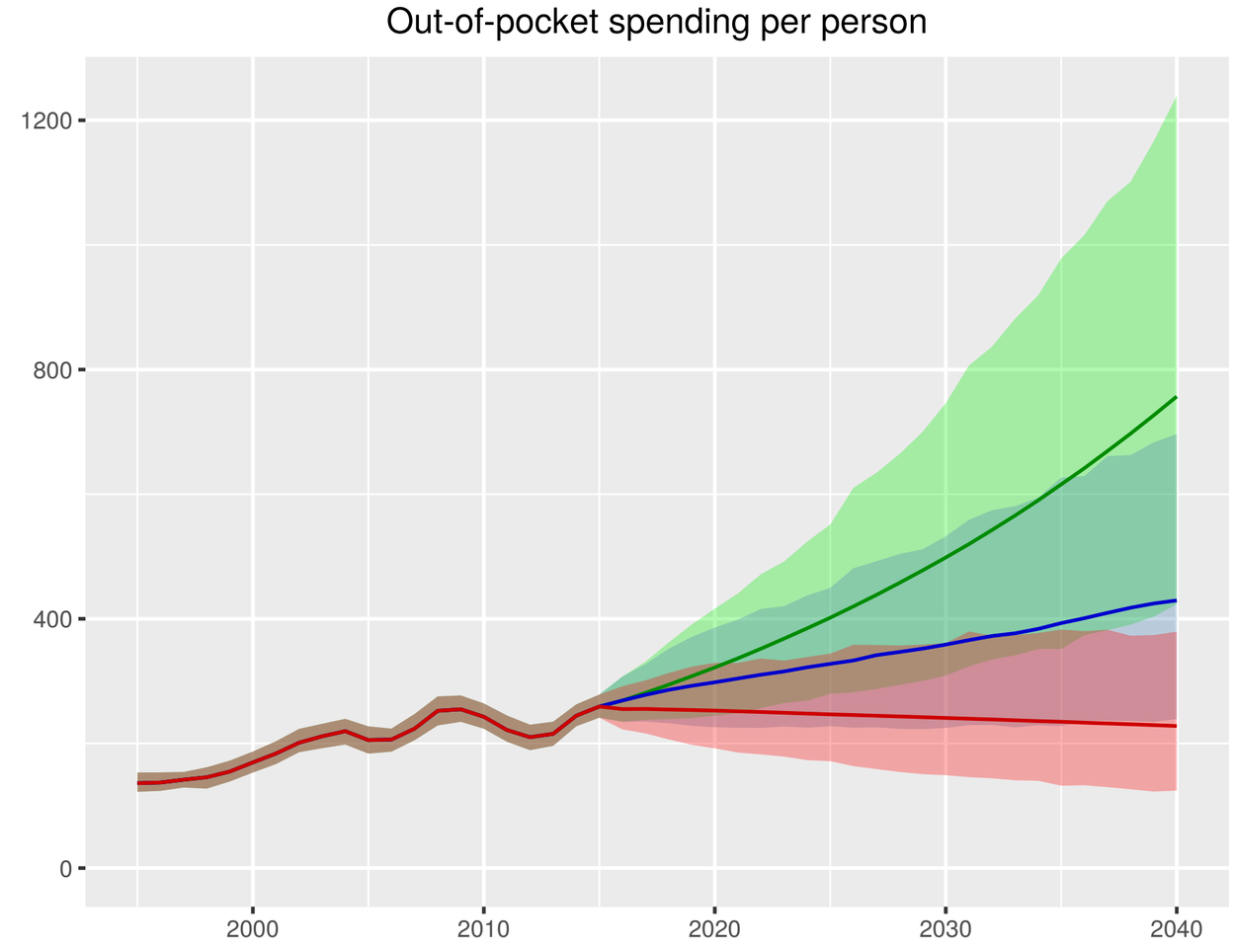
Development assistance for health received per person



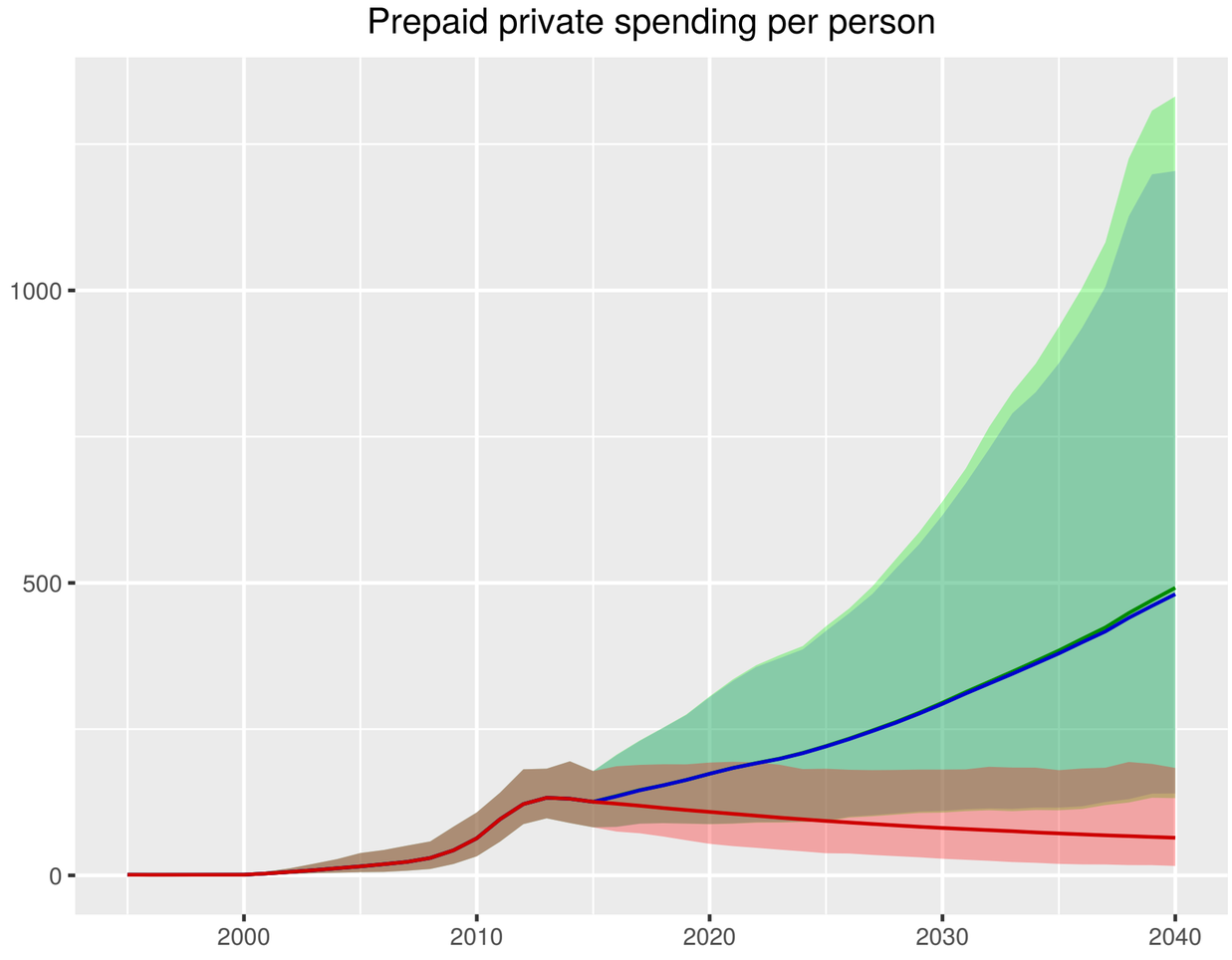
Government health spending per person



Out-of-pocket spending per person



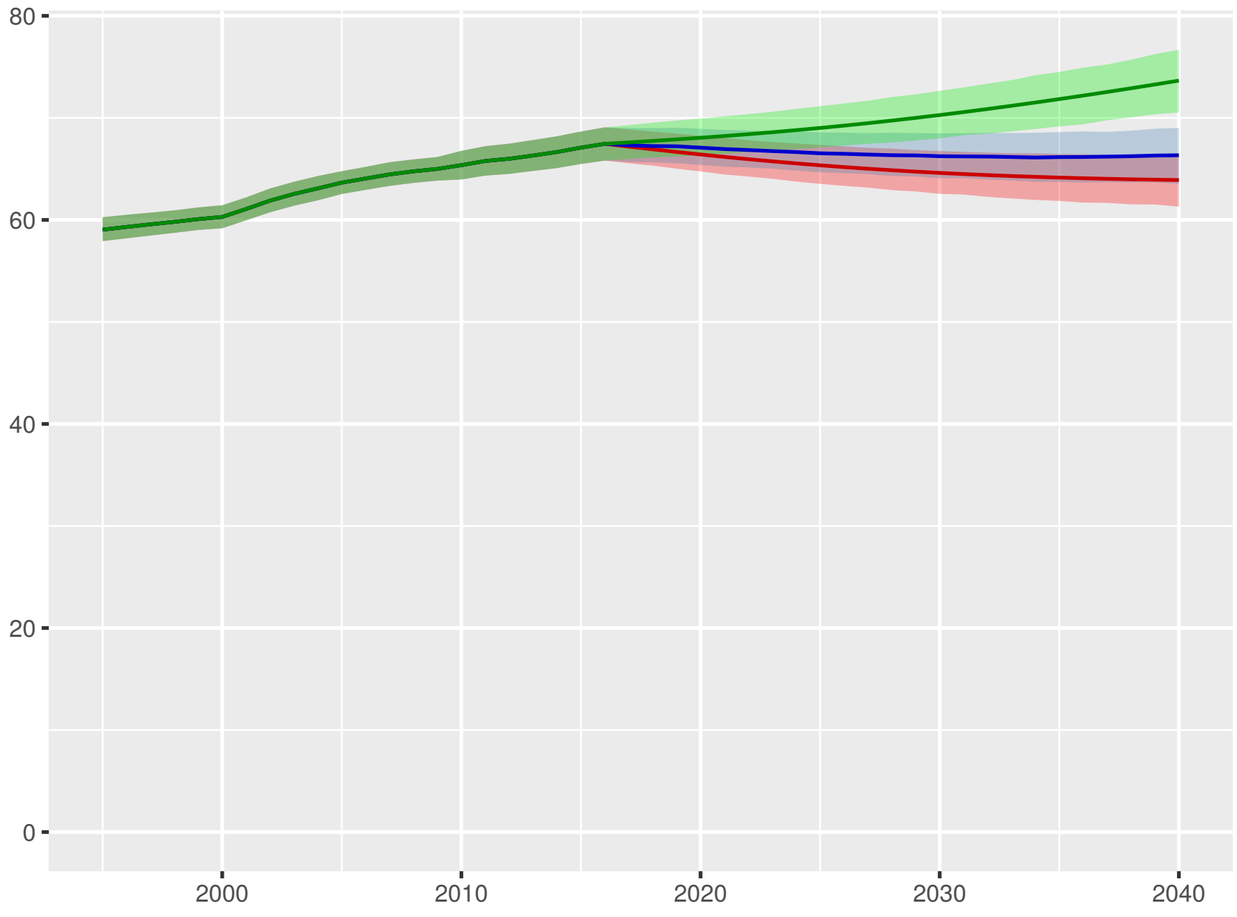
Prepaid private spending per person



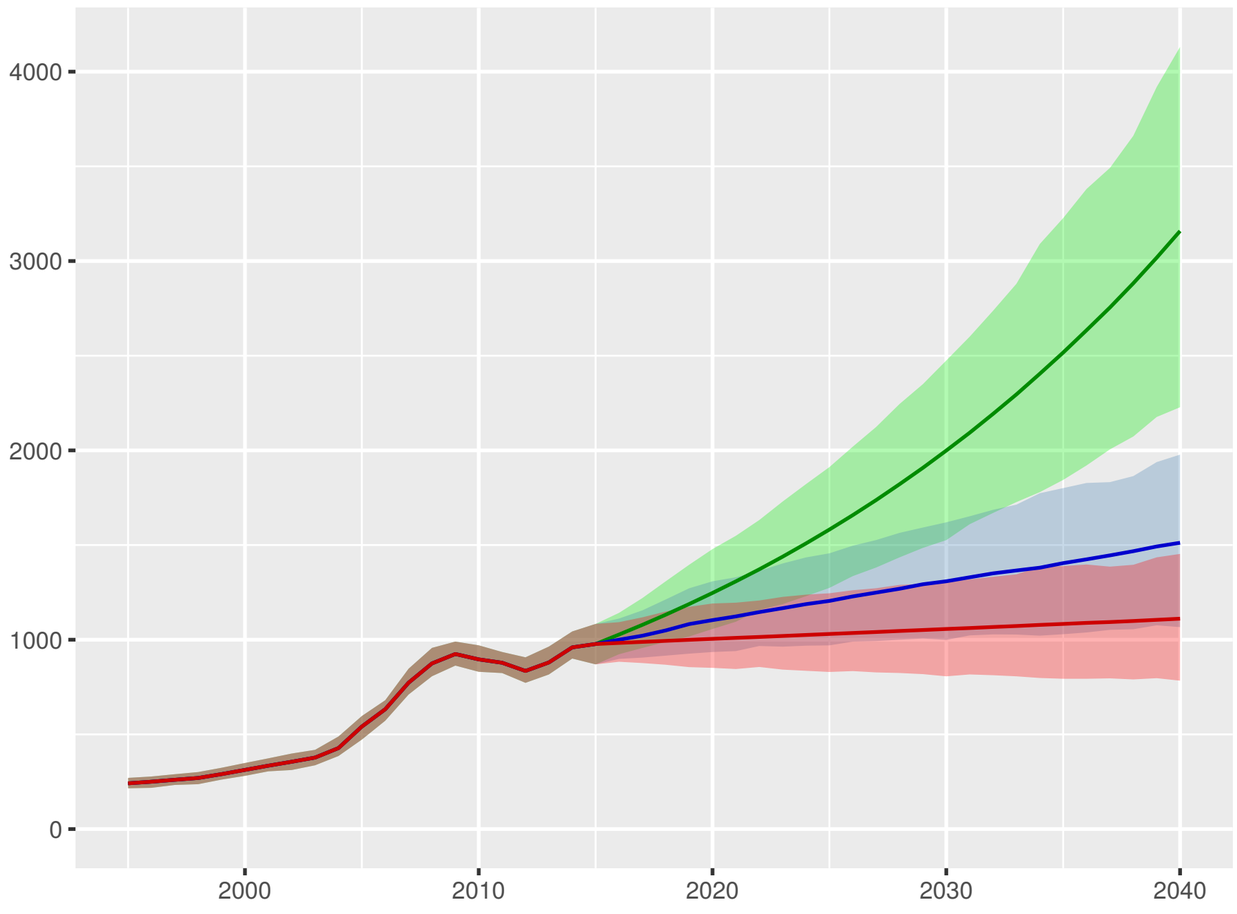
Scenario — Better — Reference — Worse

Cuba

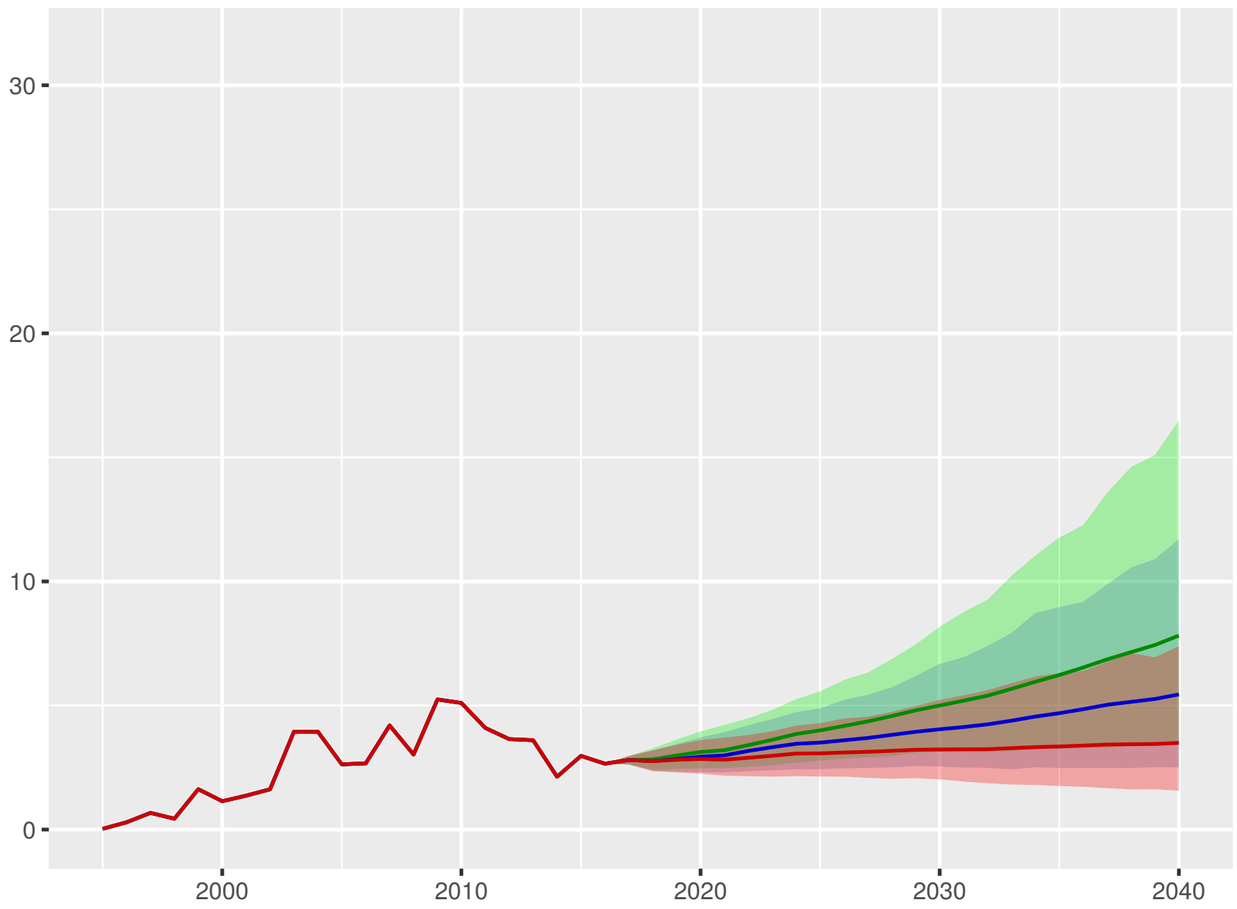
Universal health coverage index



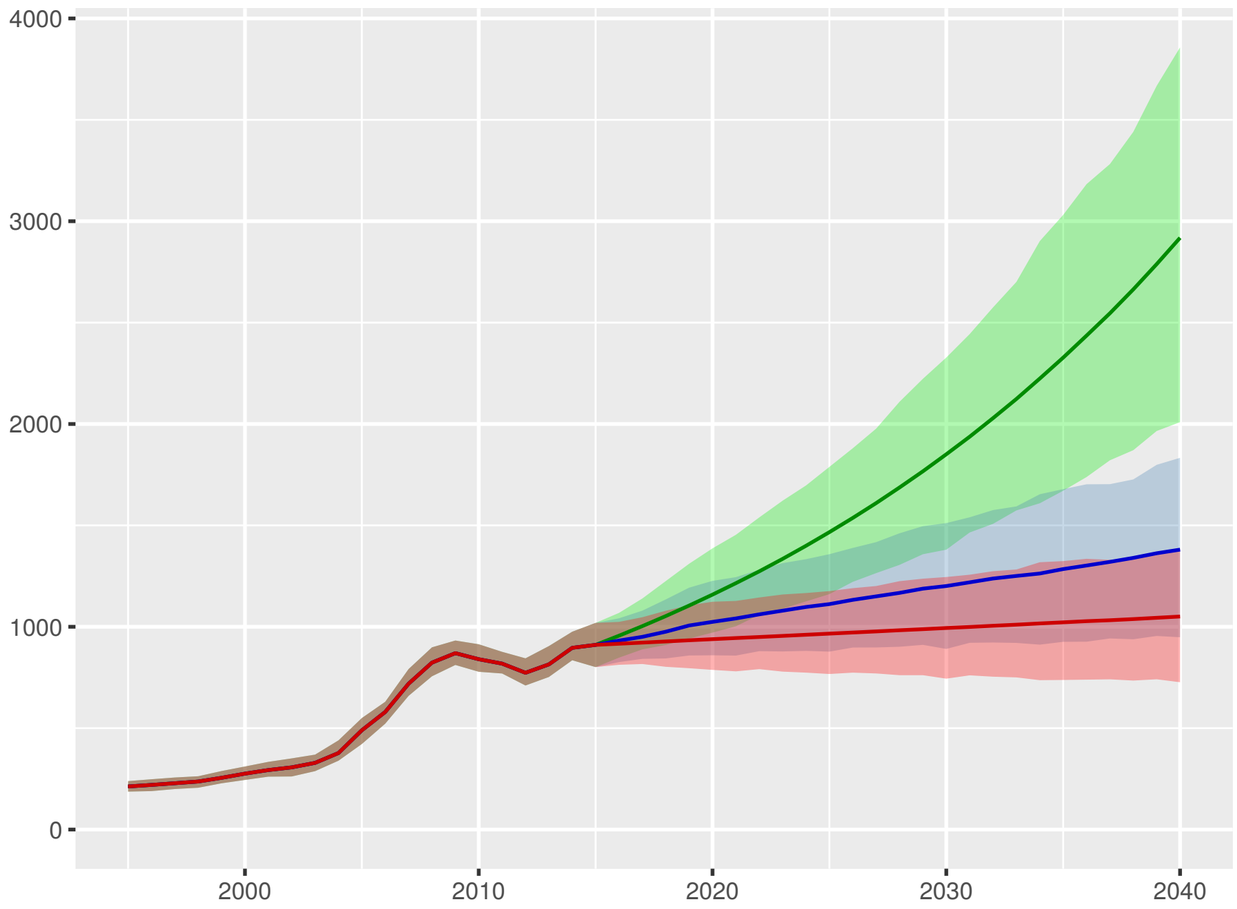
Total health spending per person



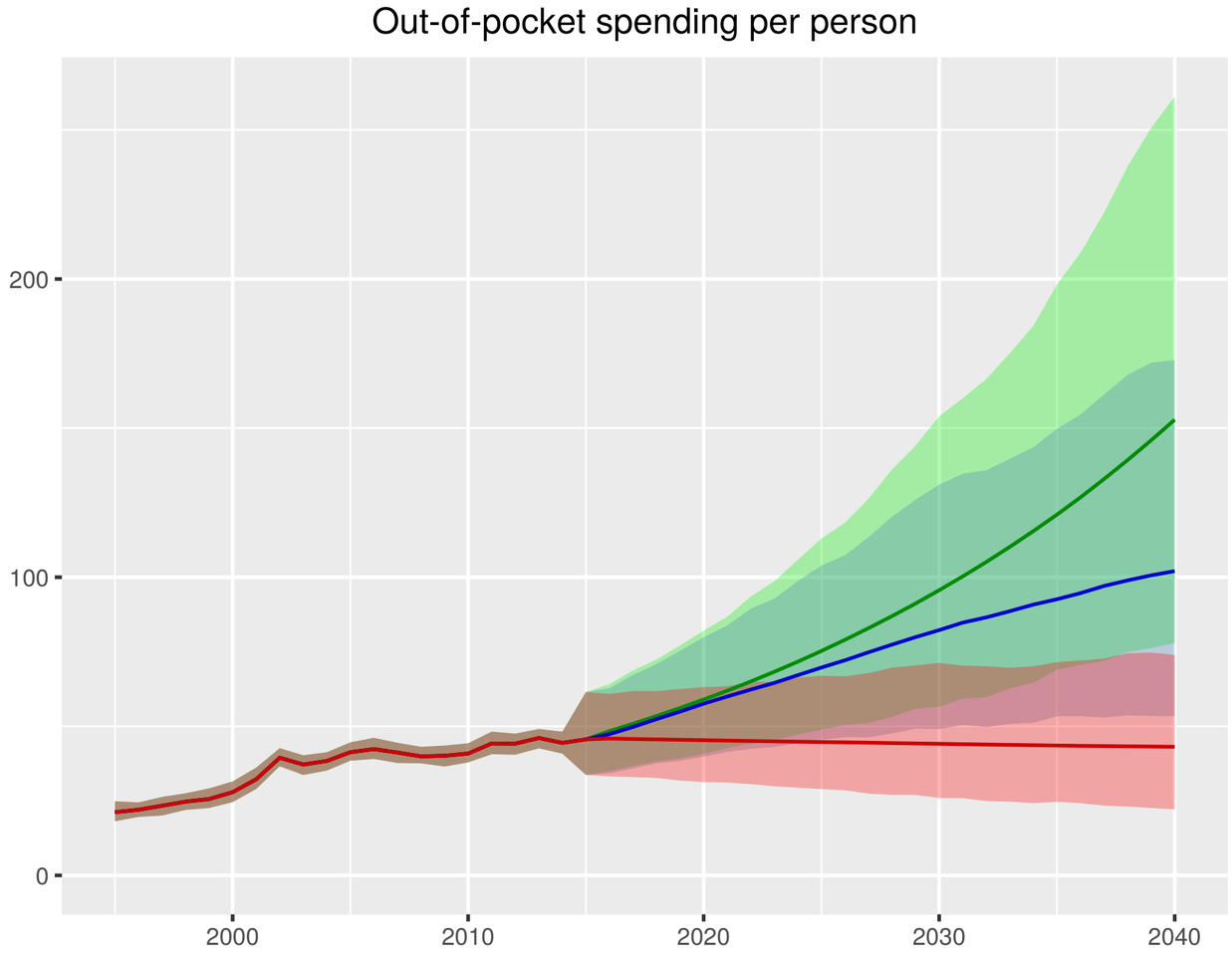
Development assistance for health received per person



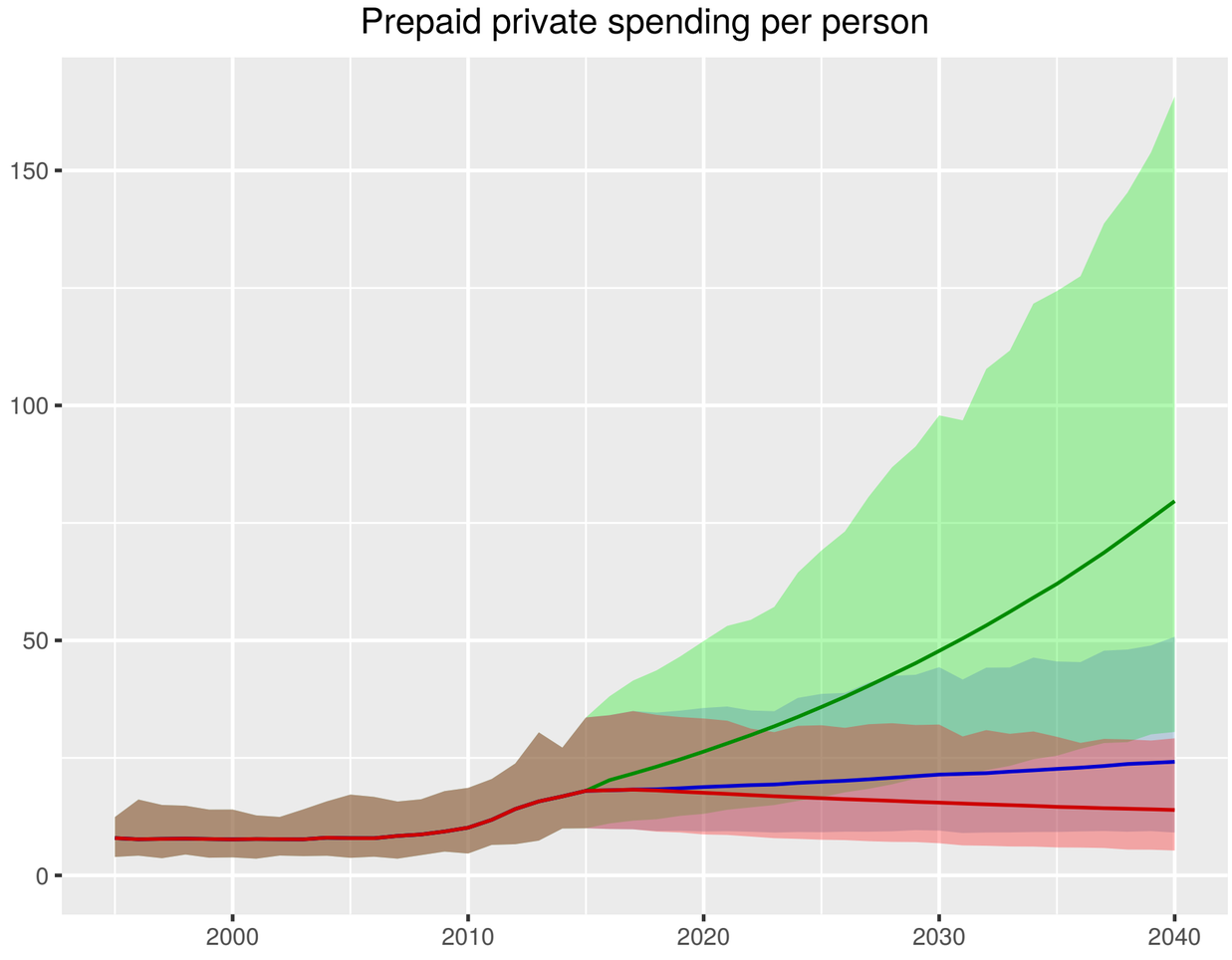
Government health spending per person



Out-of-pocket spending per person



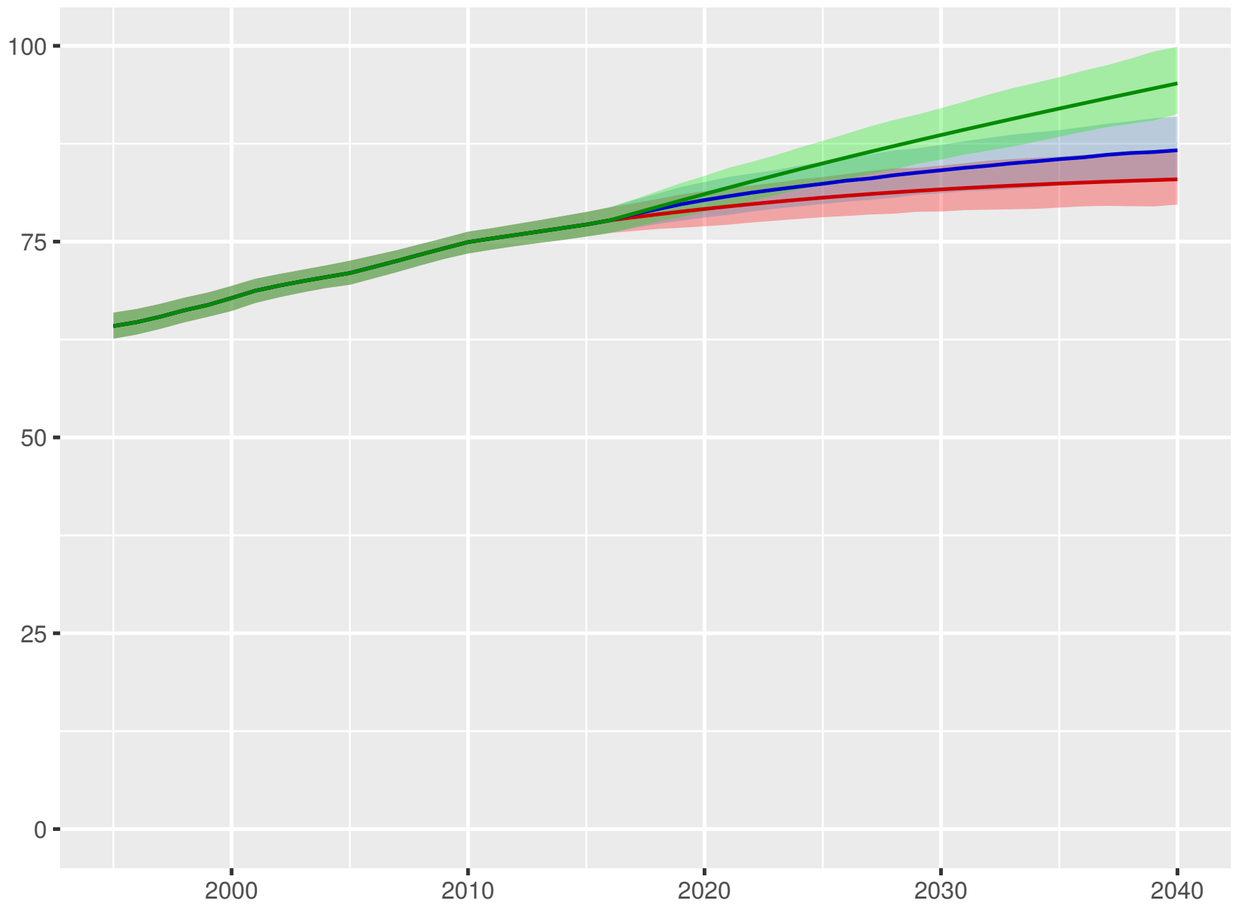
Prepaid private spending per person



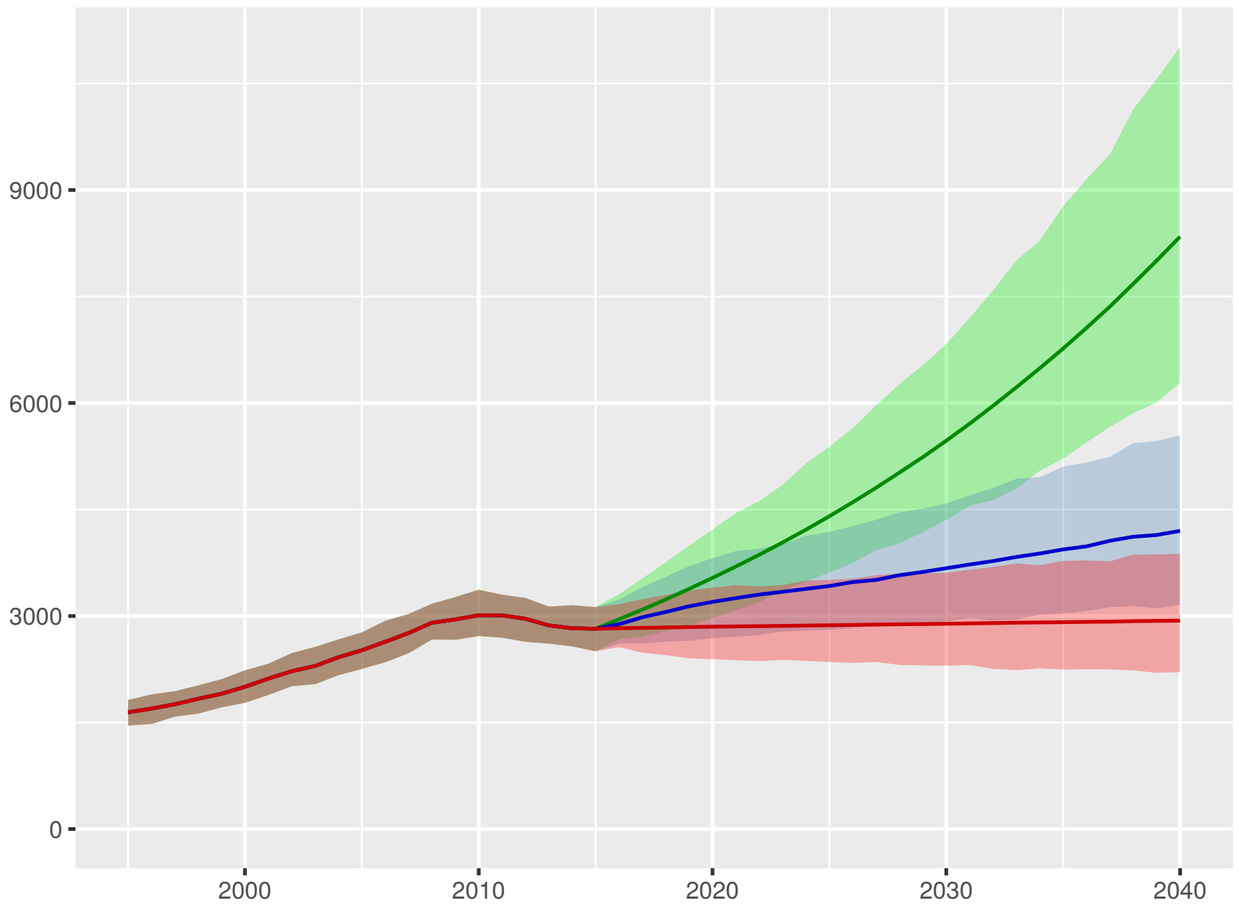
Scenario — Better — Reference — Worse

Cyprus

Universal health coverage index

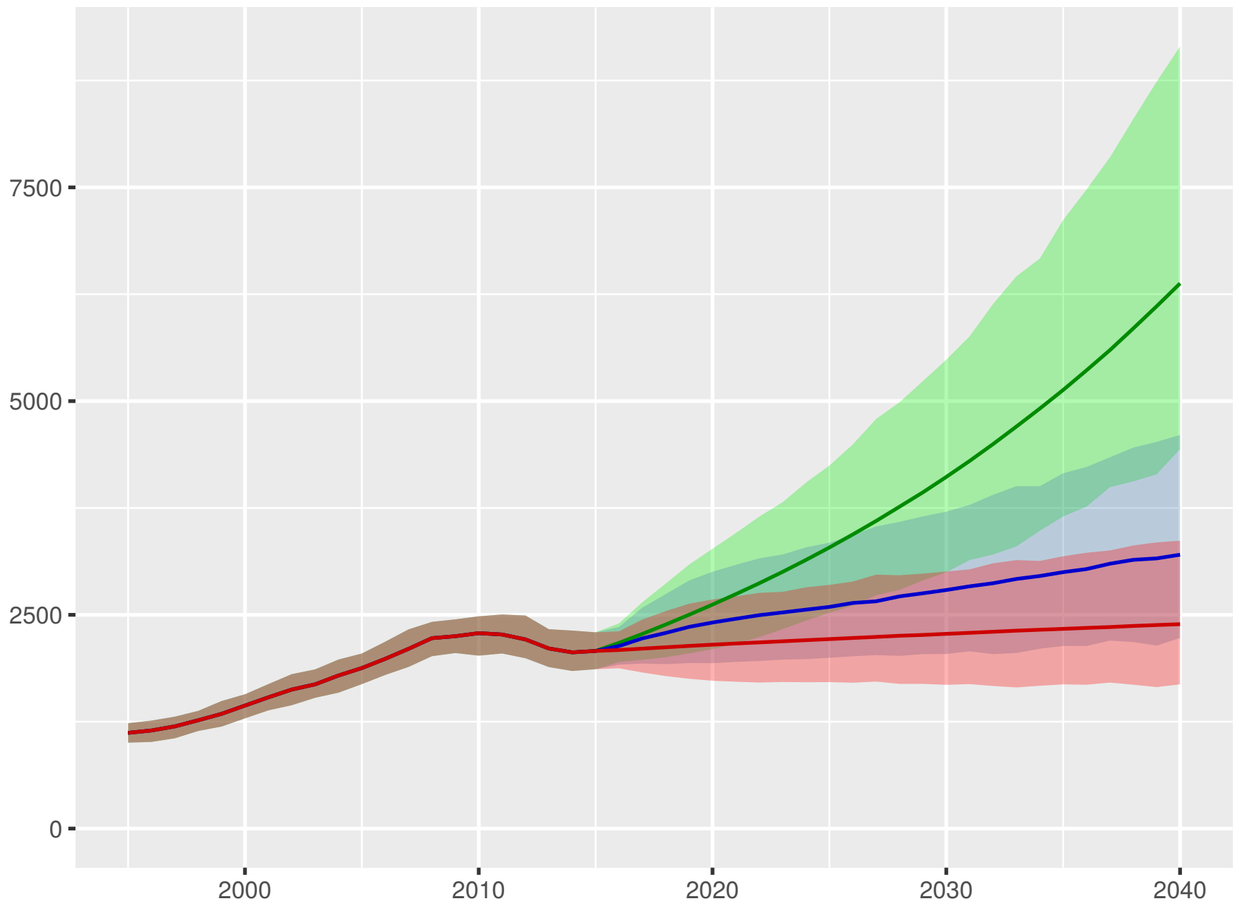


Total health spending per person

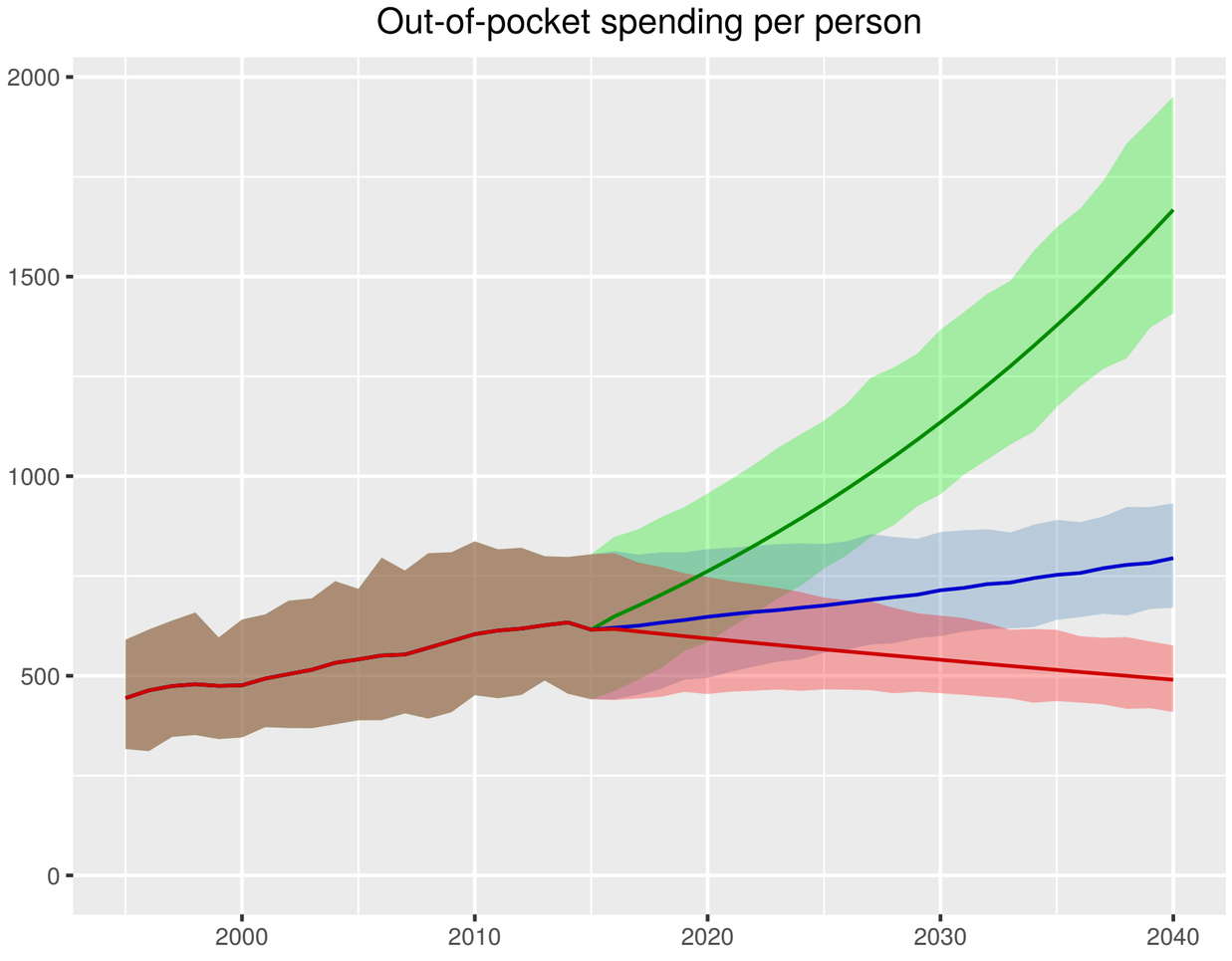


Development assistance for health received per person

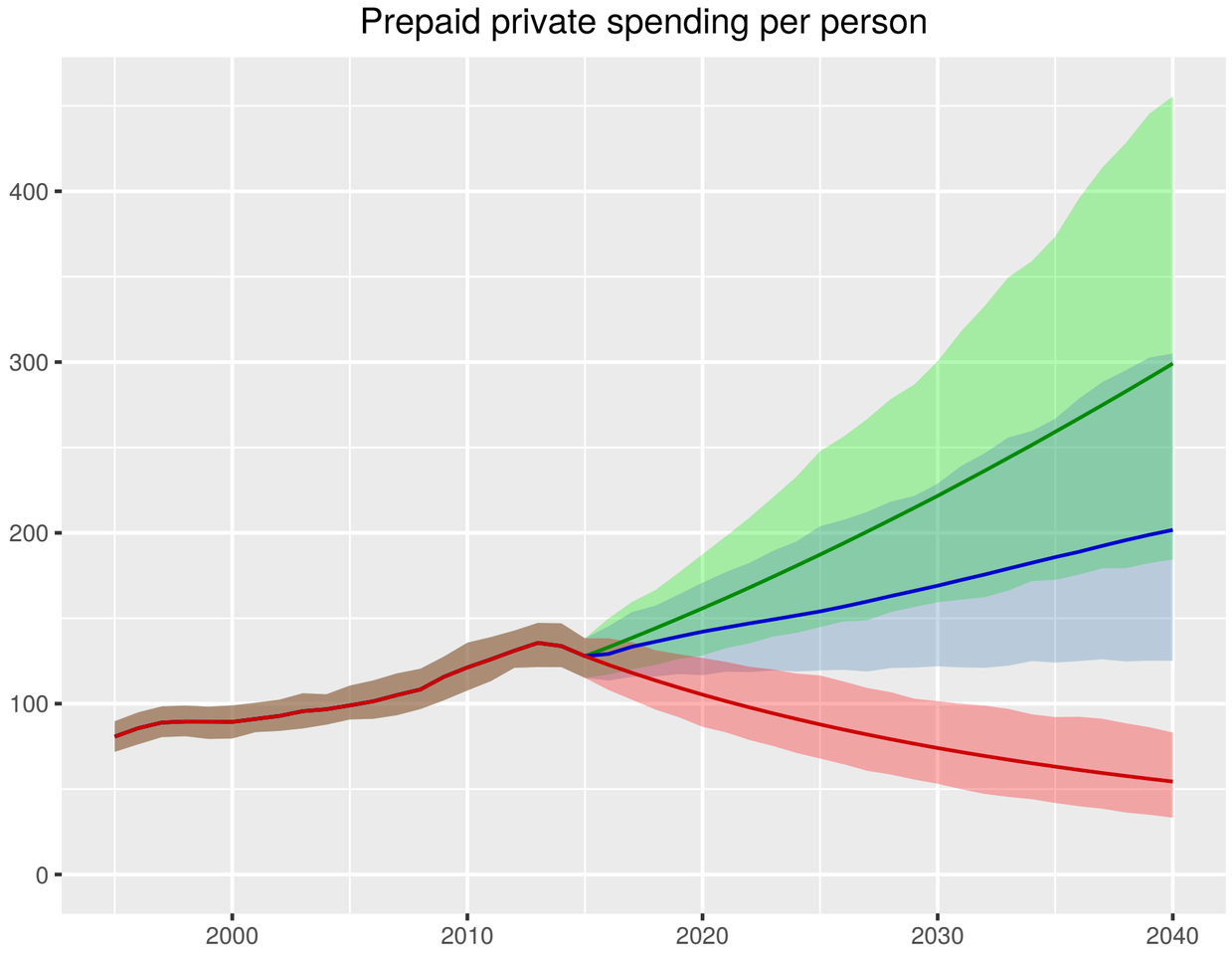
Government health spending per person



Out-of-pocket spending per person



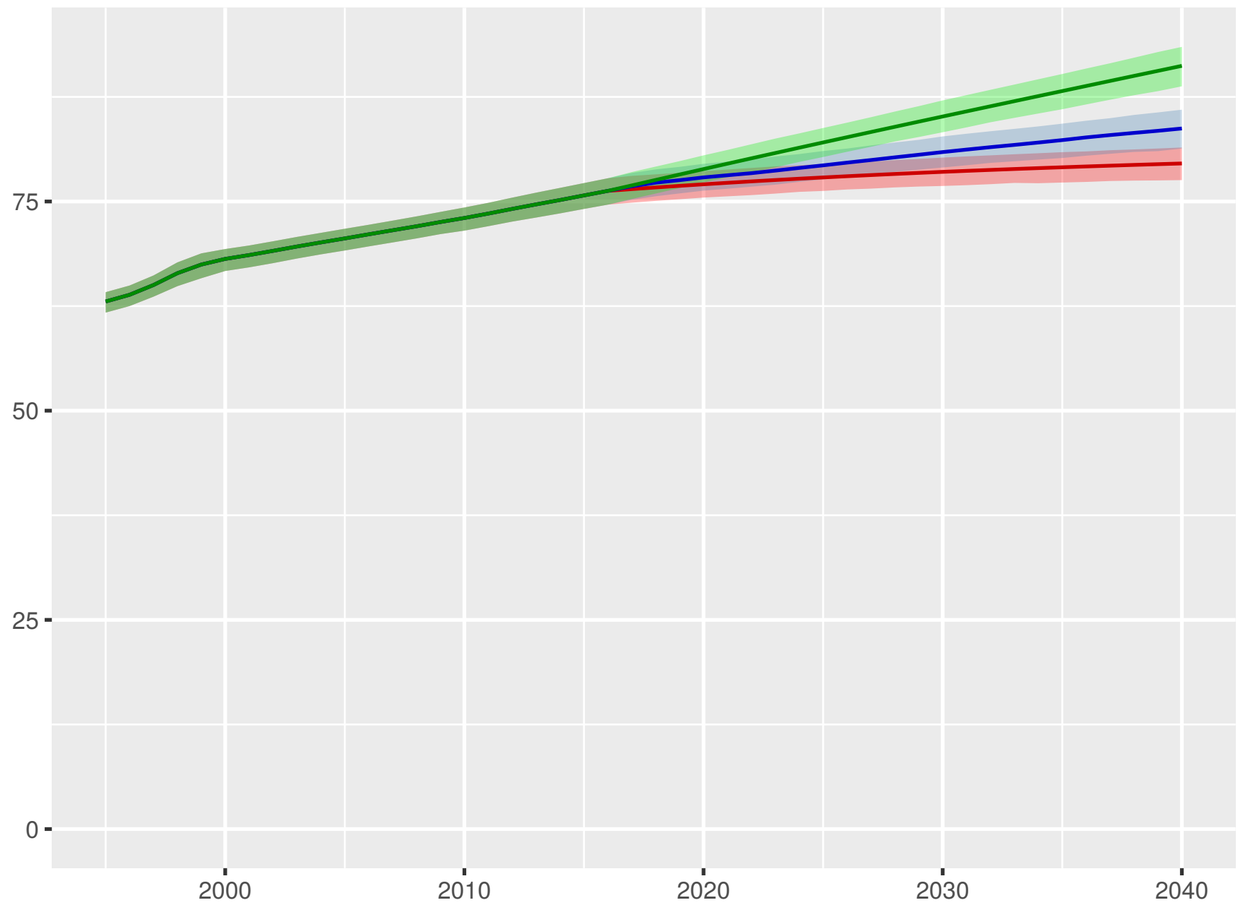
Prepaid private spending per person



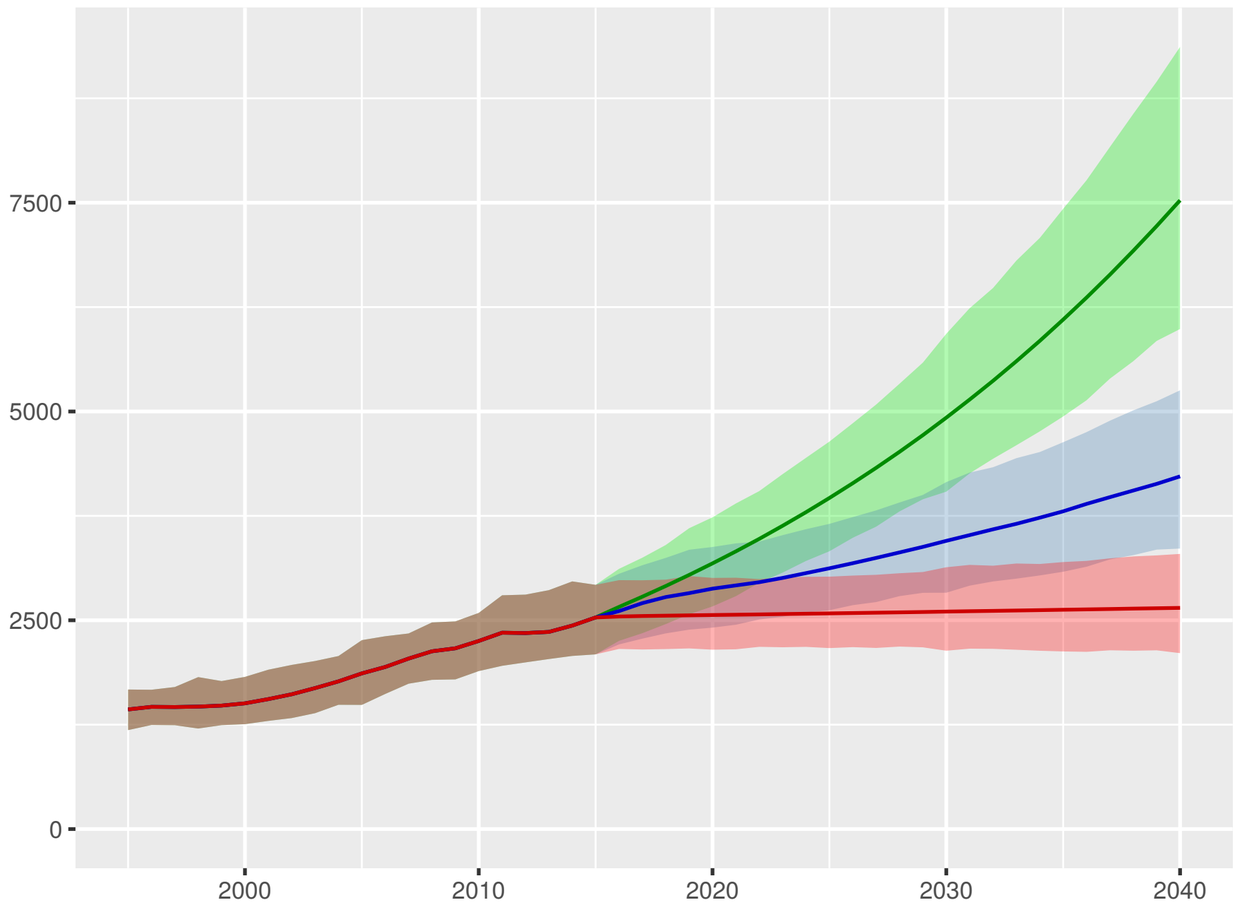
Scenario Better Reference Worse

Czech Republic

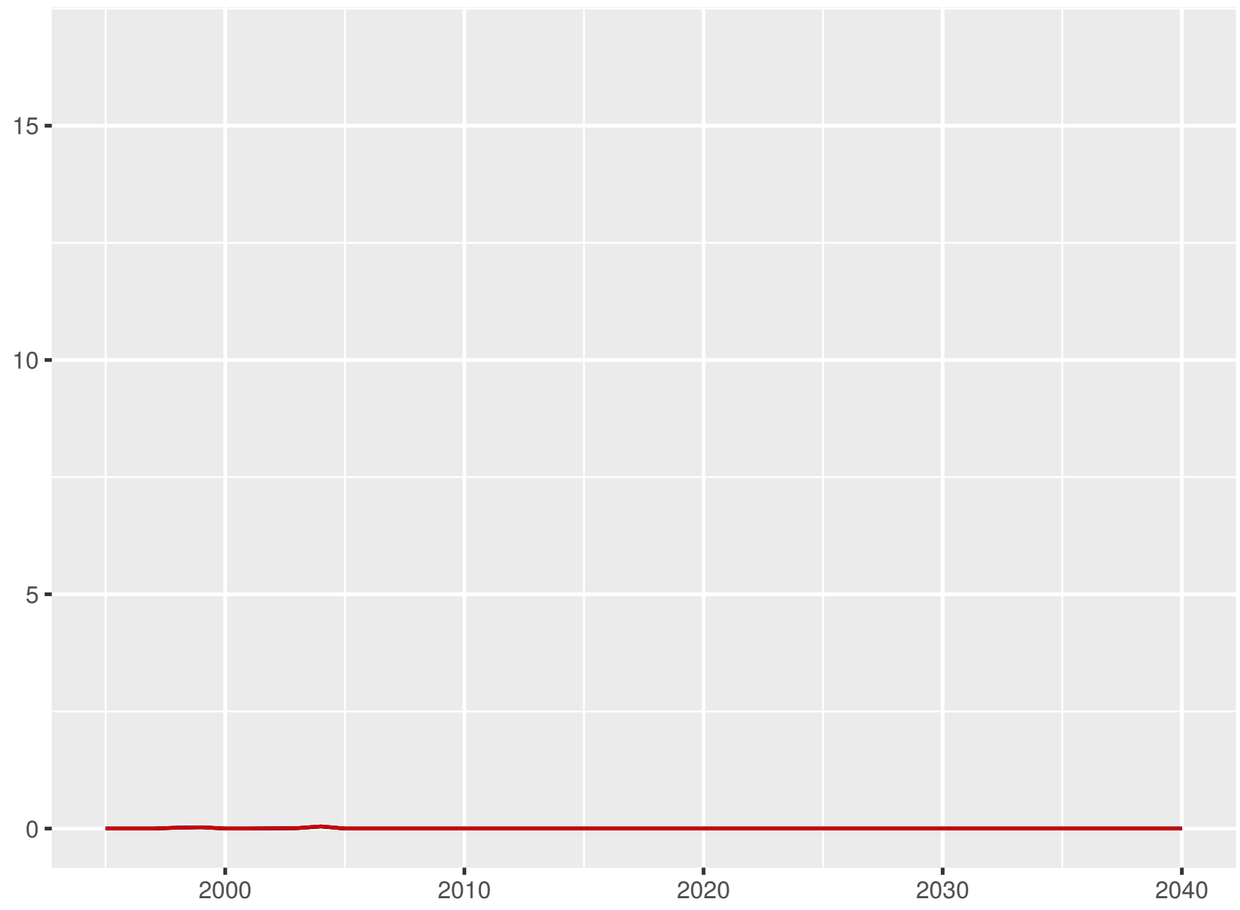
Universal health coverage index



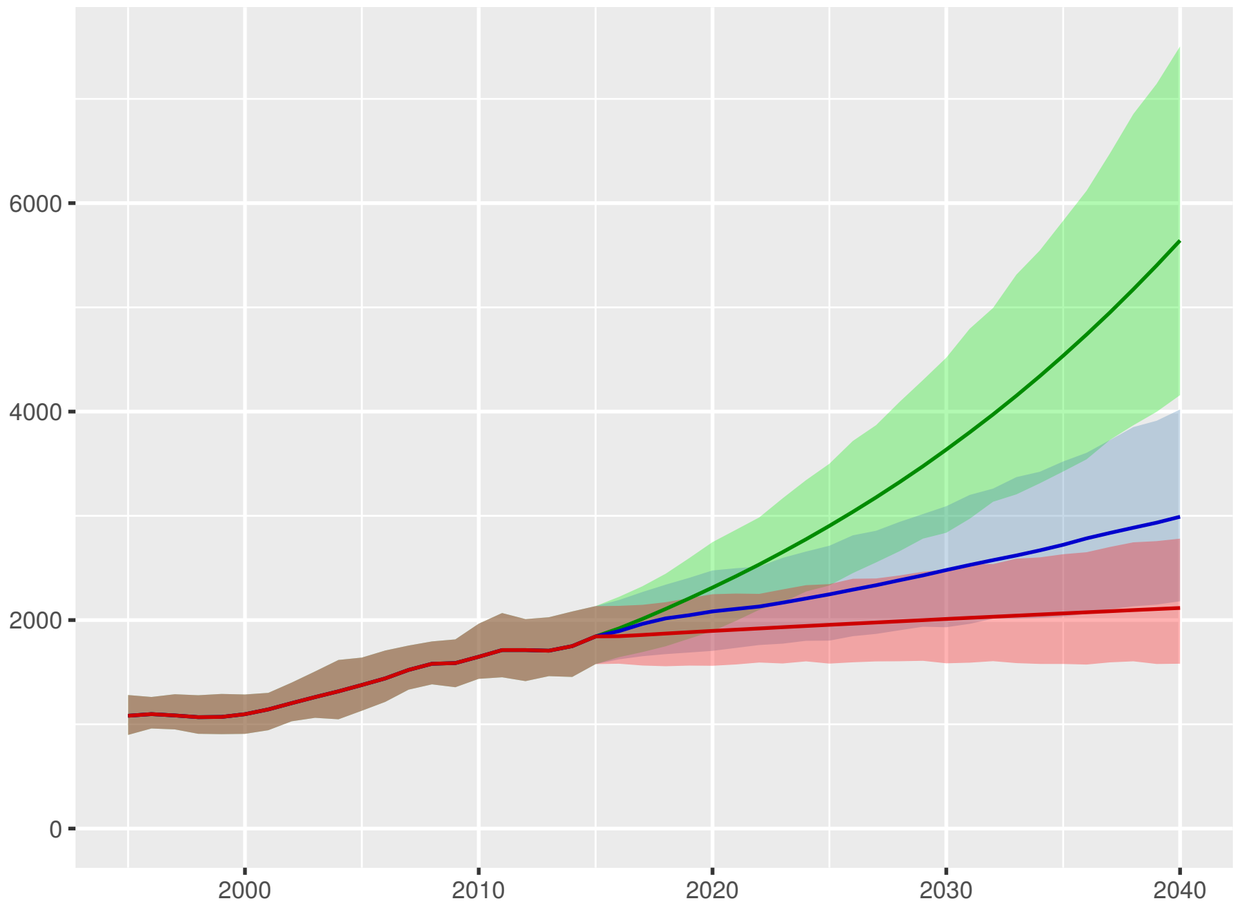
Total health spending per person



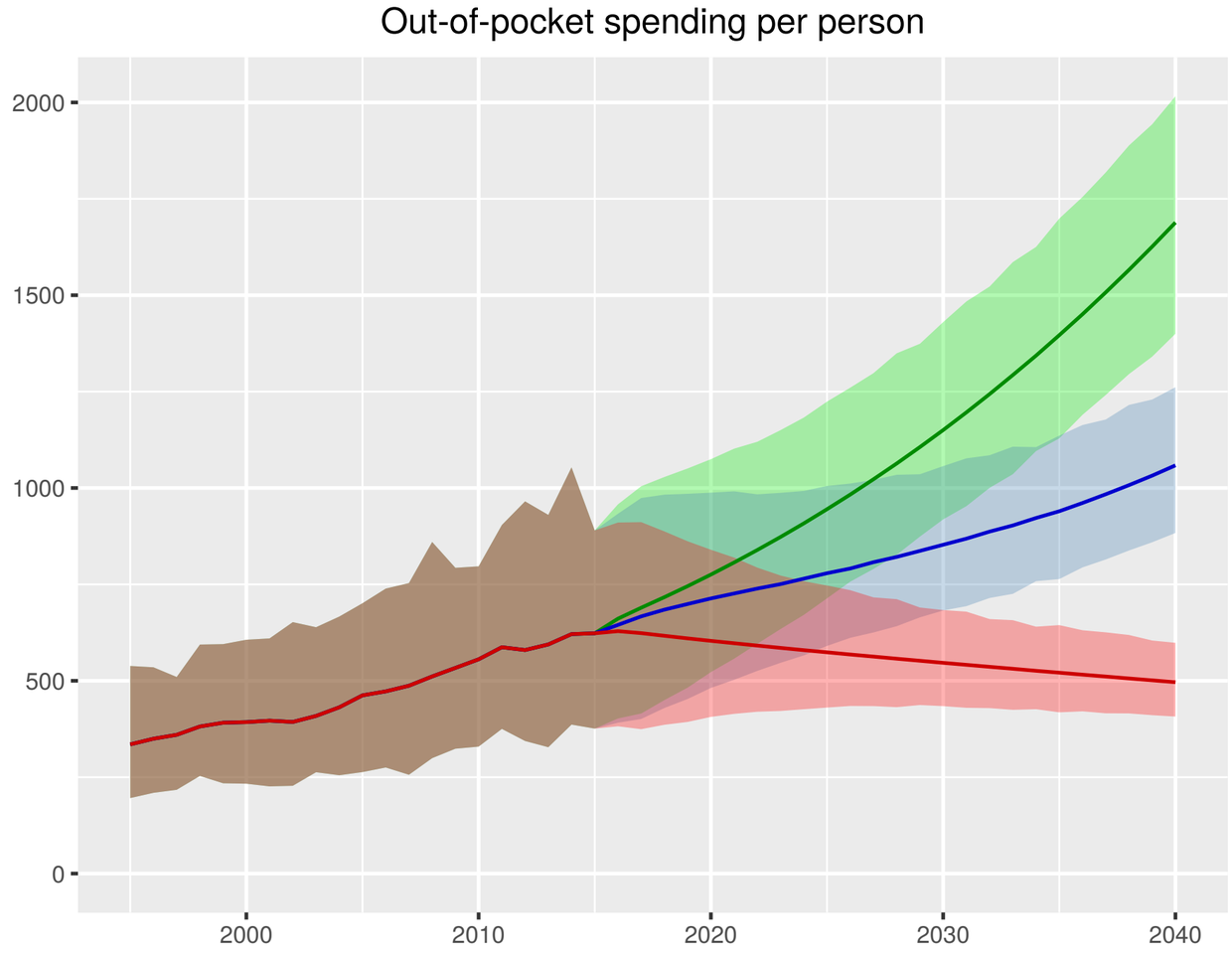
Development assistance for health received per person



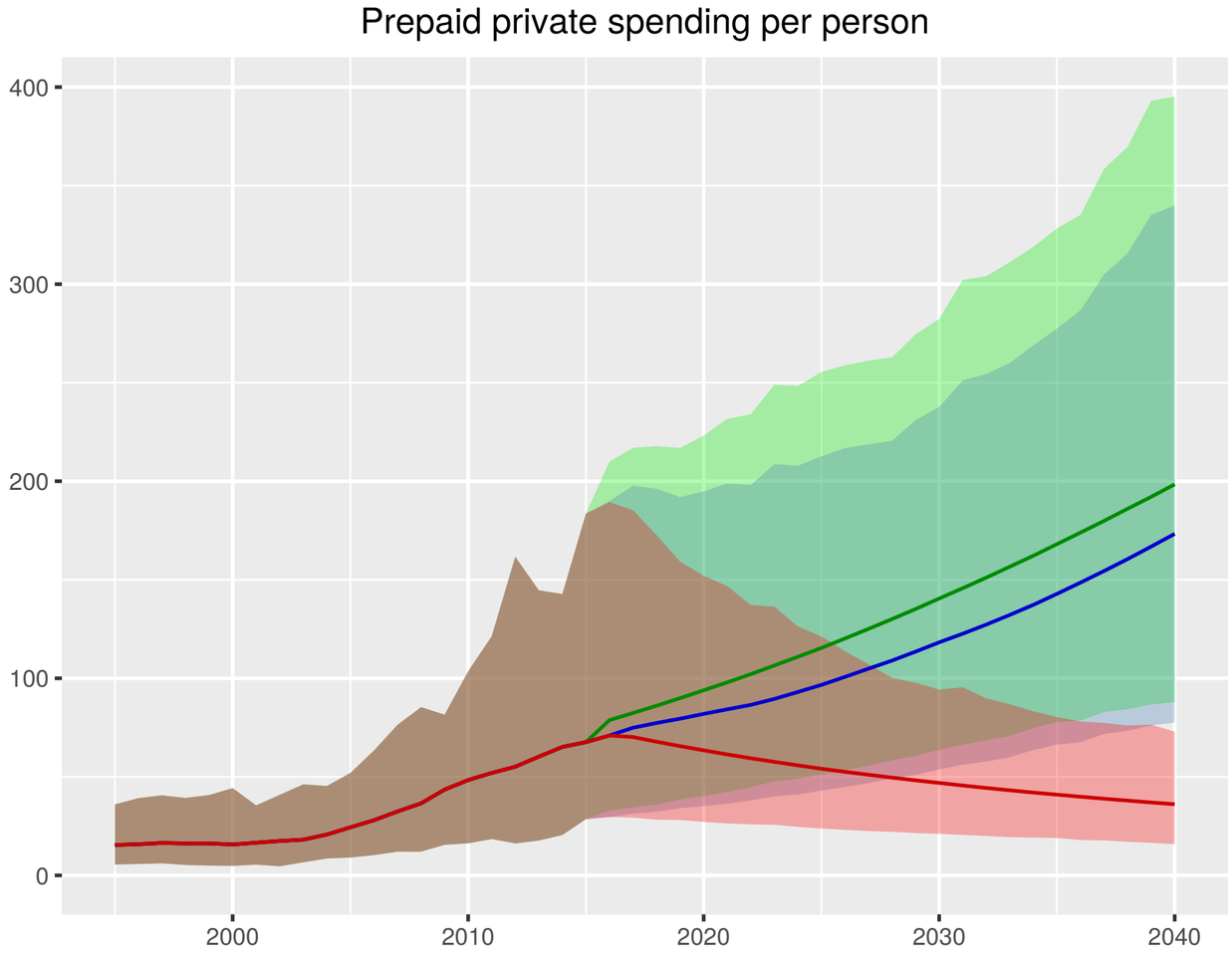
Government health spending per person



Out-of-pocket spending per person



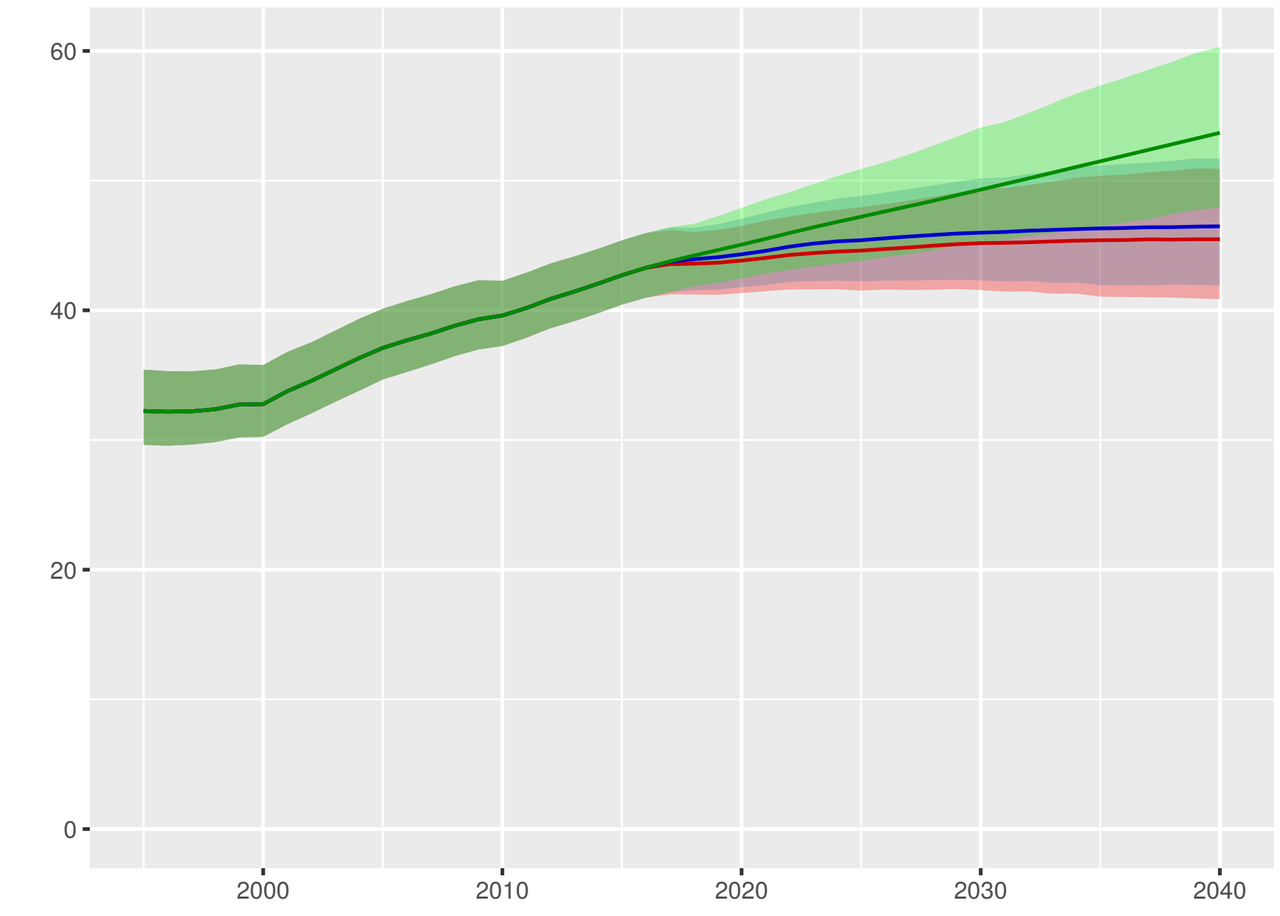
Prepaid private spending per person



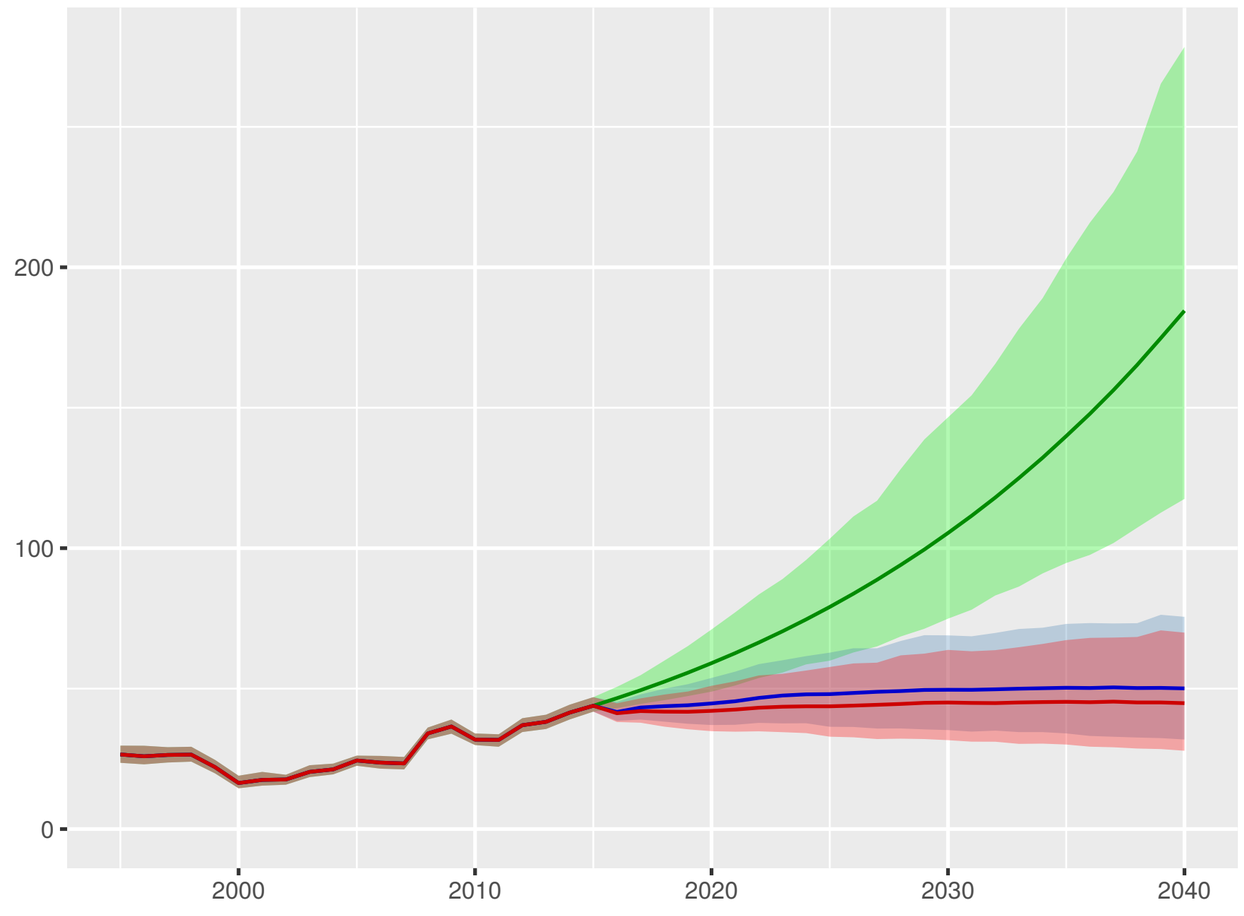
Scenario — Better — Reference — Worse

Democratic Republic of the Congo

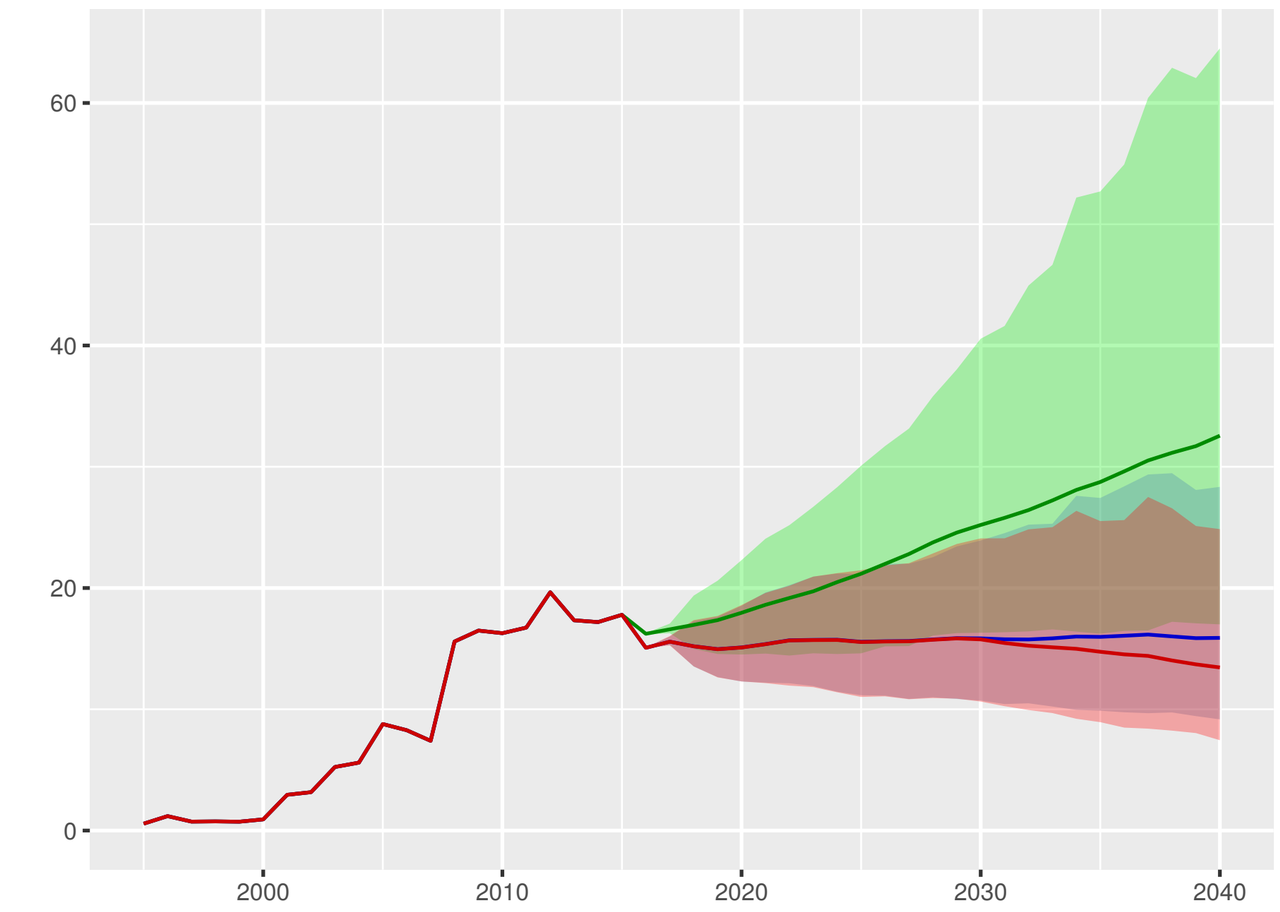
Universal health coverage index



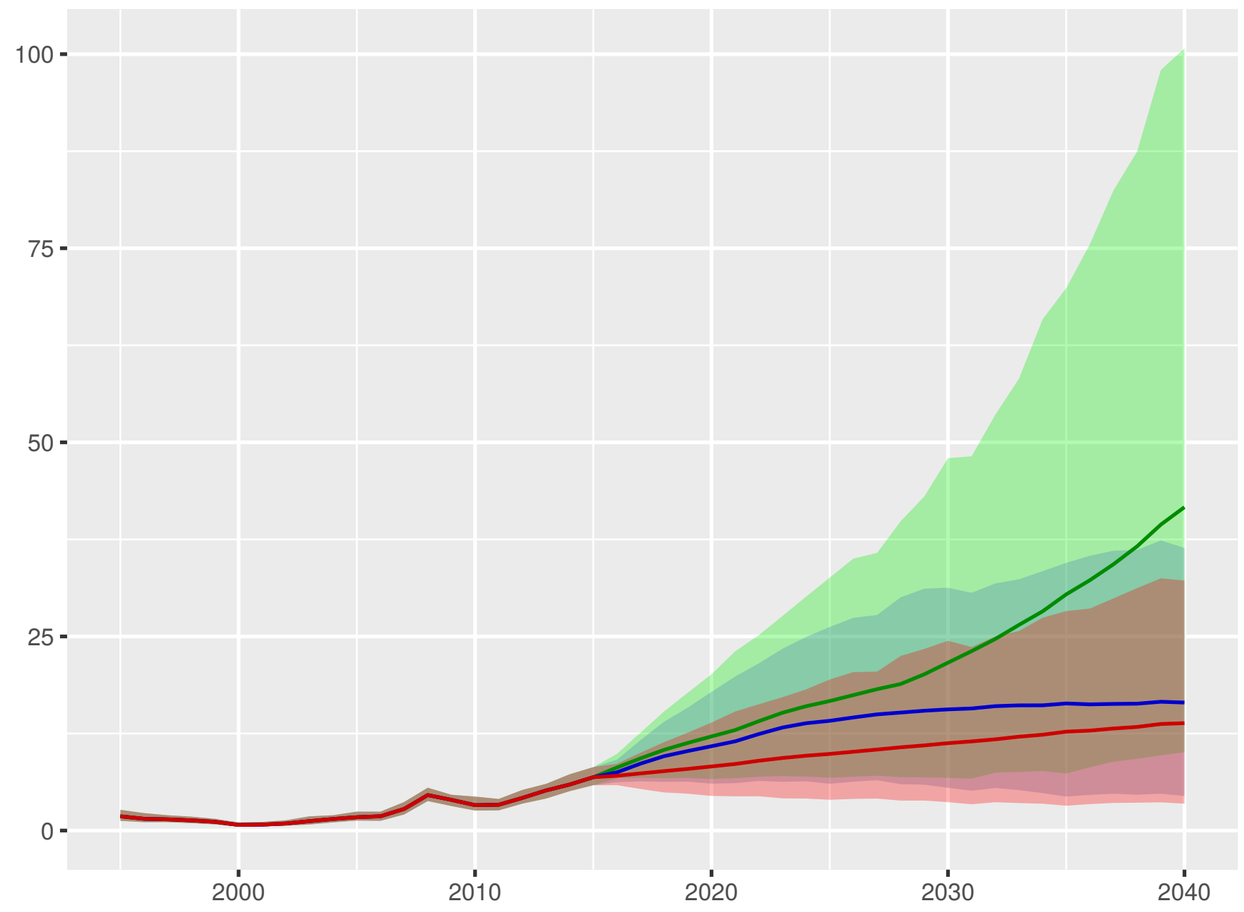
Total health spending per person



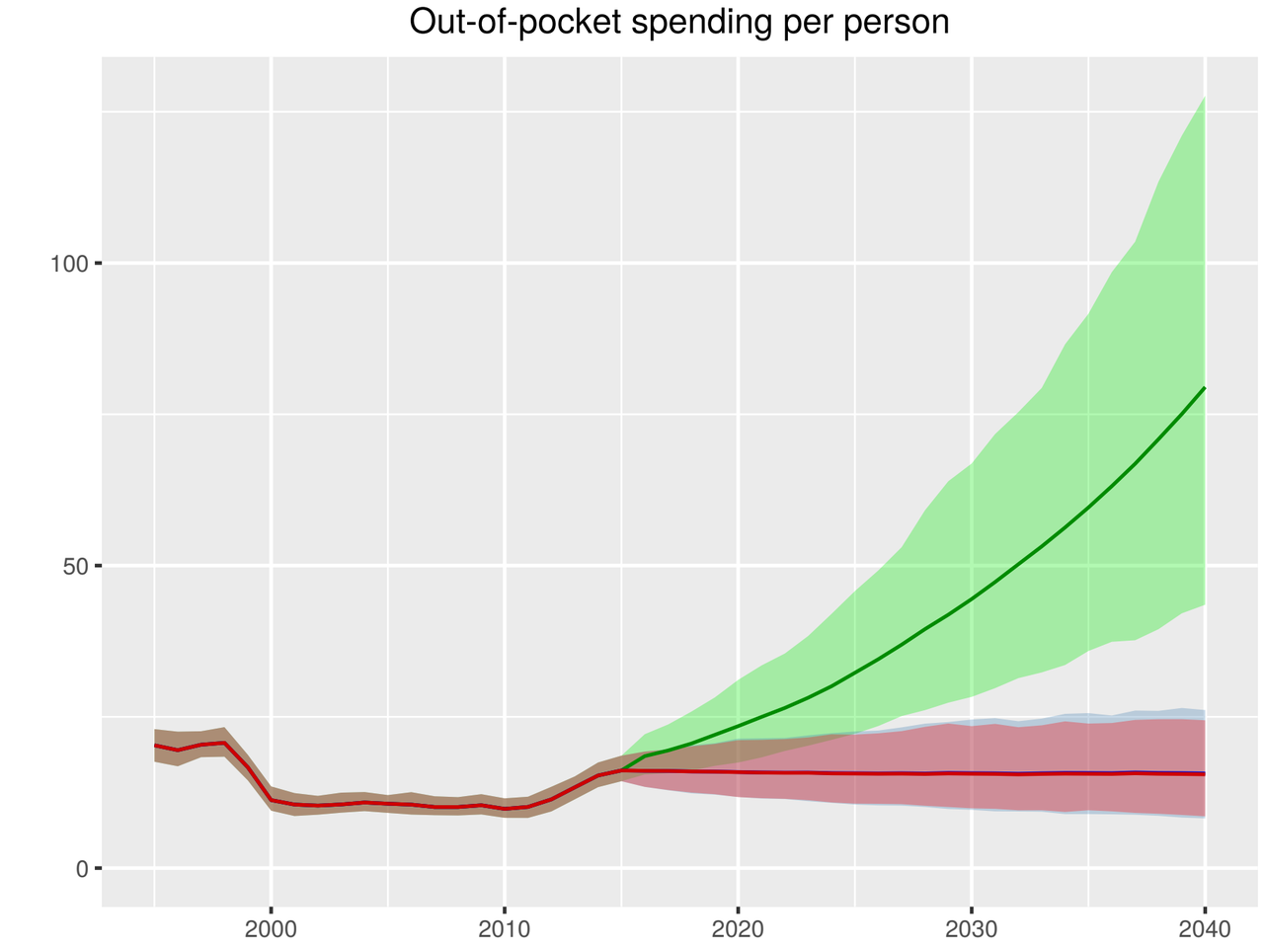
Development assistance for health received per person



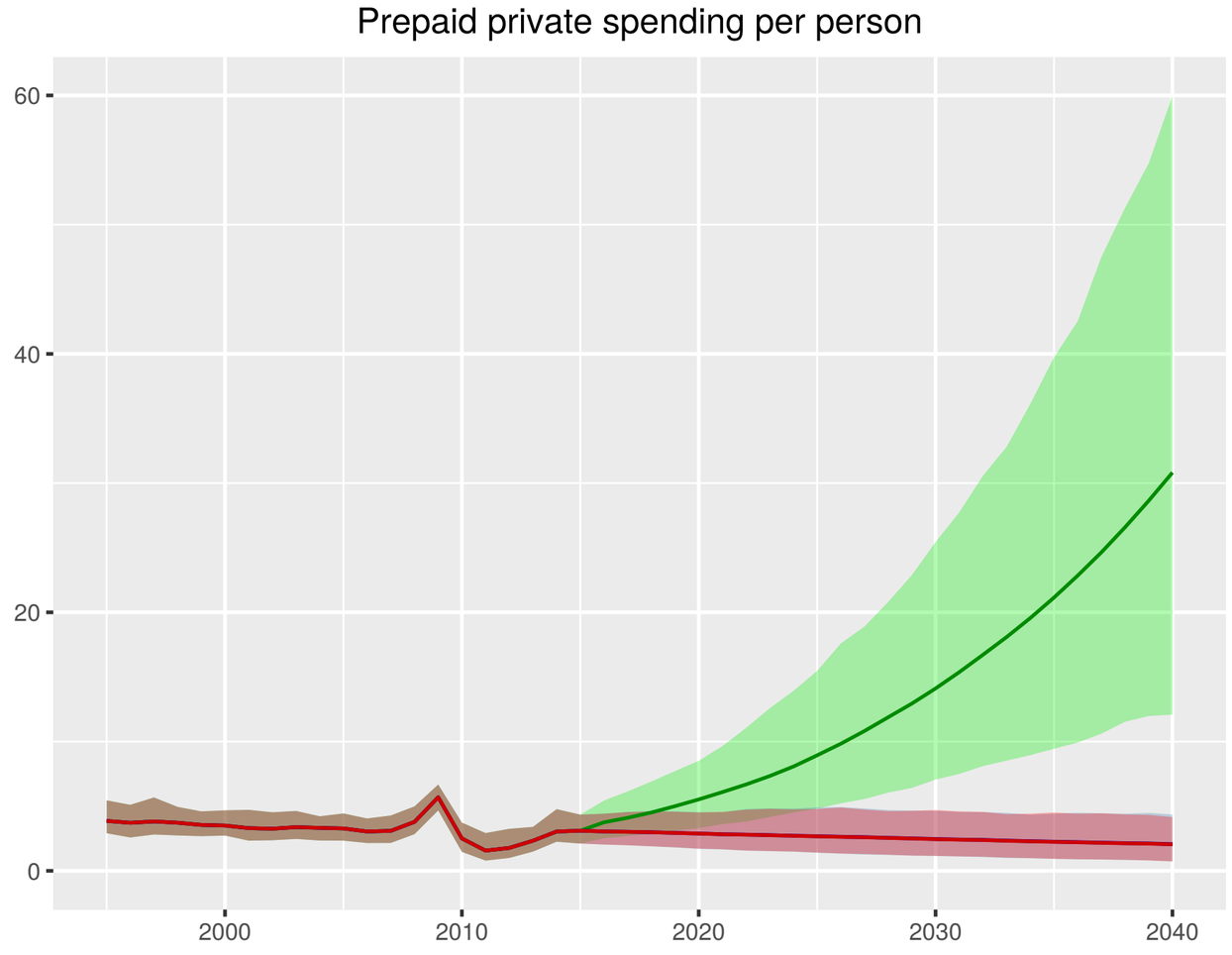
Government health spending per person



Out-of-pocket spending per person



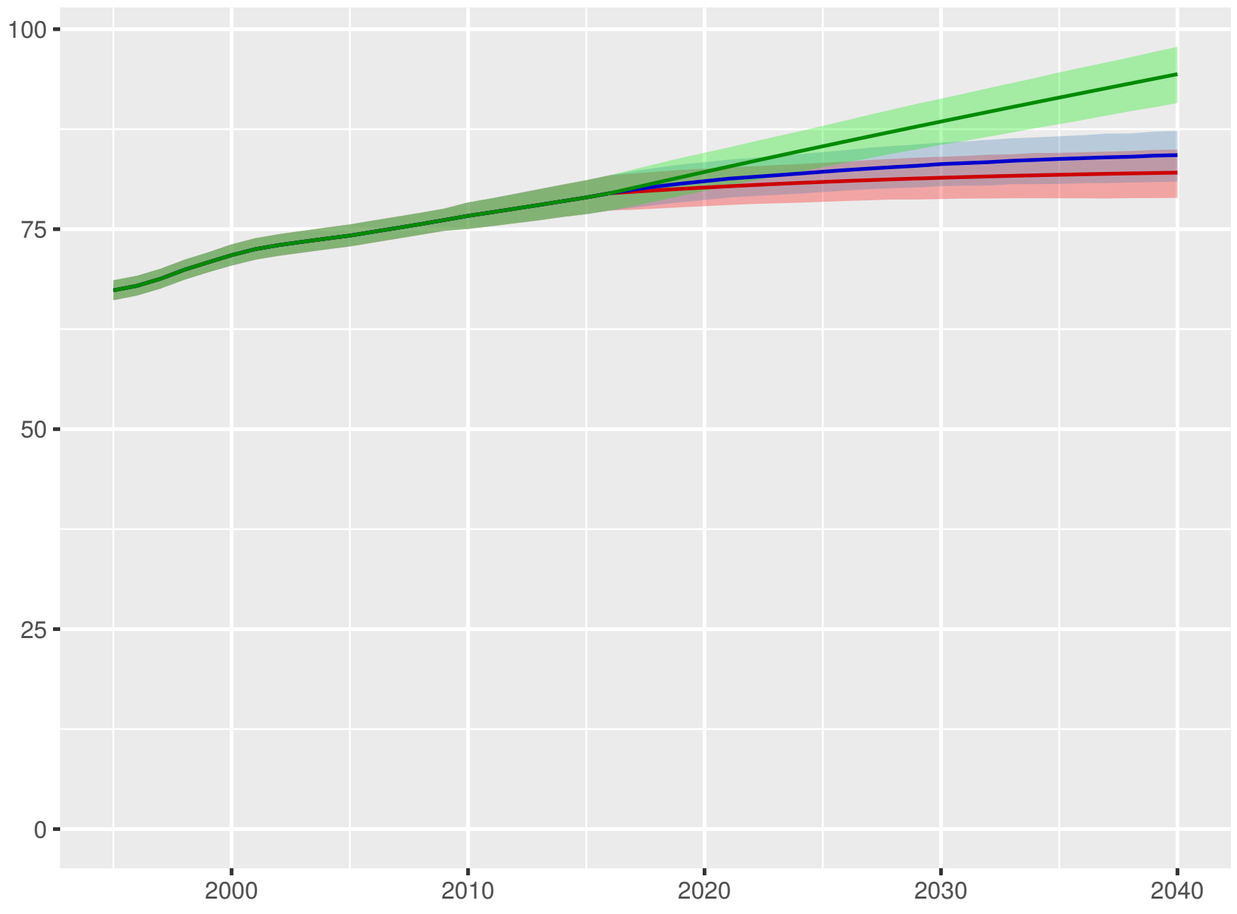
Prepaid private spending per person



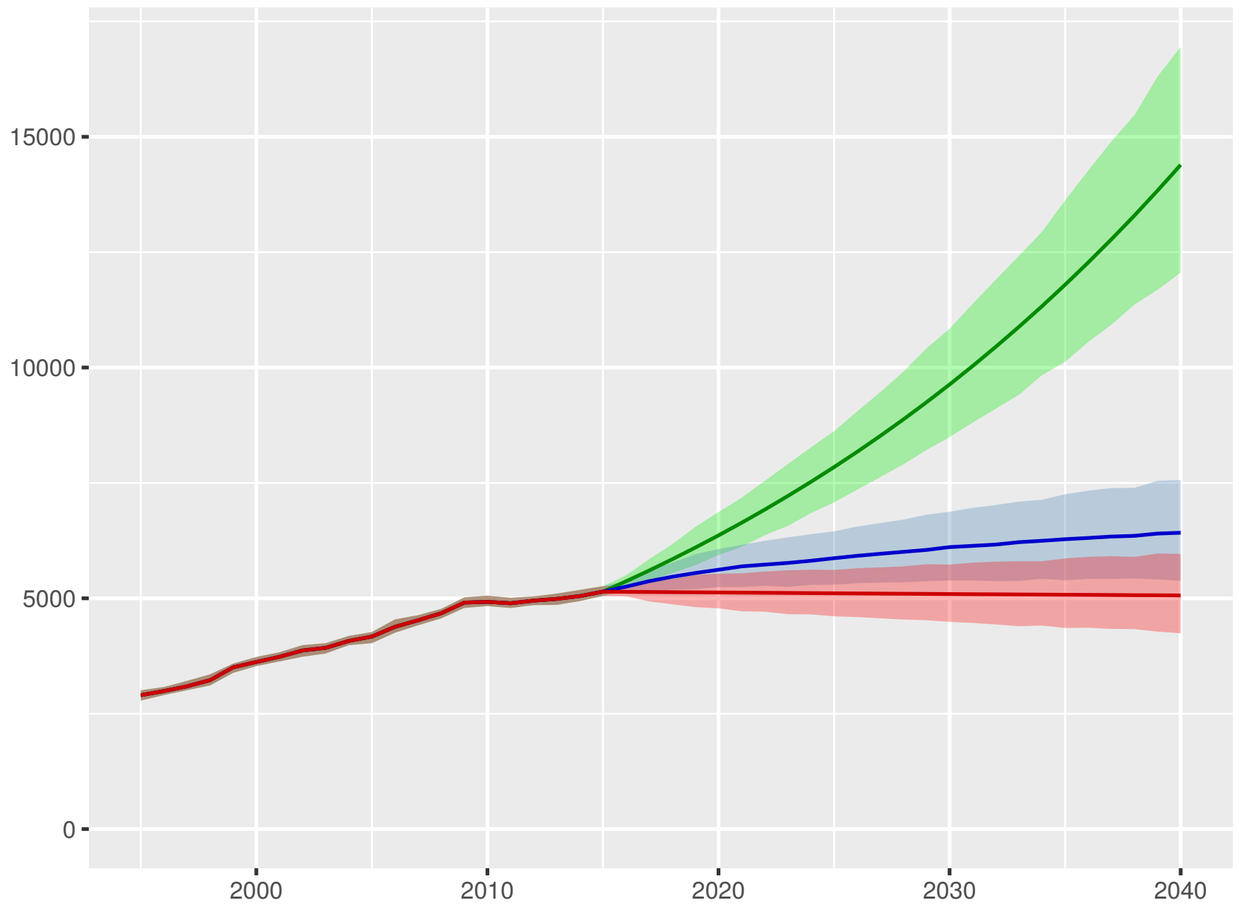
Scenario — Better — Reference — Worse

Denmark

Universal health coverage index

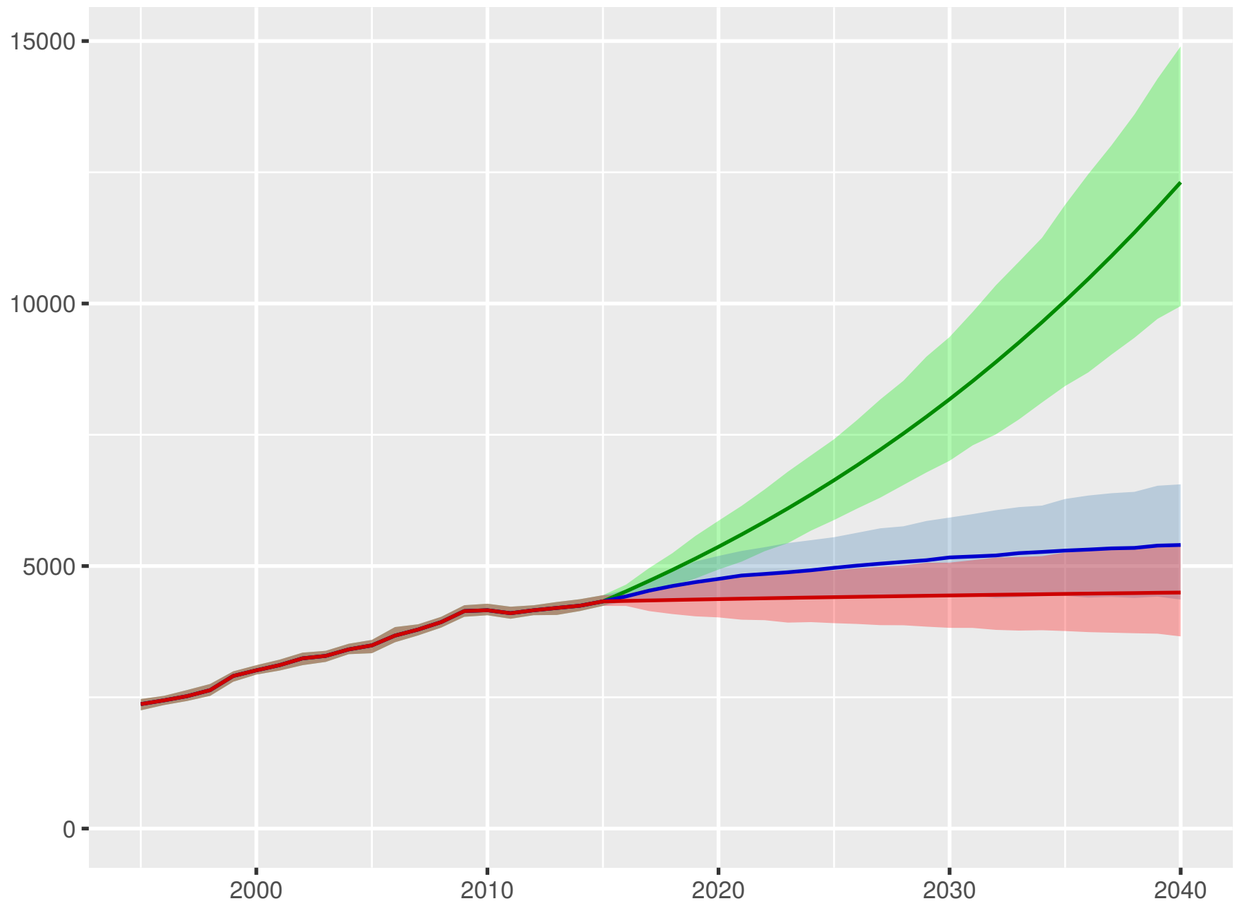


Total health spending per person

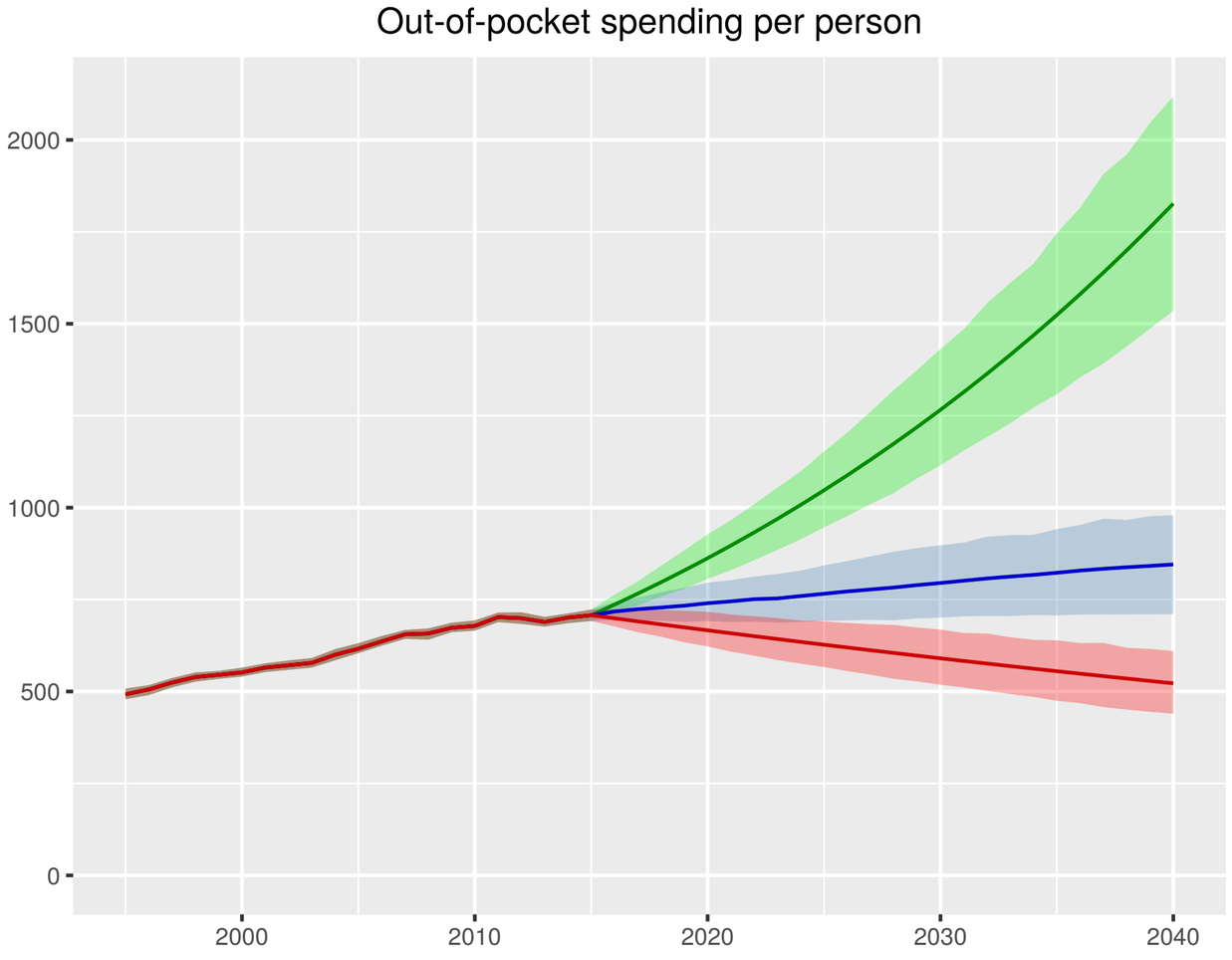


Development assistance for health received per person

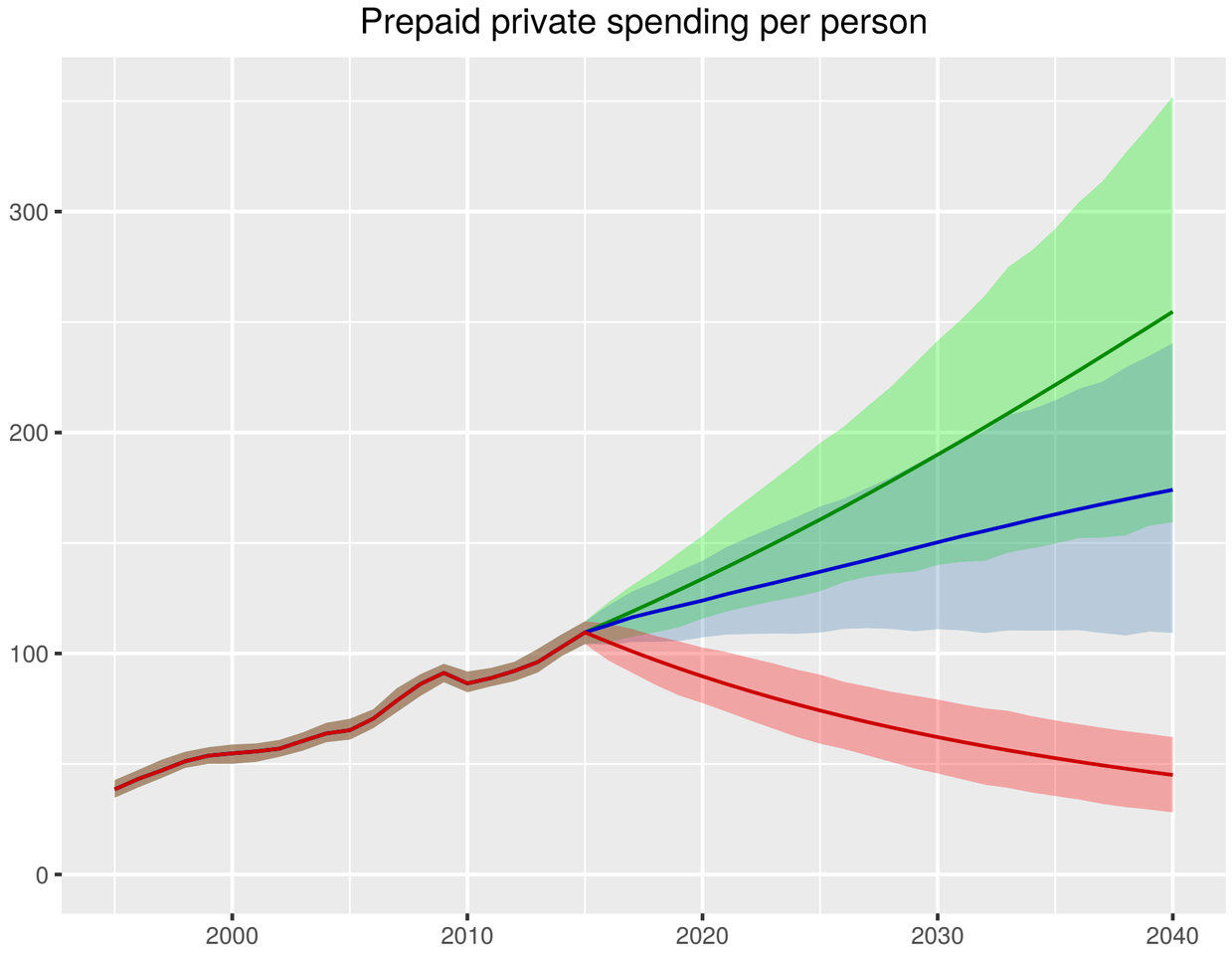
Government health spending per person



Out-of-pocket spending per person



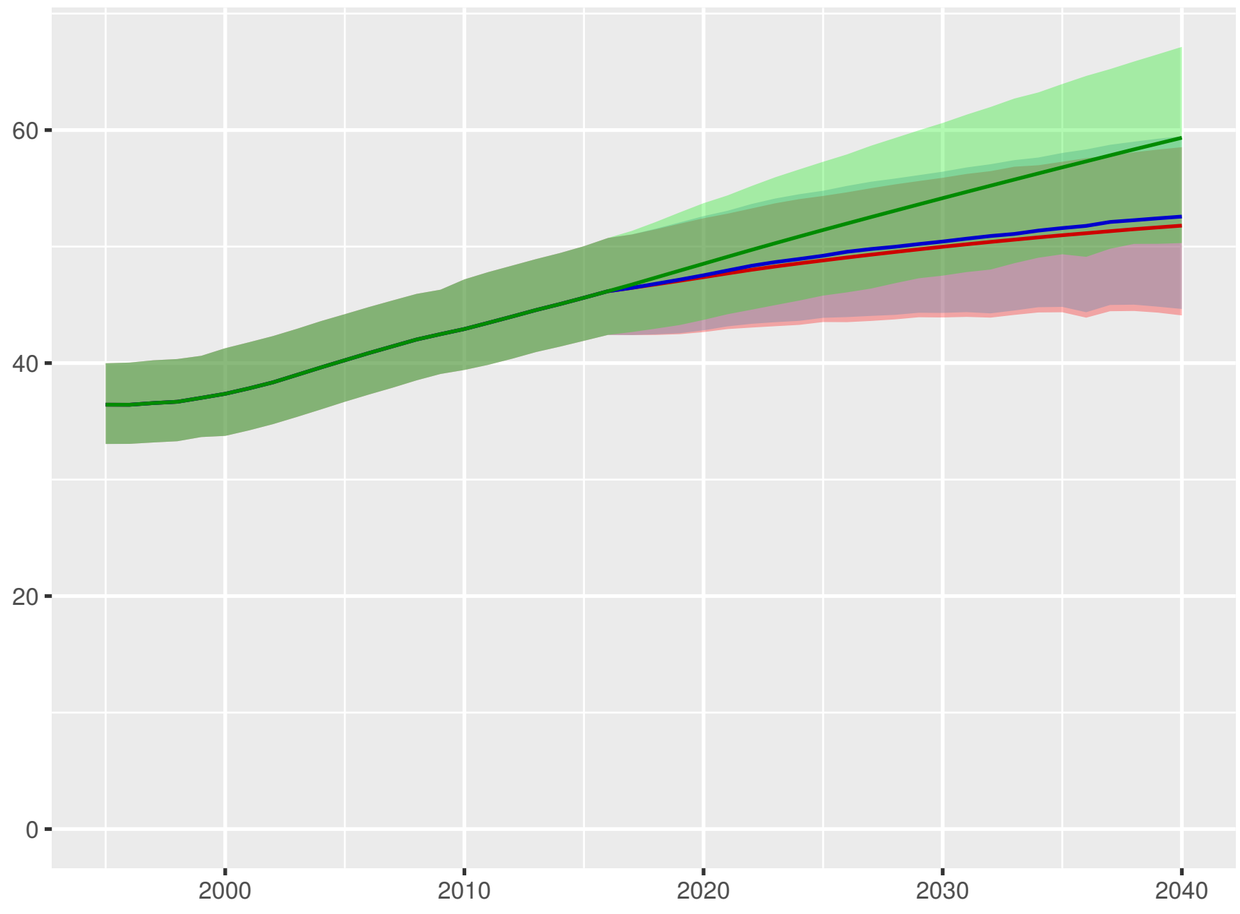
Prepaid private spending per person



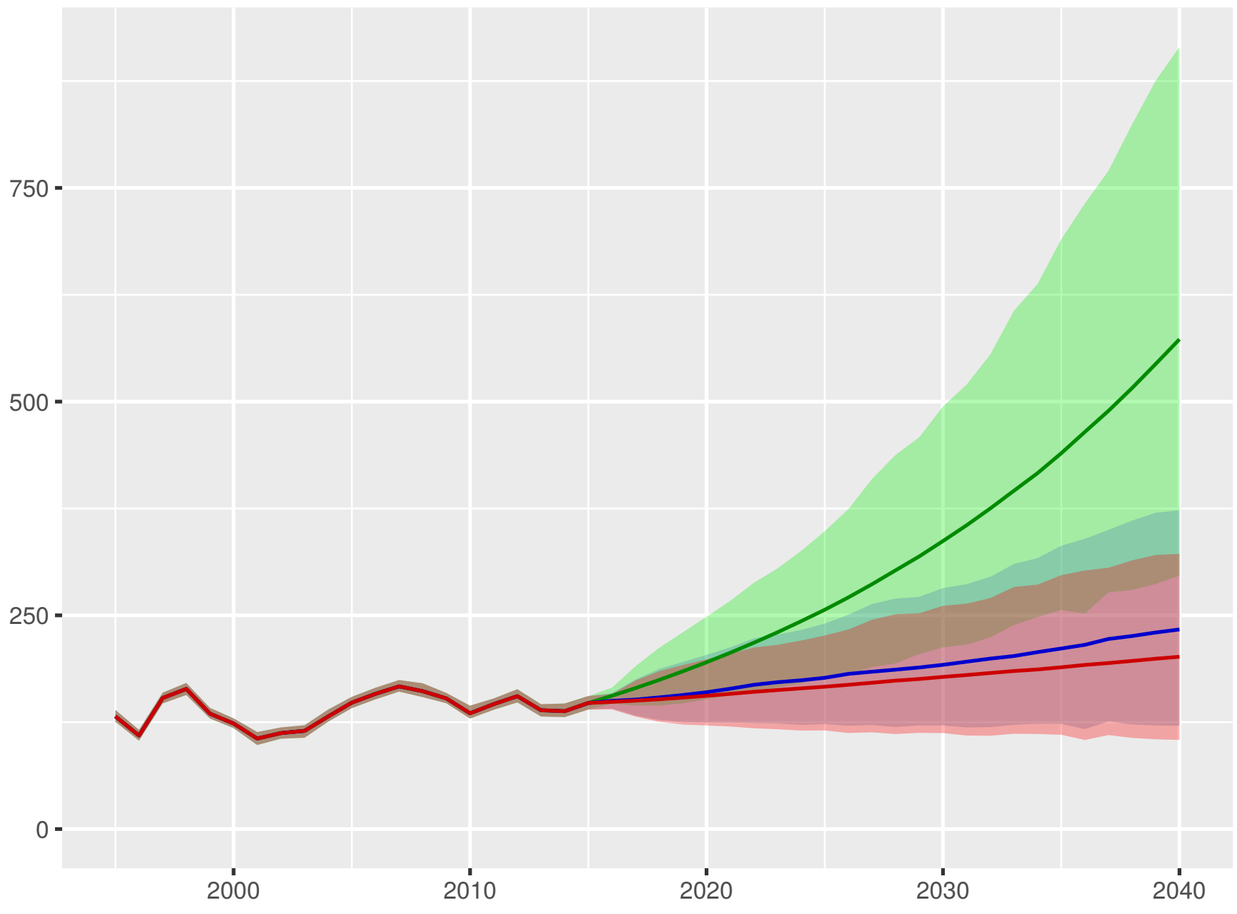
Scenario — Better — Reference — Worse

Djibouti

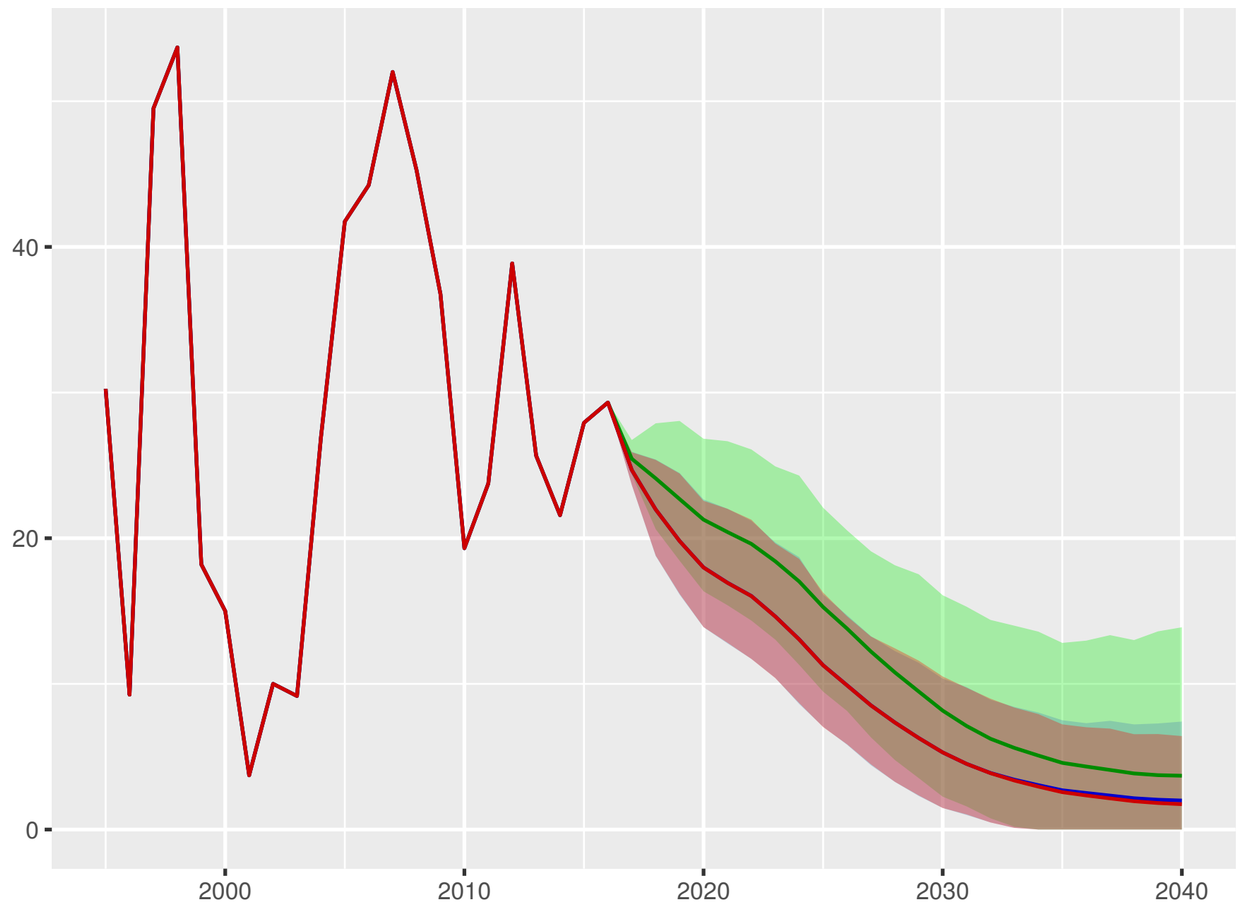
Universal health coverage index



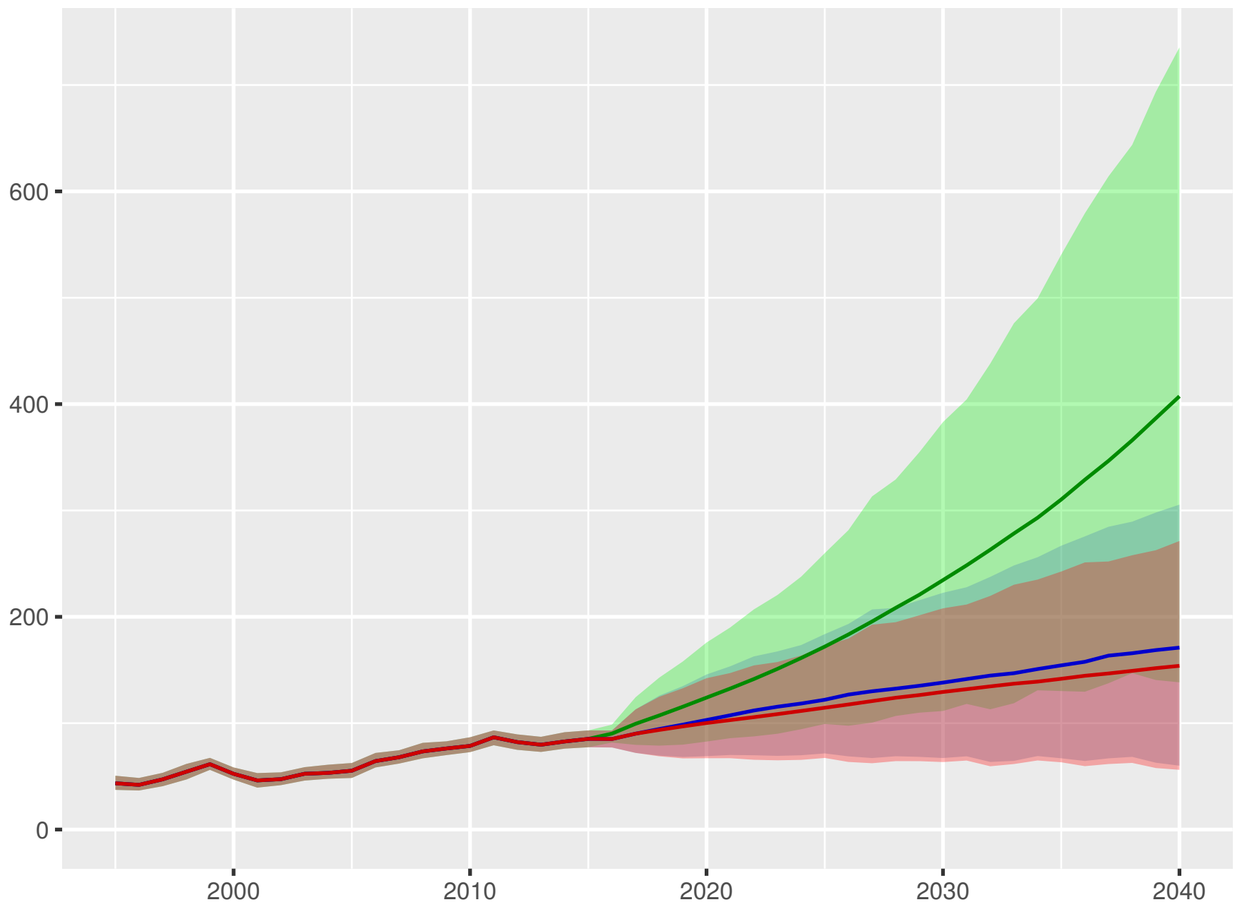
Total health spending per person



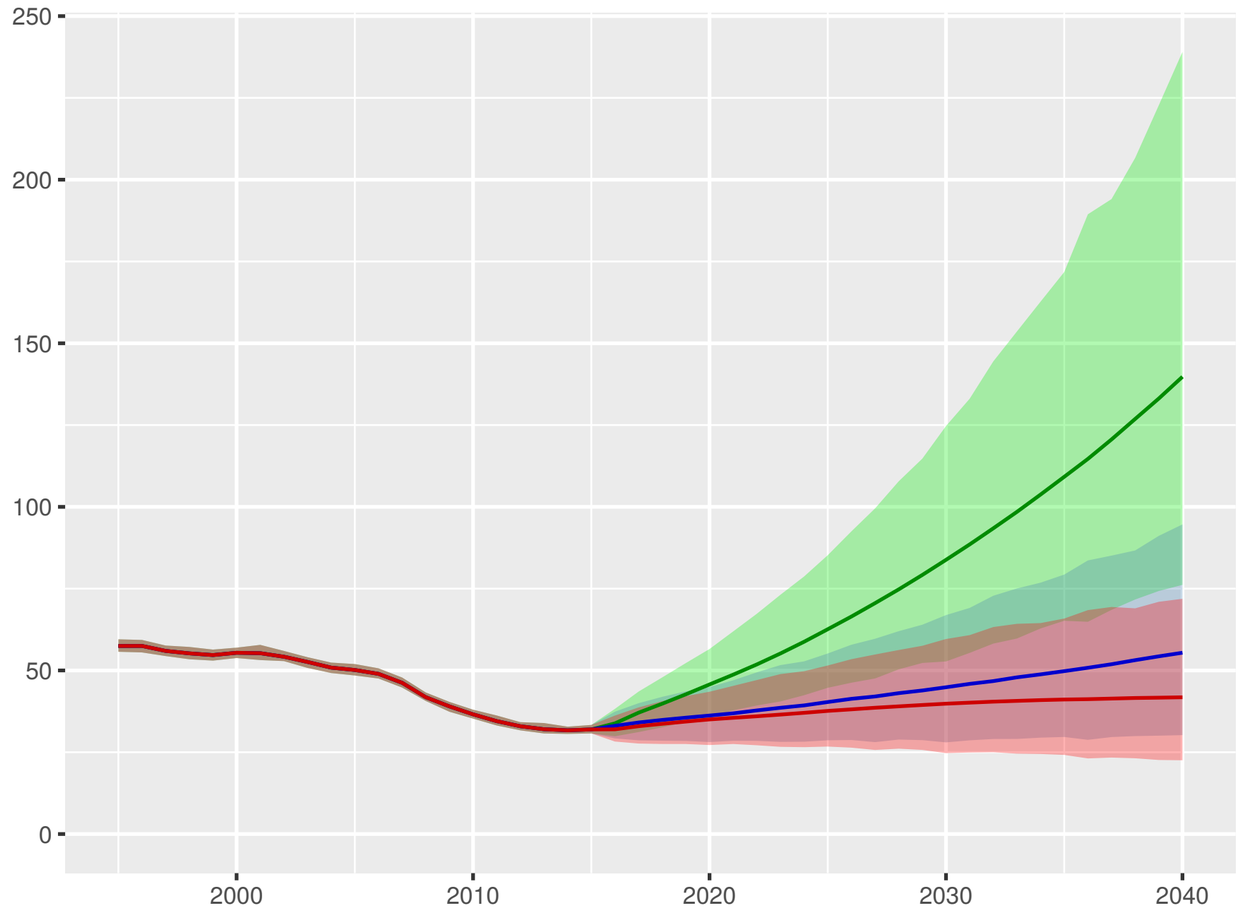
Development assistance for health received per person



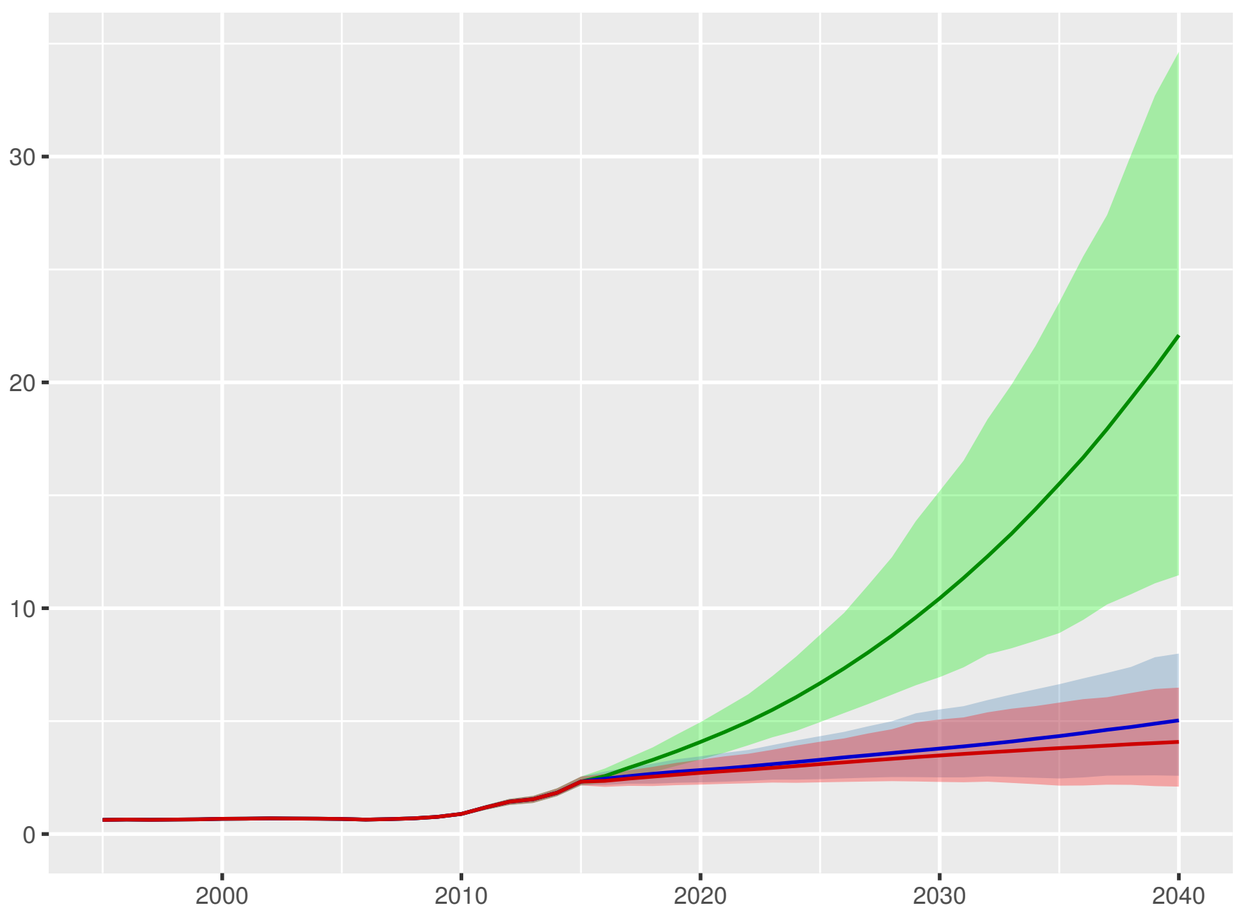
Government health spending per person



Out-of-pocket spending per person



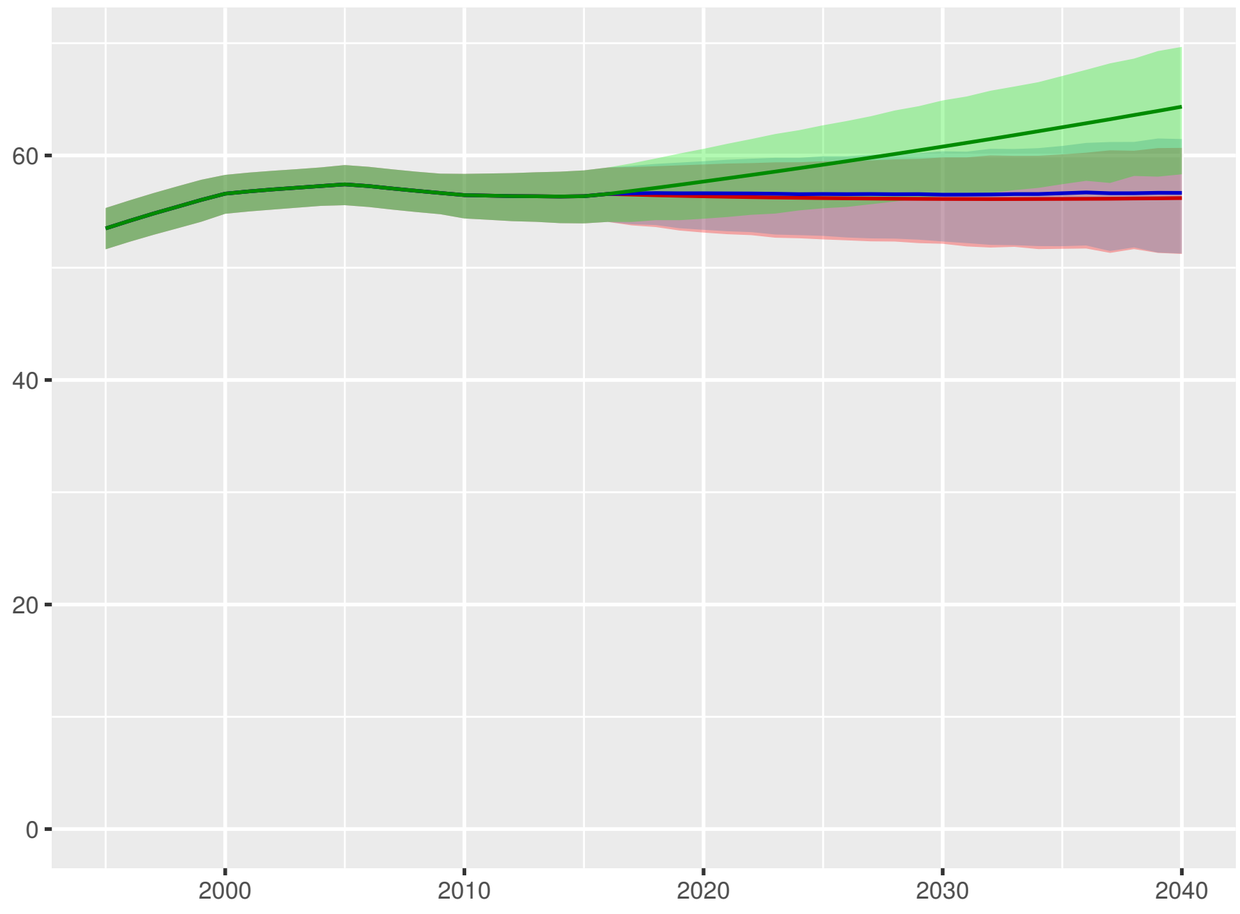
Prepaid private spending per person



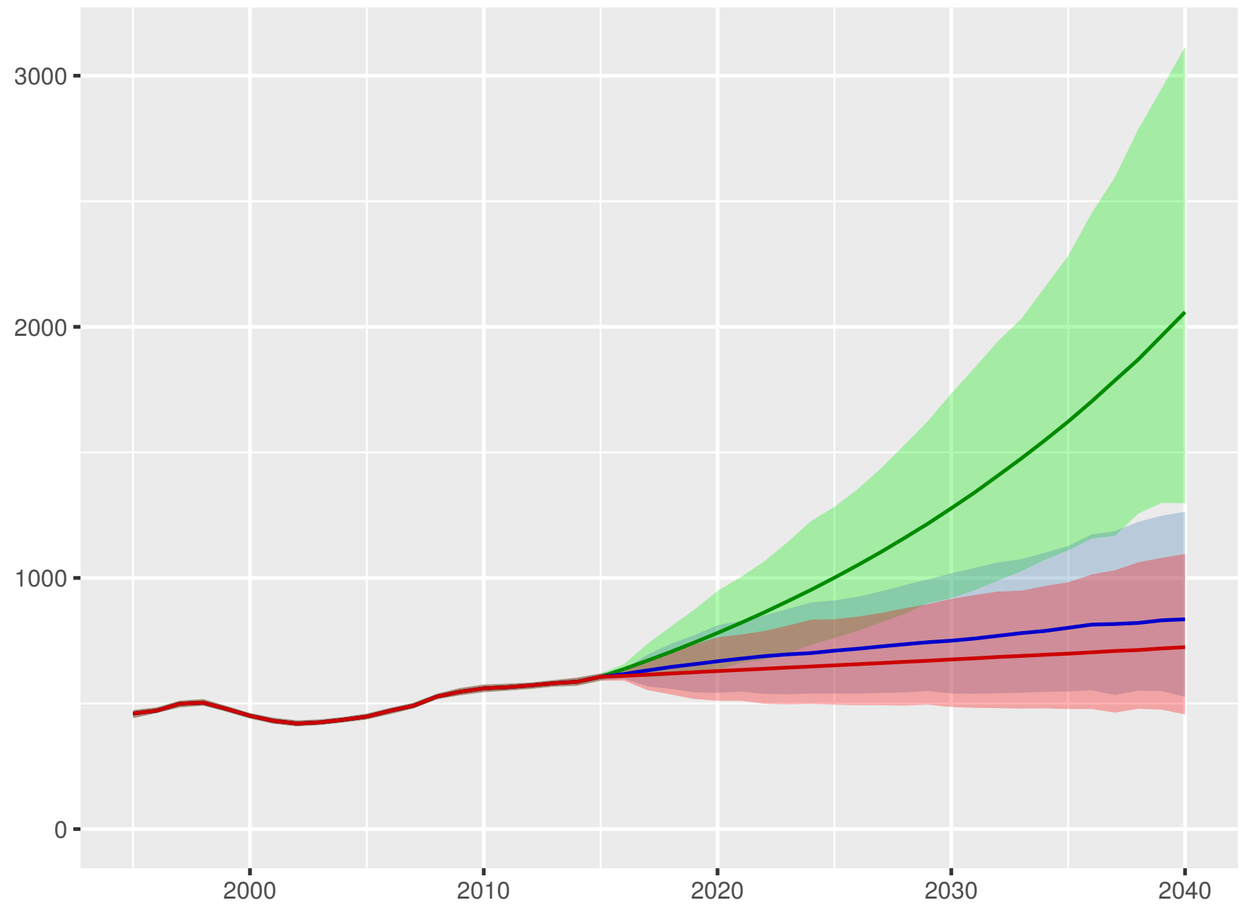
Scenario — Better — Reference — Worse

Dominica

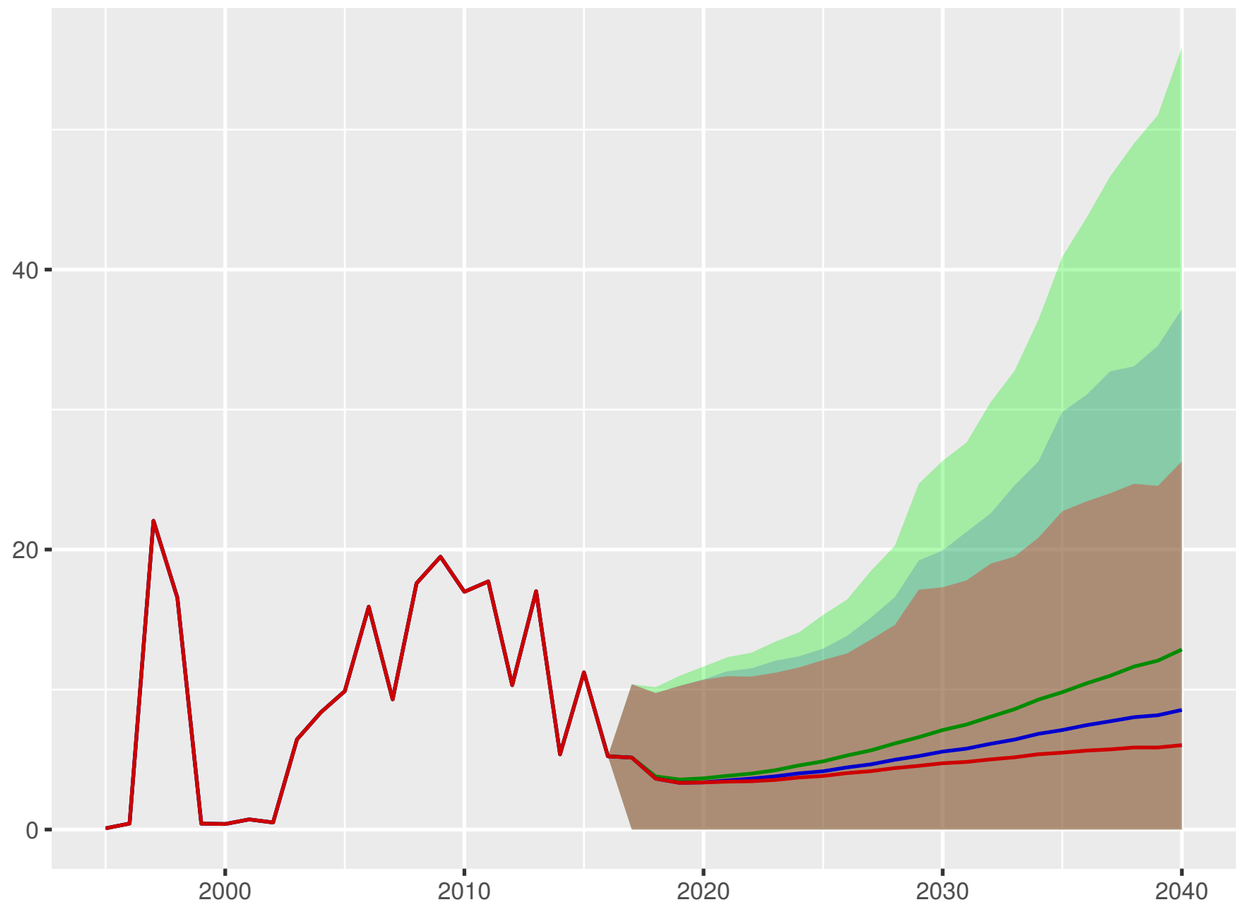
Universal health coverage index



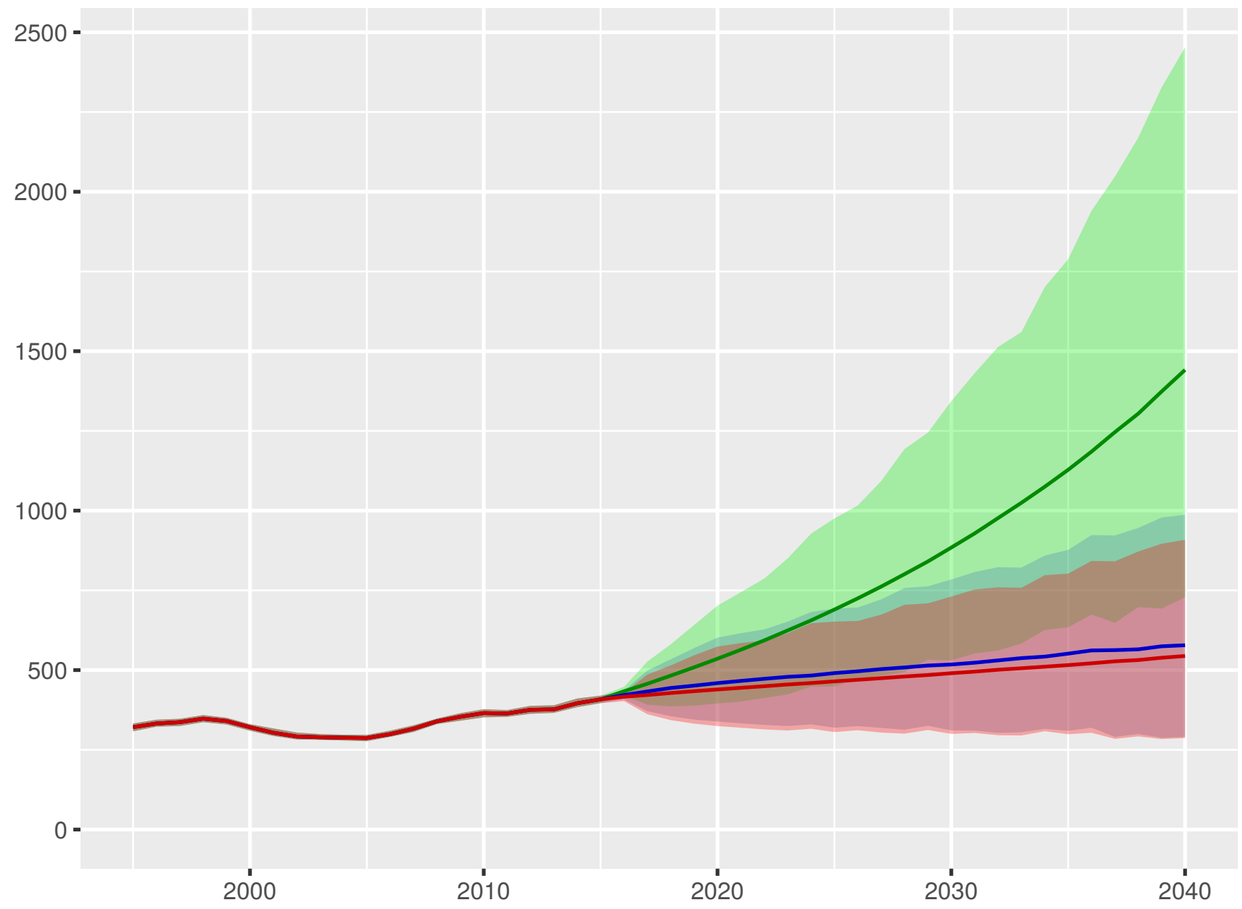
Total health spending per person



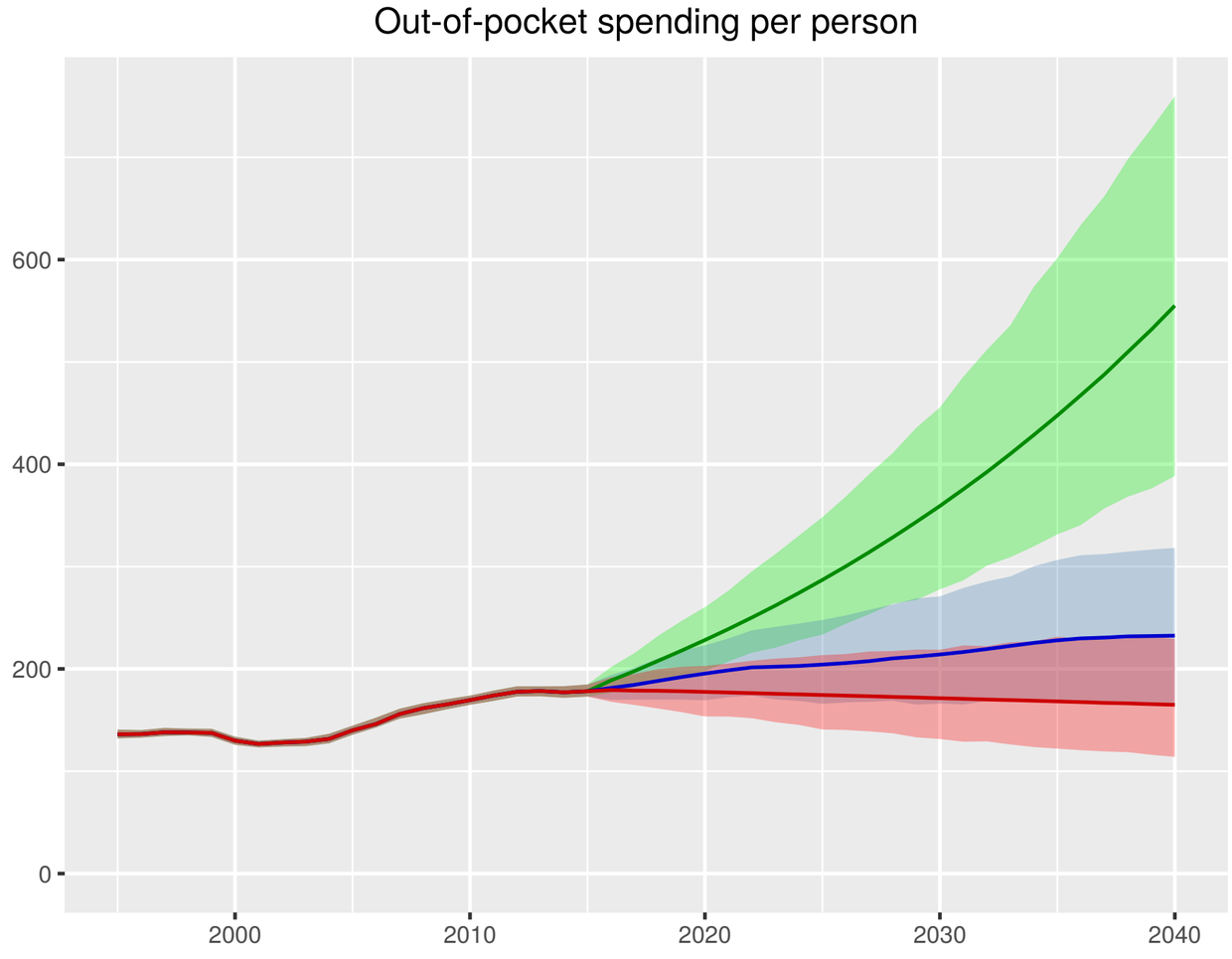
Development assistance for health received per person



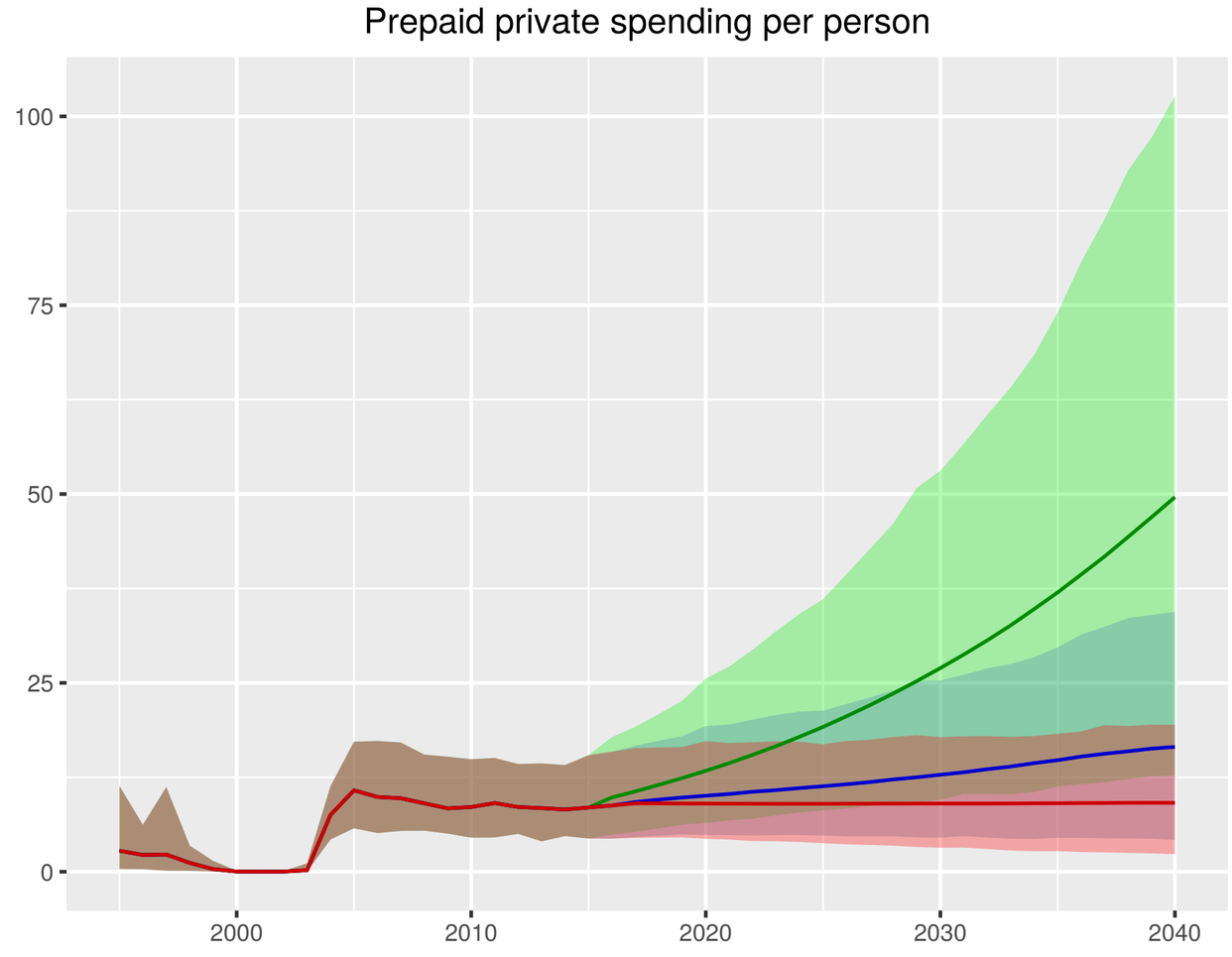
Government health spending per person



Out-of-pocket spending per person



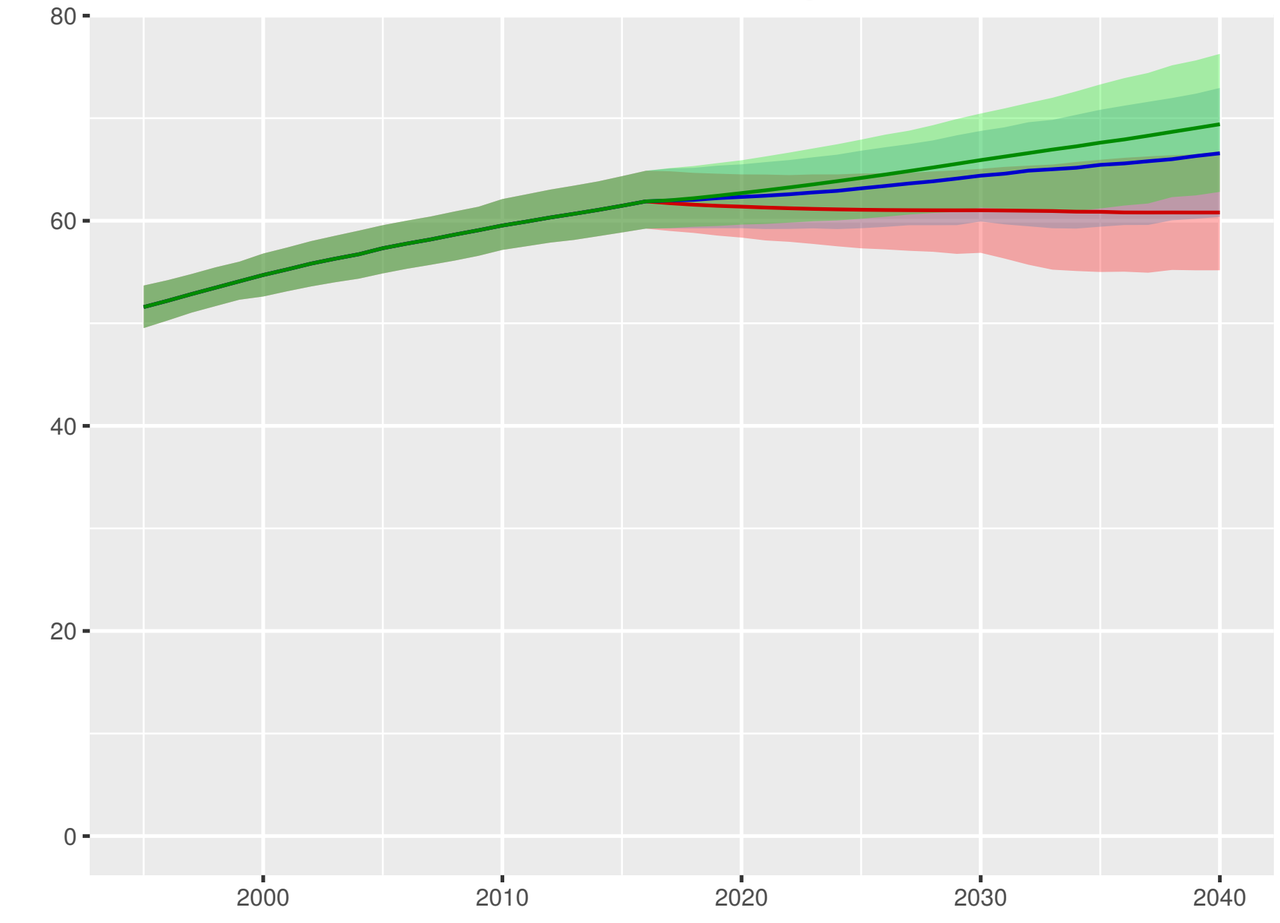
Prepaid private spending per person



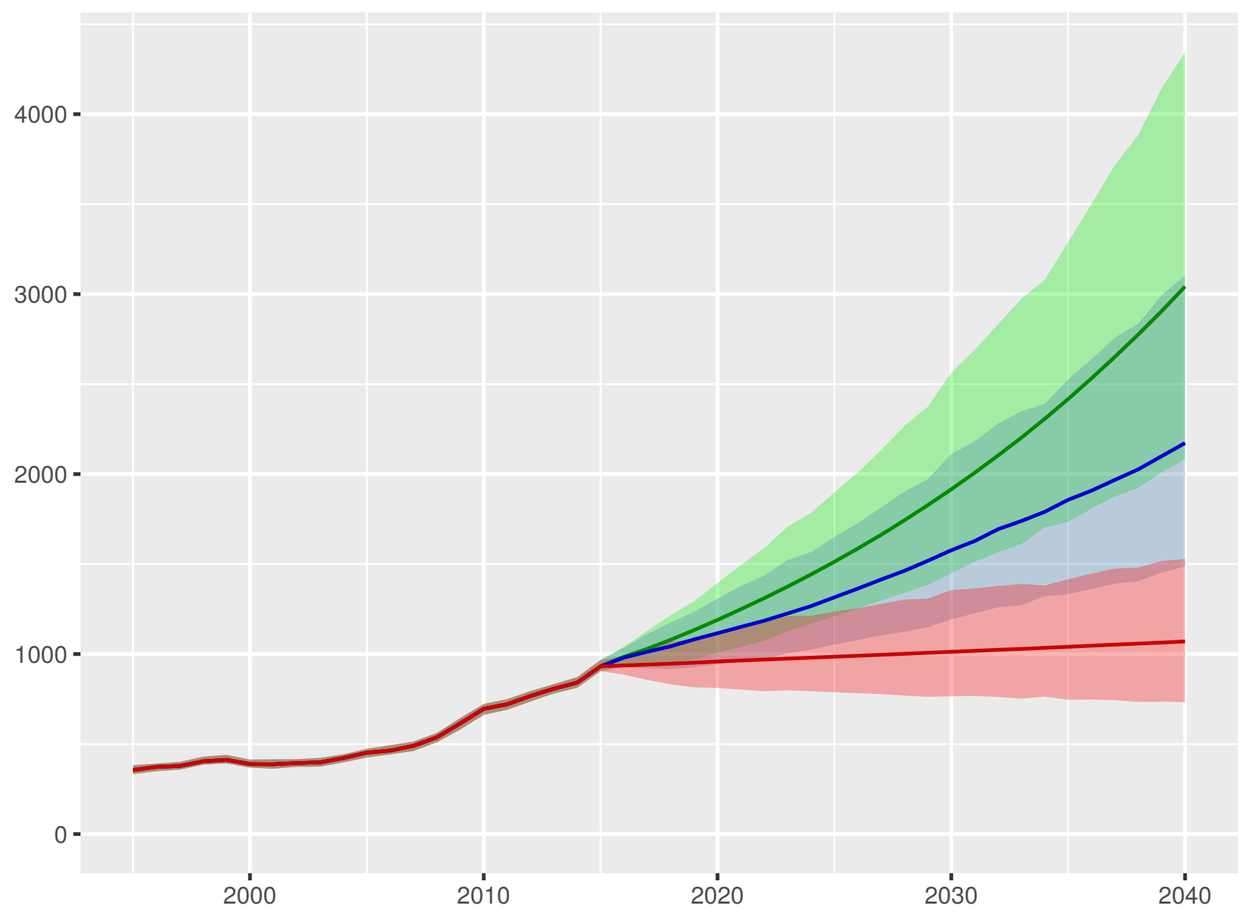
Scenario — Better — Reference — Worse

Dominican Republic

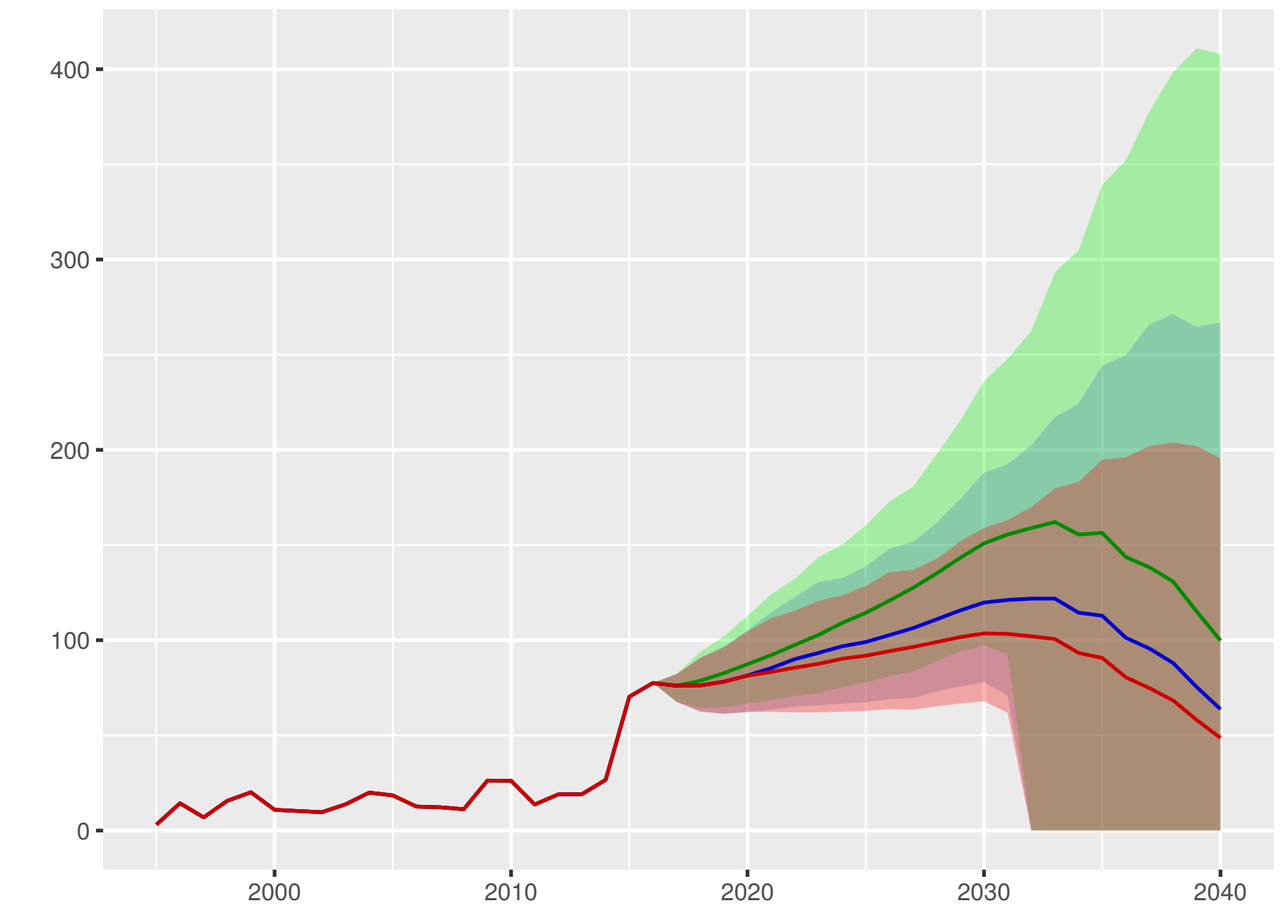
Universal health coverage index



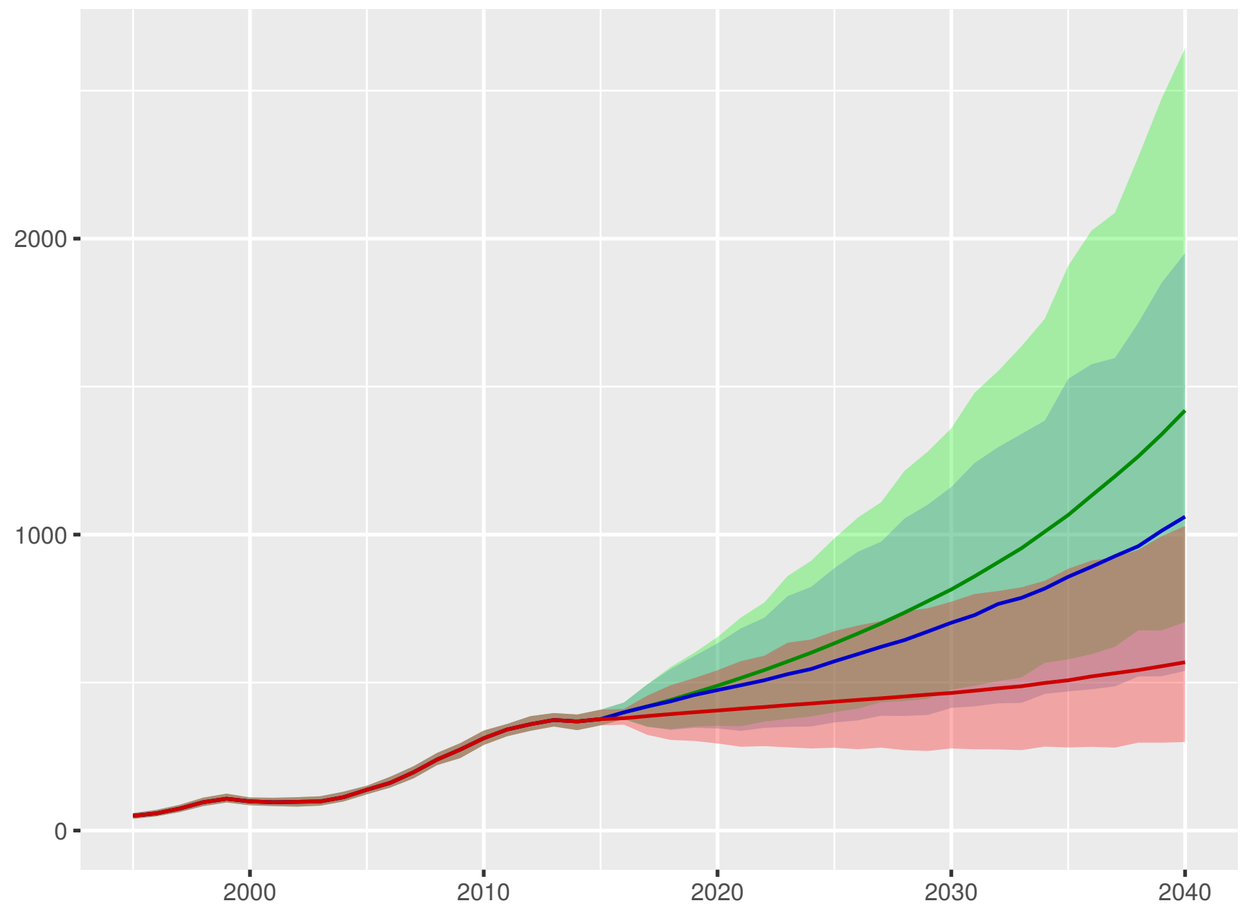
Total health spending per person



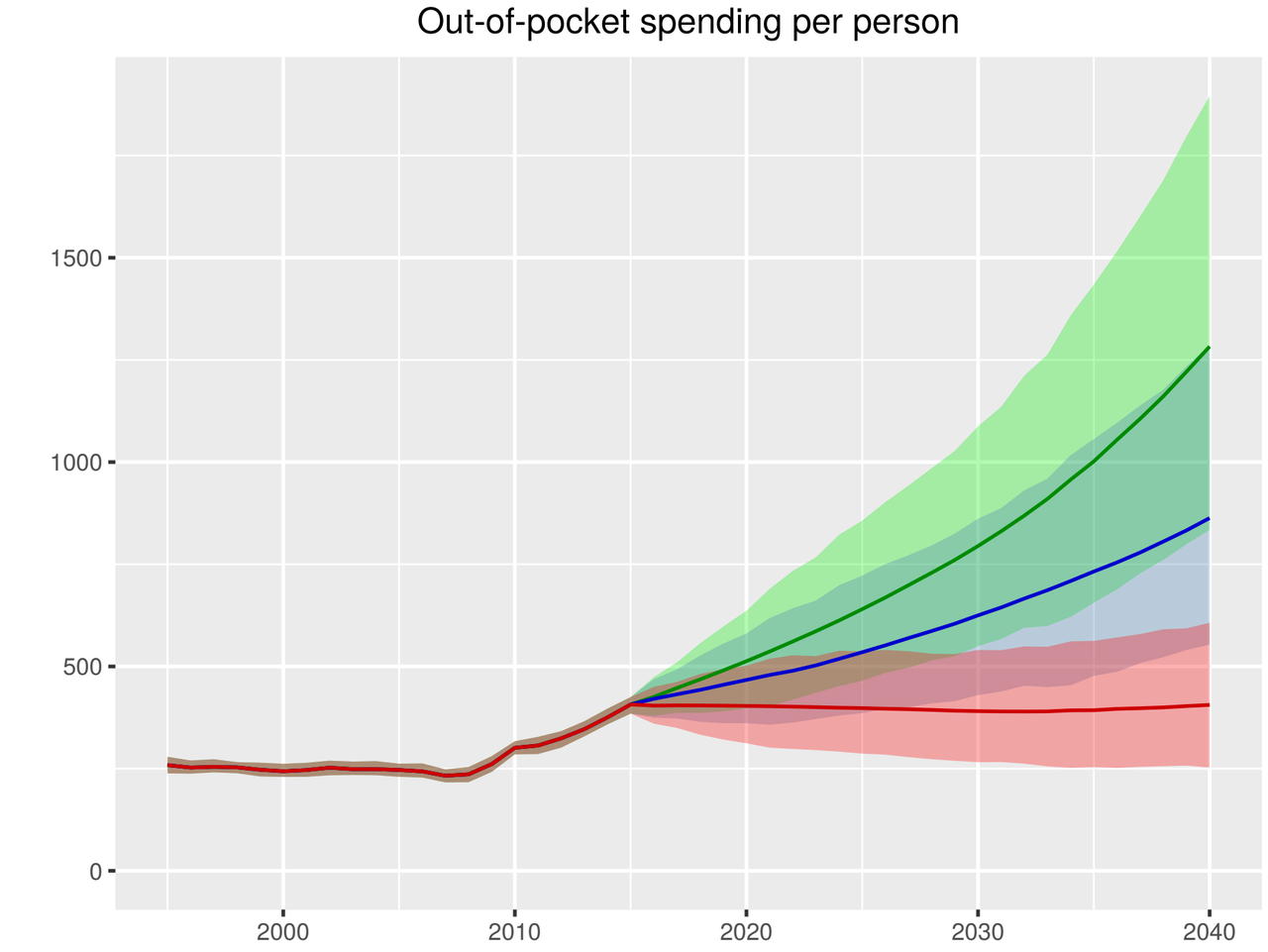
Development assistance for health received per person



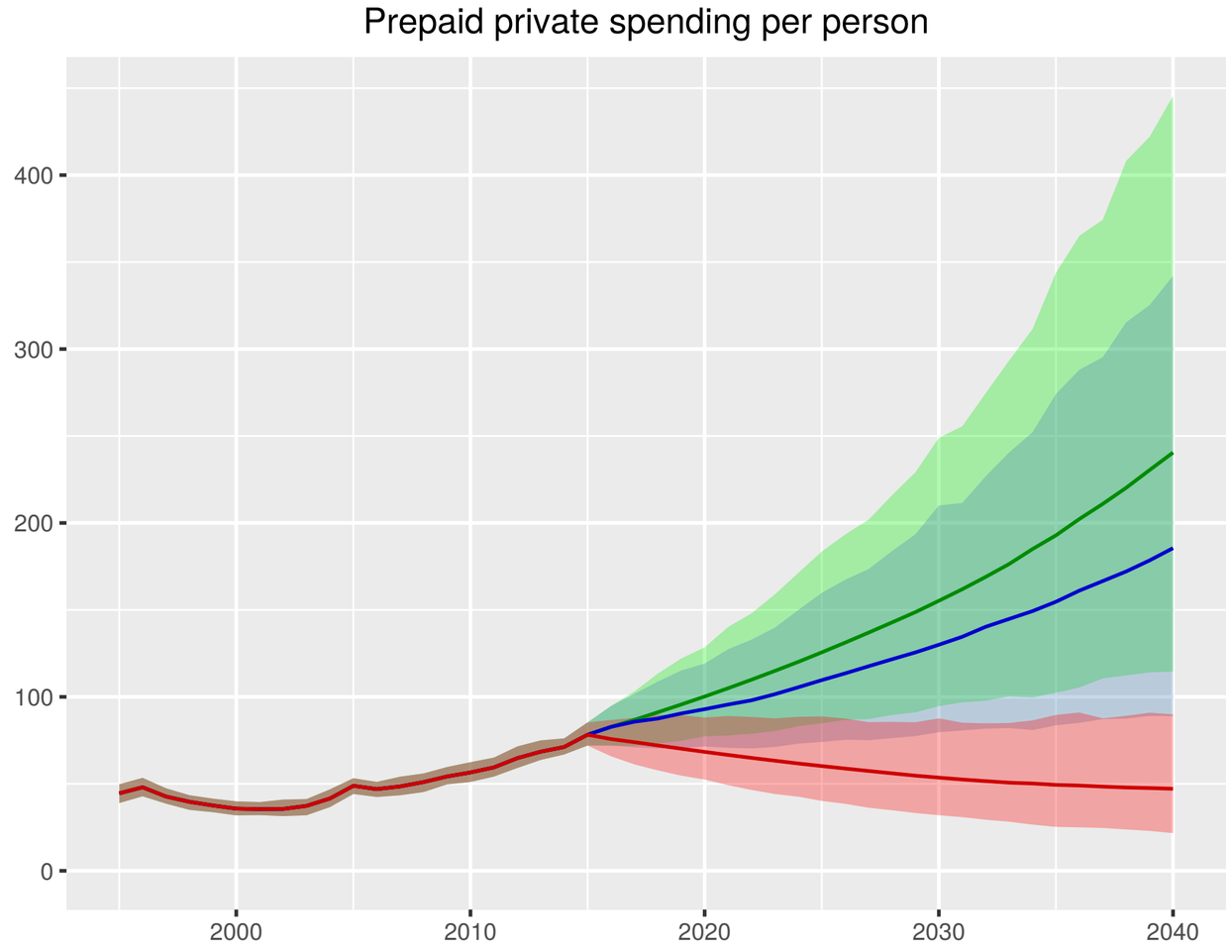
Government health spending per person



Out-of-pocket spending per person



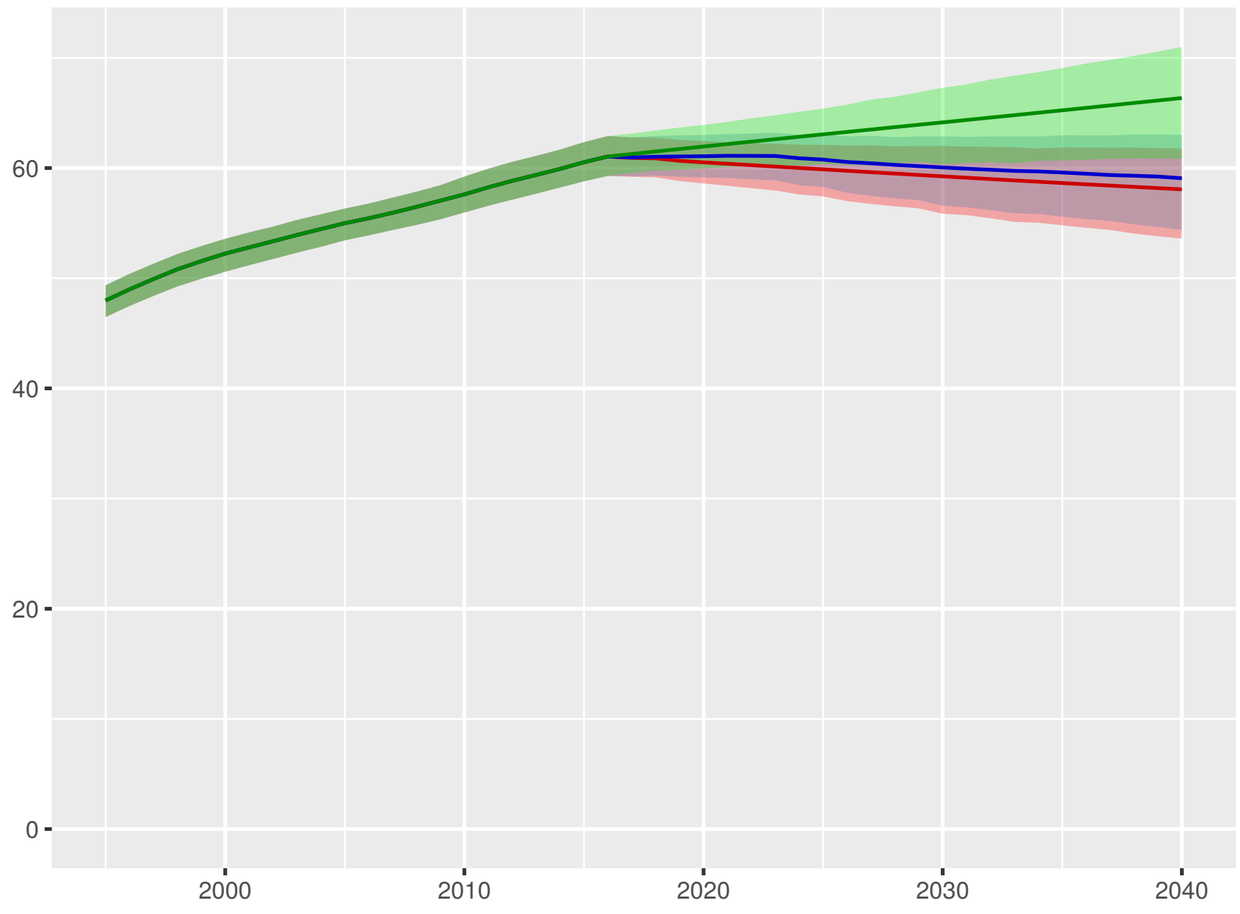
Prepaid private spending per person



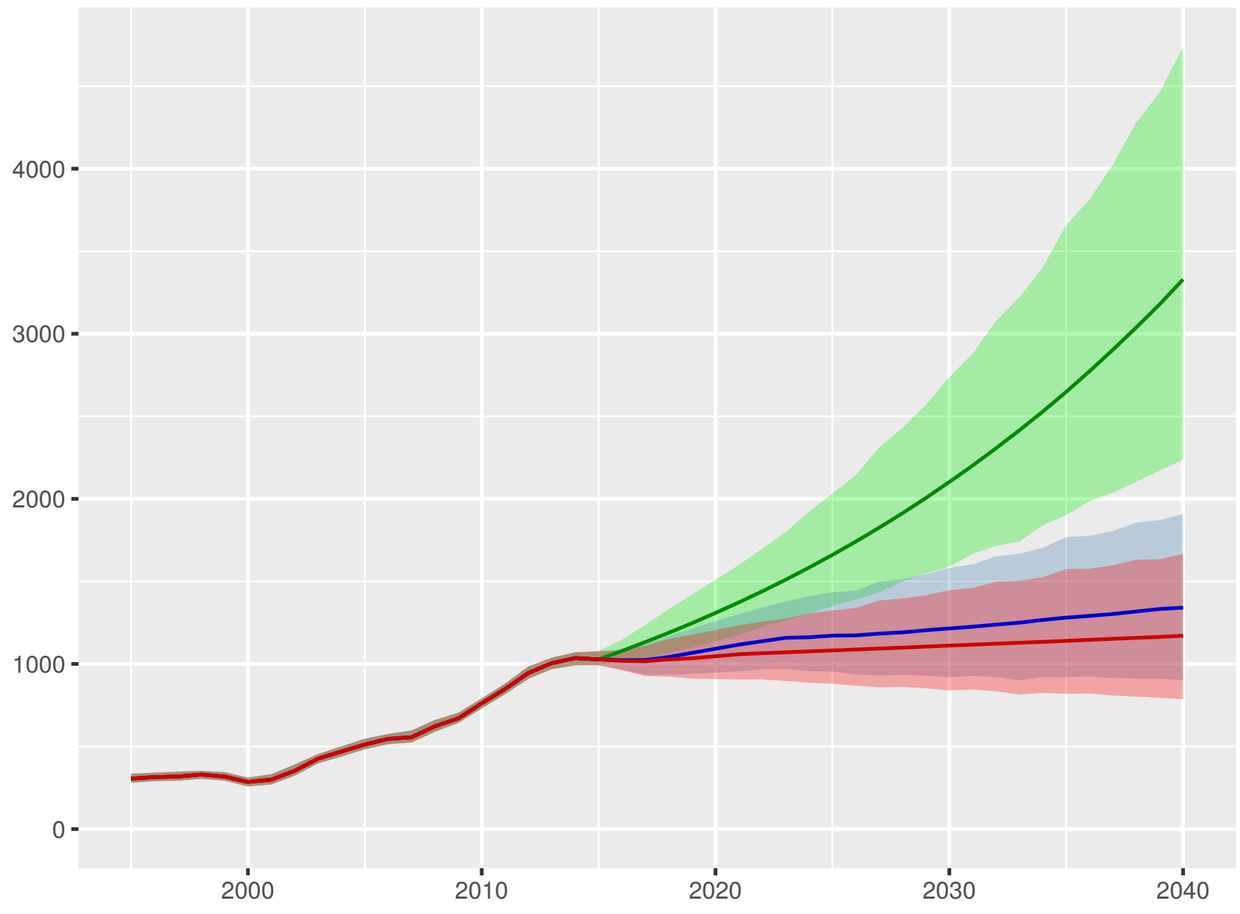
Scenario — Better — Reference — Worse

Ecuador

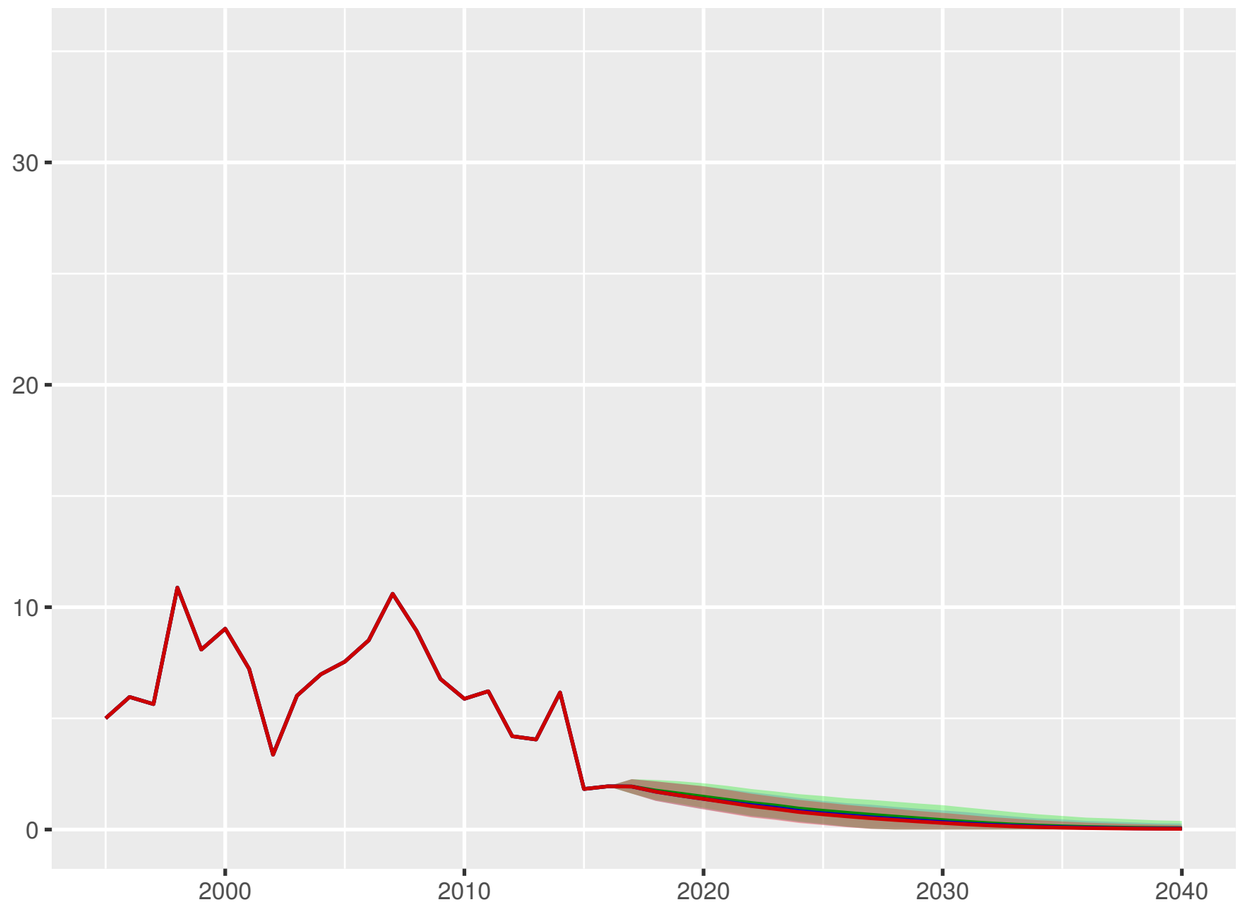
Universal health coverage index



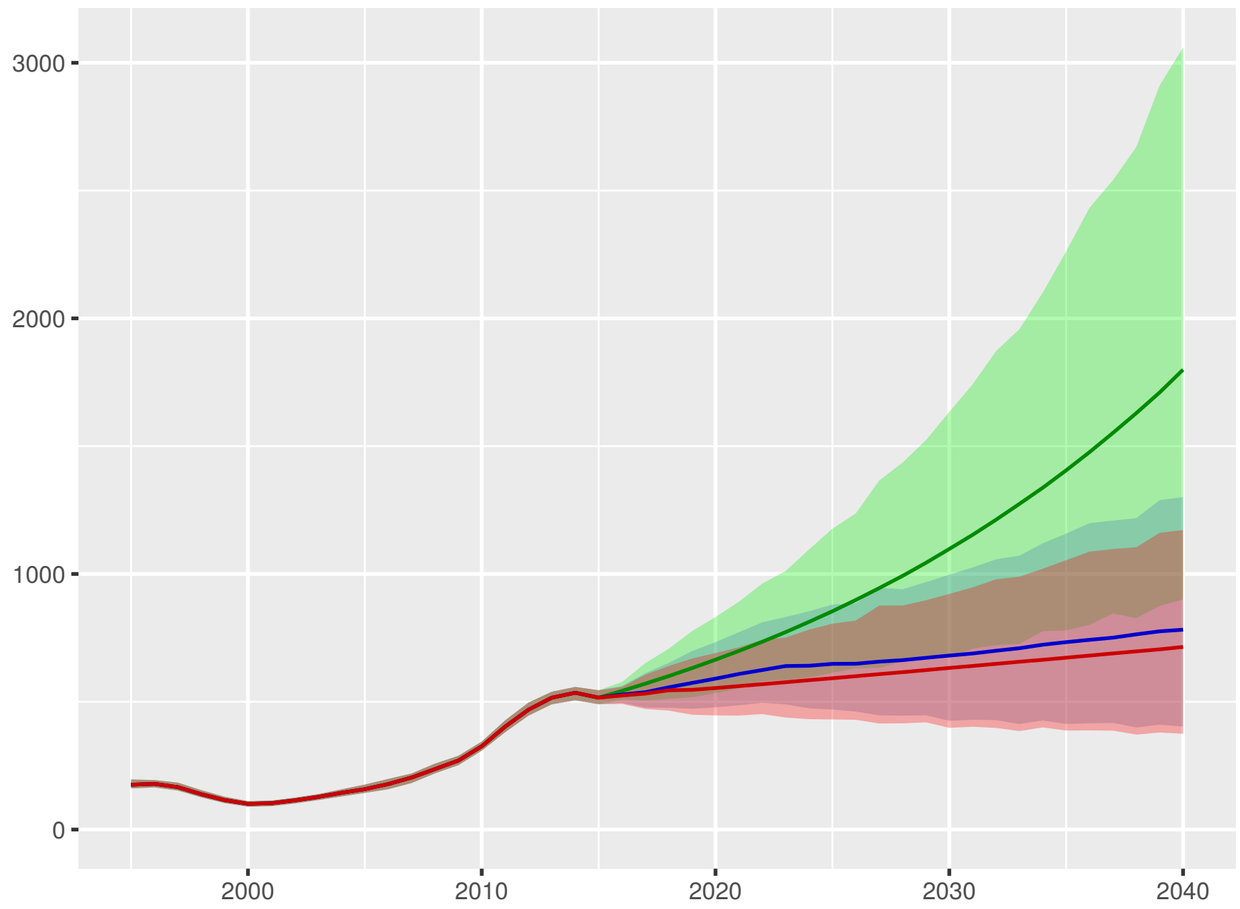
Total health spending per person



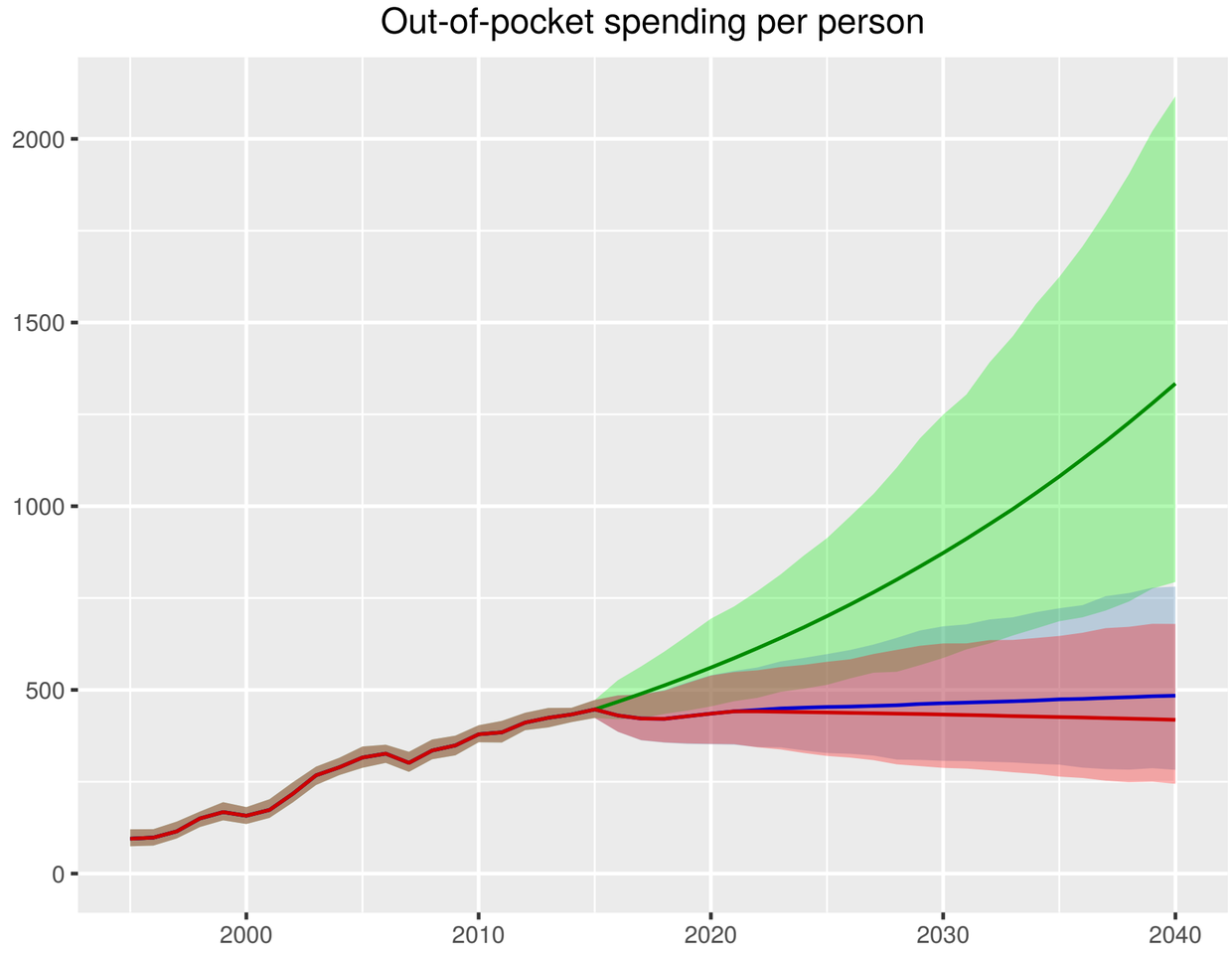
Development assistance for health received per person



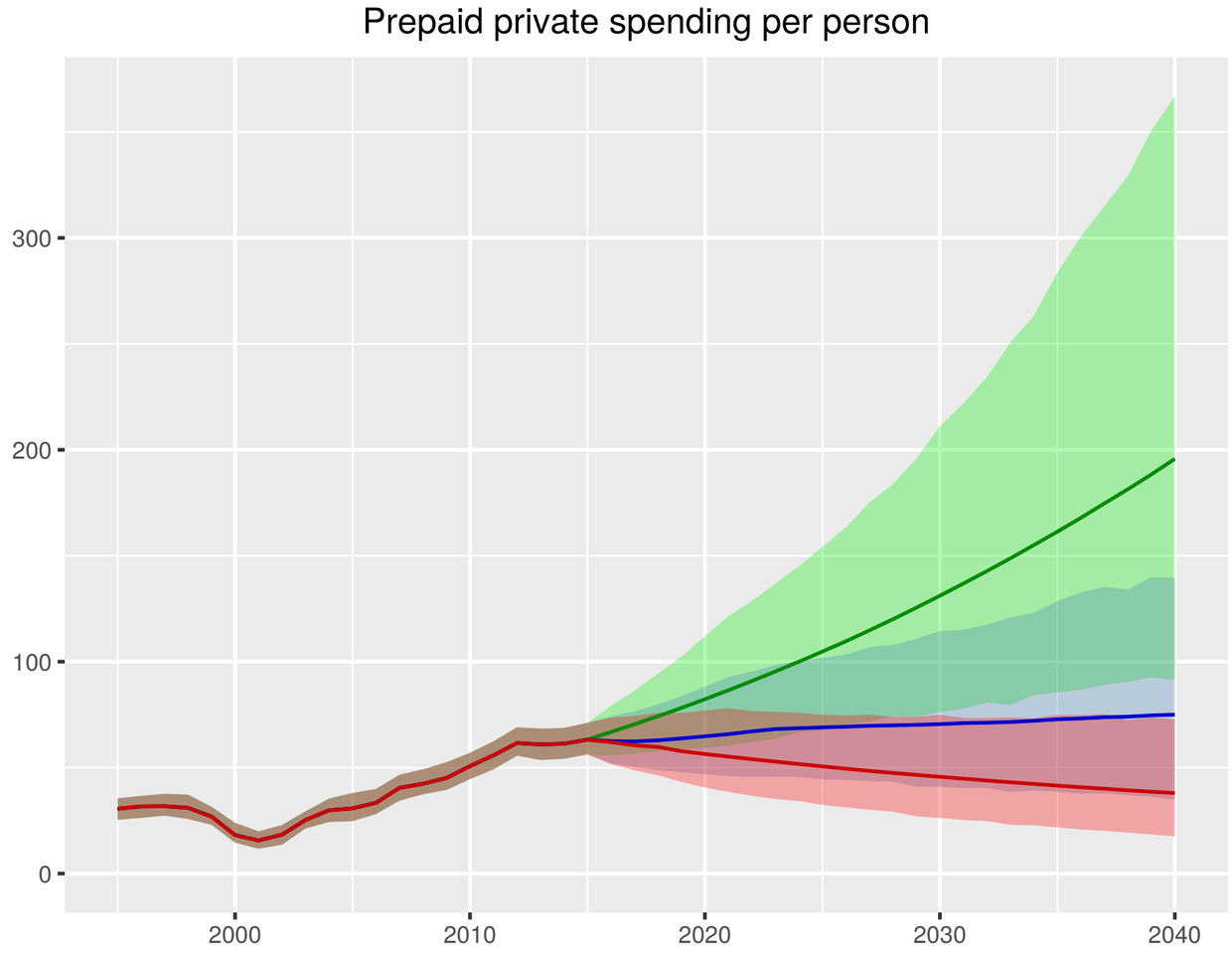
Government health spending per person



Out-of-pocket spending per person



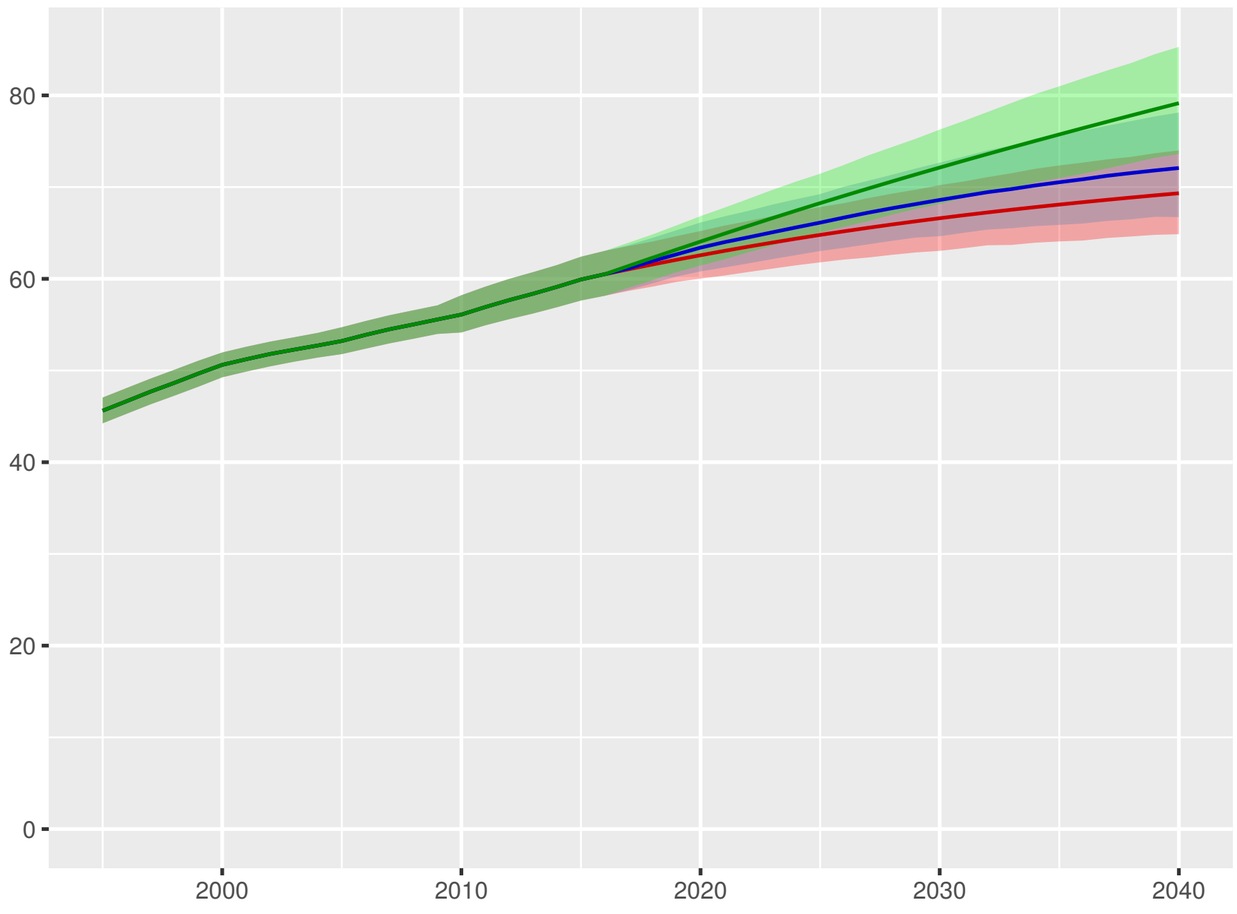
Prepaid private spending per person



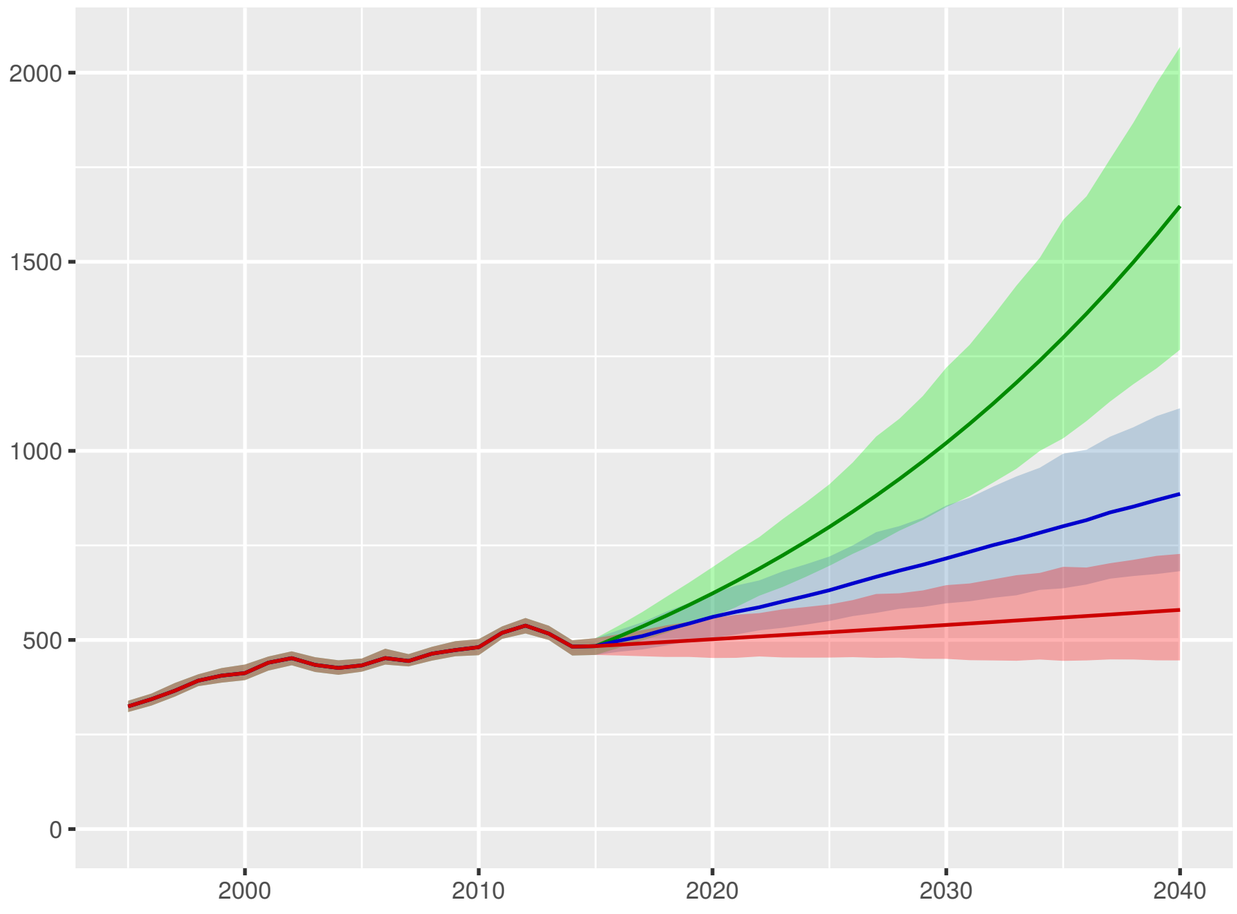
Scenario — Better — Reference — Worse

Egypt

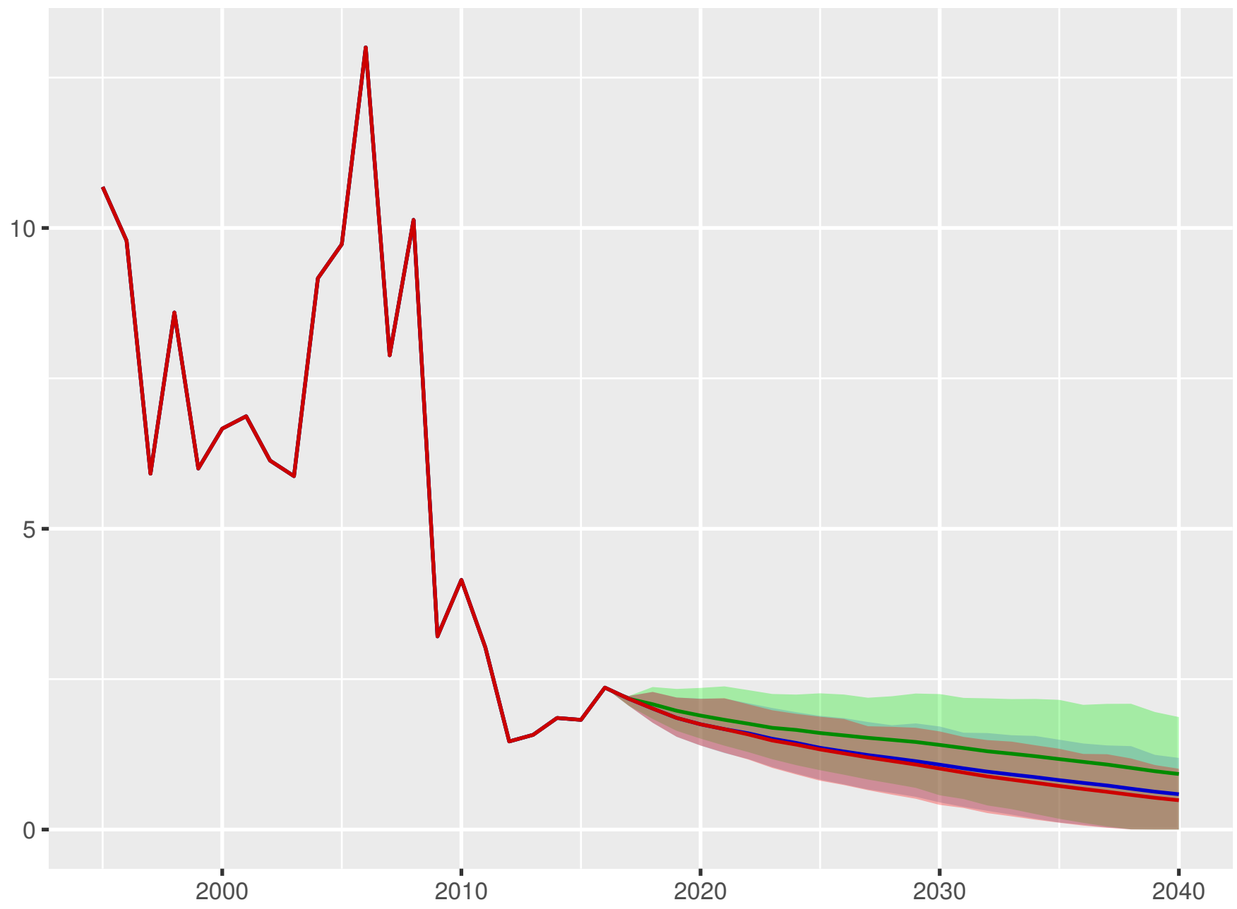
Universal health coverage index



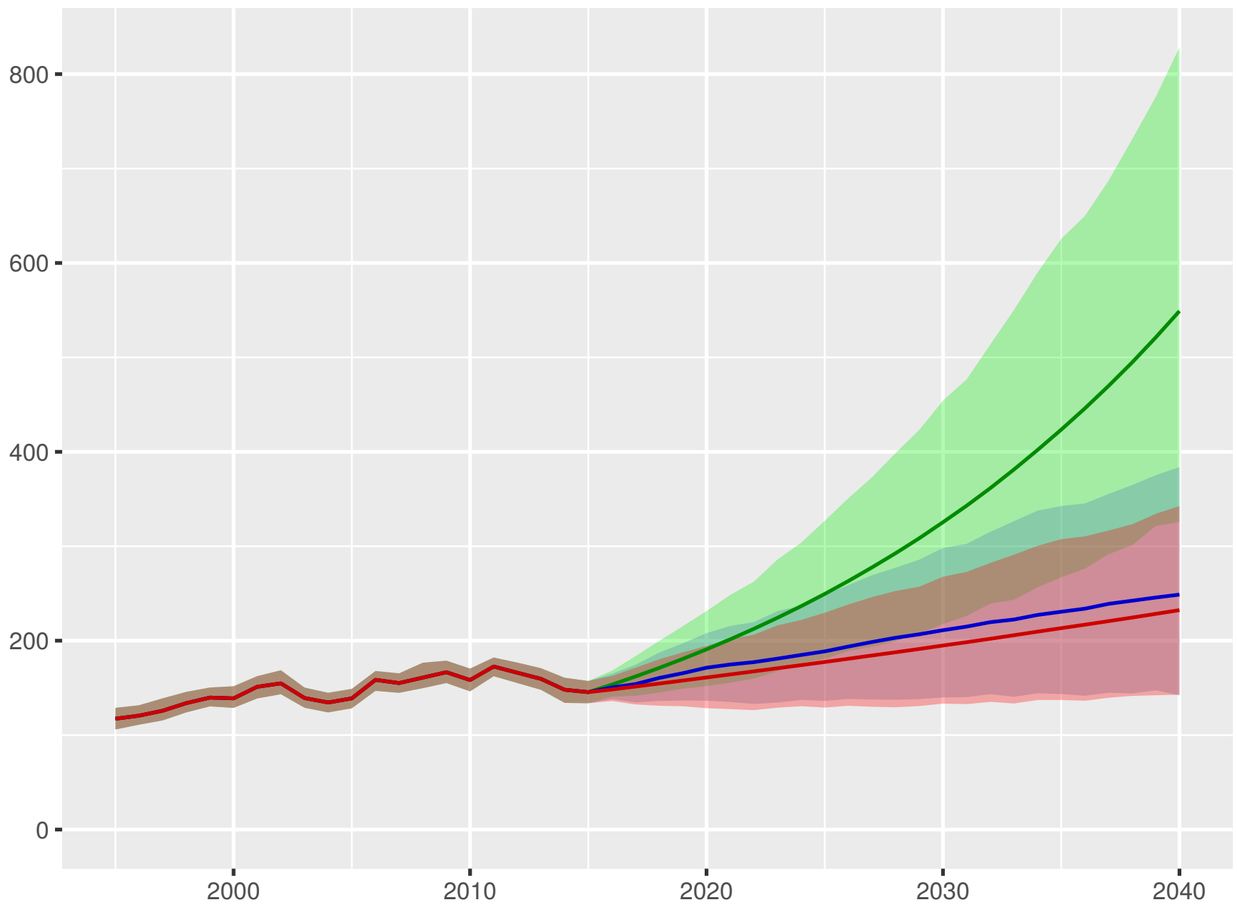
Total health spending per person



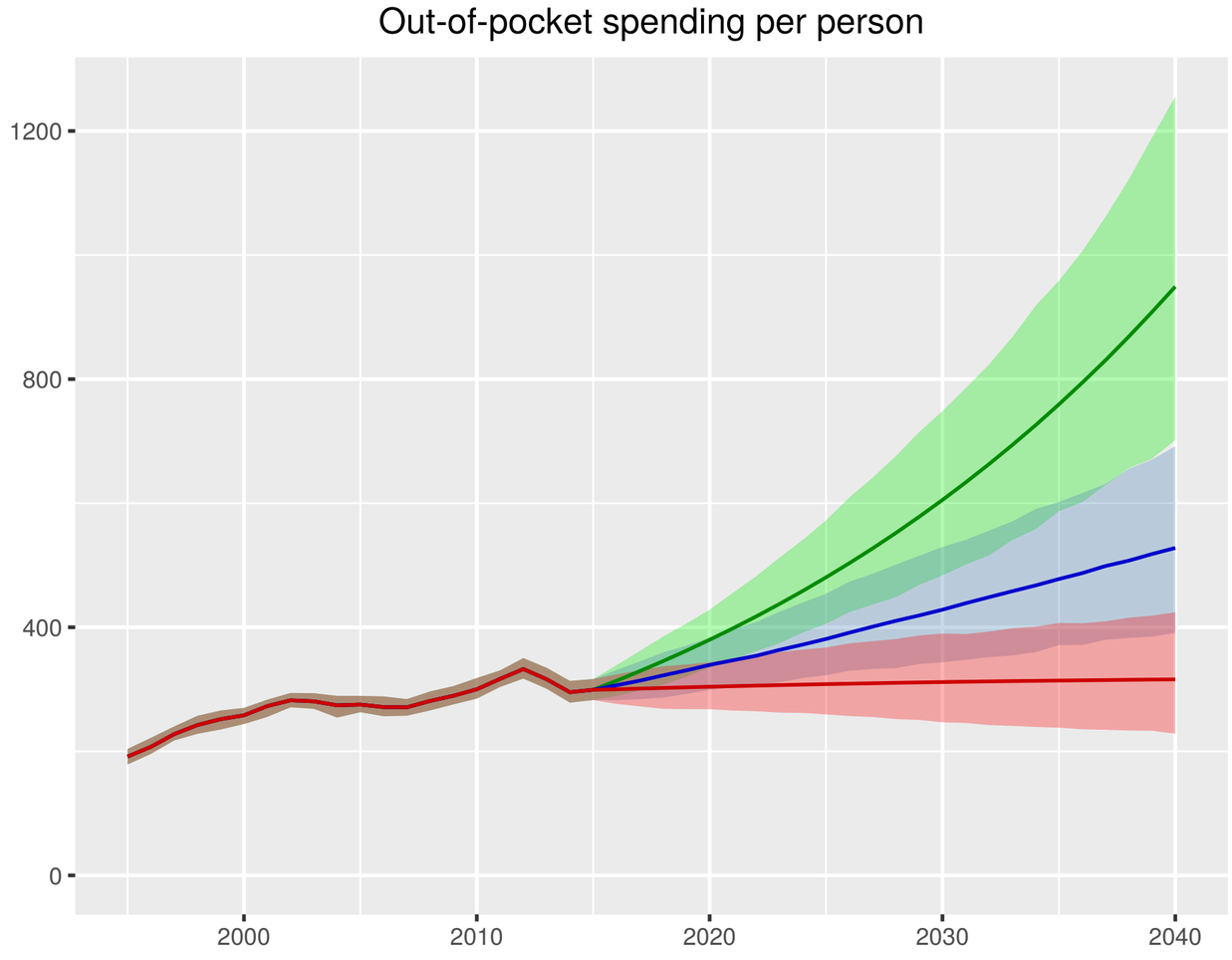
Development assistance for health received per person



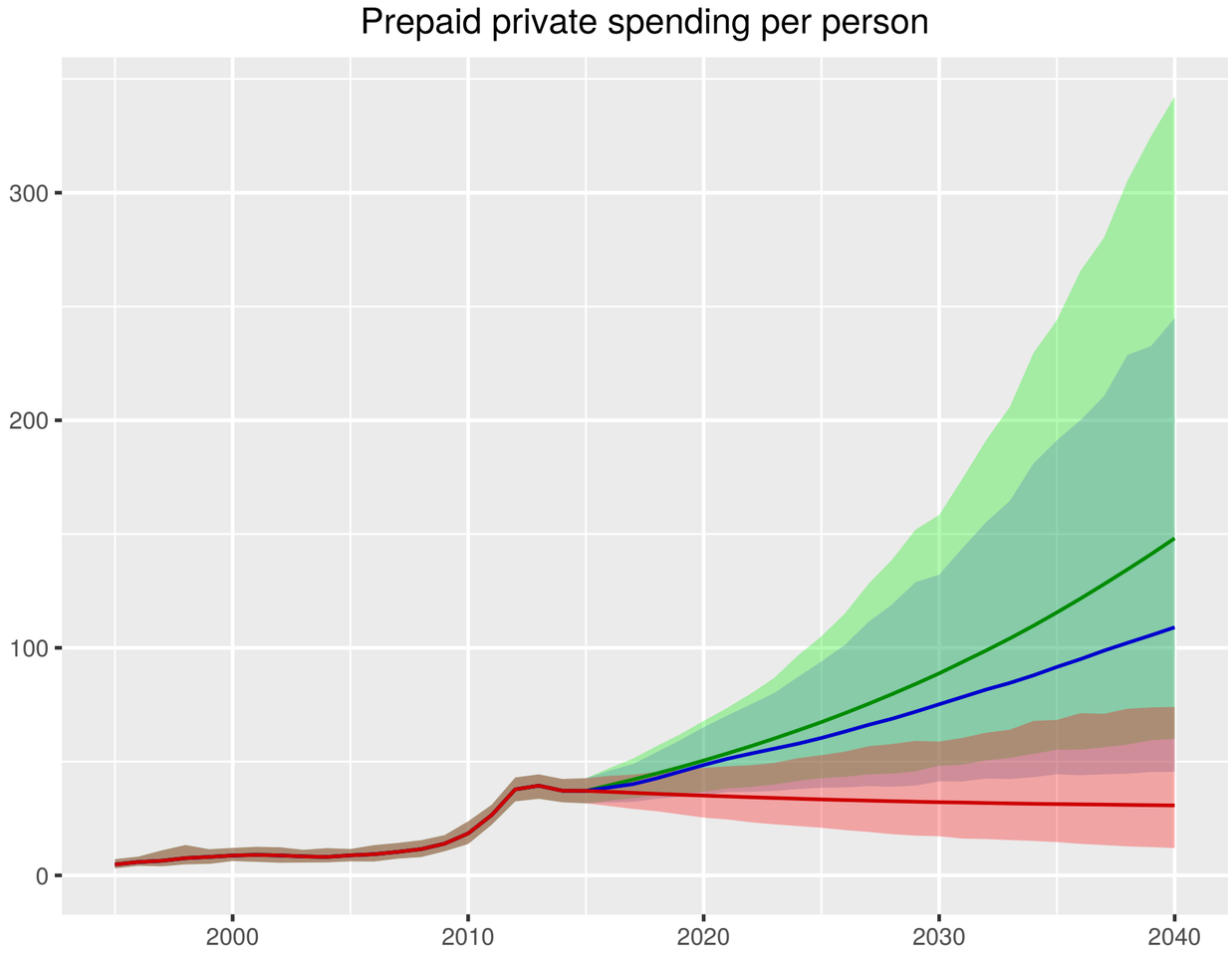
Government health spending per person



Out-of-pocket spending per person



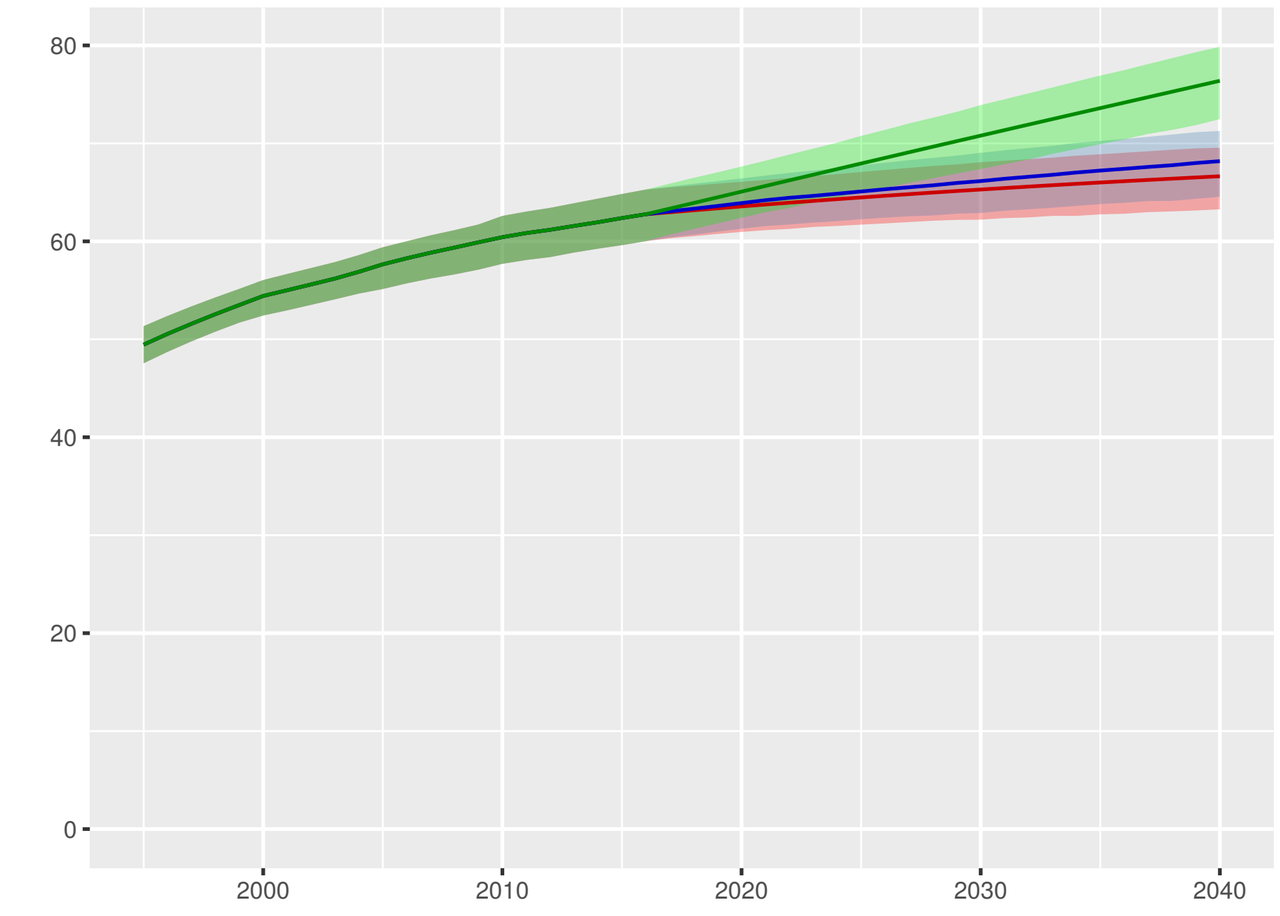
Prepaid private spending per person



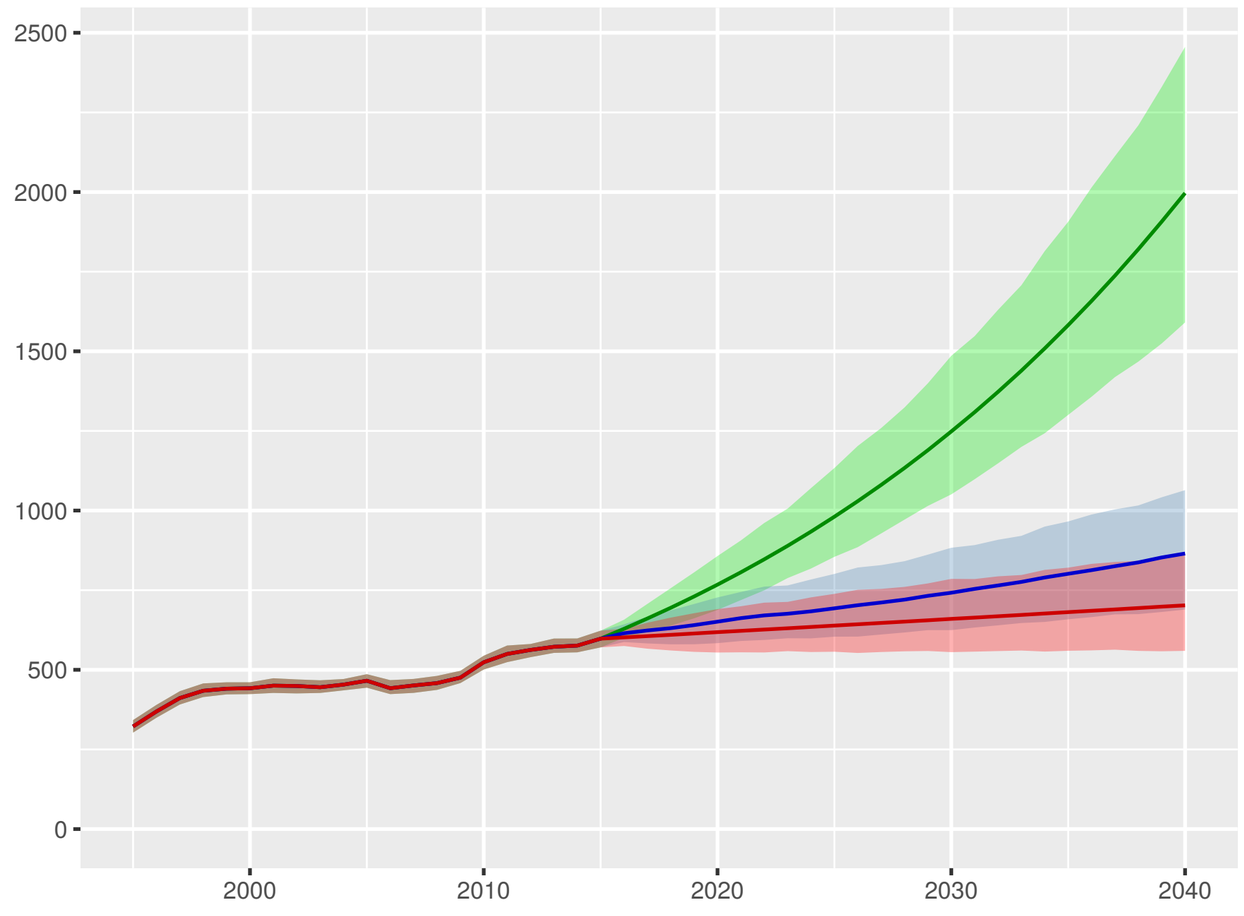
Scenario — Better — Reference — Worse

El Salvador

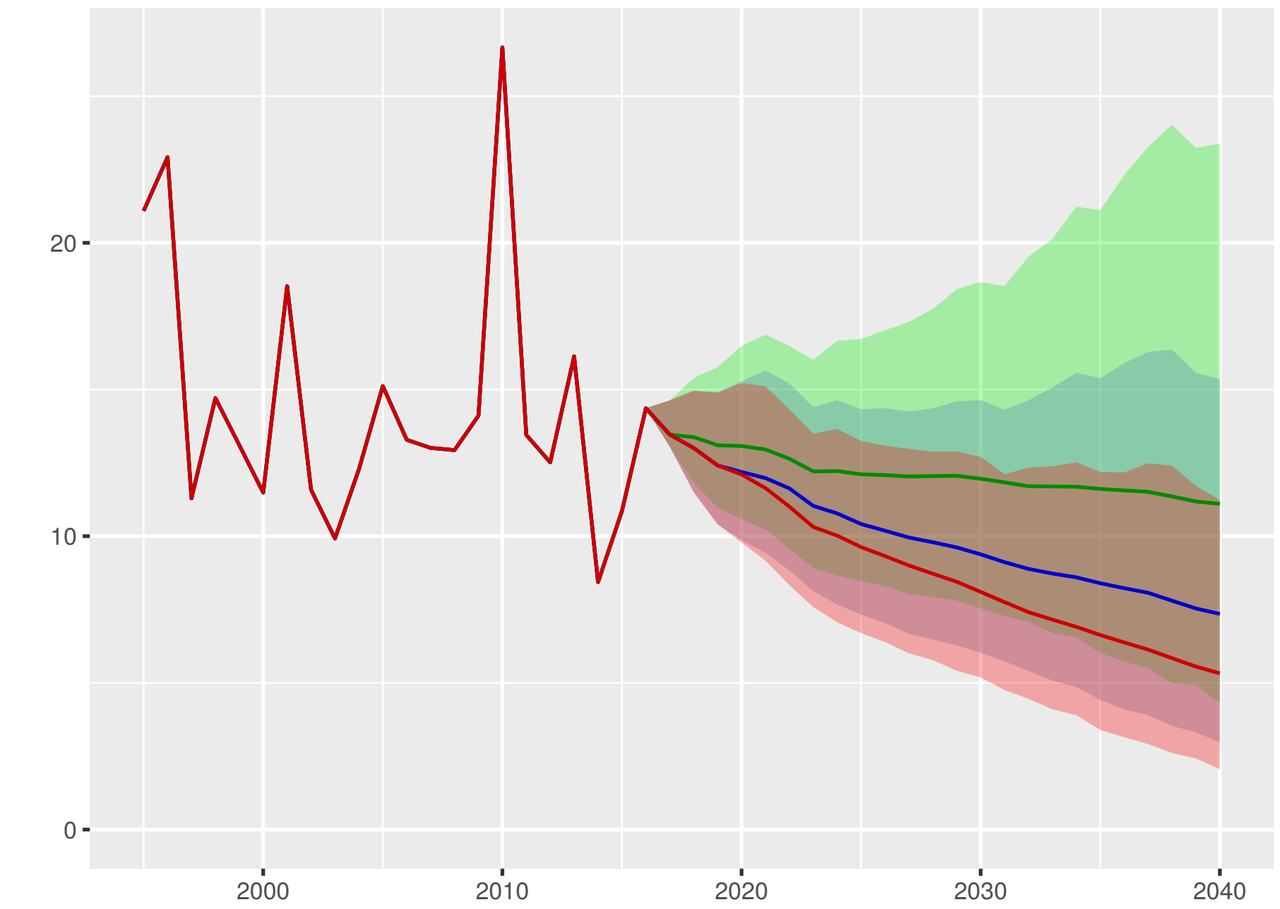
Universal health coverage index



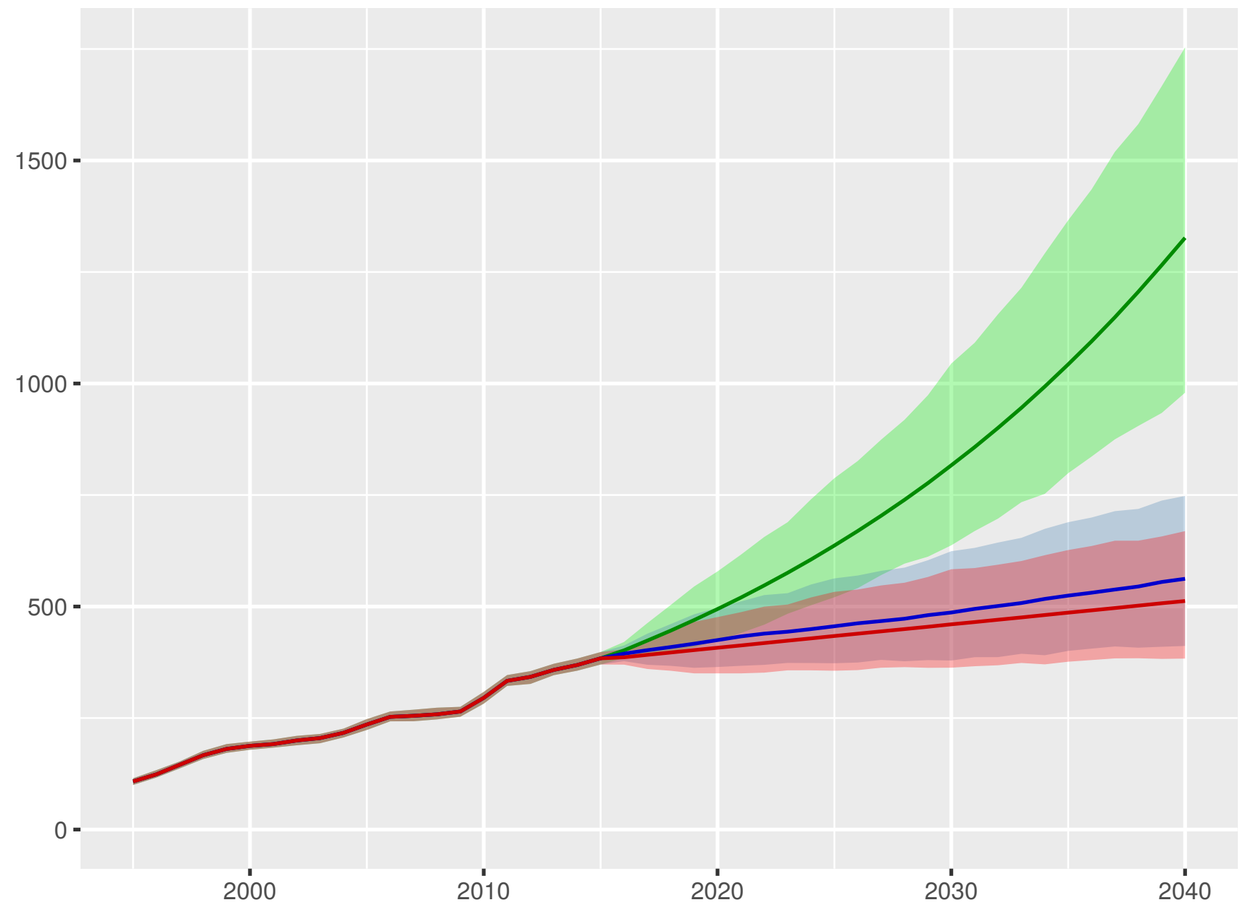
Total health spending per person



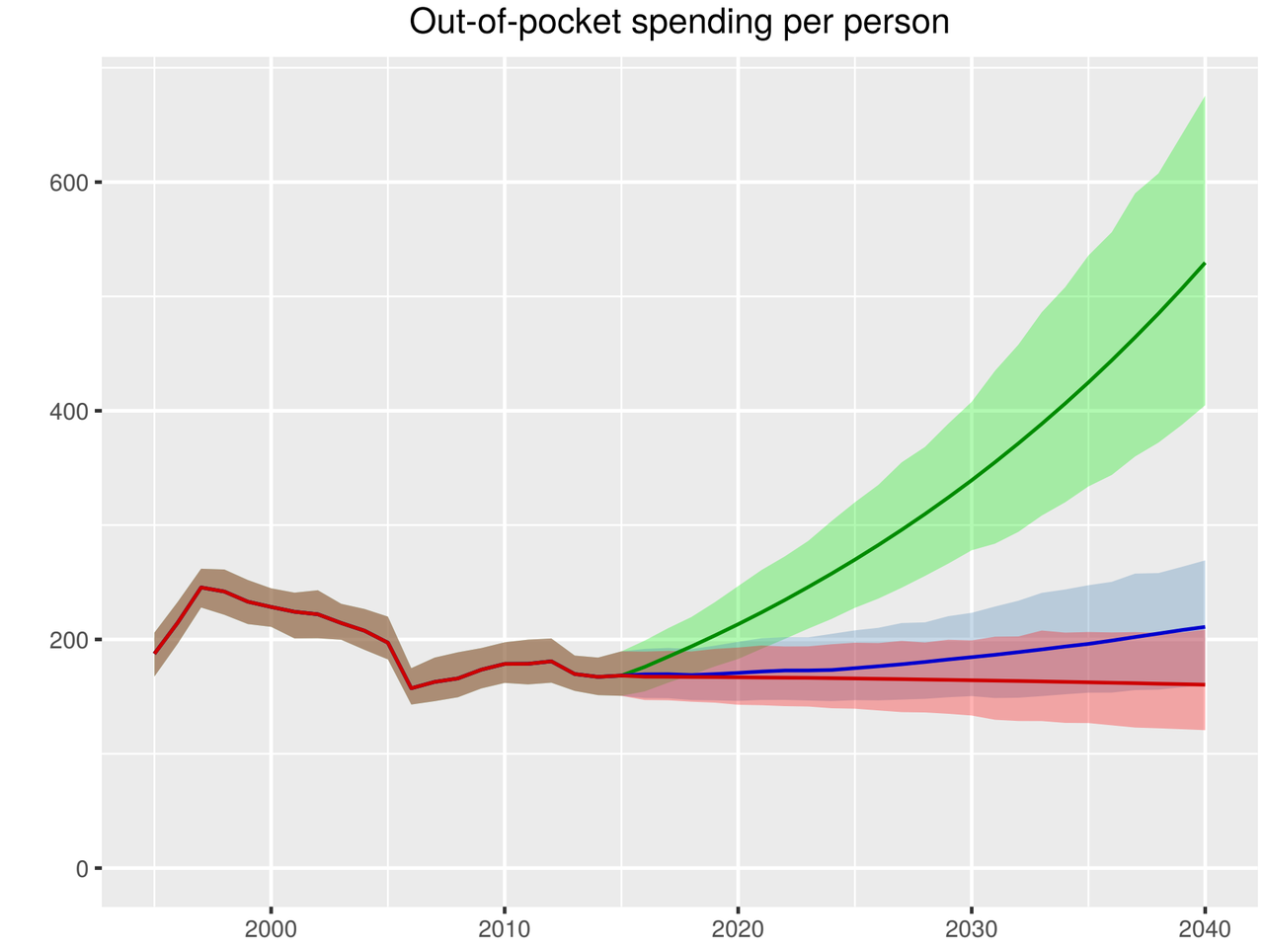
Development assistance for health received per person



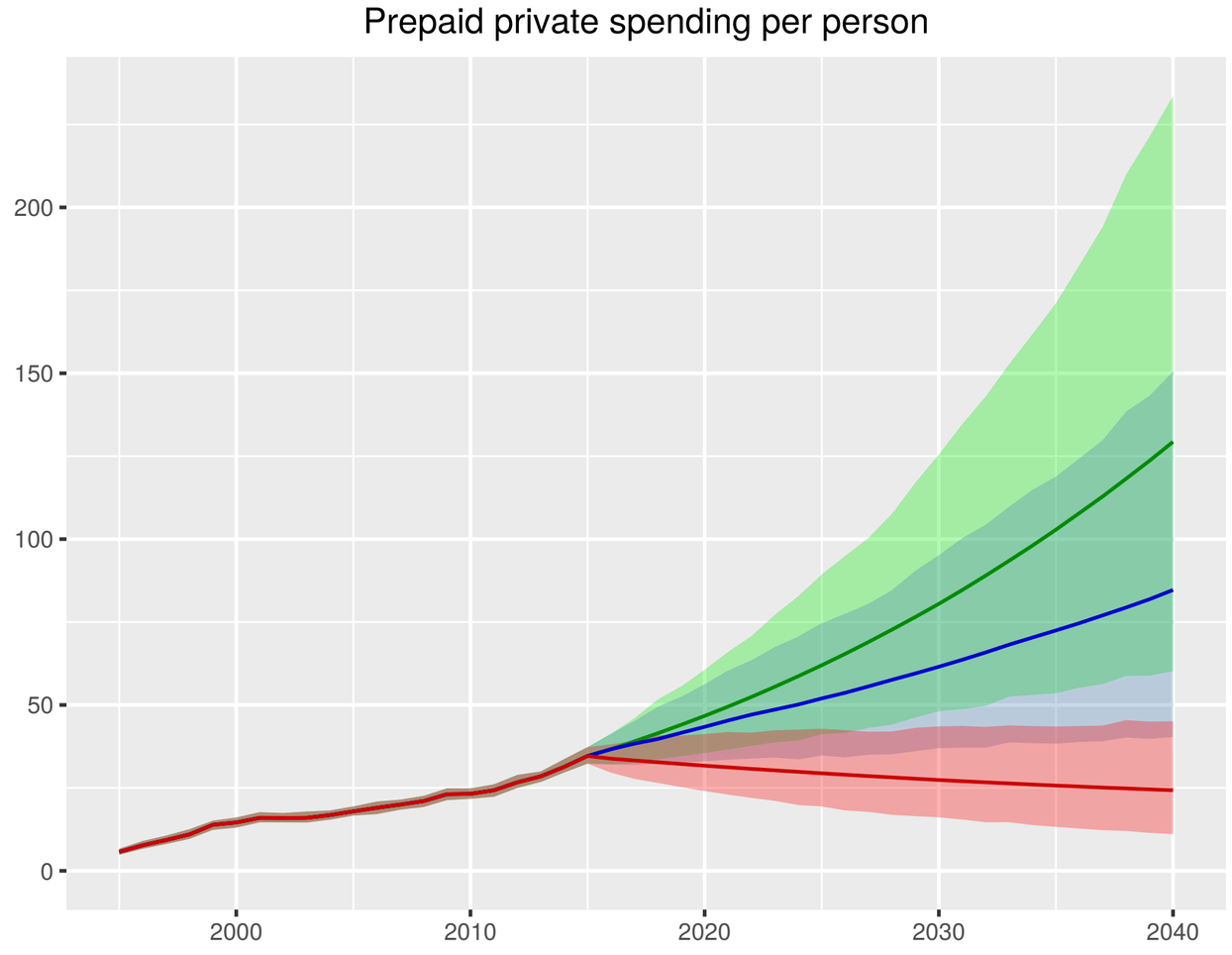
Government health spending per person



Out-of-pocket spending per person



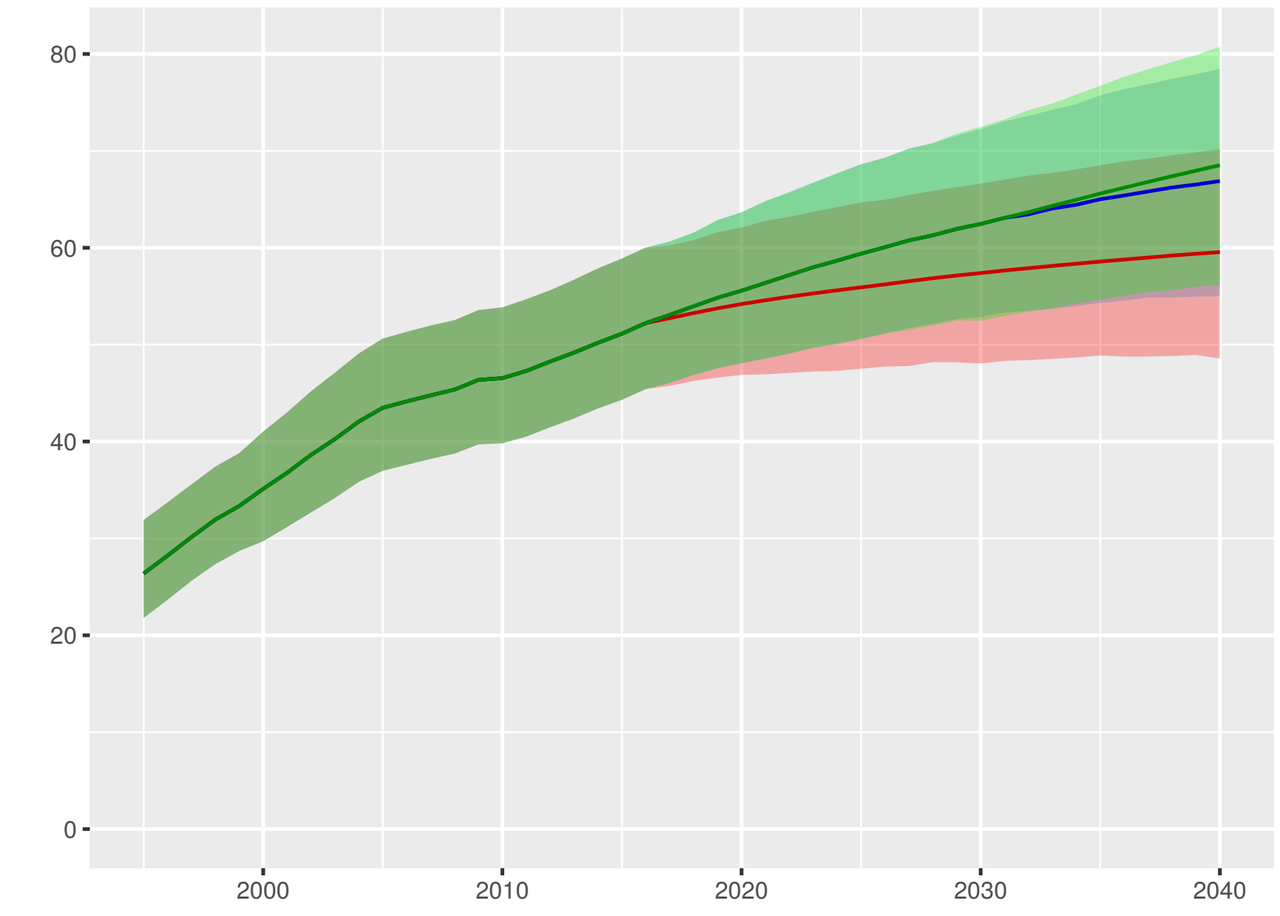
Prepaid private spending per person



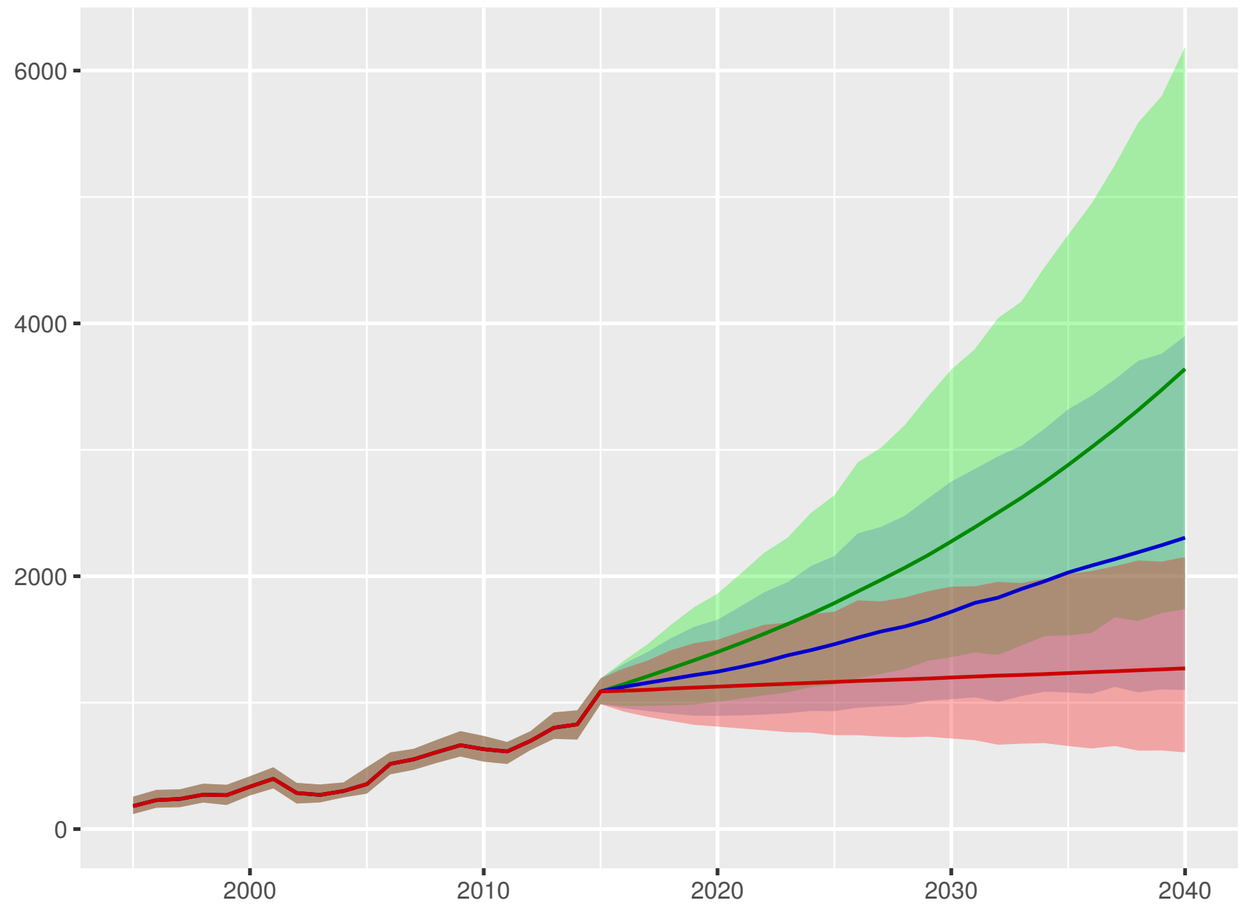
Scenario — Better — Reference — Worse

Equatorial Guinea

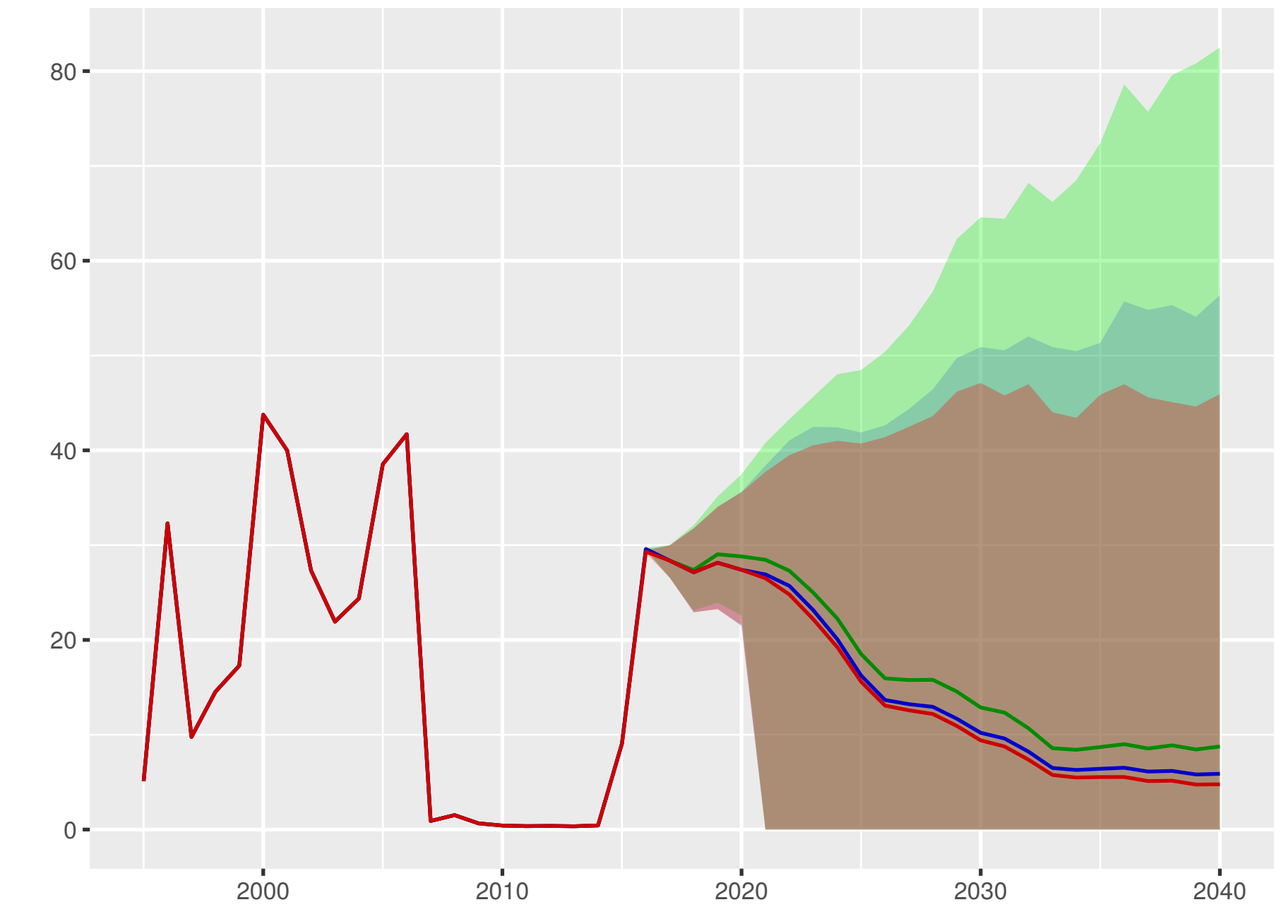
Universal health coverage index



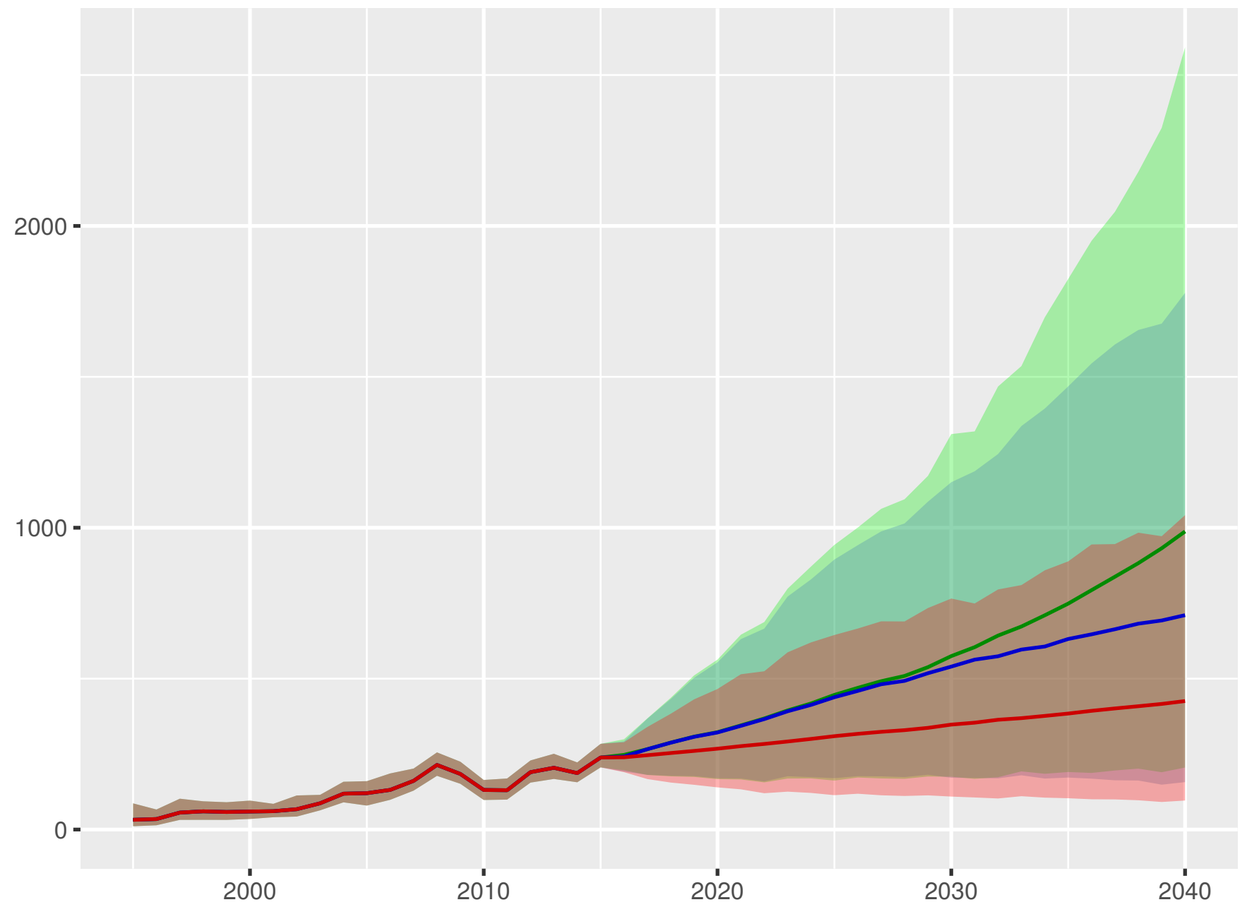
Total health spending per person



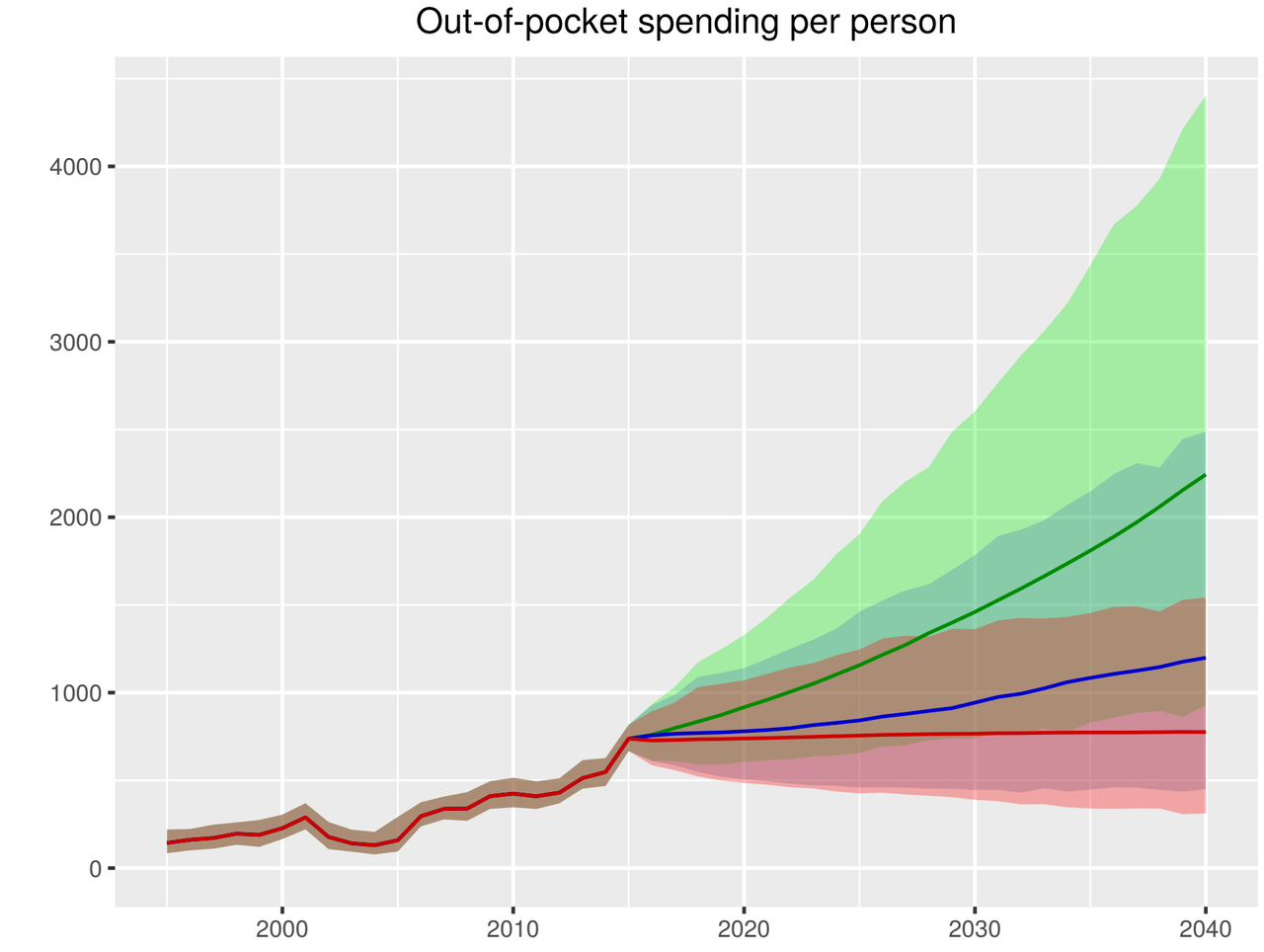
Development assistance for health received per person



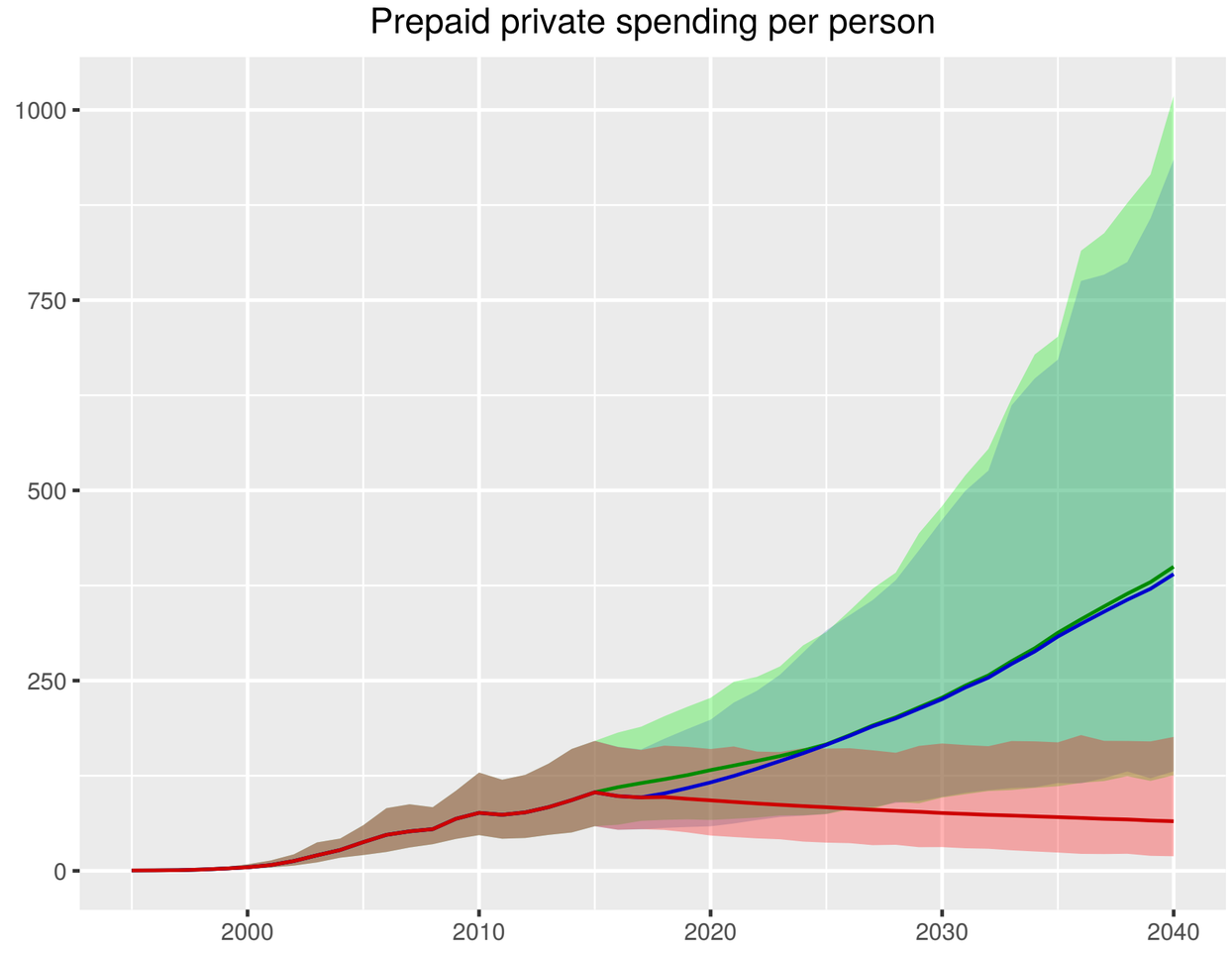
Government health spending per person



Out-of-pocket spending per person



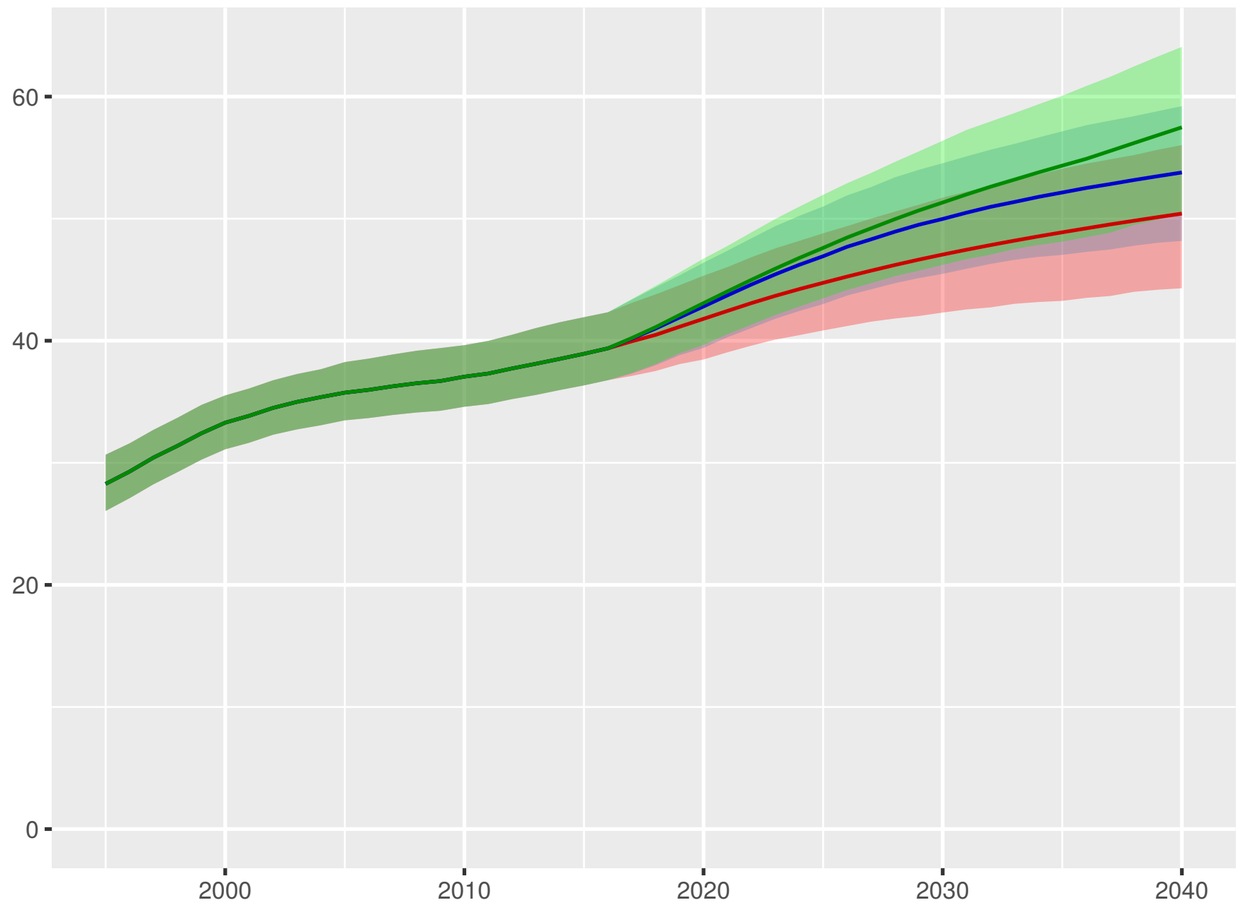
Prepaid private spending per person



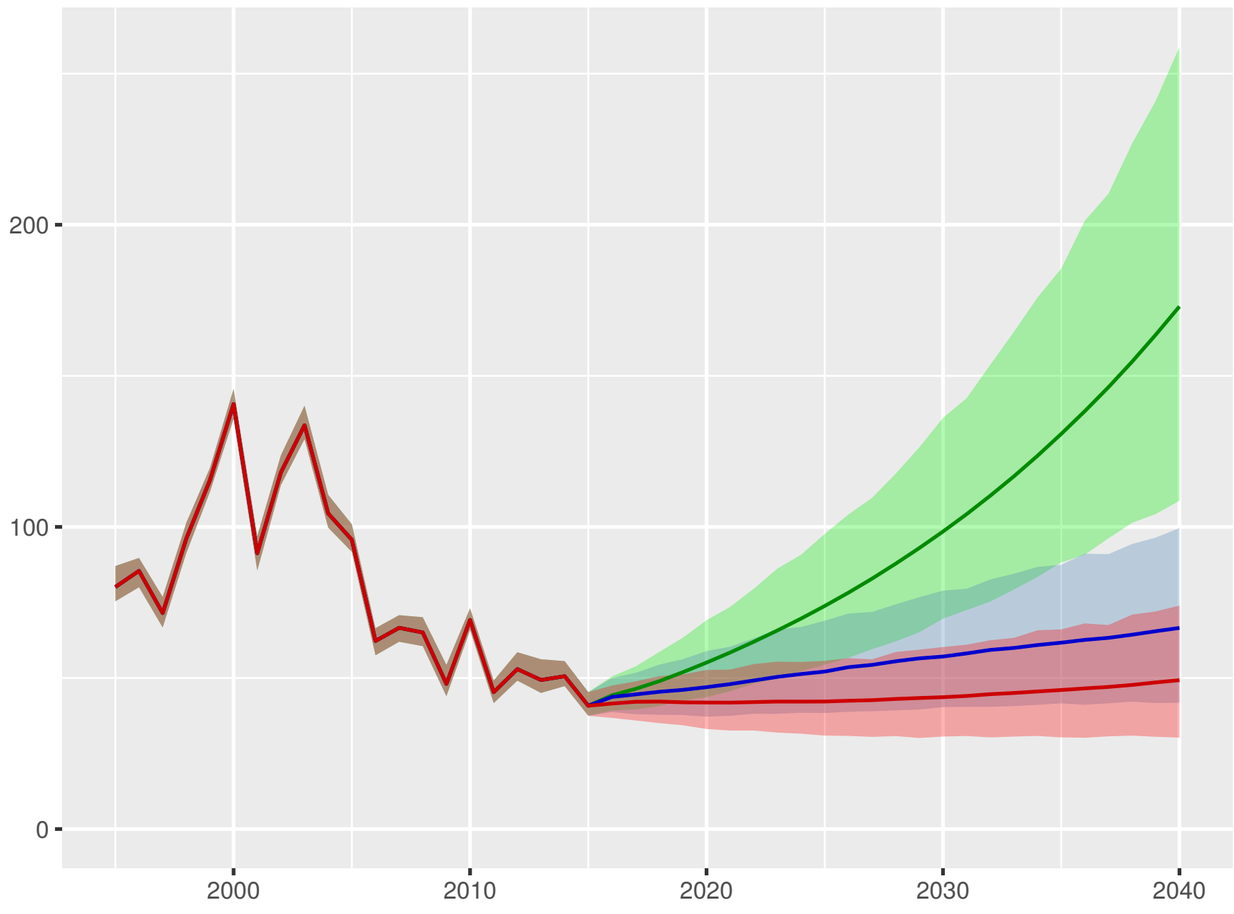
Scenario — Better — Reference — Worse

Eritrea

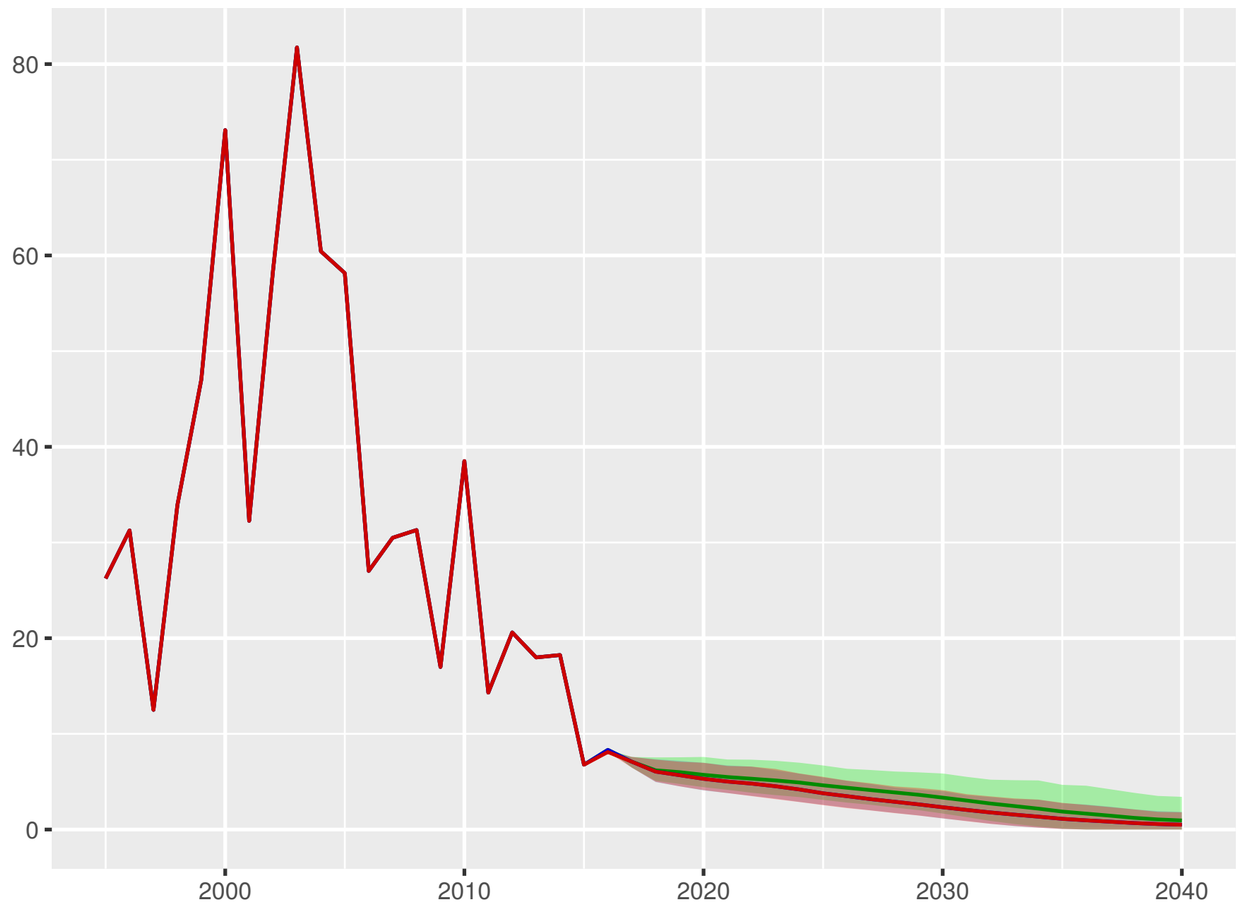
Universal health coverage index



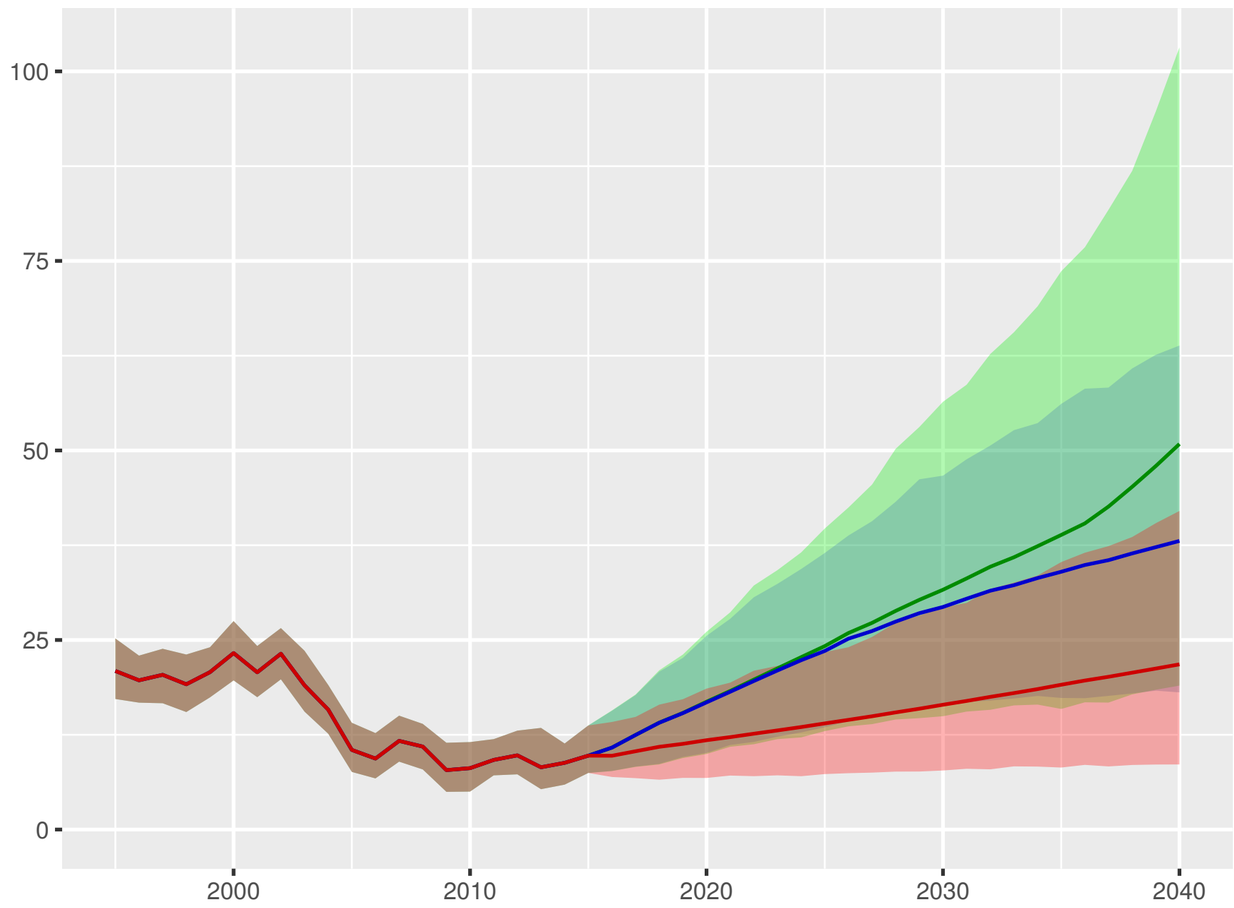
Total health spending per person



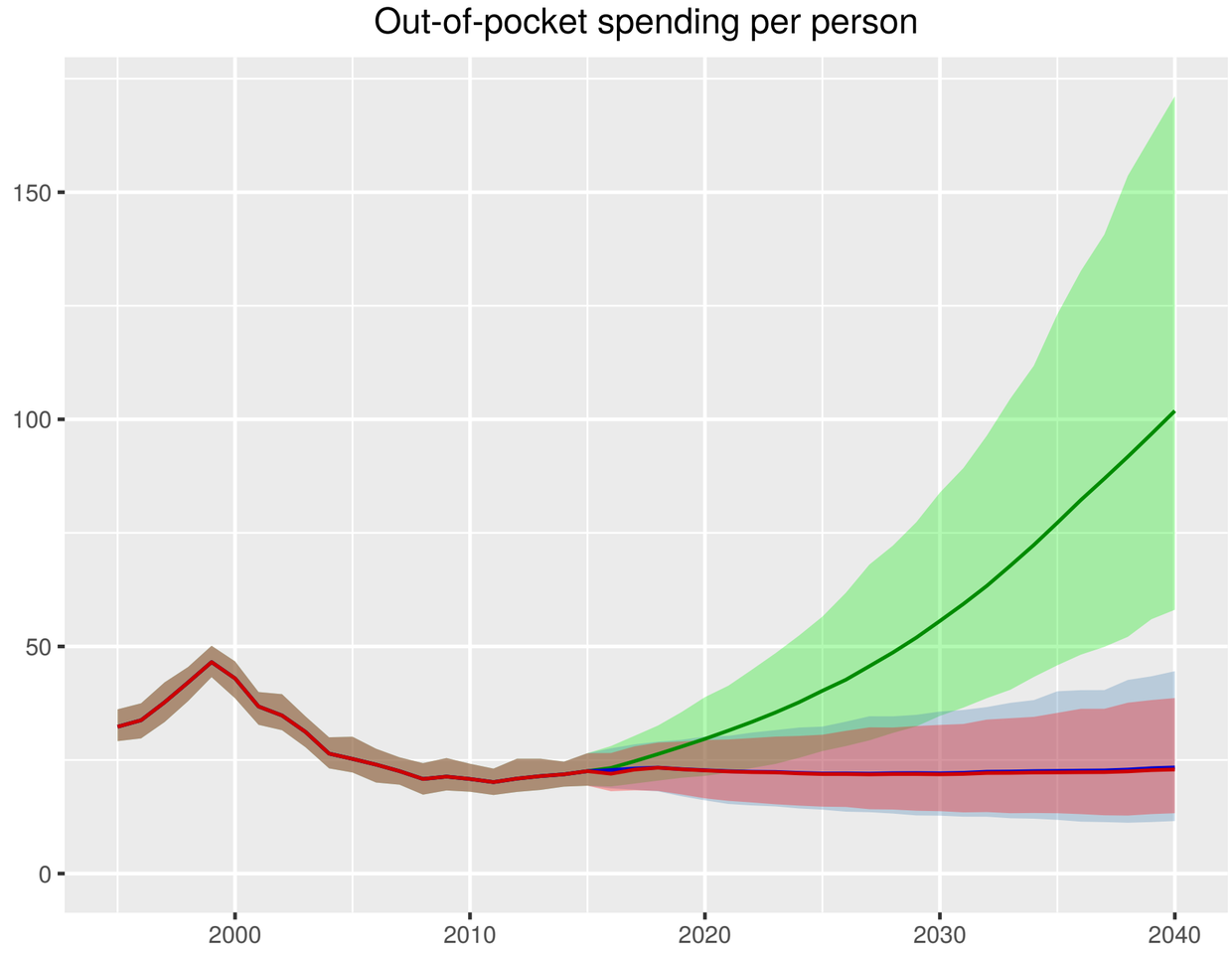
Development assistance for health received per person



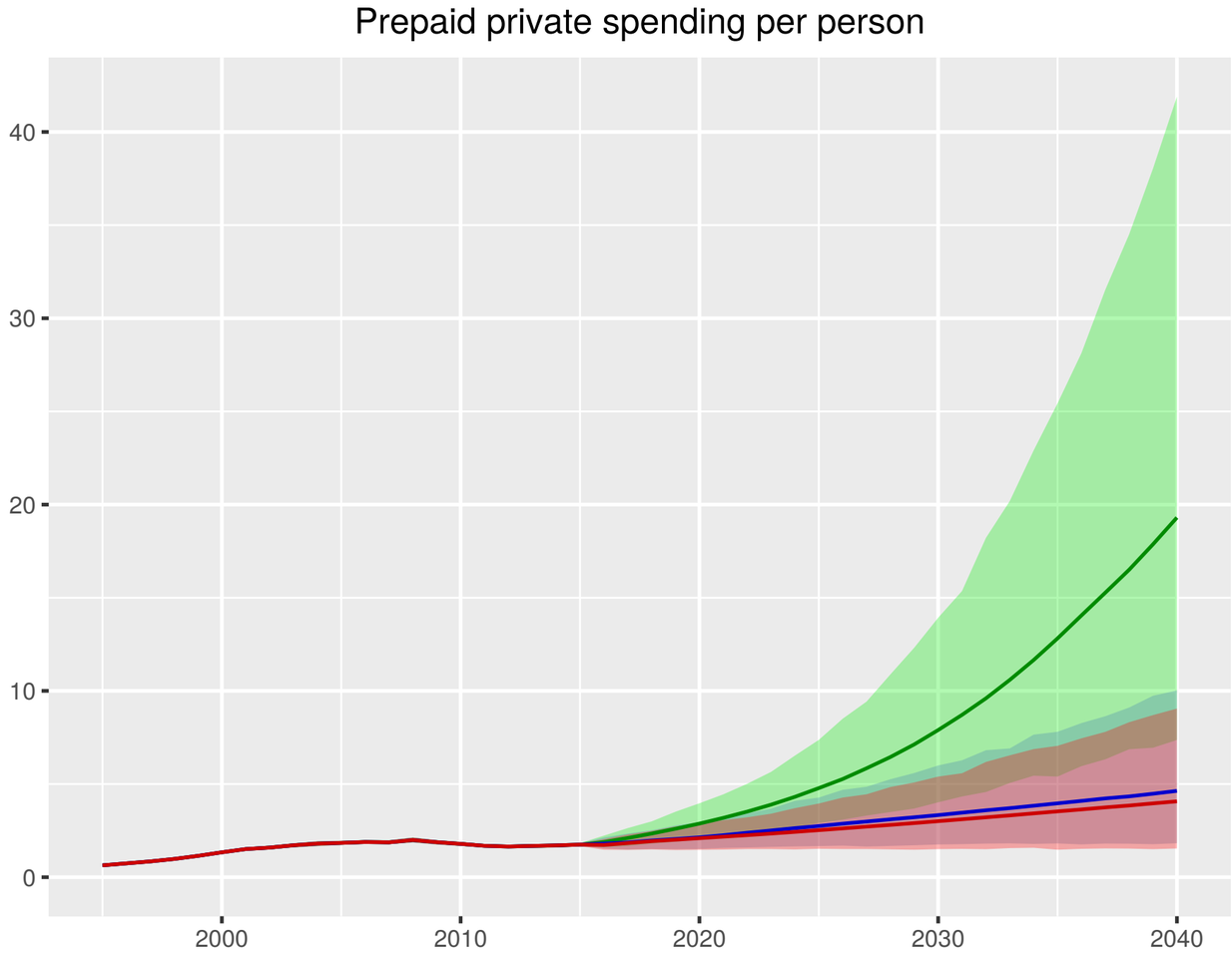
Government health spending per person



Out-of-pocket spending per person



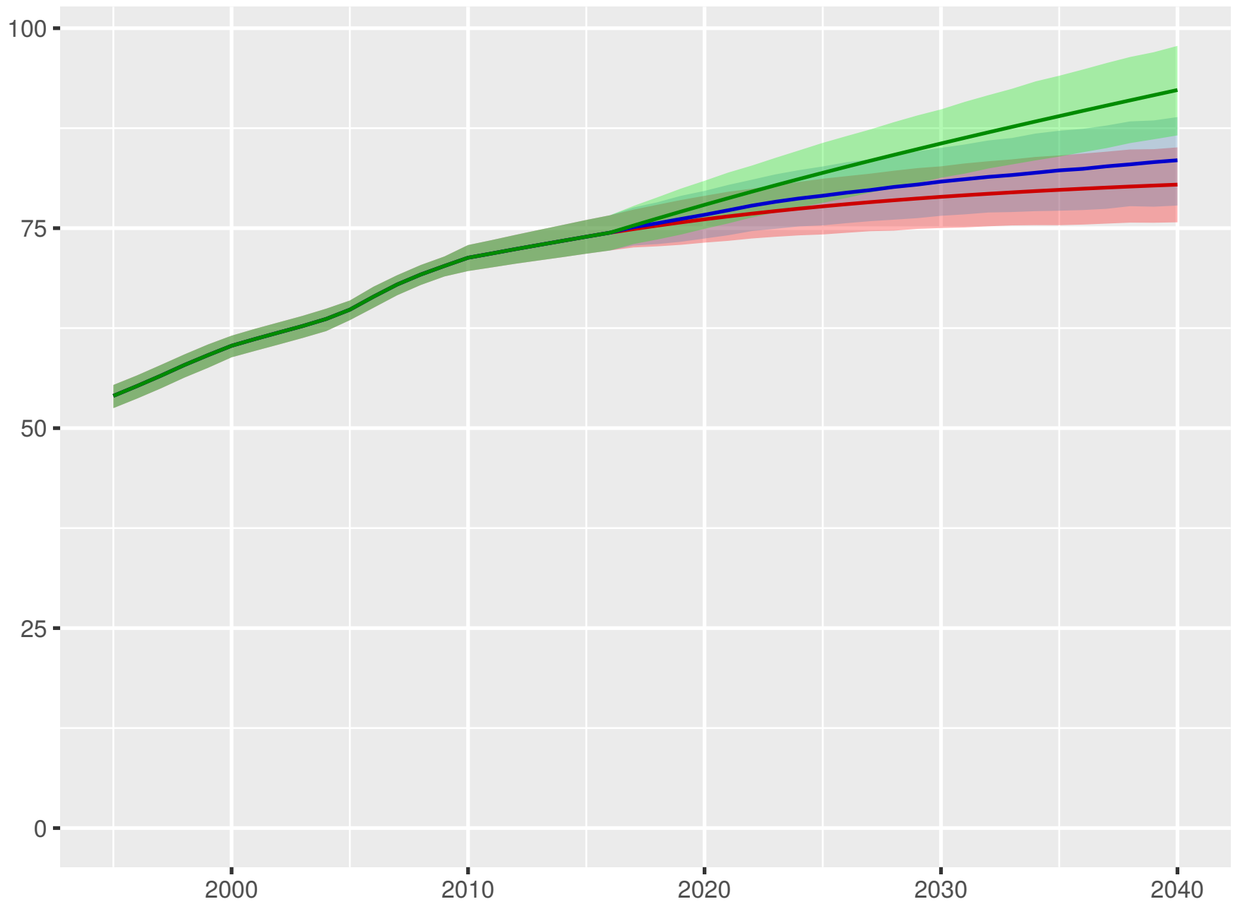
Prepaid private spending per person



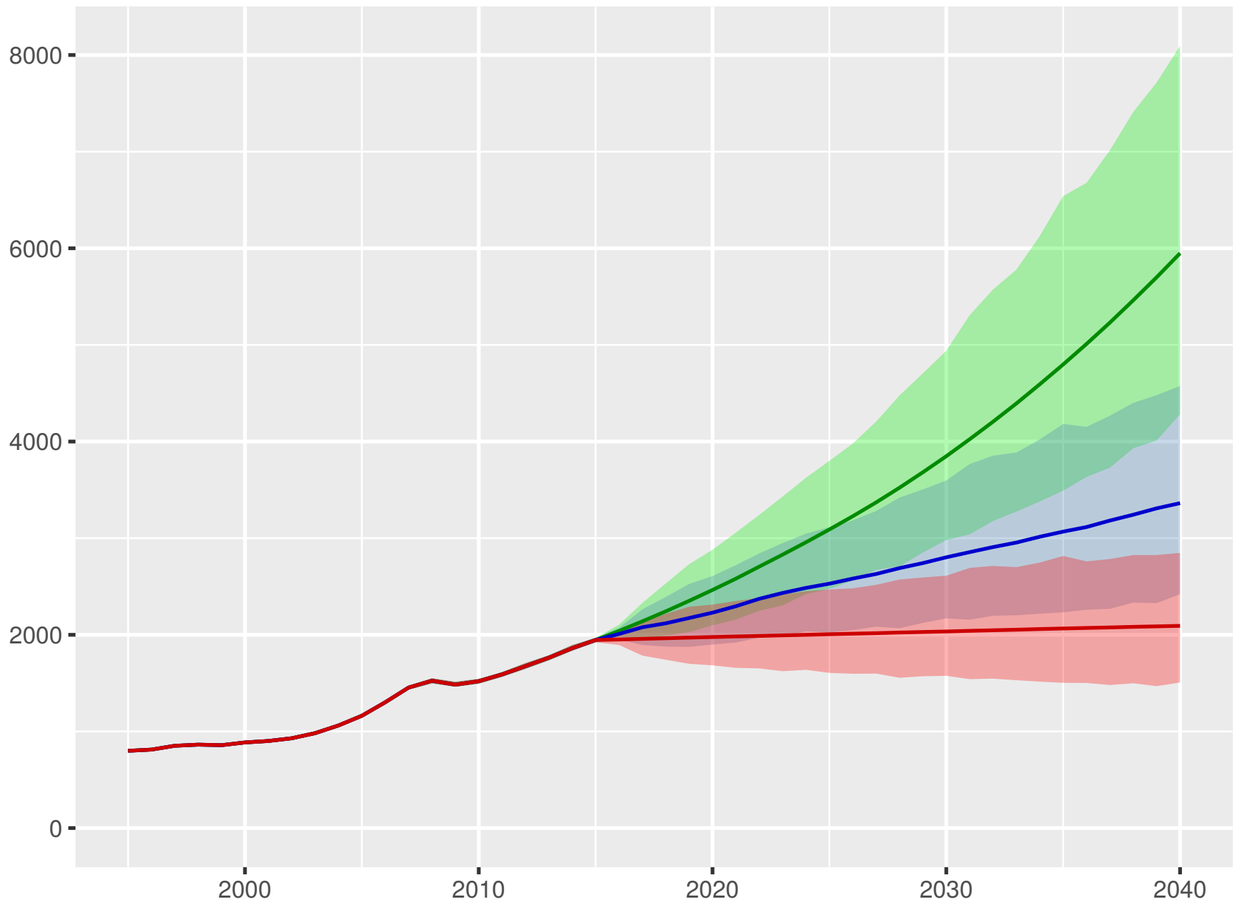
Scenario — Better — Reference — Worse

Estonia

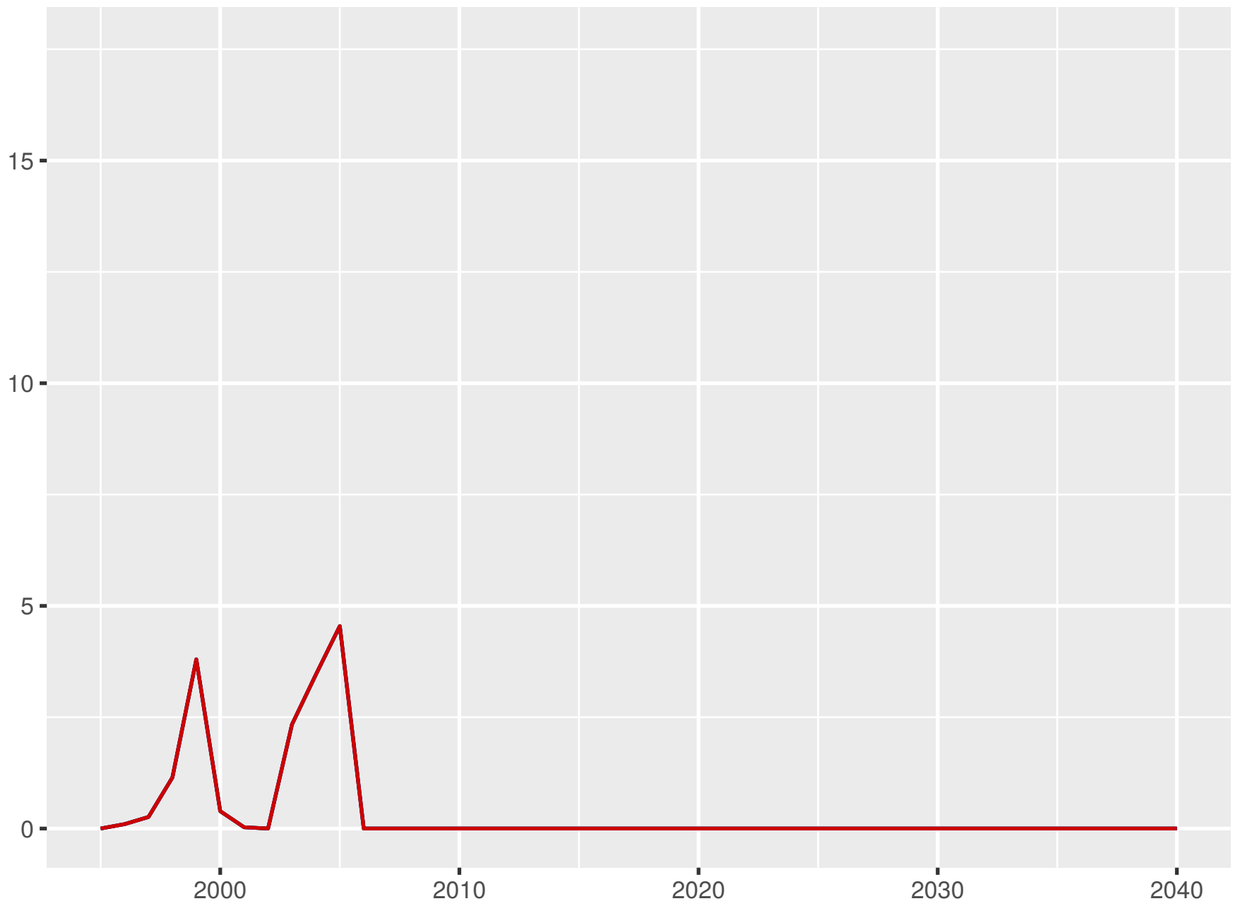
Universal health coverage index



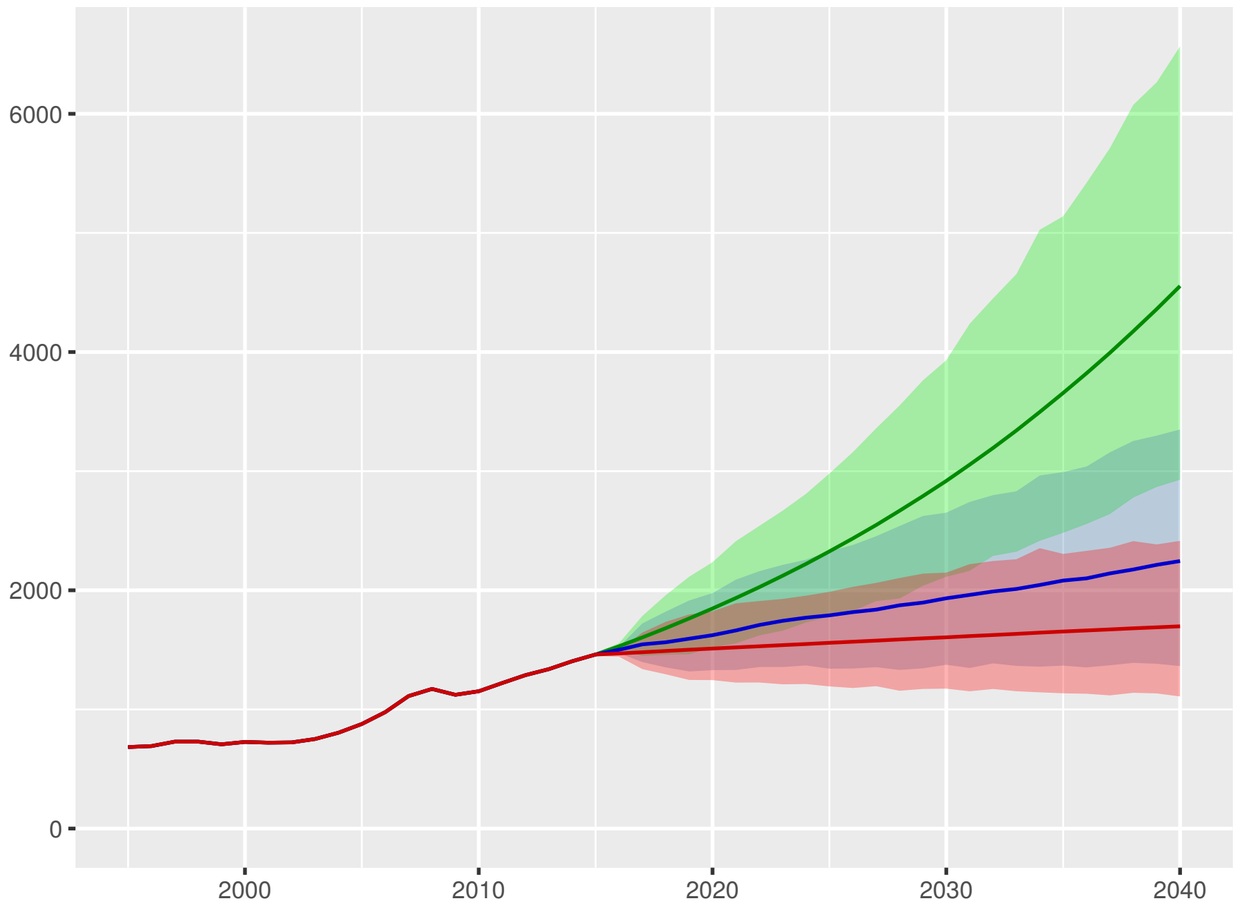
Total health spending per person



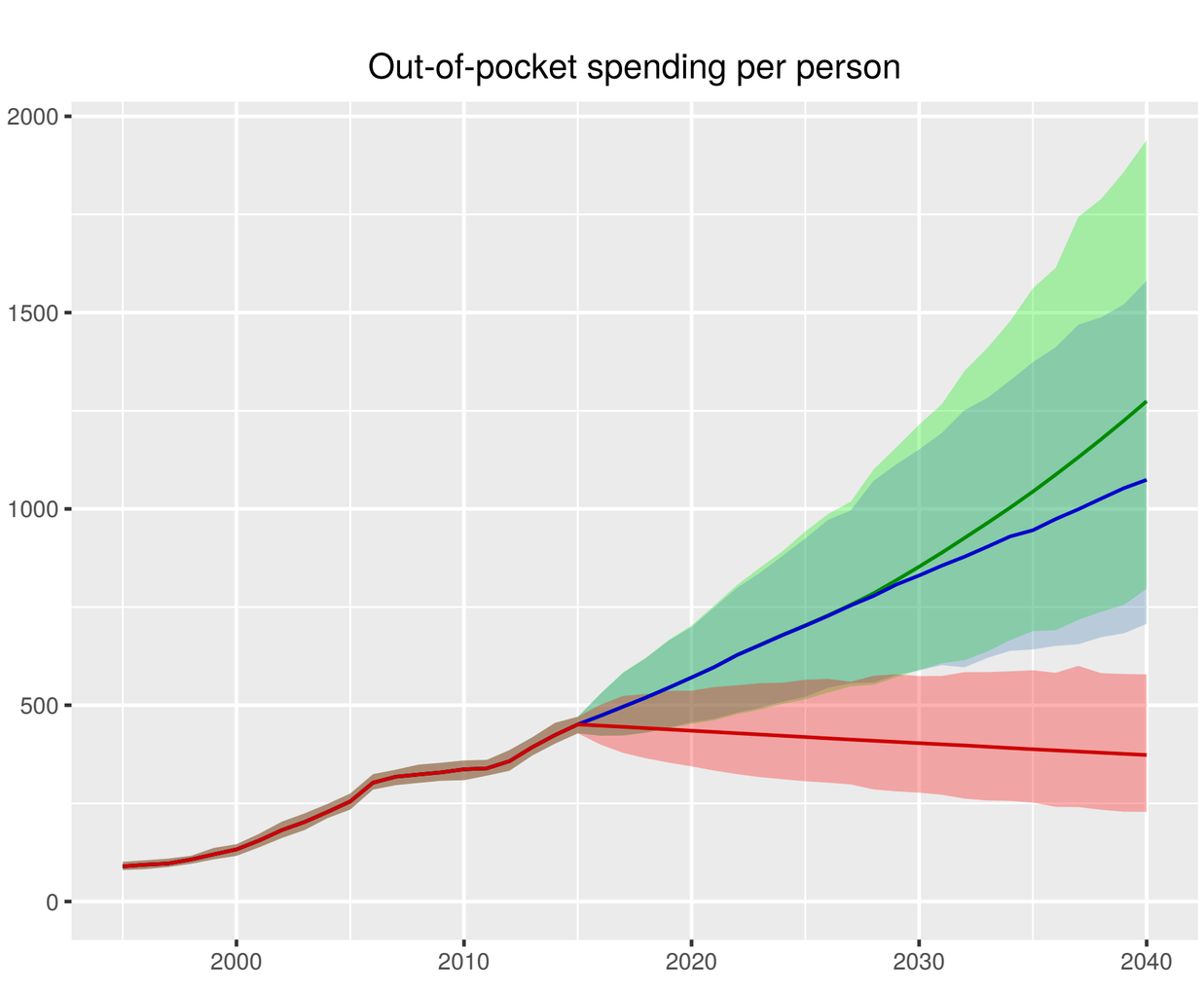
Development assistance for health received per person



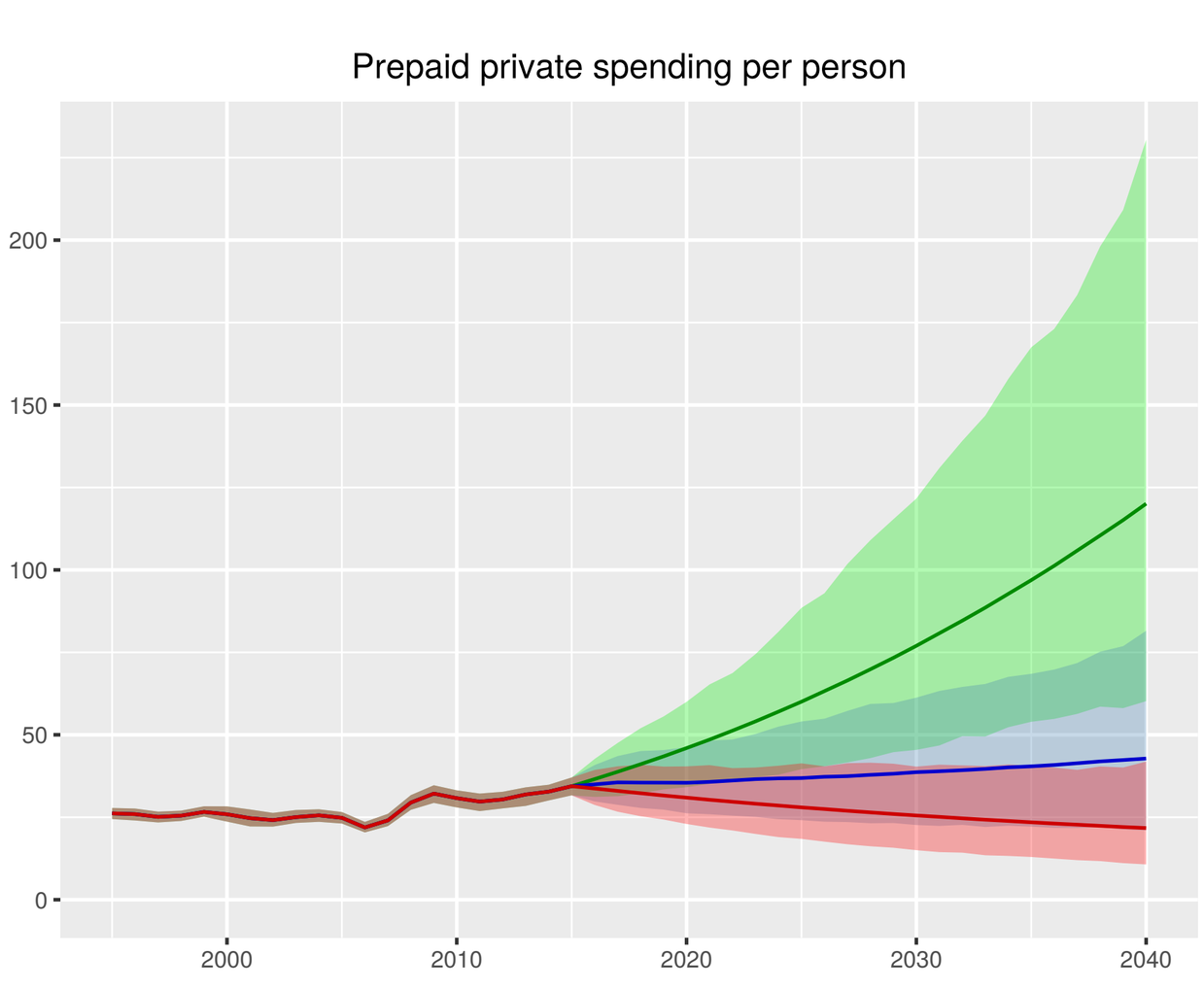
Government health spending per person



Out-of-pocket spending per person



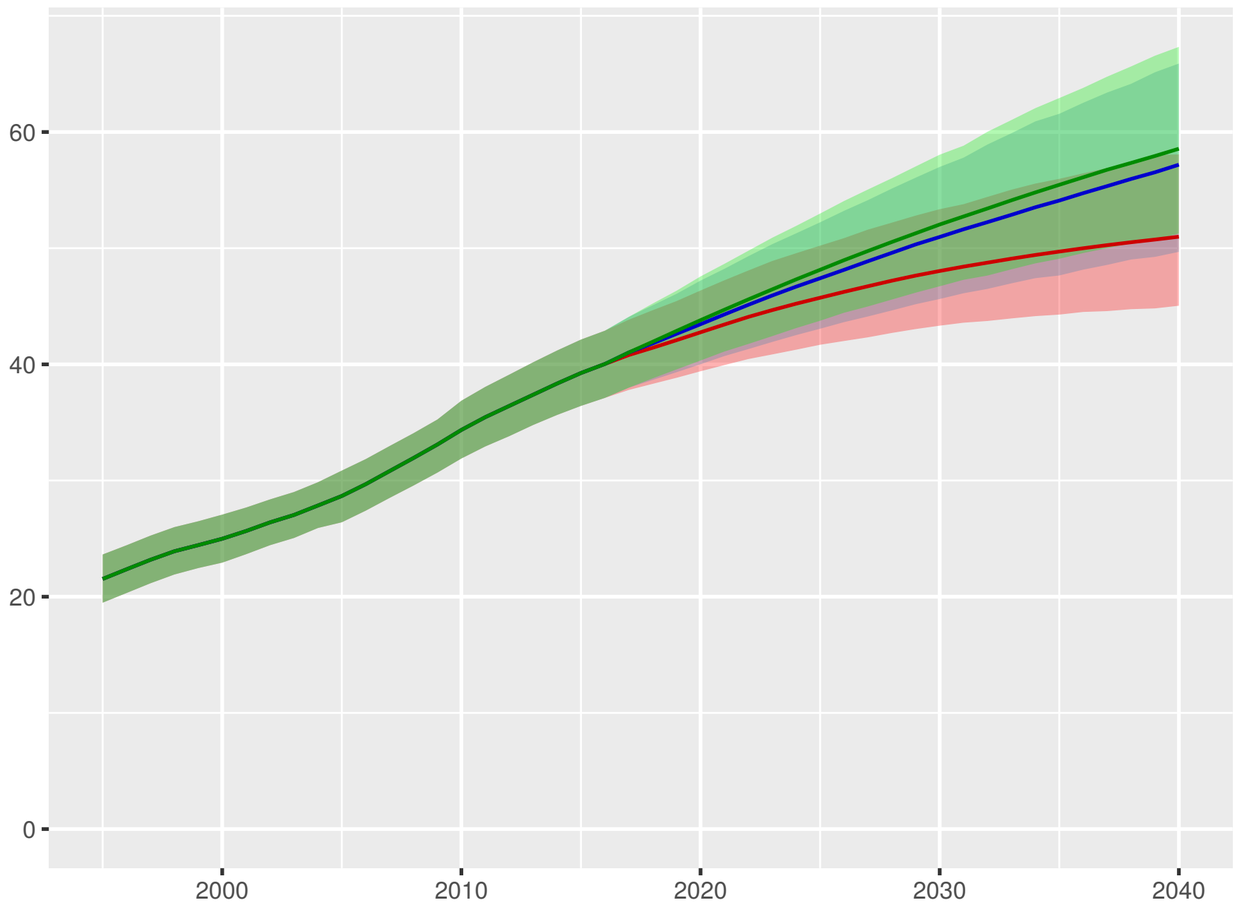
Prepaid private spending per person



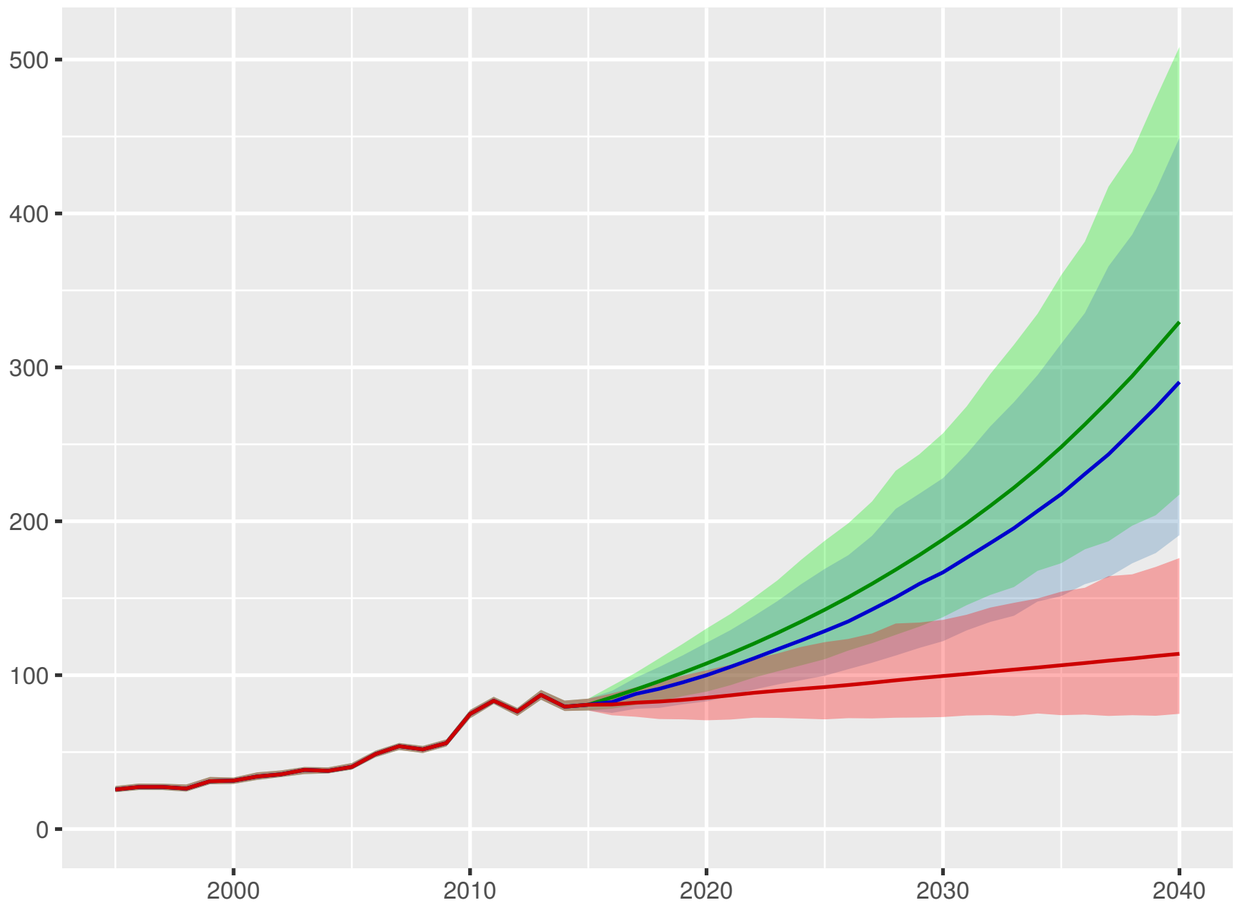
Scenario — Better — Reference — Worse

Ethiopia

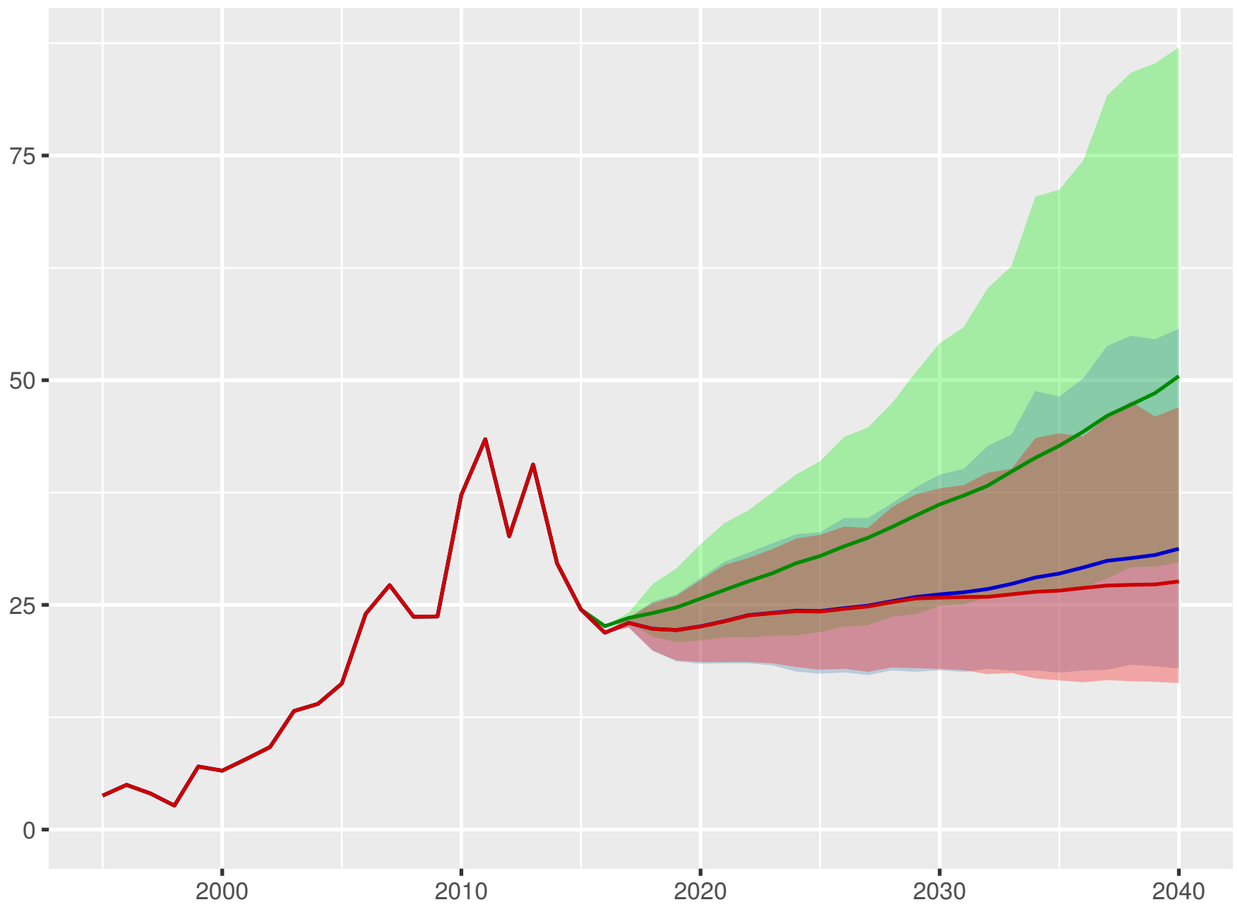
Universal health coverage index



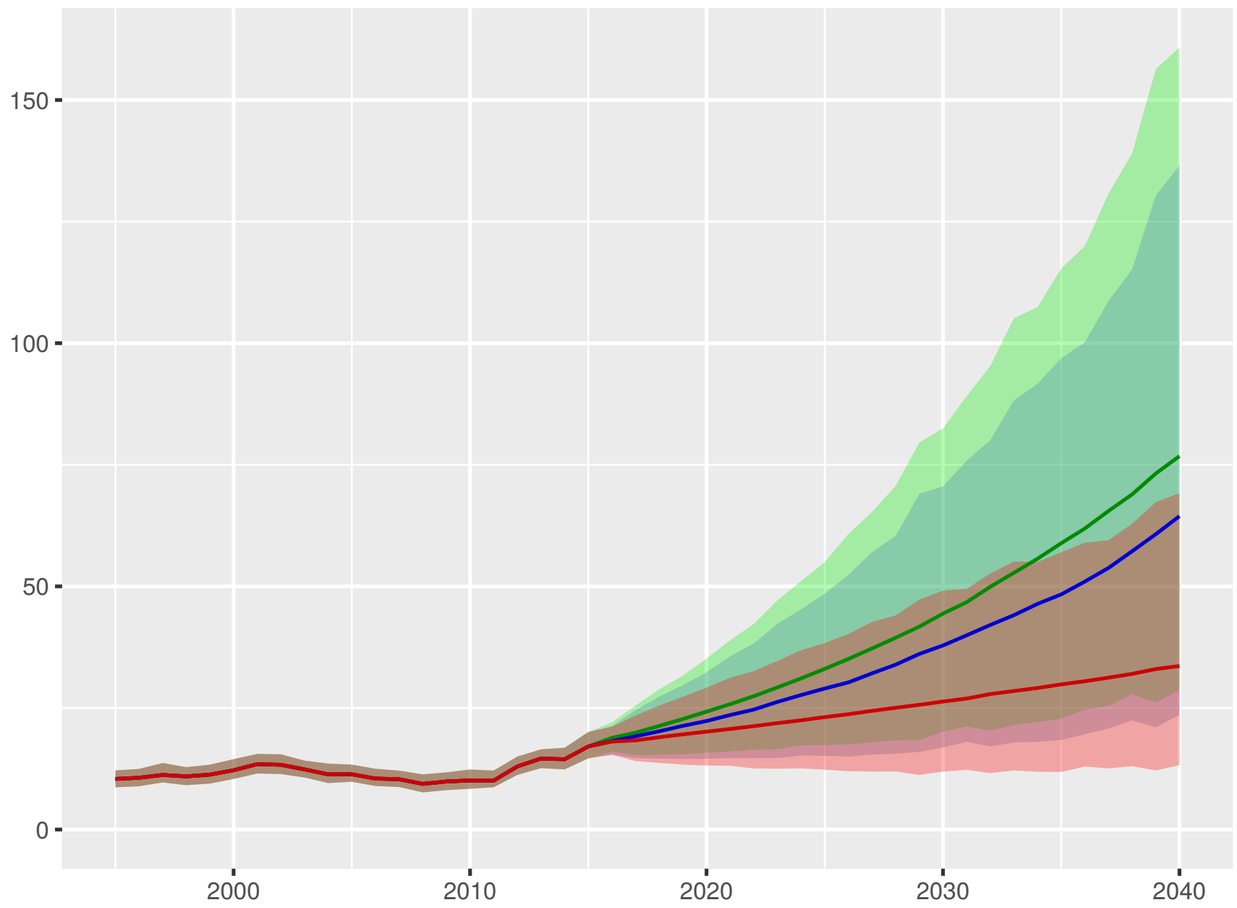
Total health spending per person



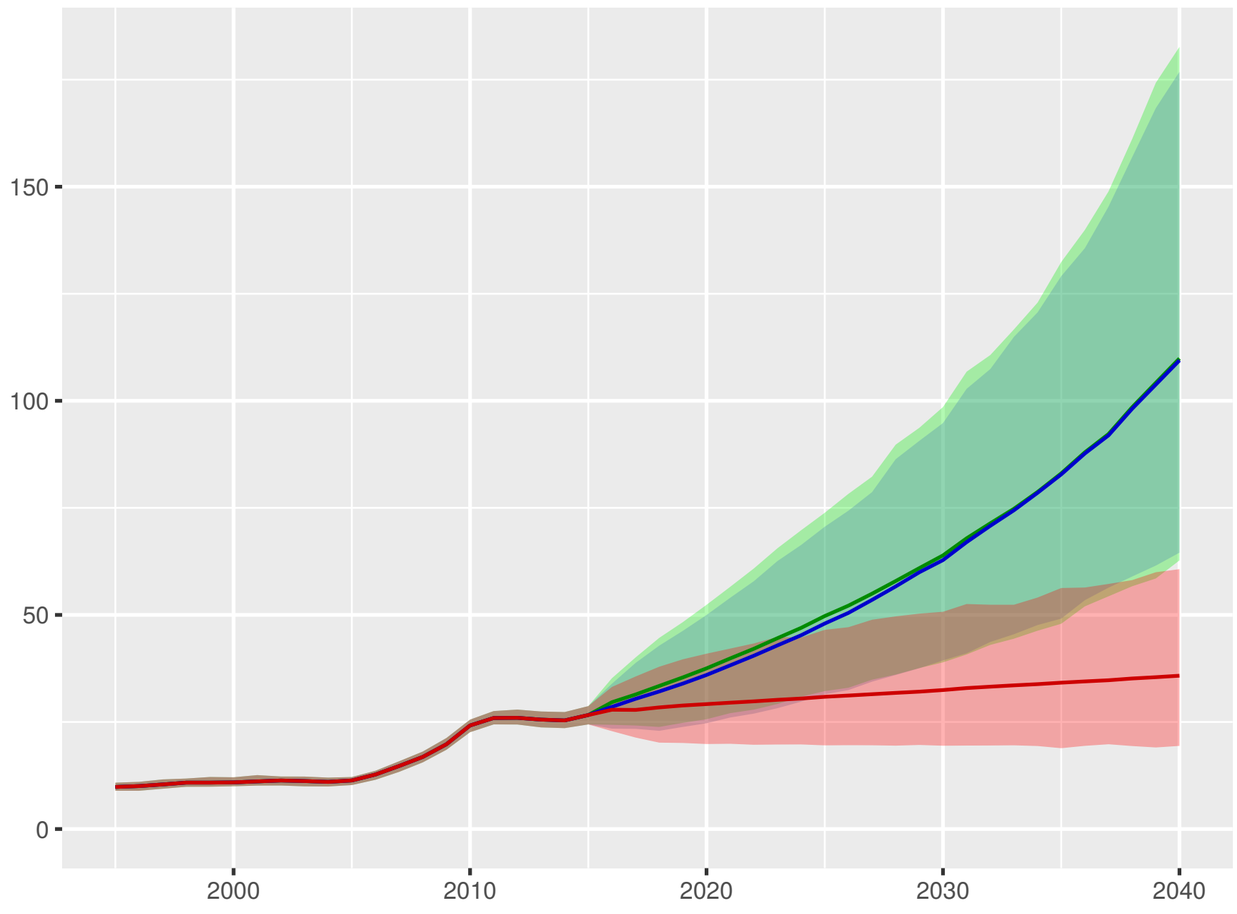
Development assistance for health received per person



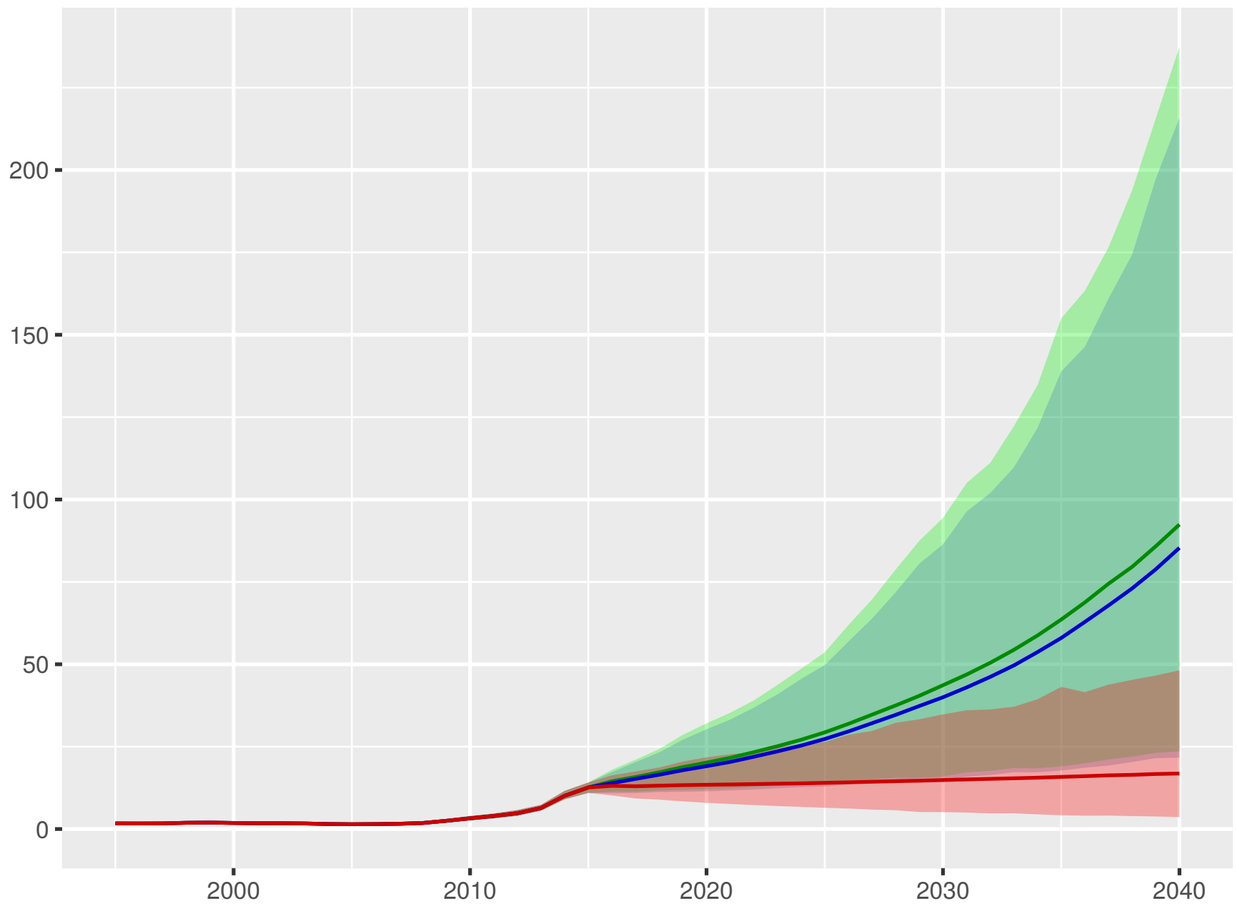
Government health spending per person



Out-of-pocket spending per person



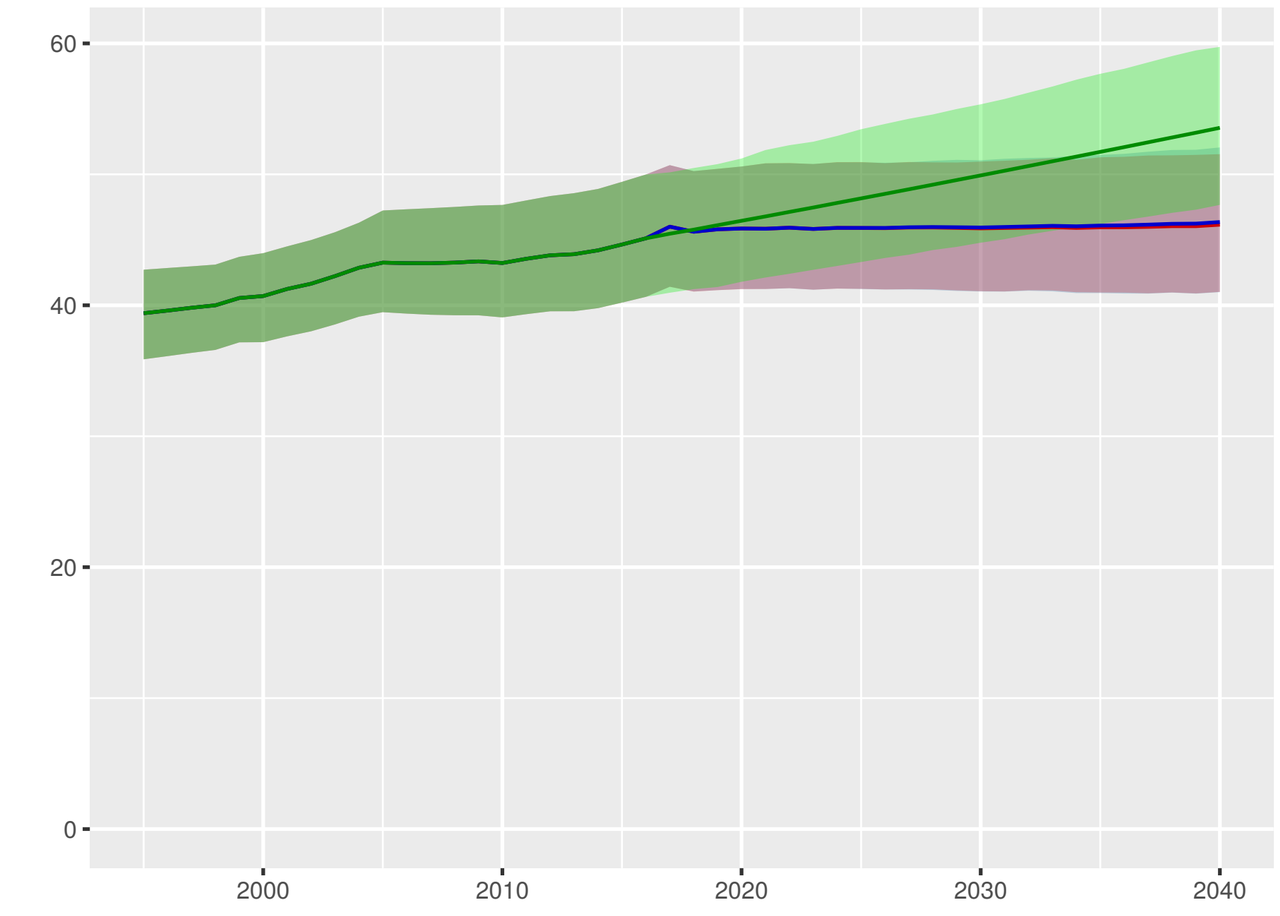
Prepaid private spending per person



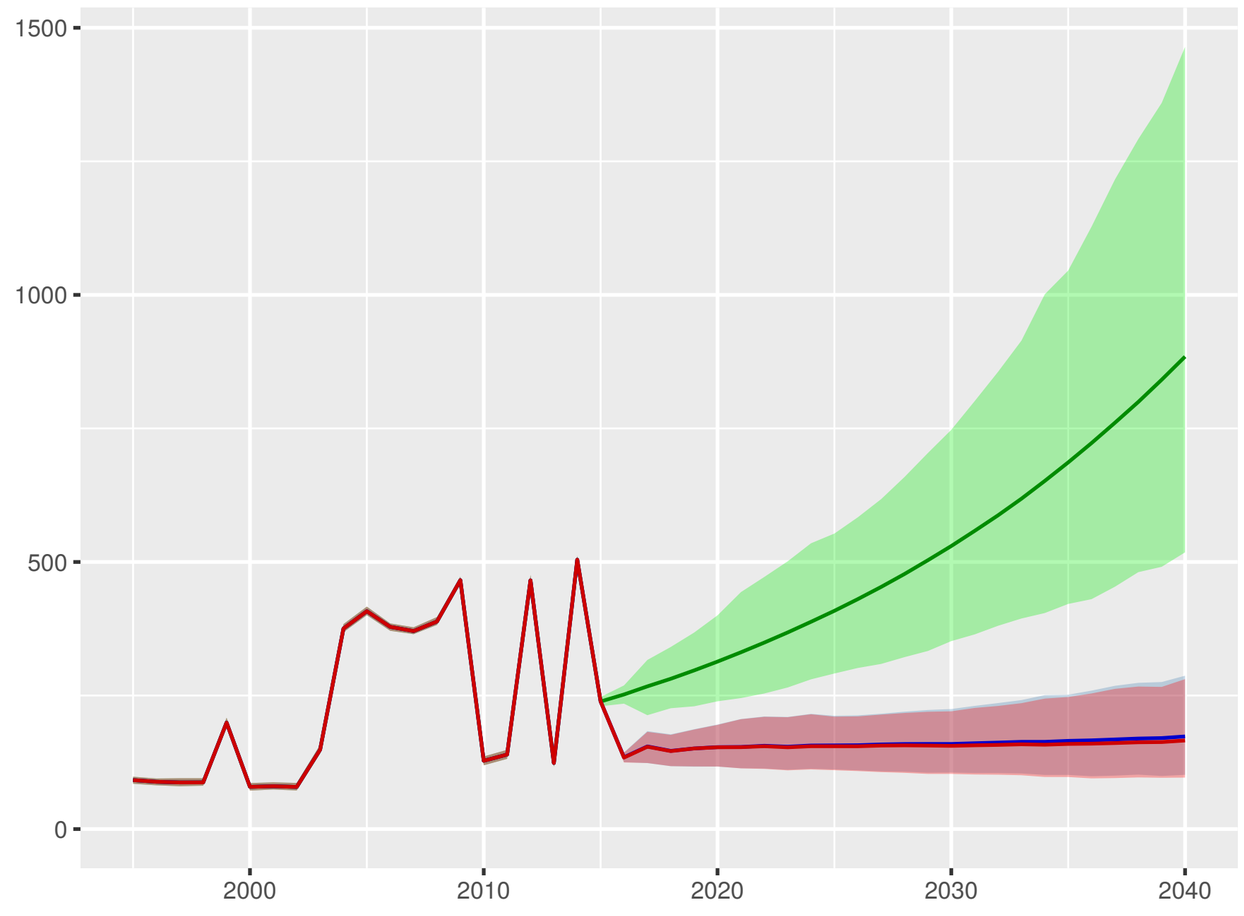
Scenario — Better — Reference — Worse

Federated States of Micronesia

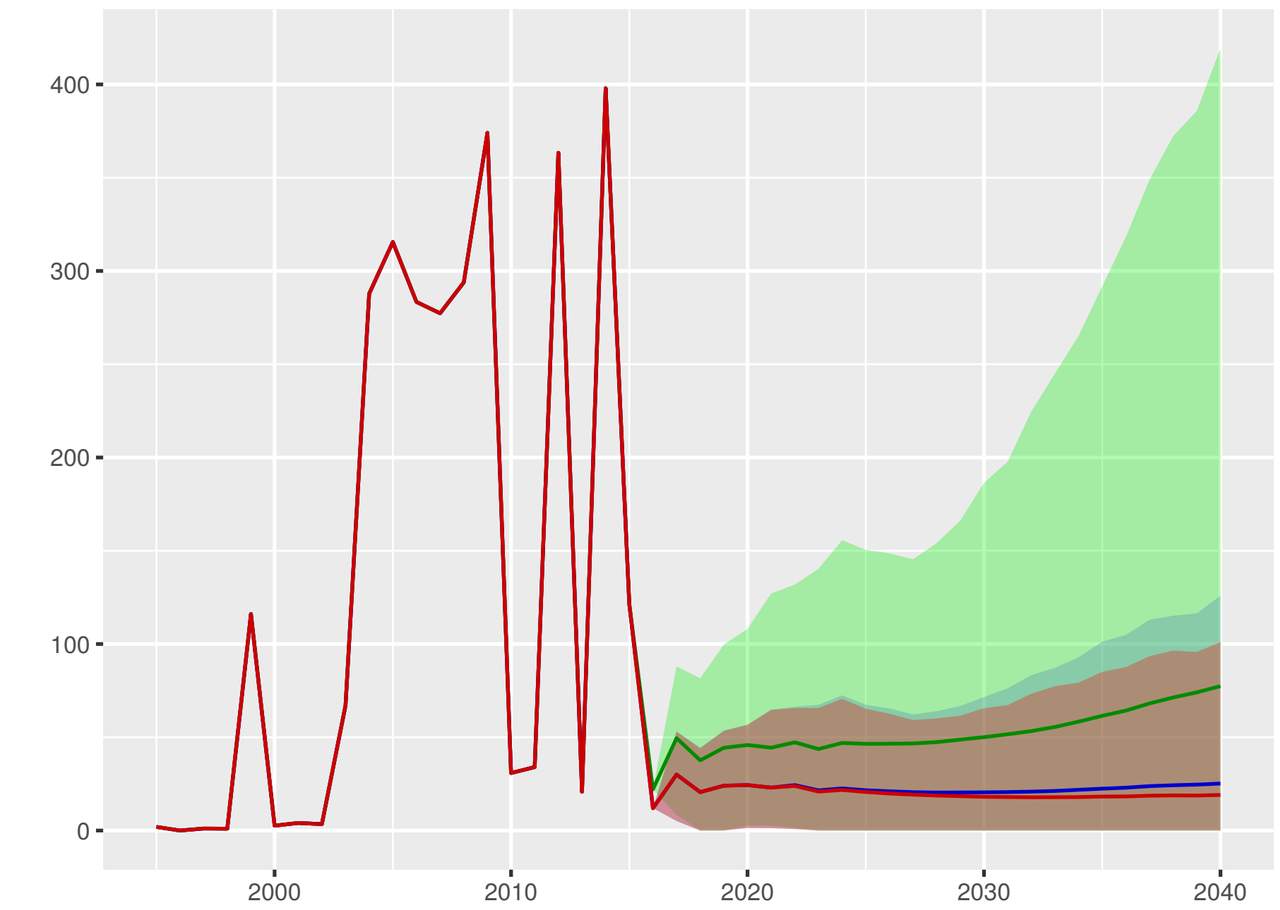
Universal health coverage index



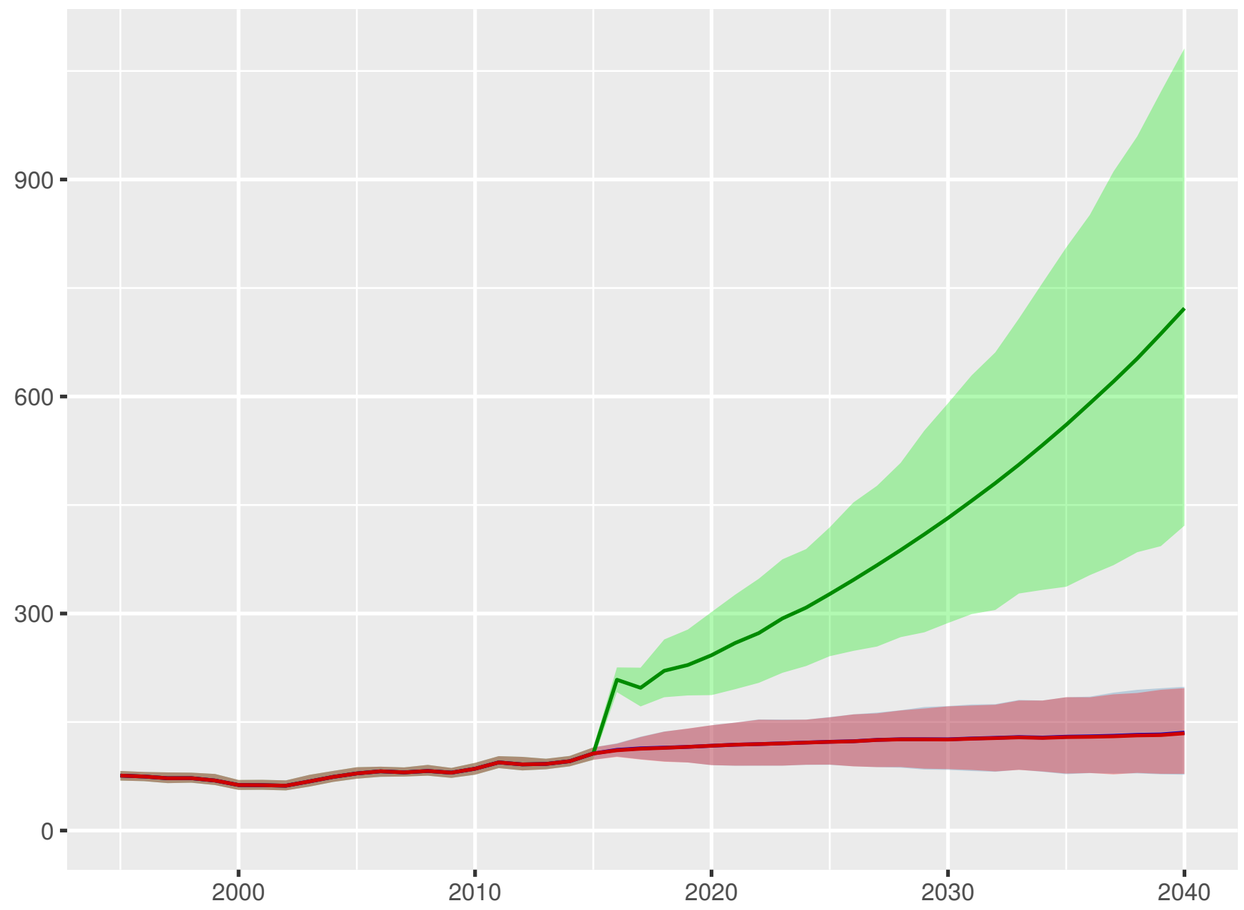
Total health spending per person



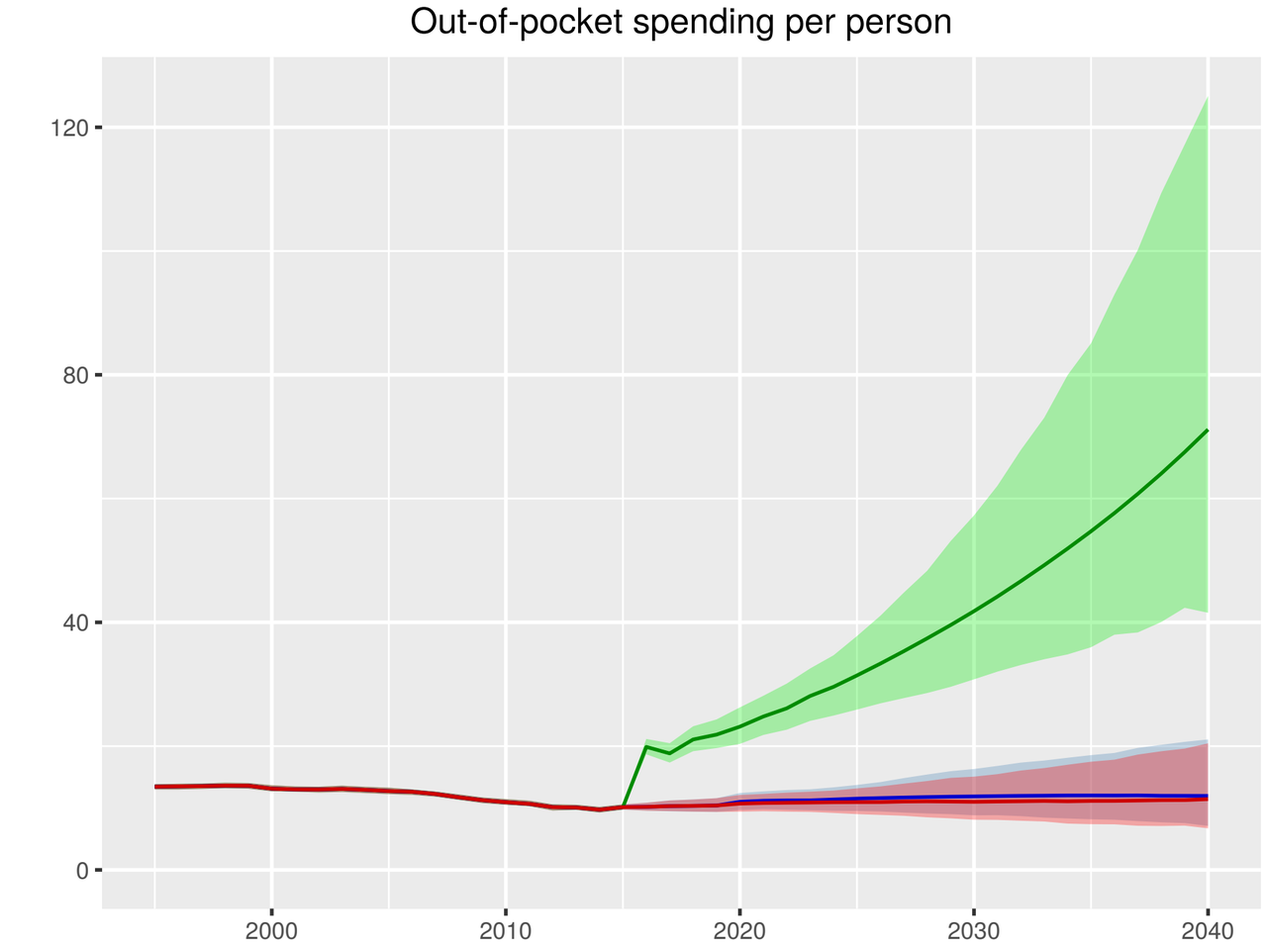
Development assistance for health received per person



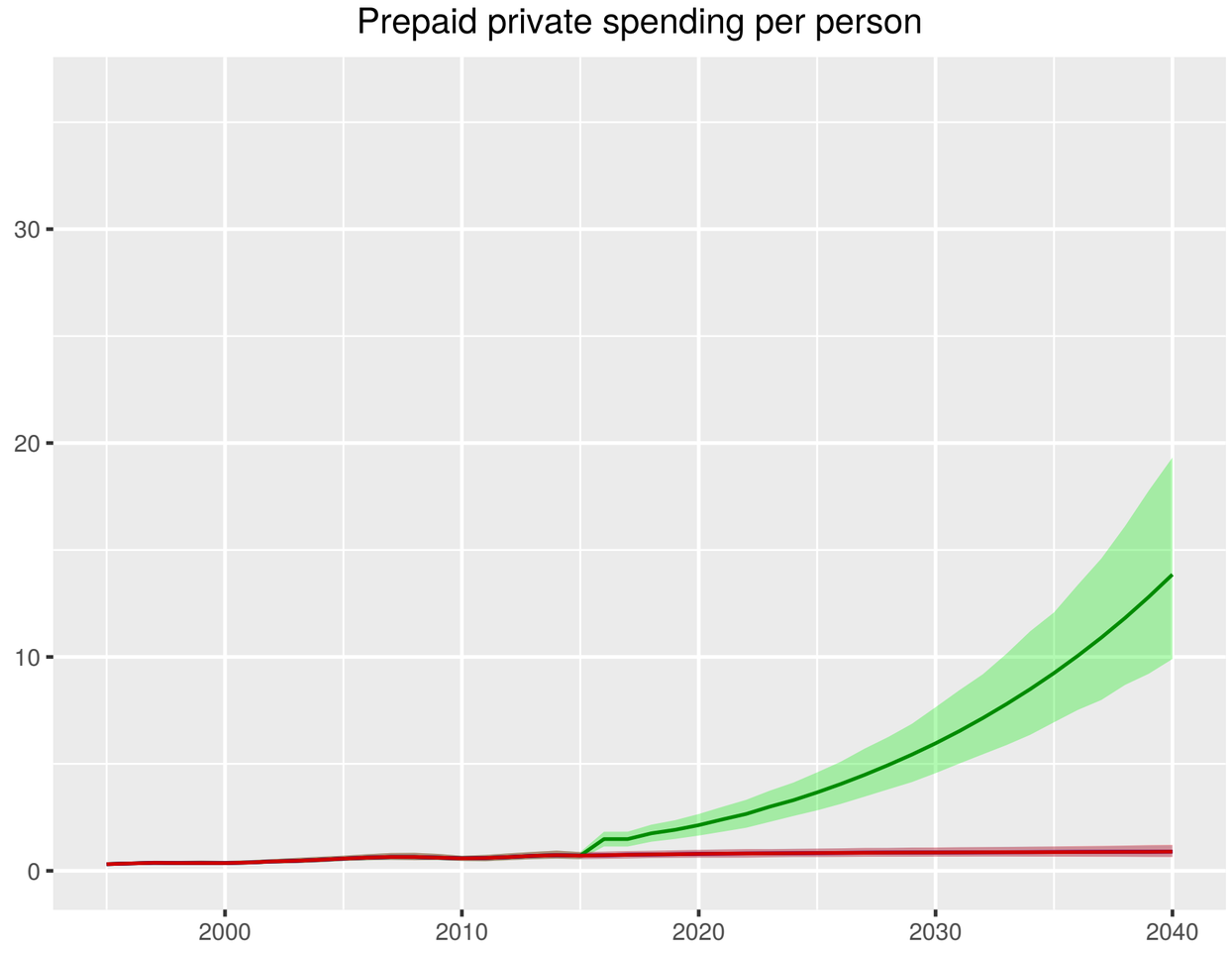
Government health spending per person



Out-of-pocket spending per person



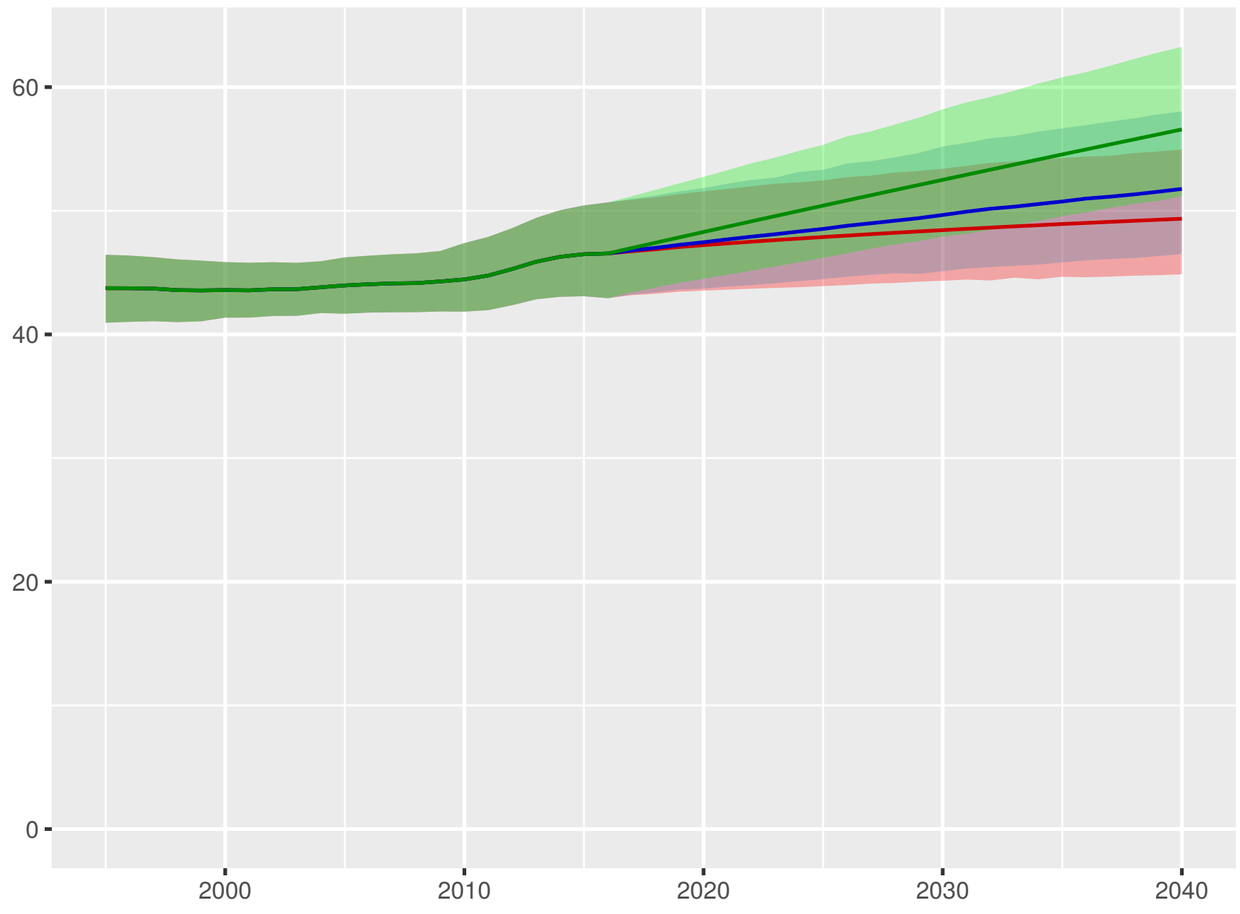
Prepaid private spending per person



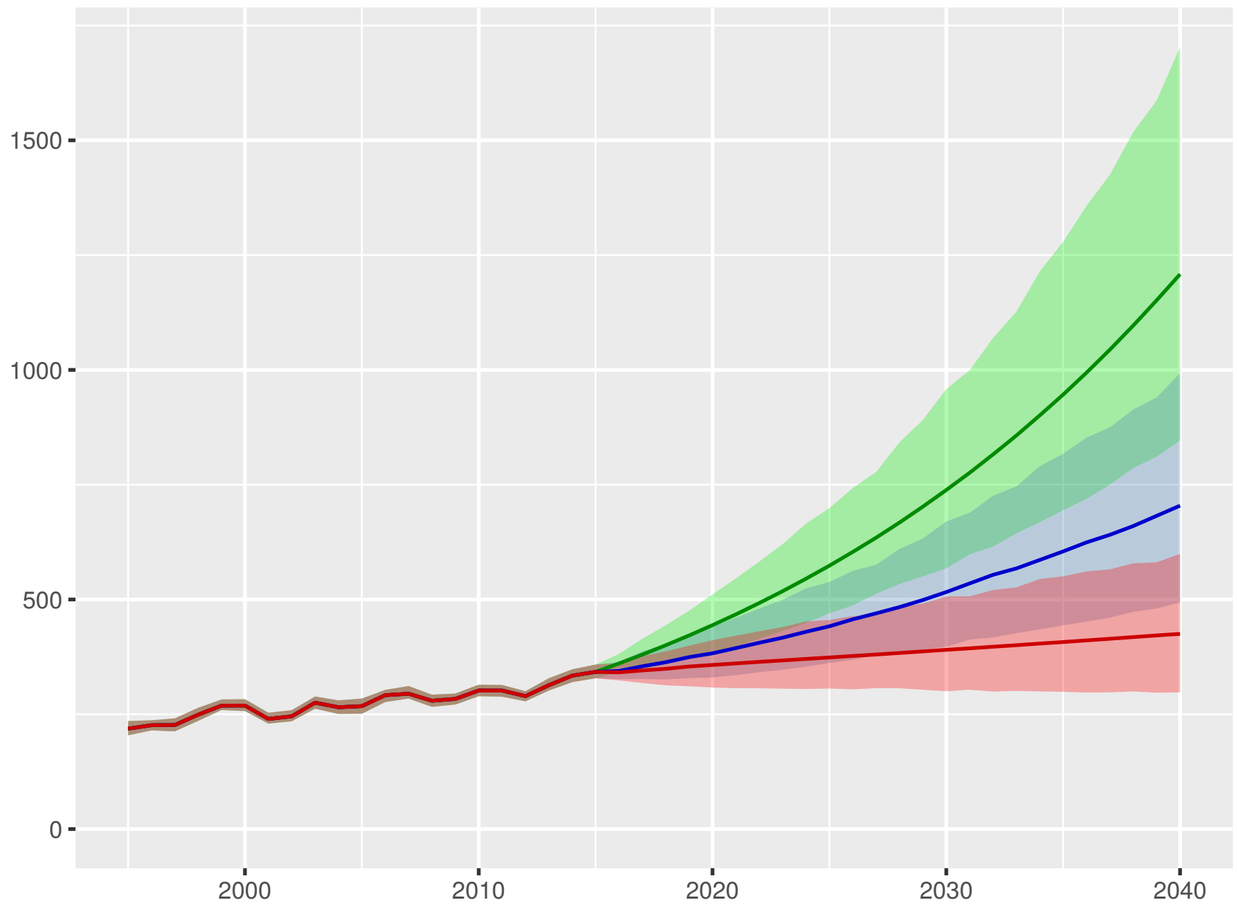
Scenario — Better — Reference — Worse

Fiji

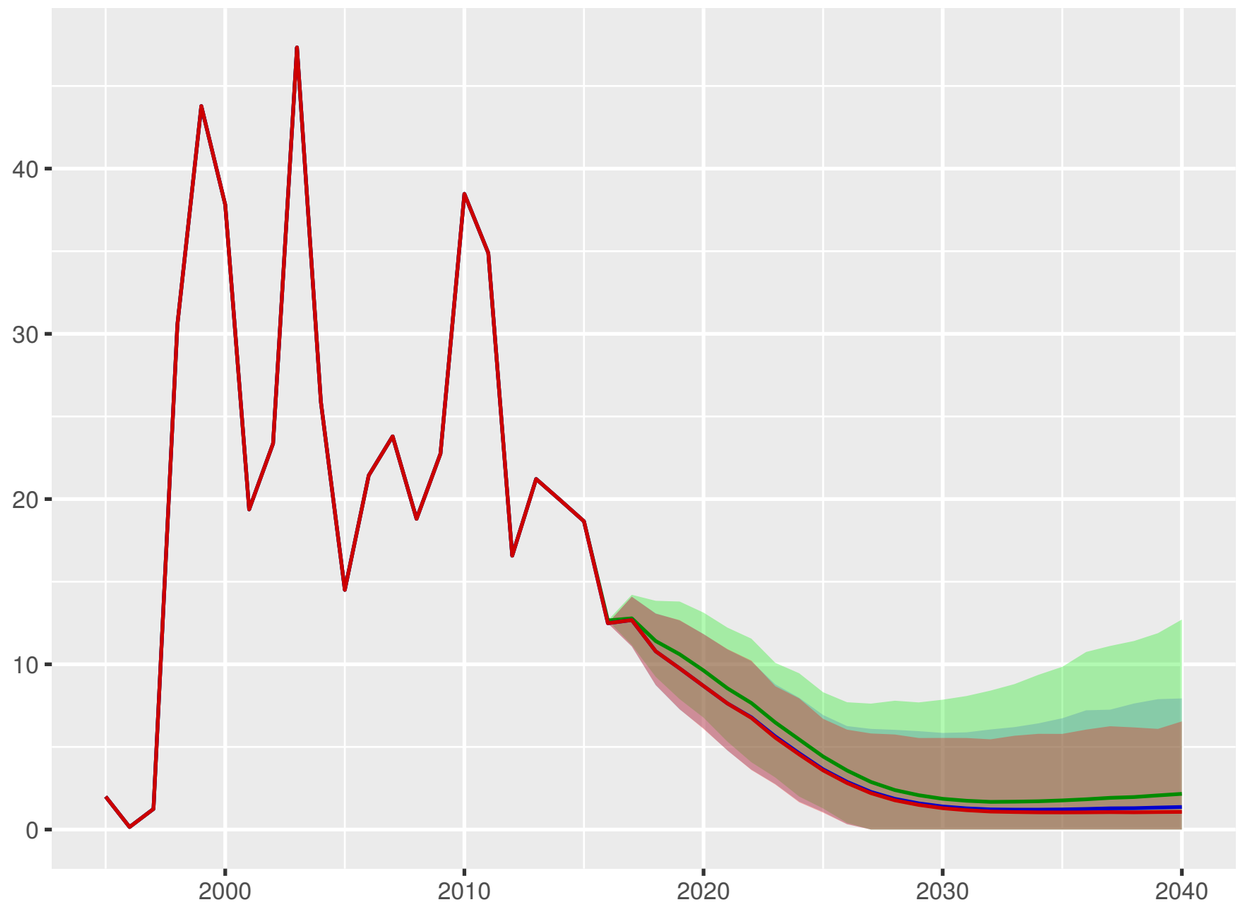
Universal health coverage index



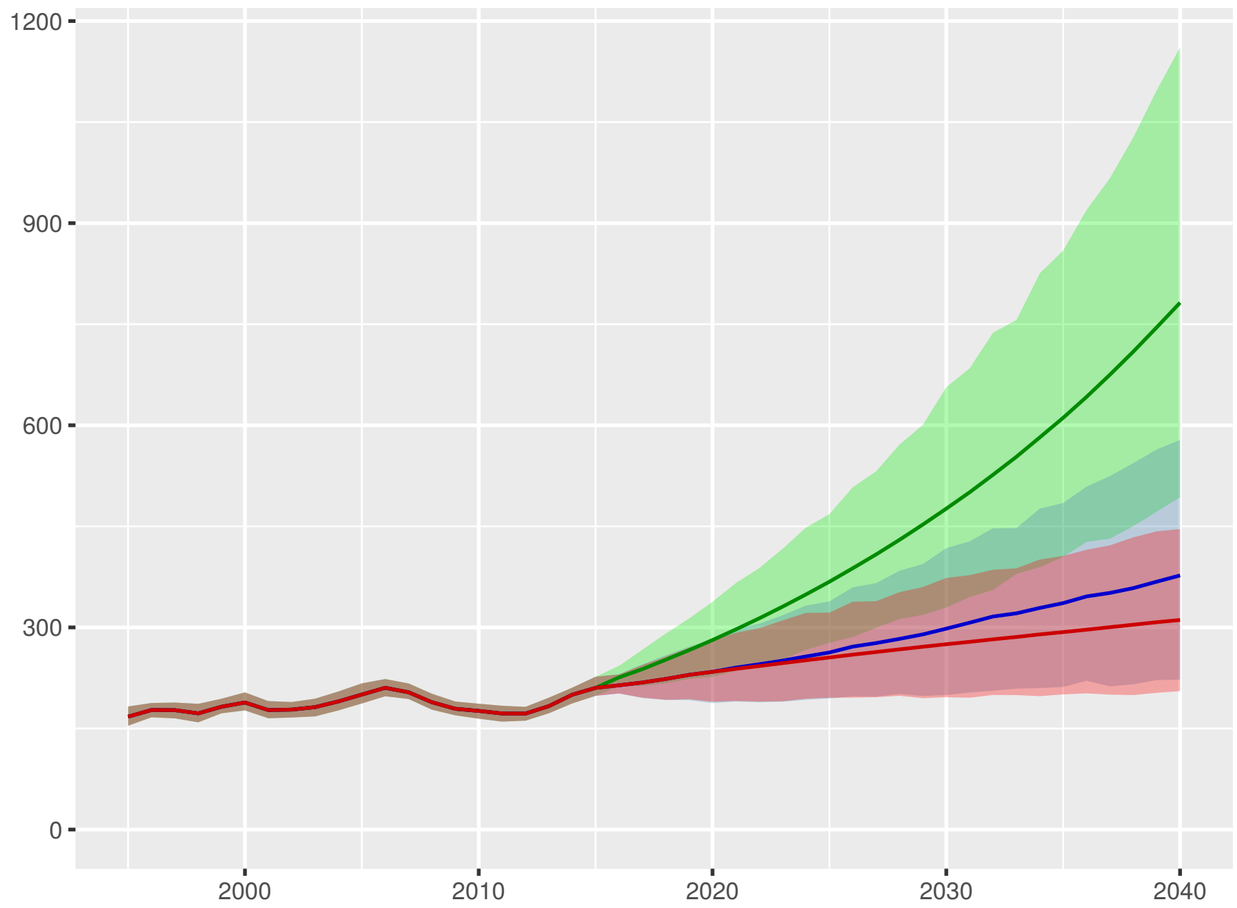
Total health spending per person



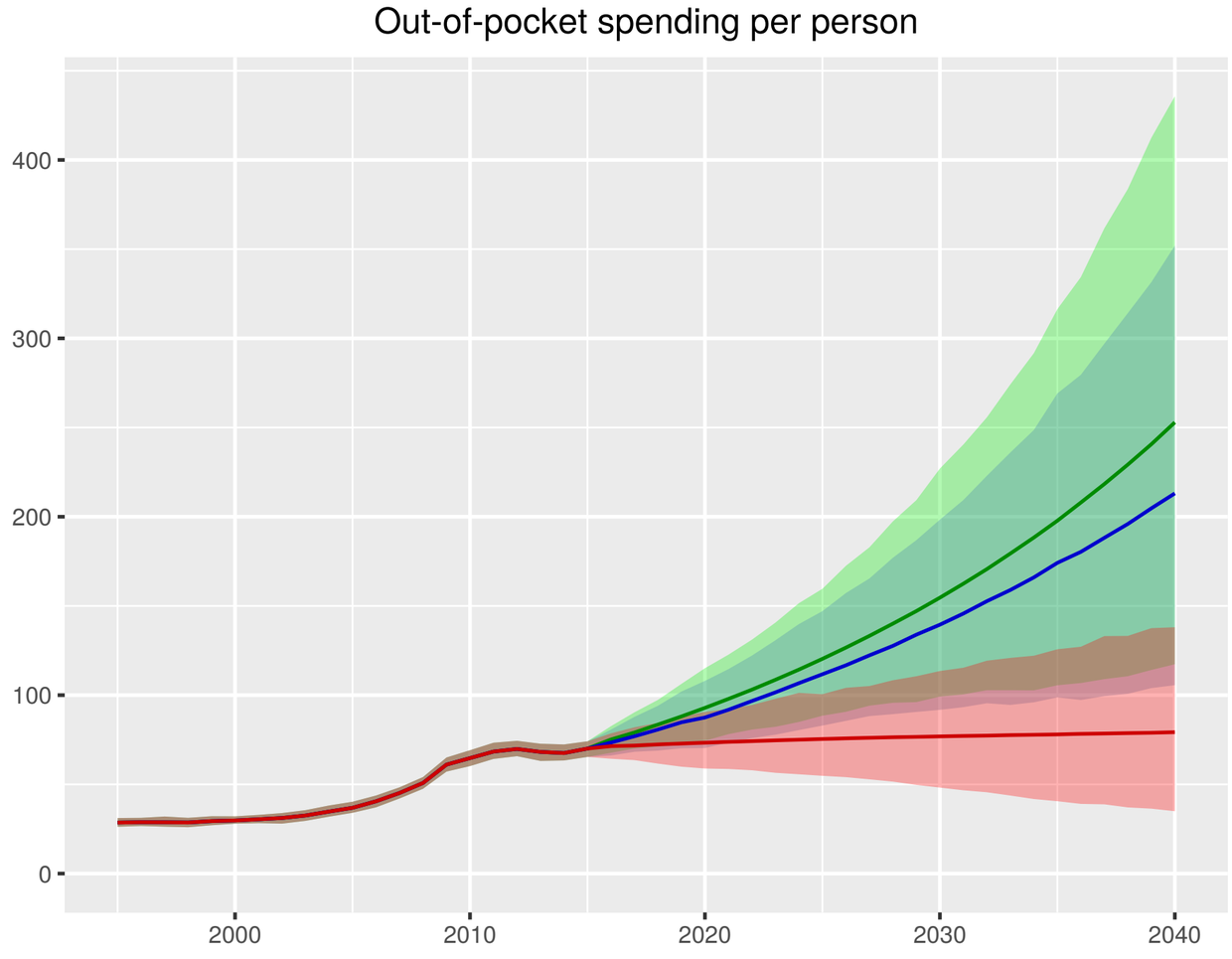
Development assistance for health received per person



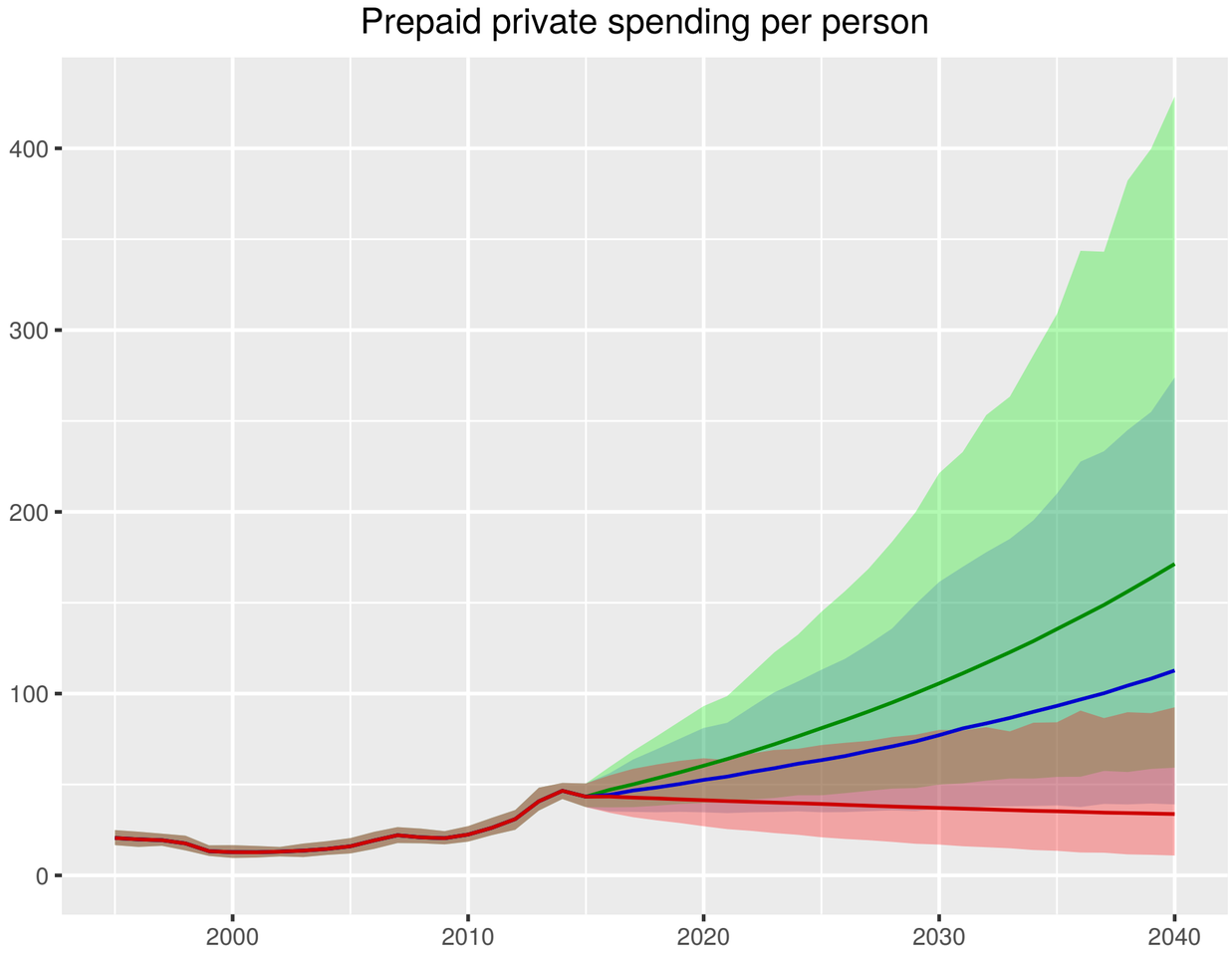
Government health spending per person



Out-of-pocket spending per person



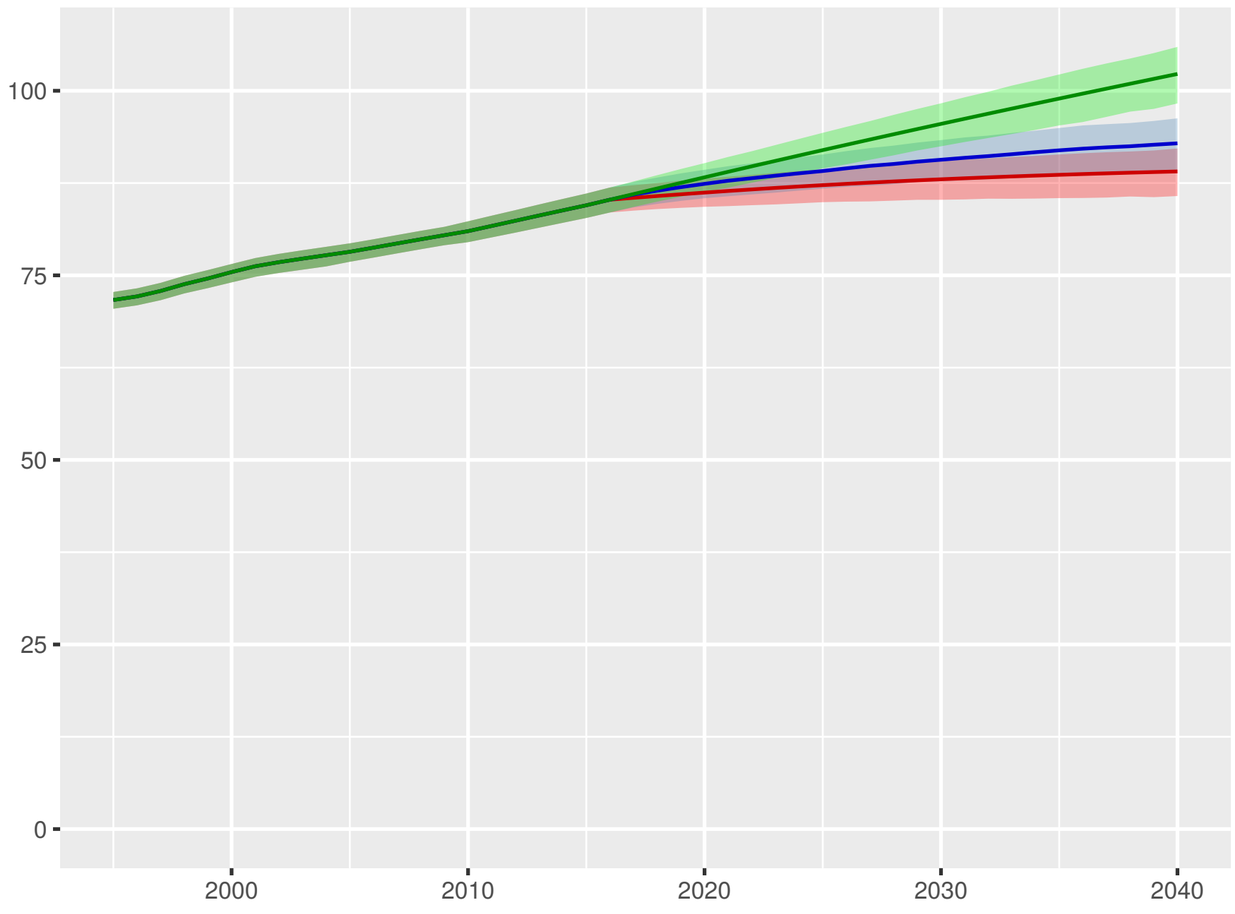
Prepaid private spending per person



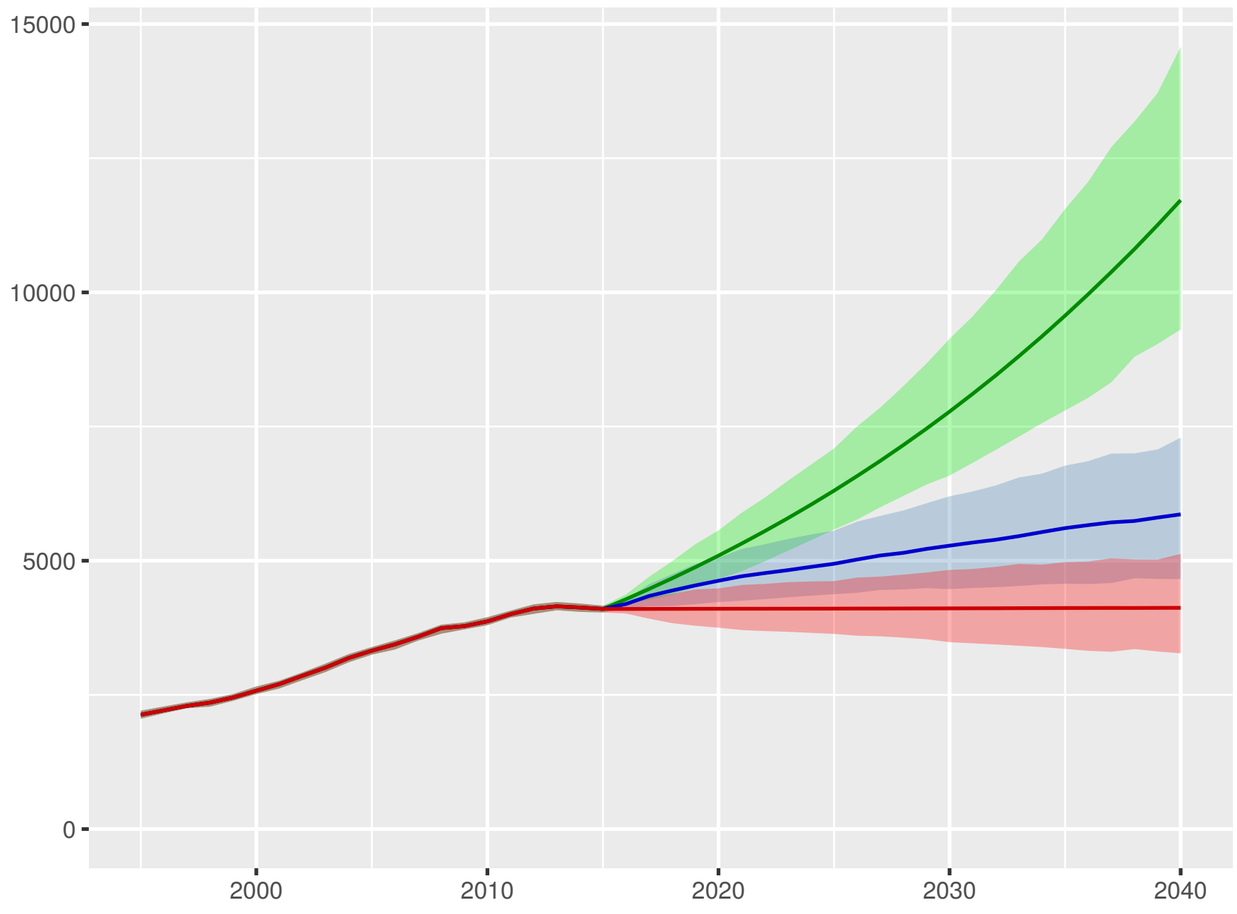
Scenario — Better — Reference — Worse

Finland

Universal health coverage index

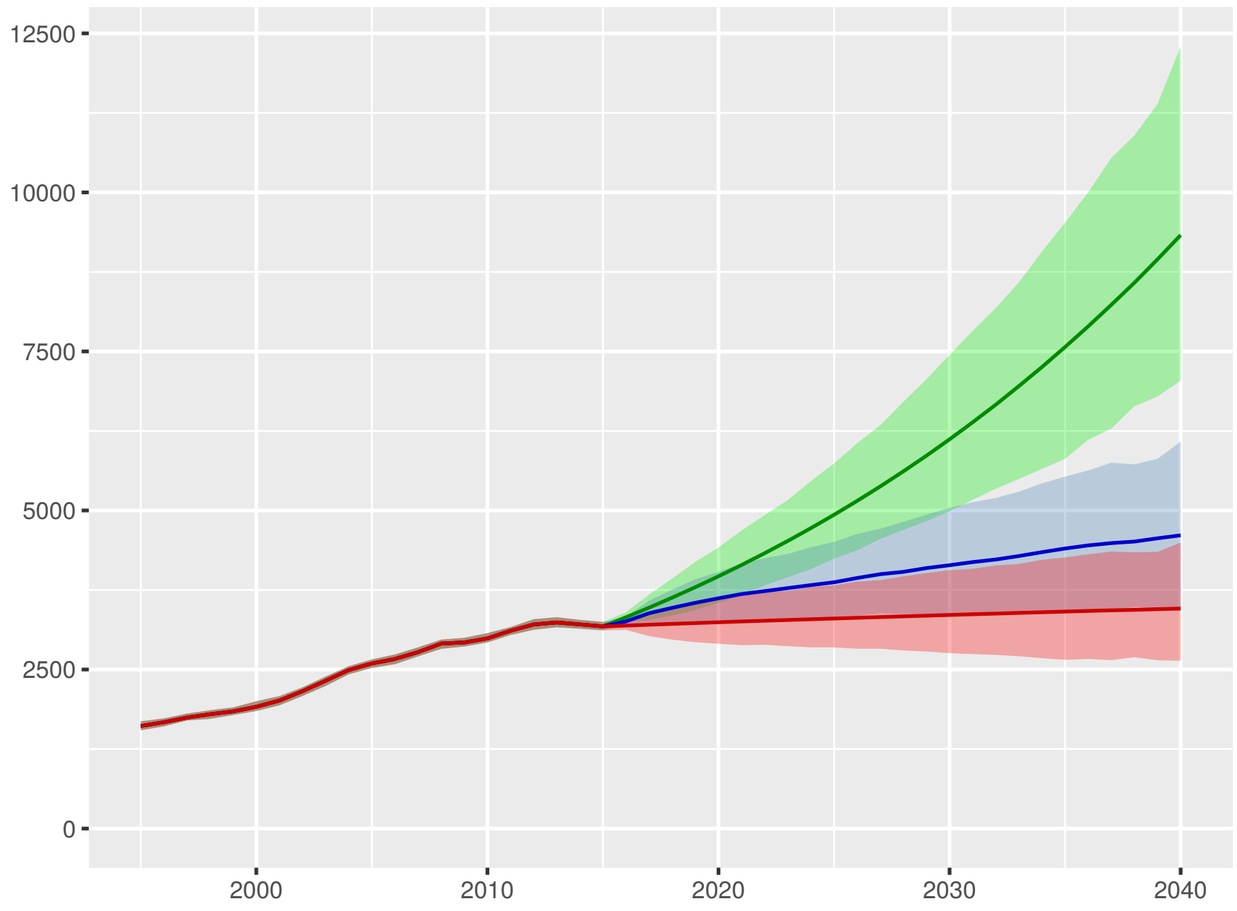


Total health spending per person

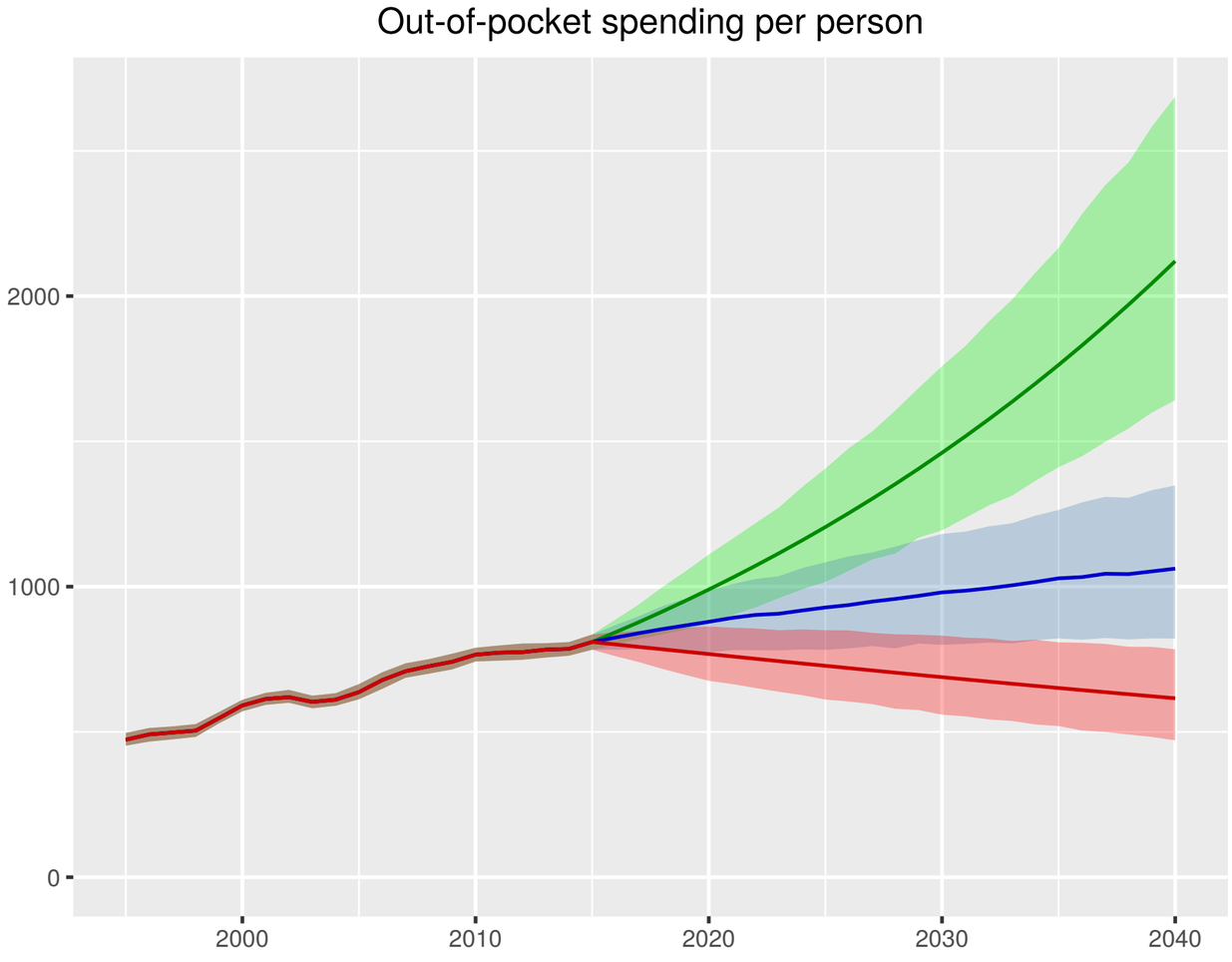


Development assistance for health received per person

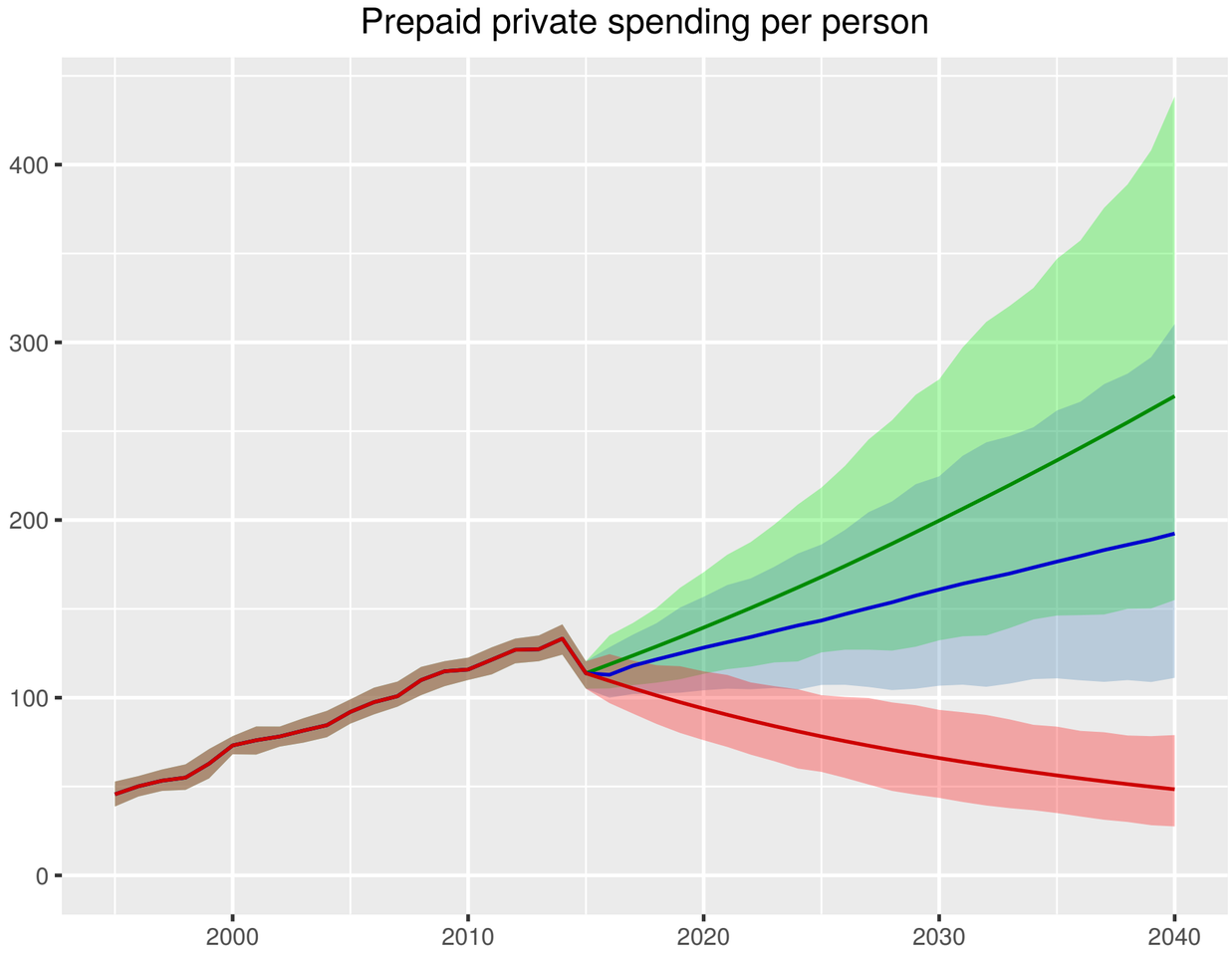
Government health spending per person



Out-of-pocket spending per person



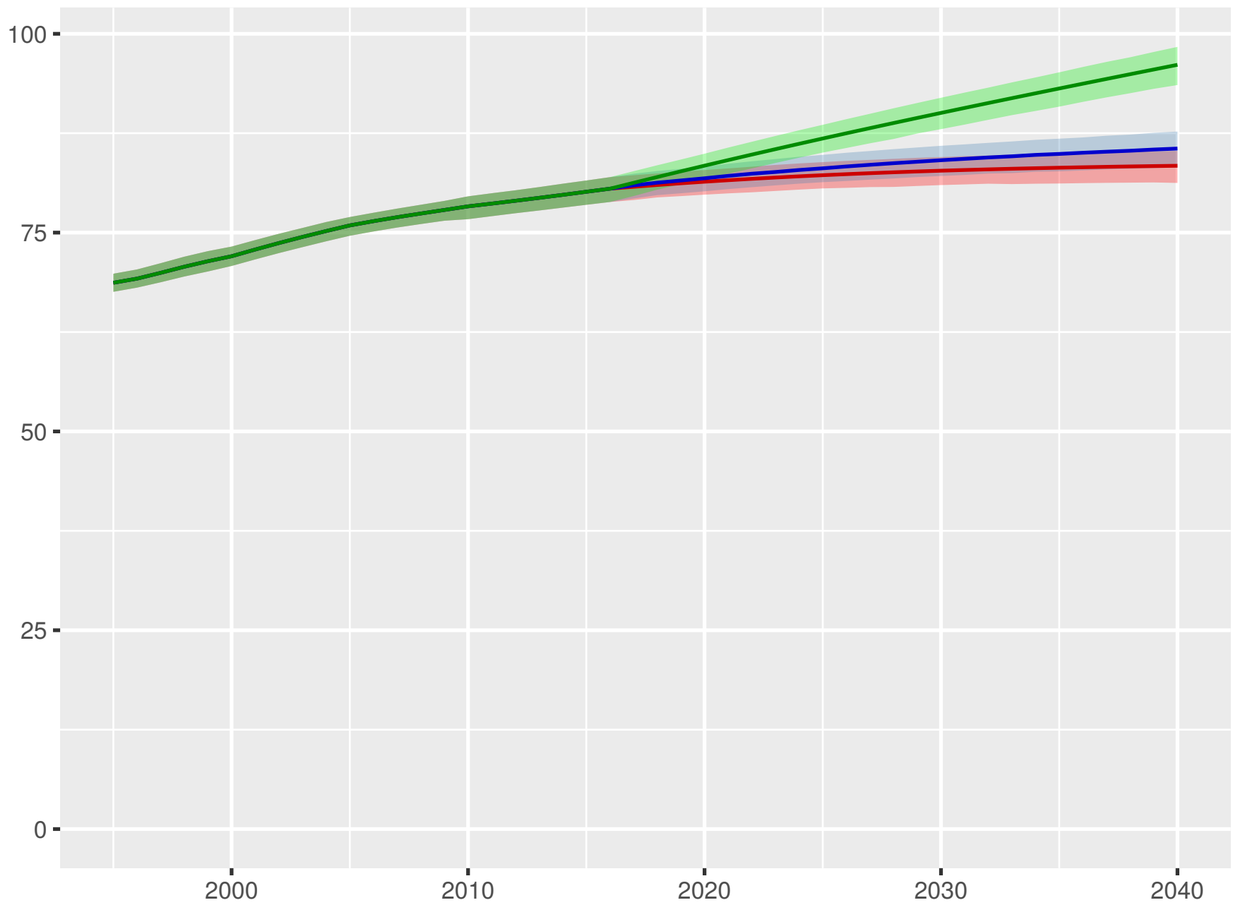
Prepaid private spending per person



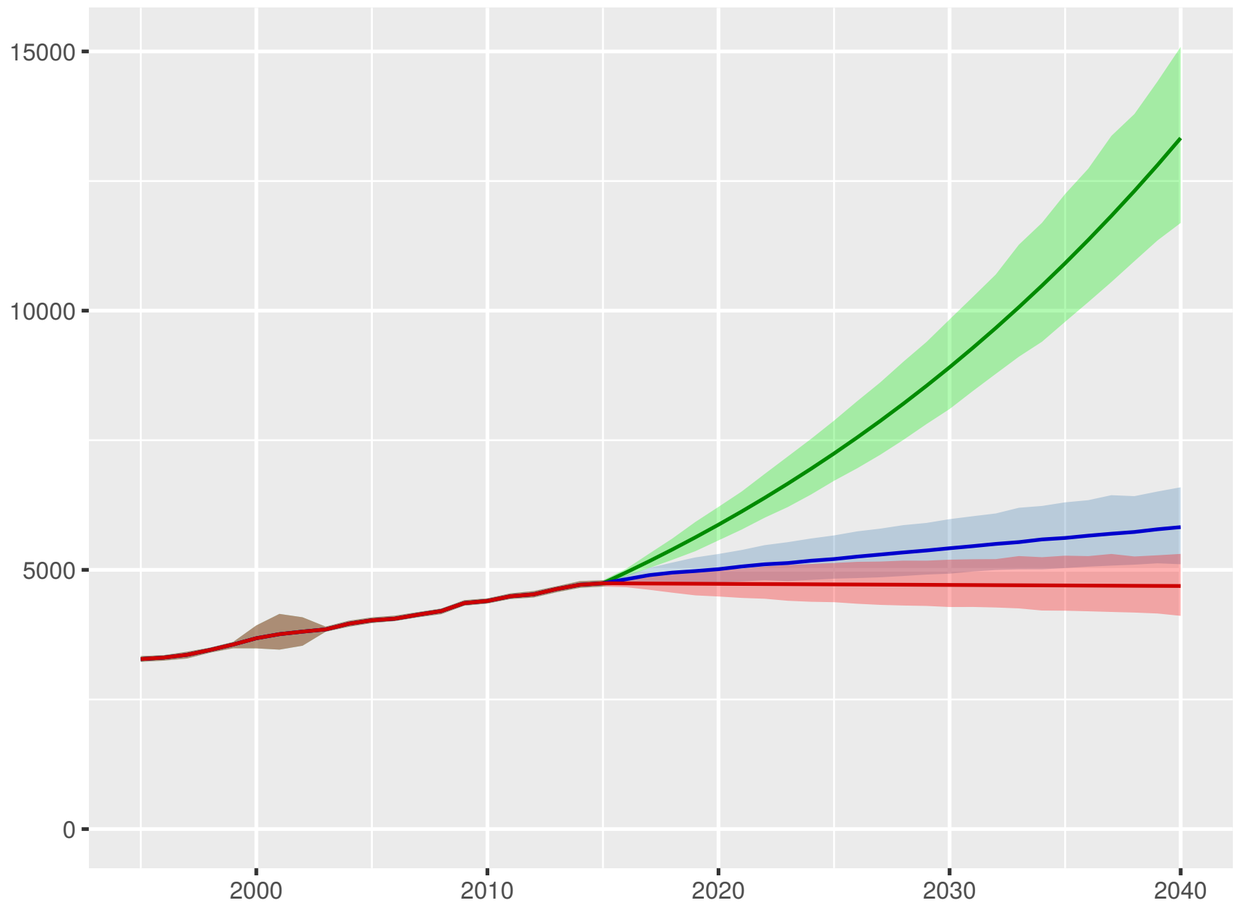
Scenario — Better — Reference — Worse

France

Universal health coverage index

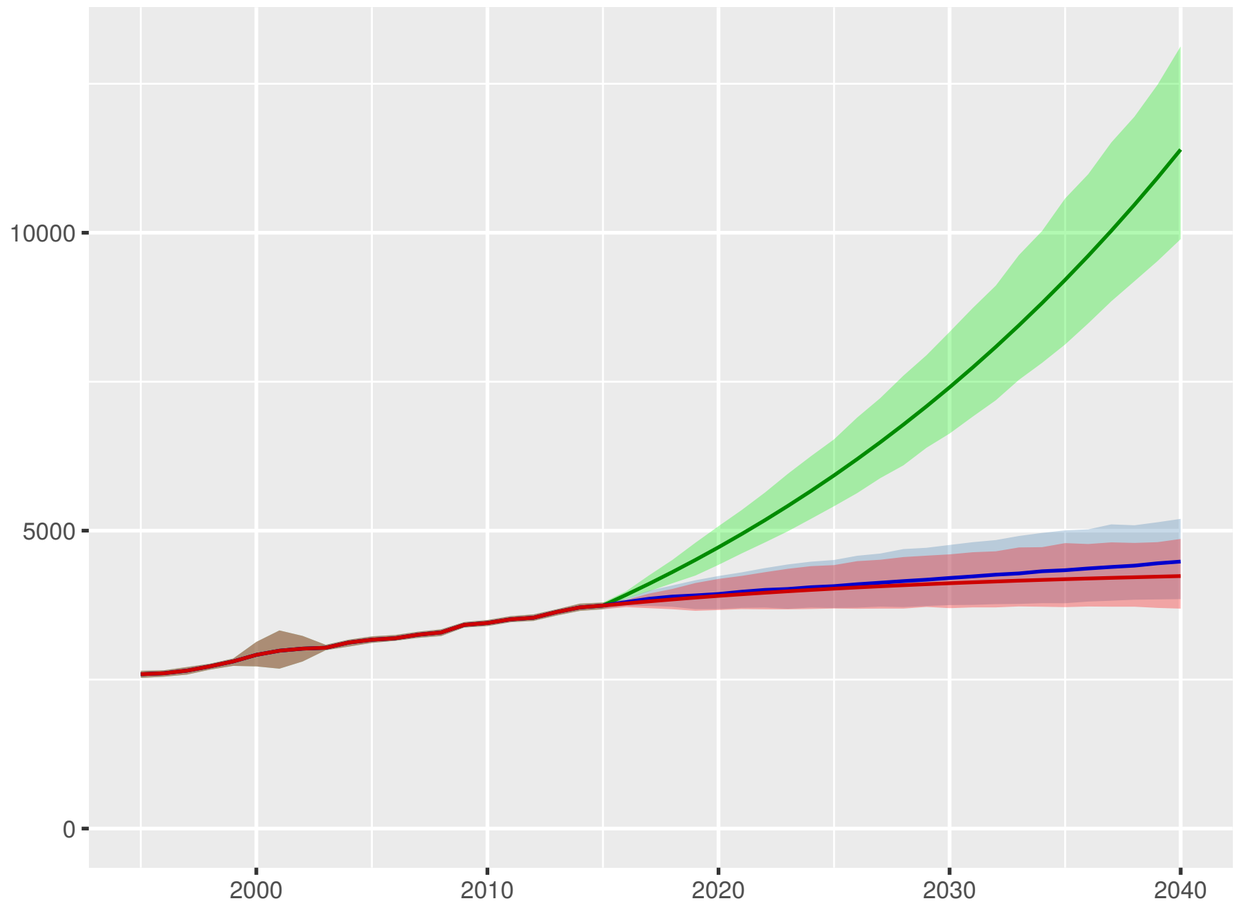


Total health spending per person

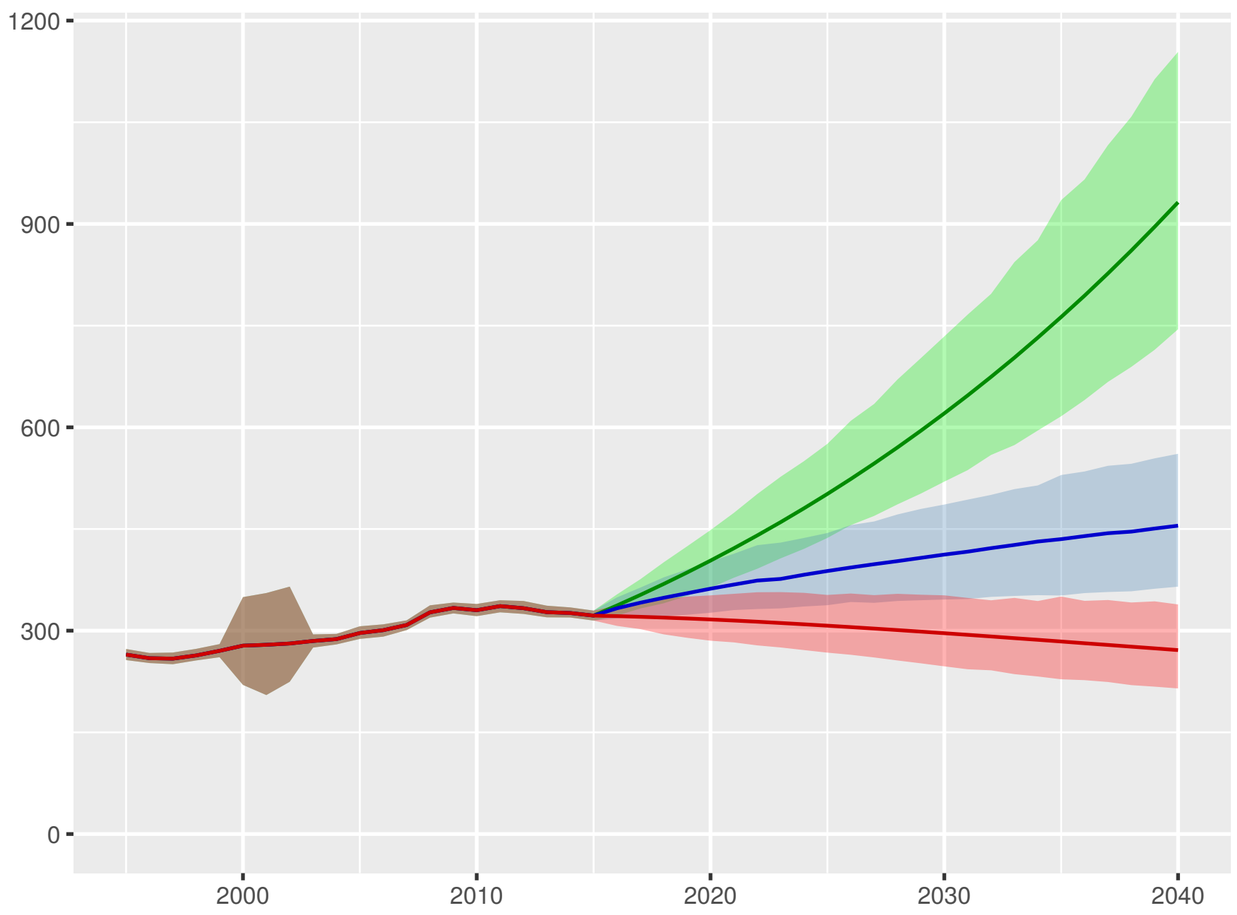


Development assistance for health received per person

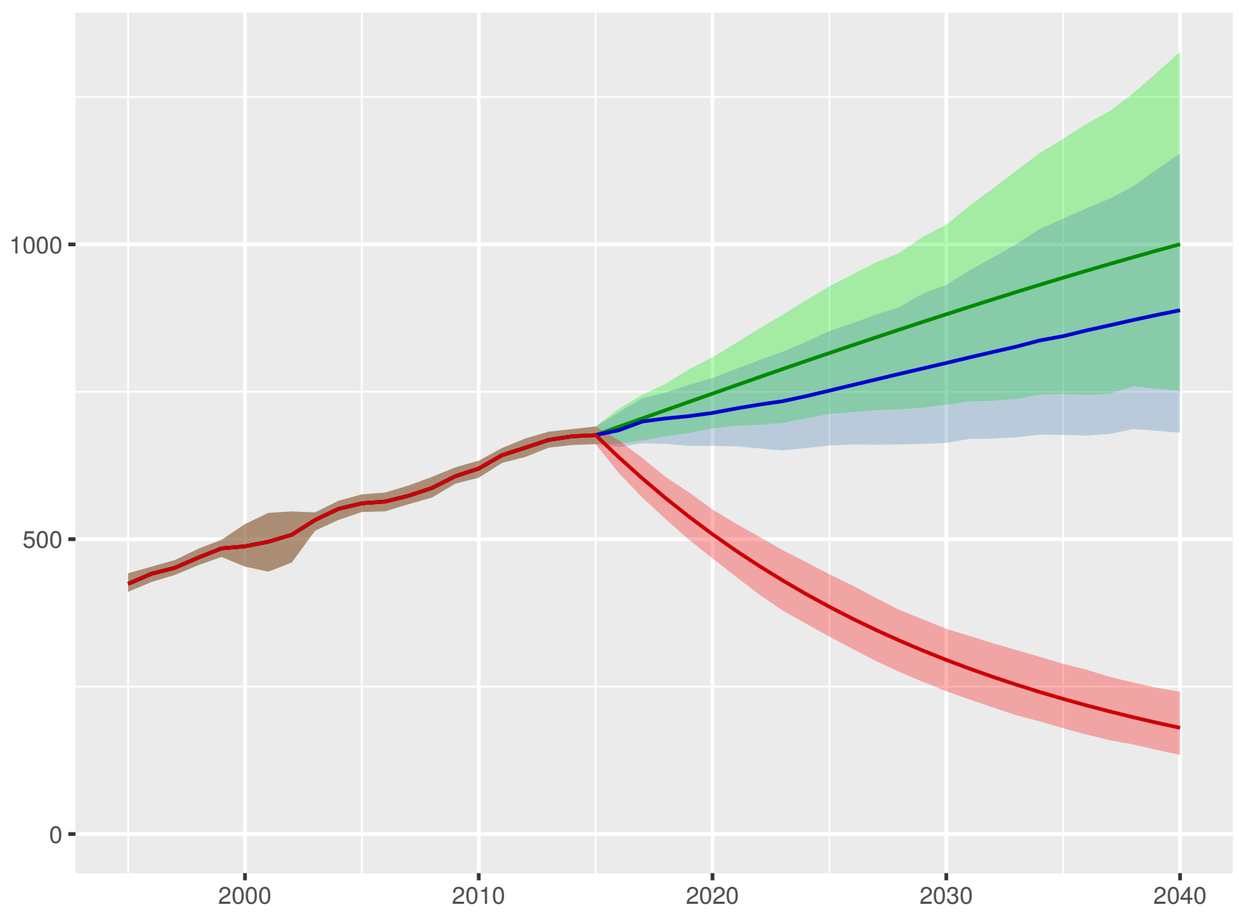
Government health spending per person



Out-of-pocket spending per person



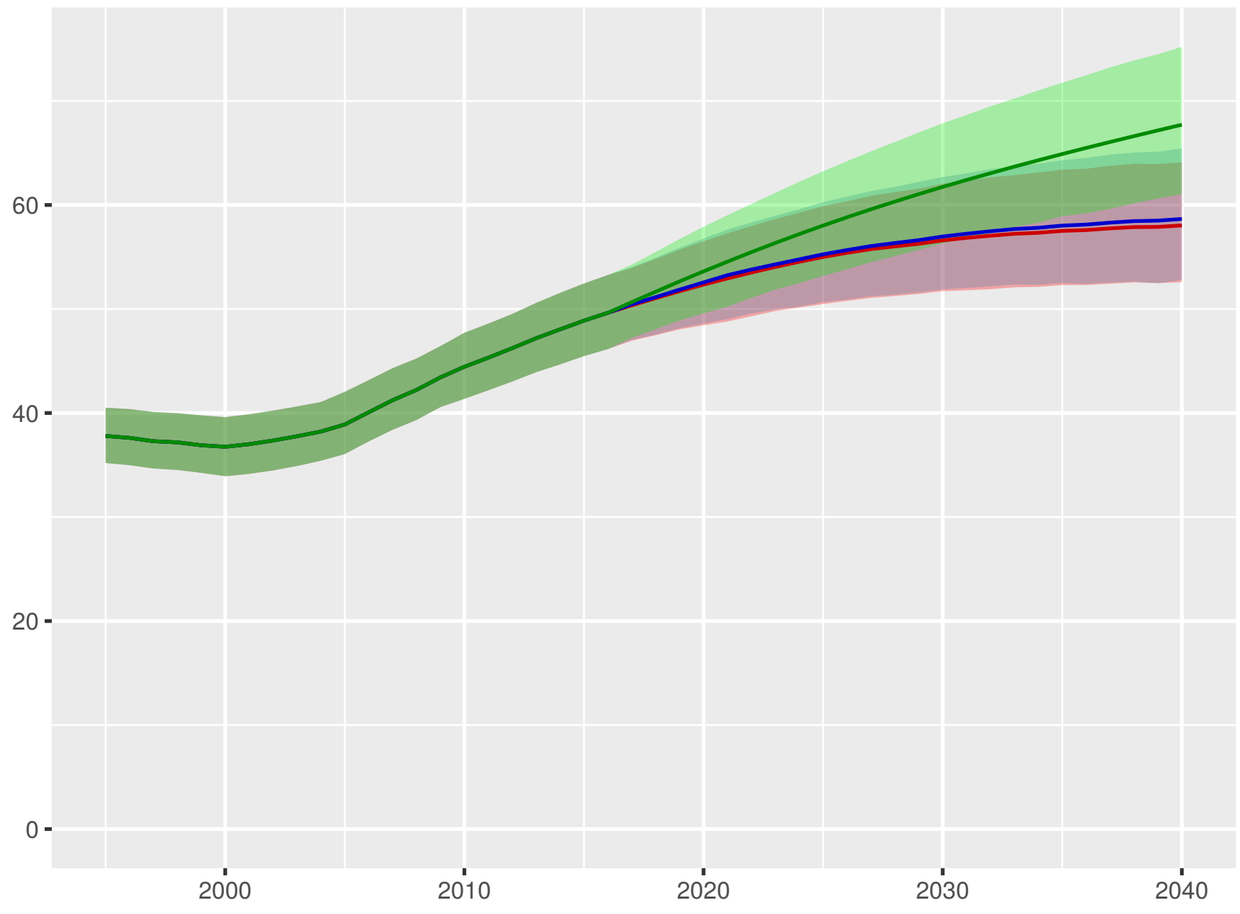
Prepaid private spending per person



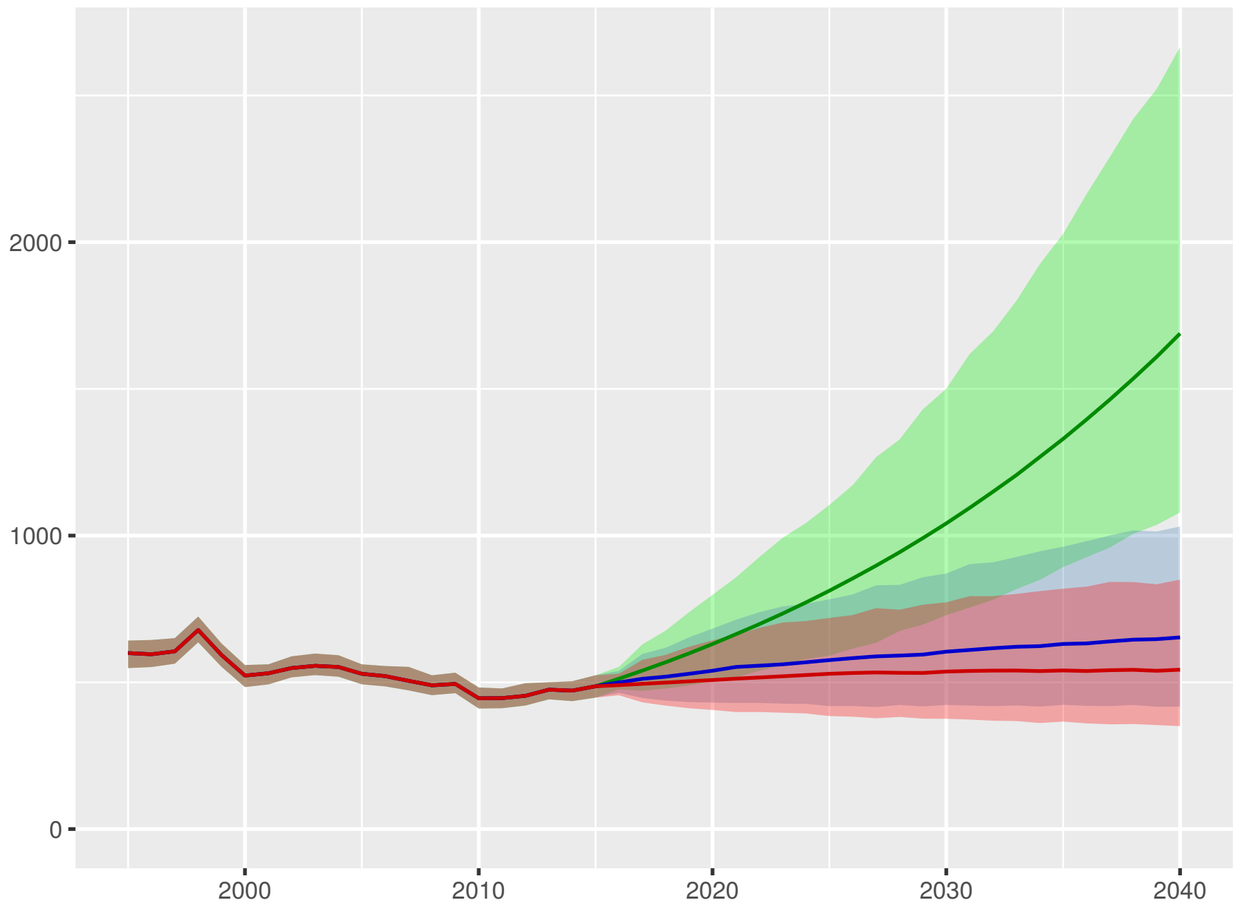
Scenario — Better — Reference — Worse

Gabon

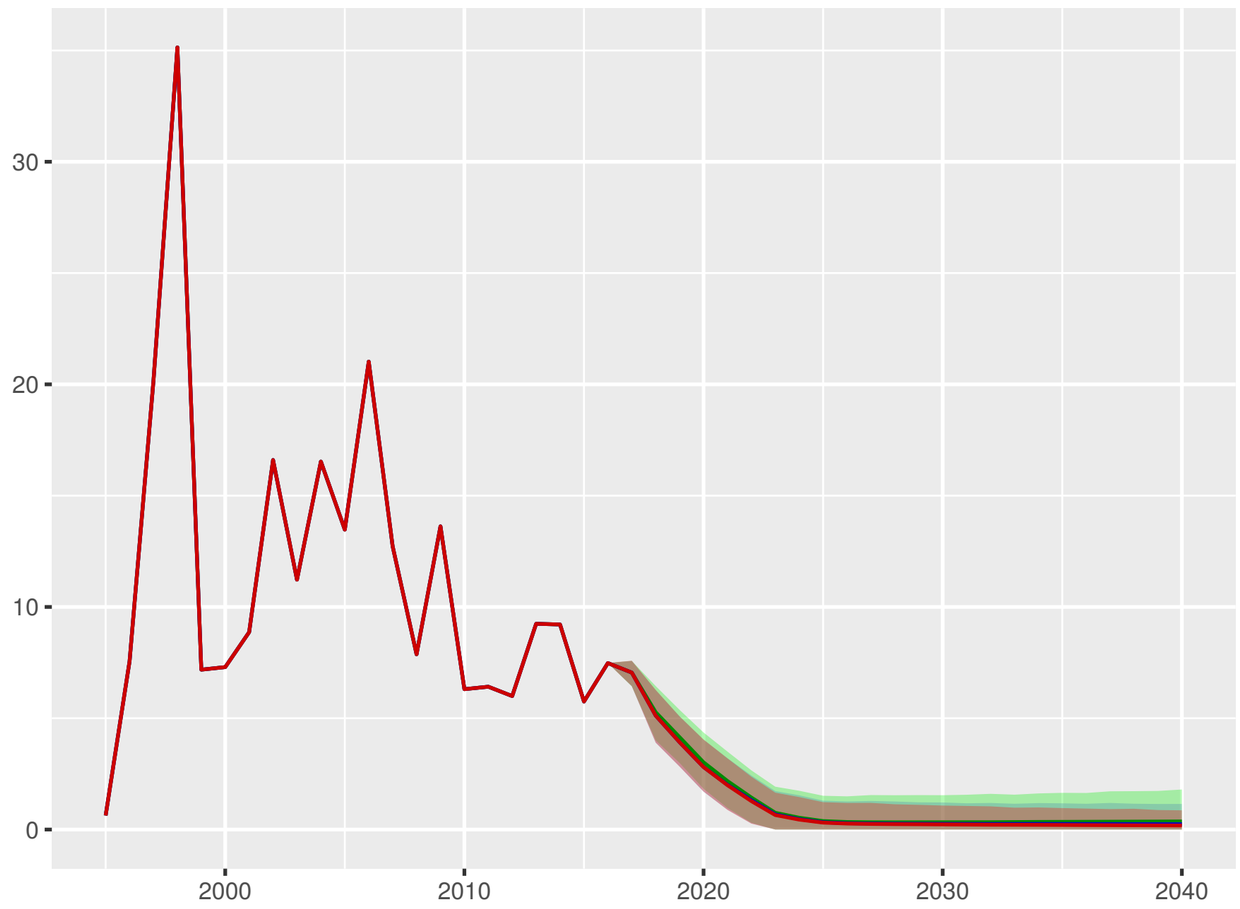
Universal health coverage index



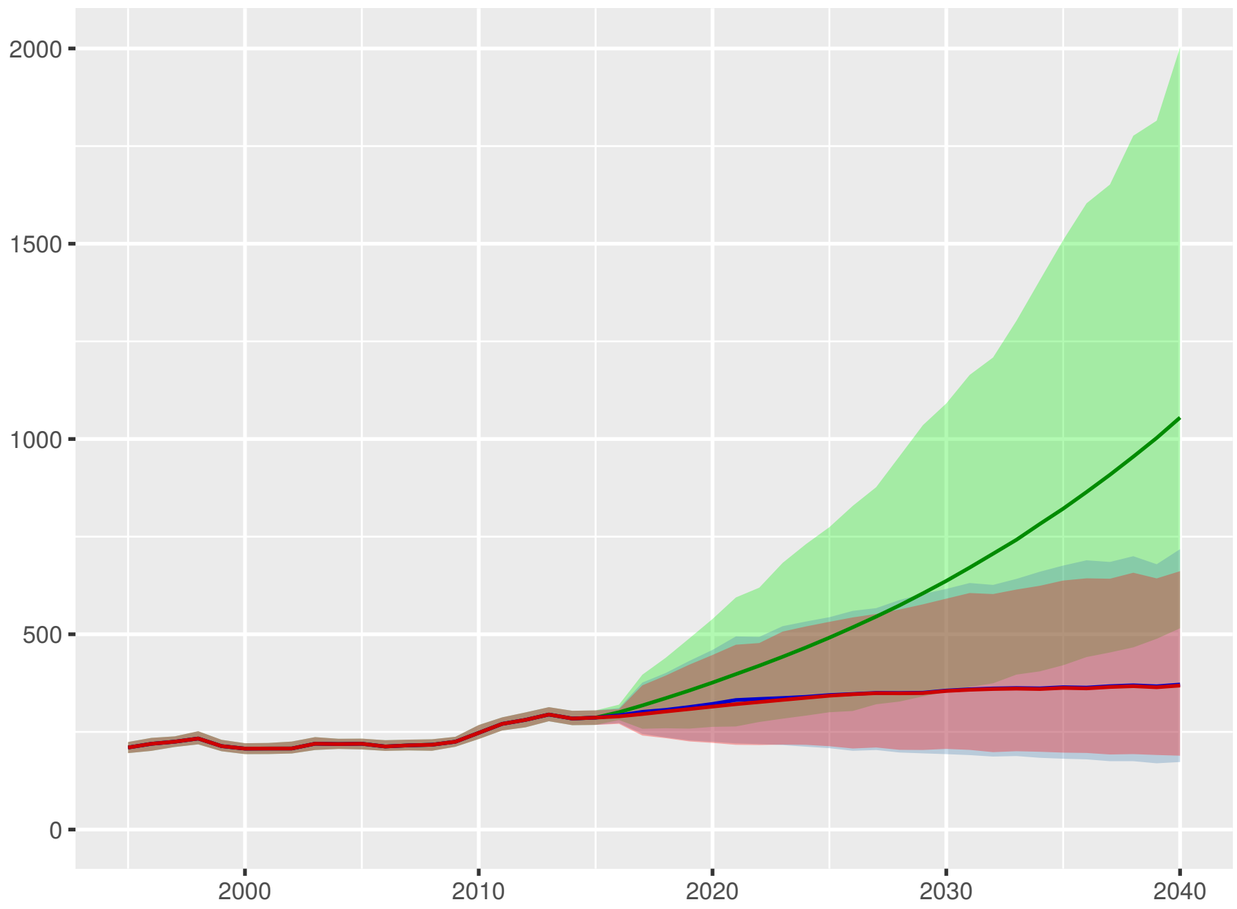
Total health spending per person



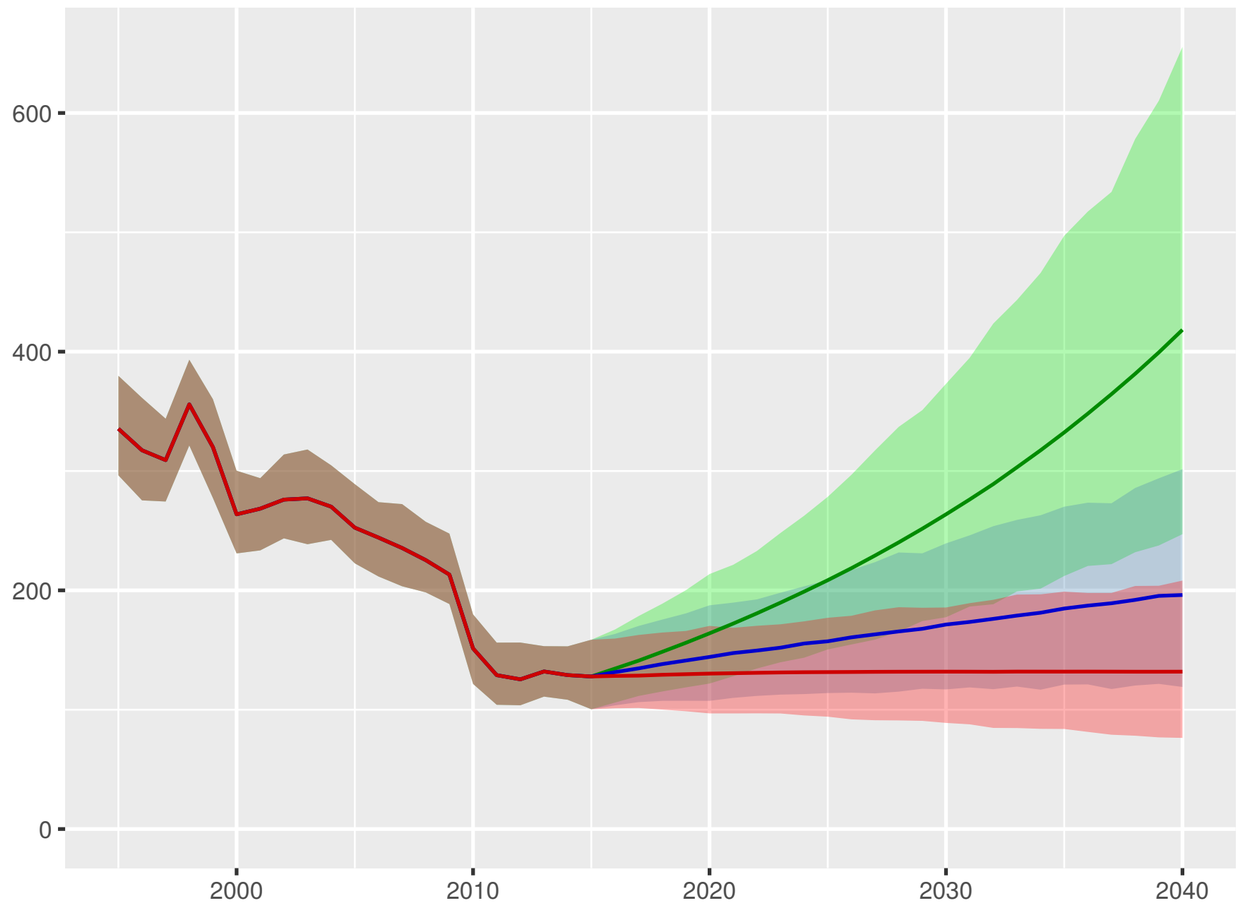
Development assistance for health received per person



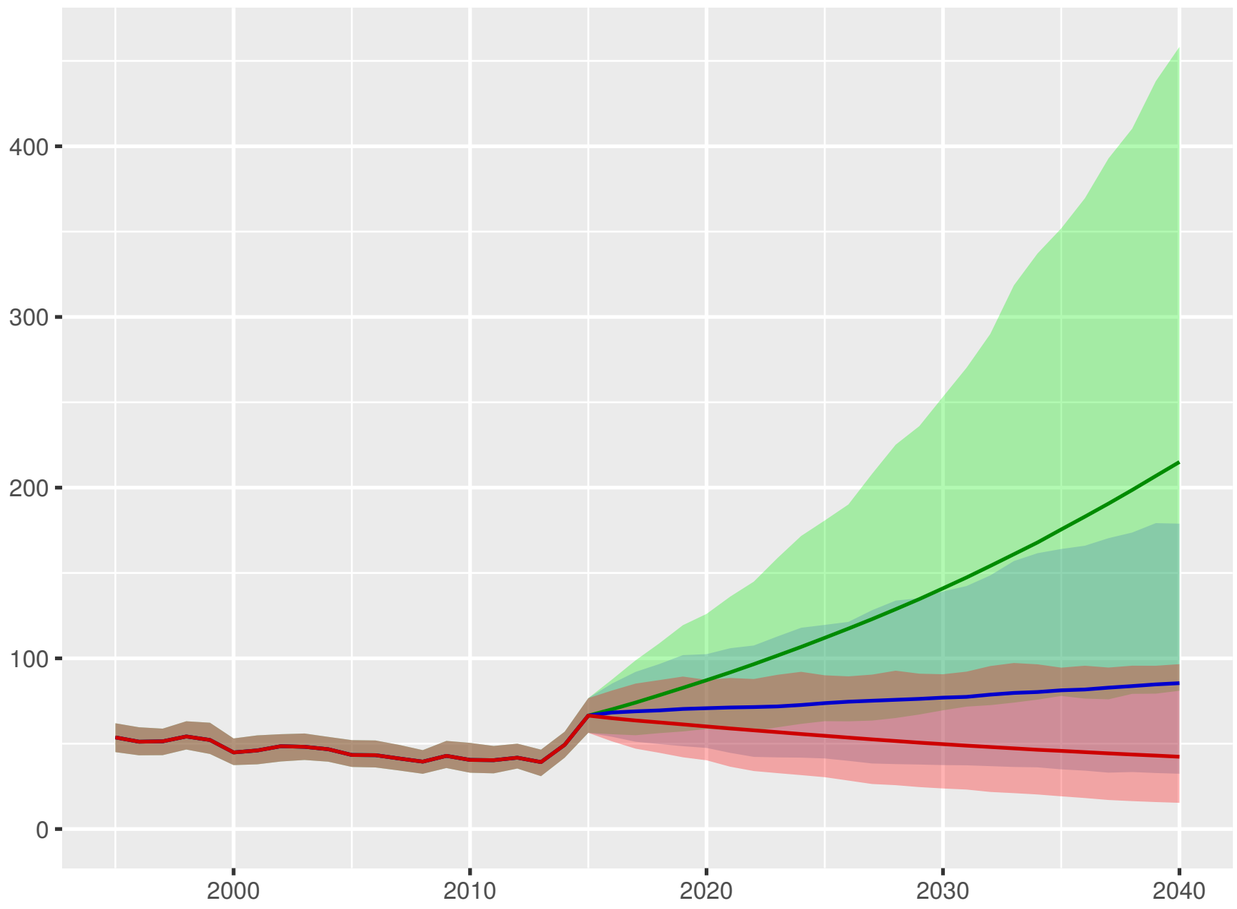
Government health spending per person



Out-of-pocket spending per person



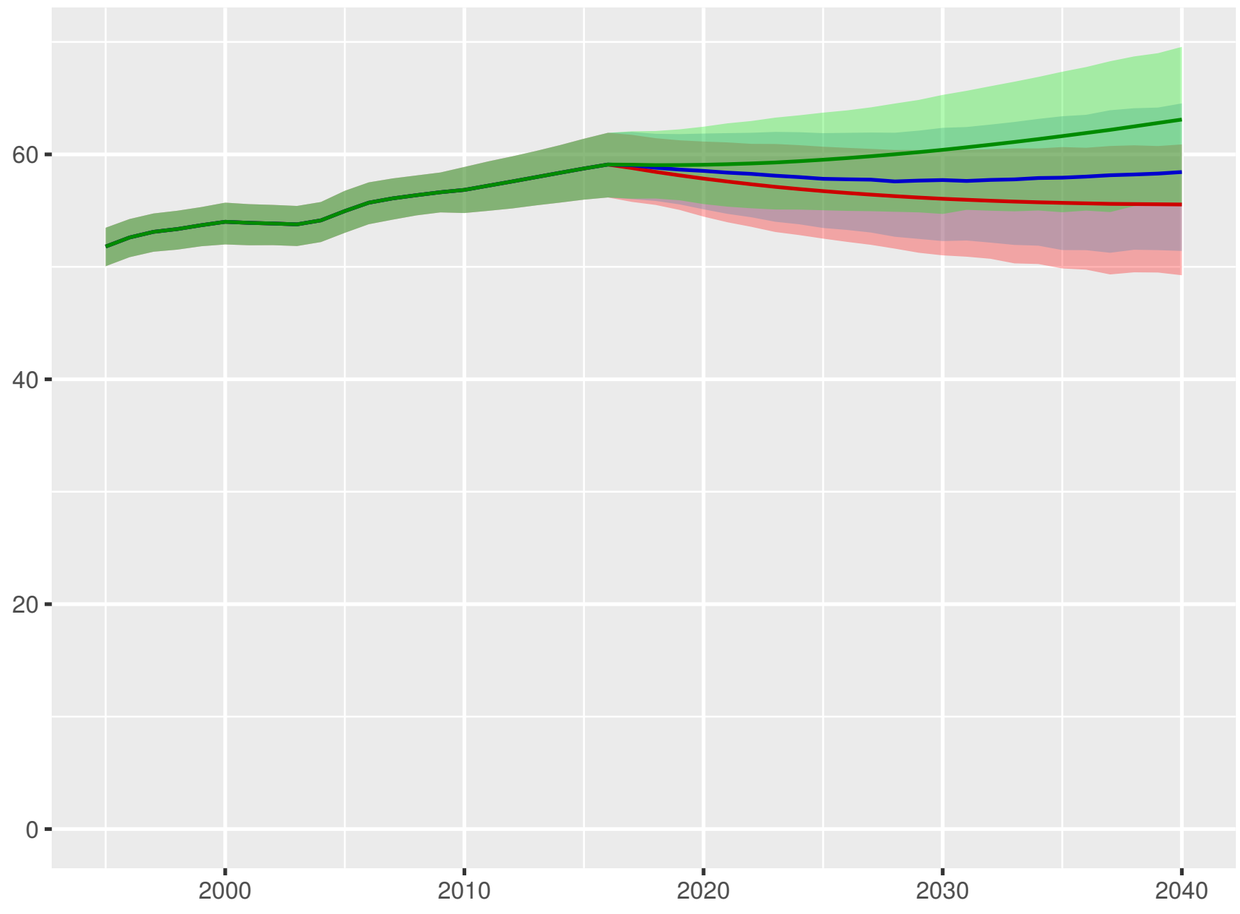
Prepaid private spending per person



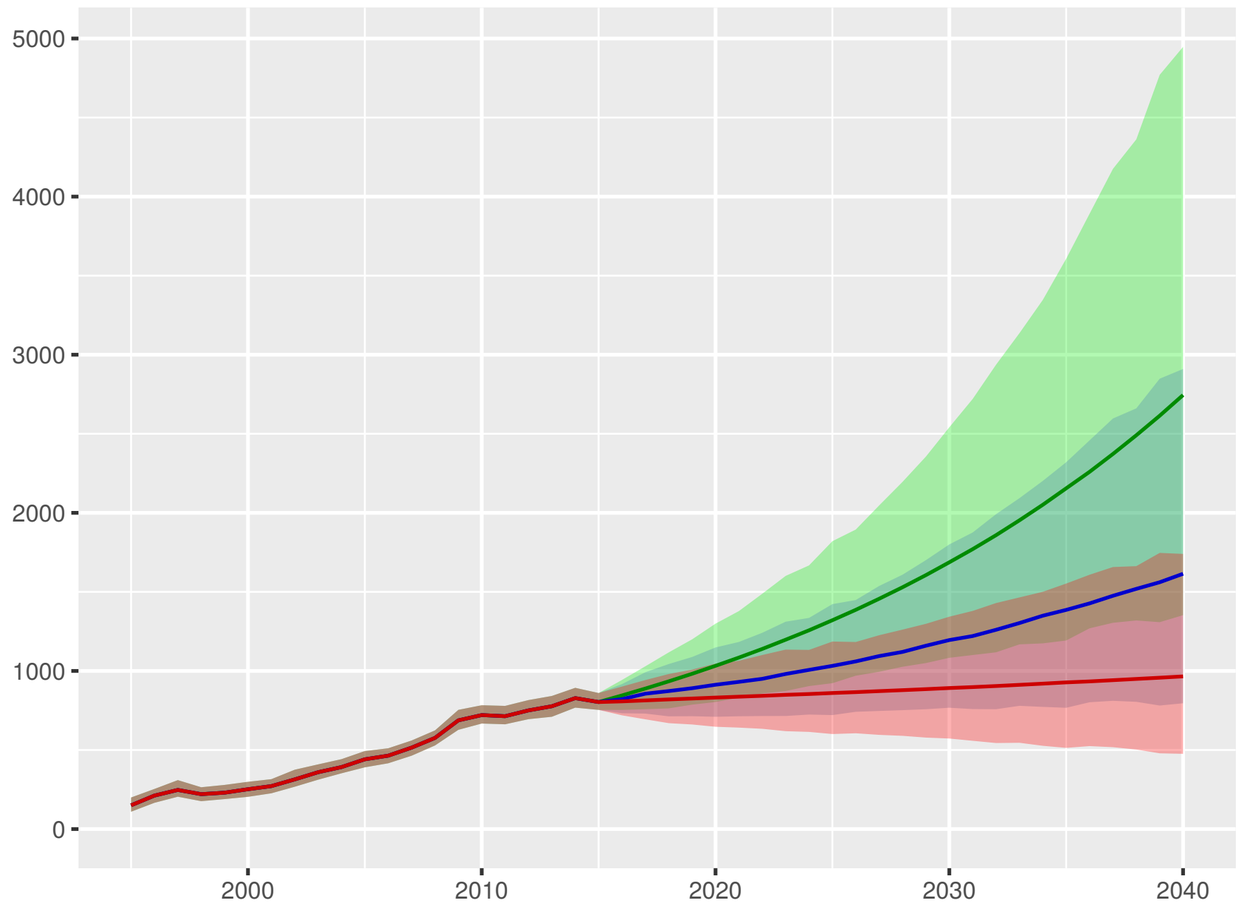
Scenario — Better — Reference — Worse

Georgia

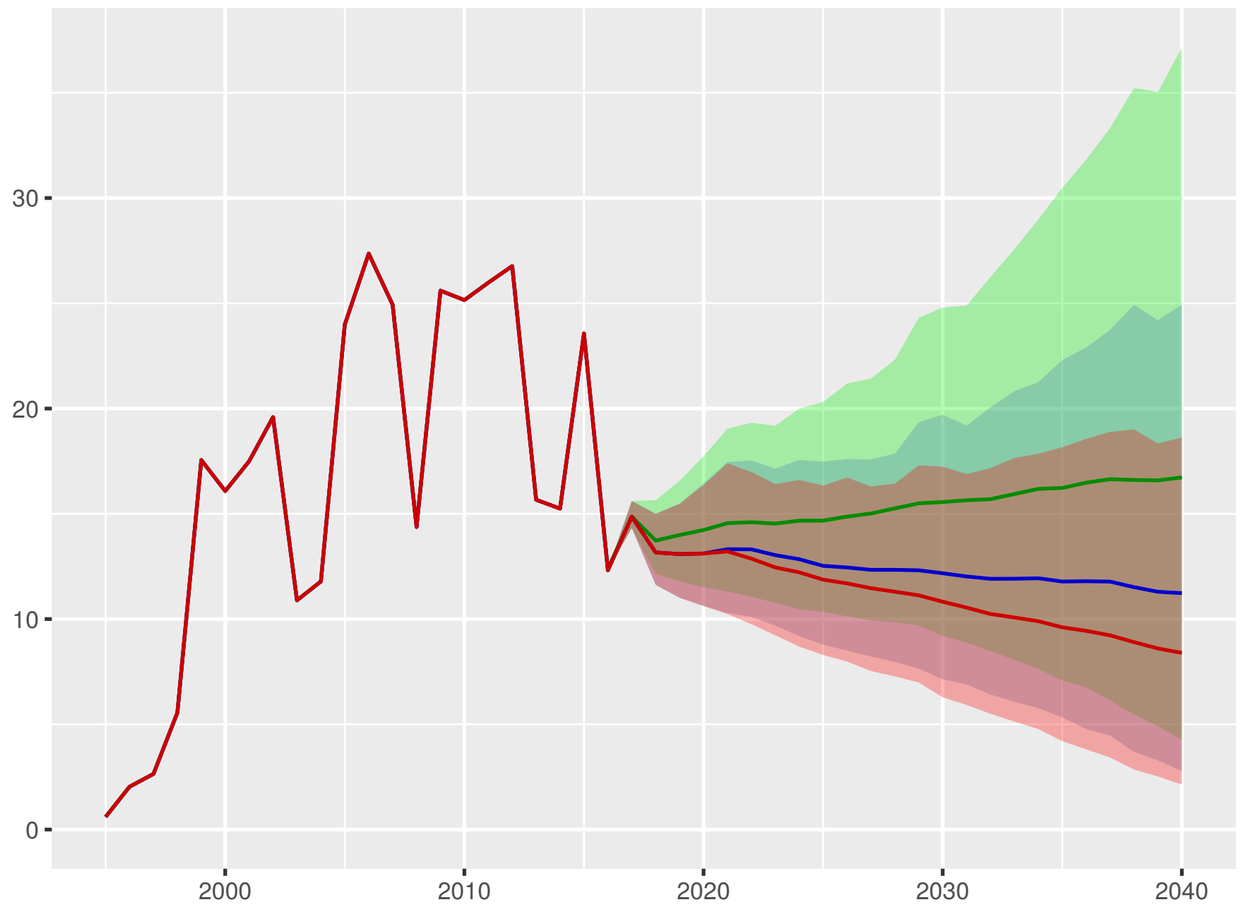
Universal health coverage index



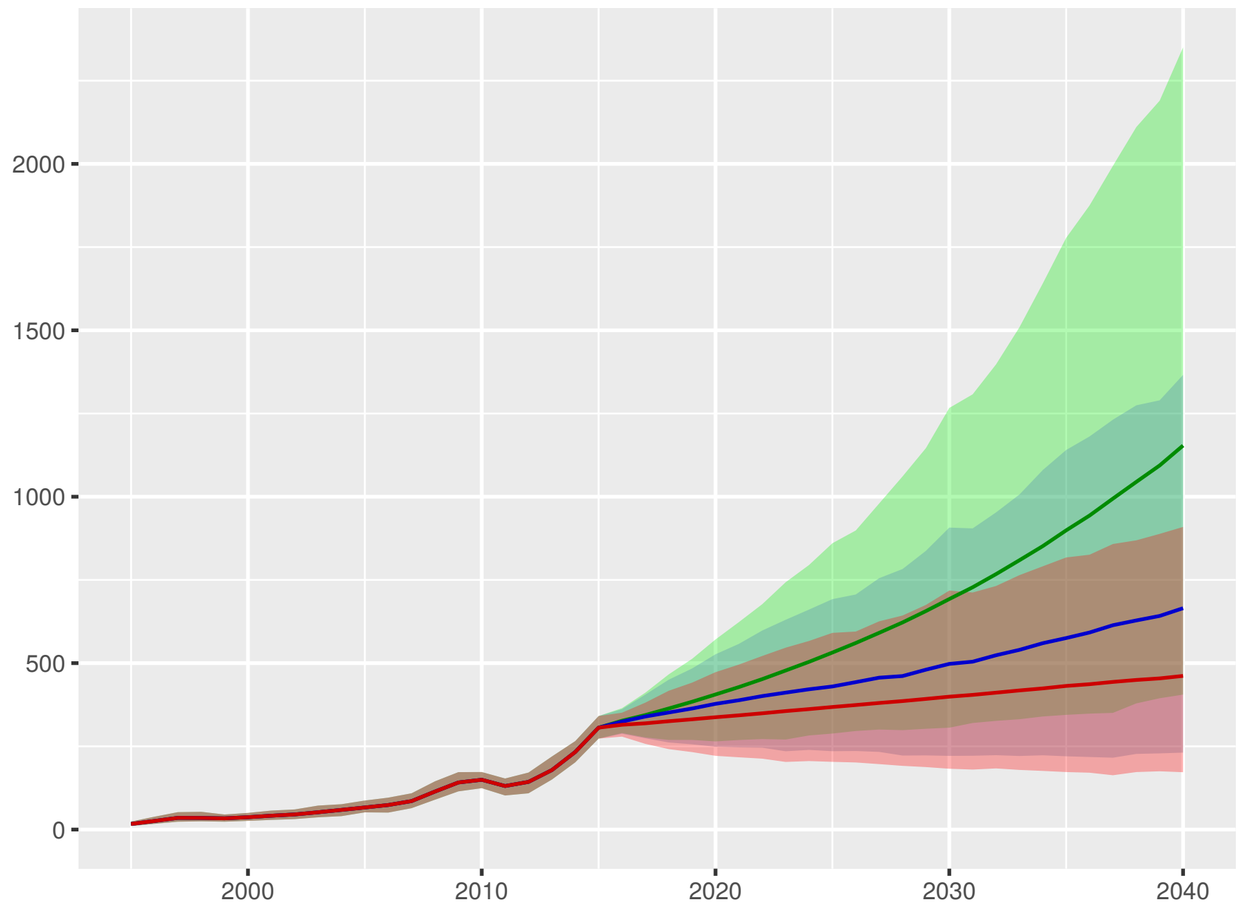
Total health spending per person



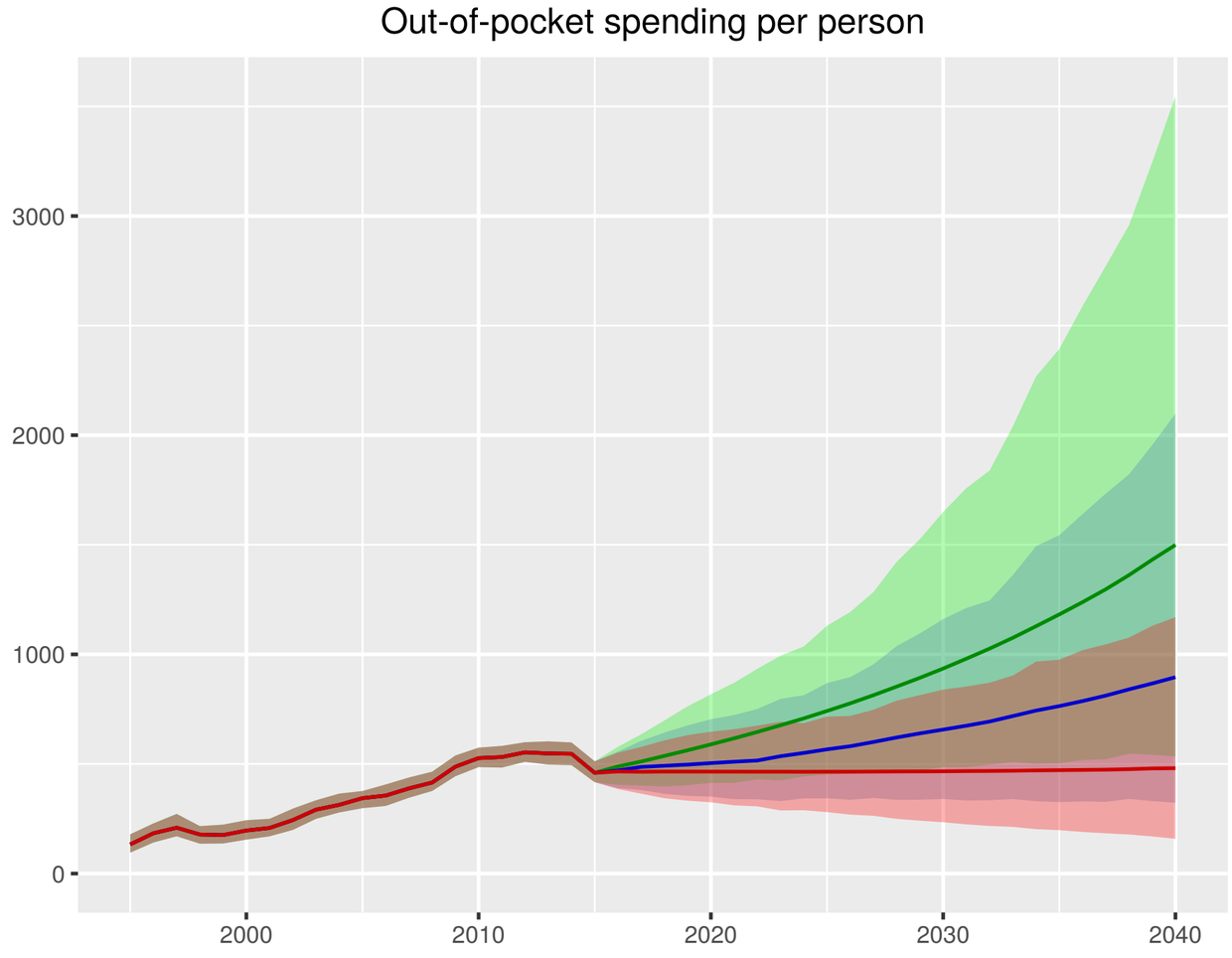
Development assistance for health received per person



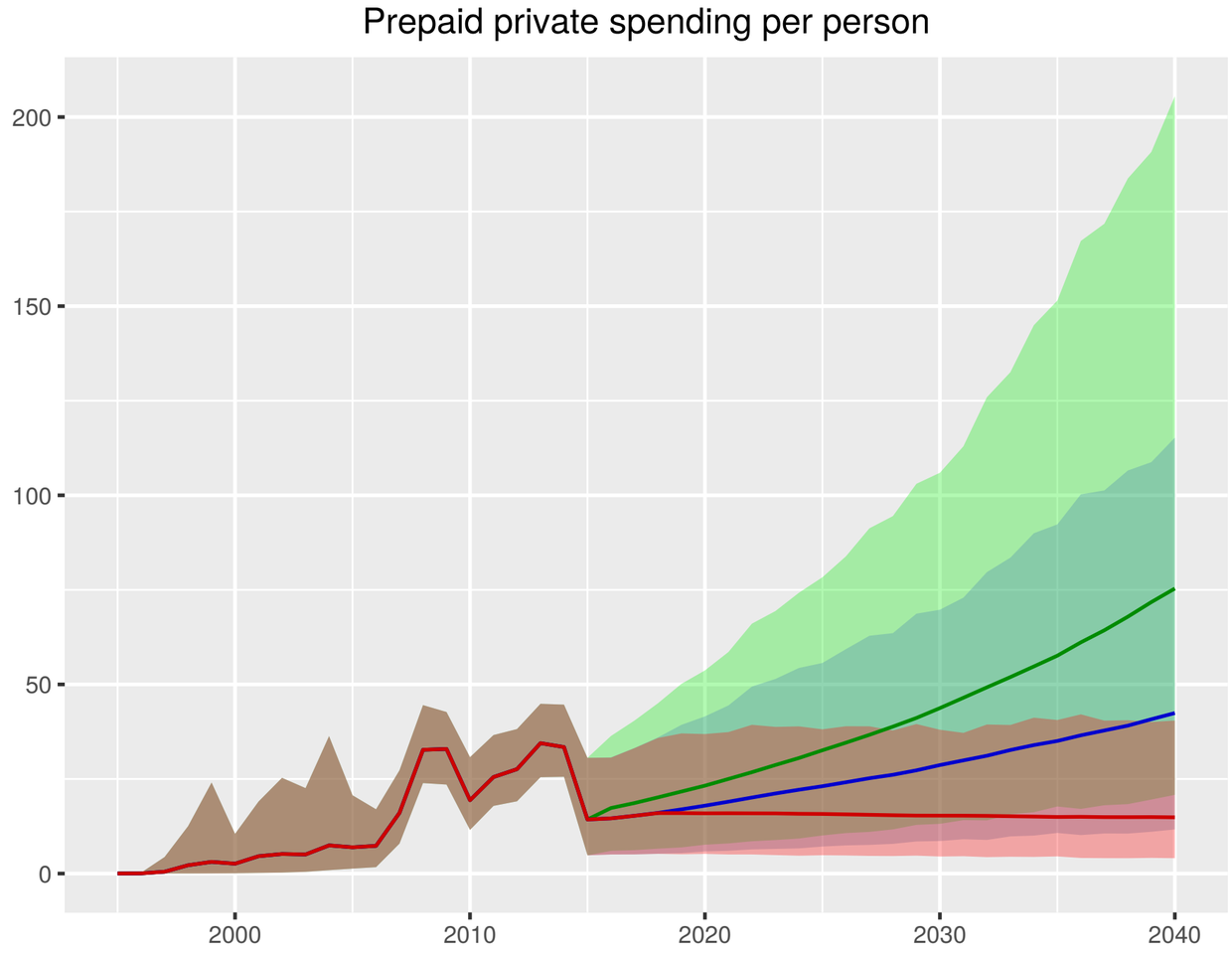
Government health spending per person



Out-of-pocket spending per person



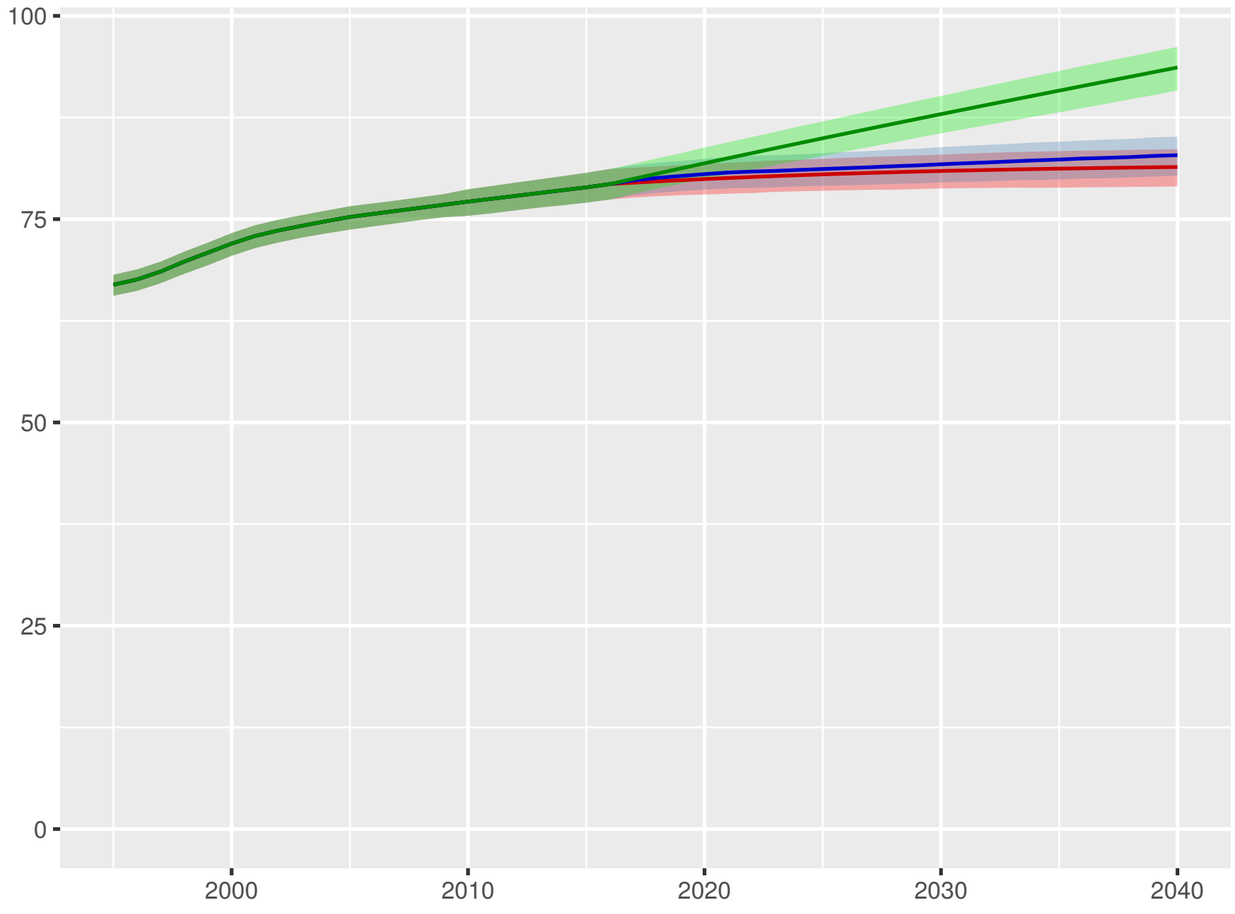
Prepaid private spending per person



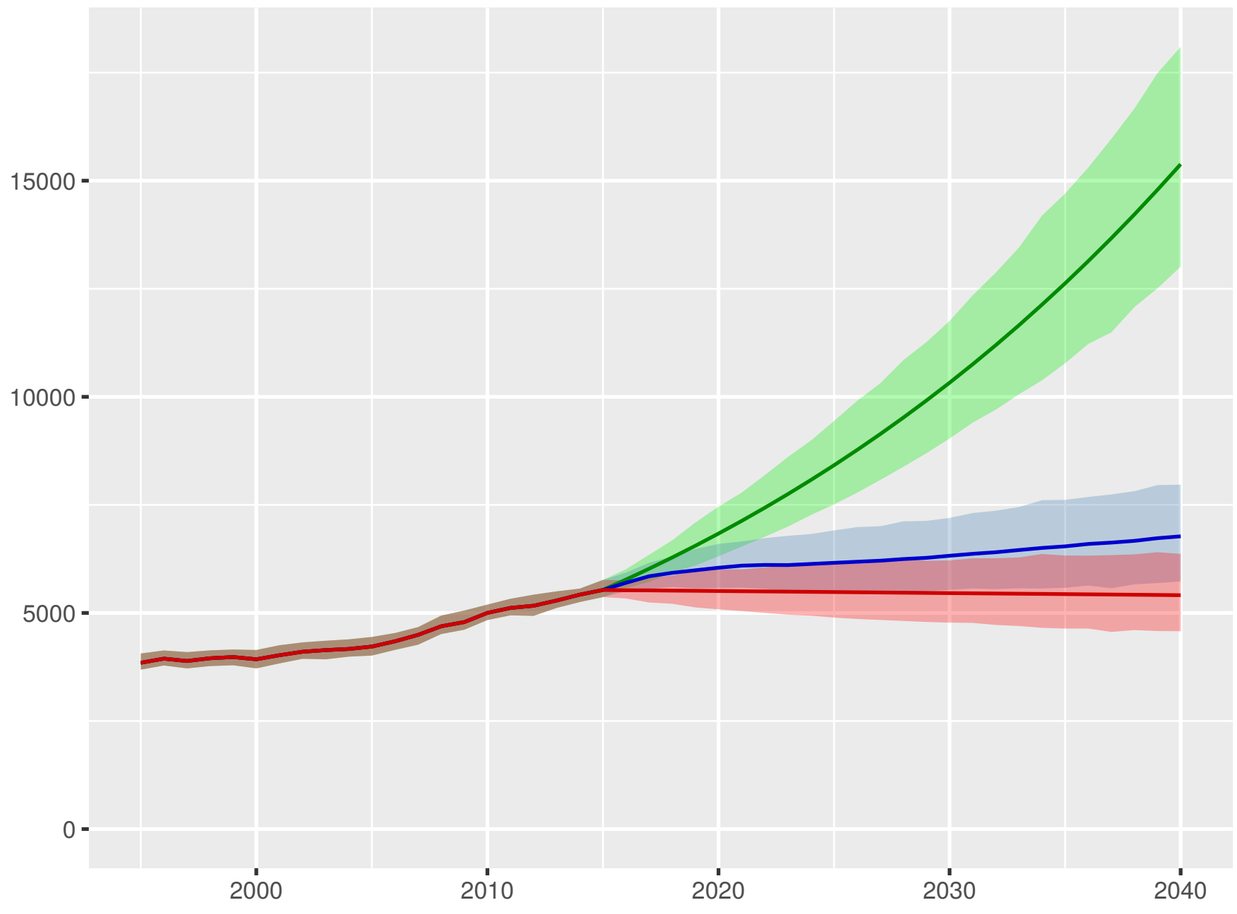
Scenario — Better — Reference — Worse

Germany

Universal health coverage index

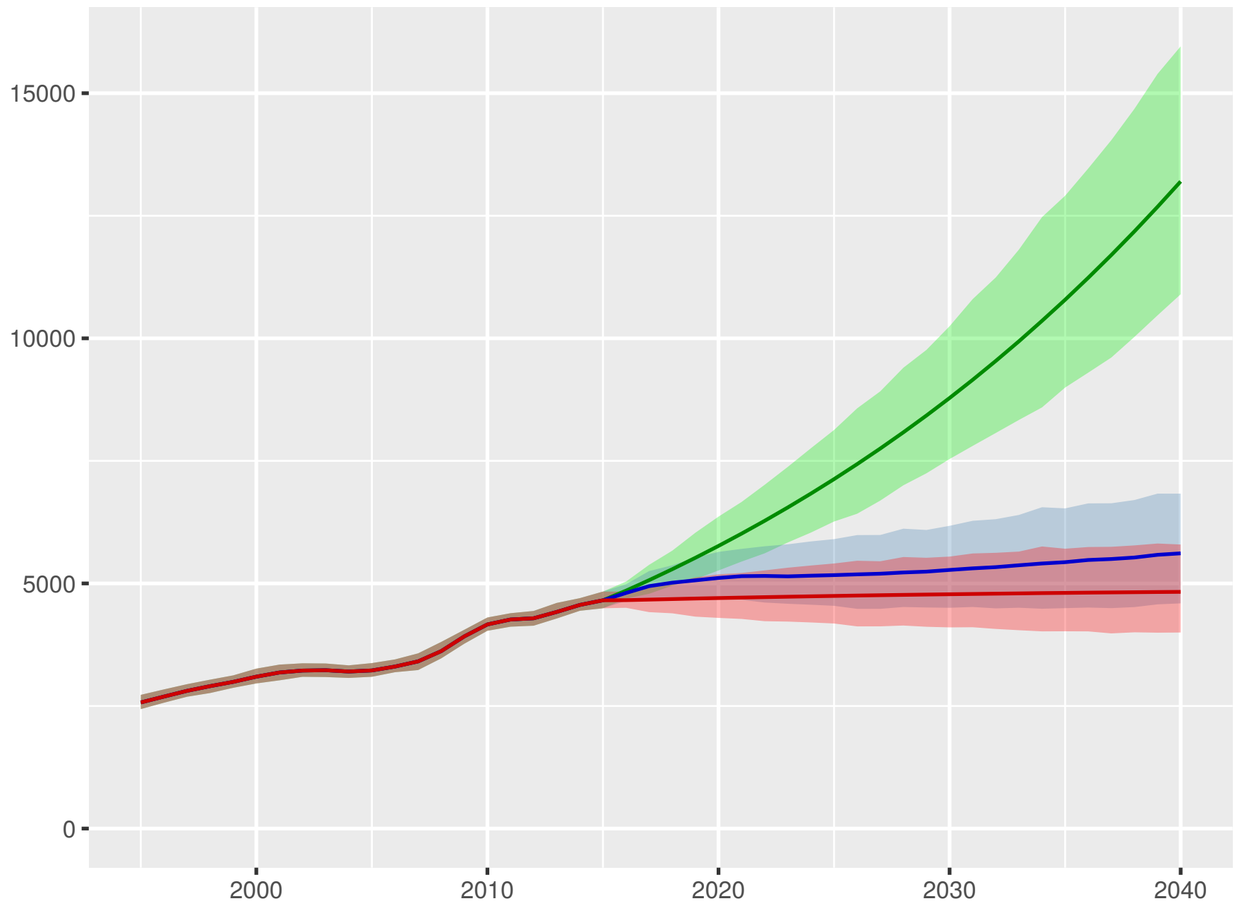


Total health spending per person

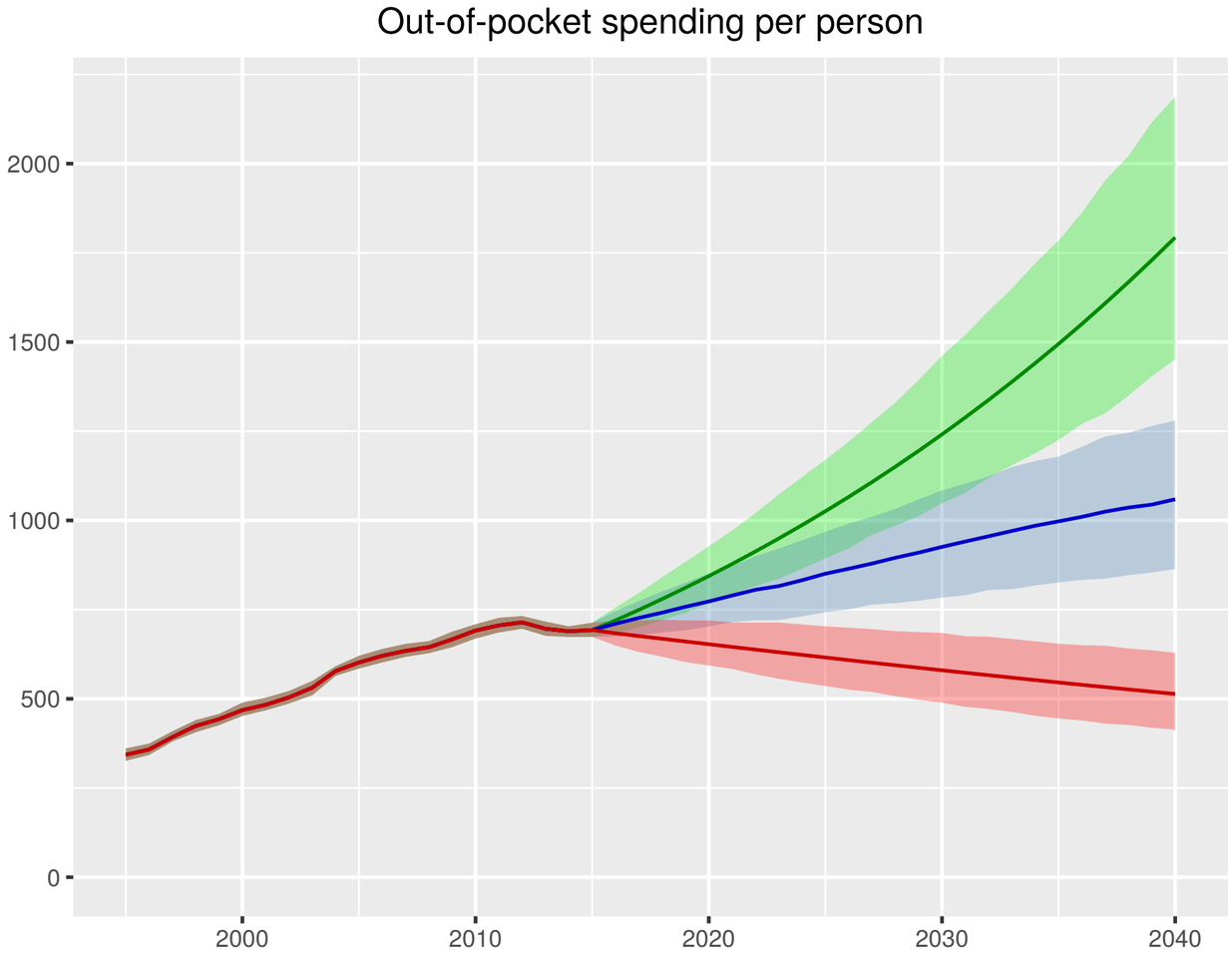


Development assistance for health received per person

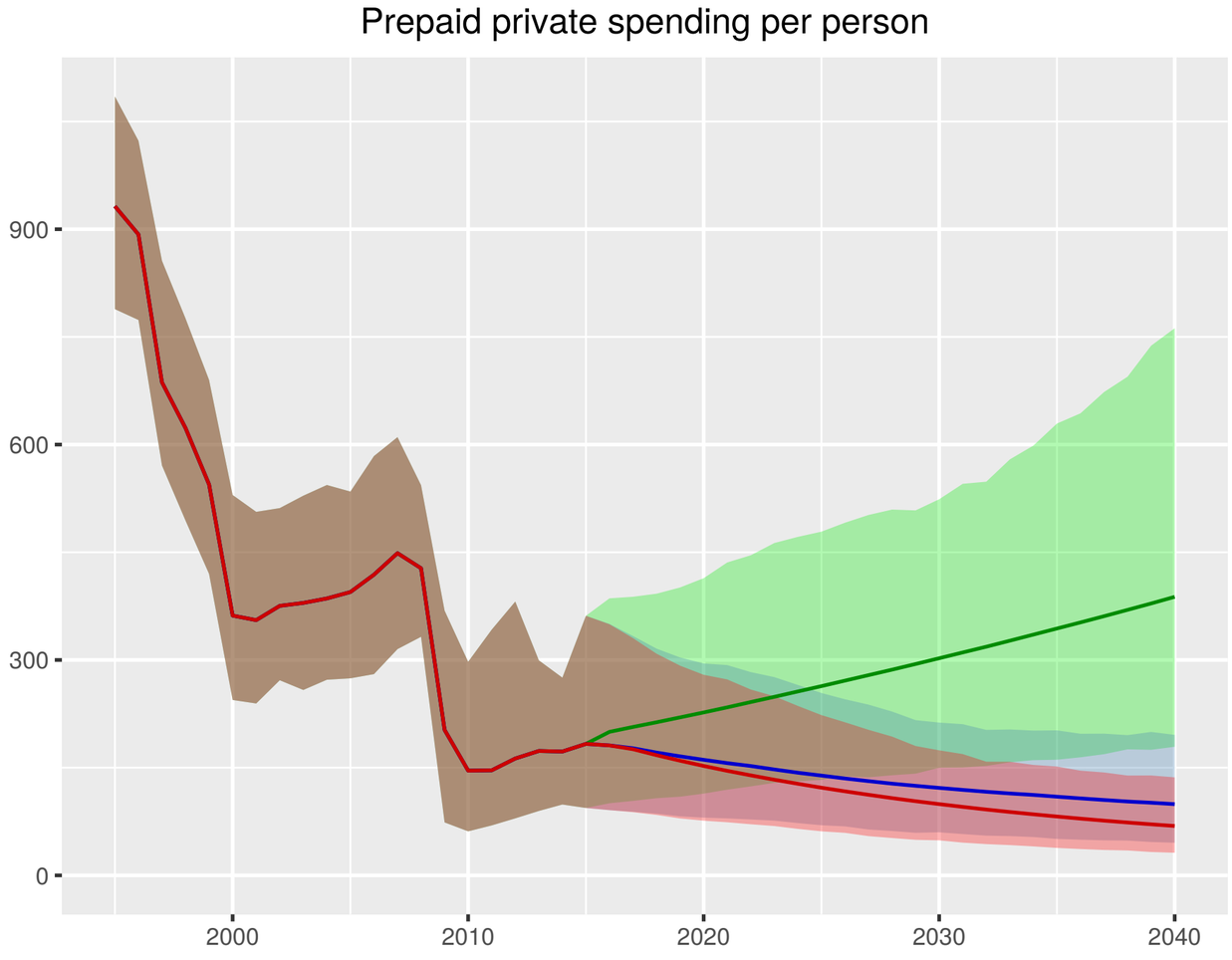
Government health spending per person



Out-of-pocket spending per person



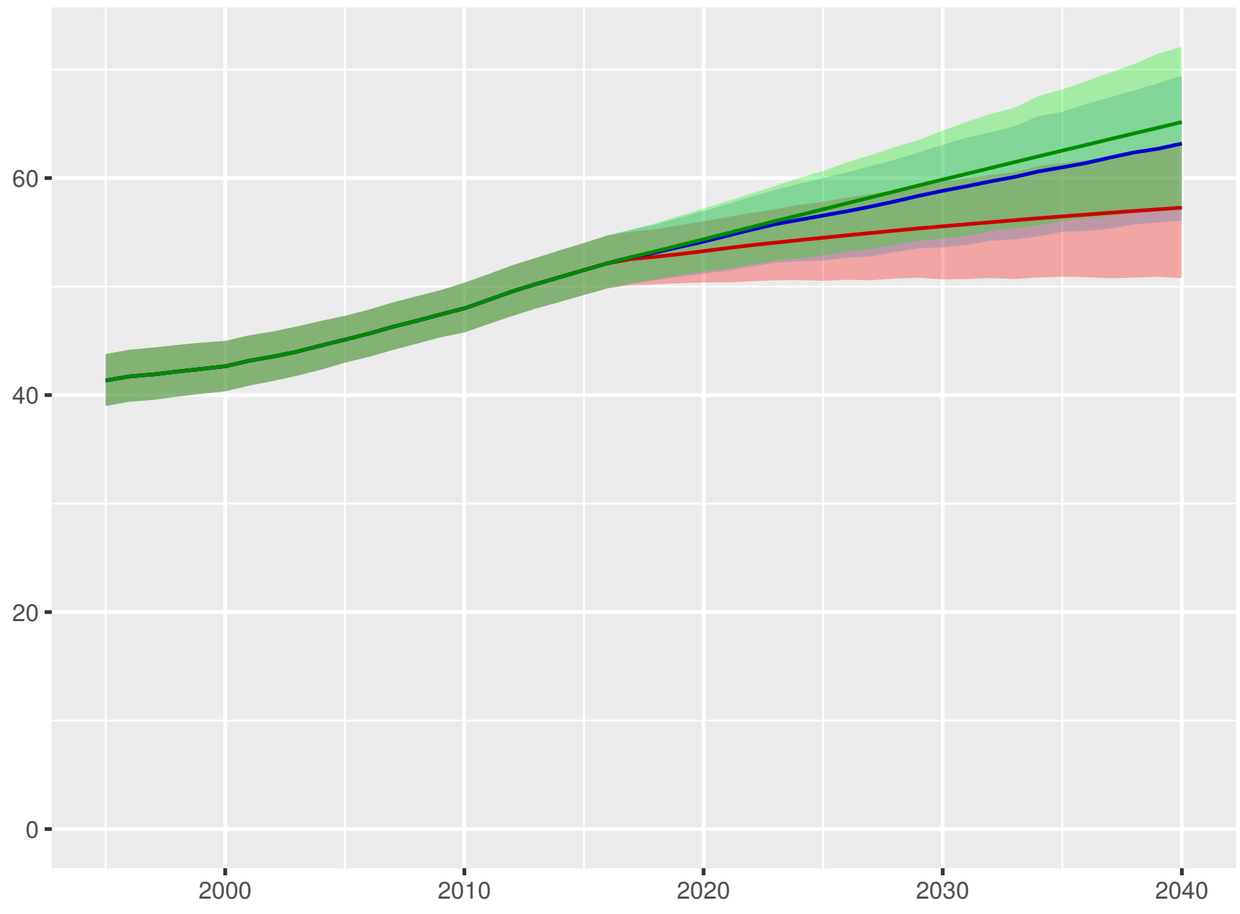
Prepaid private spending per person



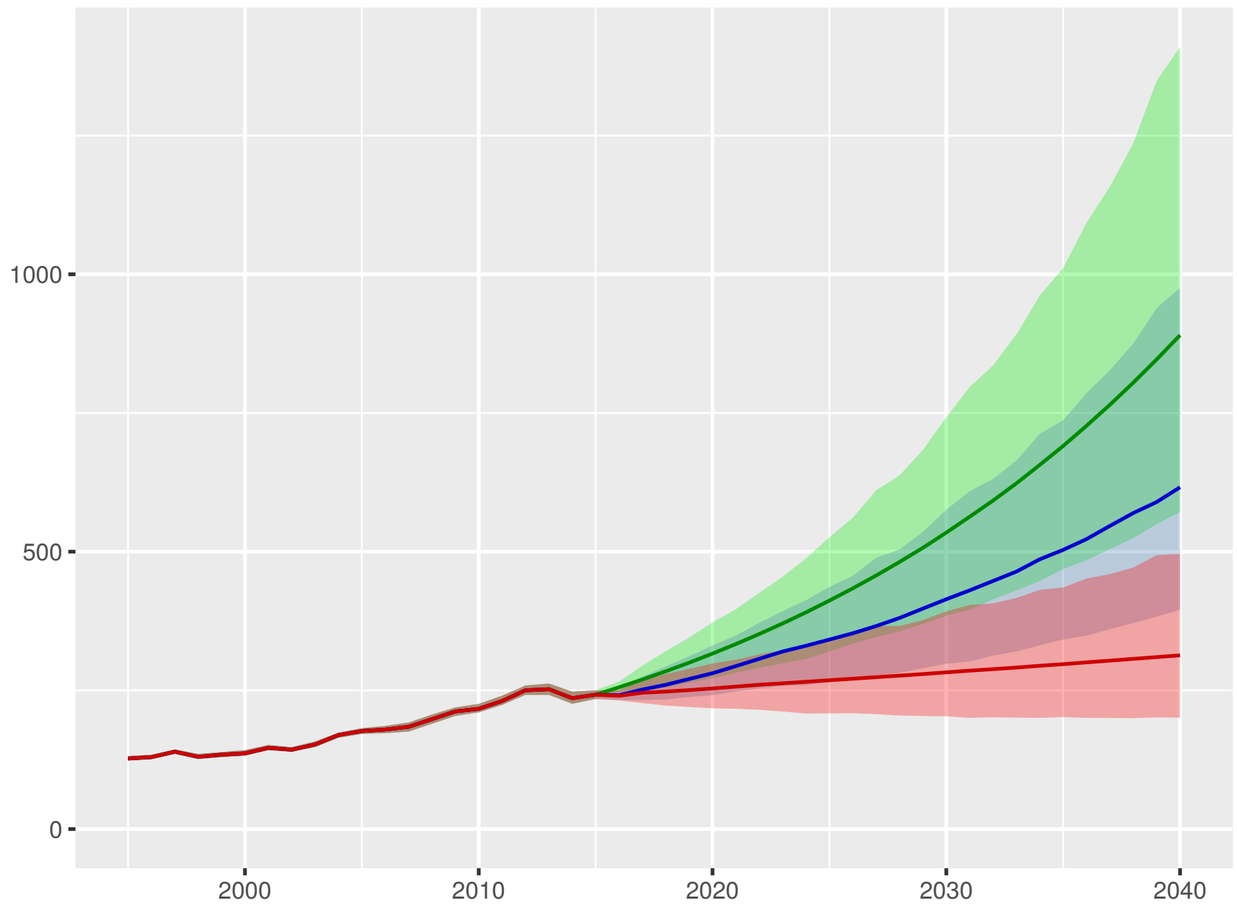
Scenario — Better — Reference — Worse

Ghana

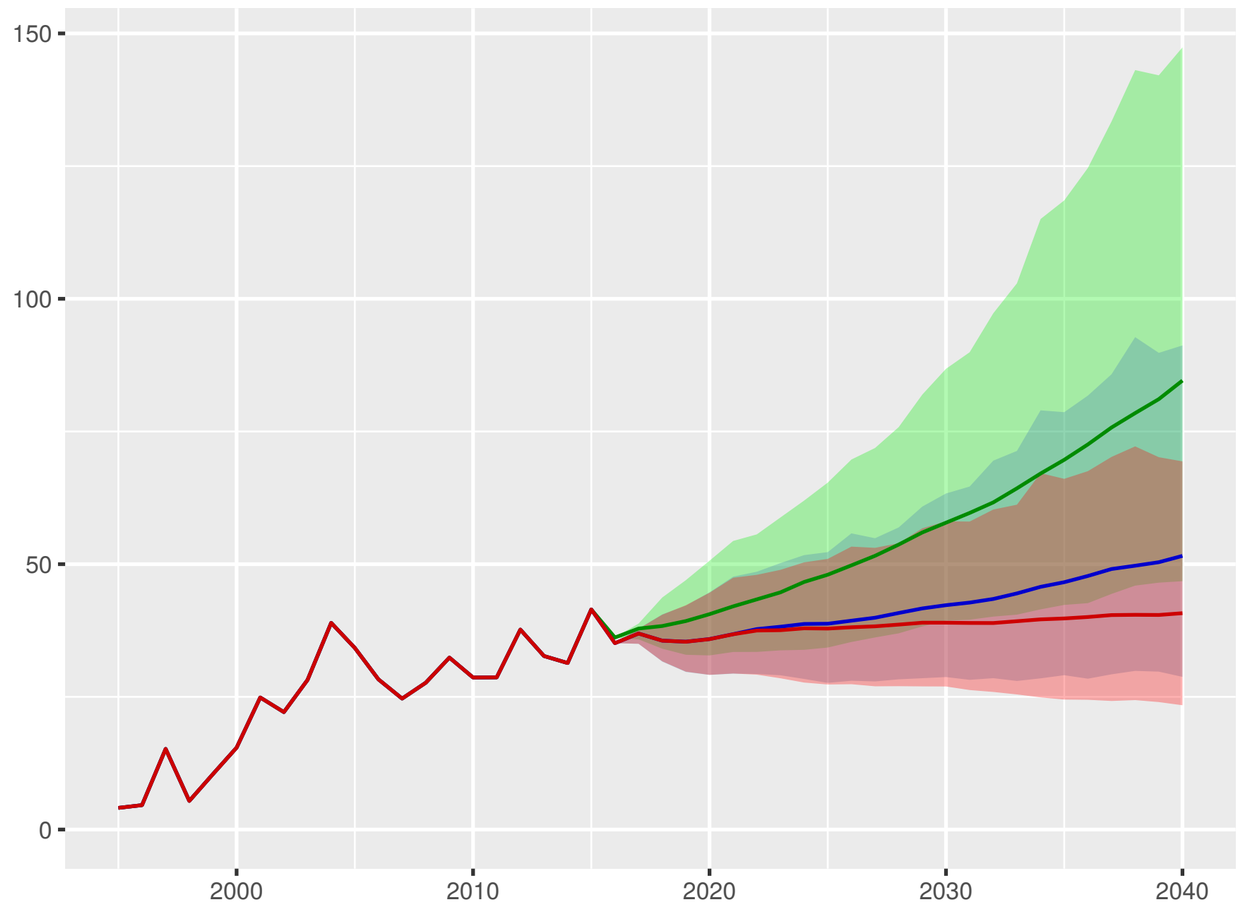
Universal health coverage index



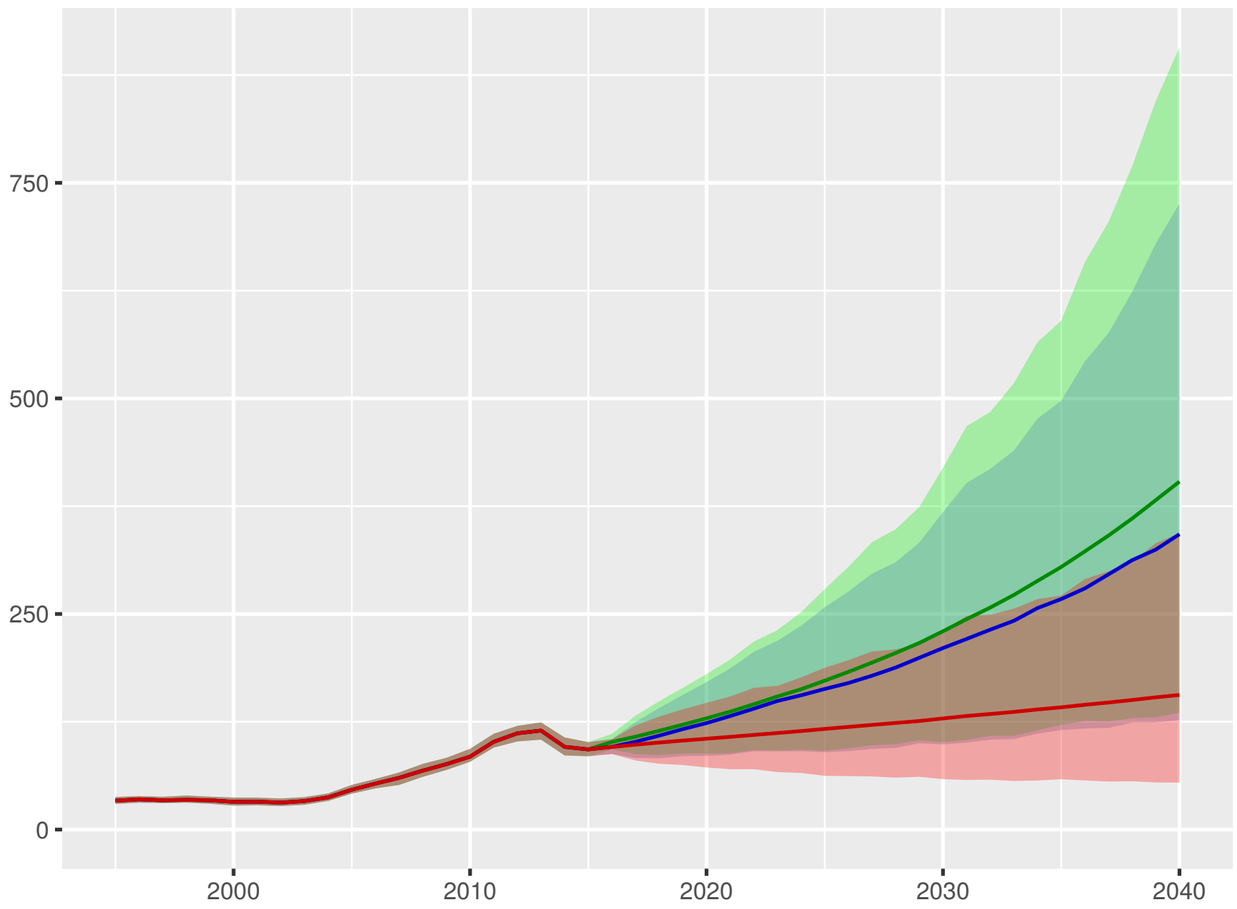
Total health spending per person



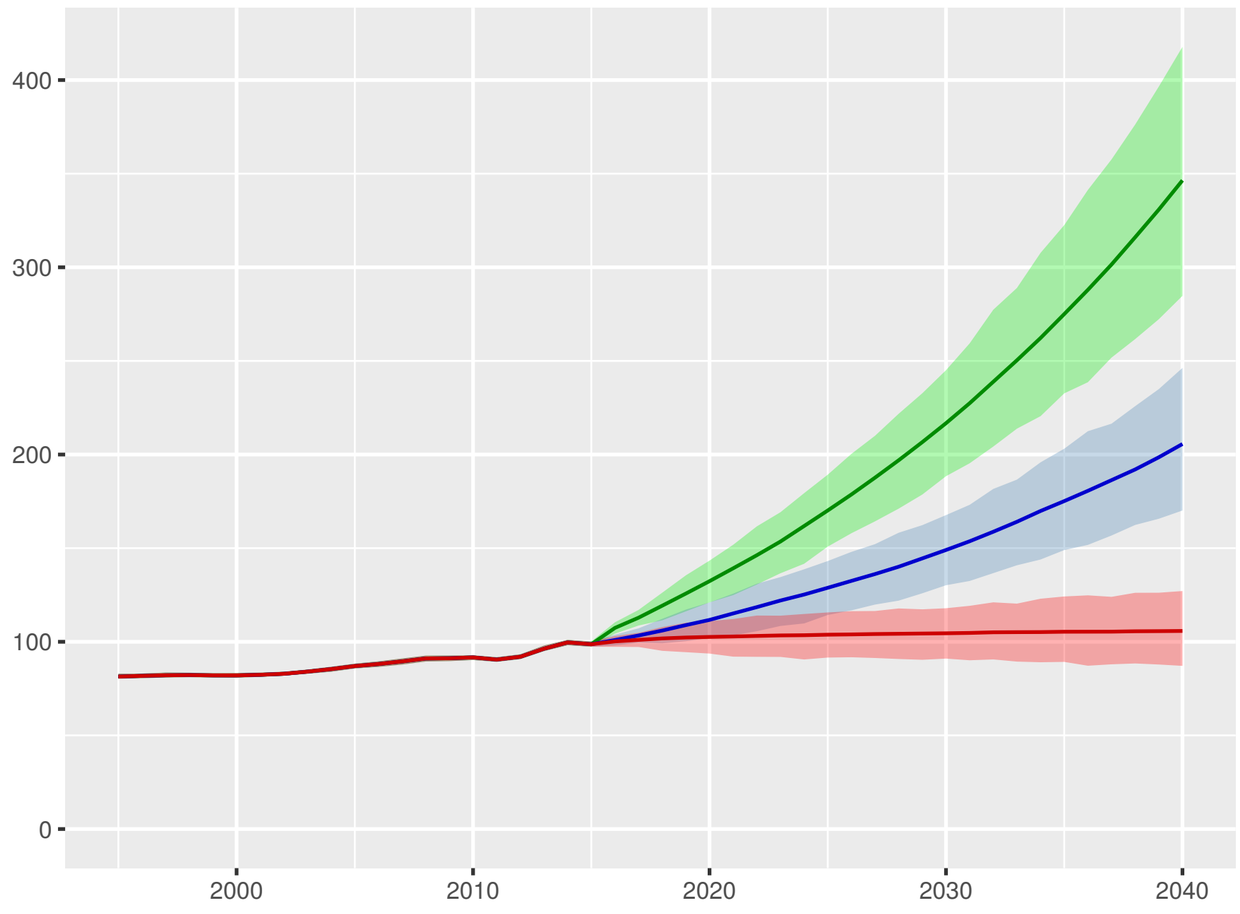
Development assistance for health received per person



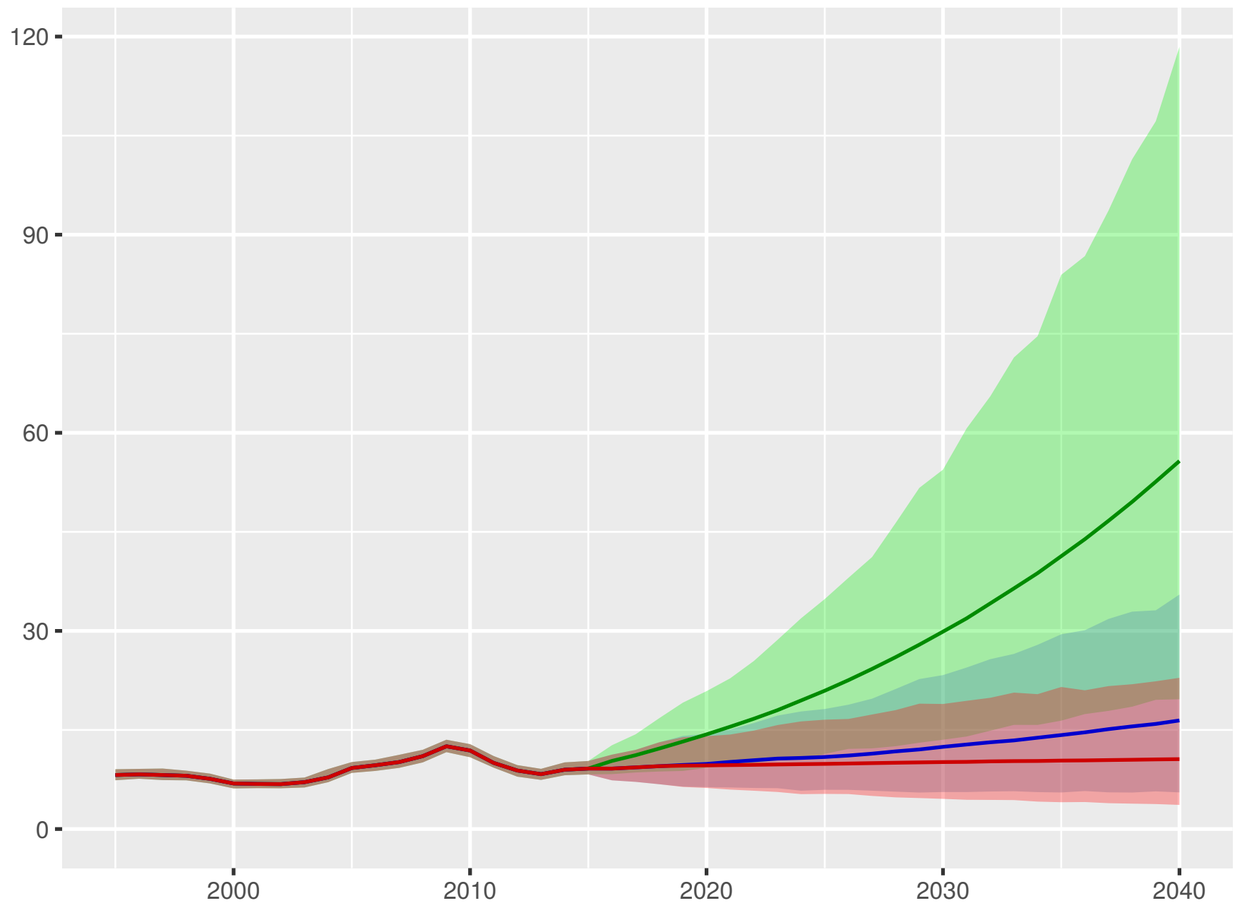
Government health spending per person



Out-of-pocket spending per person



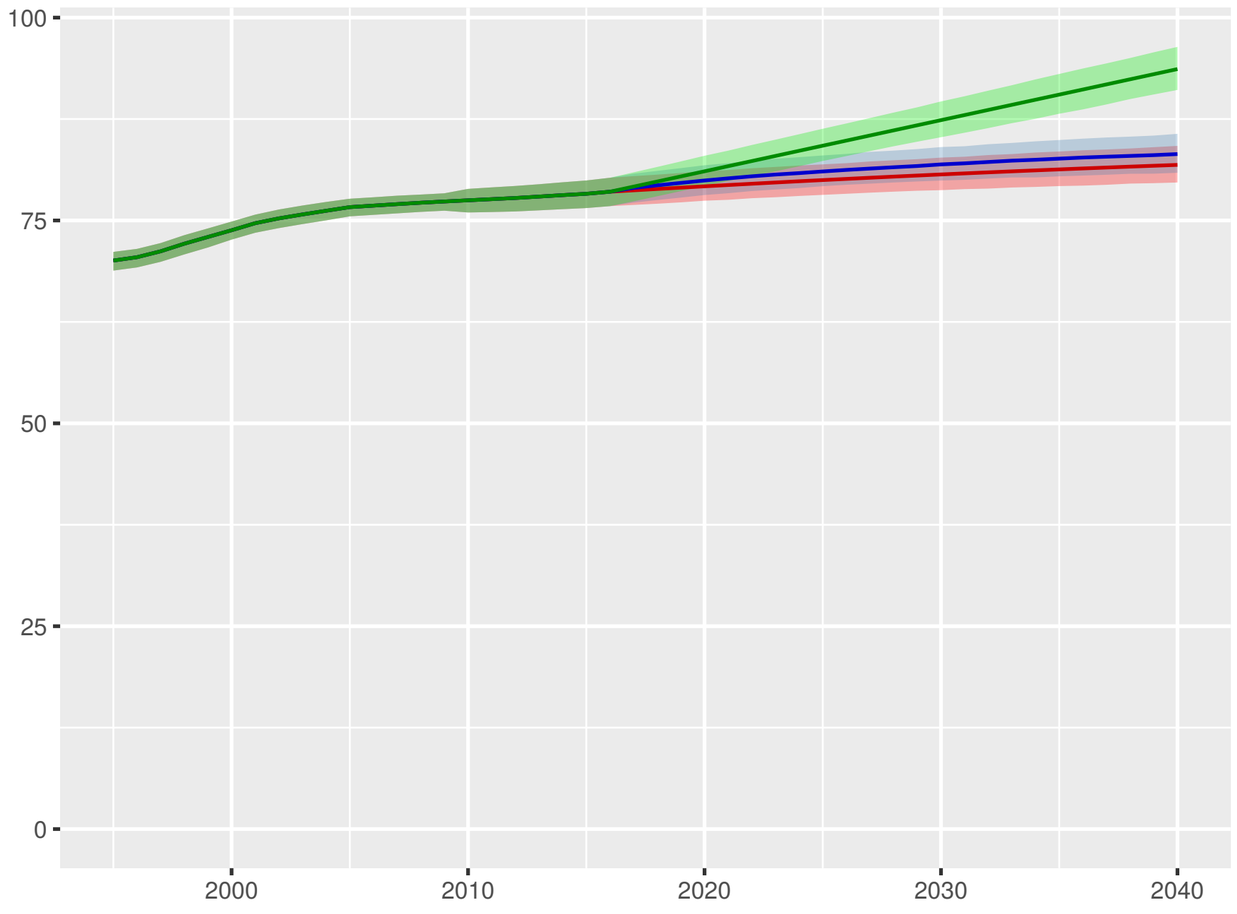
Prepaid private spending per person



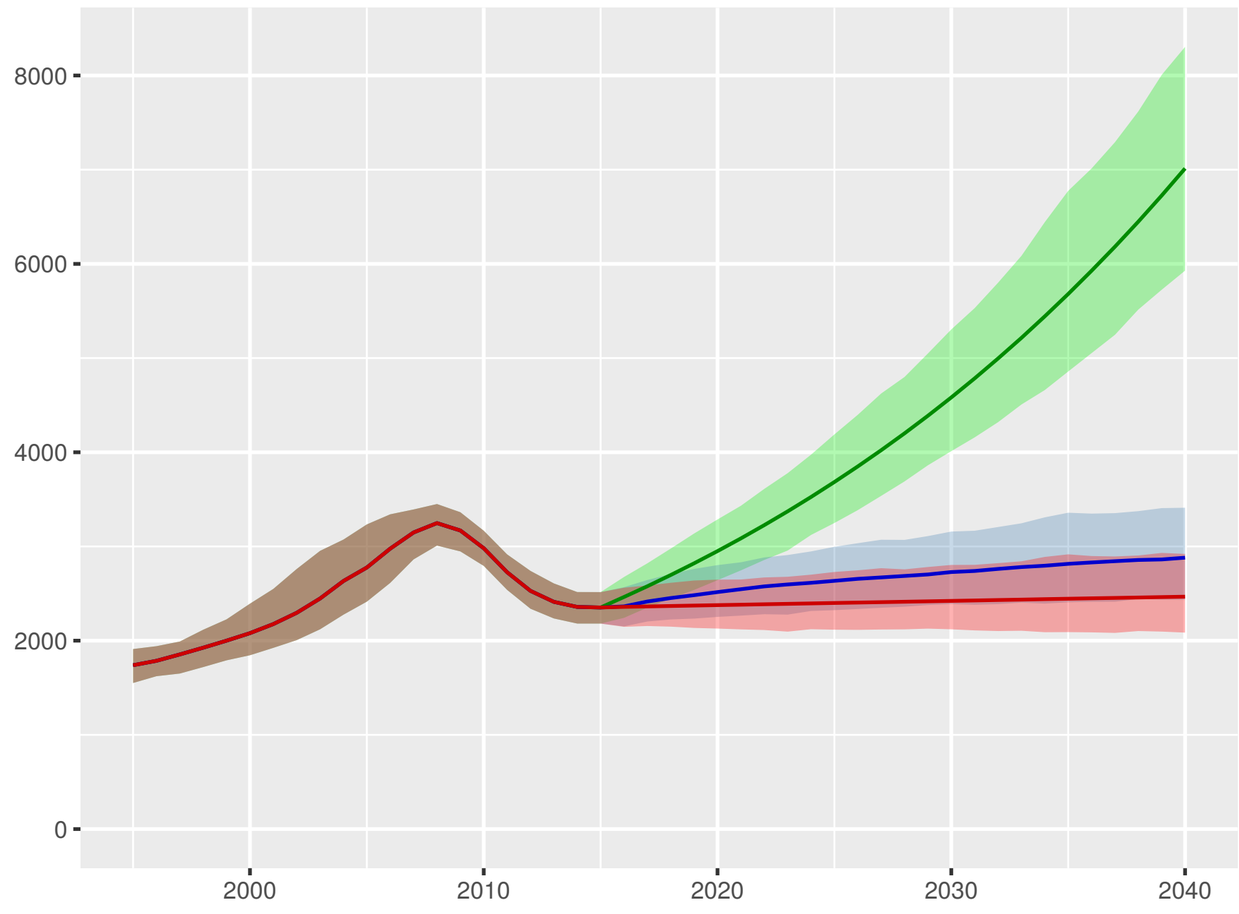
Scenario — Better — Reference — Worse

Greece

Universal health coverage index

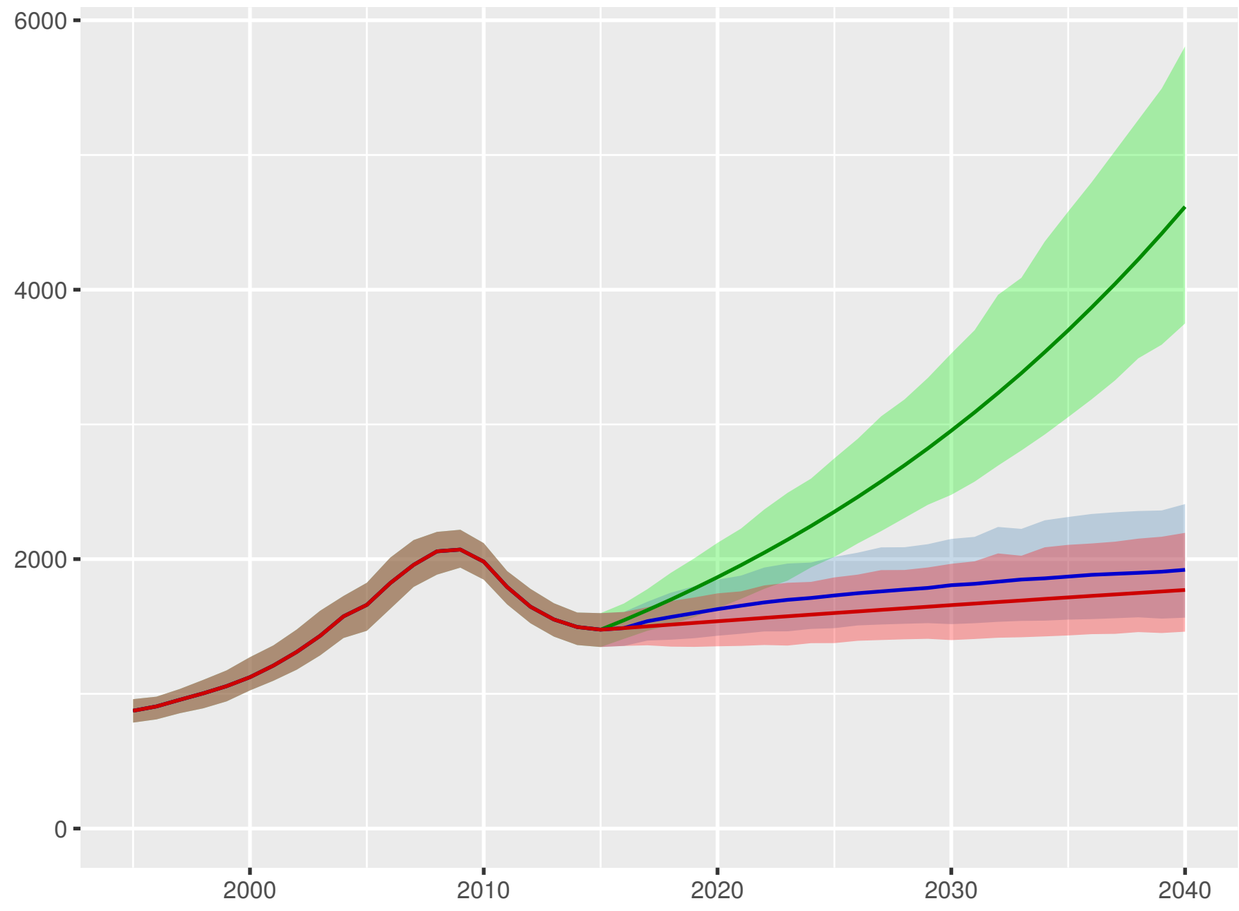


Total health spending per person

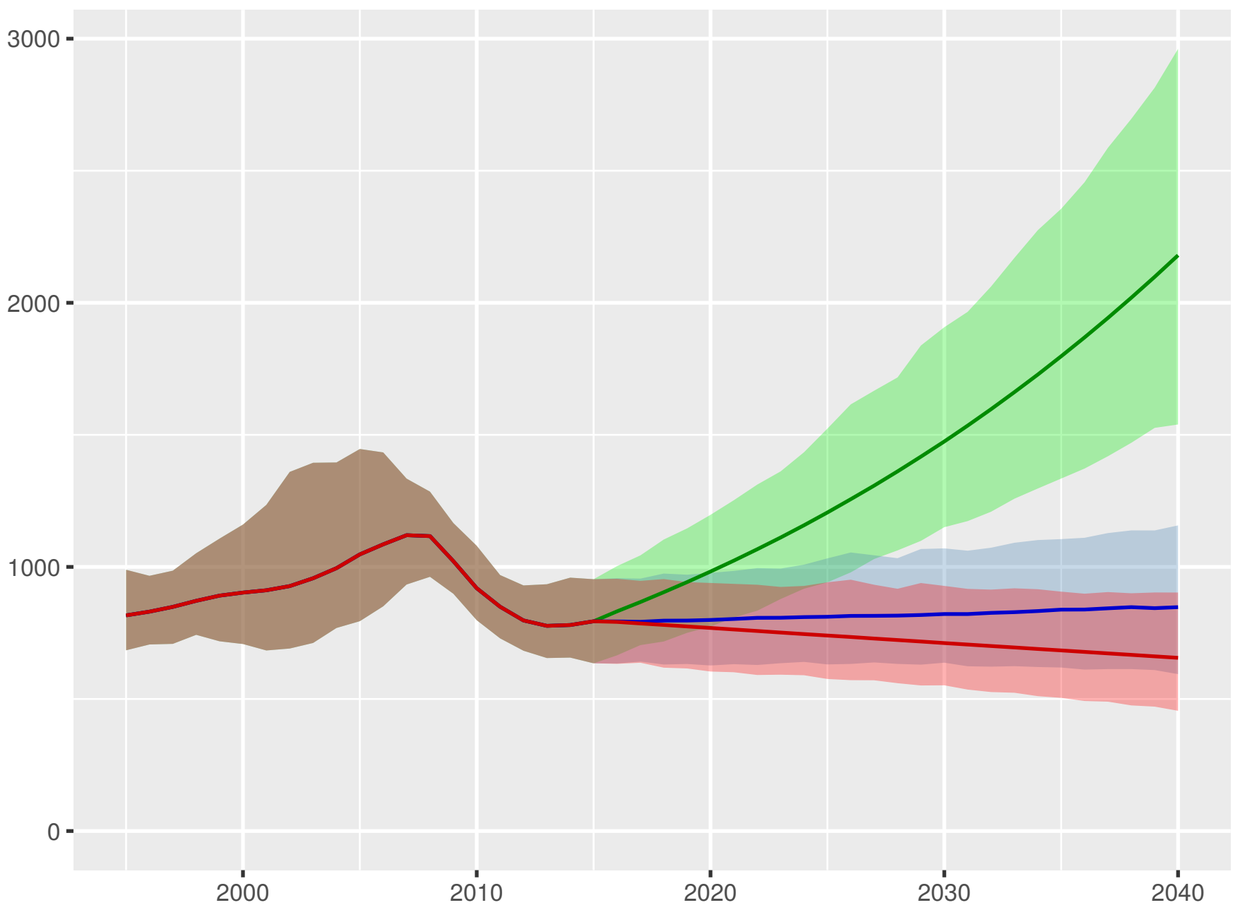


Development assistance for health received per person

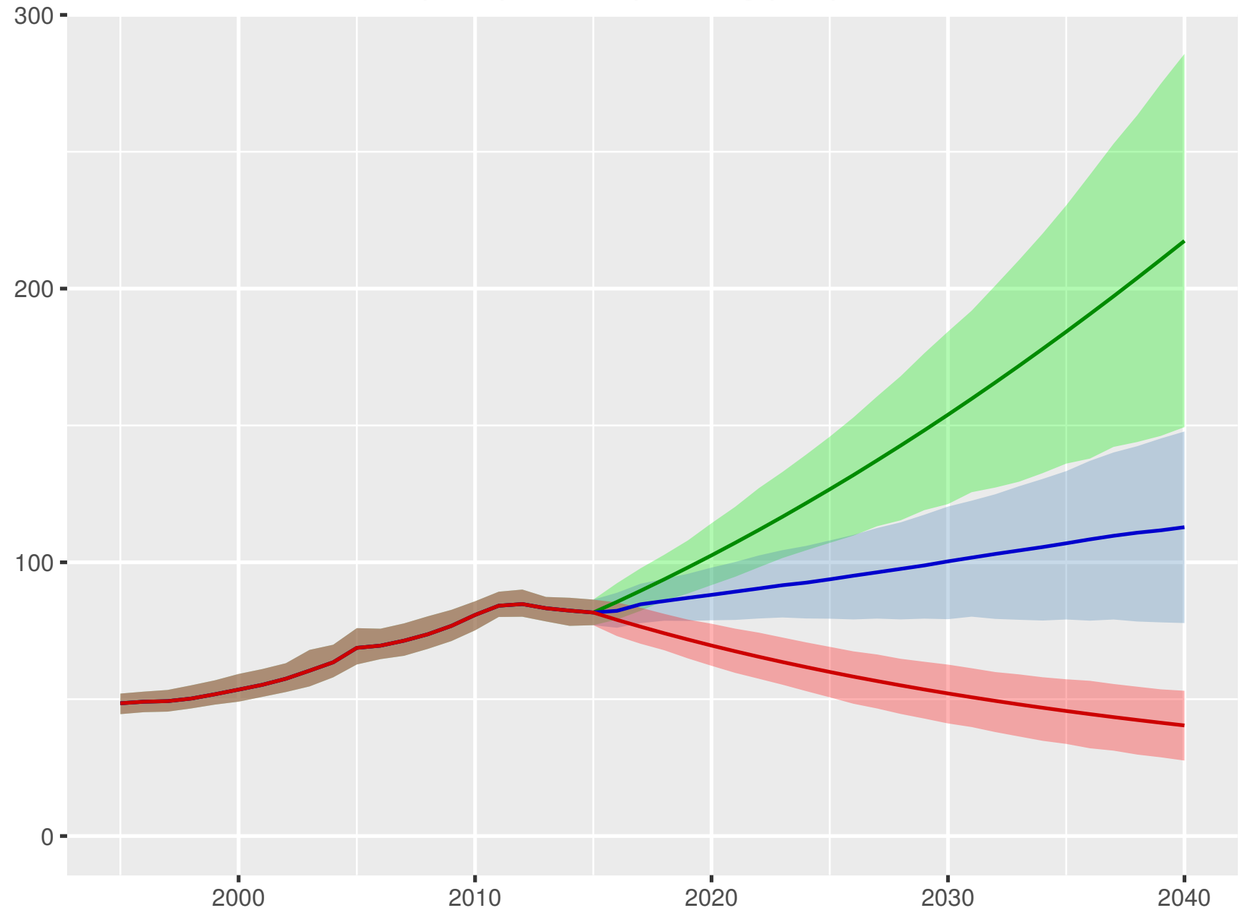
Government health spending per person



Out-of-pocket spending per person



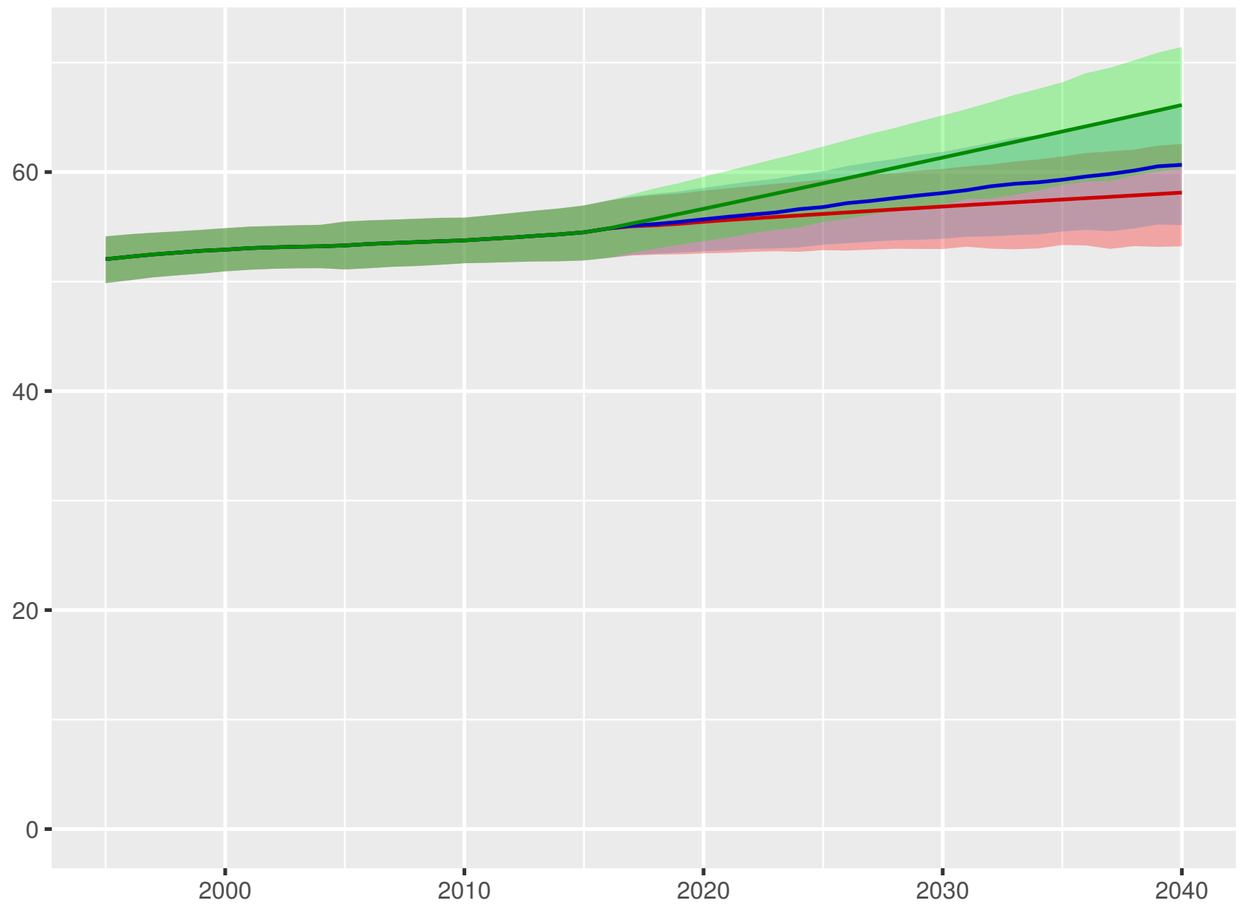
Prepaid private spending per person



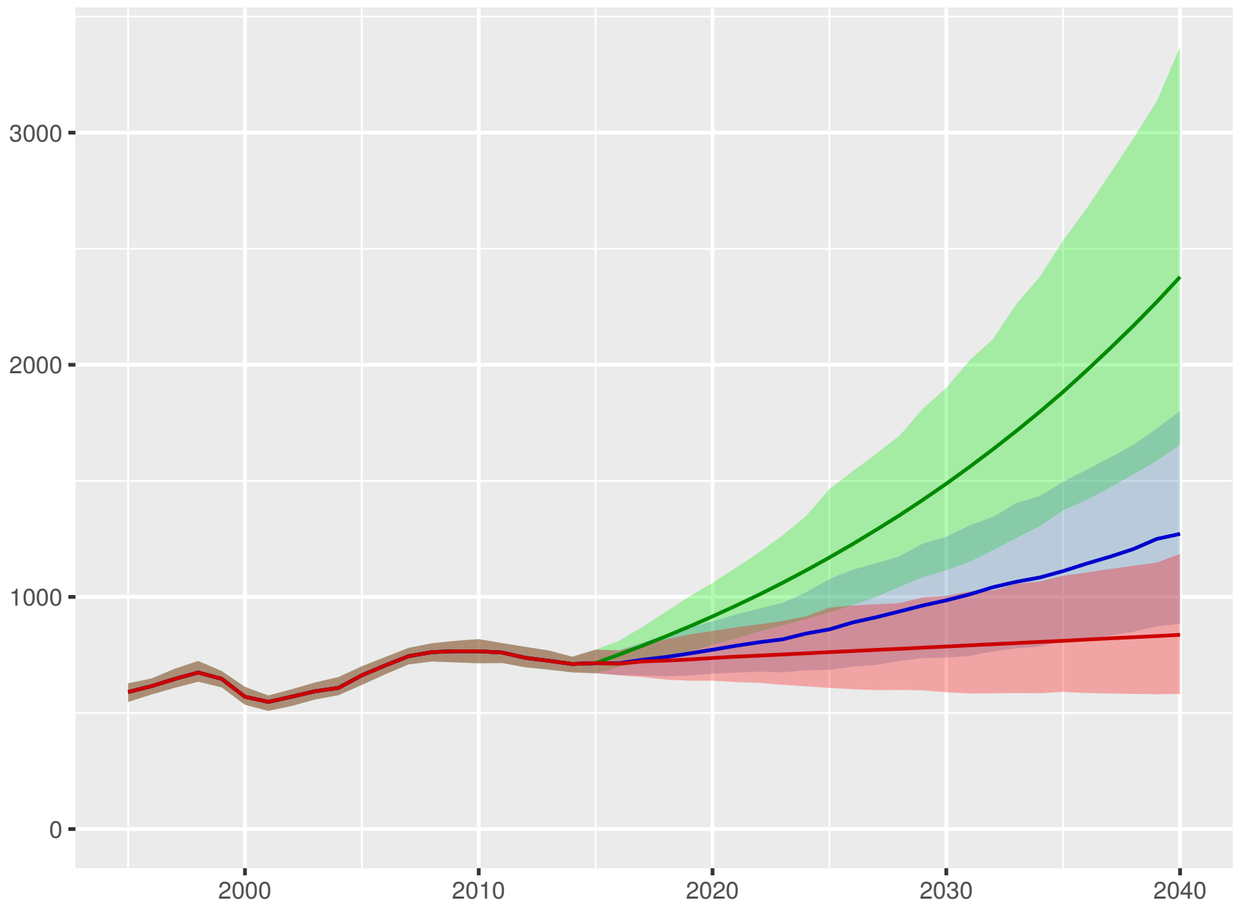
Scenario — Better — Reference — Worse

Grenada

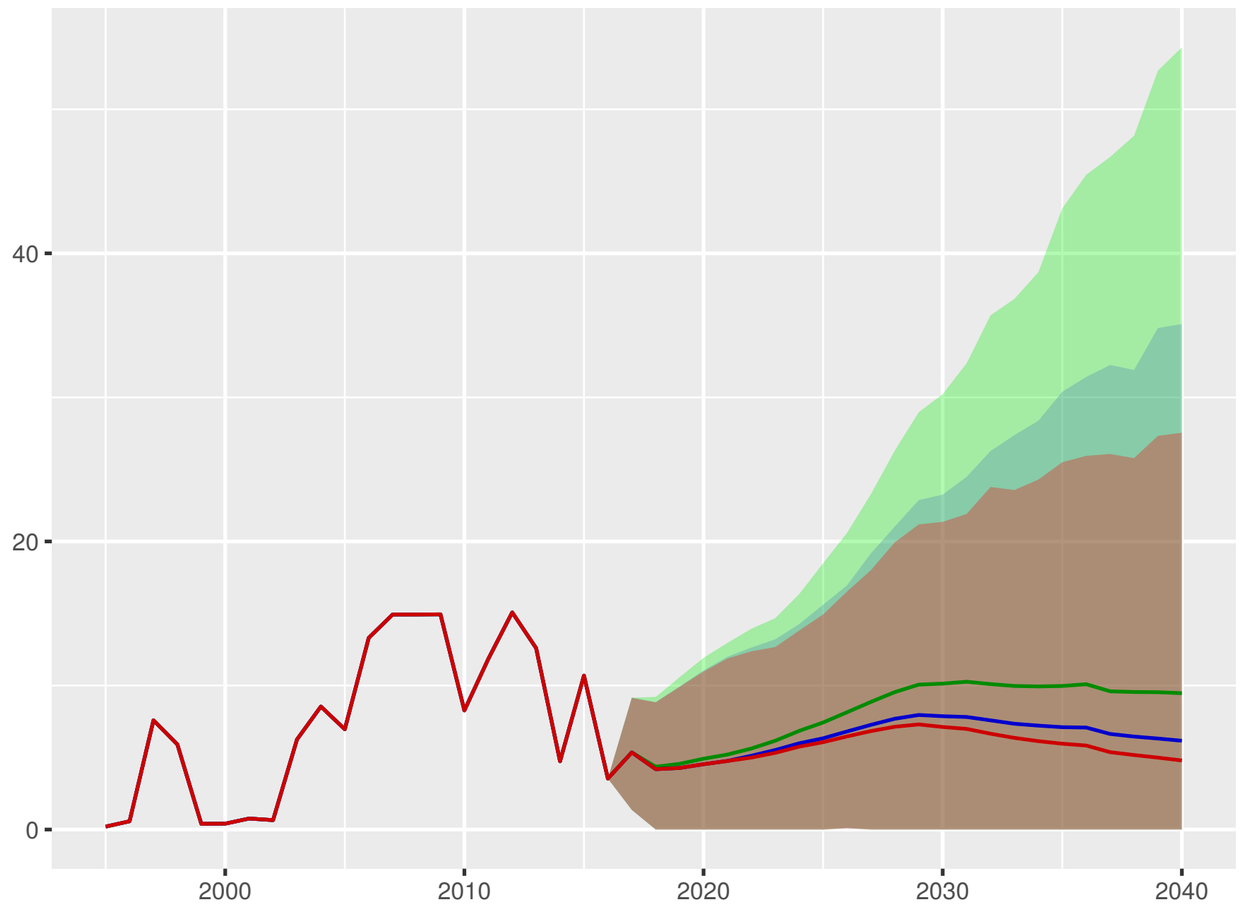
Universal health coverage index



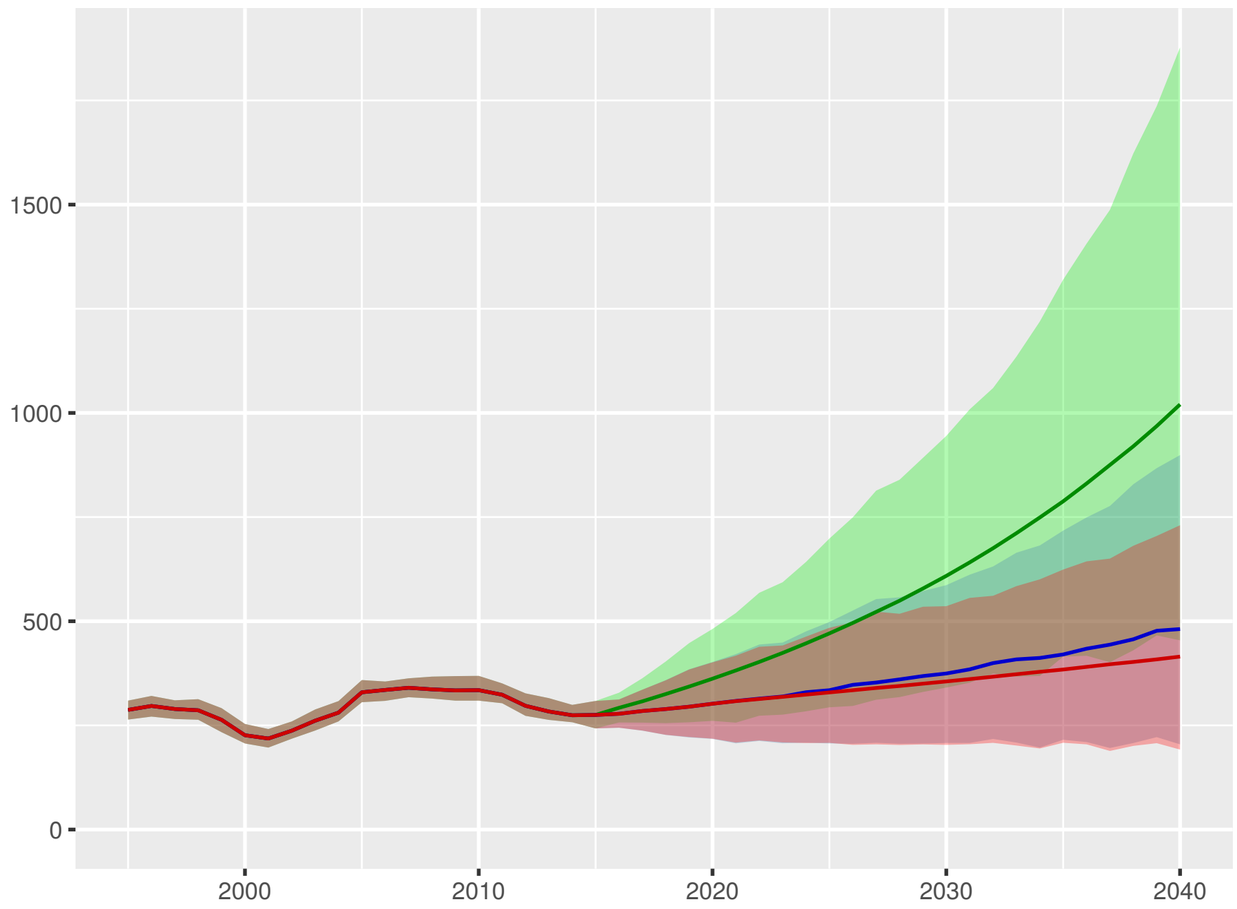
Total health spending per person



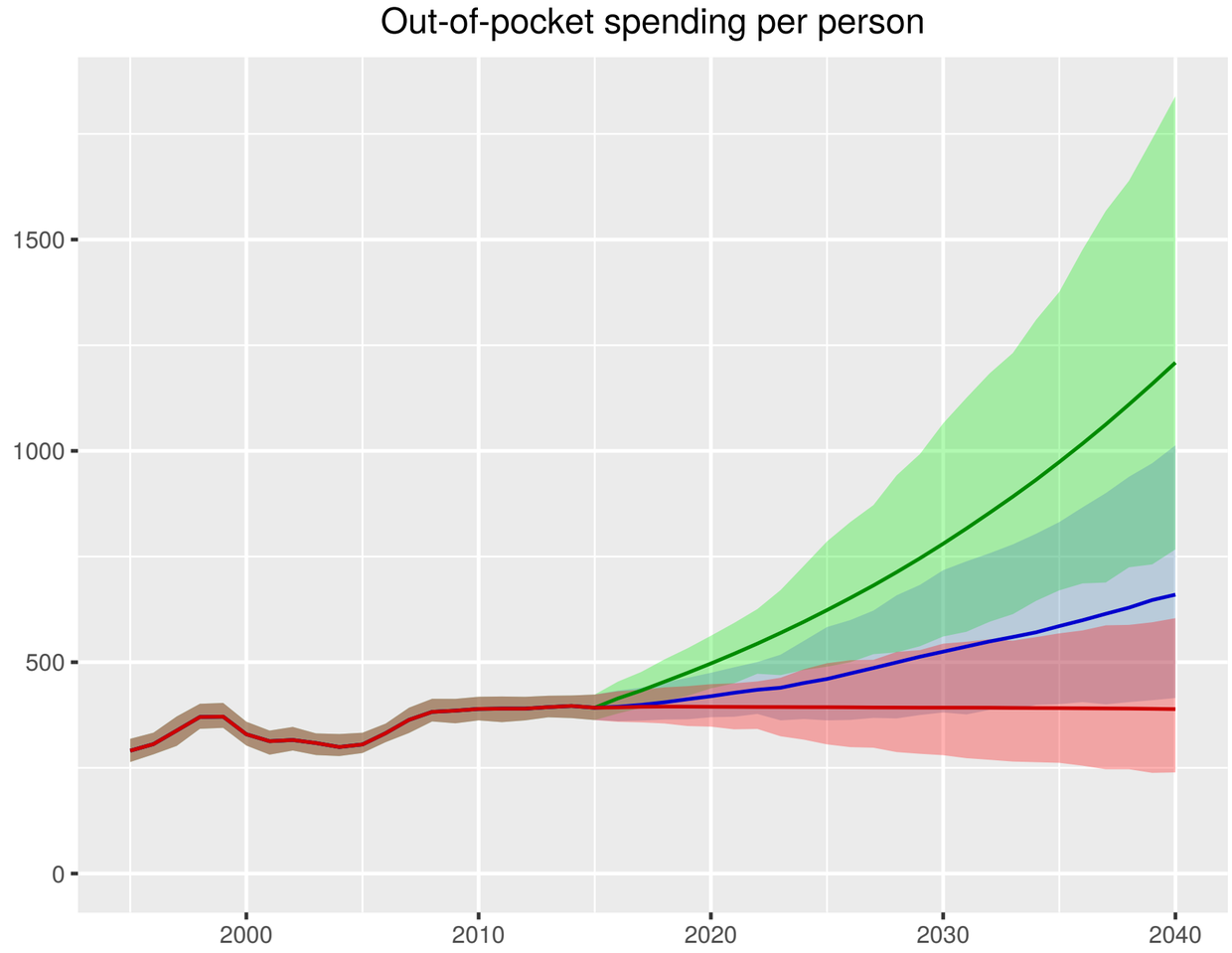
Development assistance for health received per person



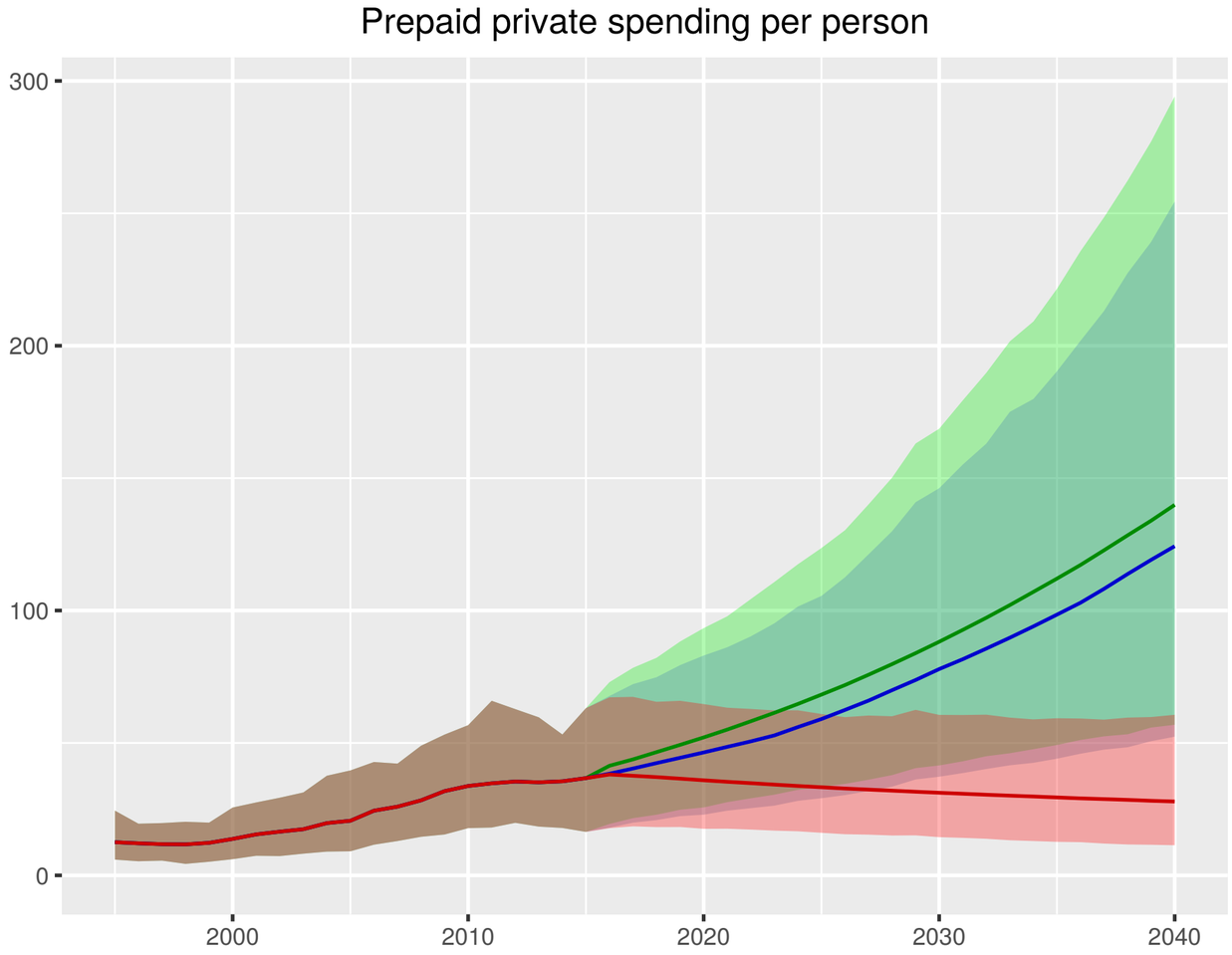
Government health spending per person



Out-of-pocket spending per person



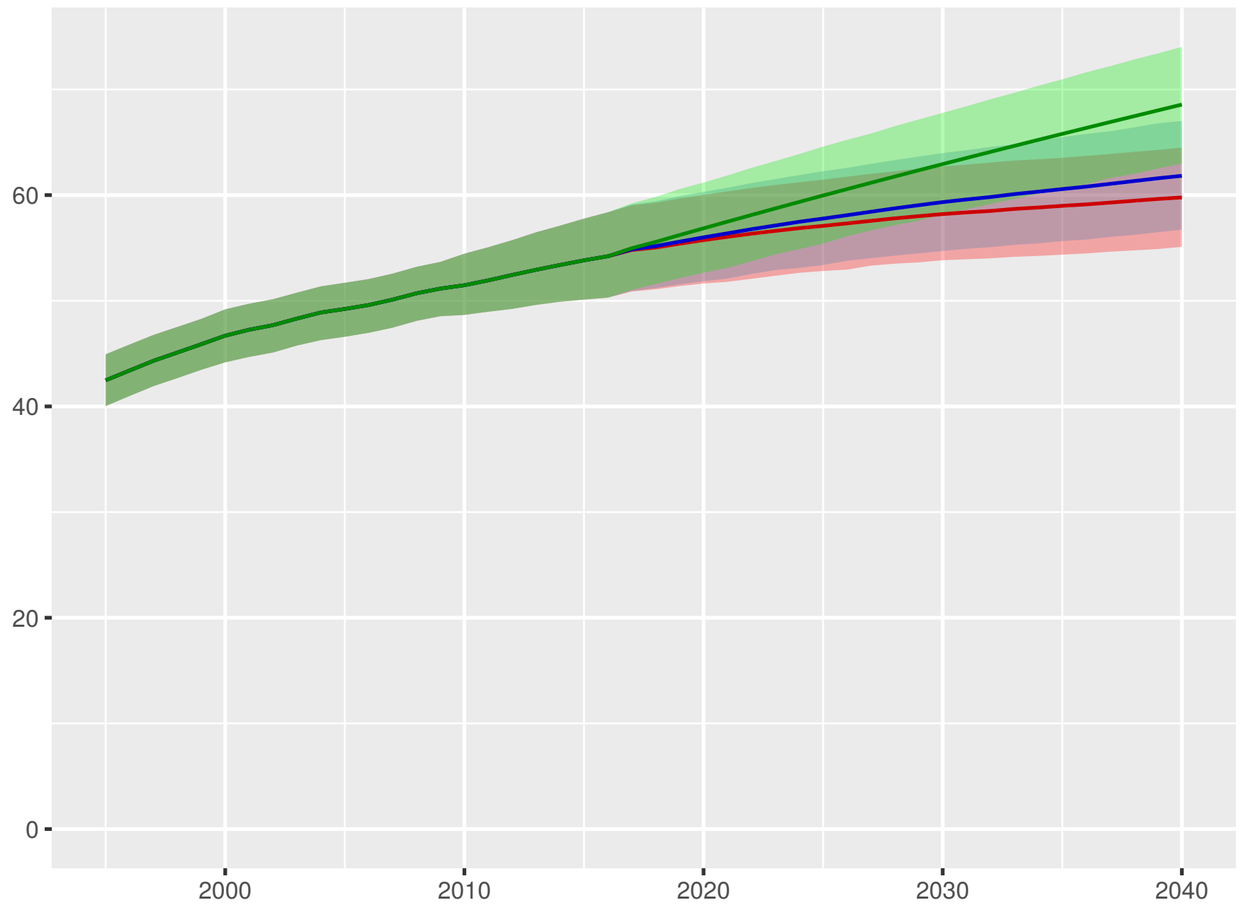
Prepaid private spending per person



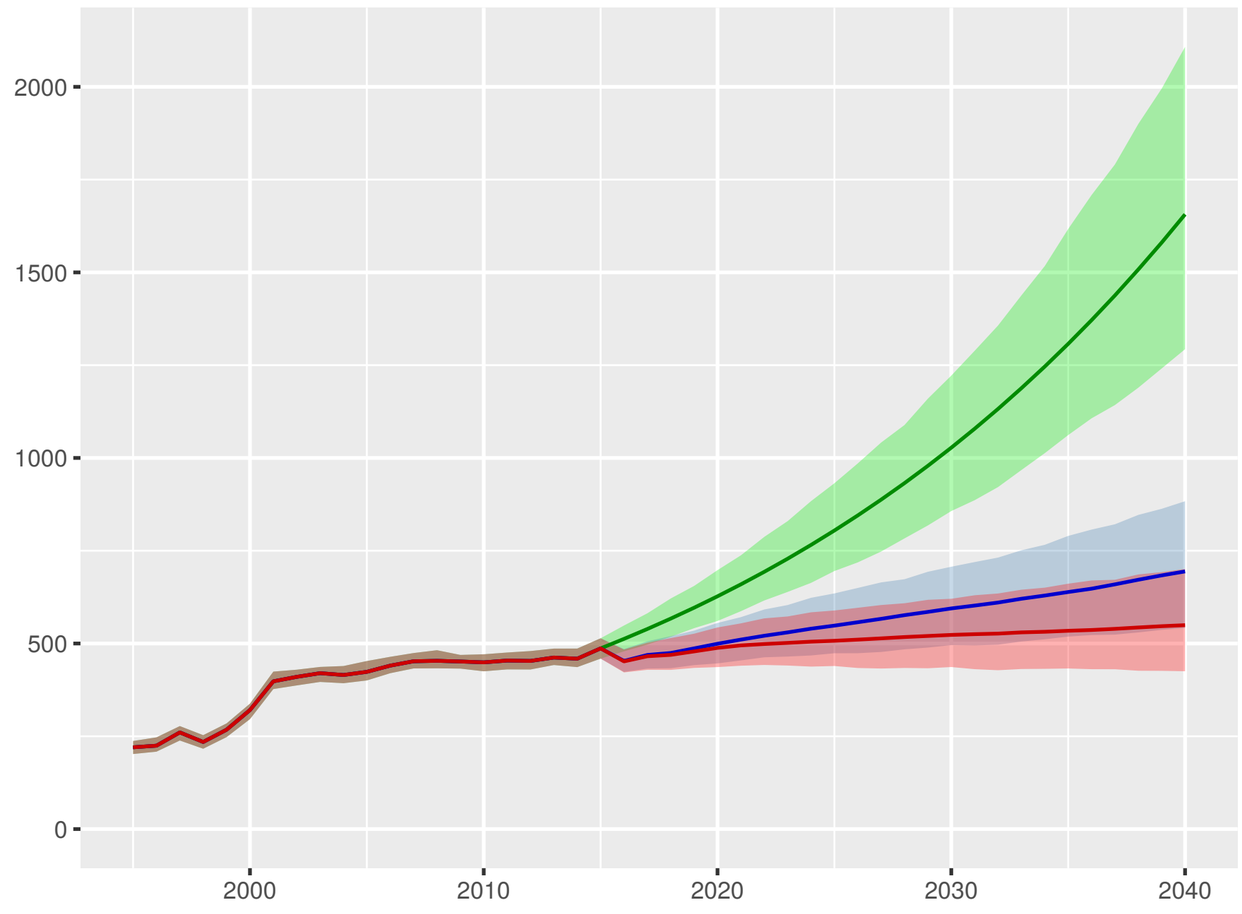
Scenario — Better — Reference — Worse

Guatemala

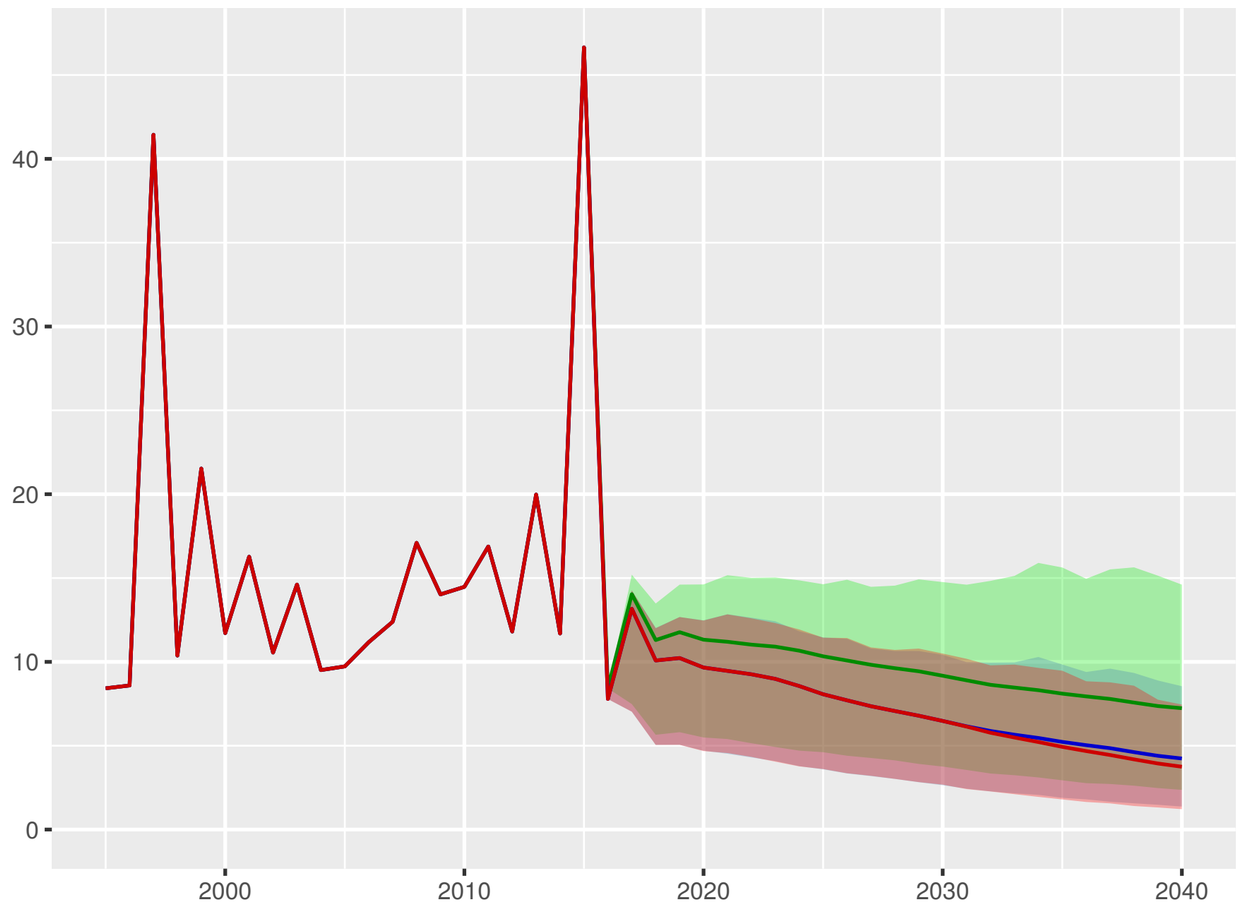
Universal health coverage index



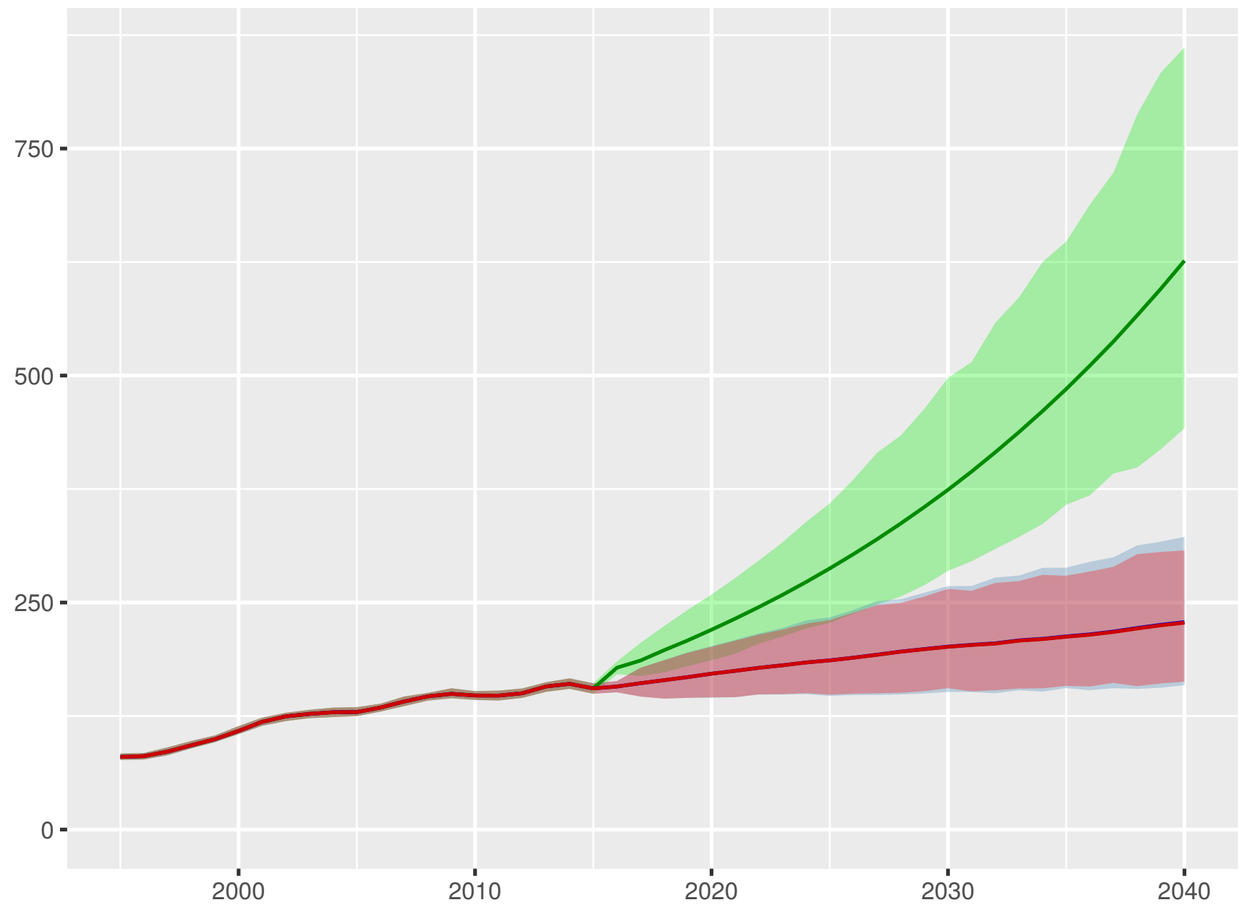
Total health spending per person



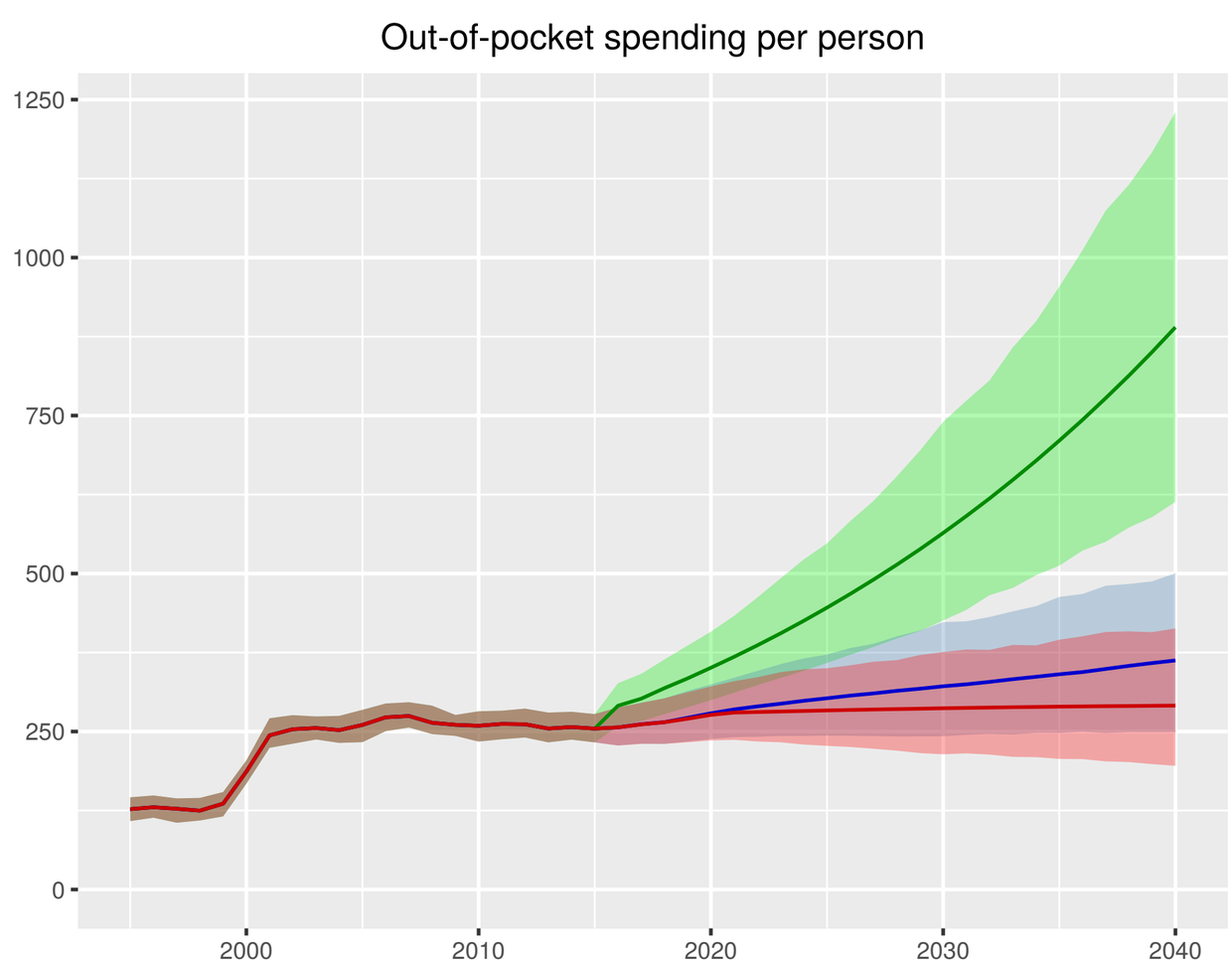
Development assistance for health received per person



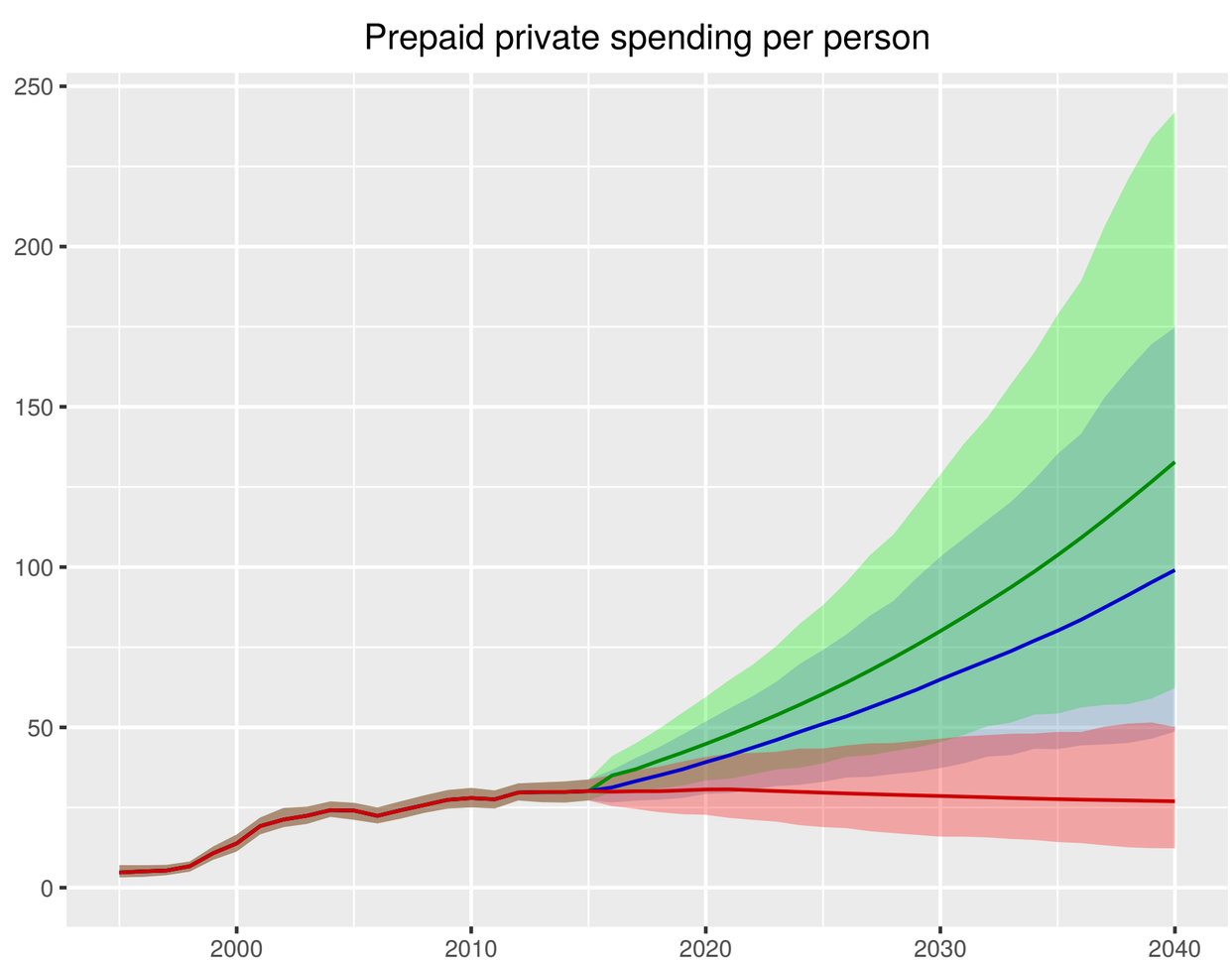
Government health spending per person



Out-of-pocket spending per person



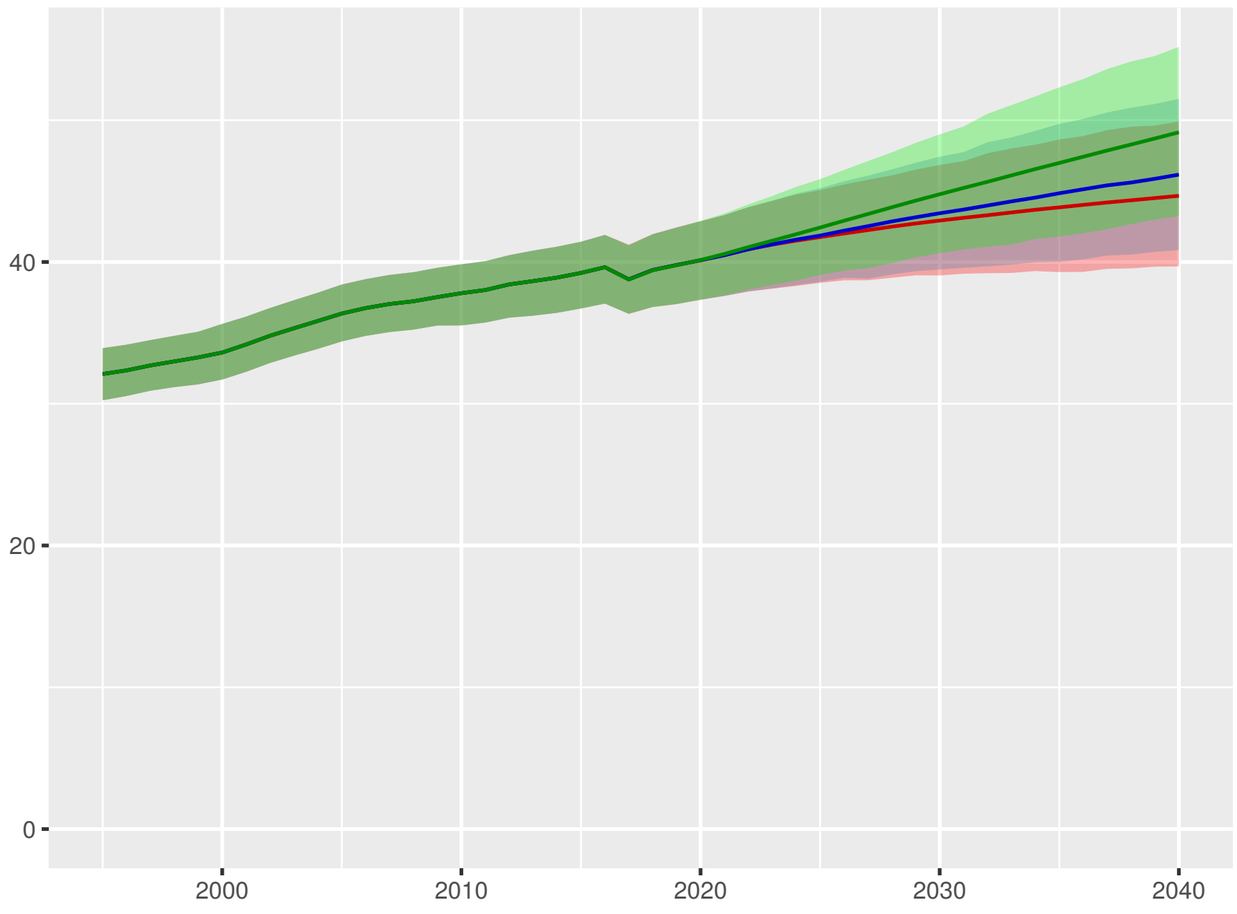
Prepaid private spending per person



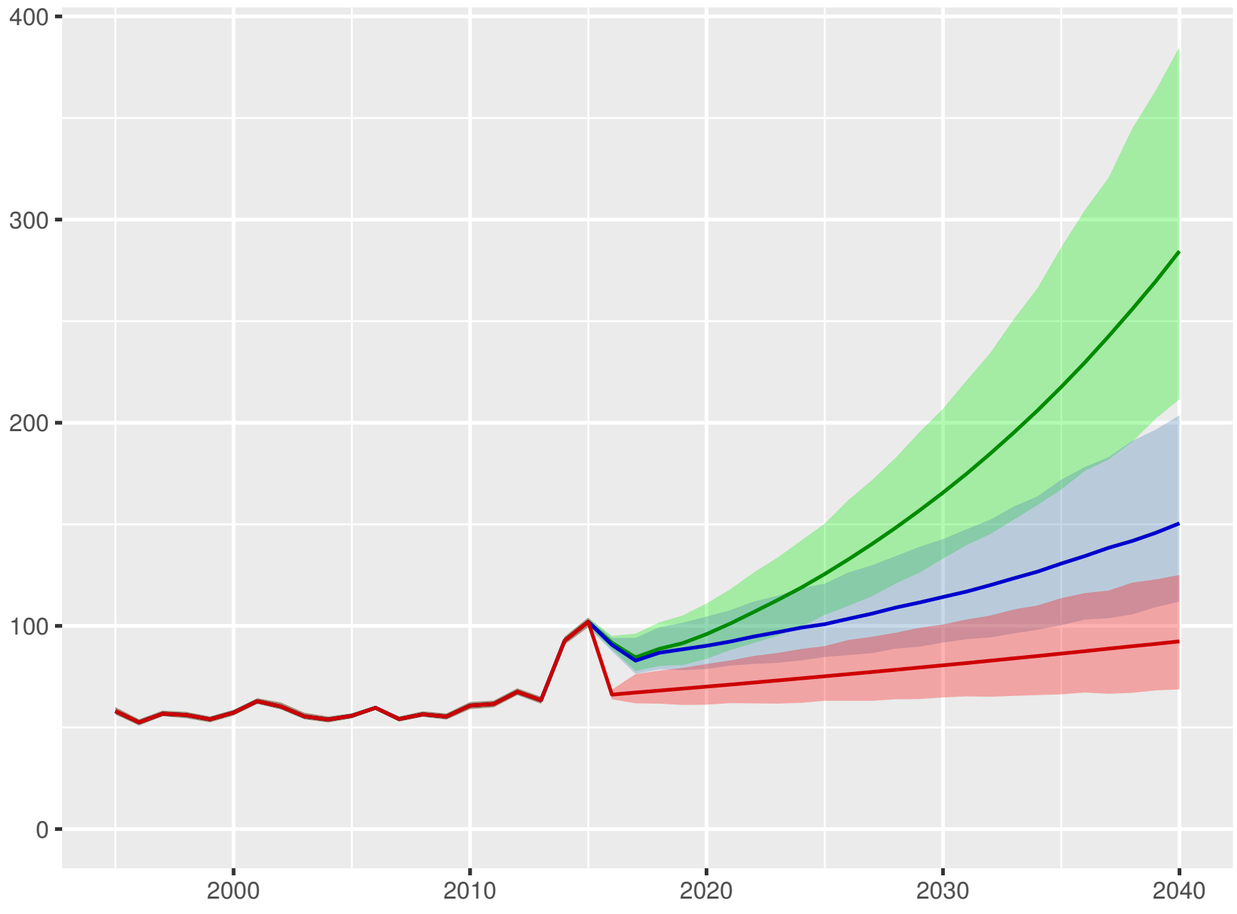
Scenario — Better — Reference — Worse

Guinea

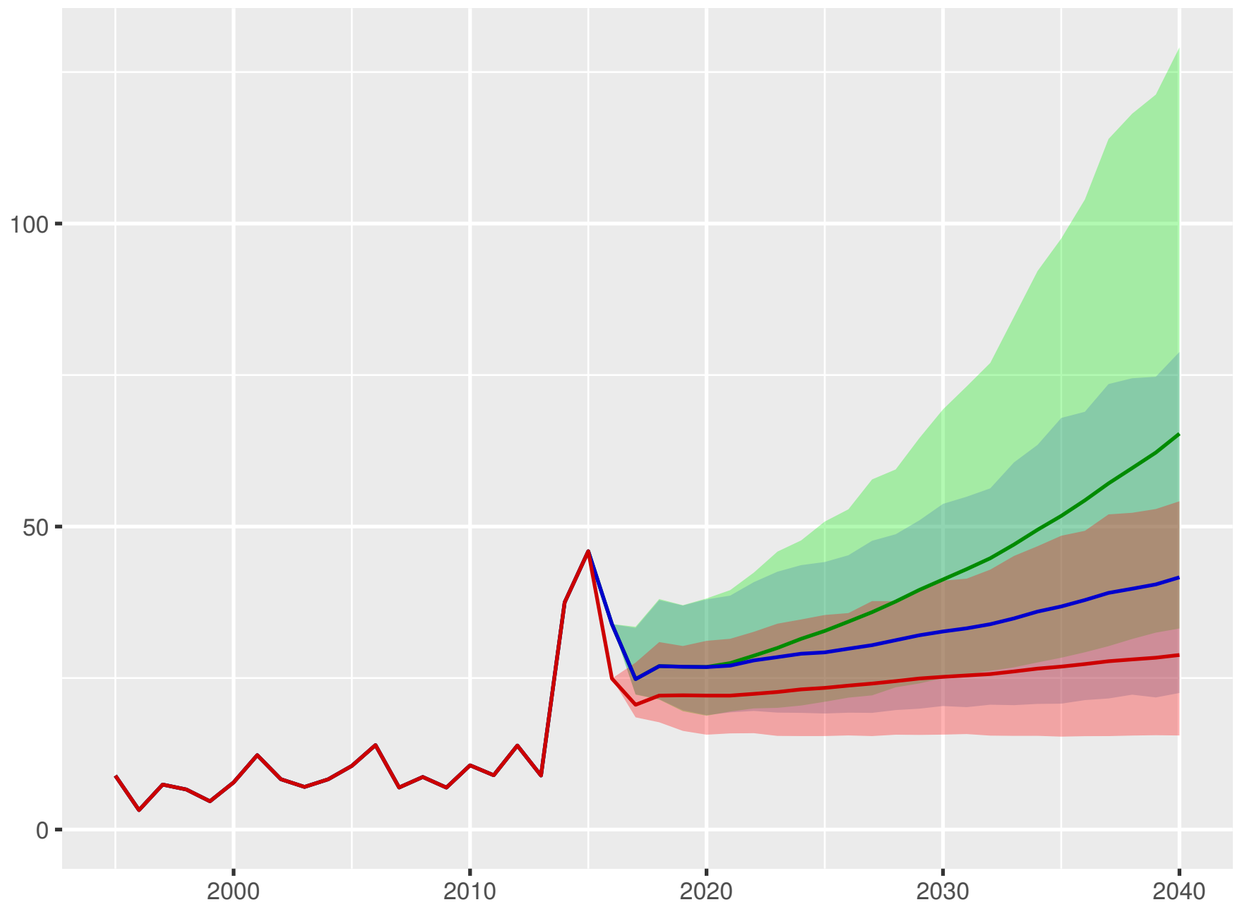
Universal health coverage index



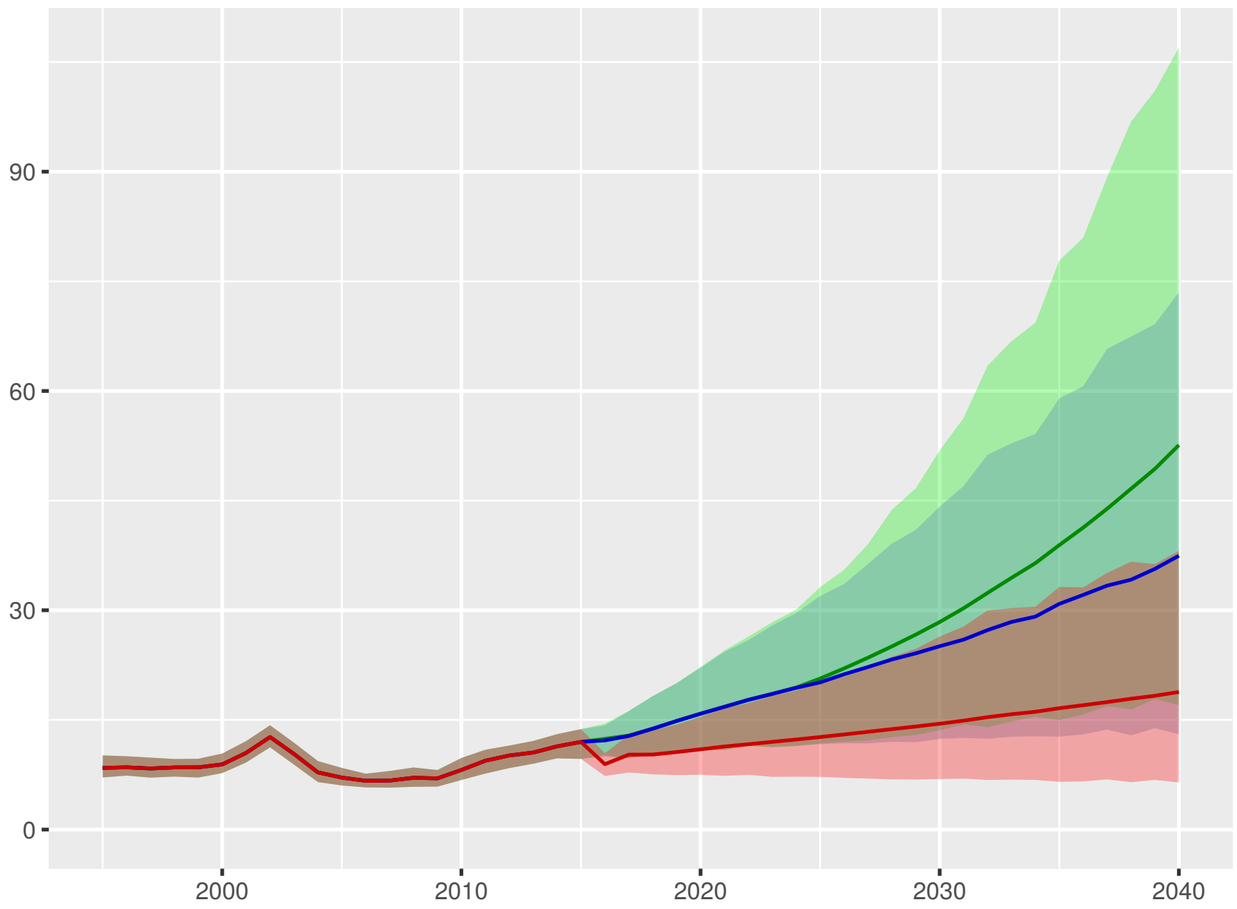
Total health spending per person



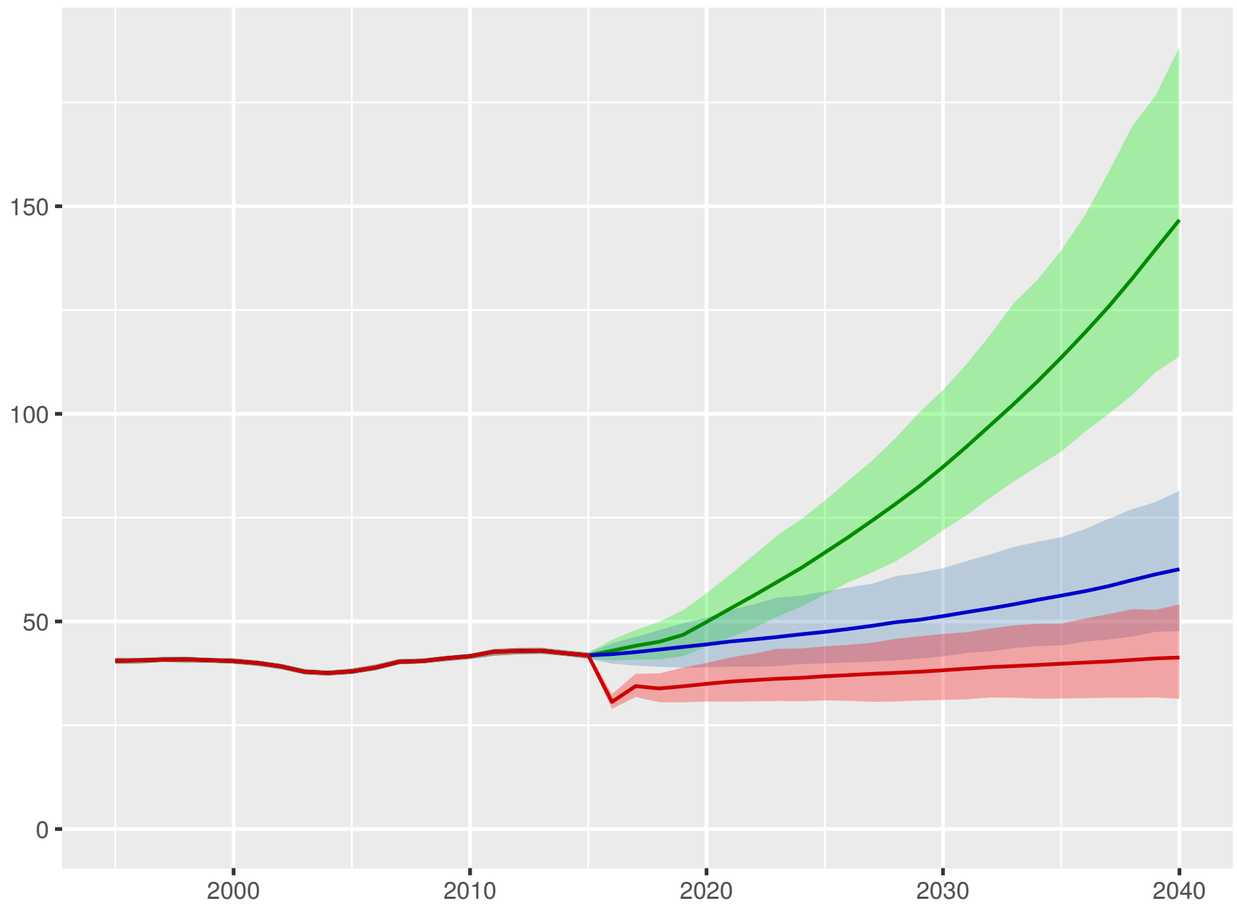
Development assistance for health received per person



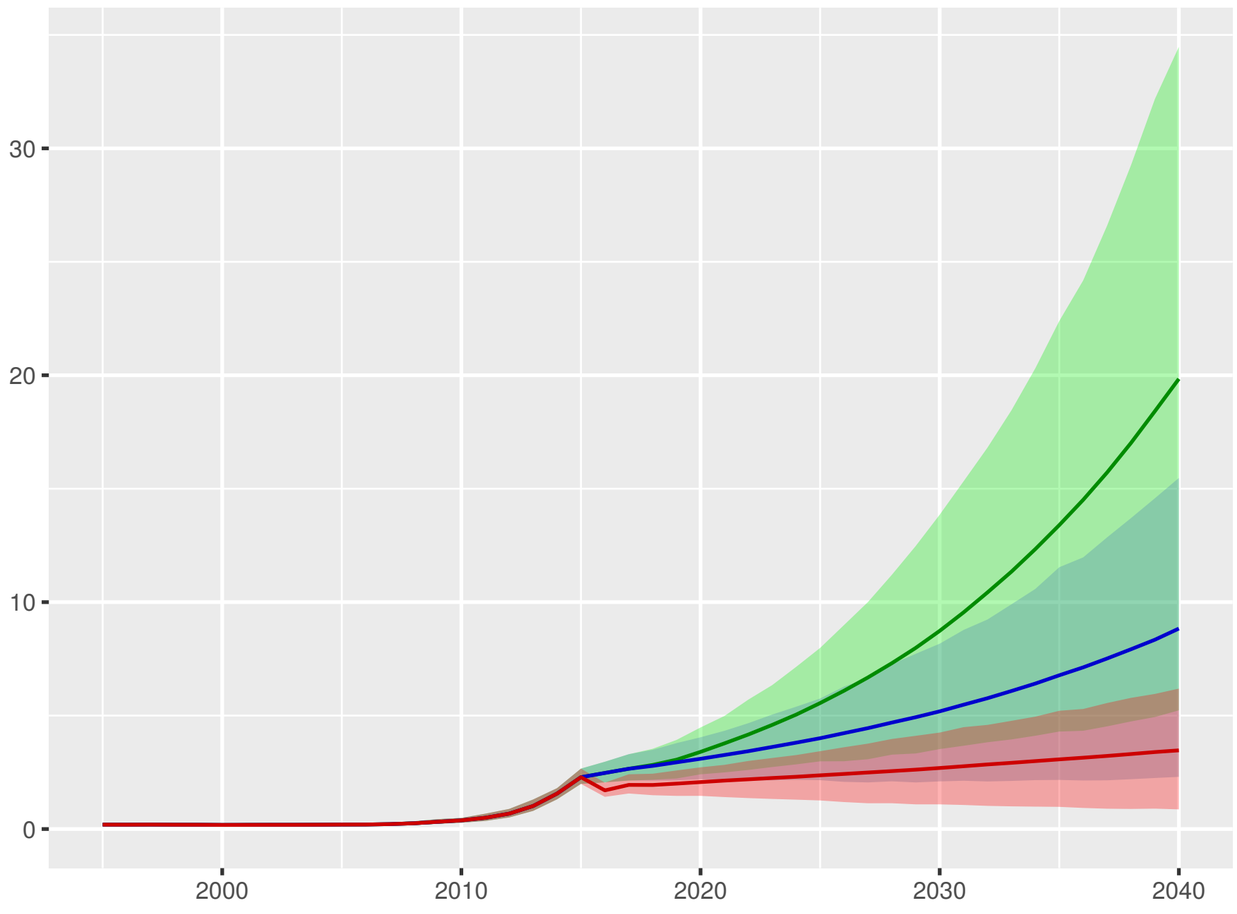
Government health spending per person



Out-of-pocket spending per person



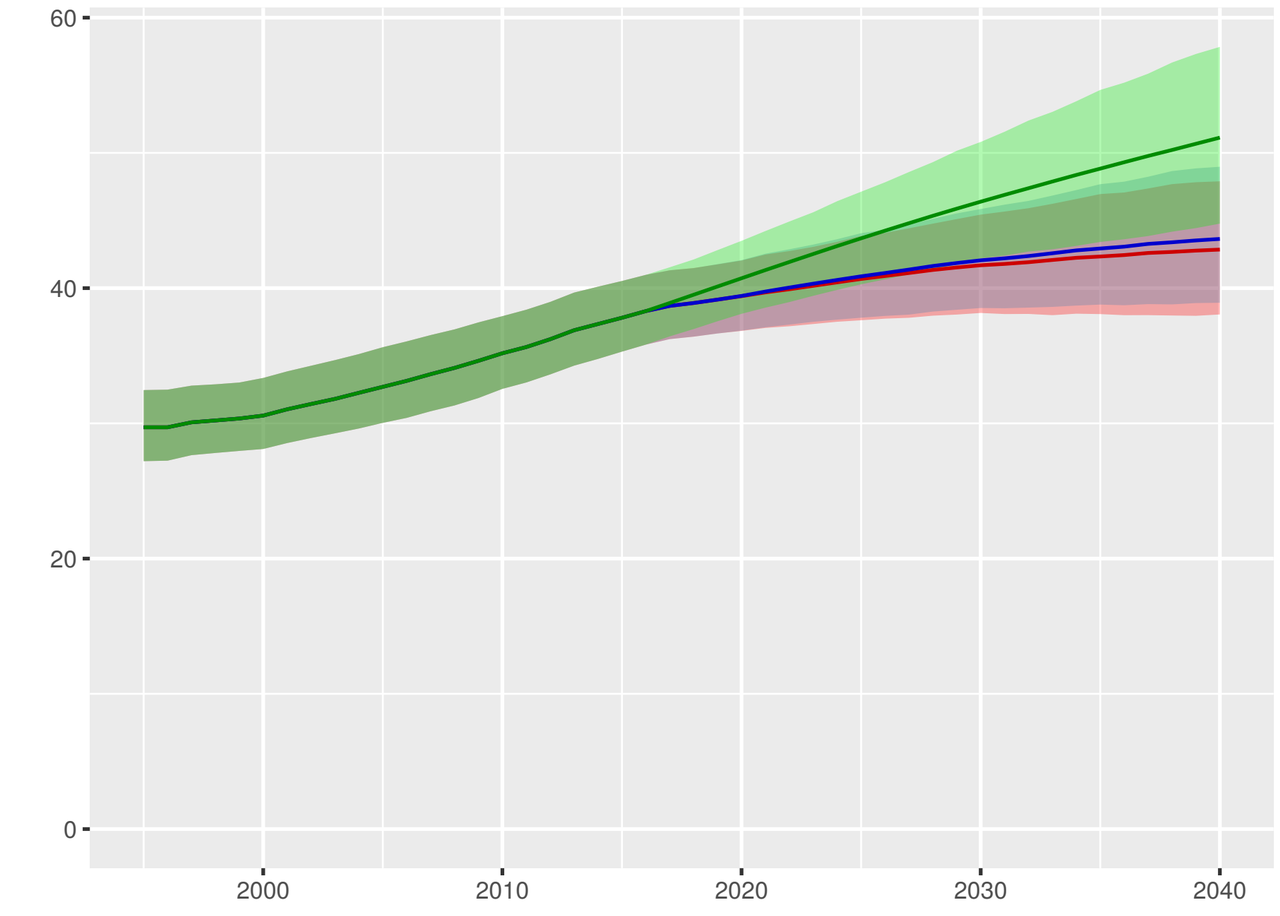
Prepaid private spending per person



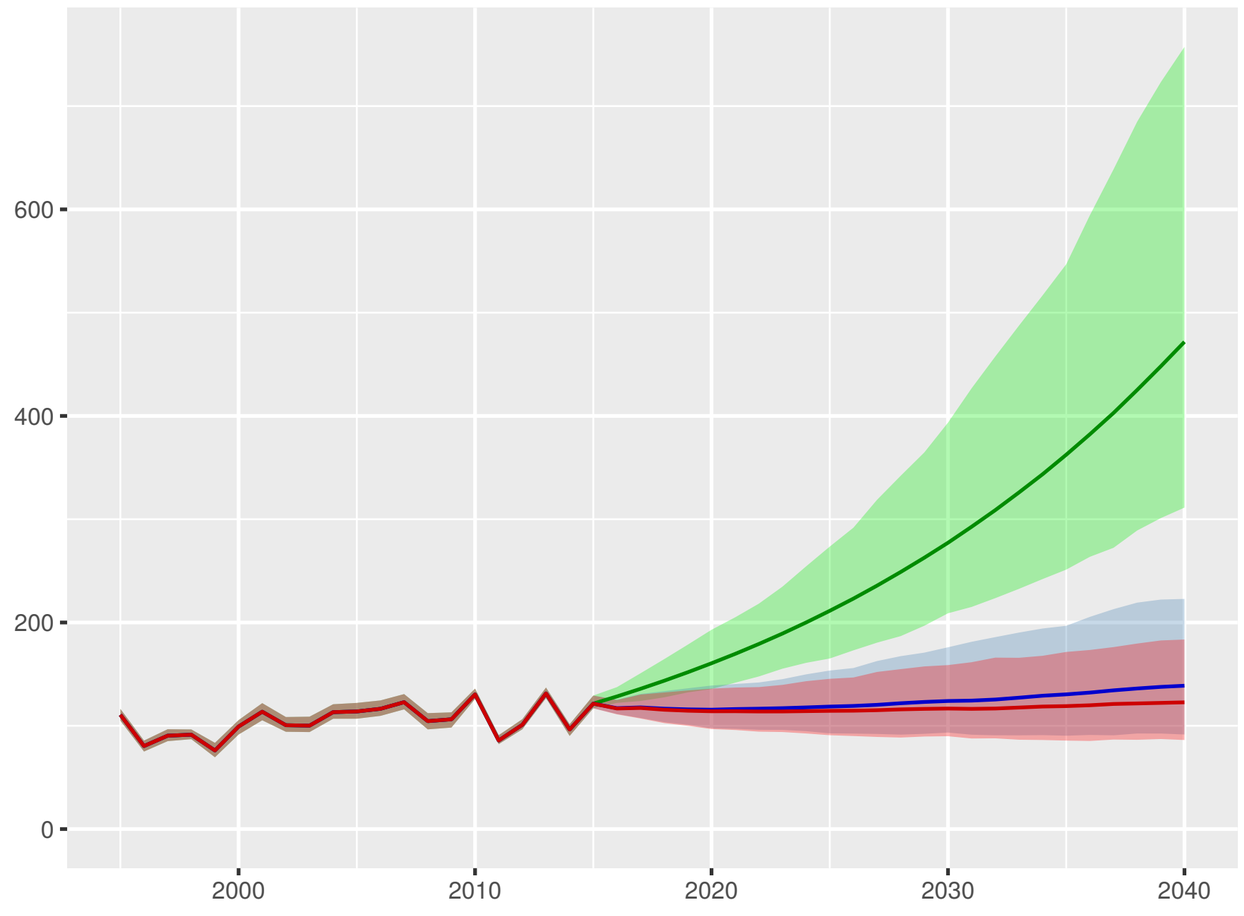
Scenario — Better — Reference — Worse

Guinea-Bissau

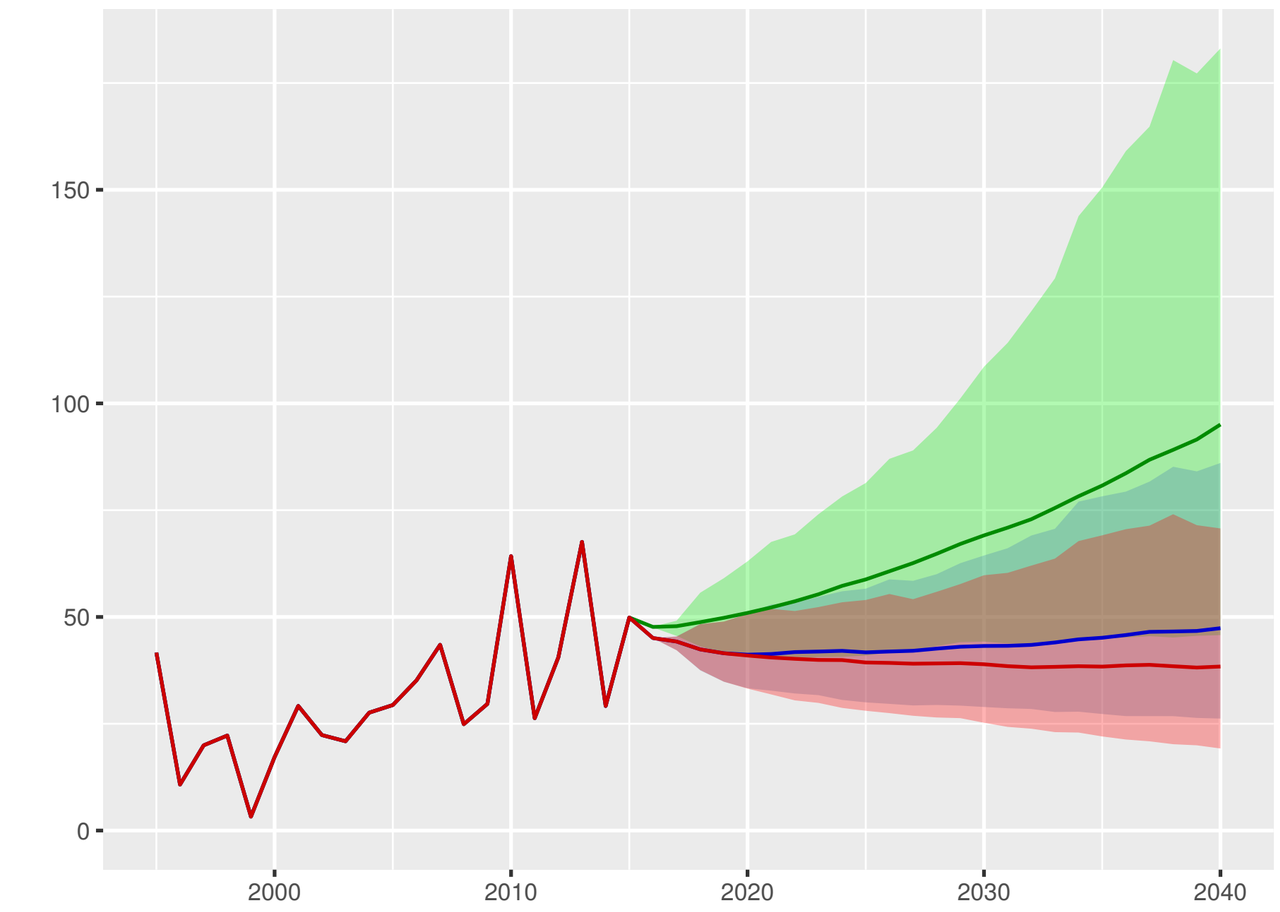
Universal health coverage index



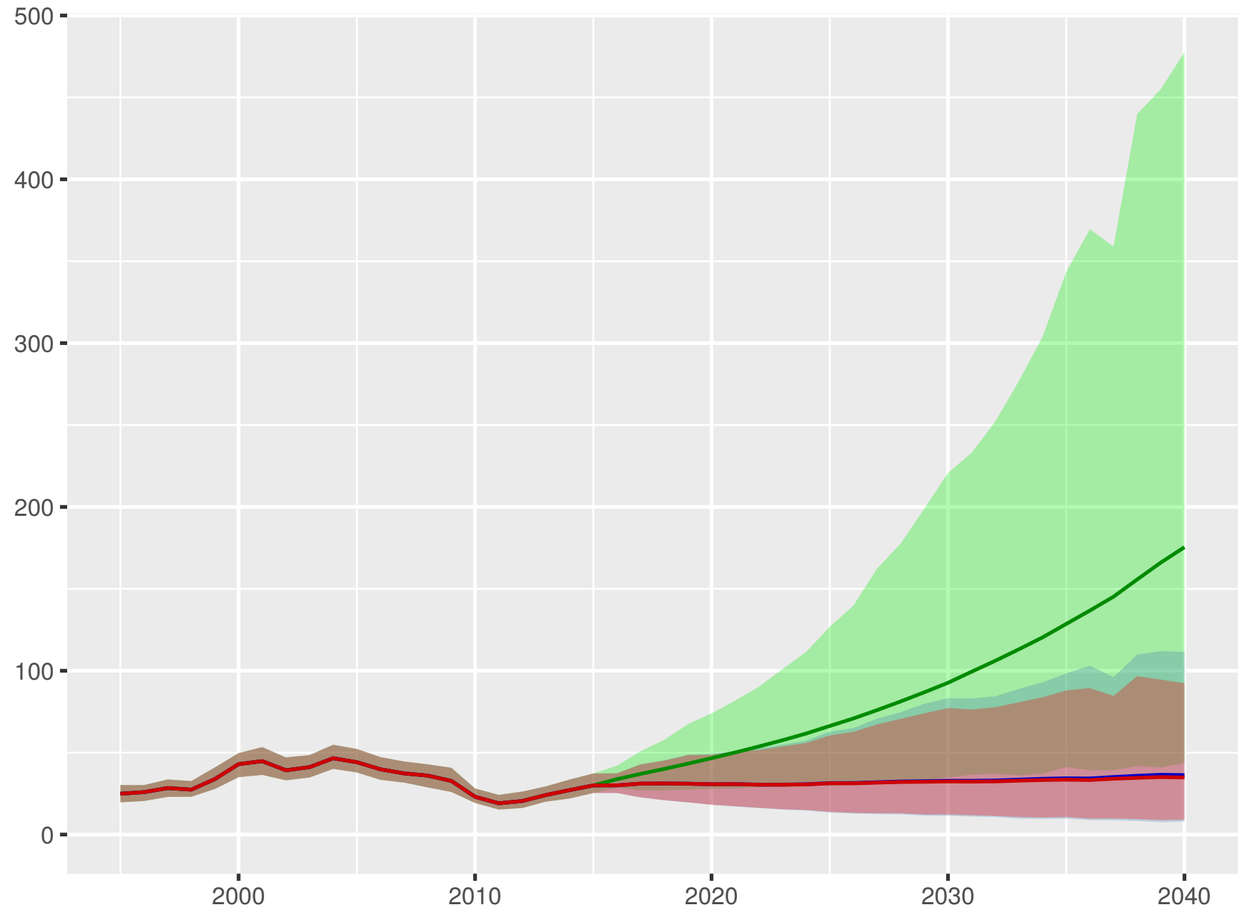
Total health spending per person



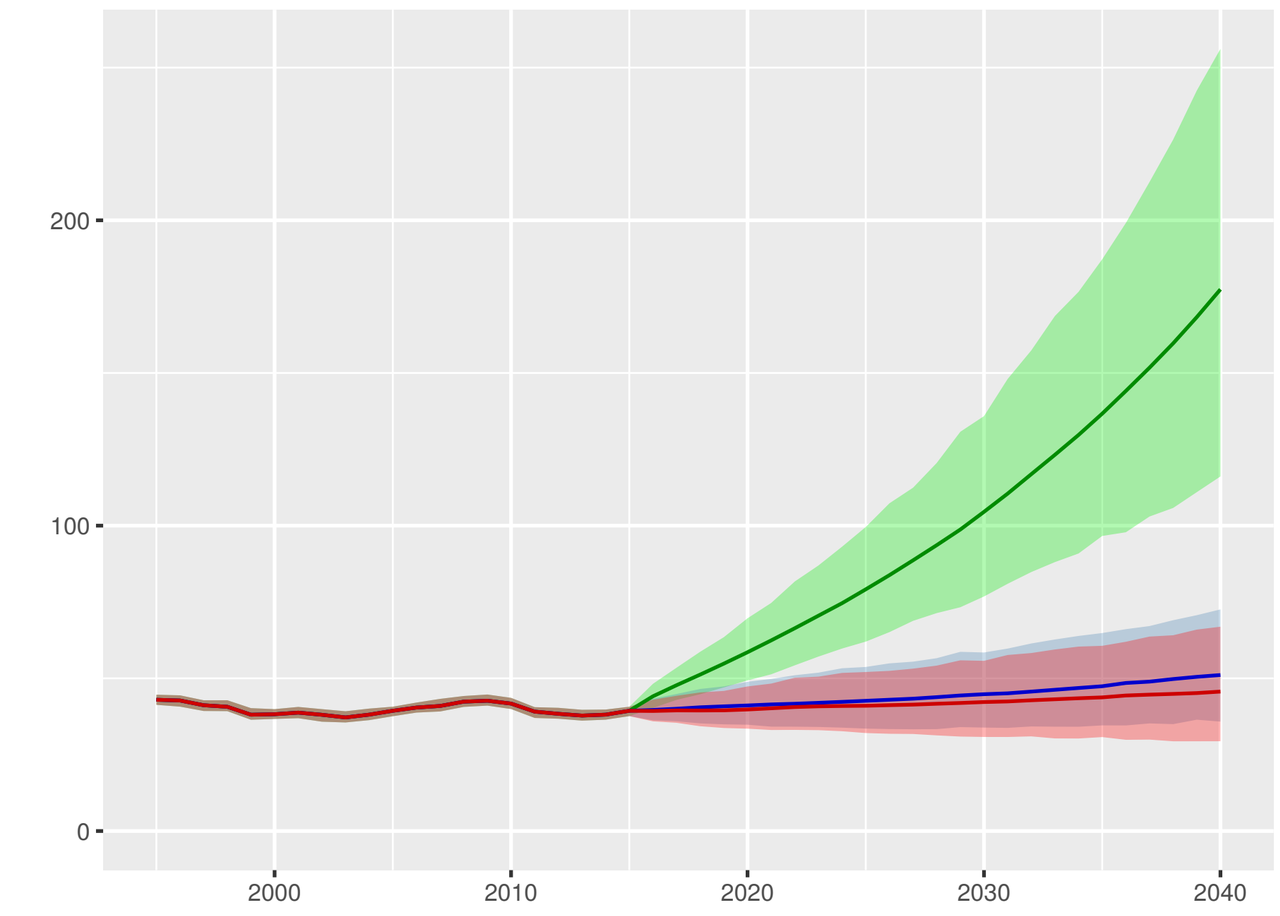
Development assistance for health received per person



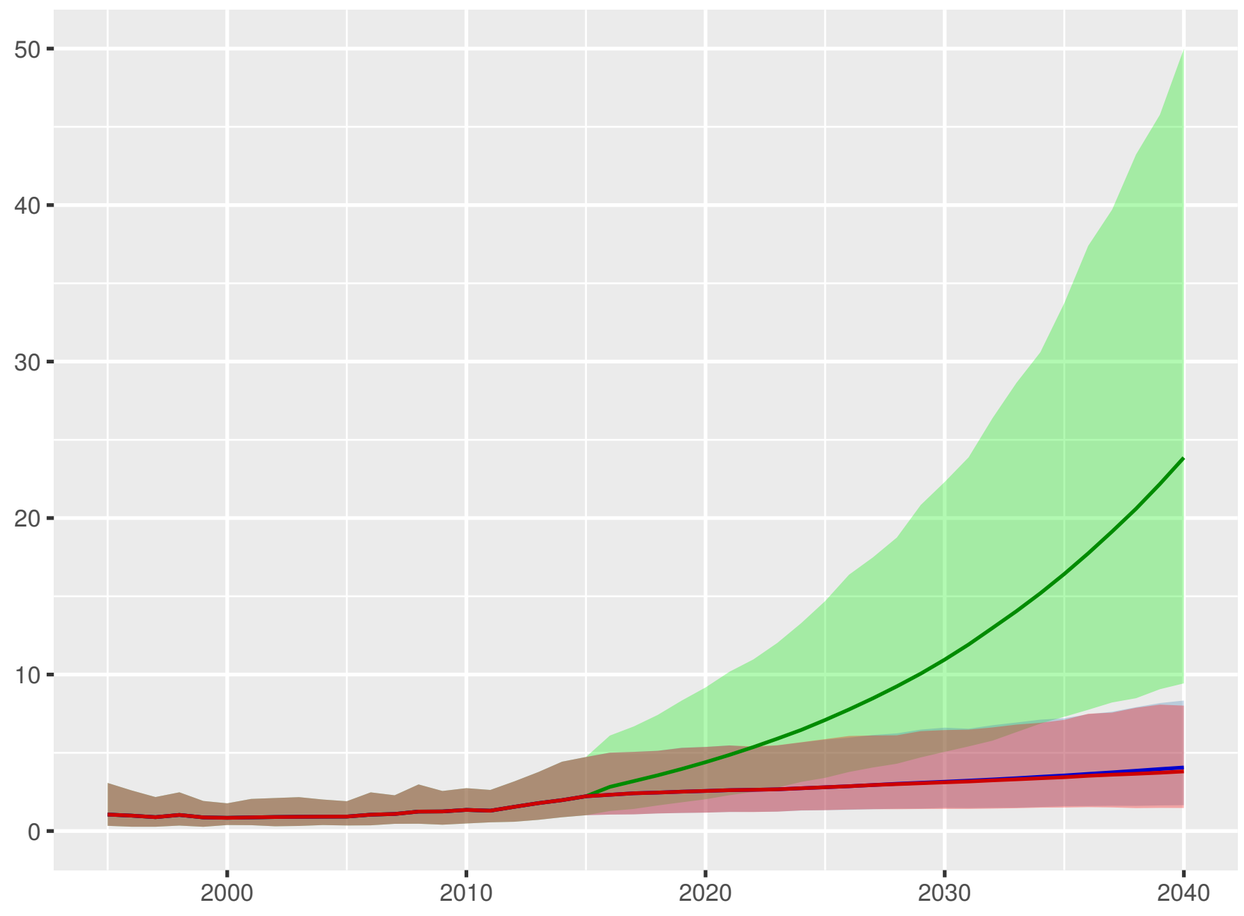
Government health spending per person



Out-of-pocket spending per person



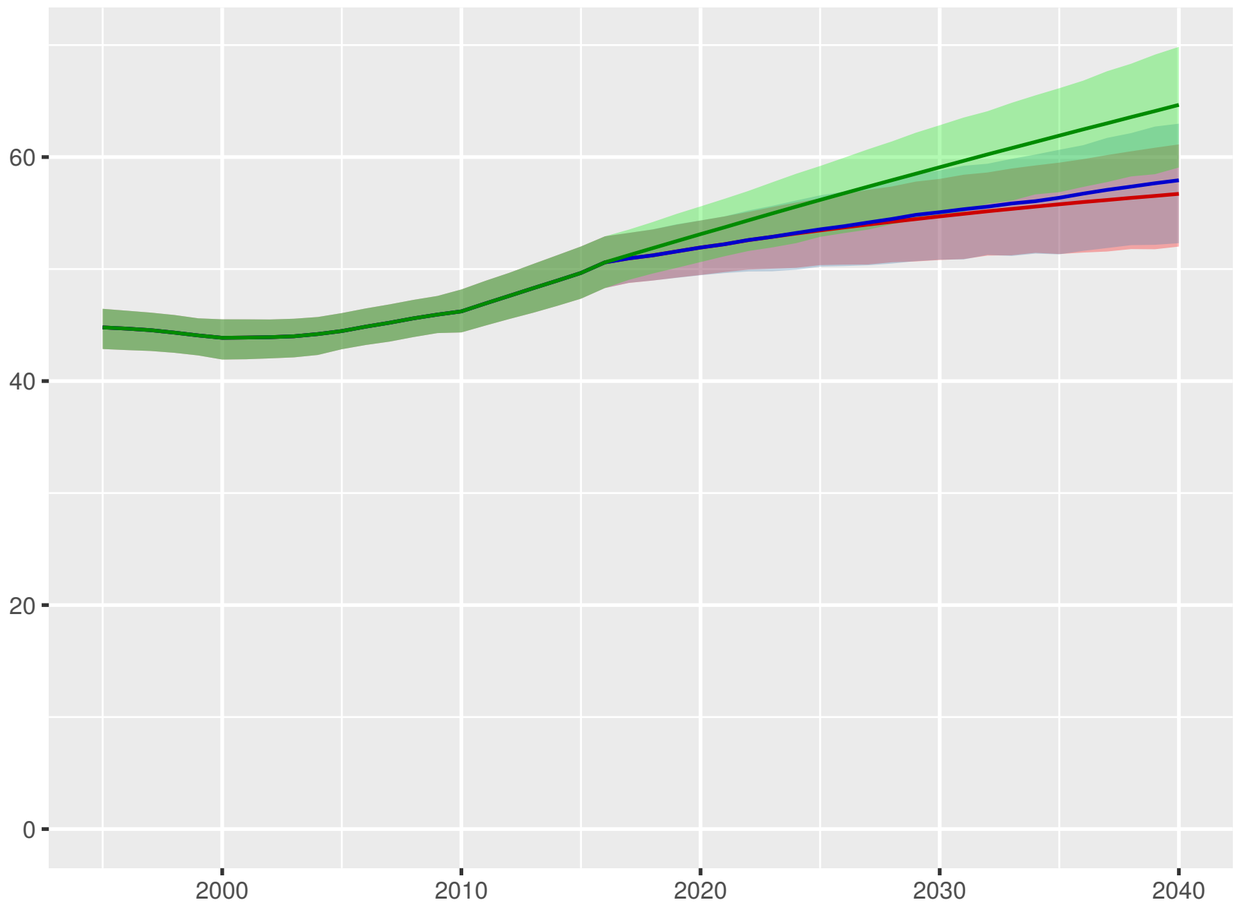
Prepaid private spending per person



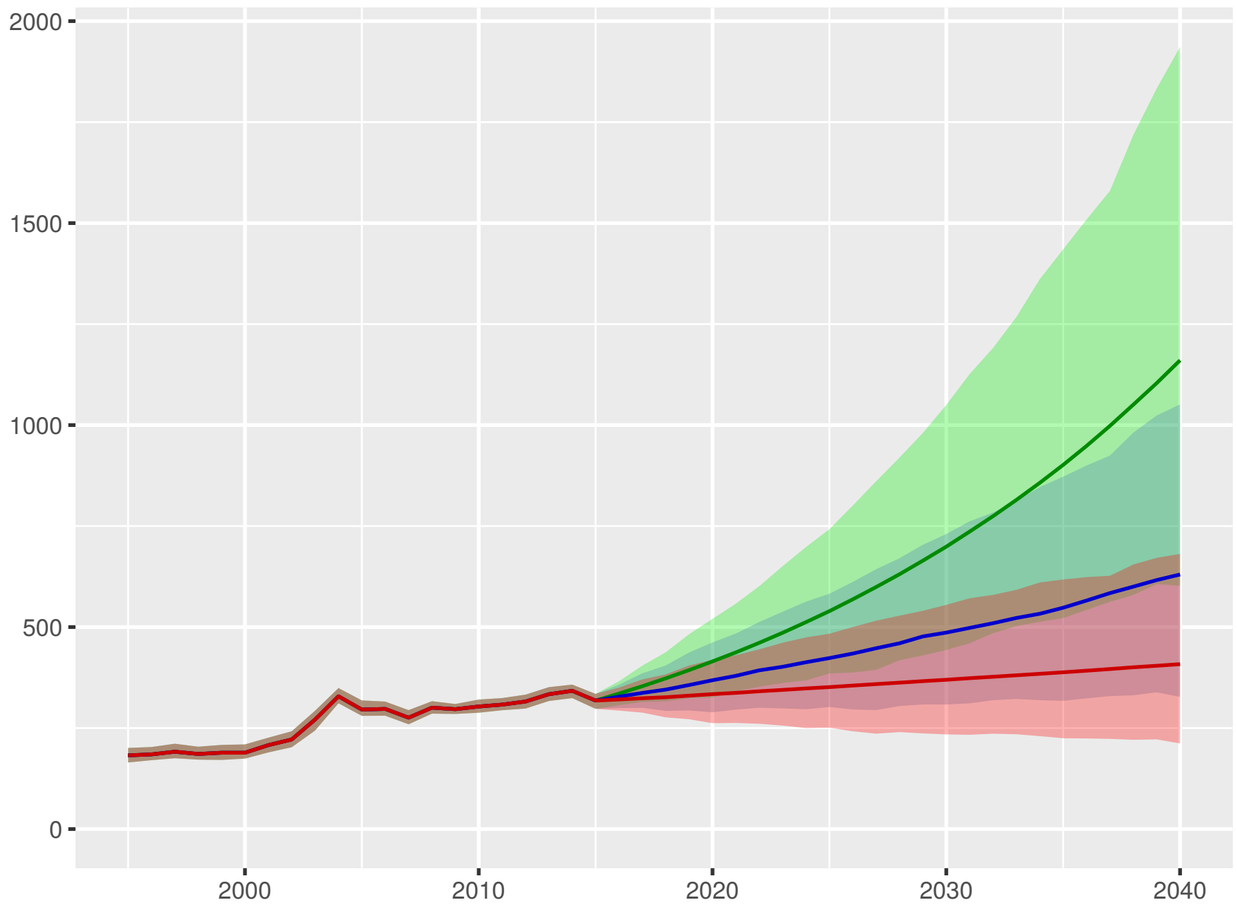
Scenario — Better — Reference — Worse

Guyana

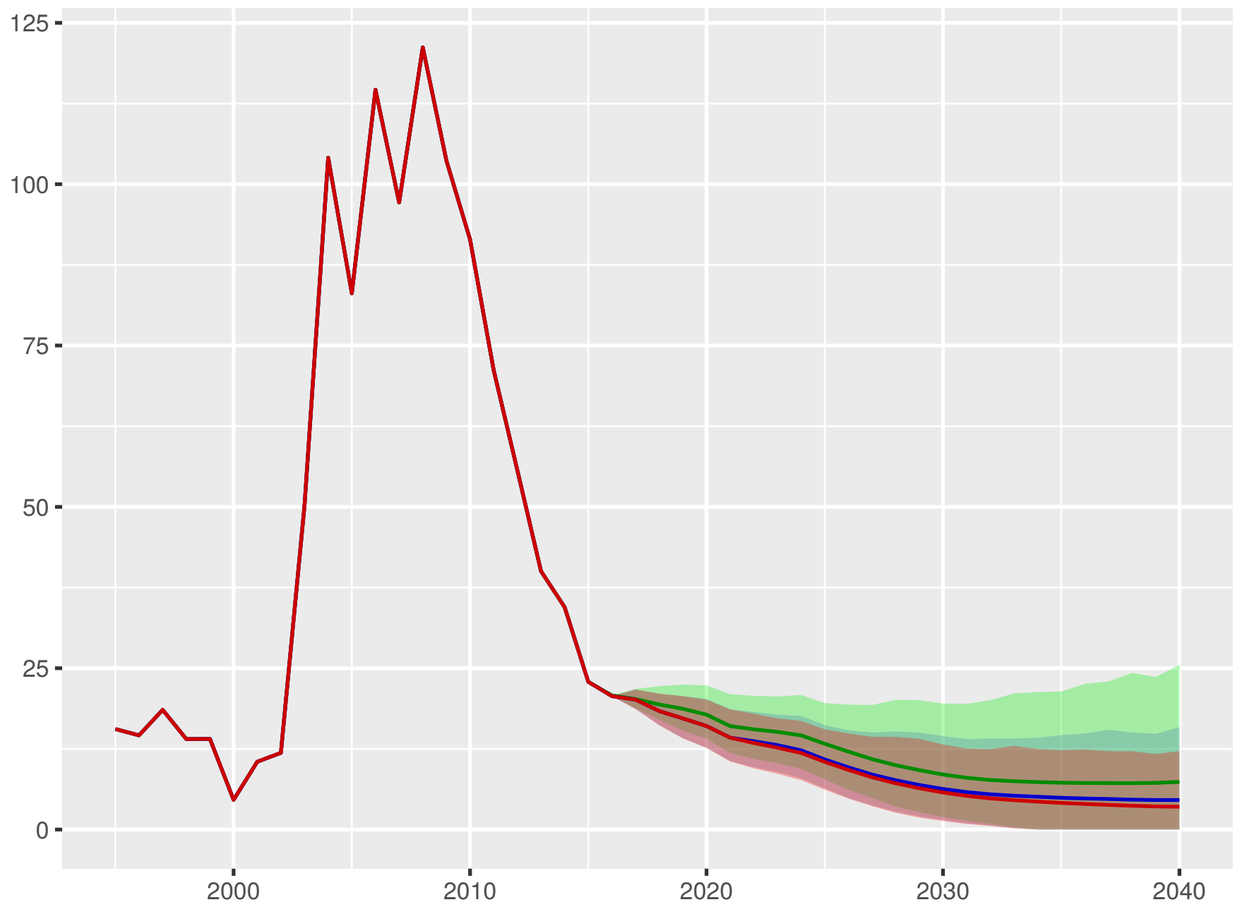
Universal health coverage index



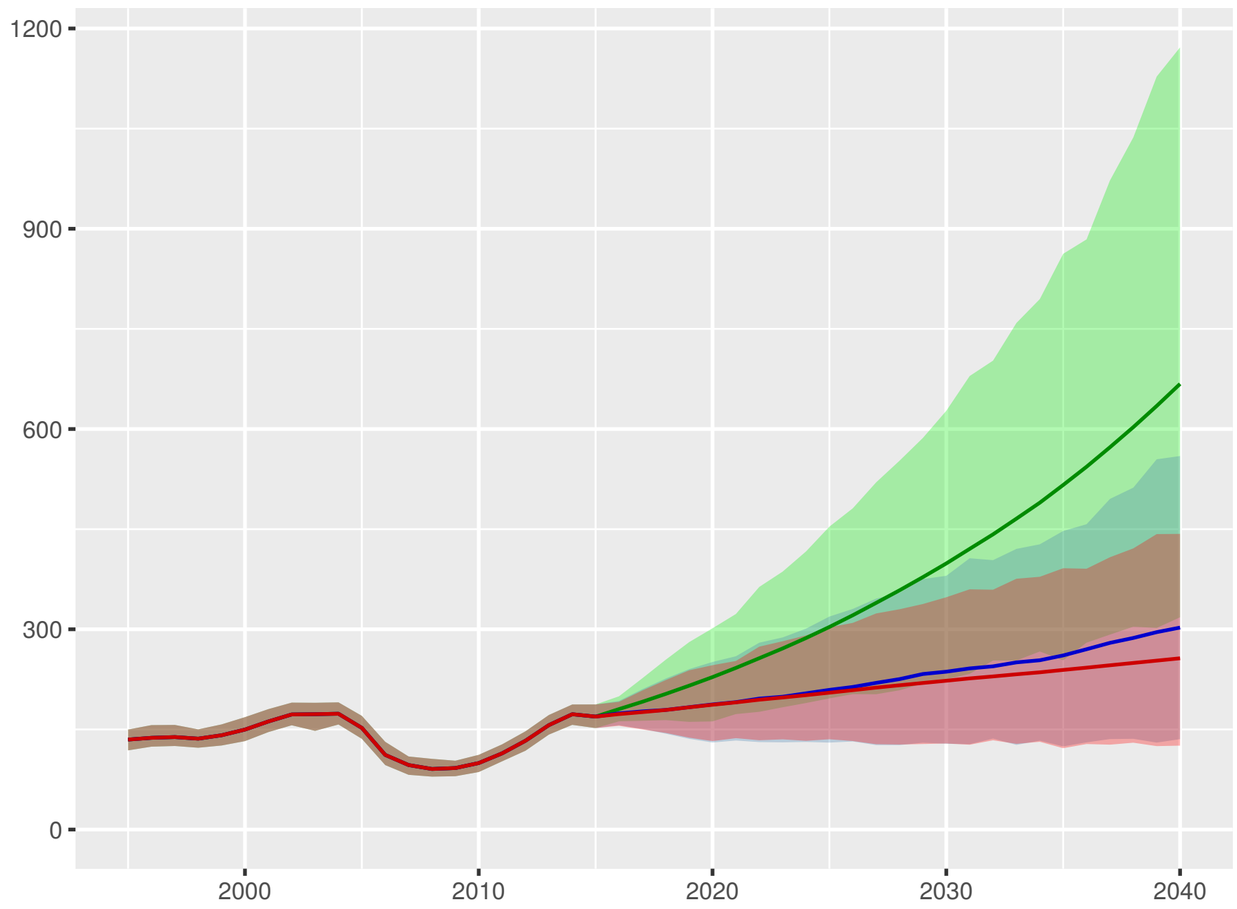
Total health spending per person



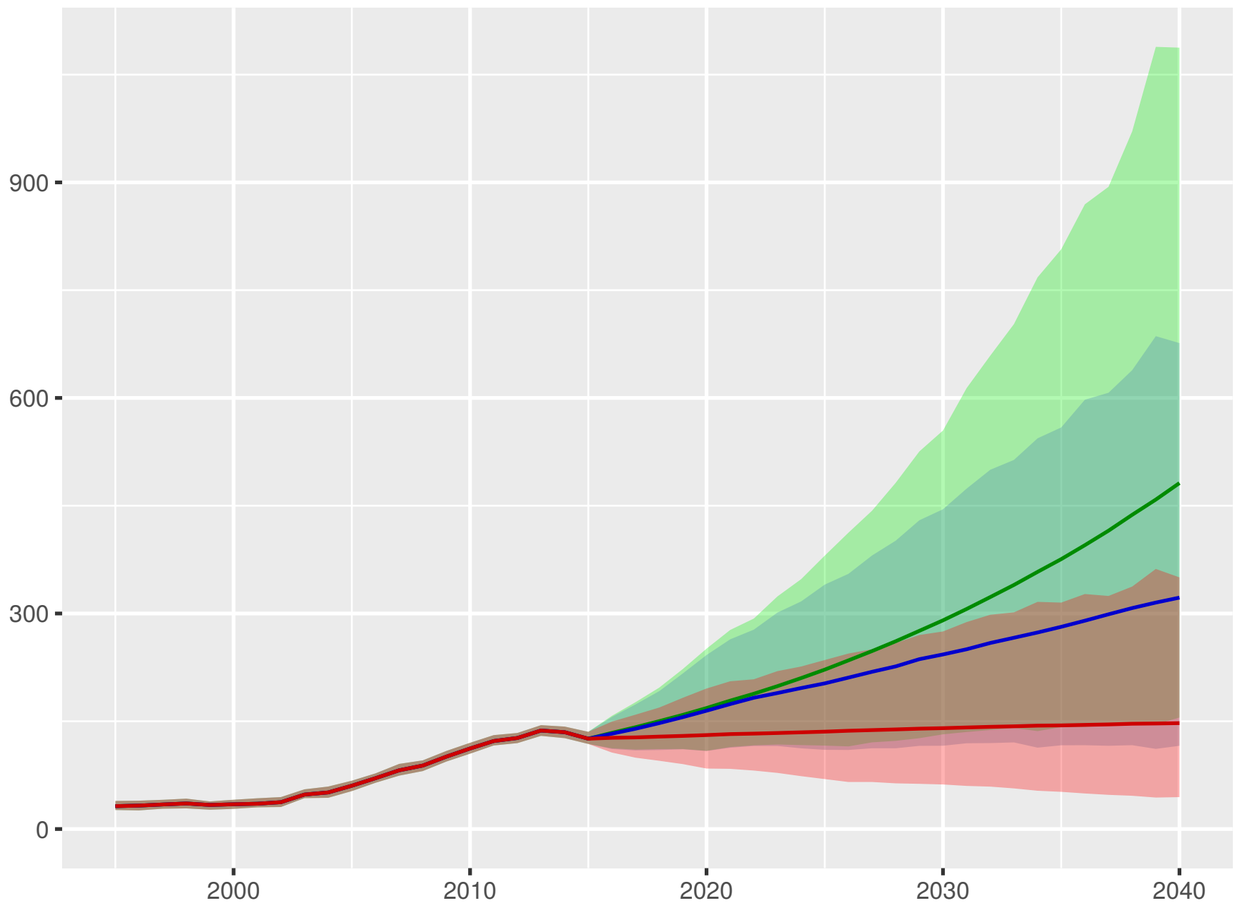
Development assistance for health received per person



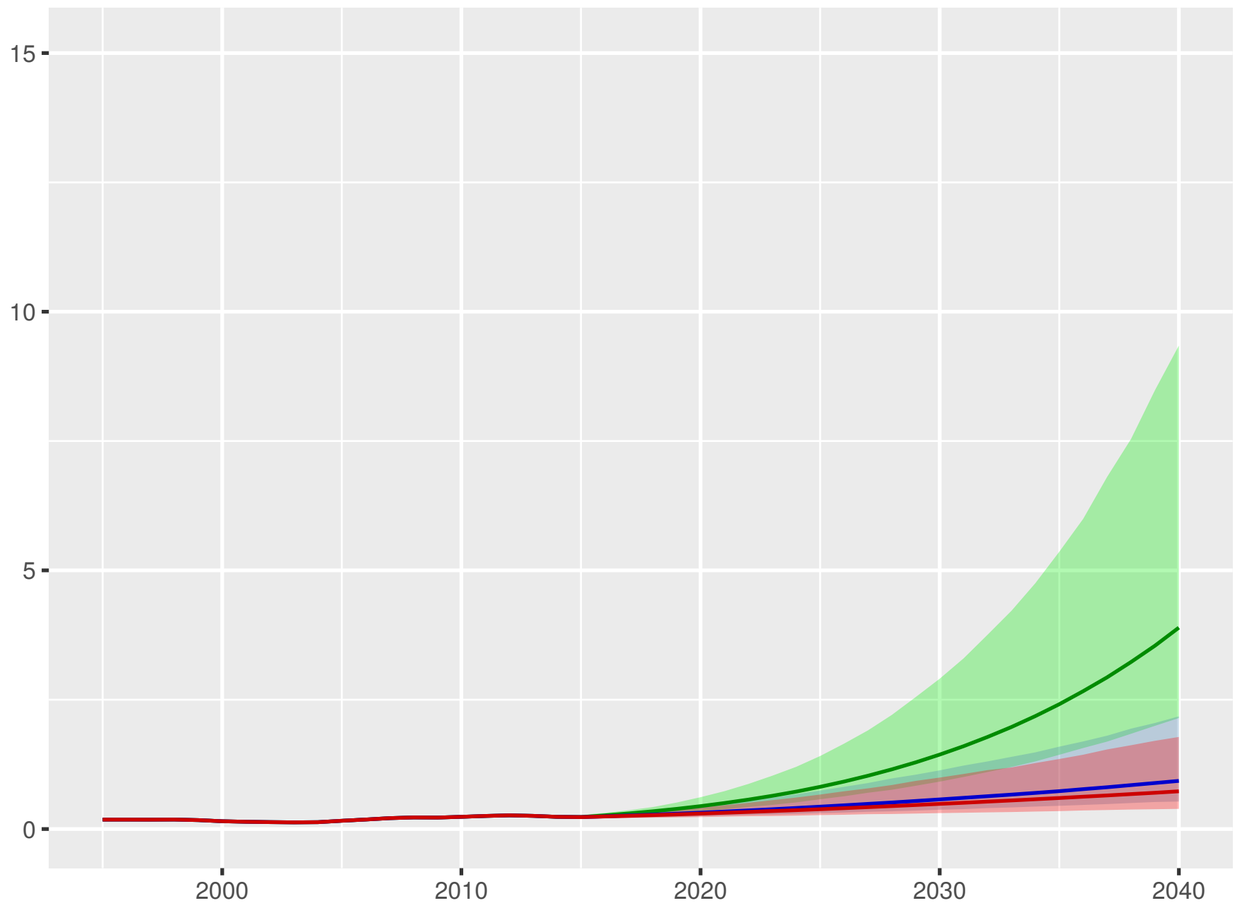
Government health spending per person



Out-of-pocket spending per person



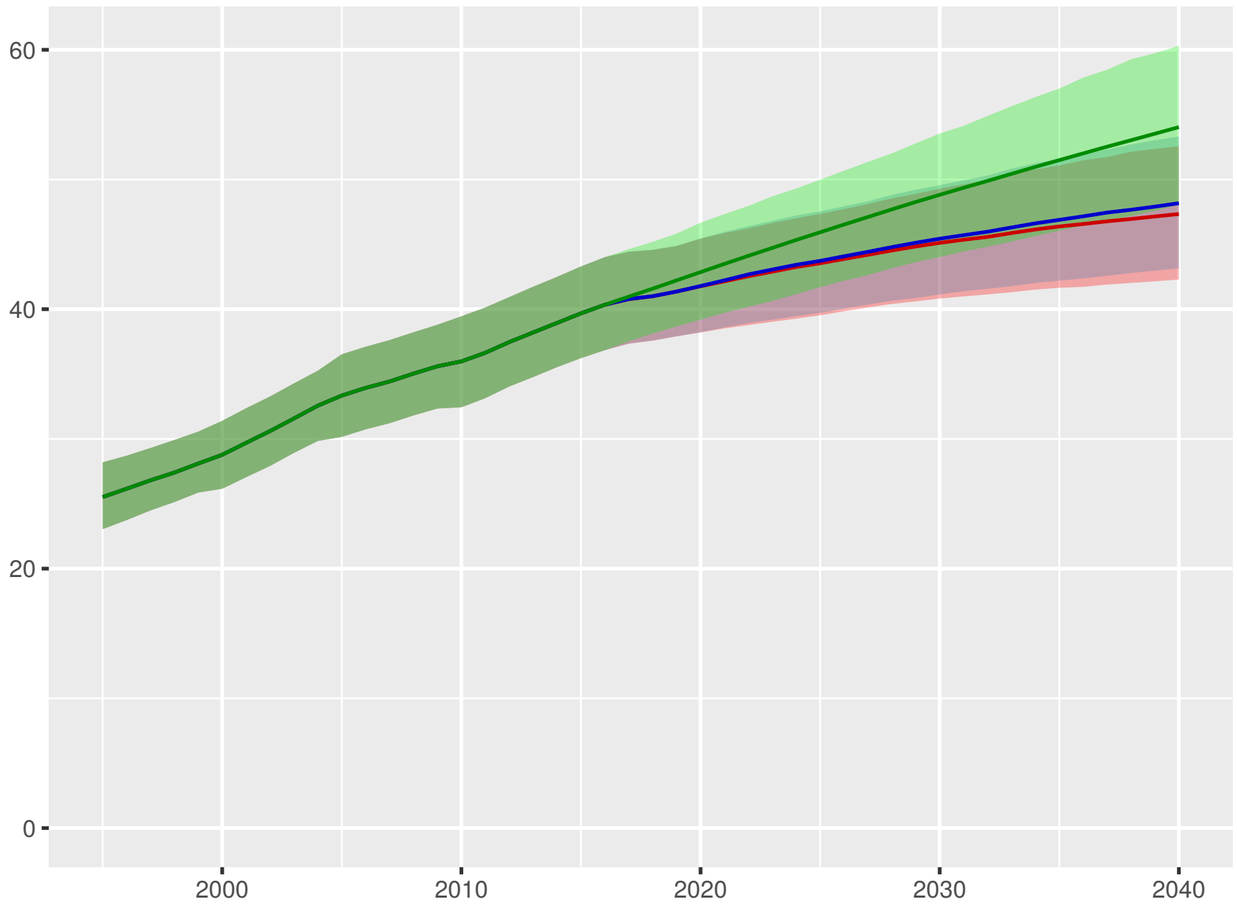
Prepaid private spending per person



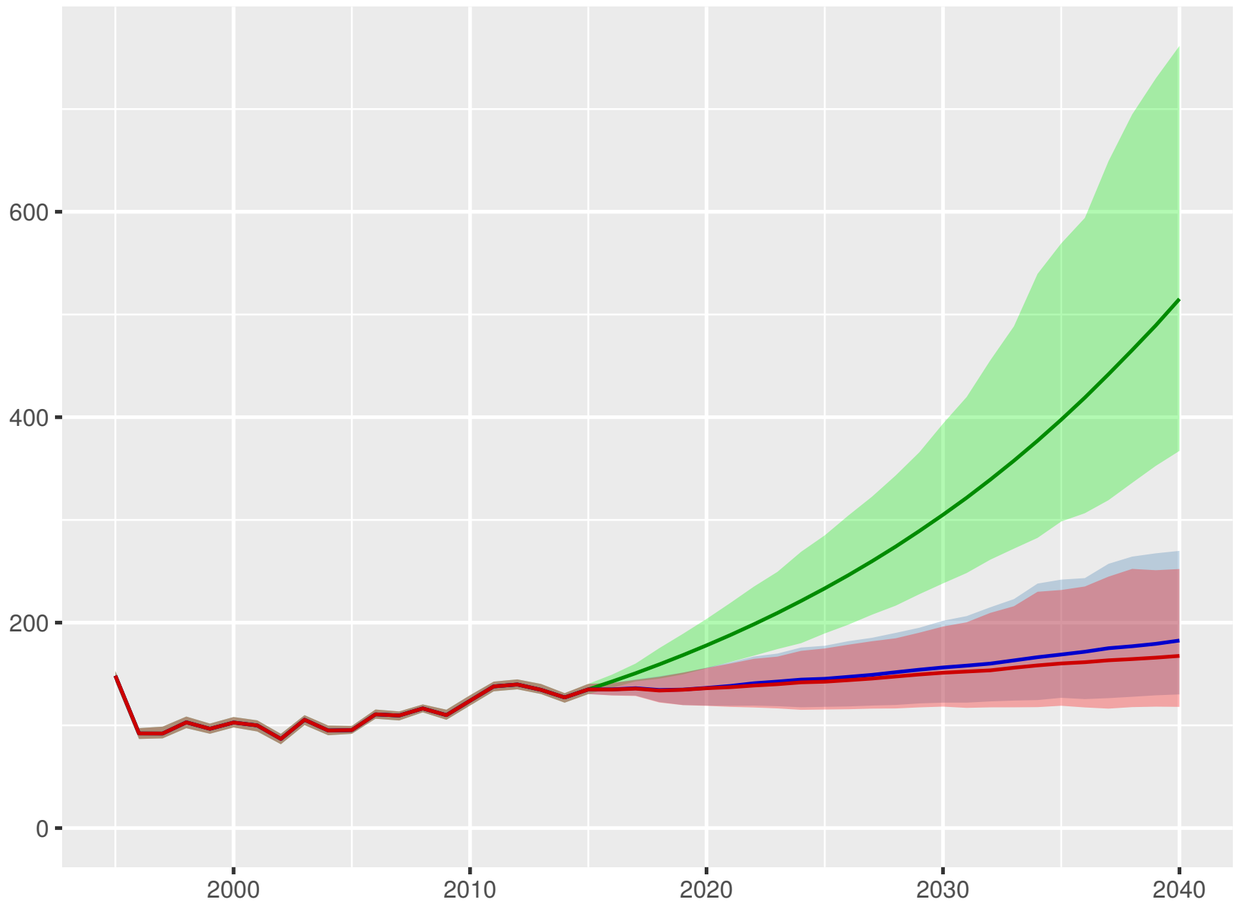
Scenario — Better — Reference — Worse

Haiti

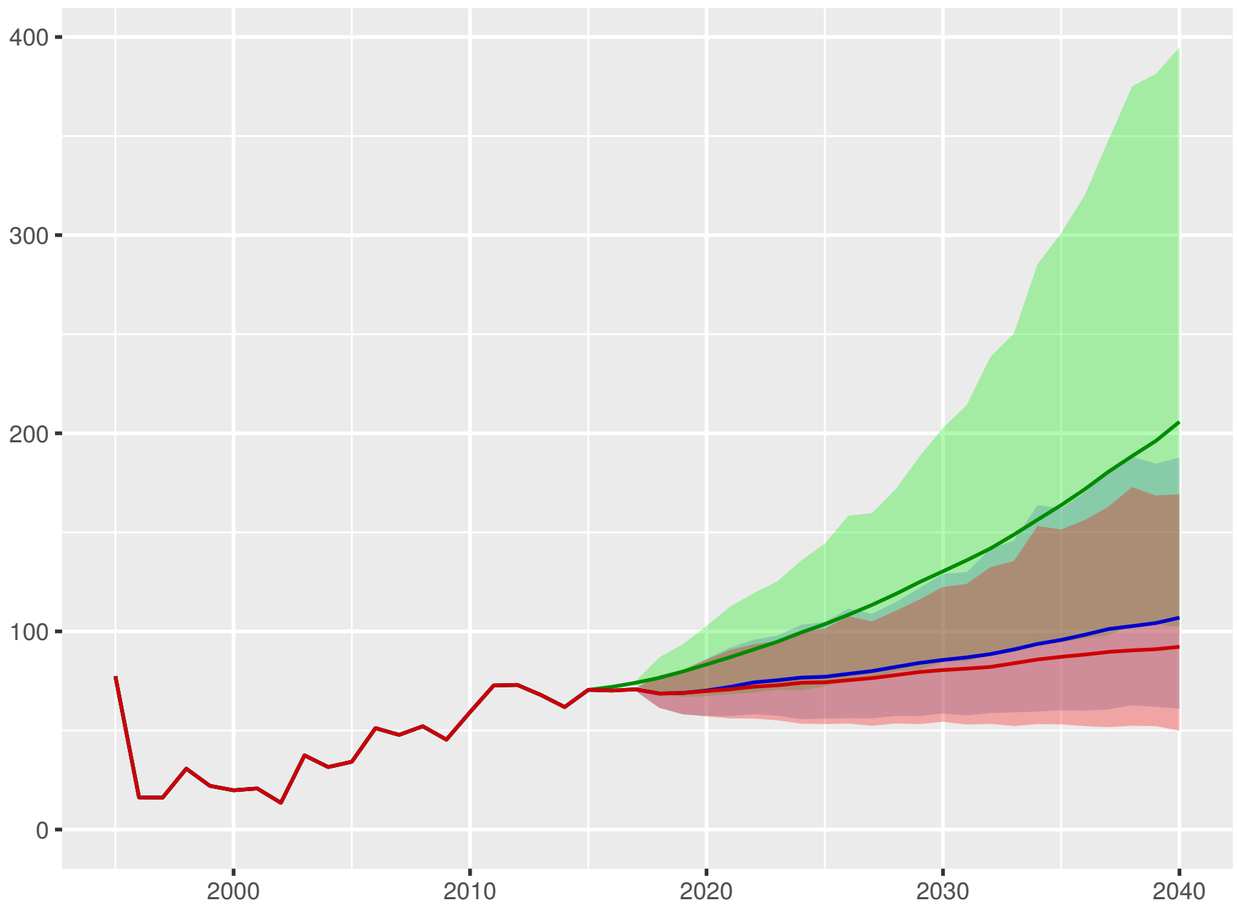
Universal health coverage index



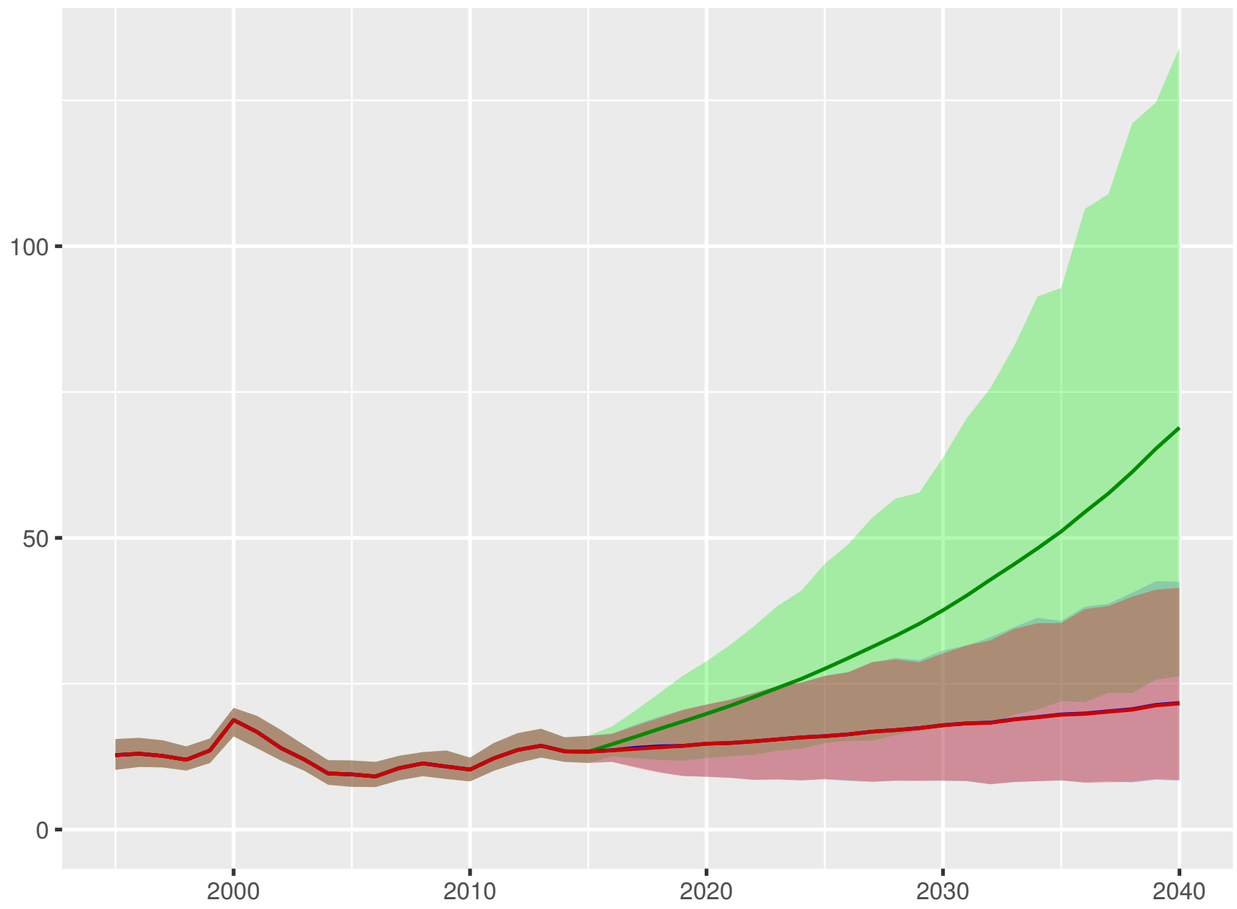
Total health spending per person



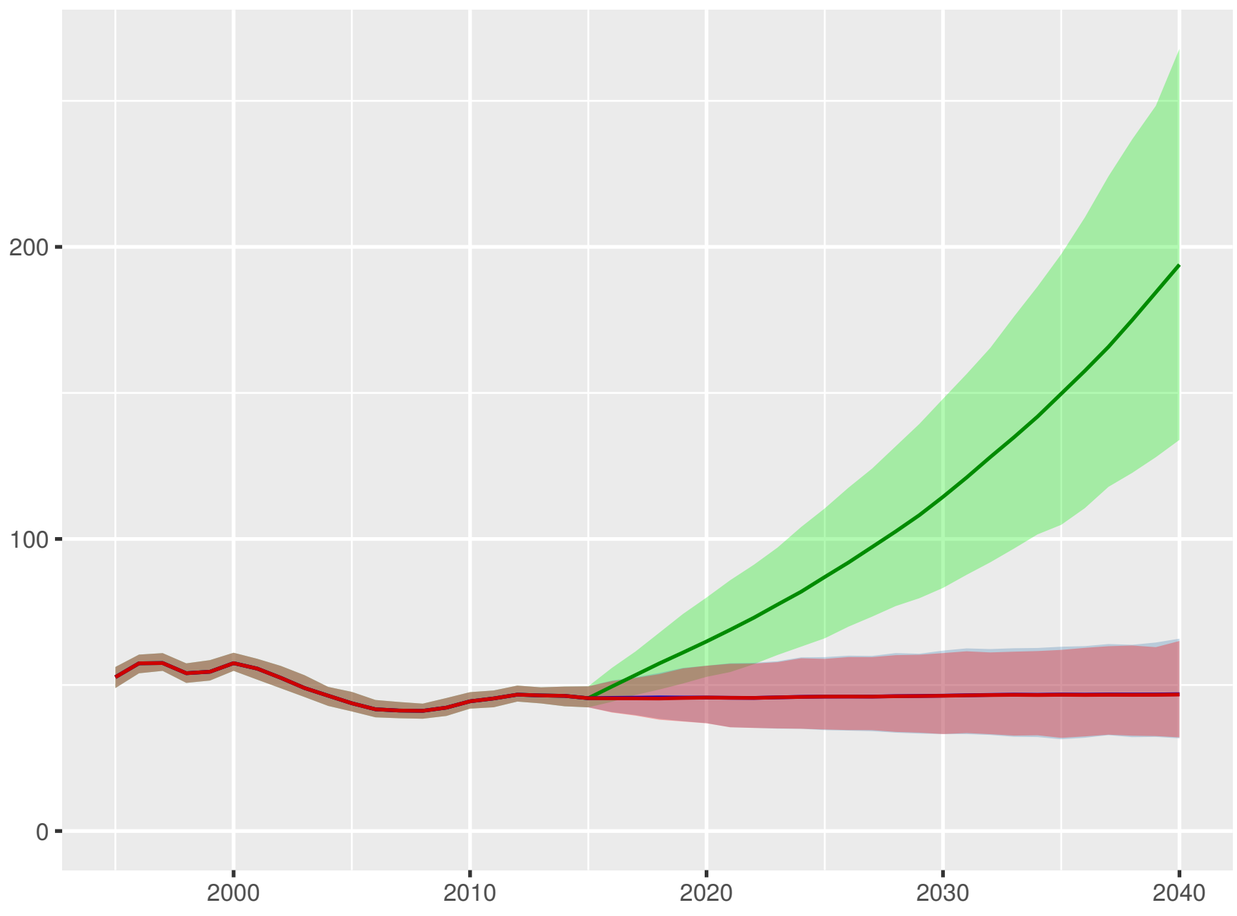
Development assistance for health received per person



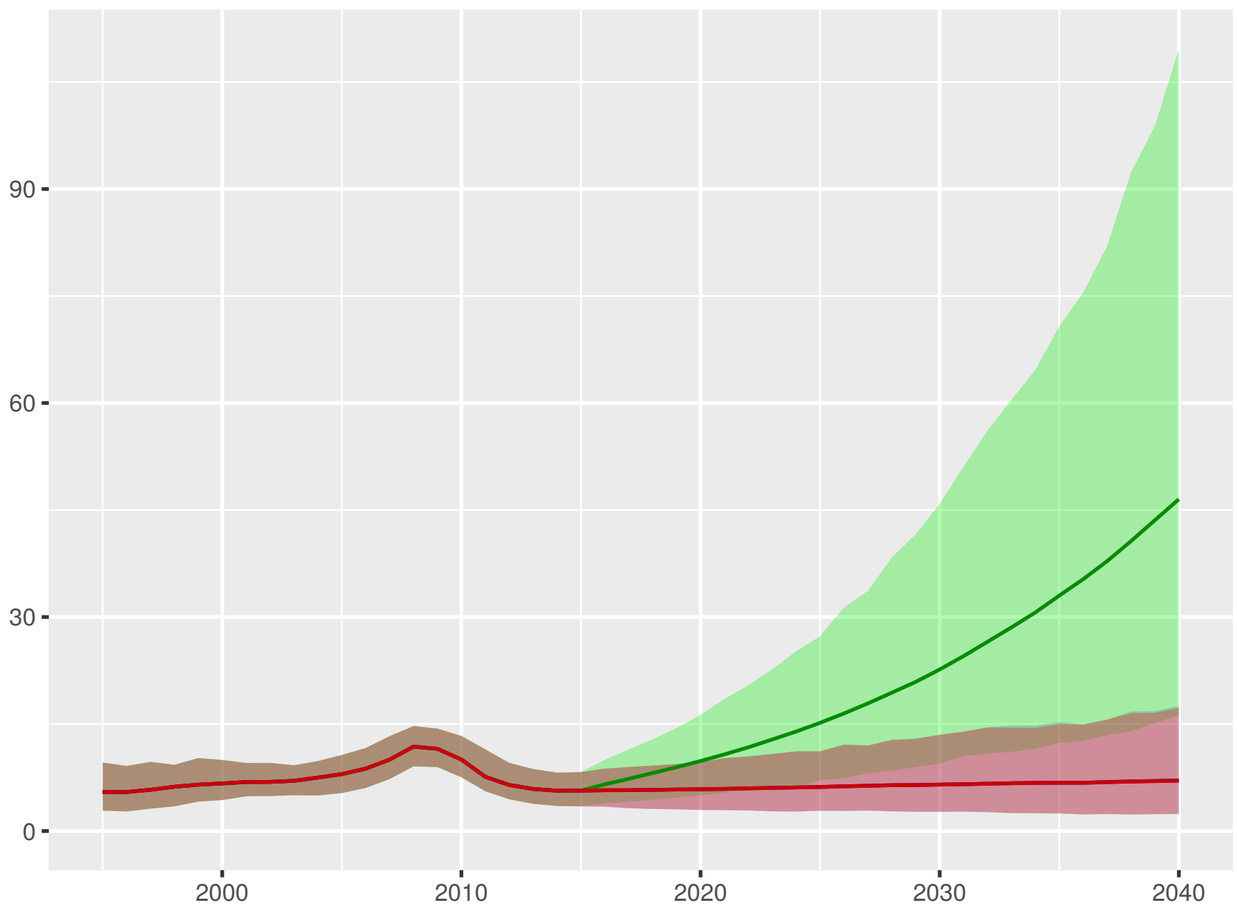
Government health spending per person



Out-of-pocket spending per person



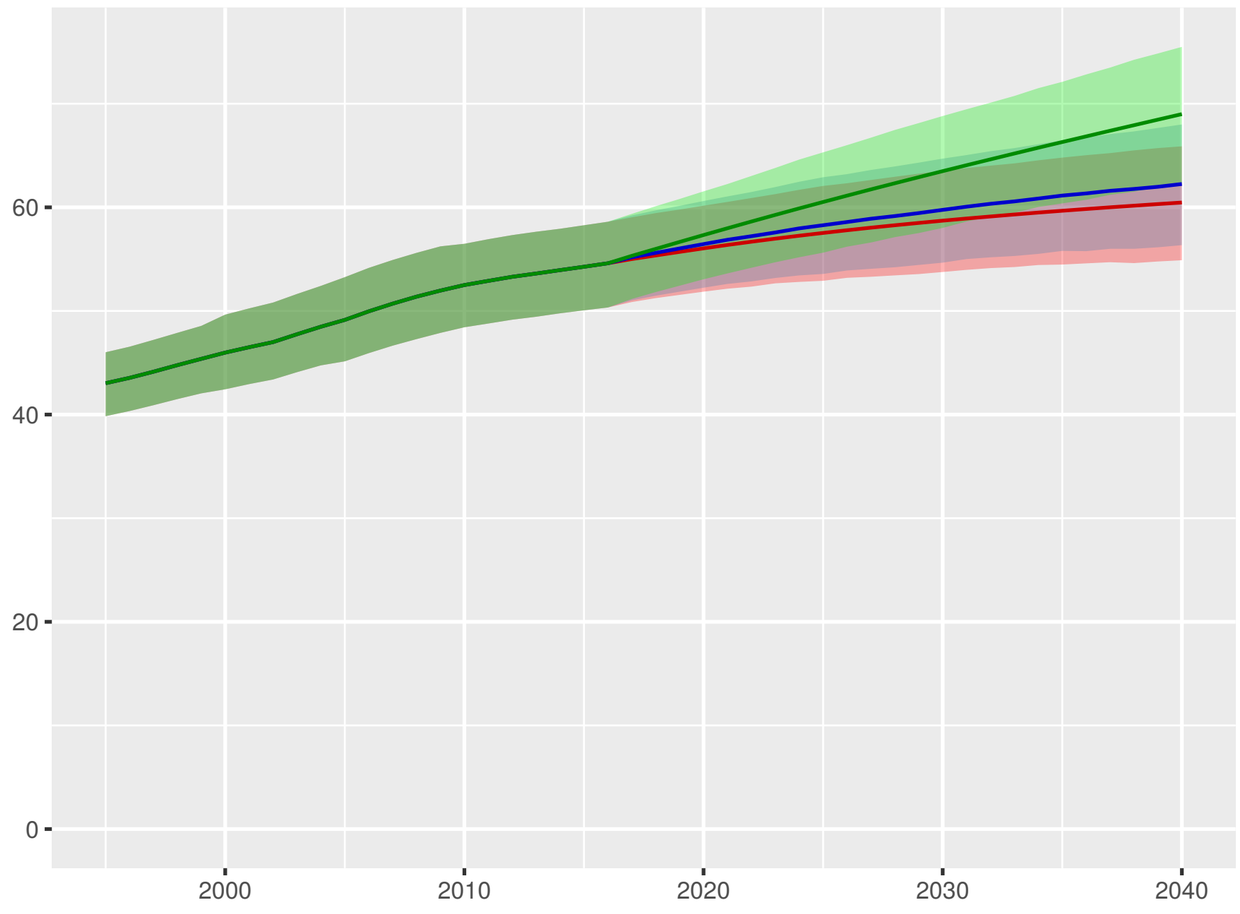
Prepaid private spending per person



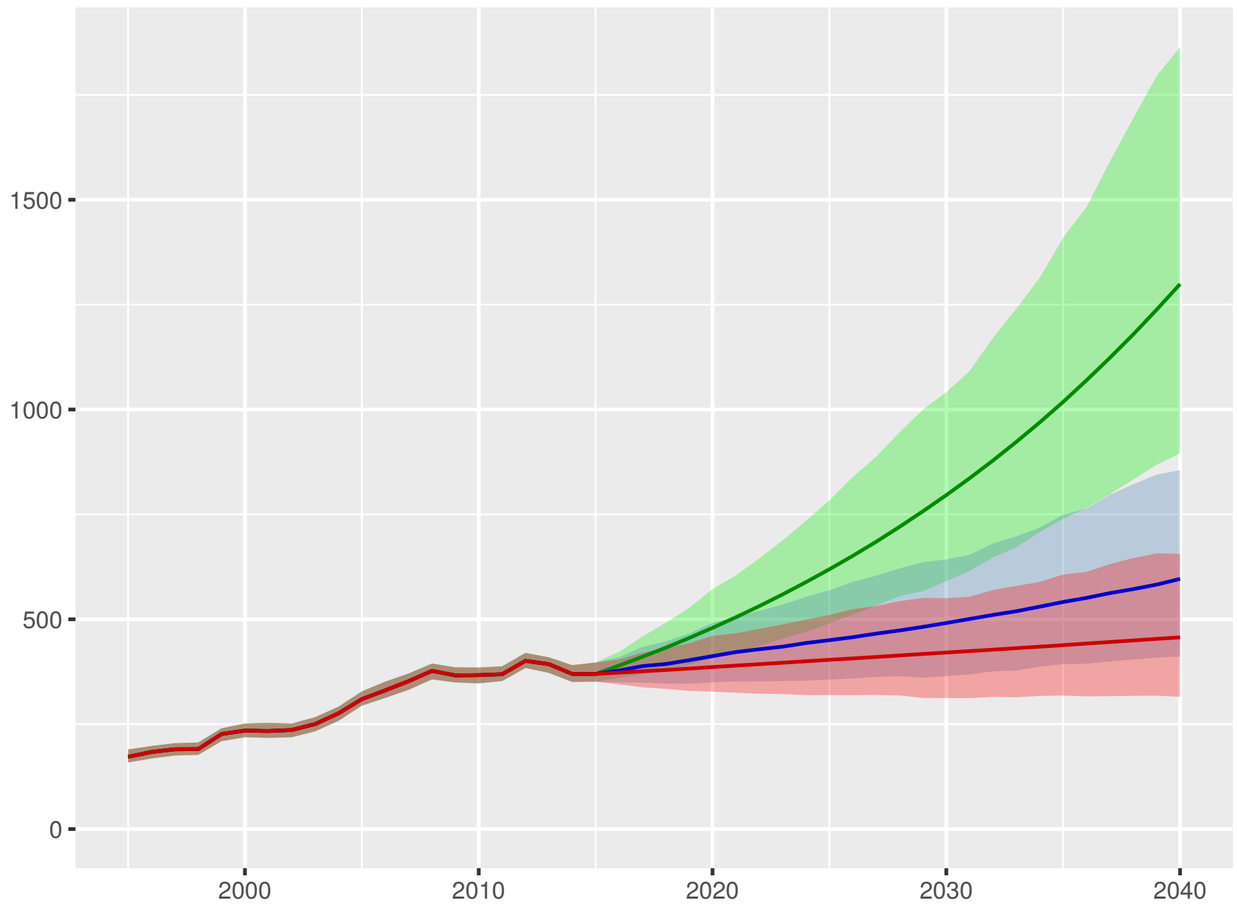
Scenario — Better — Reference — Worse

Honduras

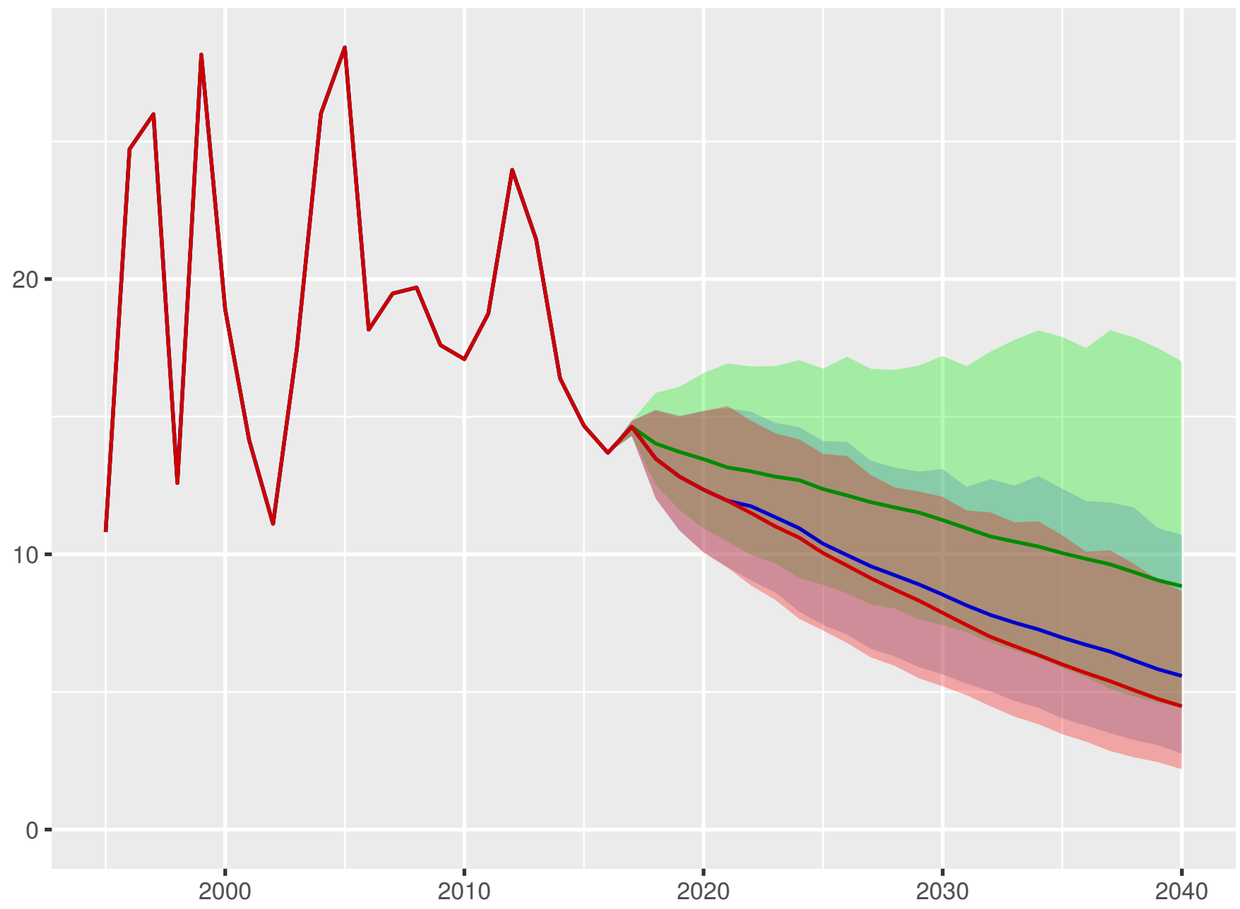
Universal health coverage index



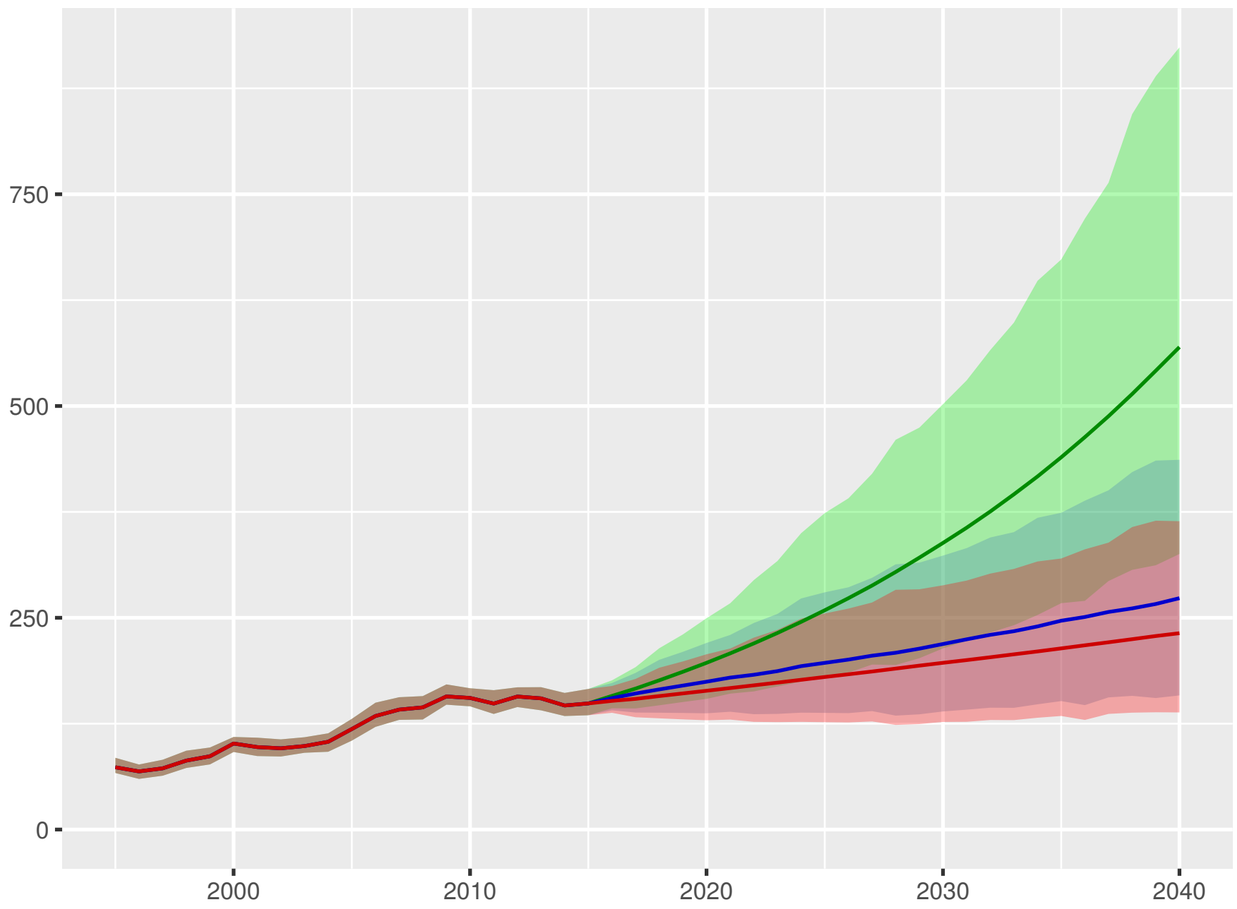
Total health spending per person



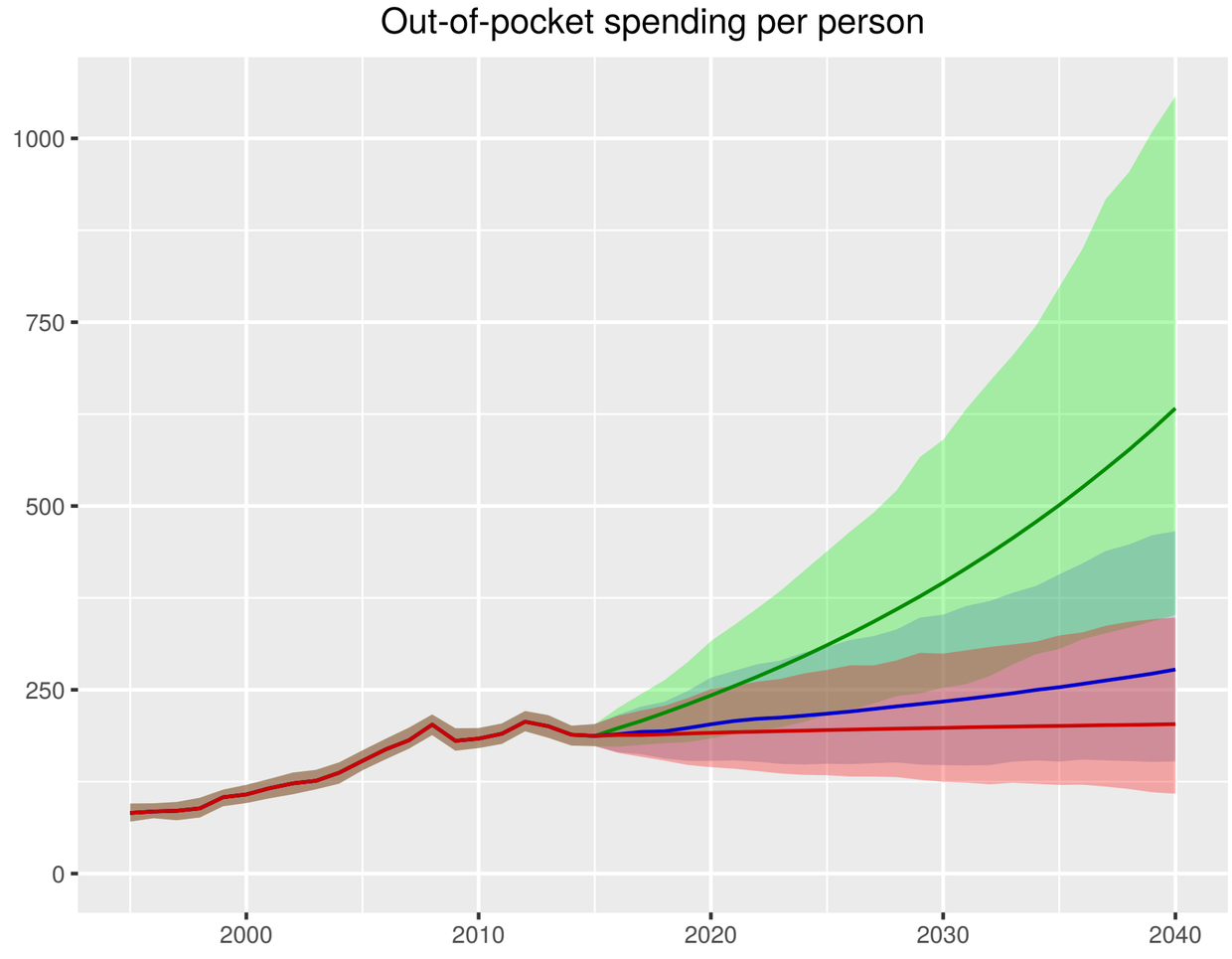
Development assistance for health received per person



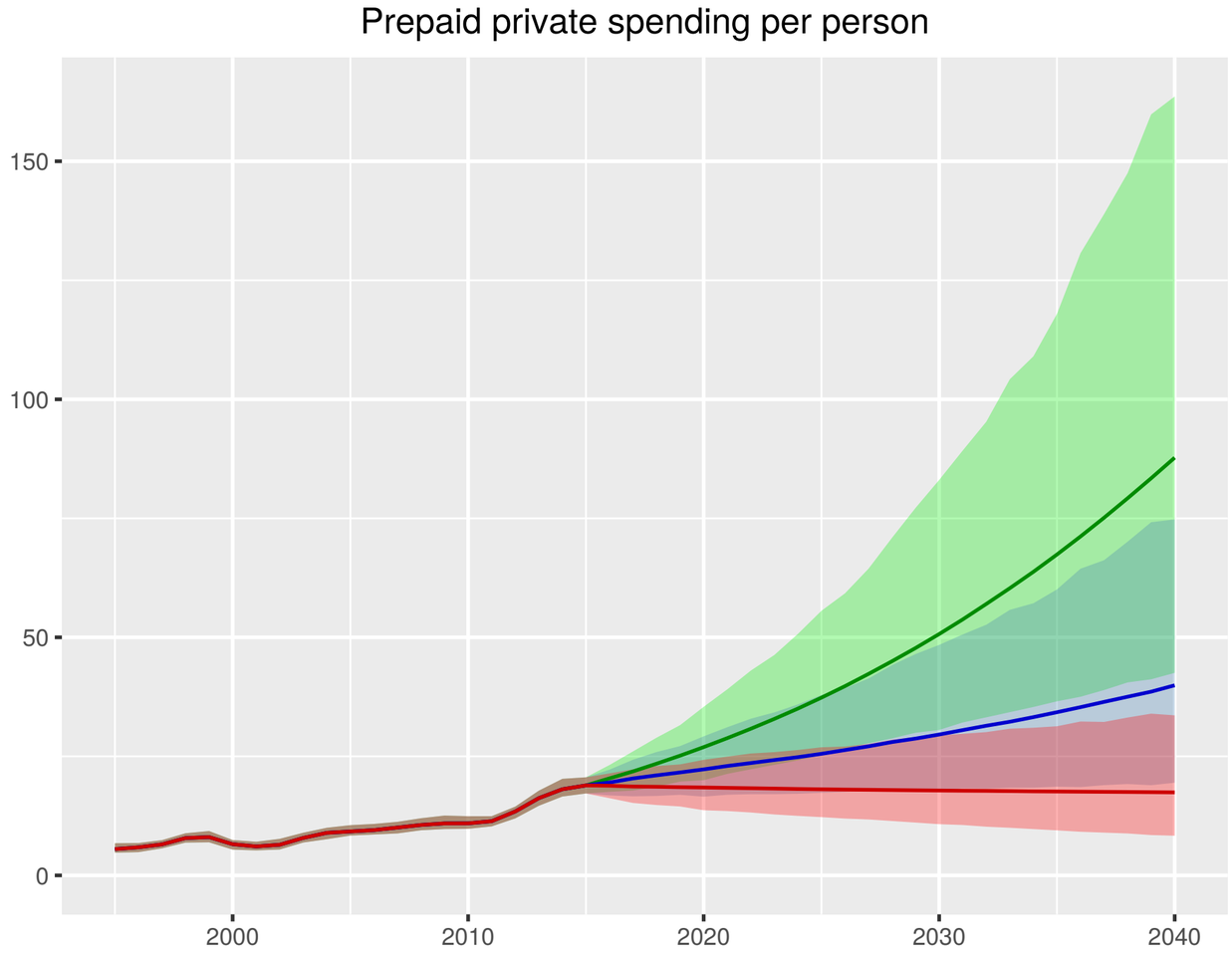
Government health spending per person



Out-of-pocket spending per person



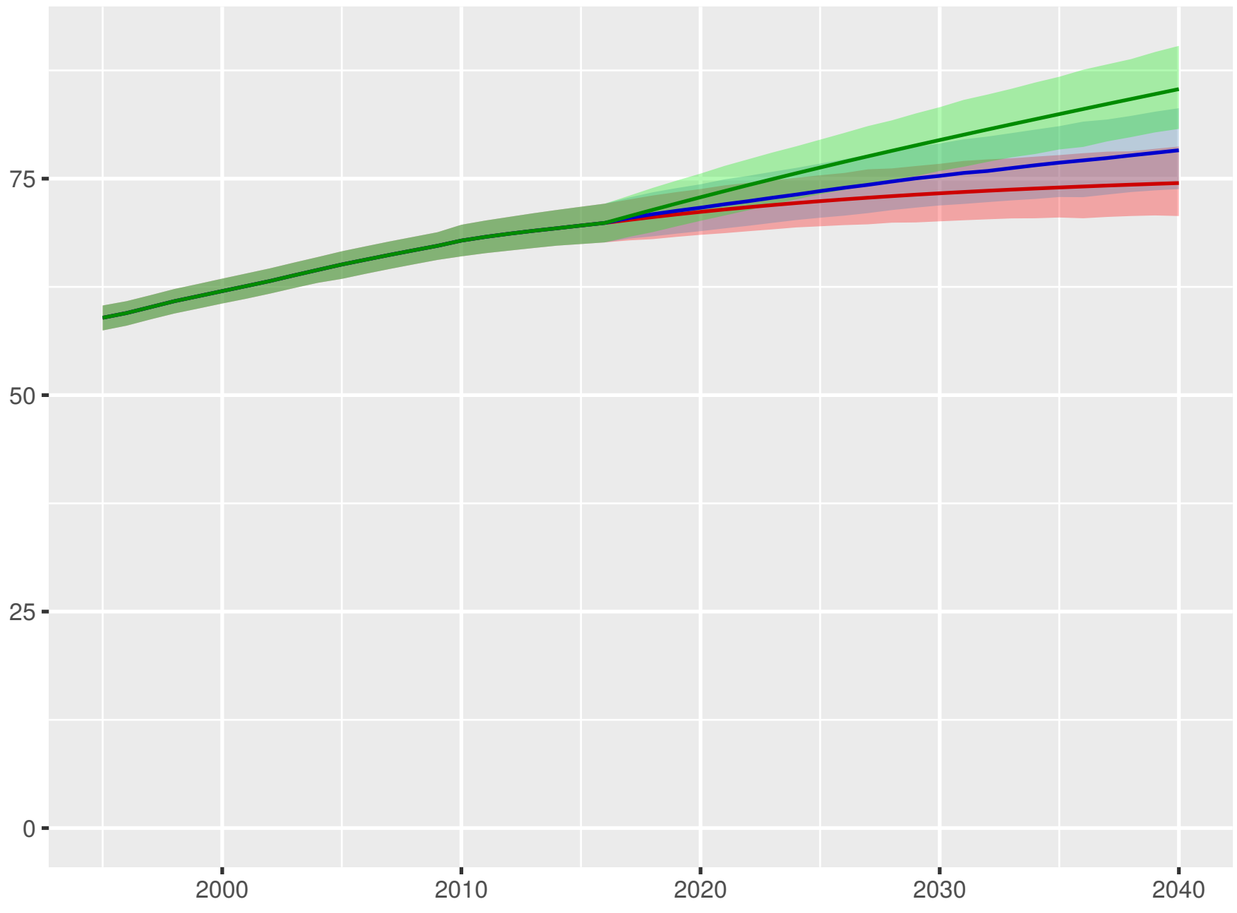
Prepaid private spending per person



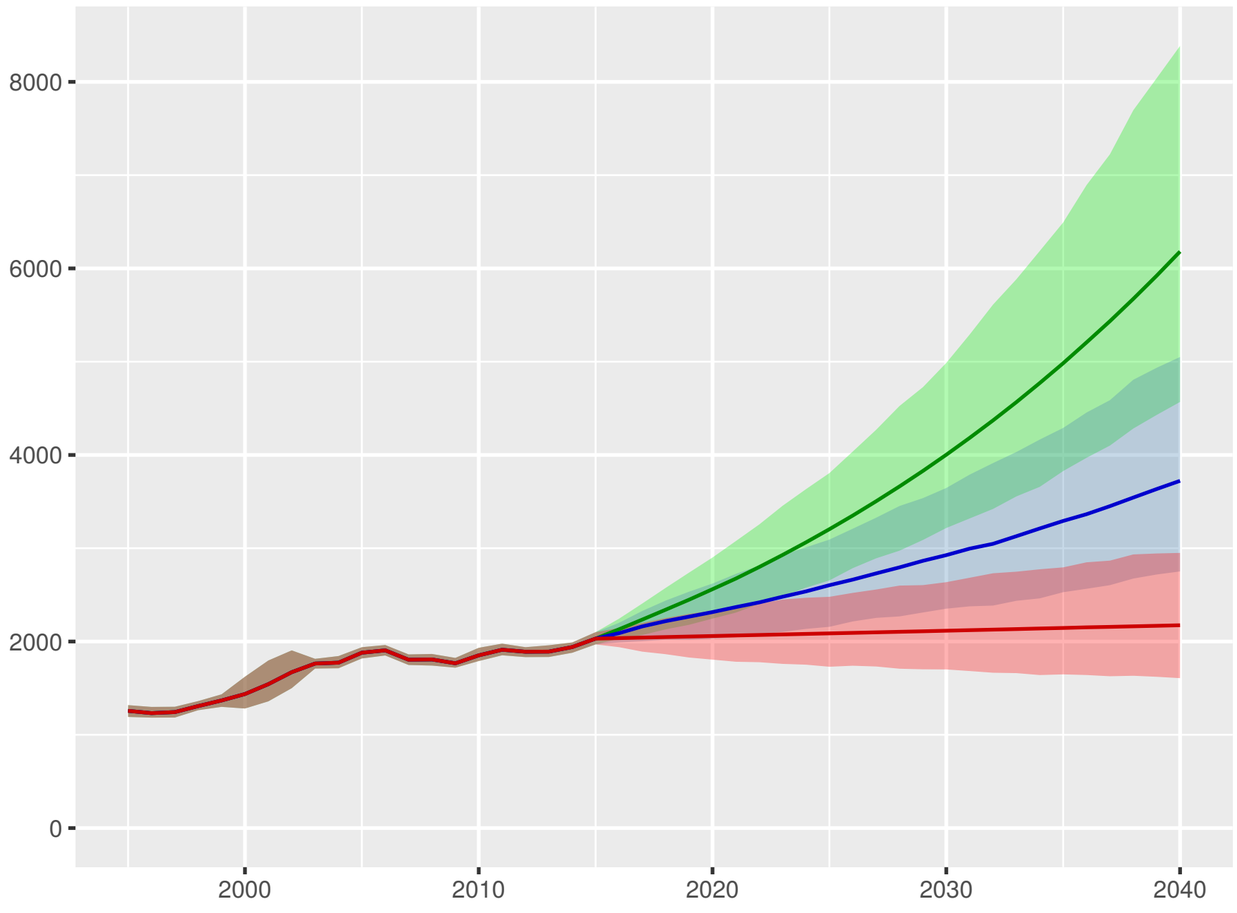
Scenario — Better — Reference — Worse

Hungary

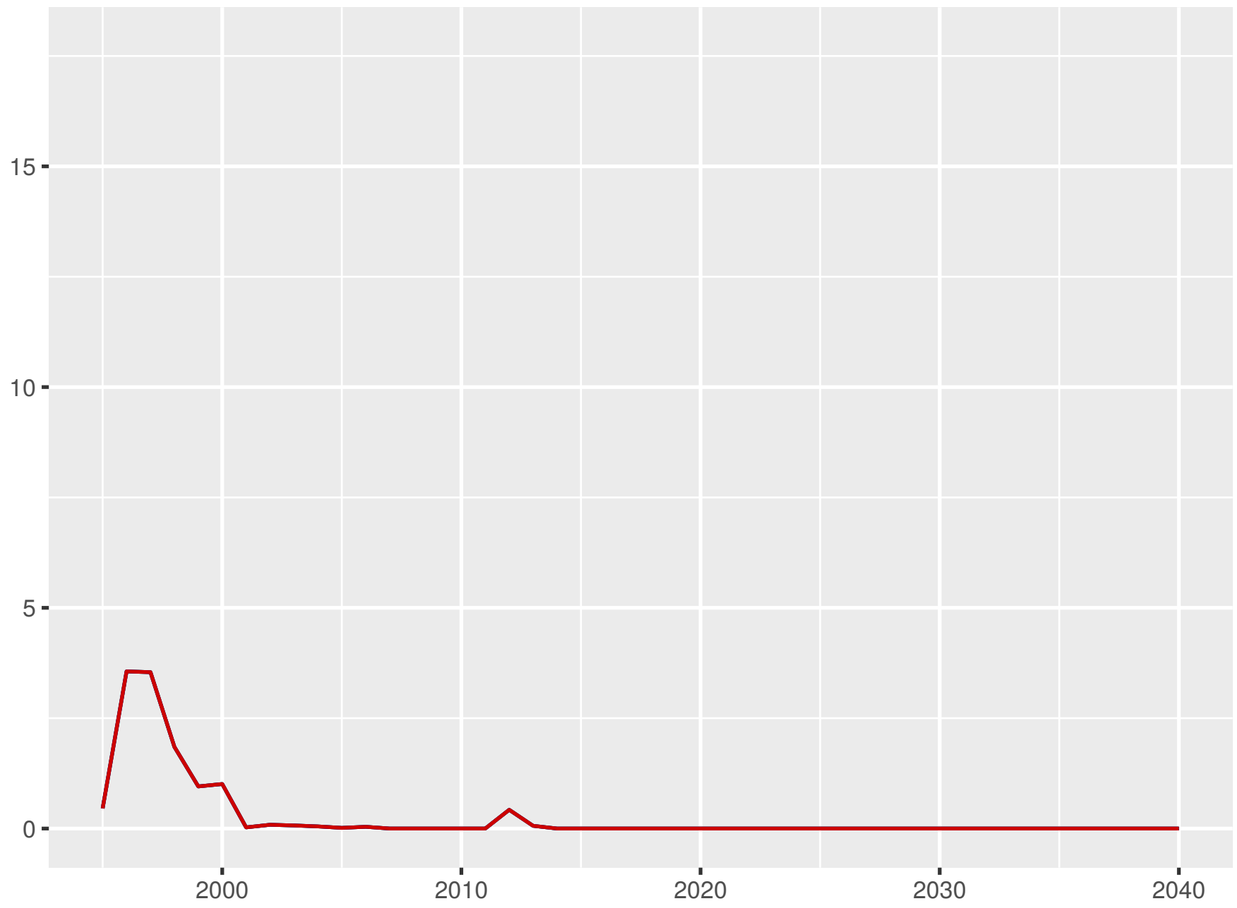
Universal health coverage index



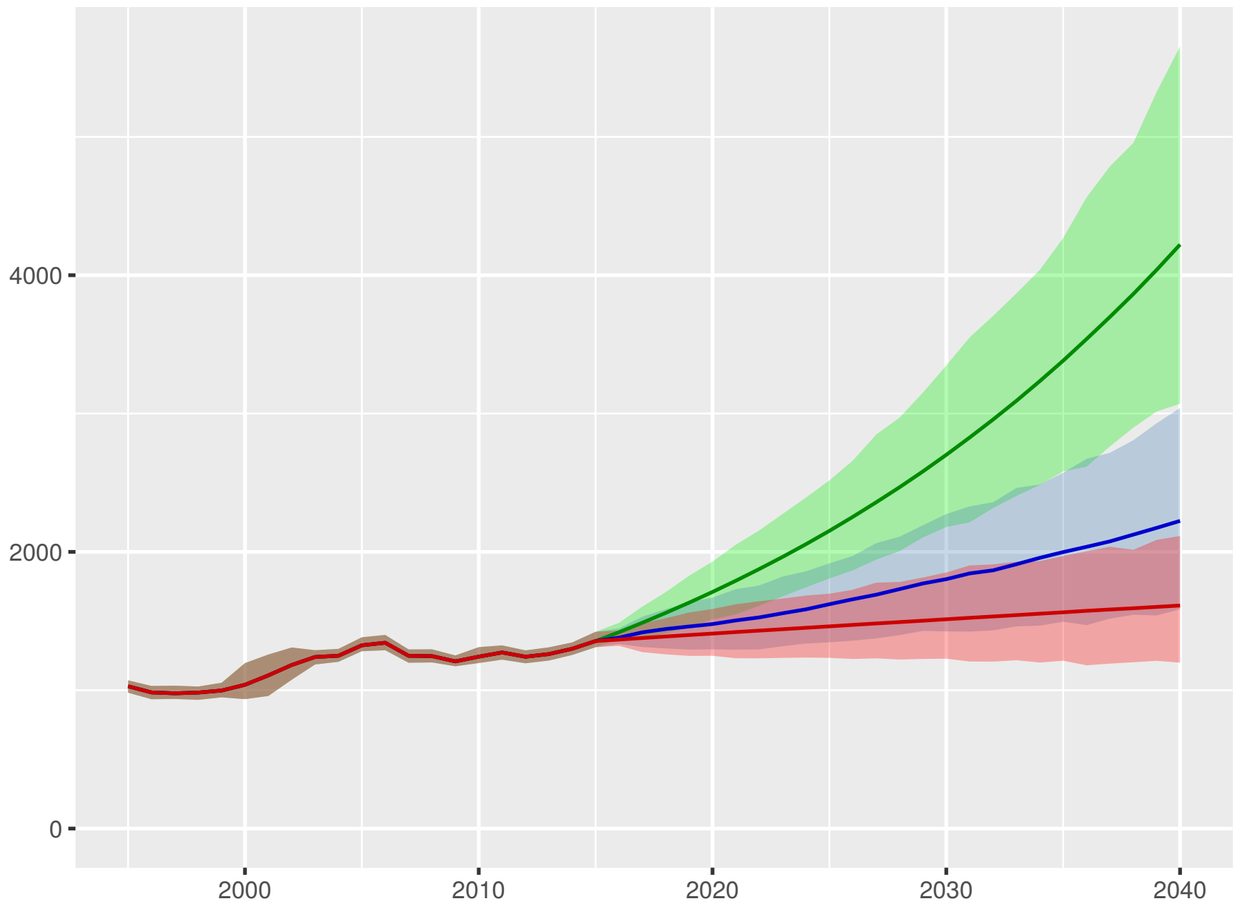
Total health spending per person



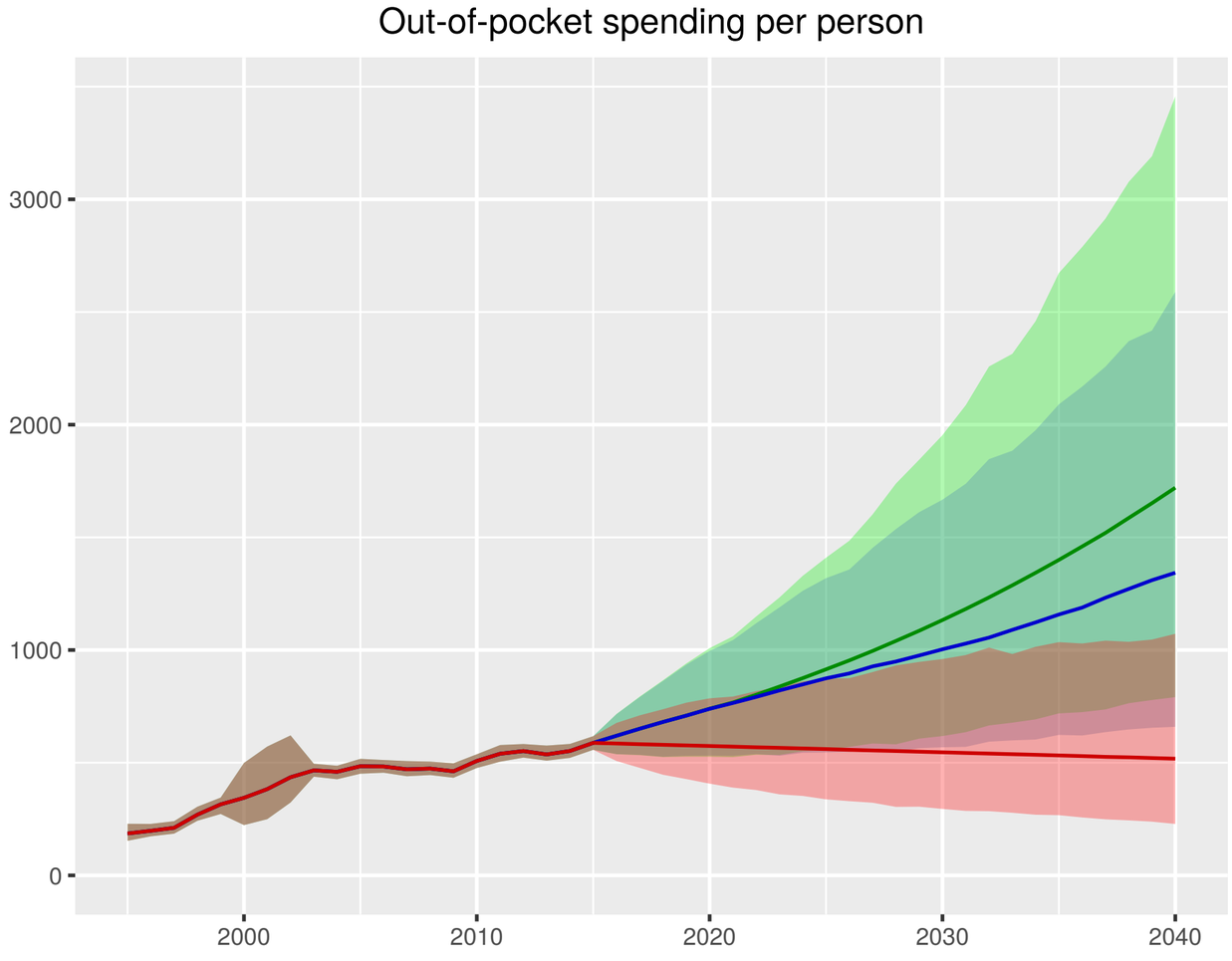
Development assistance for health received per person



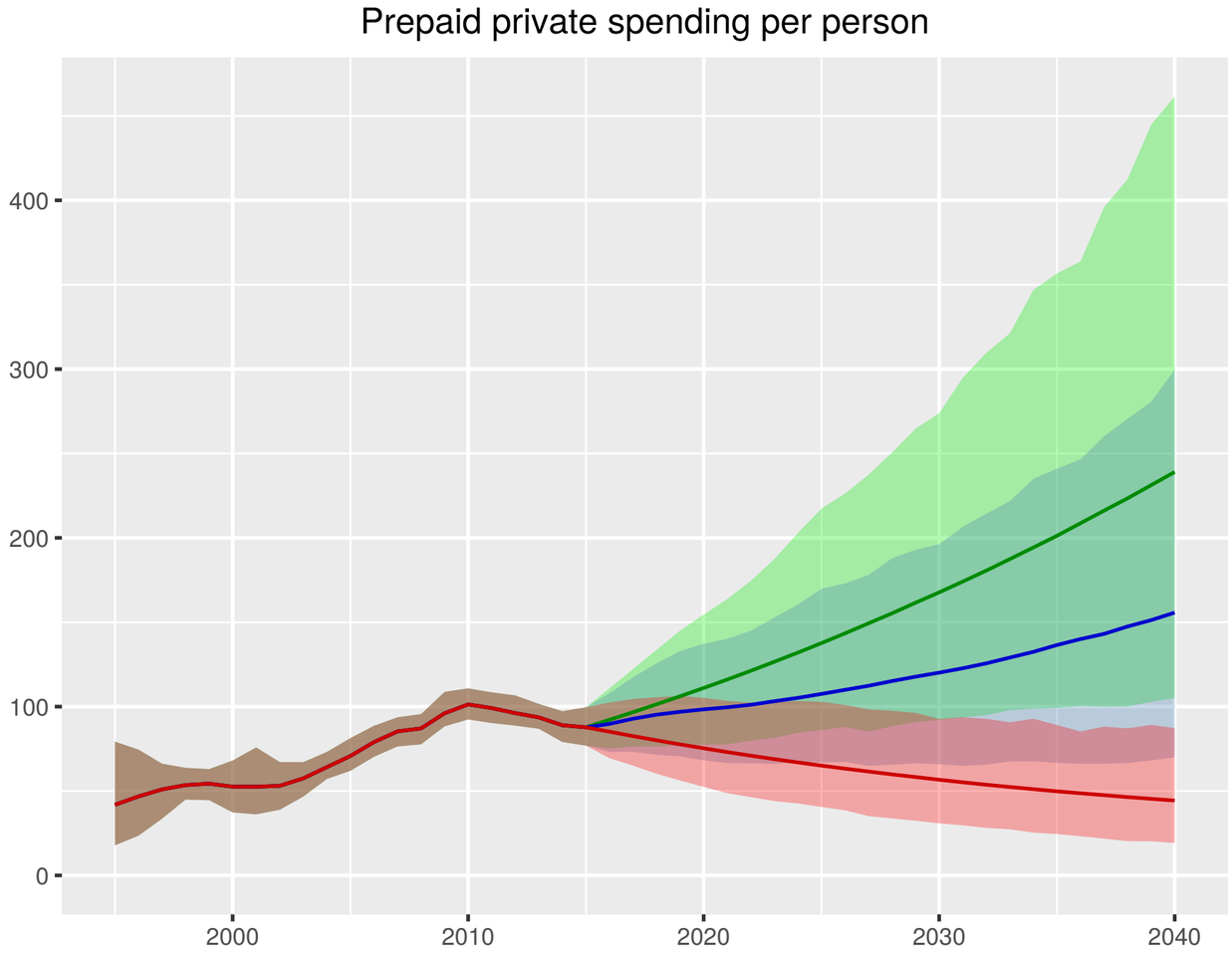
Government health spending per person



Out-of-pocket spending per person



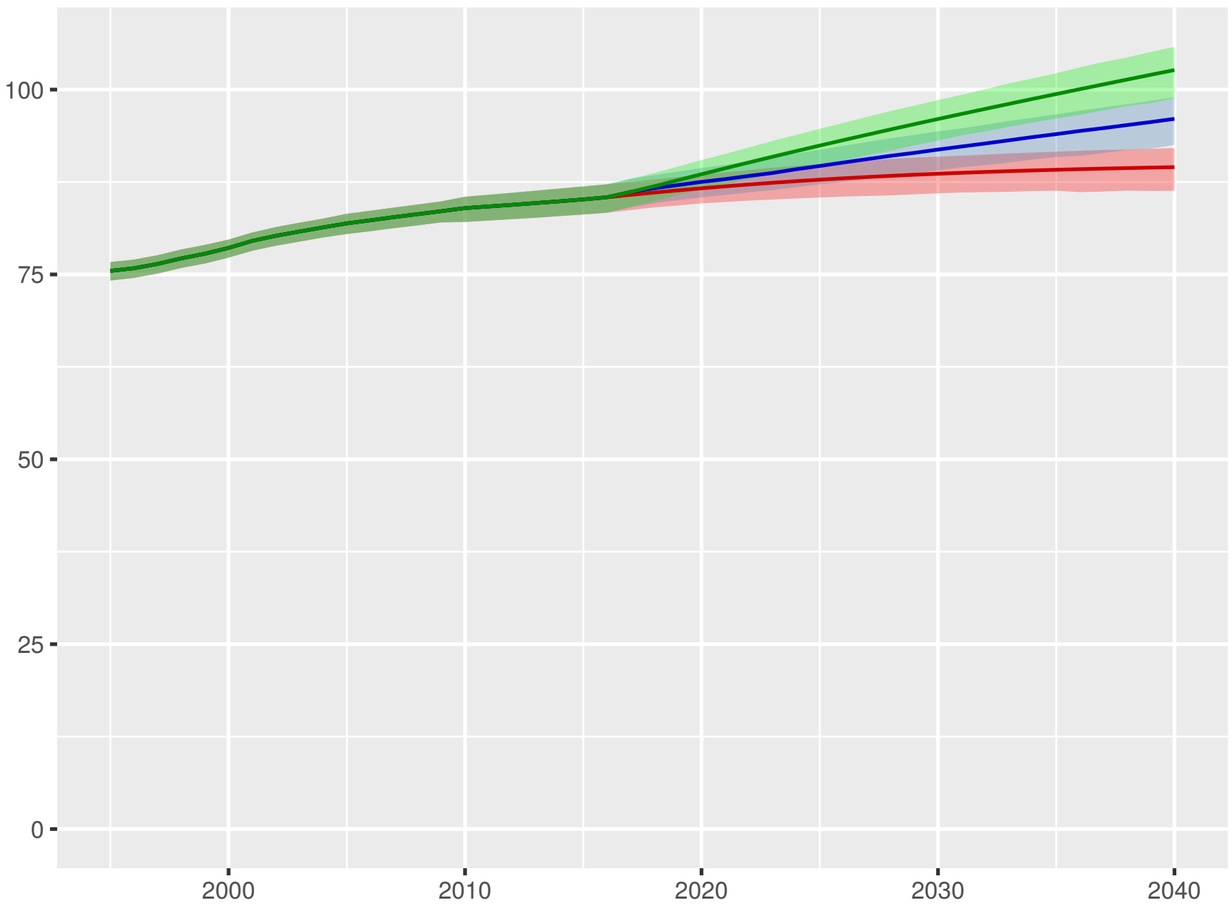
Prepaid private spending per person



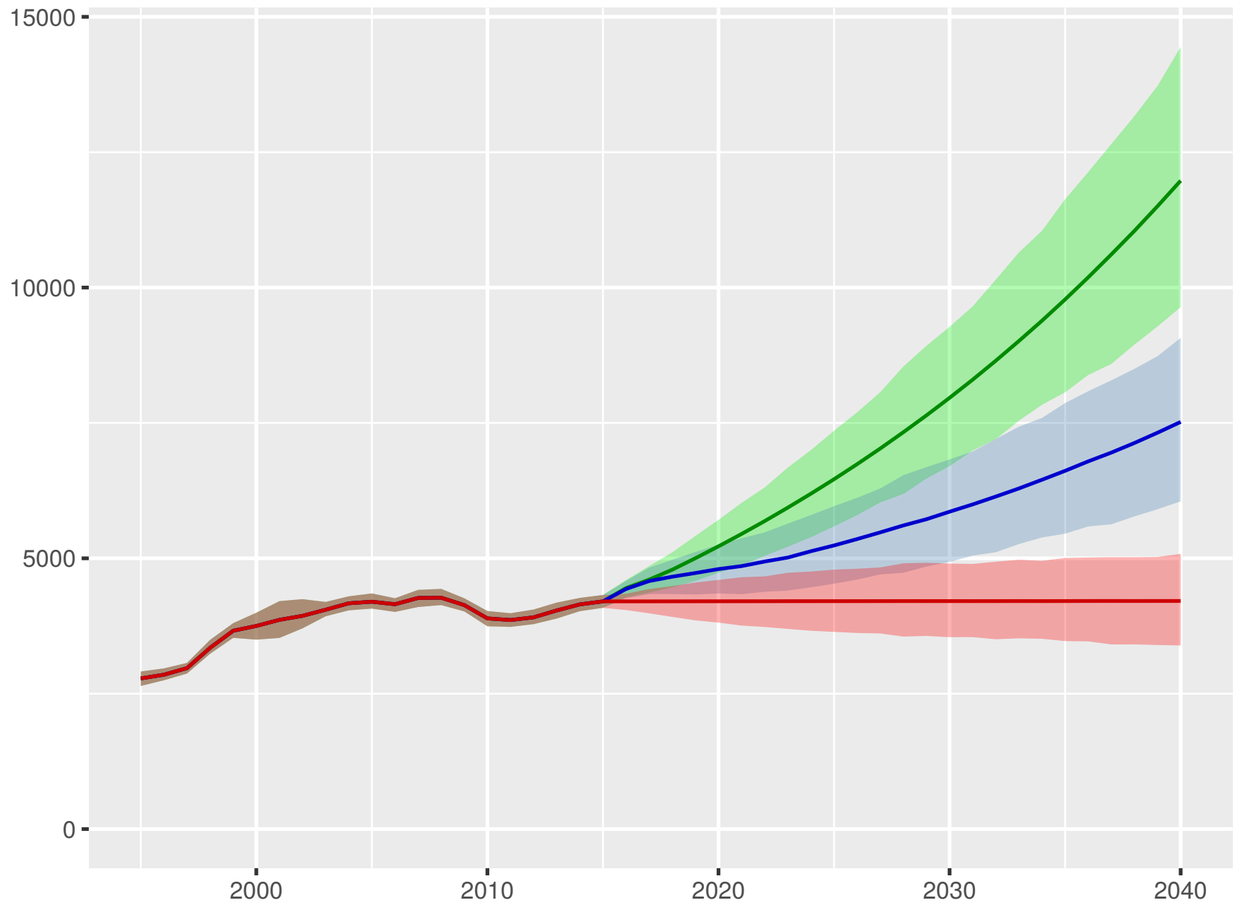
Scenario — Better — Reference — Worse

Iceland

Universal health coverage index

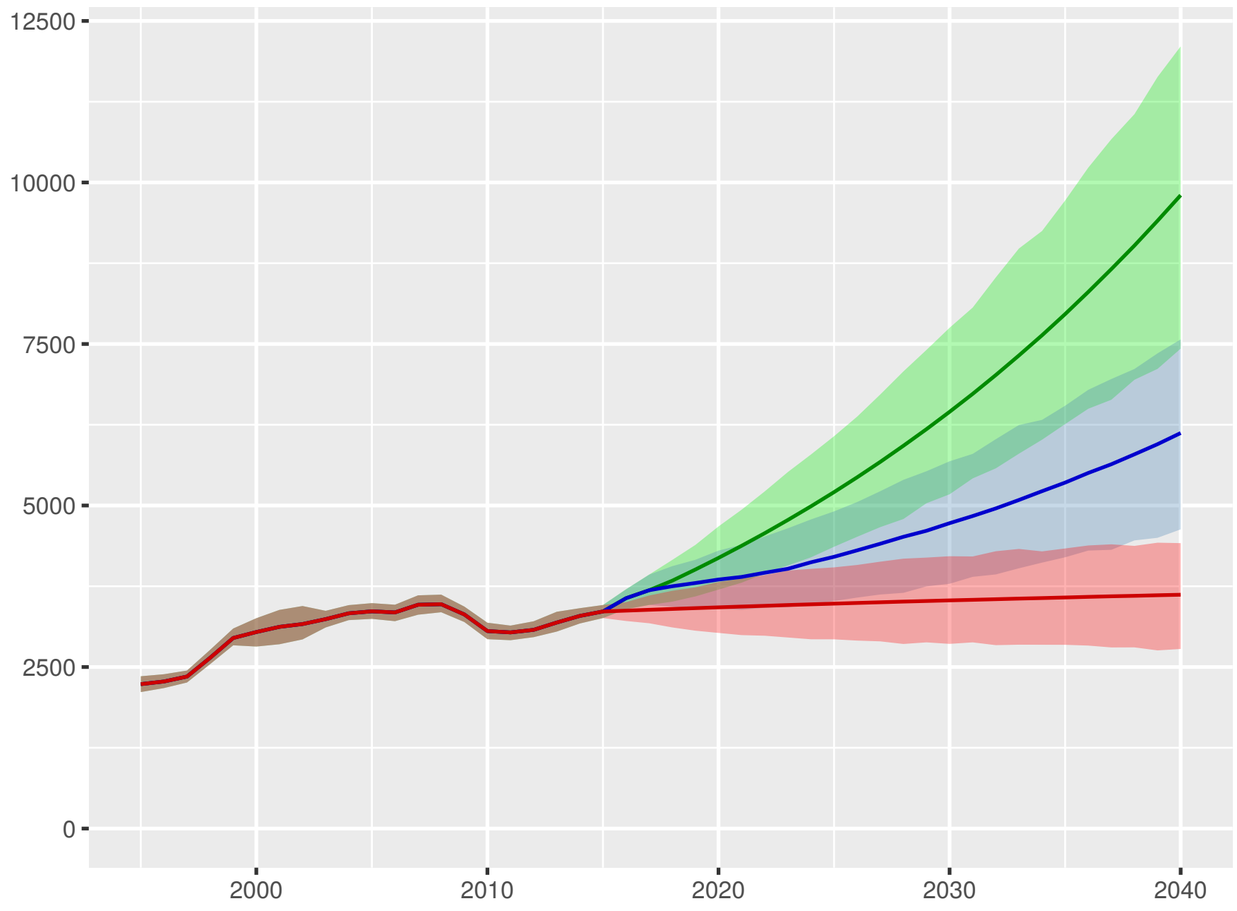


Total health spending per person

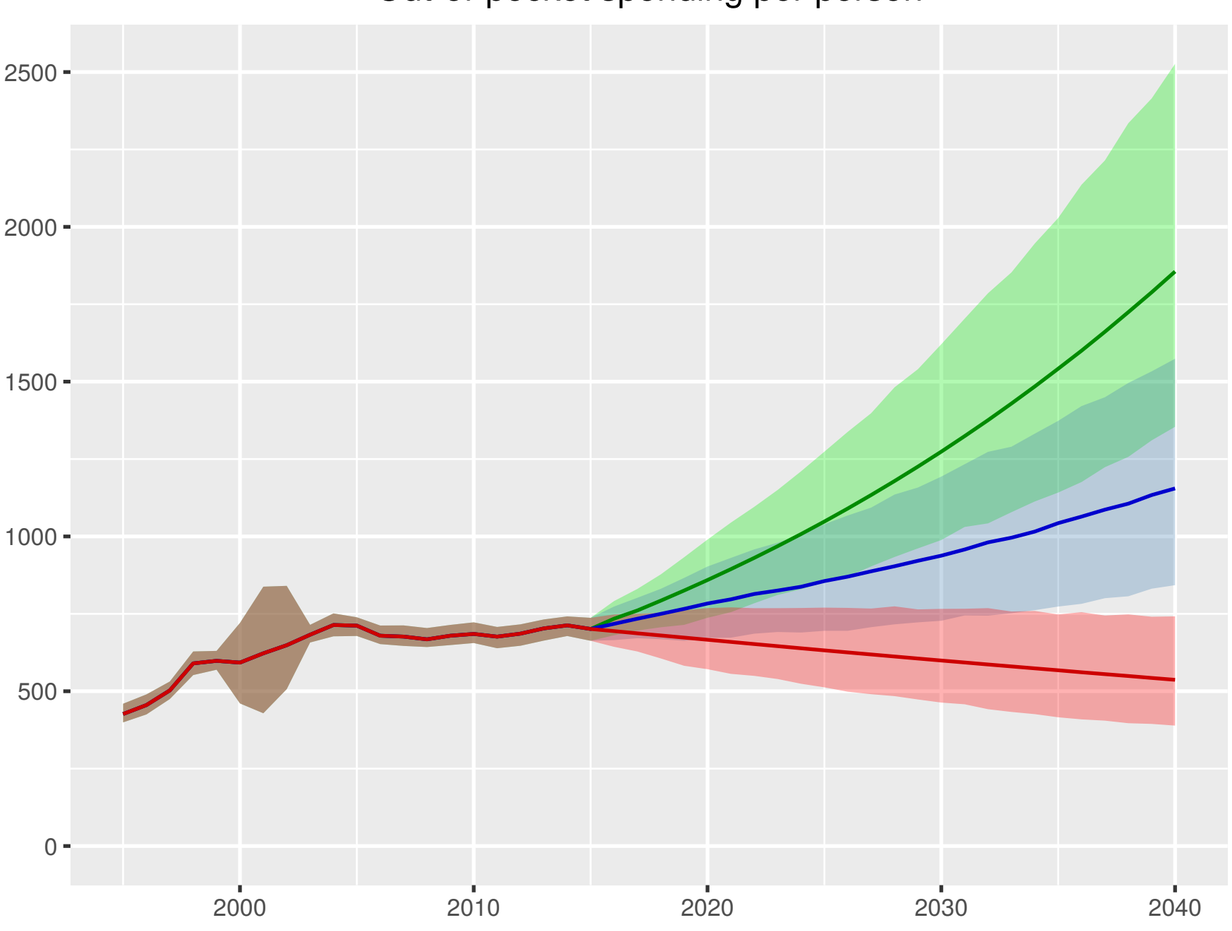


Development assistance for health received per person

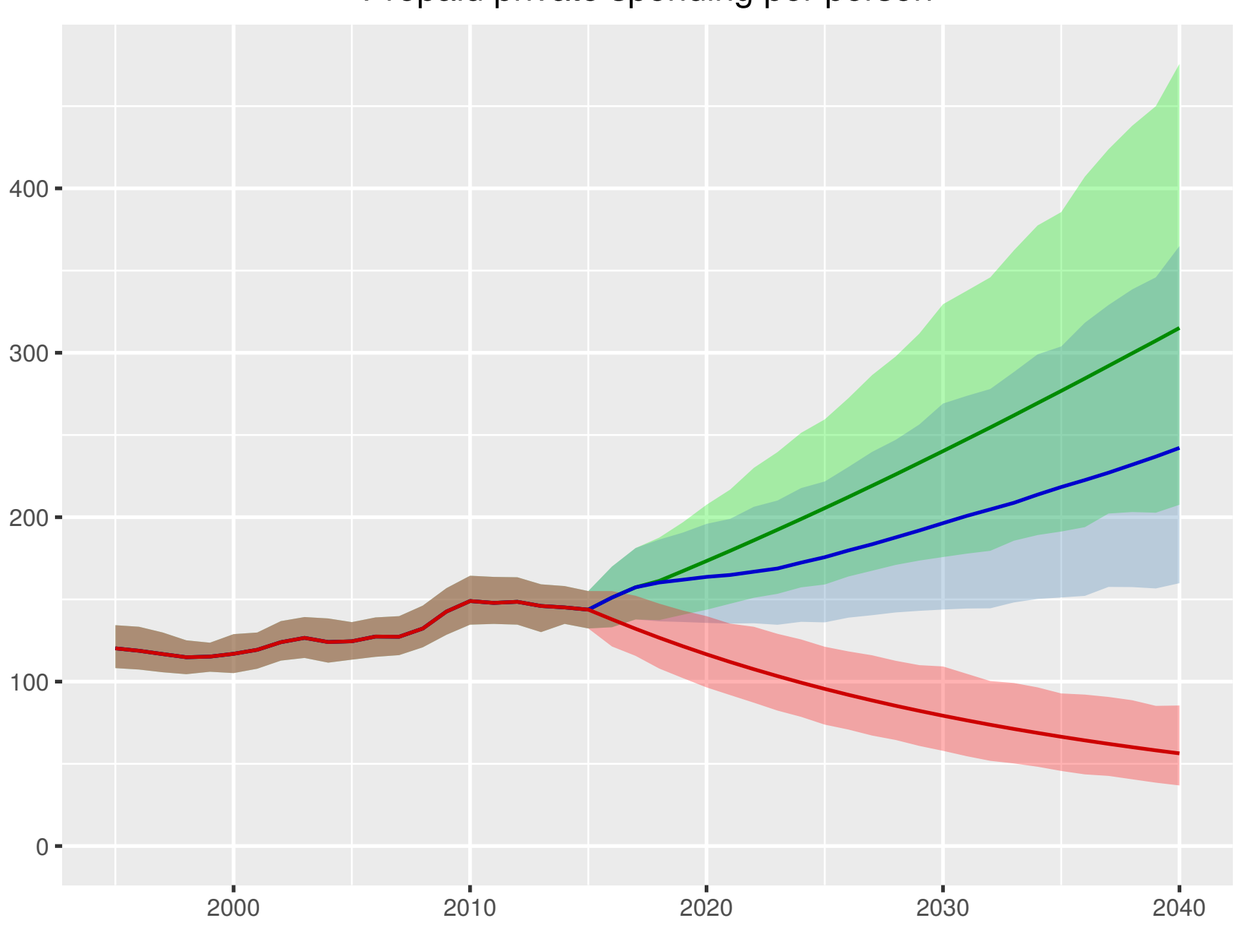
Government health spending per person



Out-of-pocket spending per person



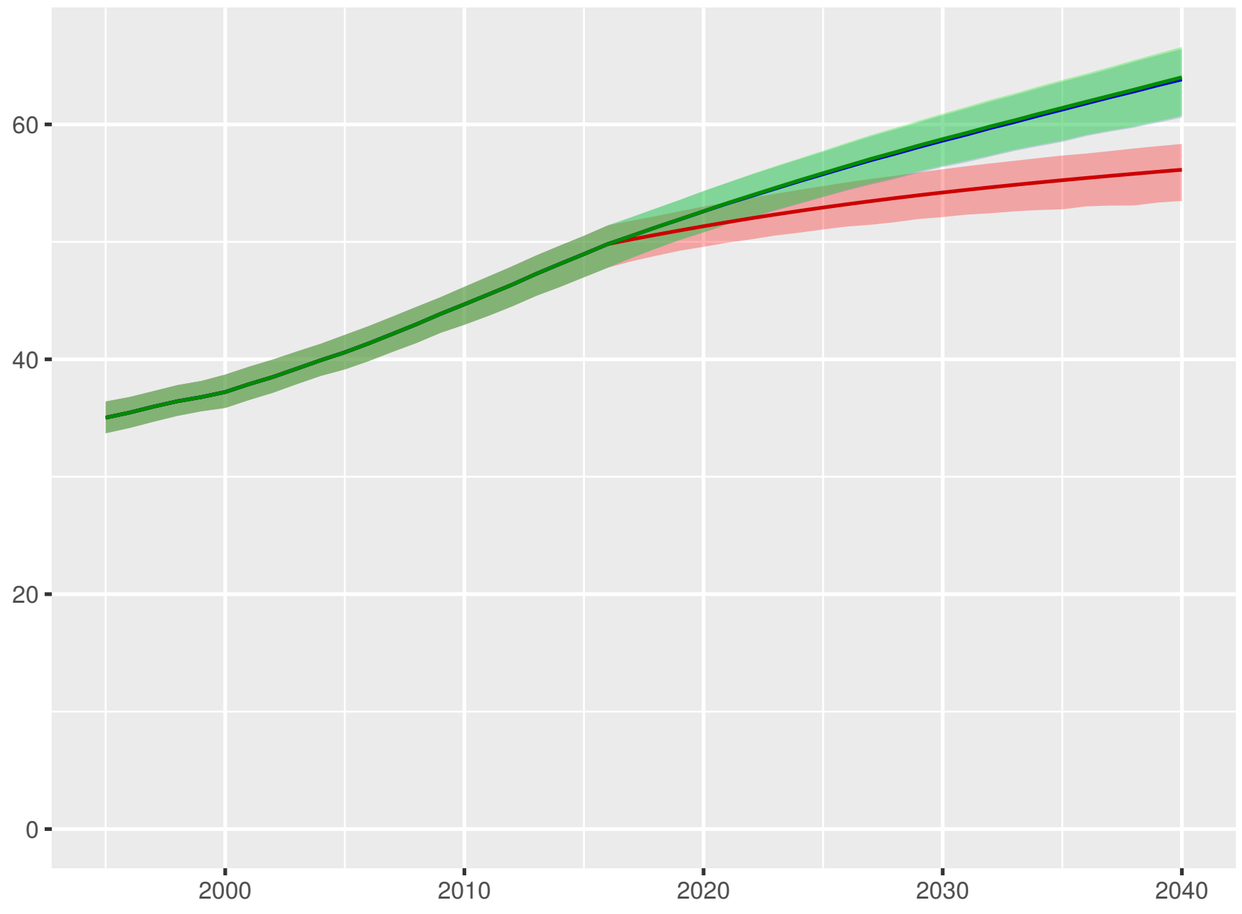
Prepaid private spending per person



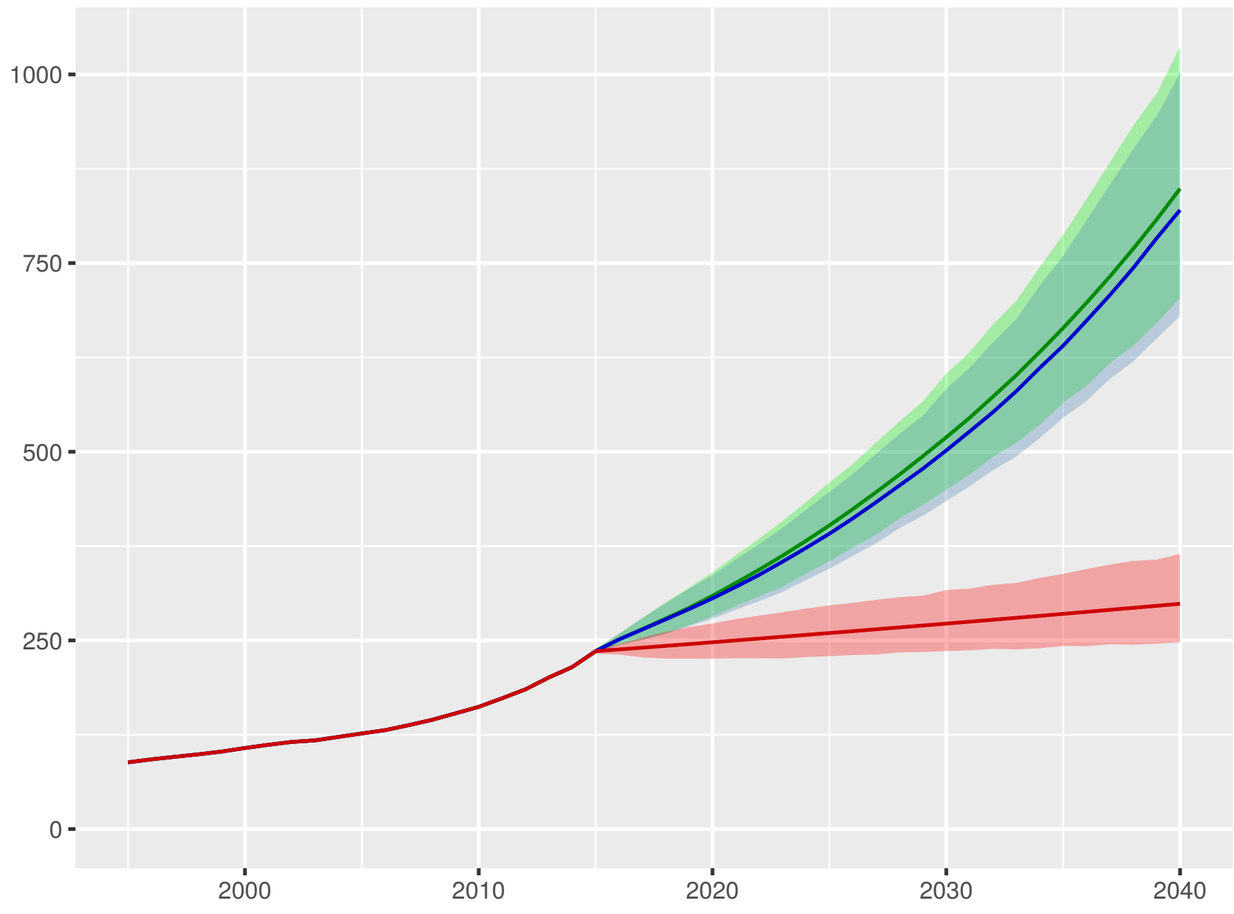
Scenario — Better — Reference — Worse

India

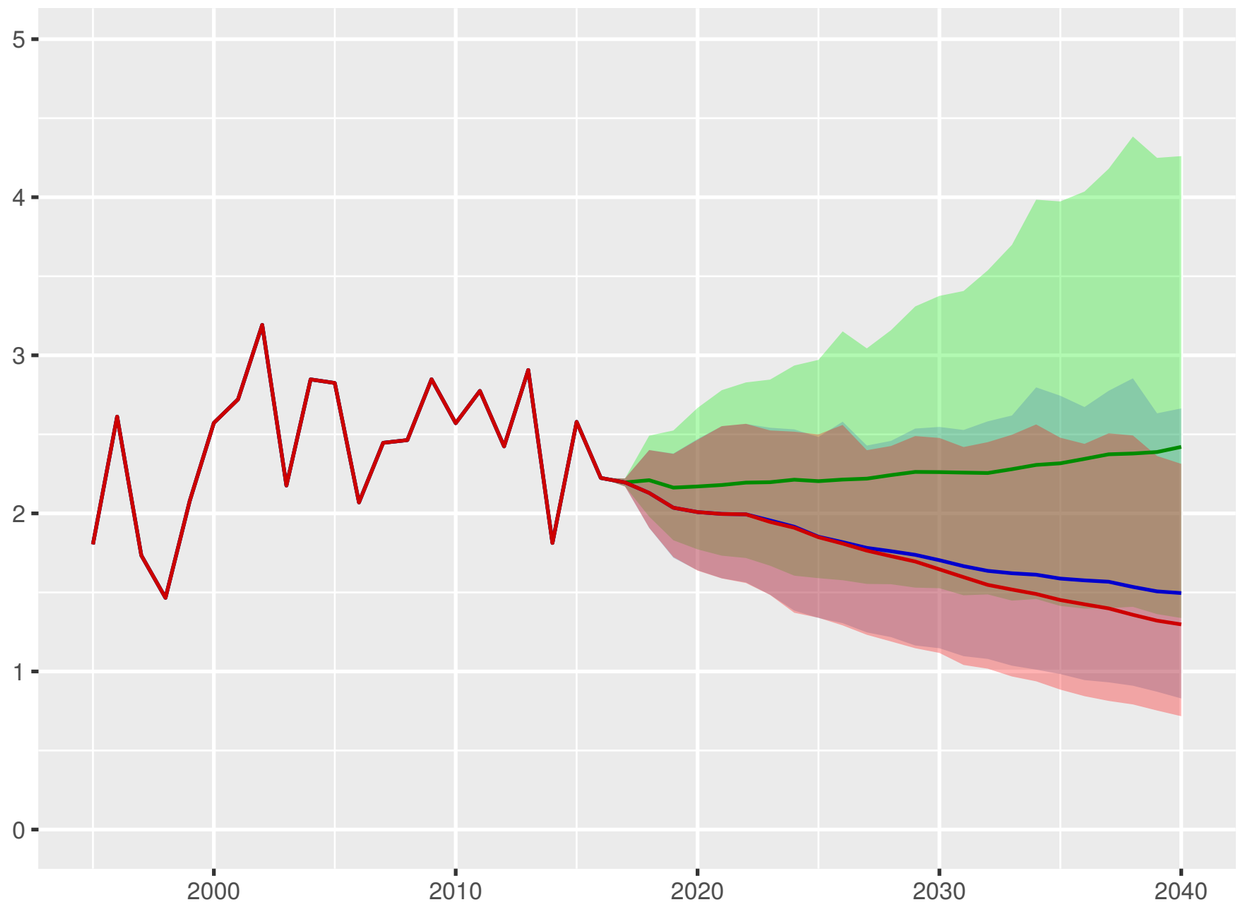
Universal health coverage index



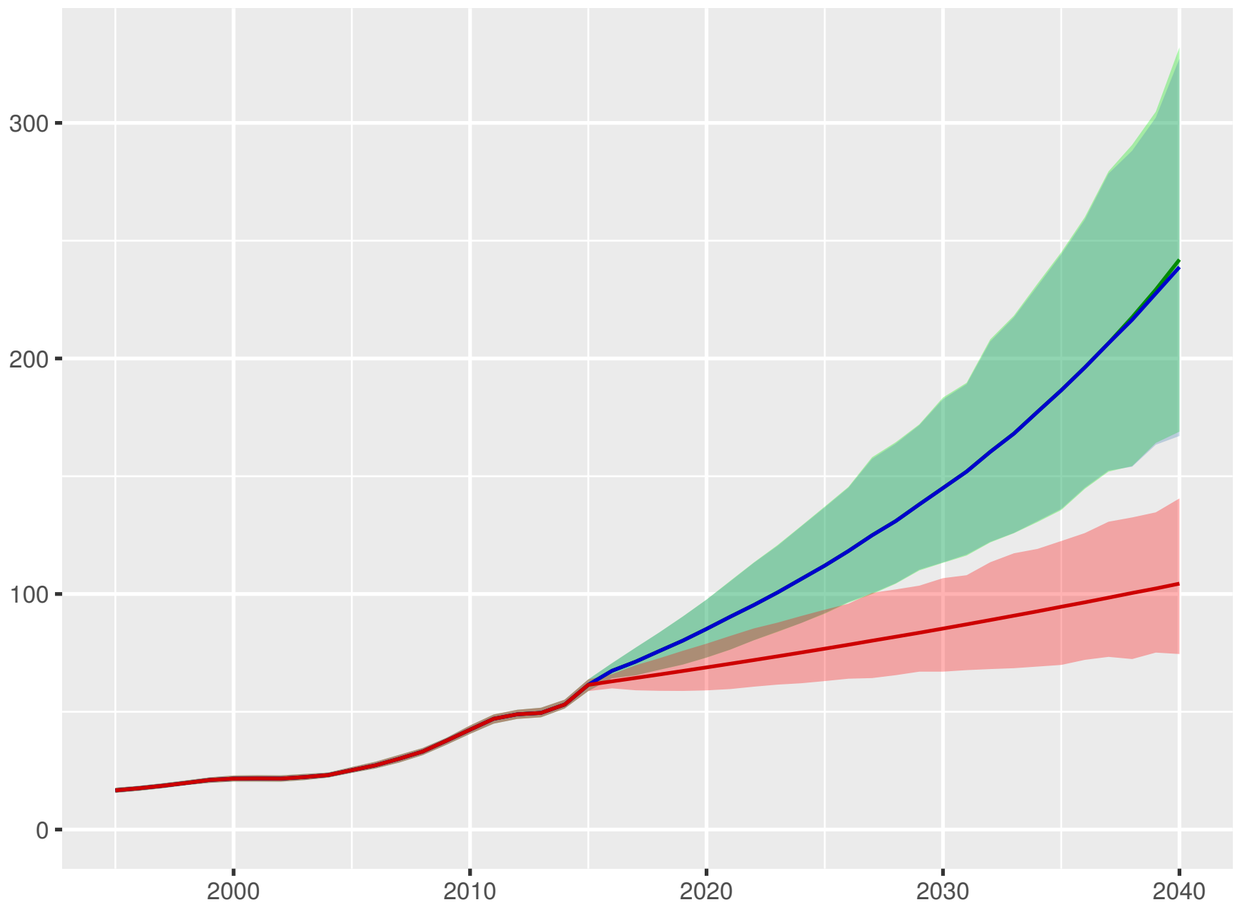
Total health spending per person



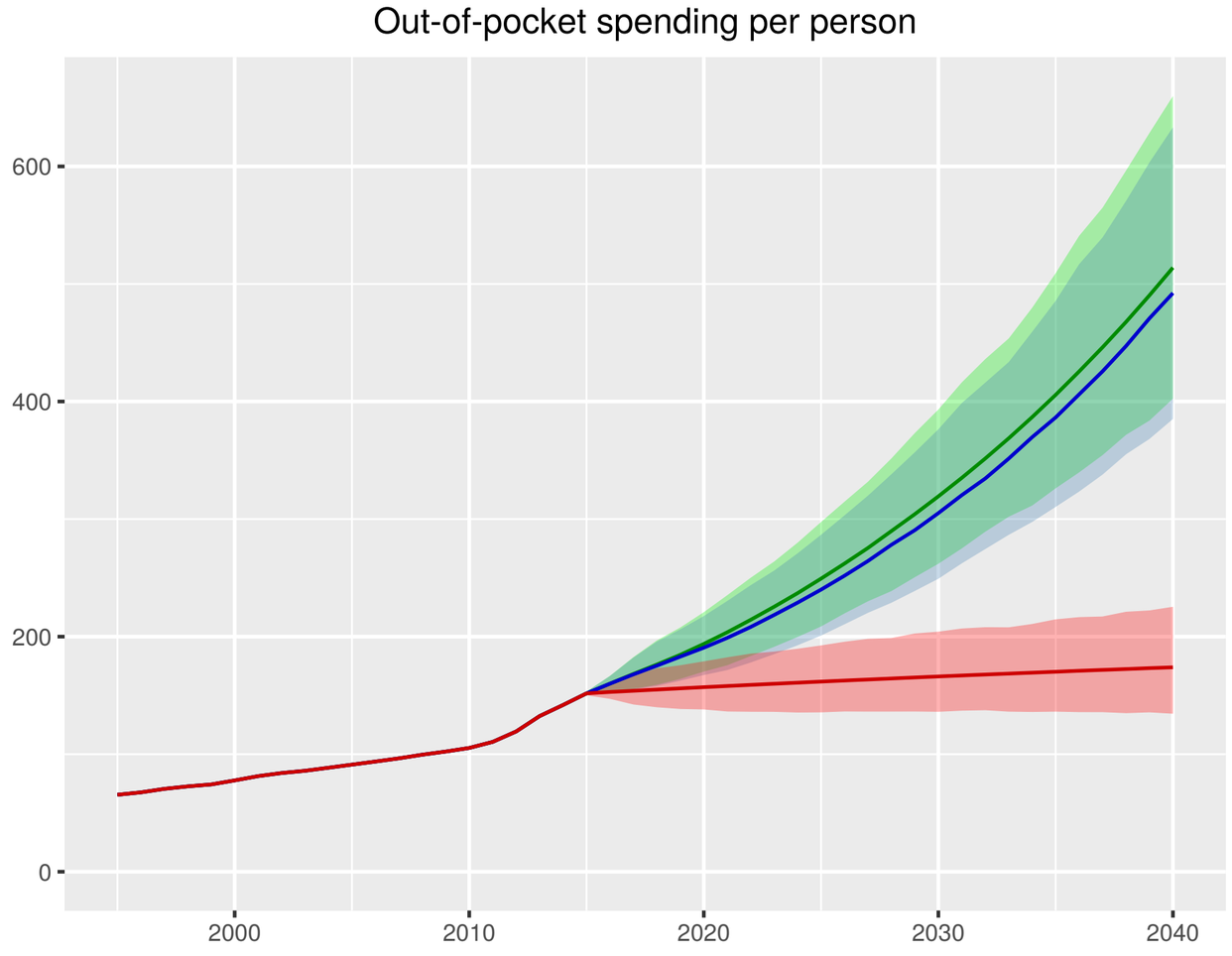
Development assistance for health received per person



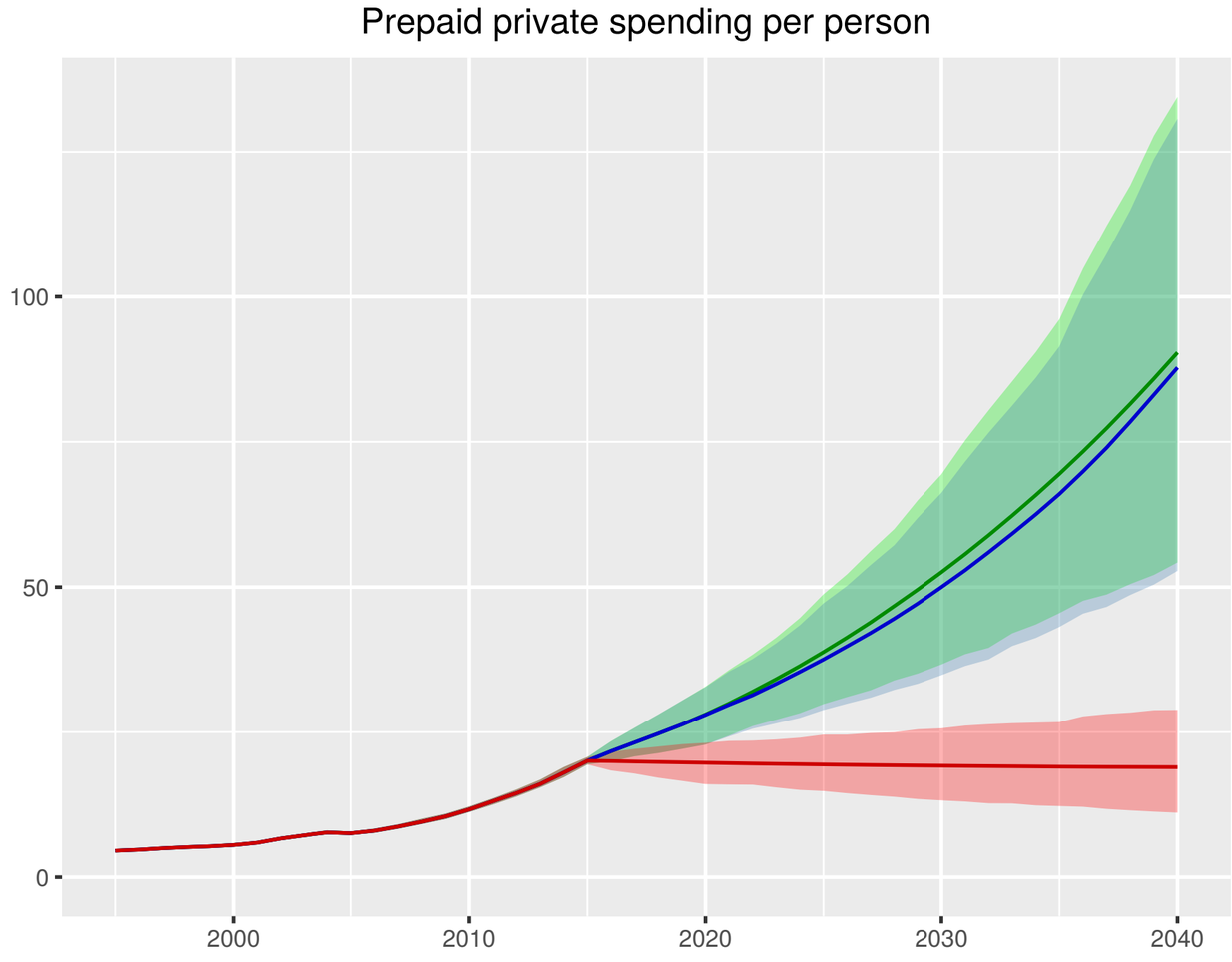
Government health spending per person



Out-of-pocket spending per person



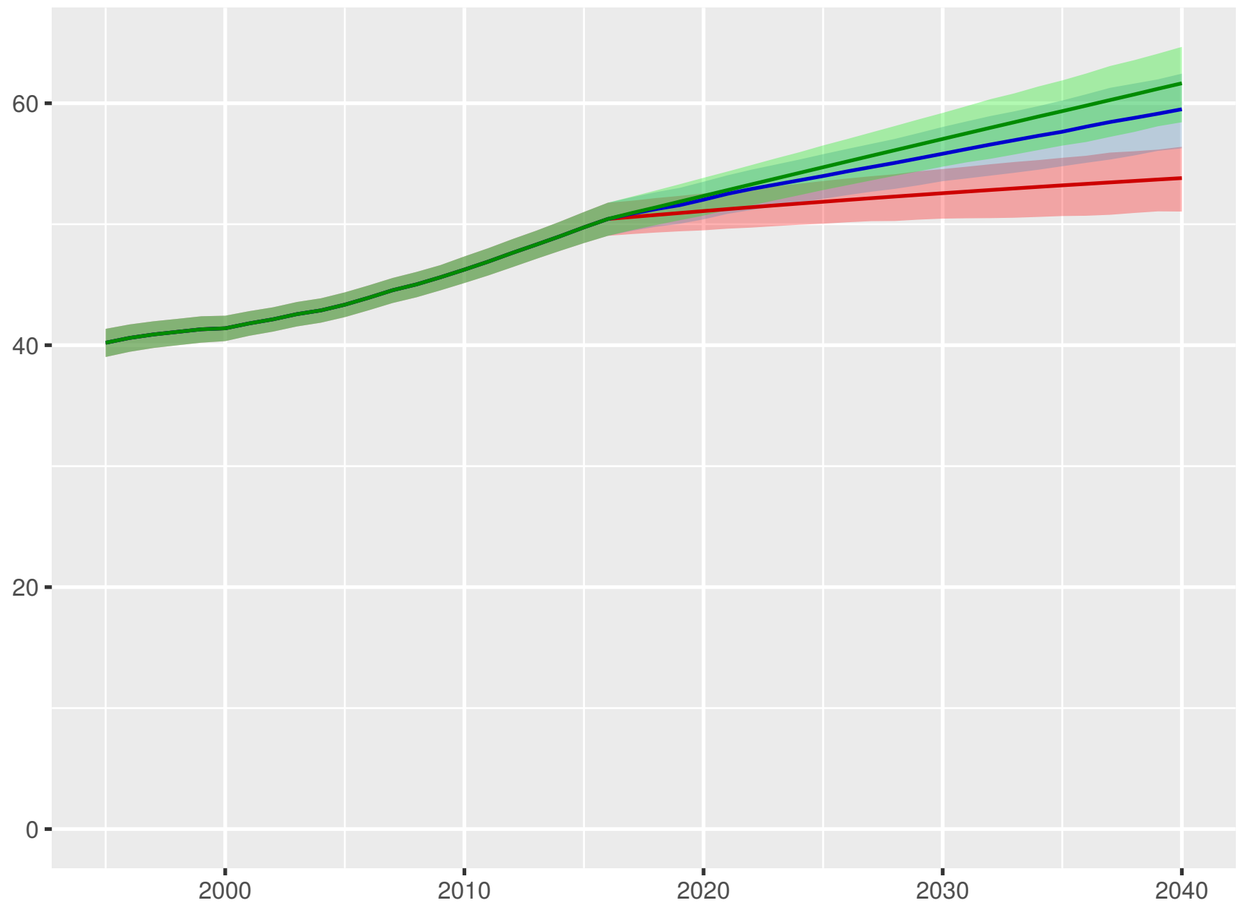
Prepaid private spending per person



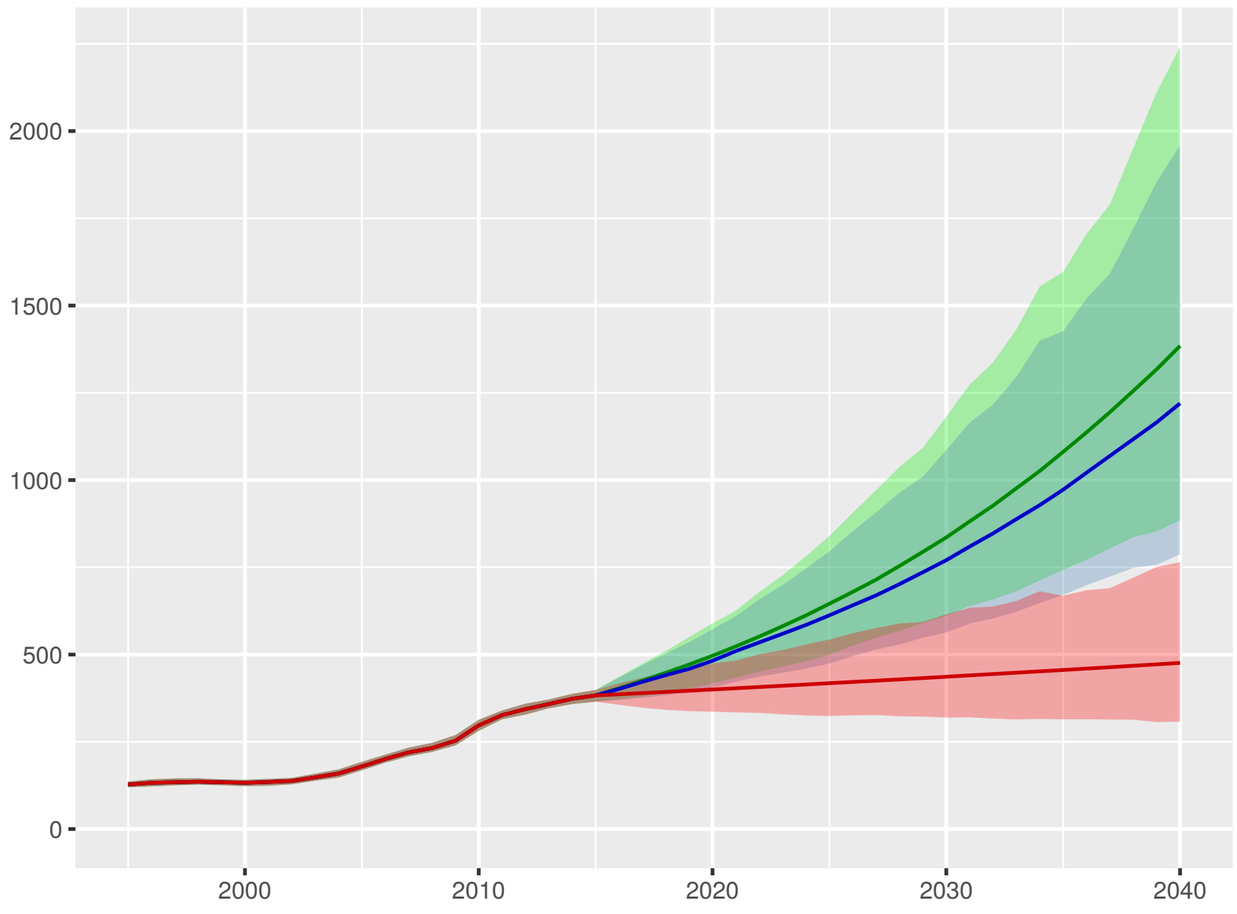
Scenario — Better — Reference — Worse

Indonesia

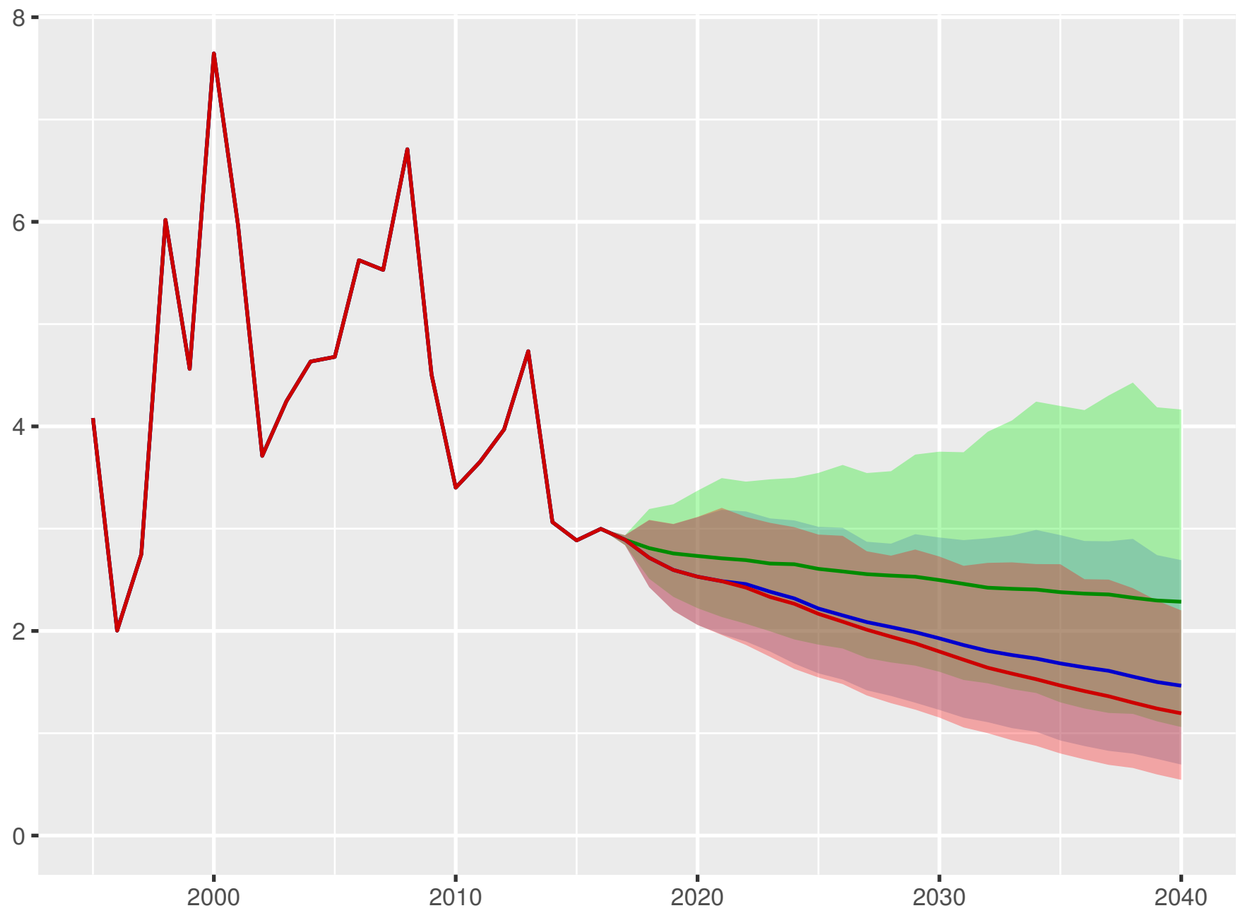
Universal health coverage index



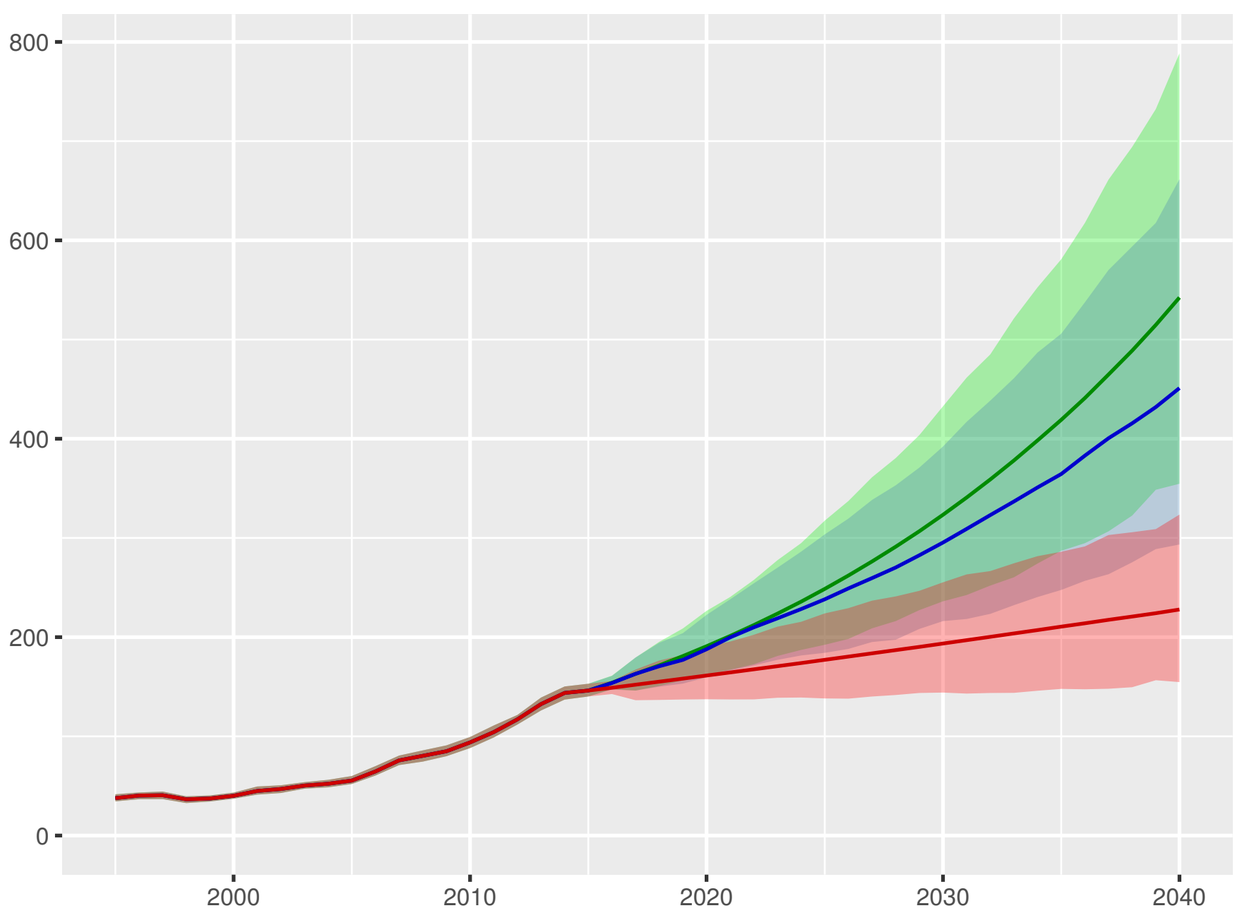
Total health spending per person



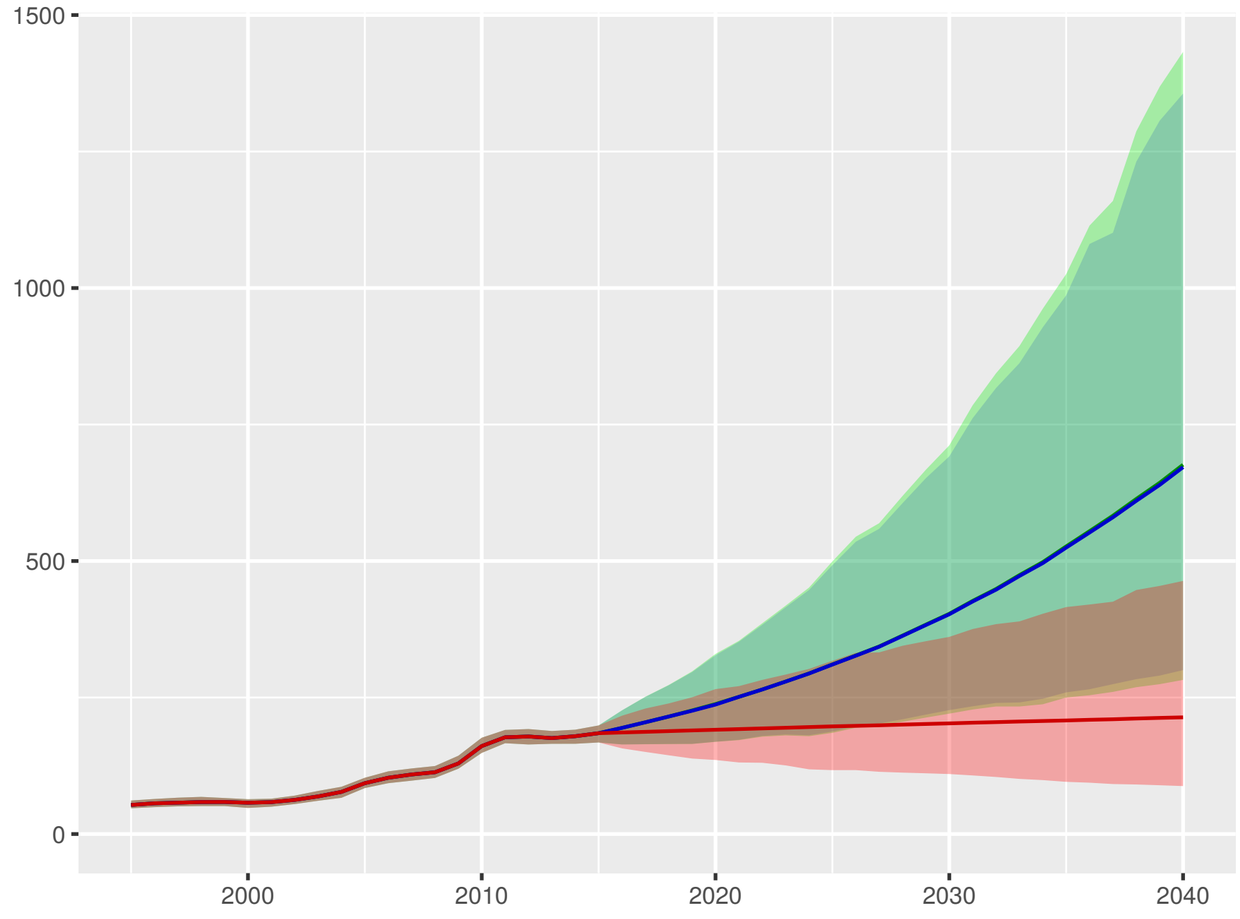
Development assistance for health received per person



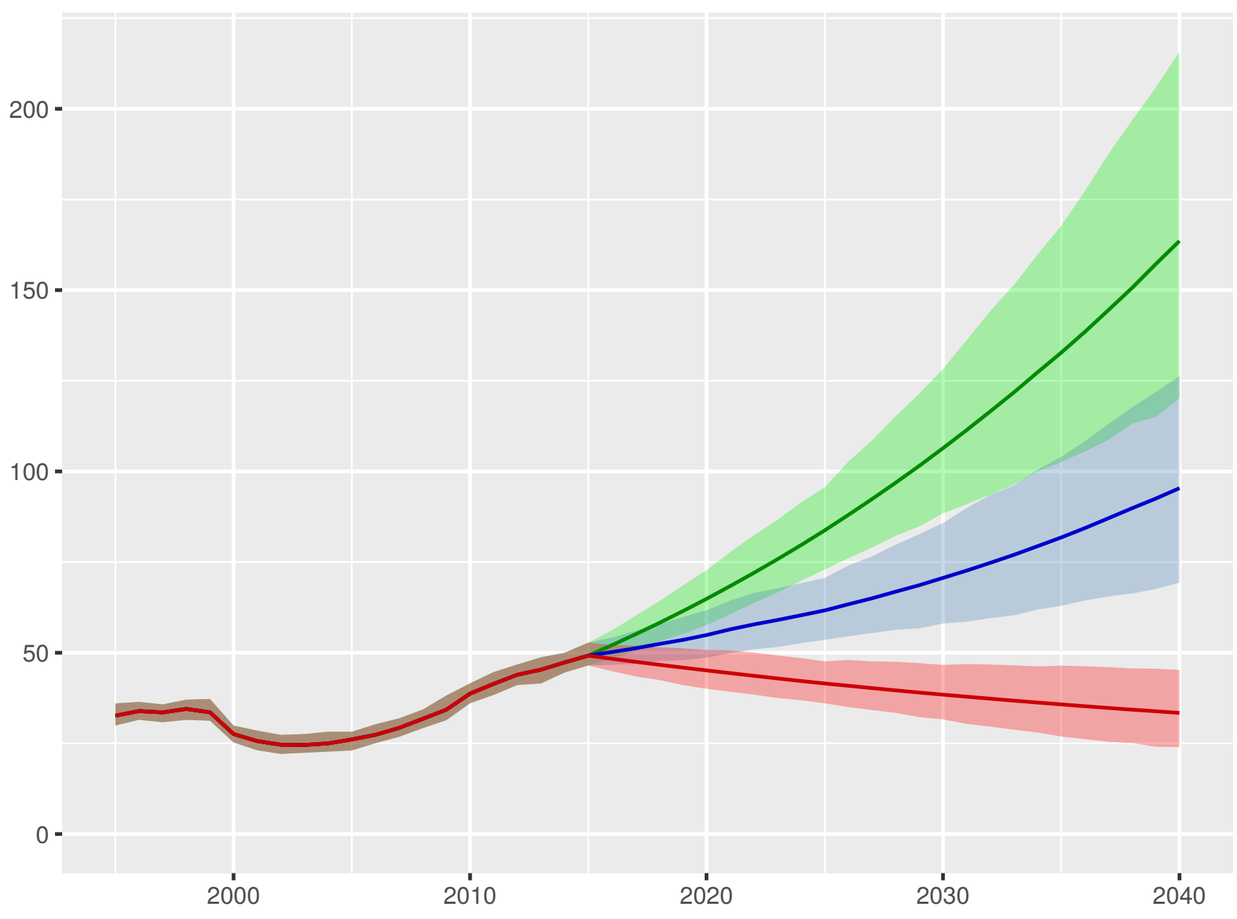
Government health spending per person



Out-of-pocket spending per person



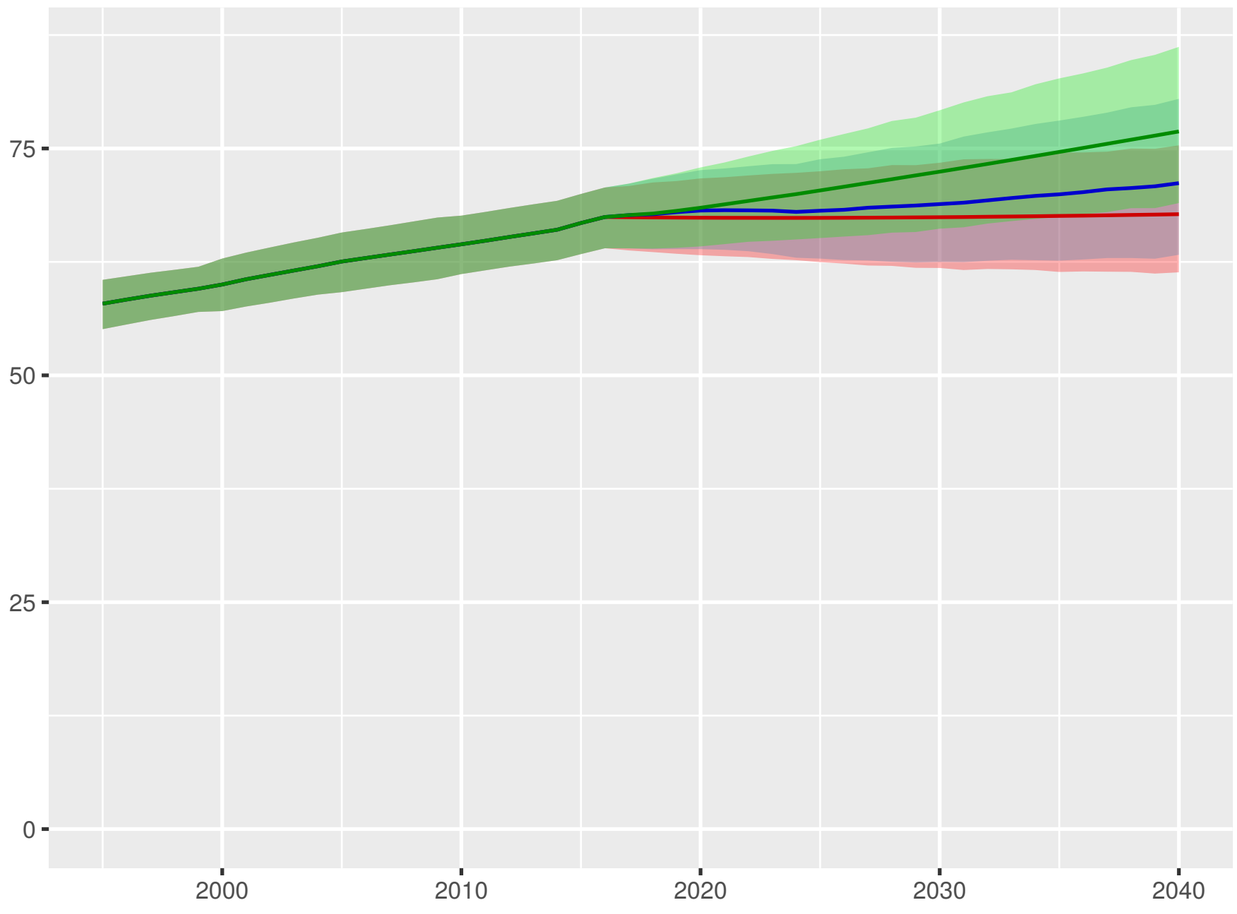
Prepaid private spending per person



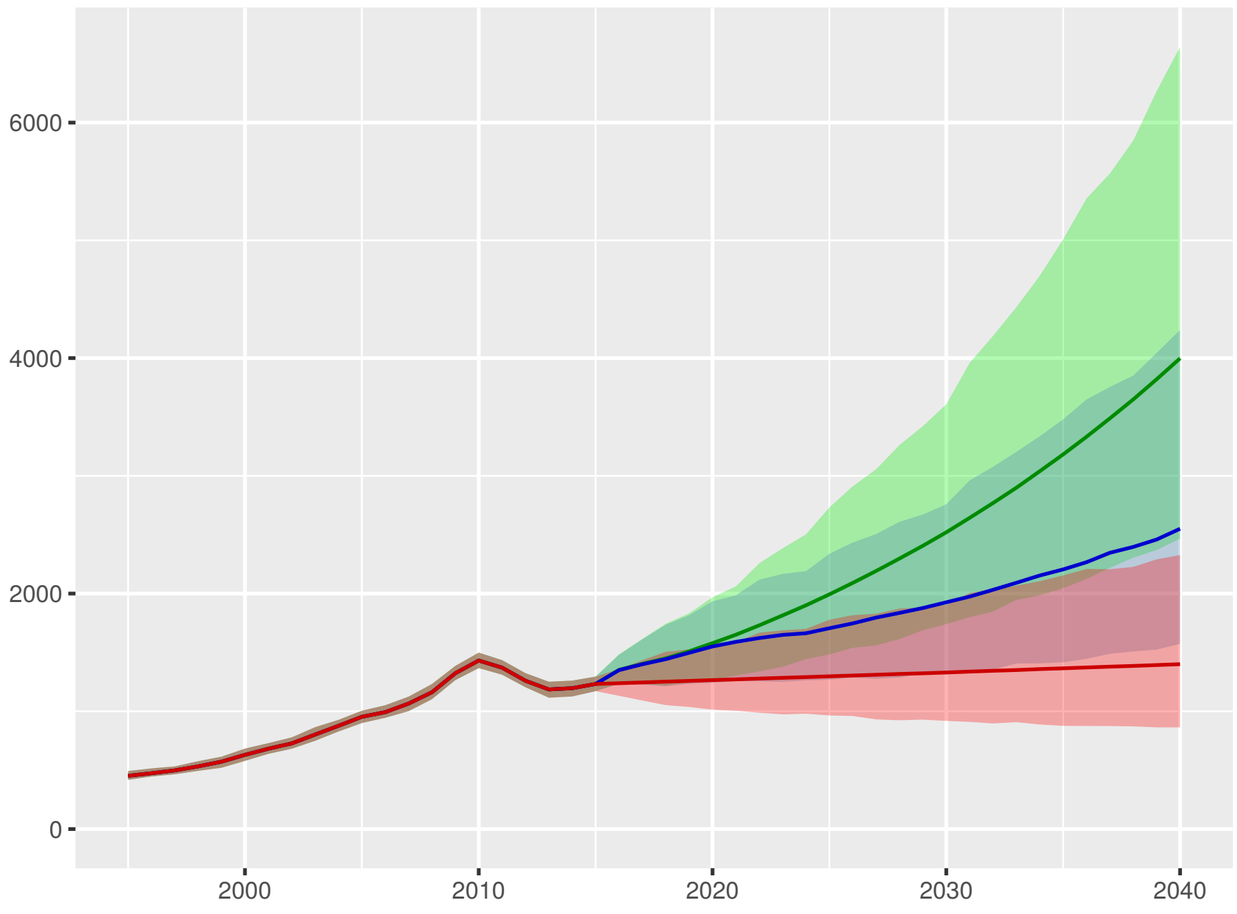
Scenario — Better — Reference — Worse

Iran

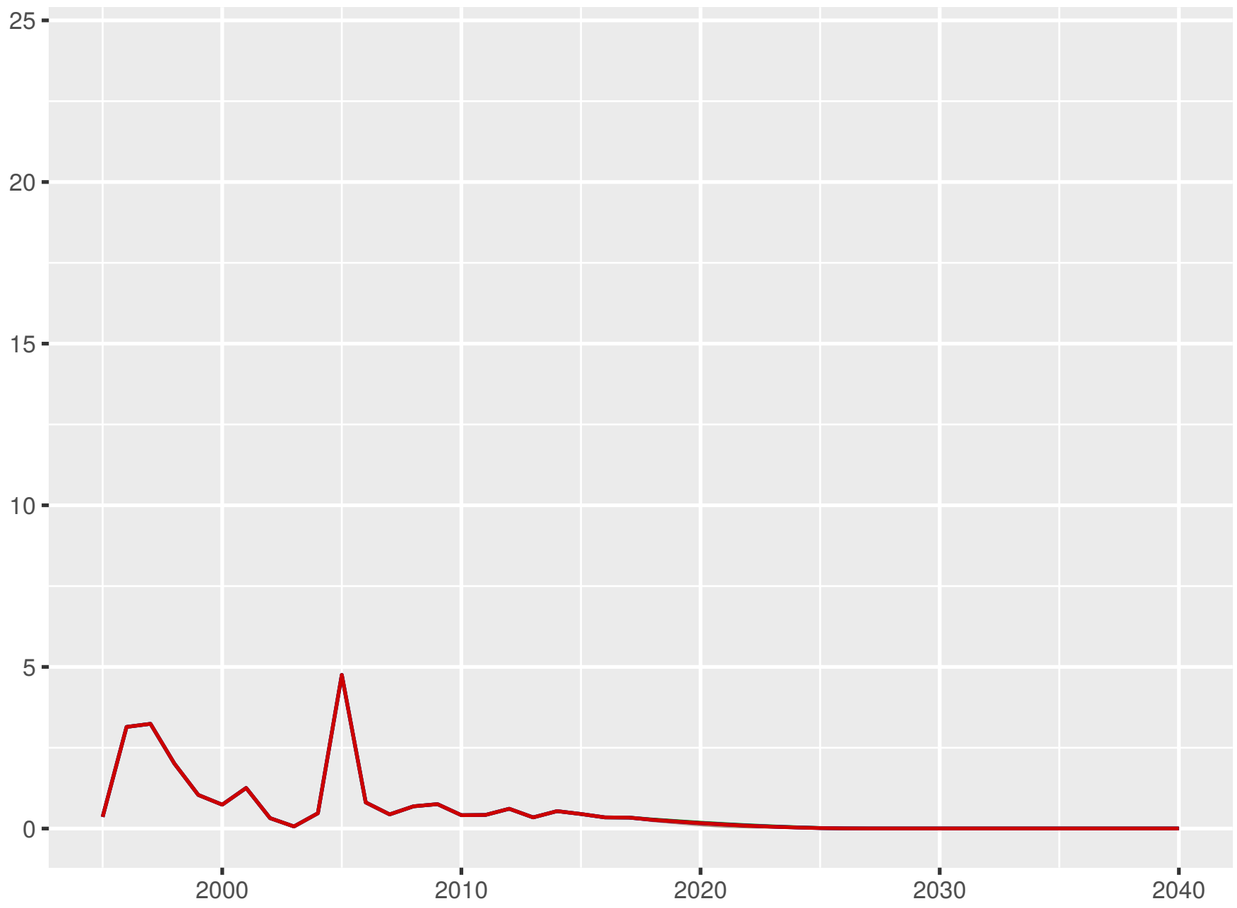
Universal health coverage index



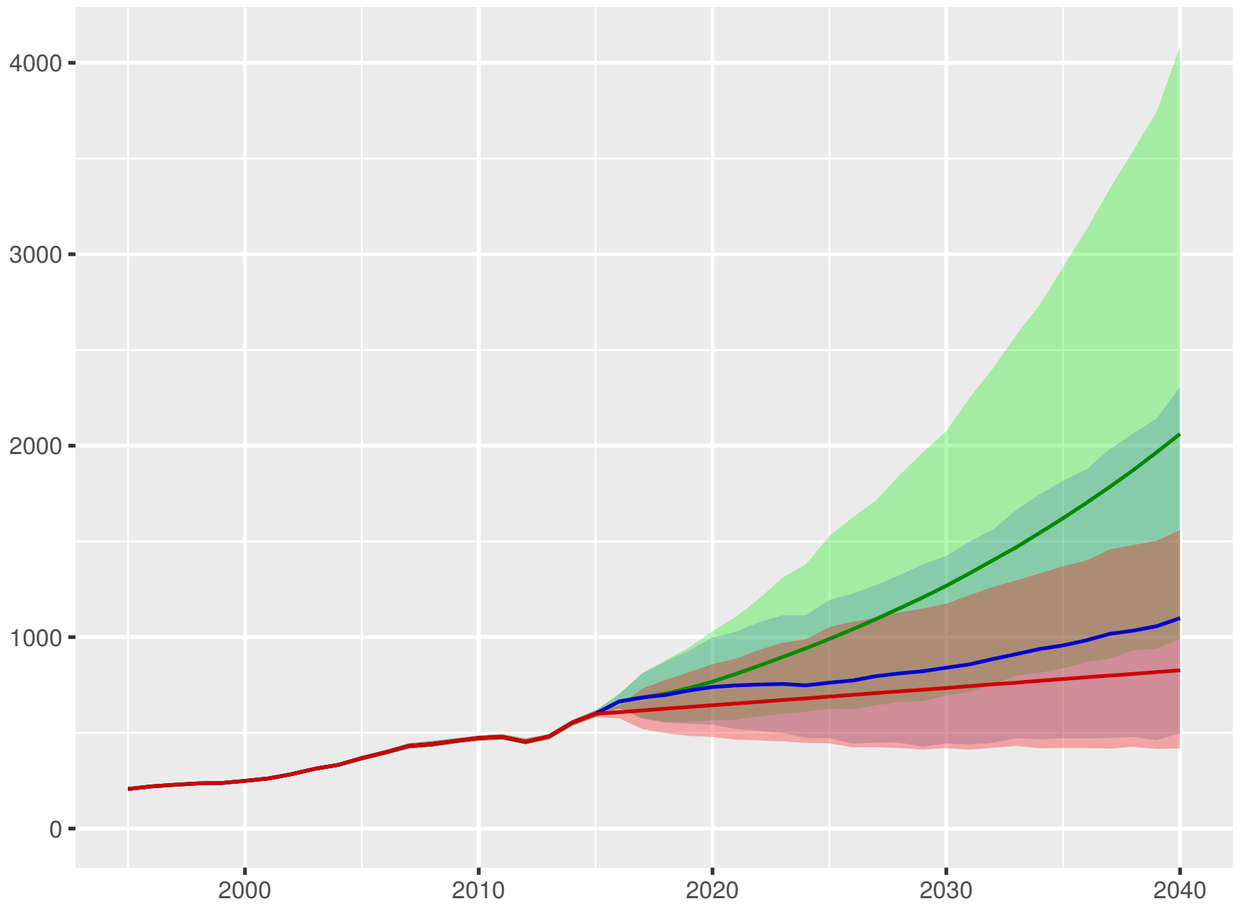
Total health spending per person



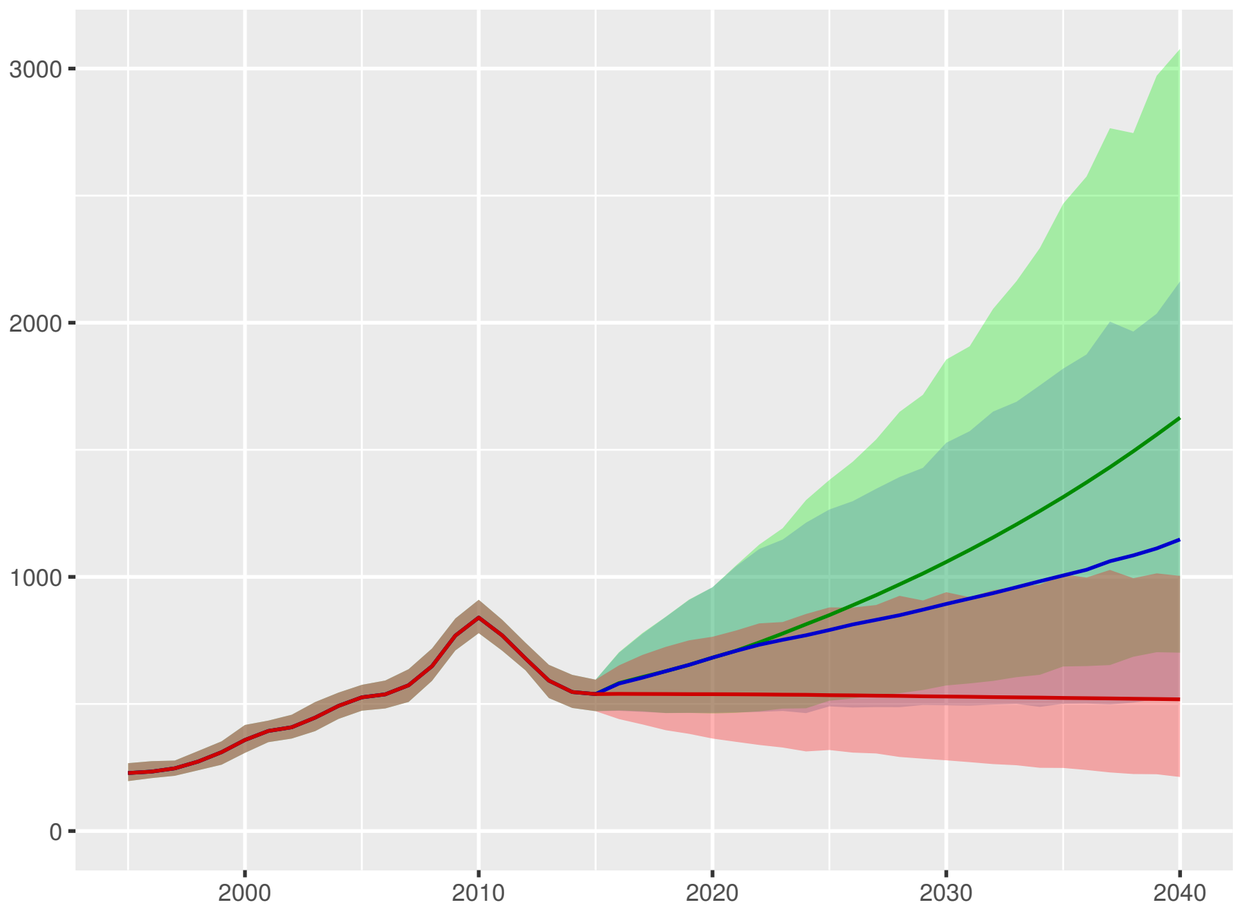
Development assistance for health received per person



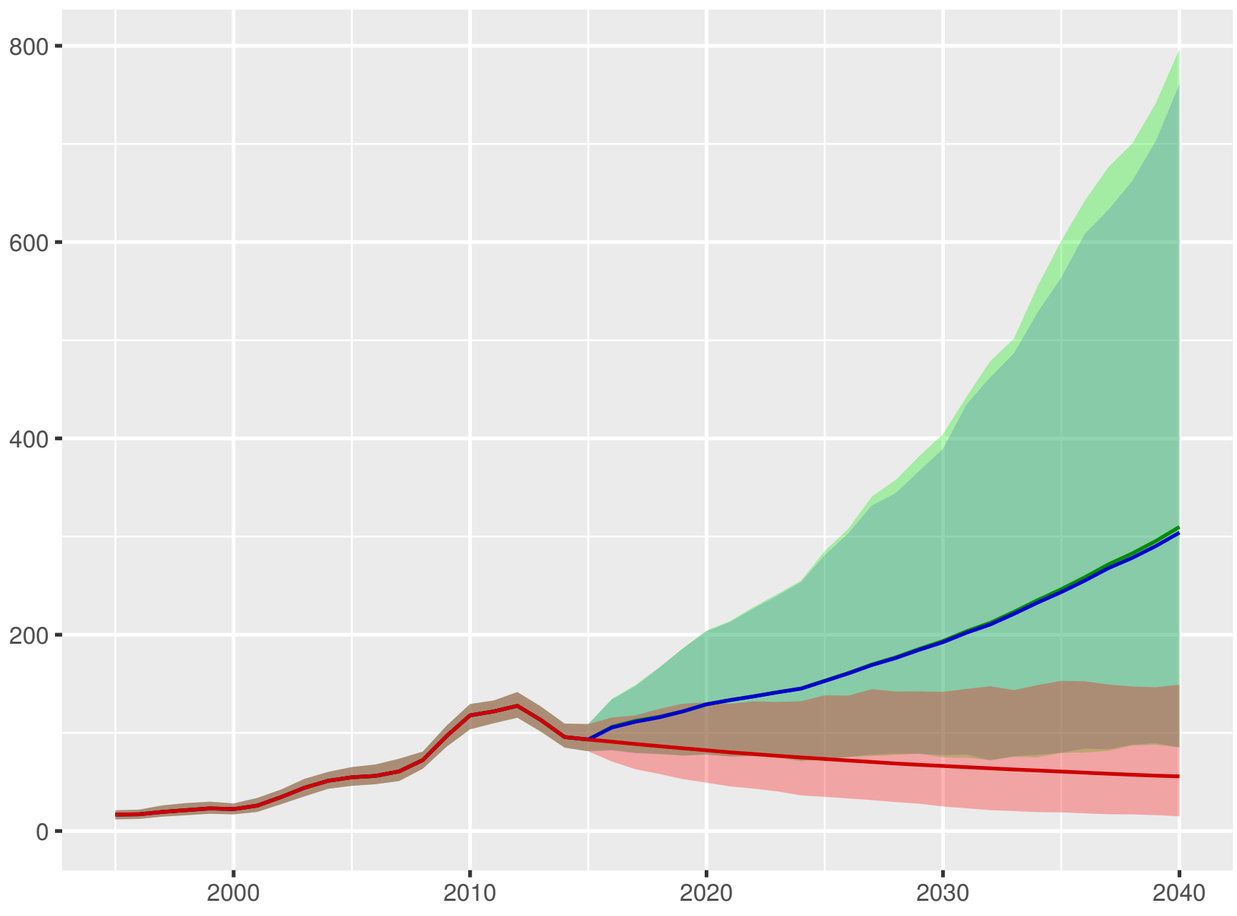
Government health spending per person



Out-of-pocket spending per person



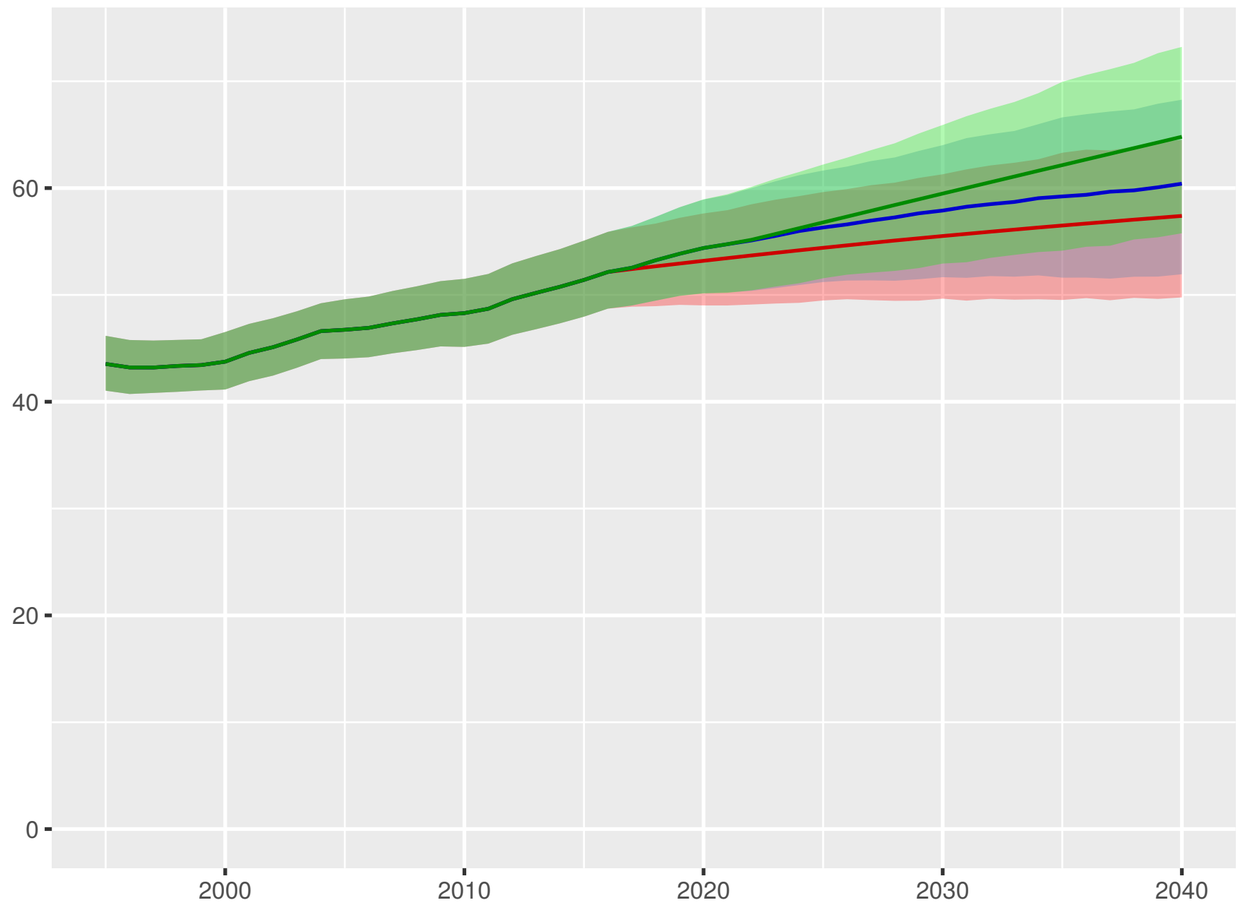
Prepaid private spending per person



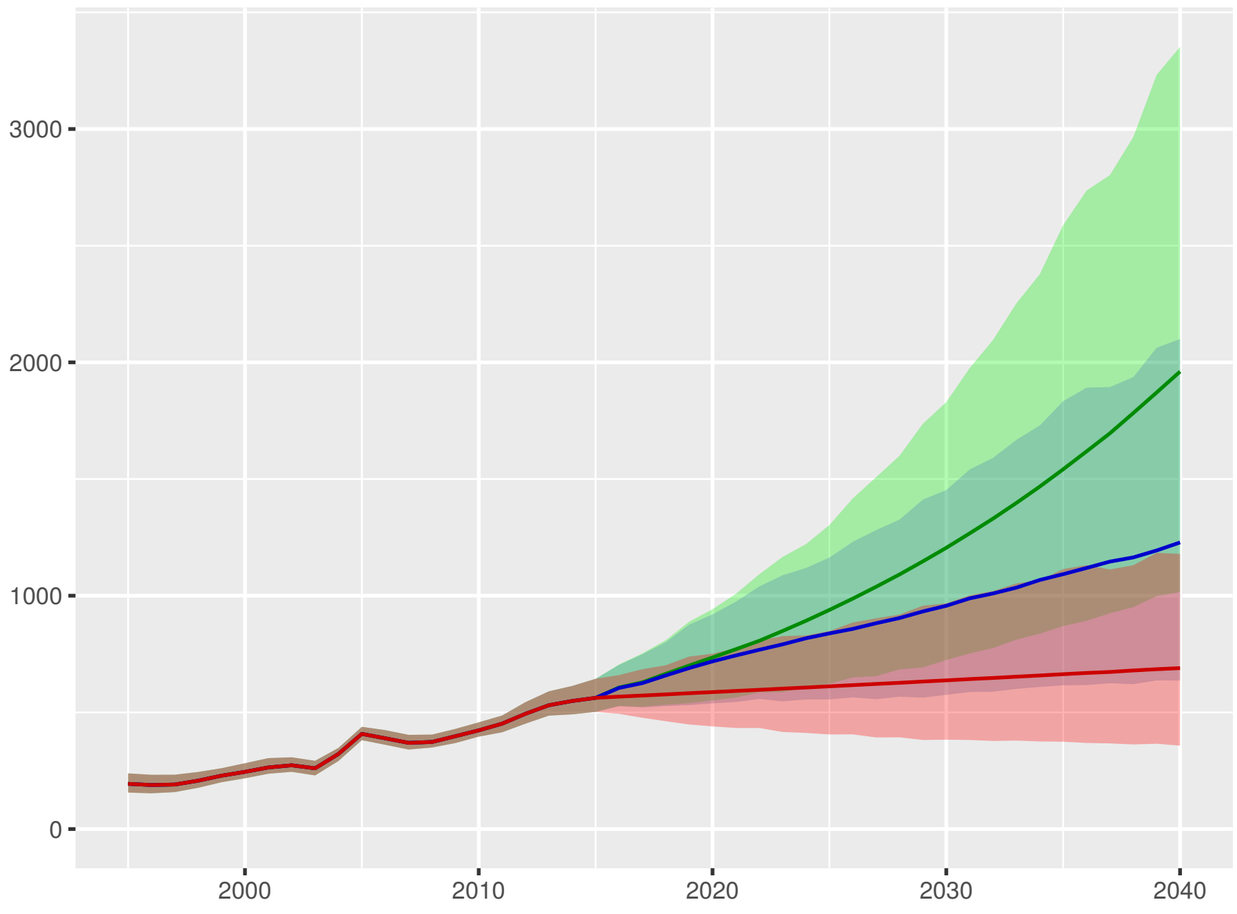
Scenario — Better — Reference — Worse

Iraq

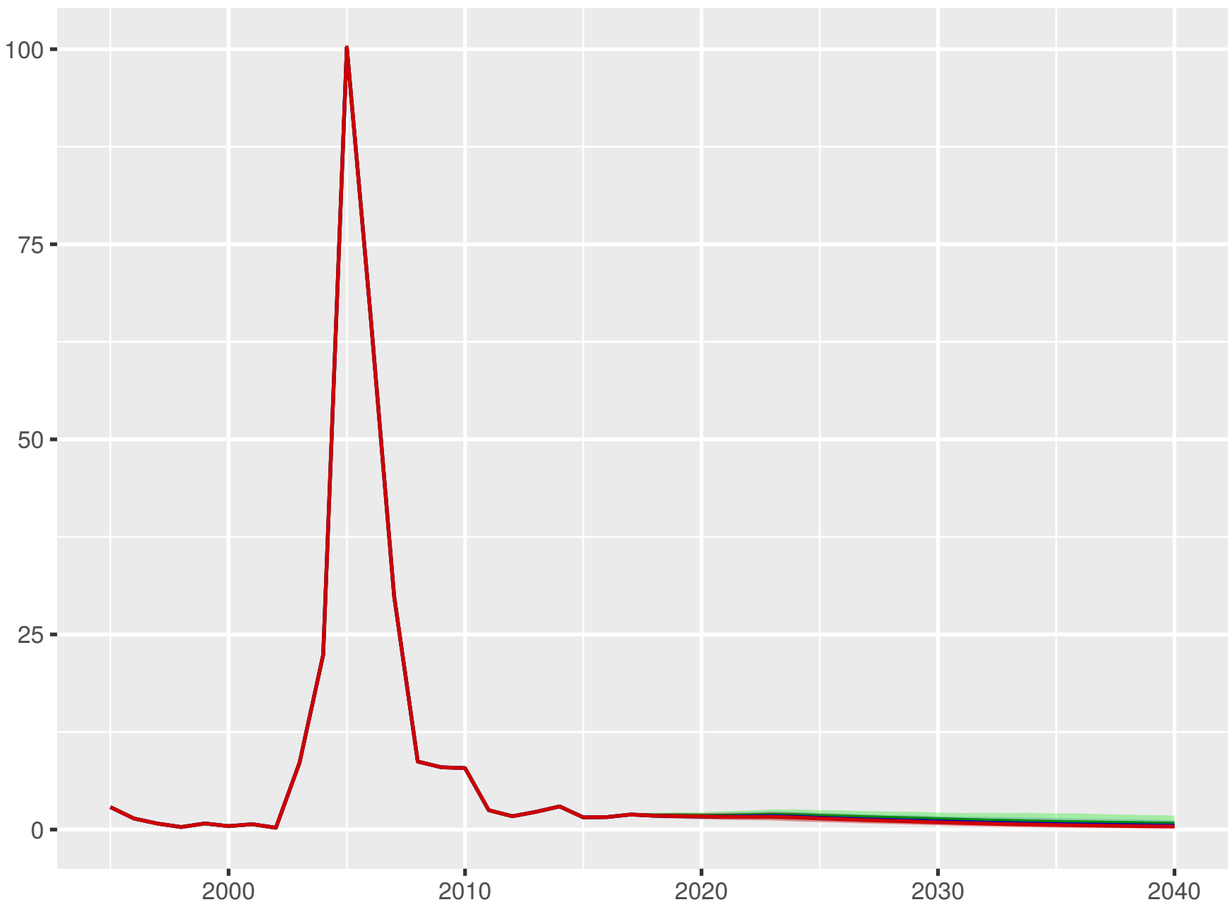
Universal health coverage index



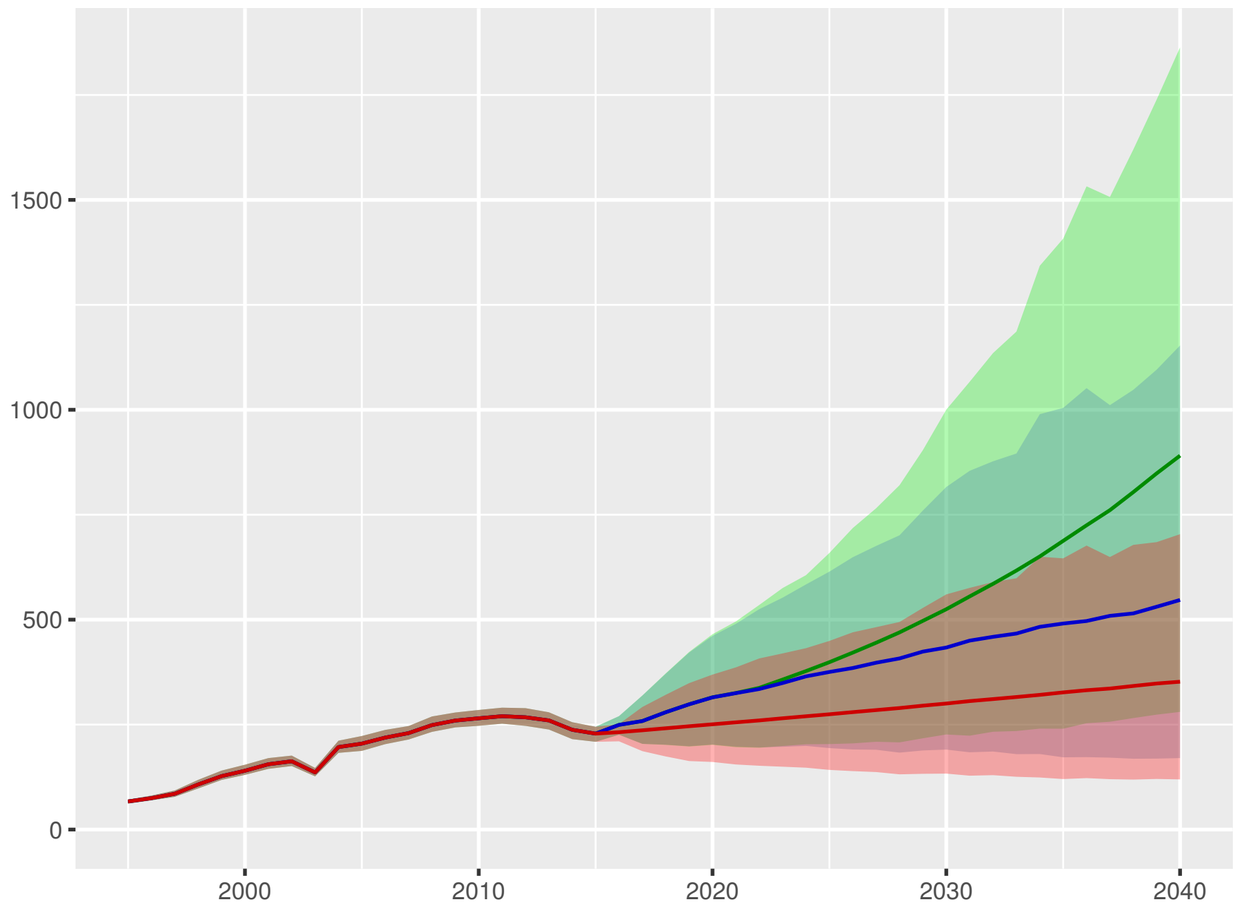
Total health spending per person



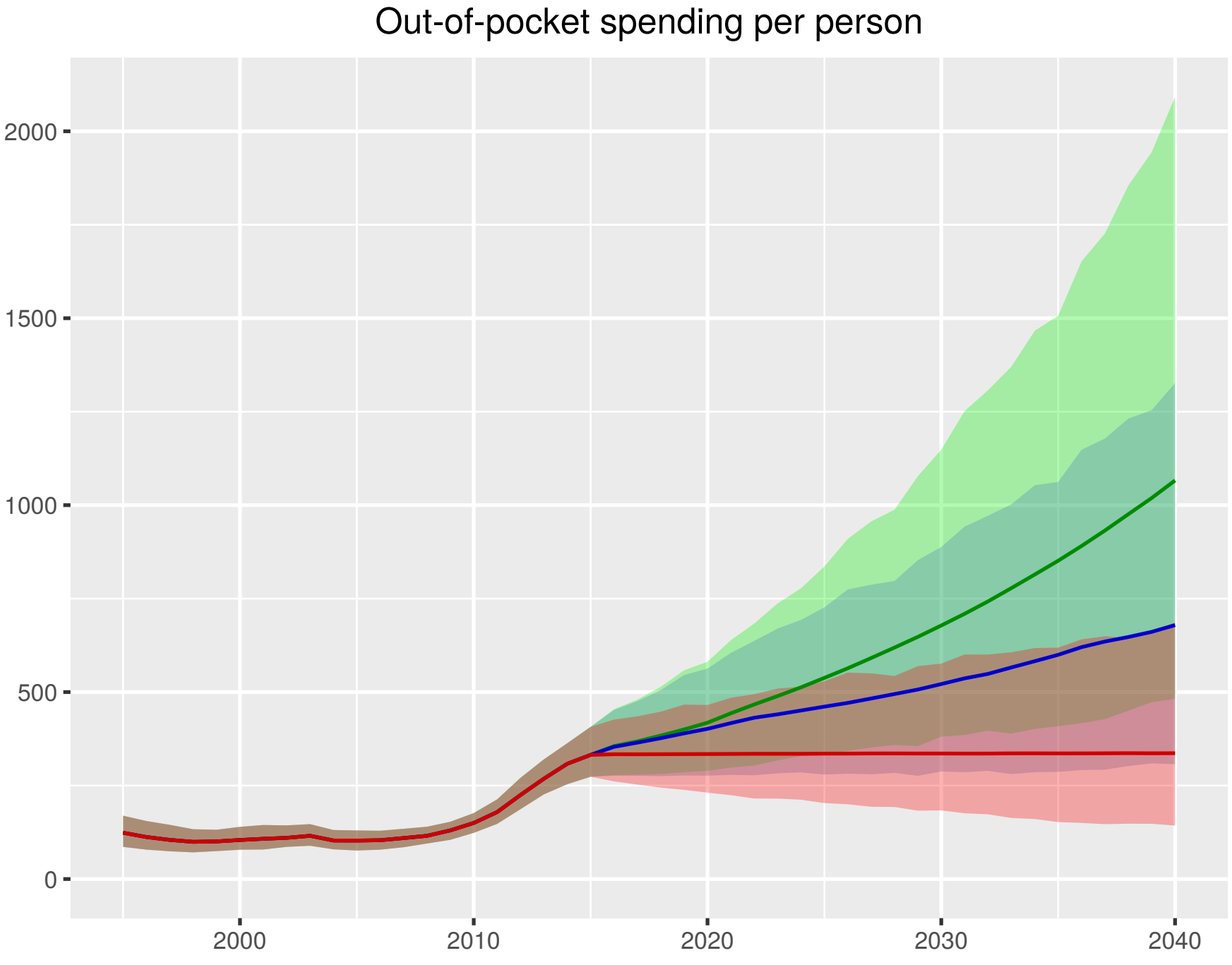
Development assistance for health received per person



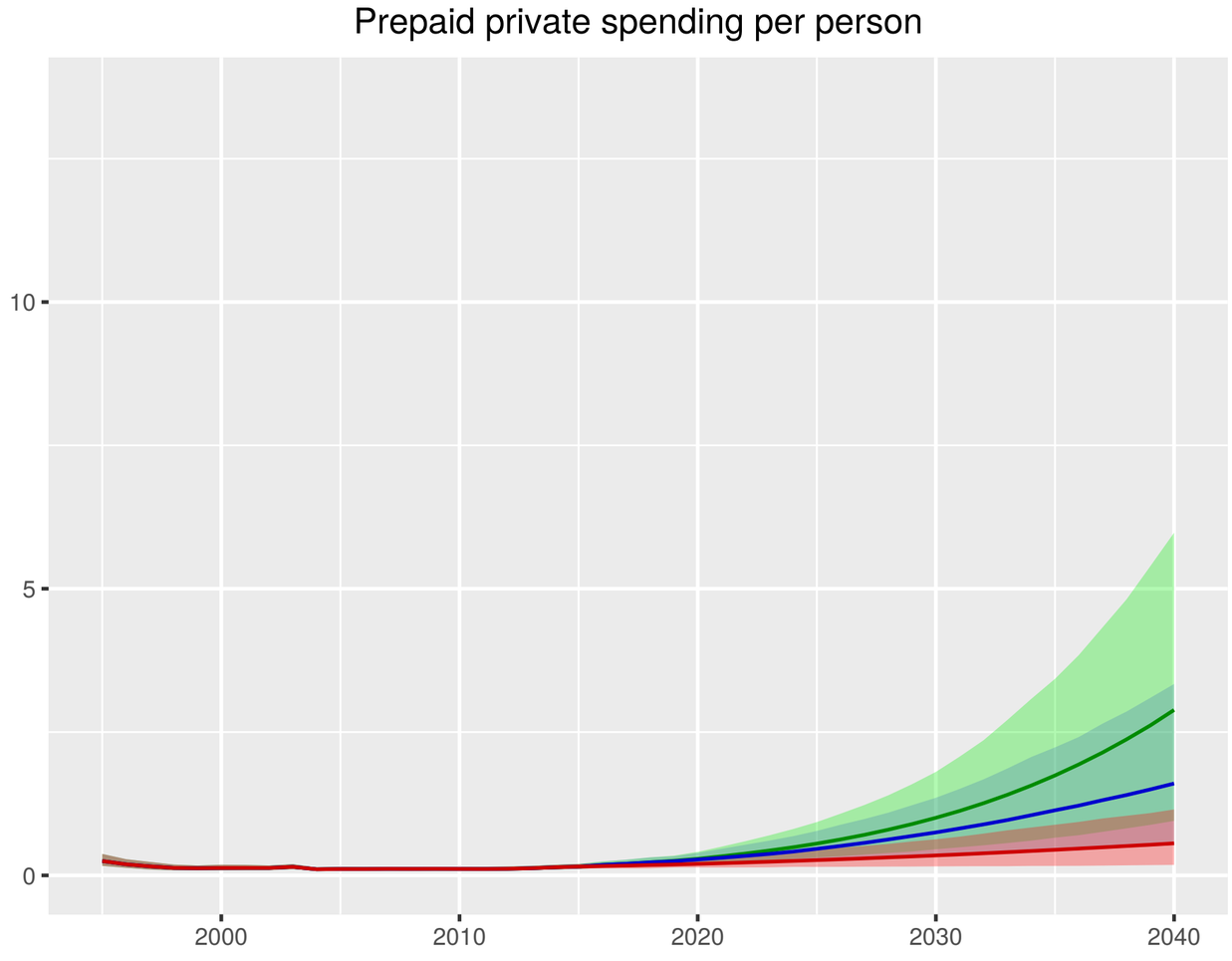
Government health spending per person



Out-of-pocket spending per person



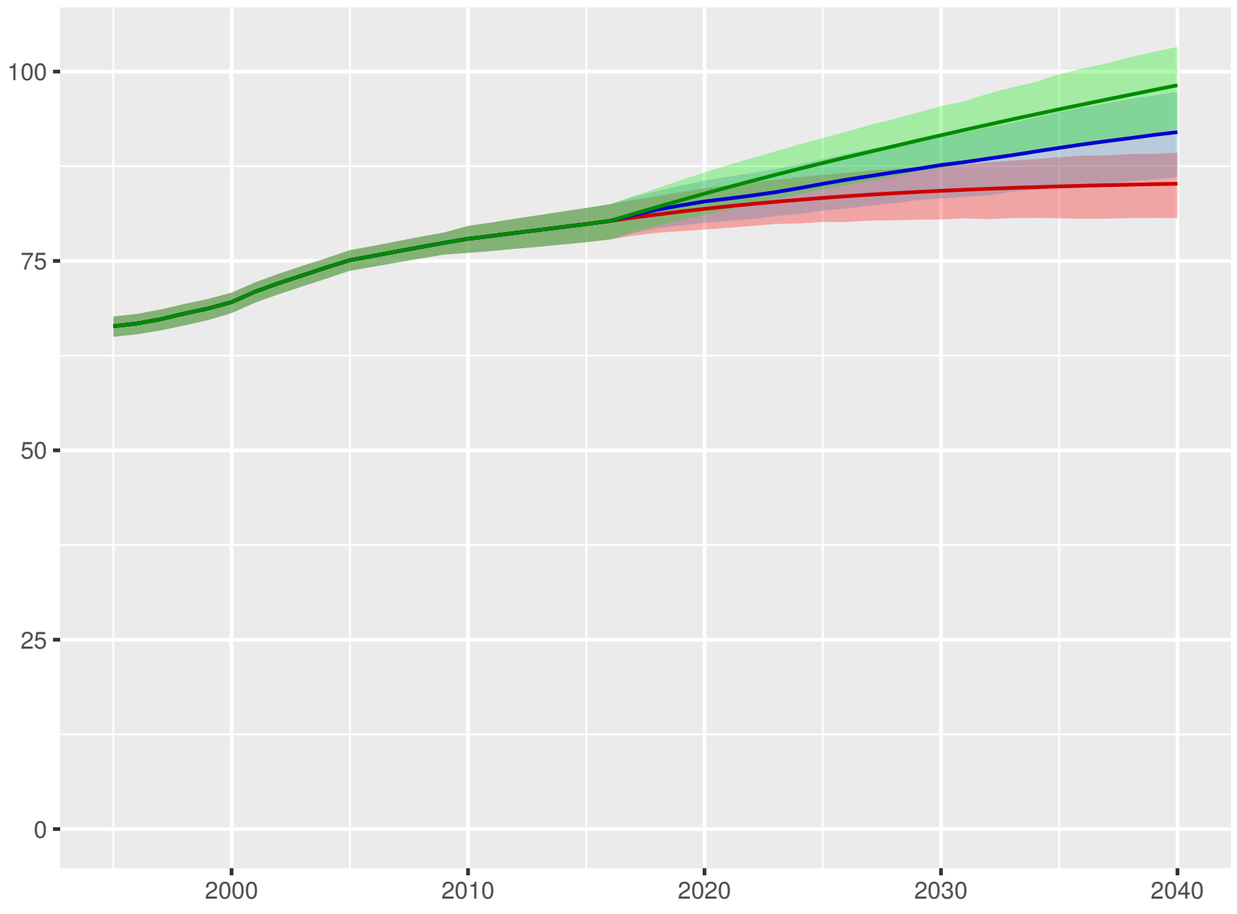
Prepaid private spending per person



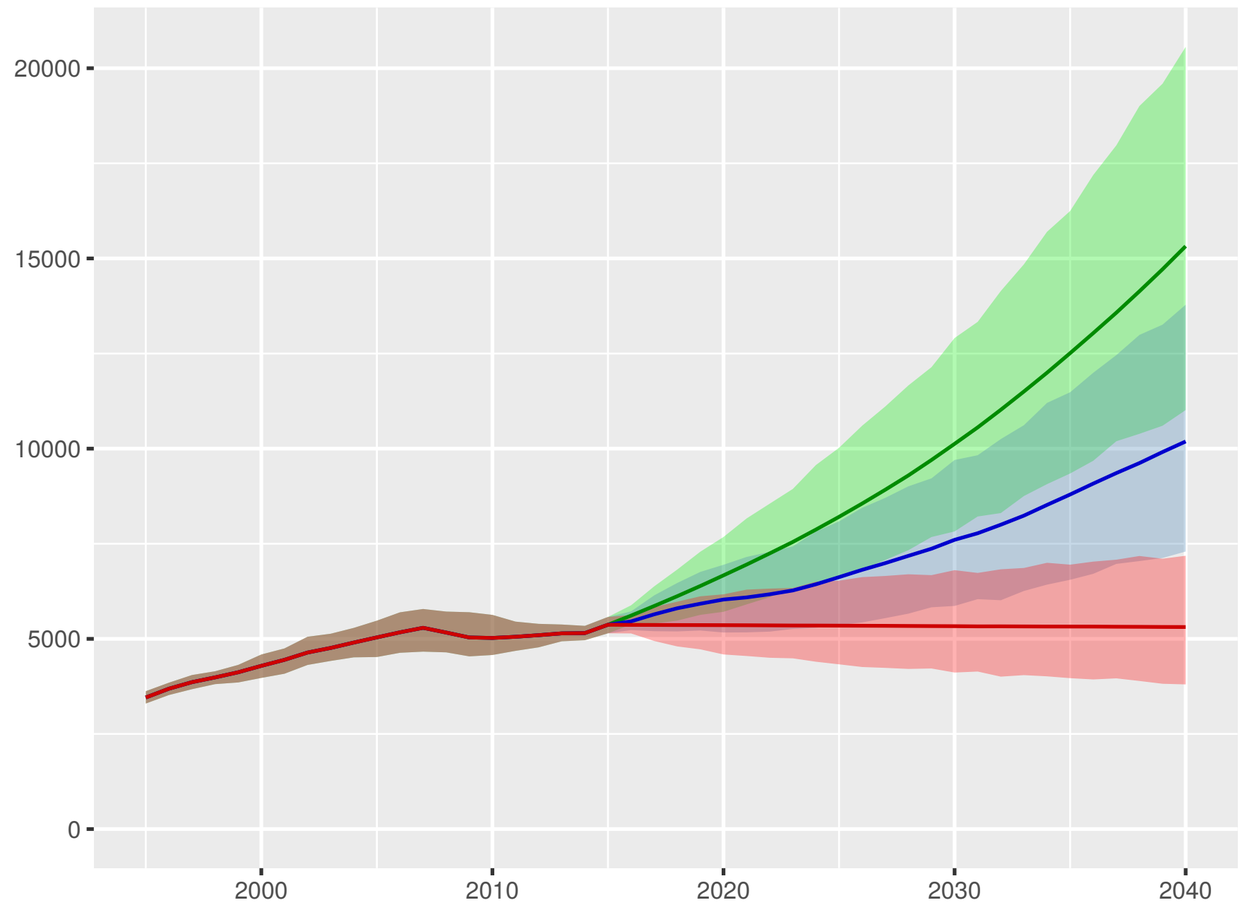
Scenario — Better — Reference — Worse

Ireland

Universal health coverage index

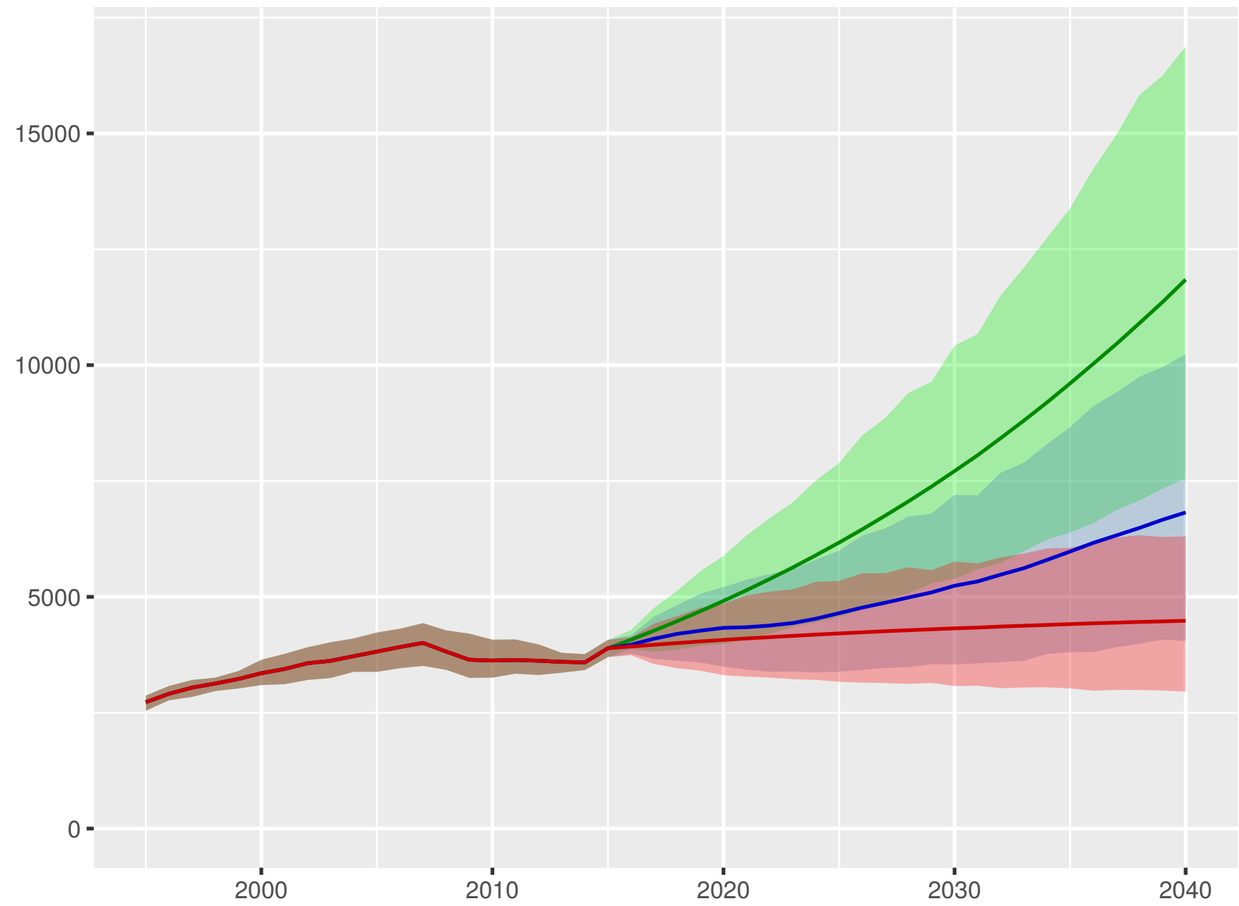


Total health spending per person

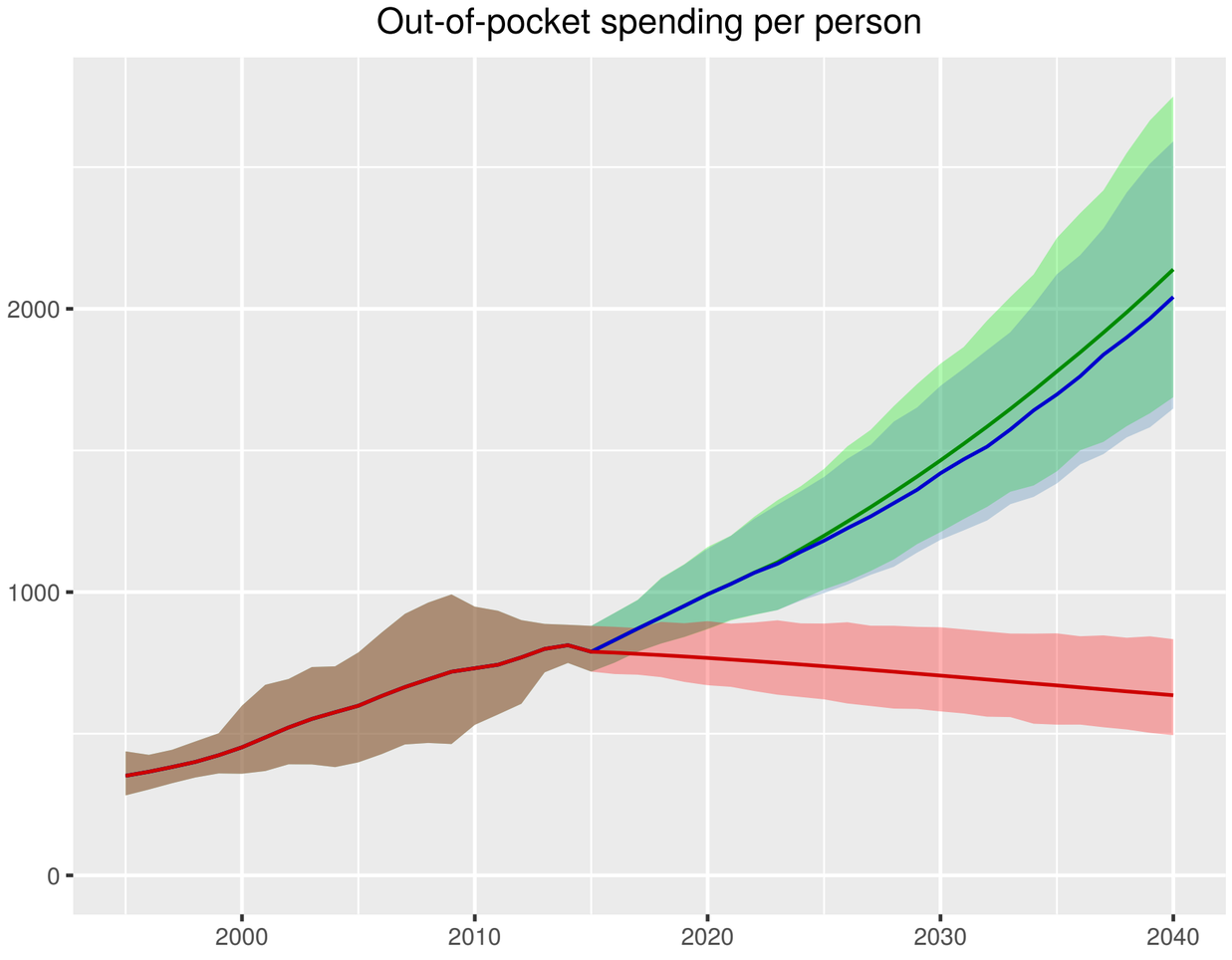


Development assistance for health received per person

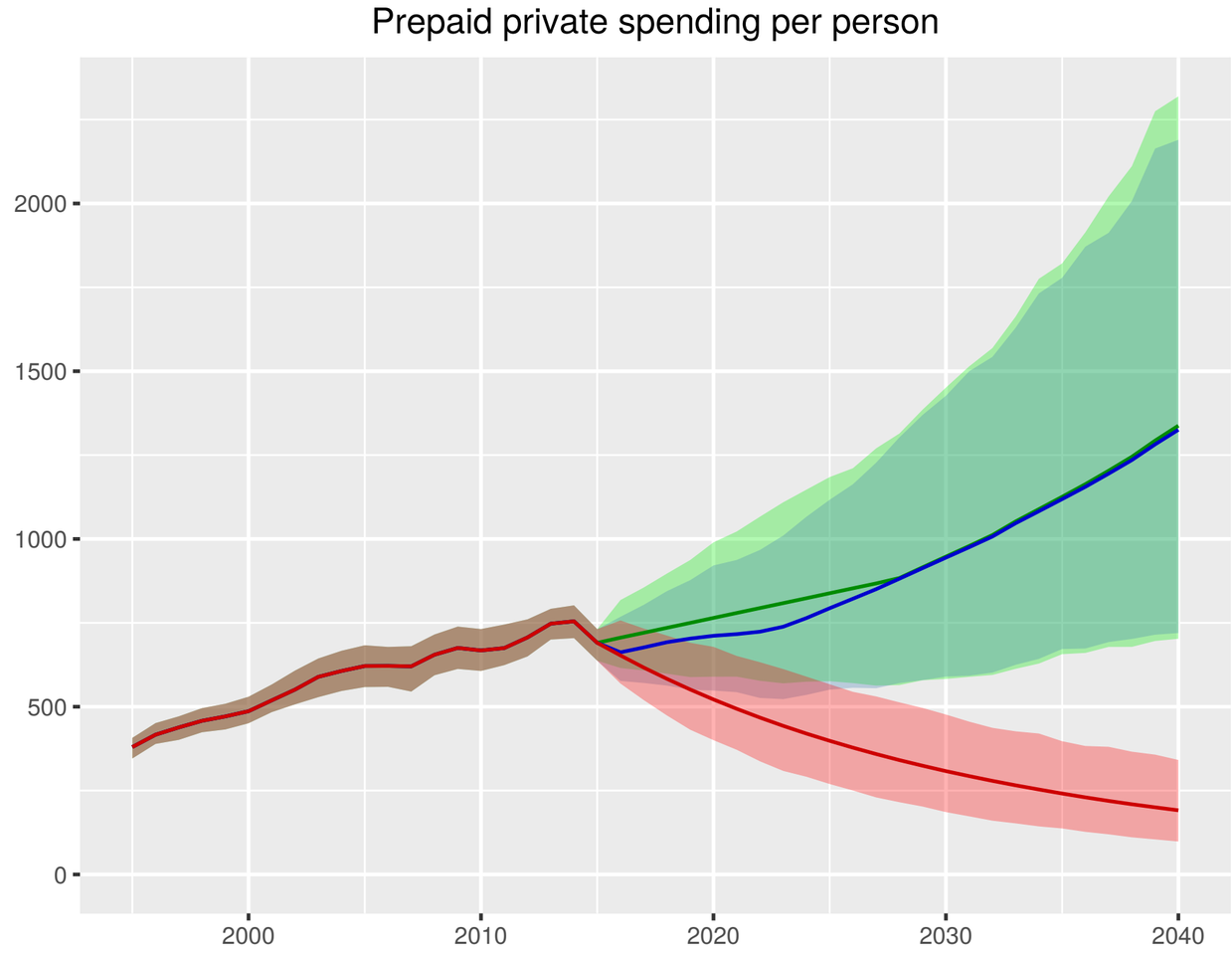
Government health spending per person



Out-of-pocket spending per person



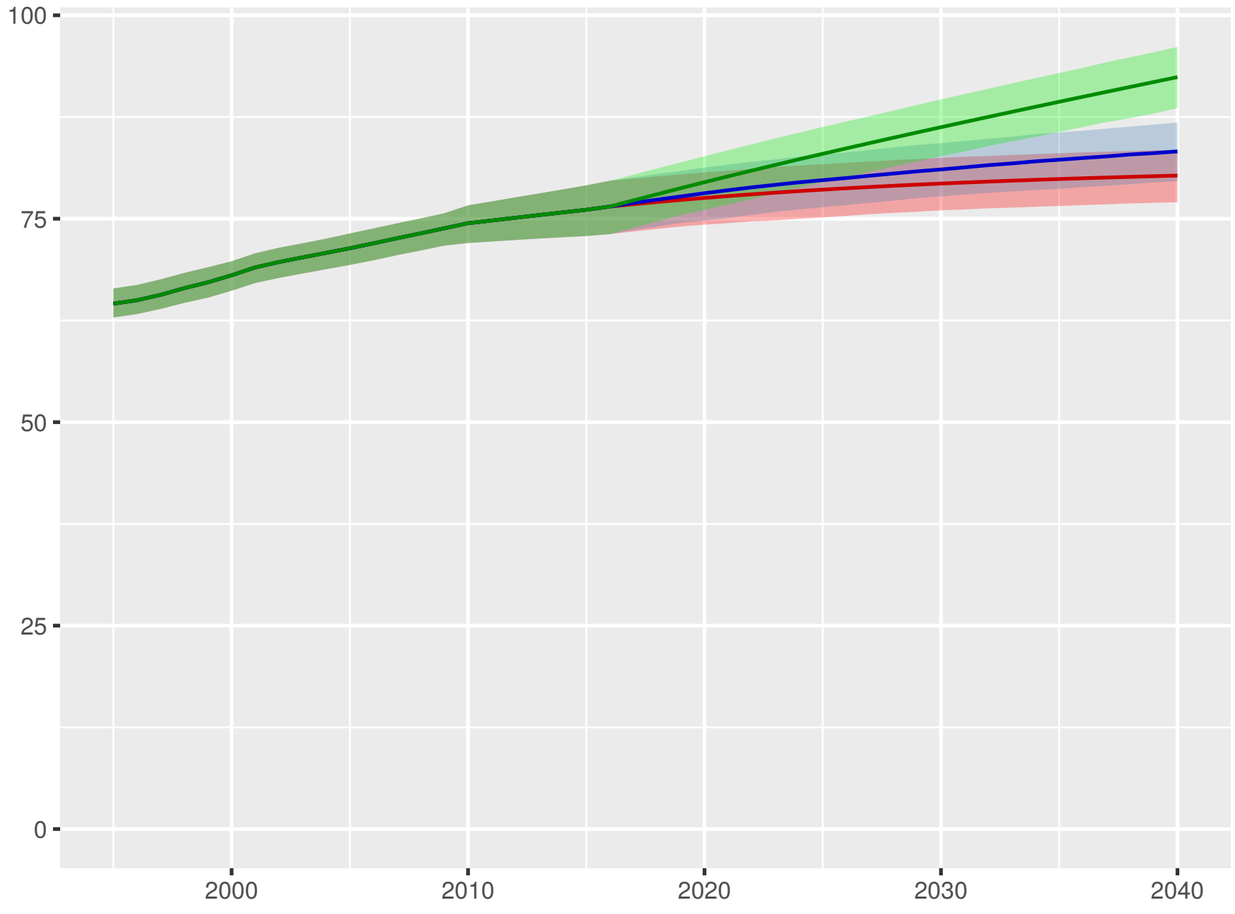
Prepaid private spending per person



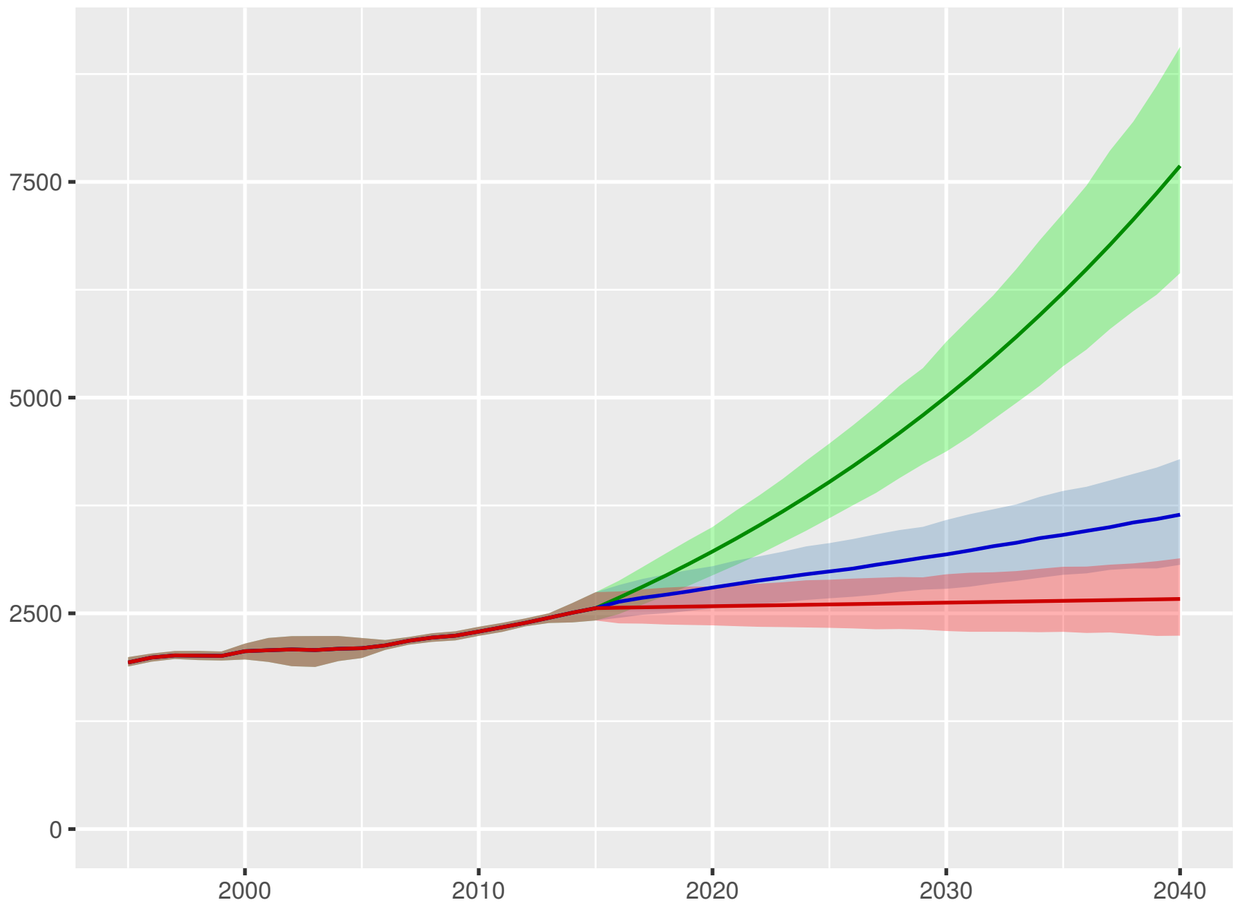
Scenario — Better — Reference — Worse

Israel

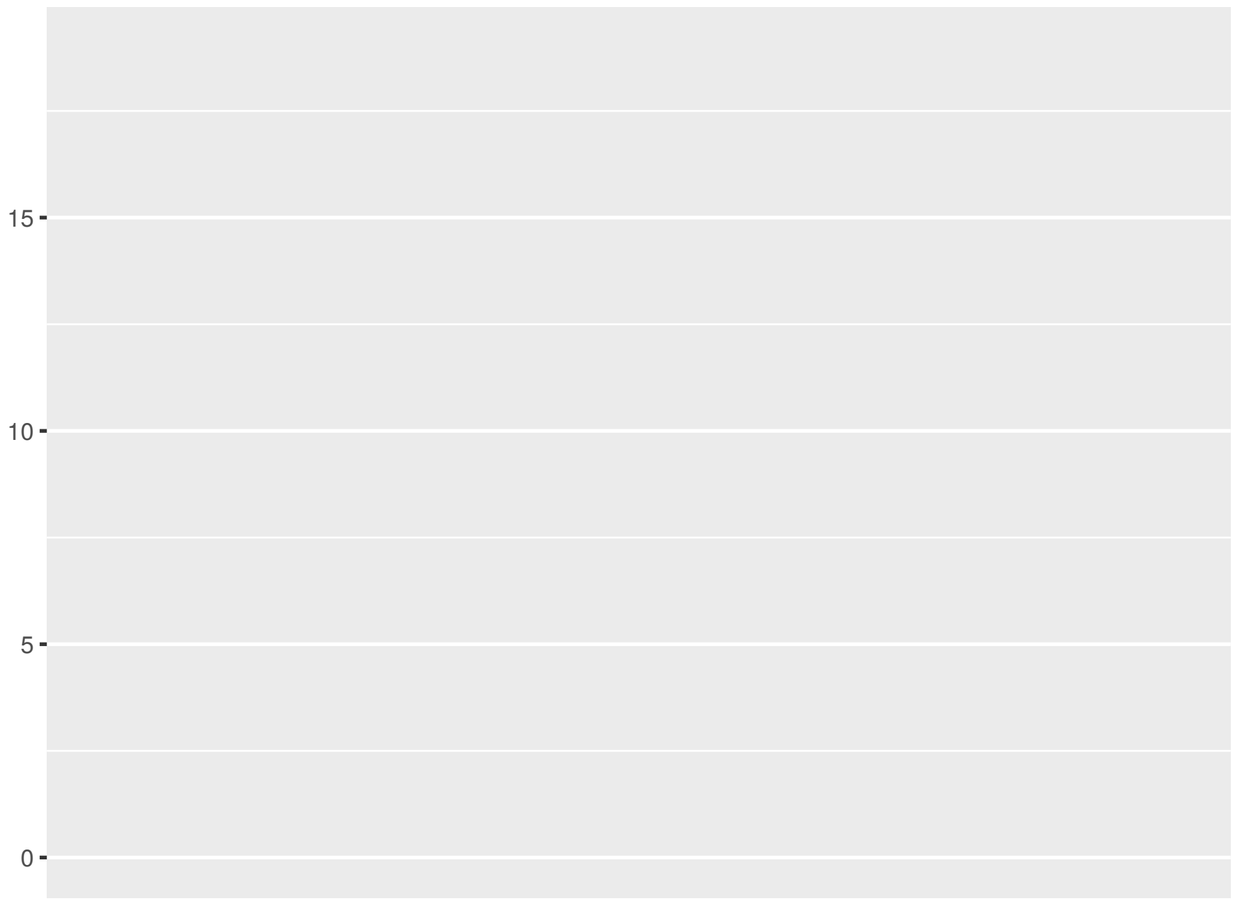
Universal health coverage index



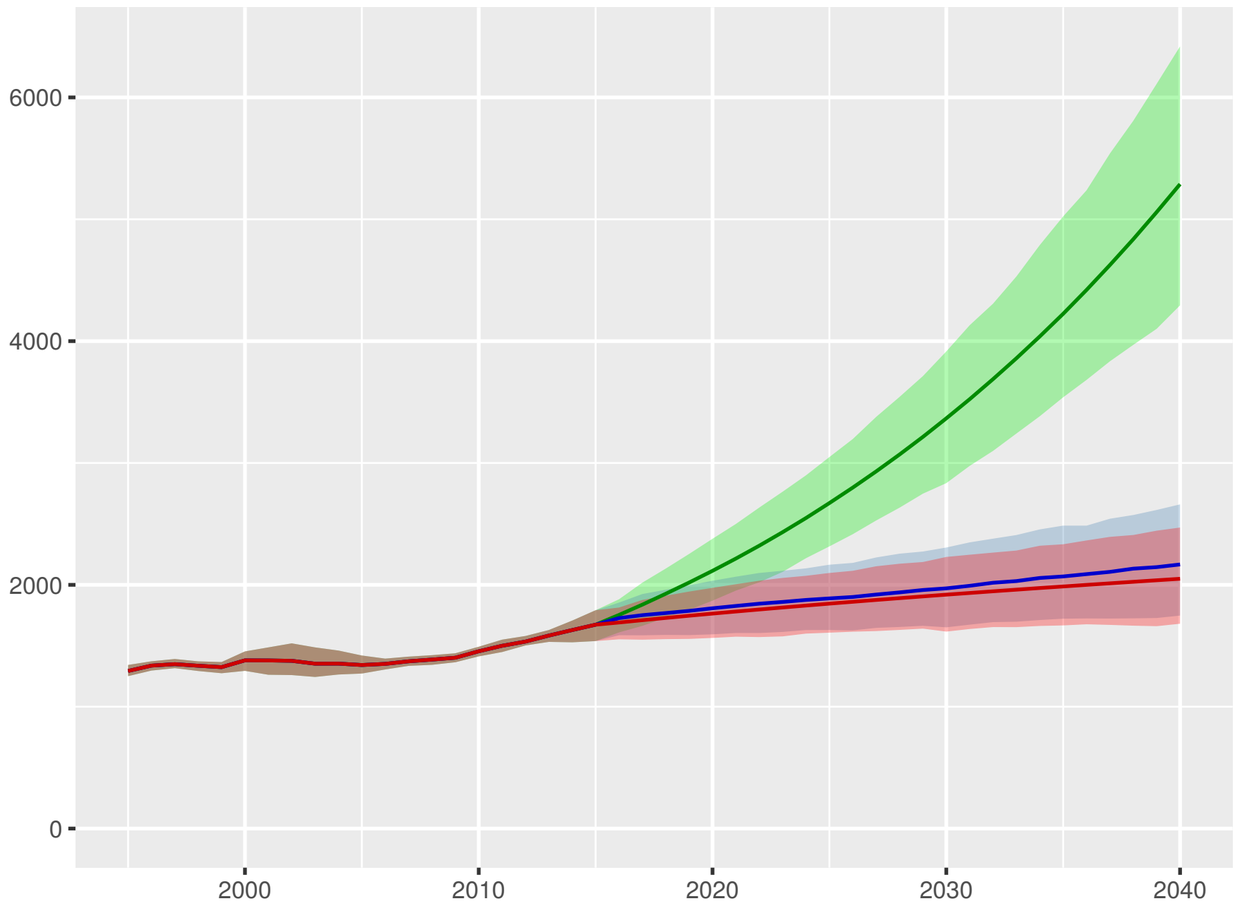
Total health spending per person



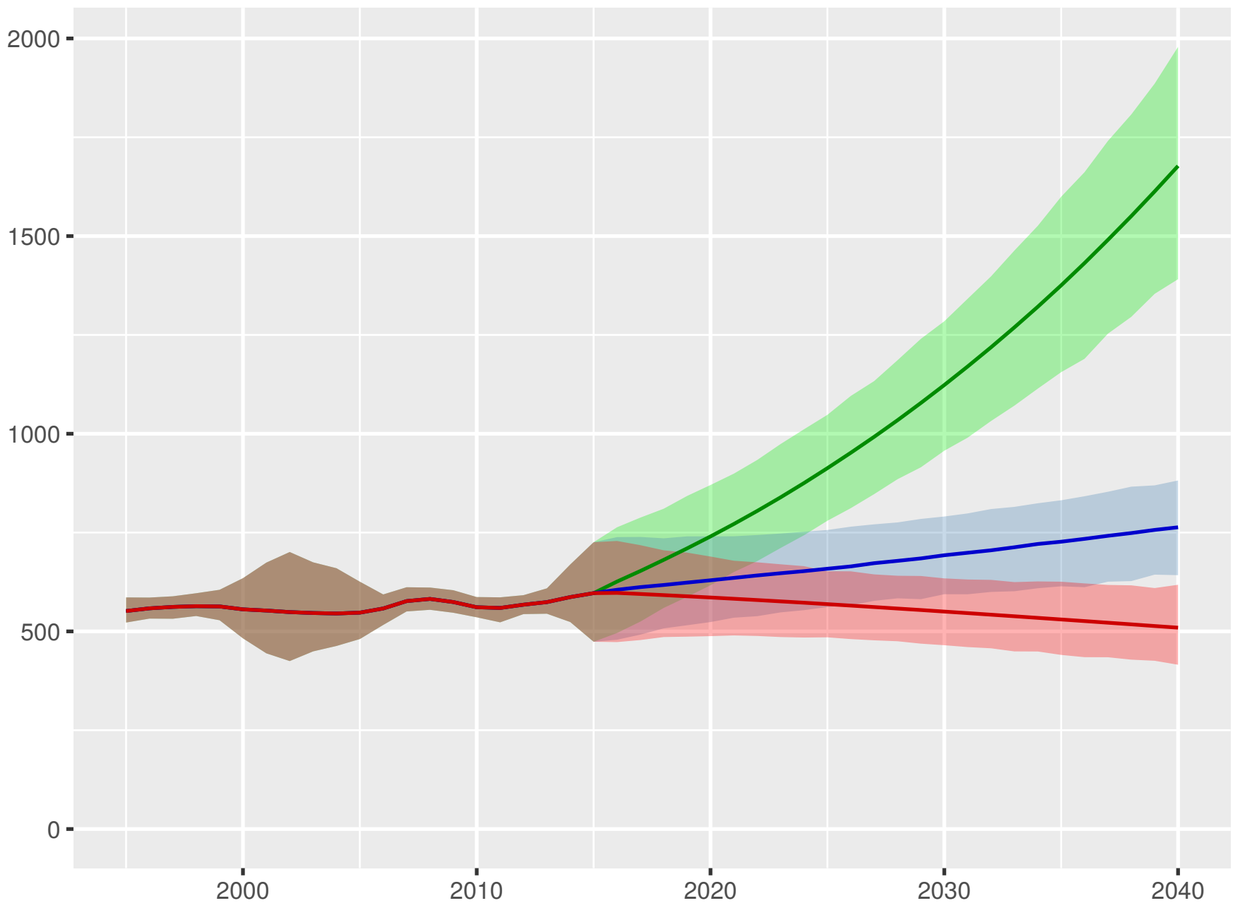
Development assistance for health received per person



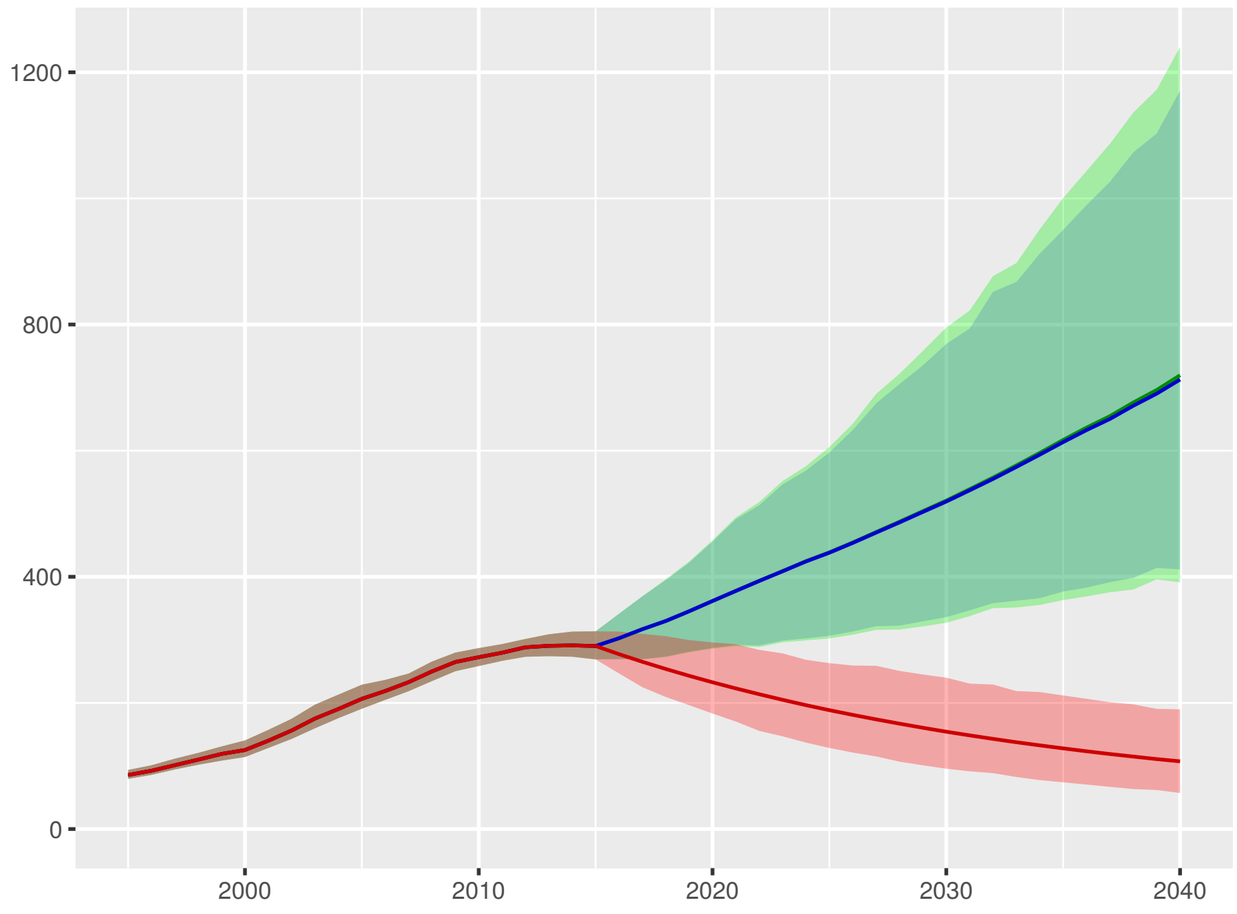
Government health spending per person



Out-of-pocket spending per person



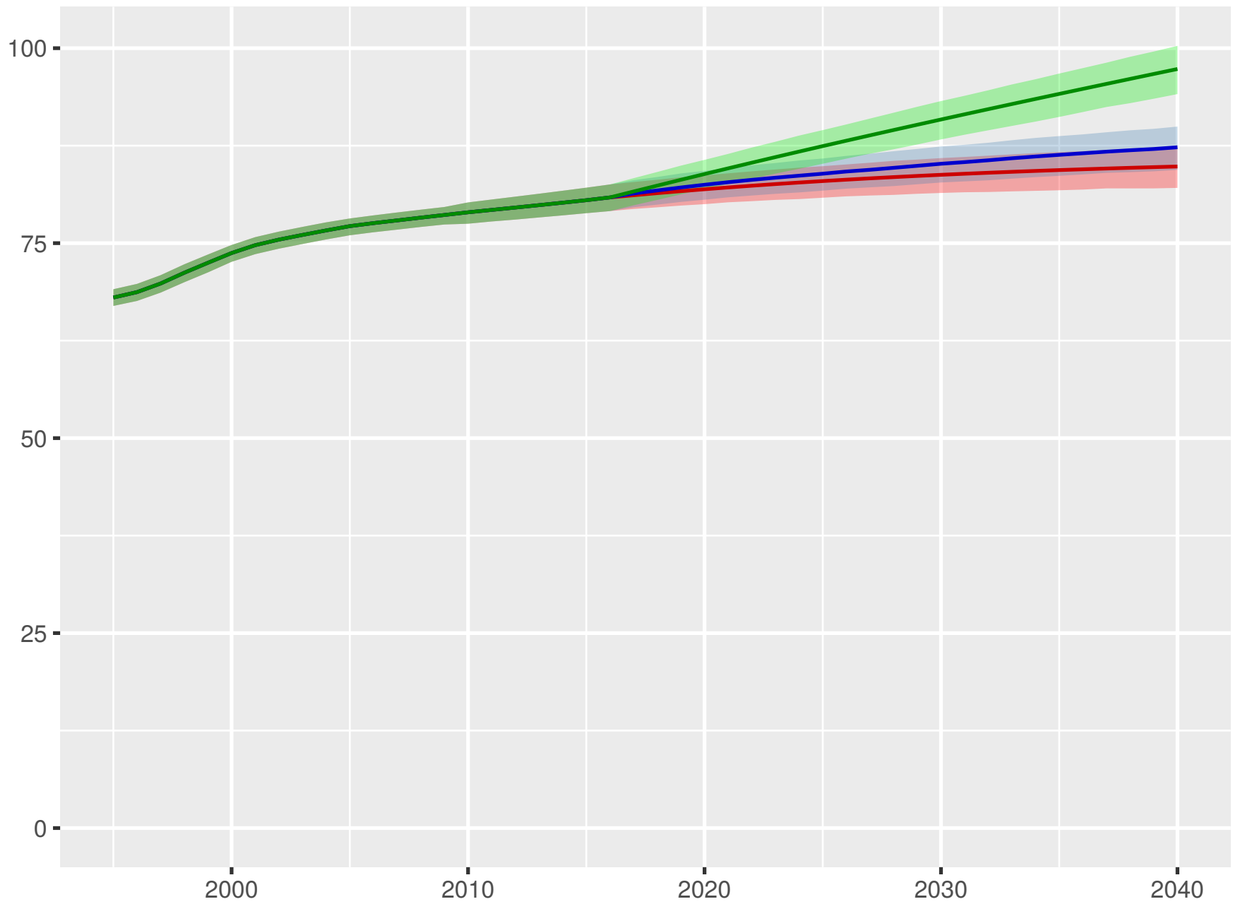
Prepaid private spending per person



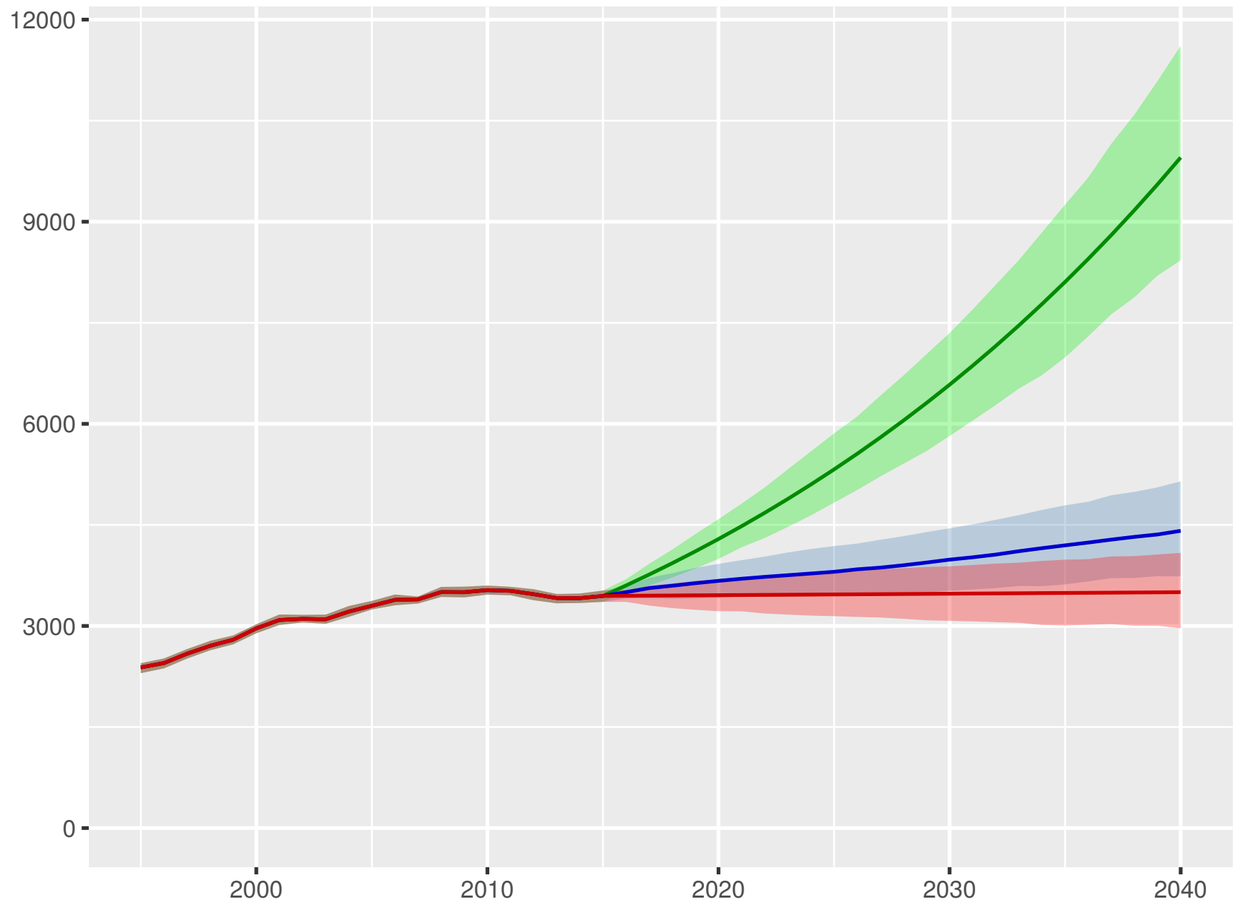
Scenario — Better — Reference — Worse

Italy

Universal health coverage index

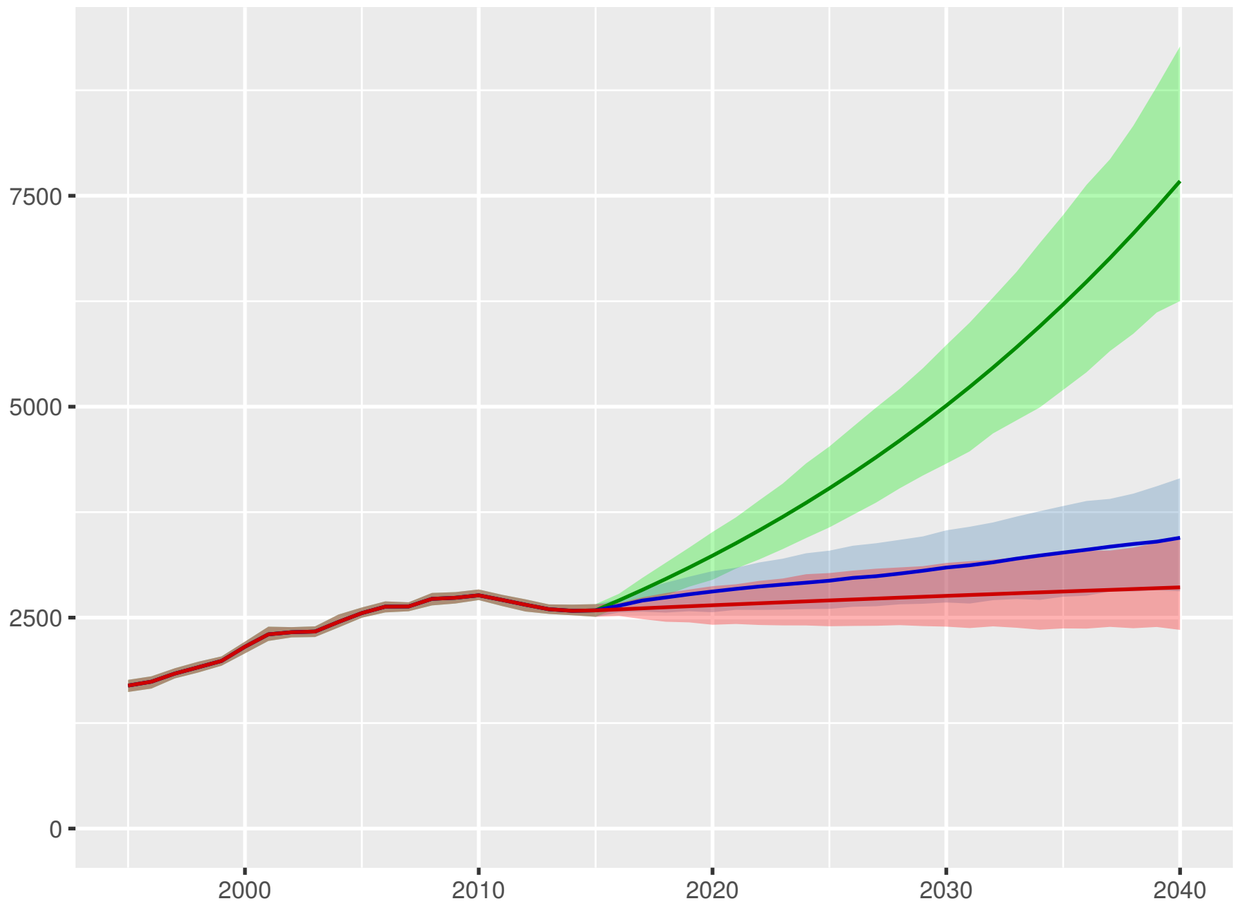


Total health spending per person

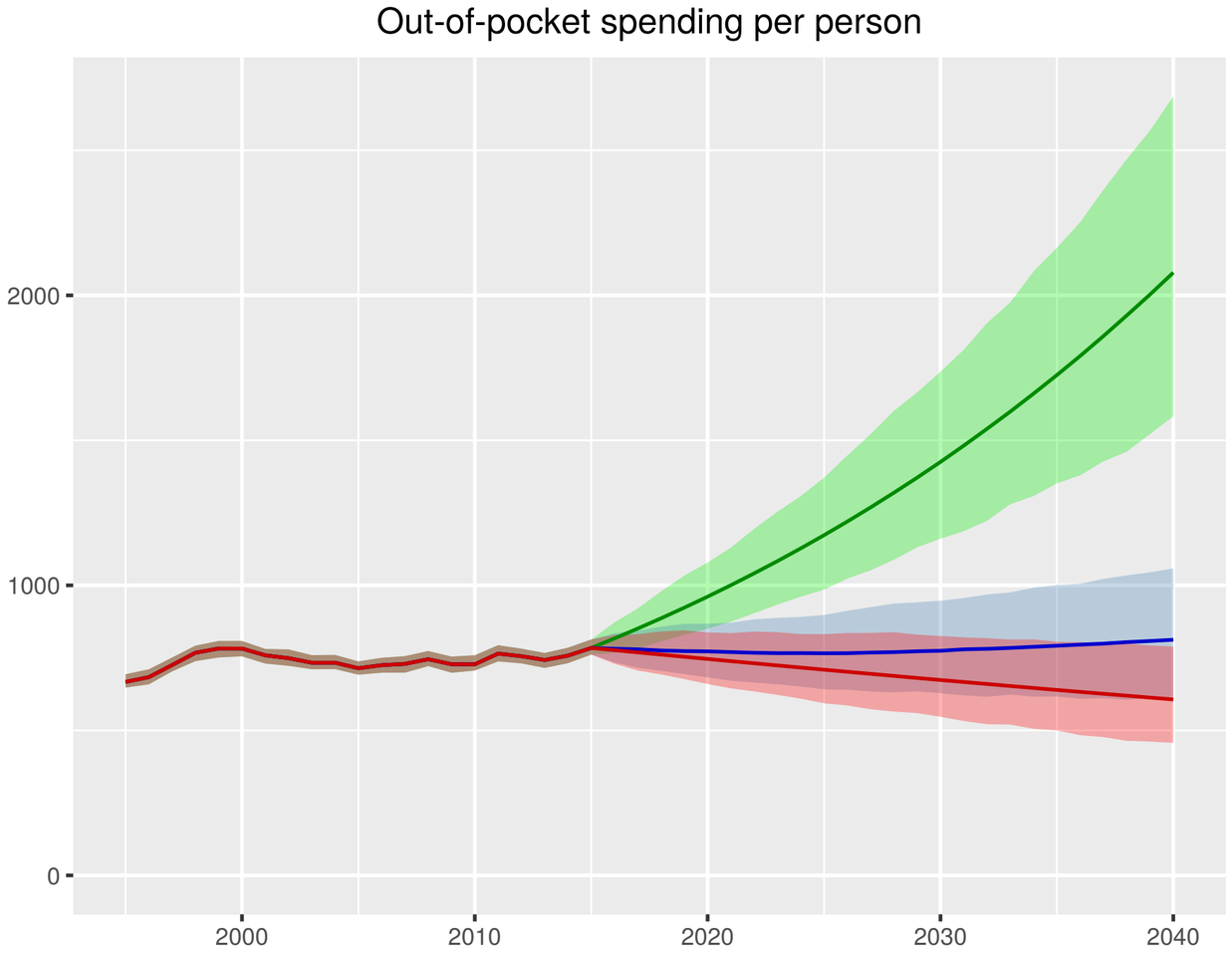


Development assistance for health received per person

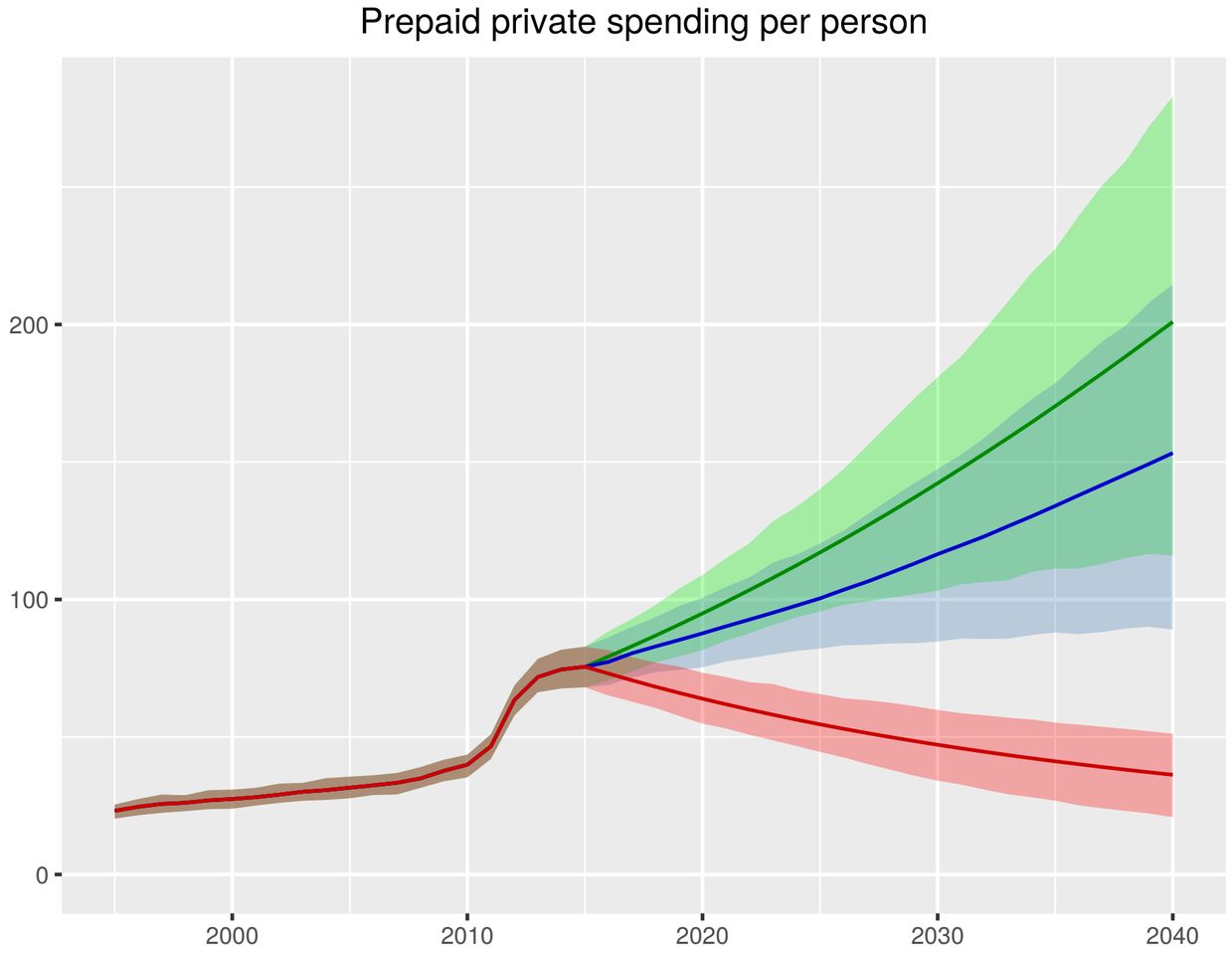
Government health spending per person



Out-of-pocket spending per person



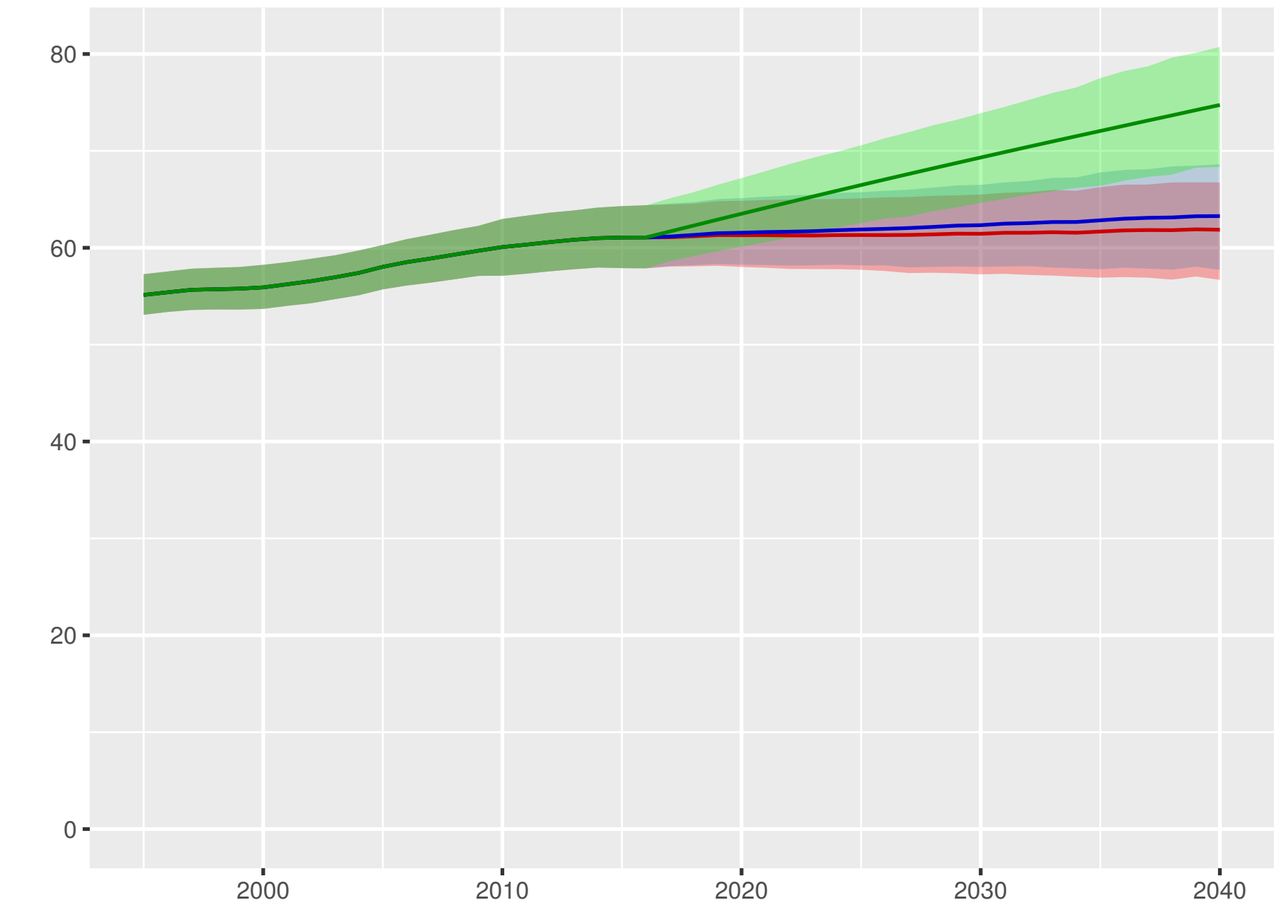
Prepaid private spending per person



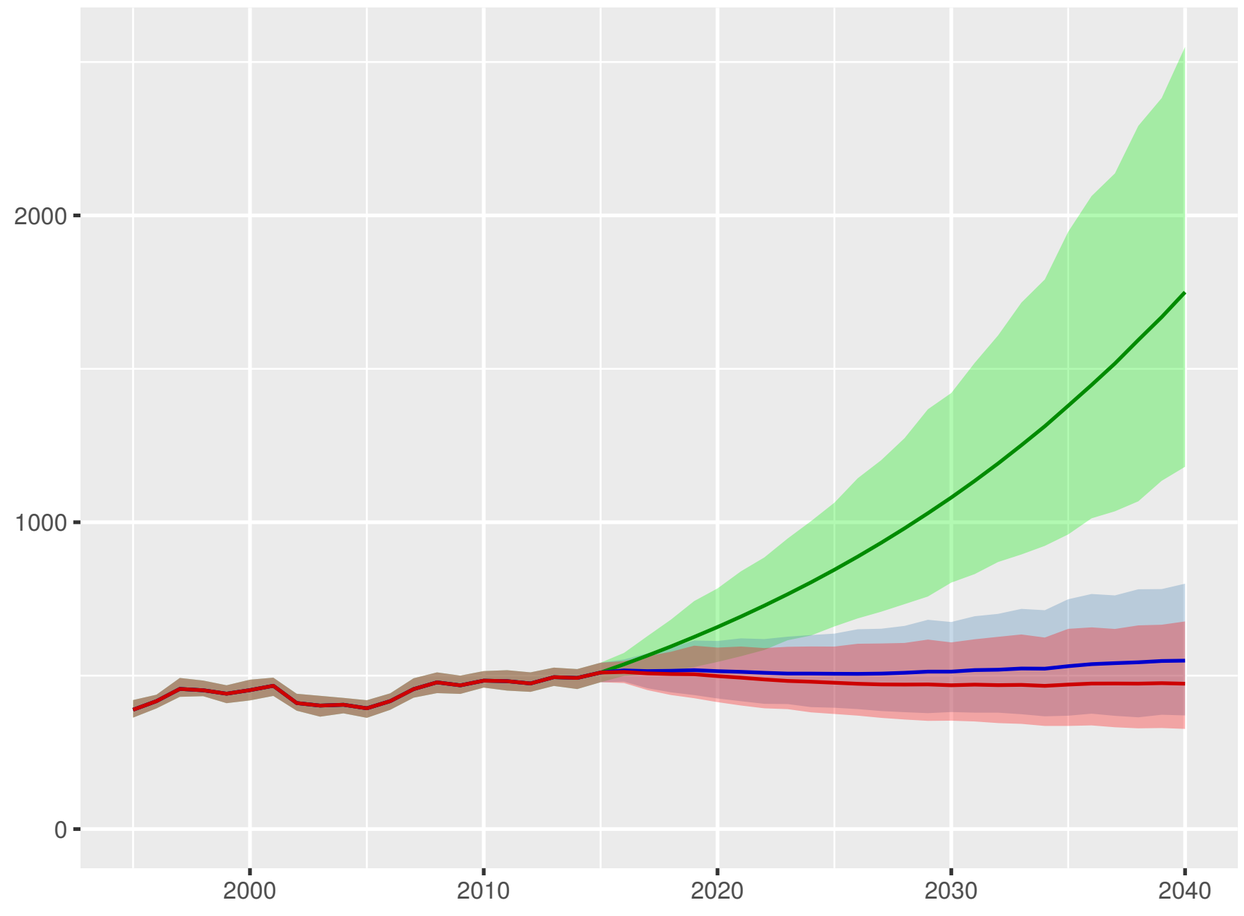
Scenario — Better — Reference — Worse

Jamaica

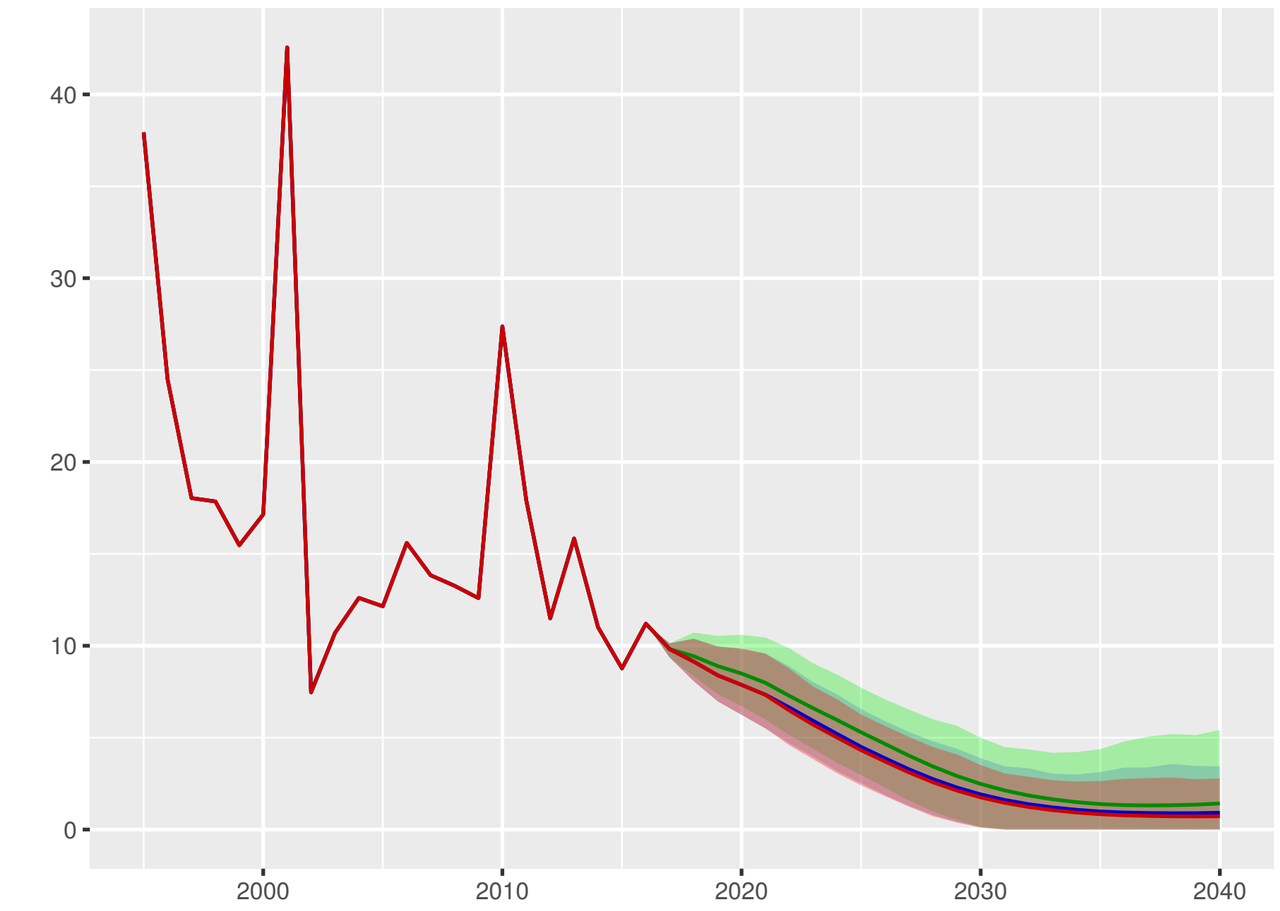
Universal health coverage index



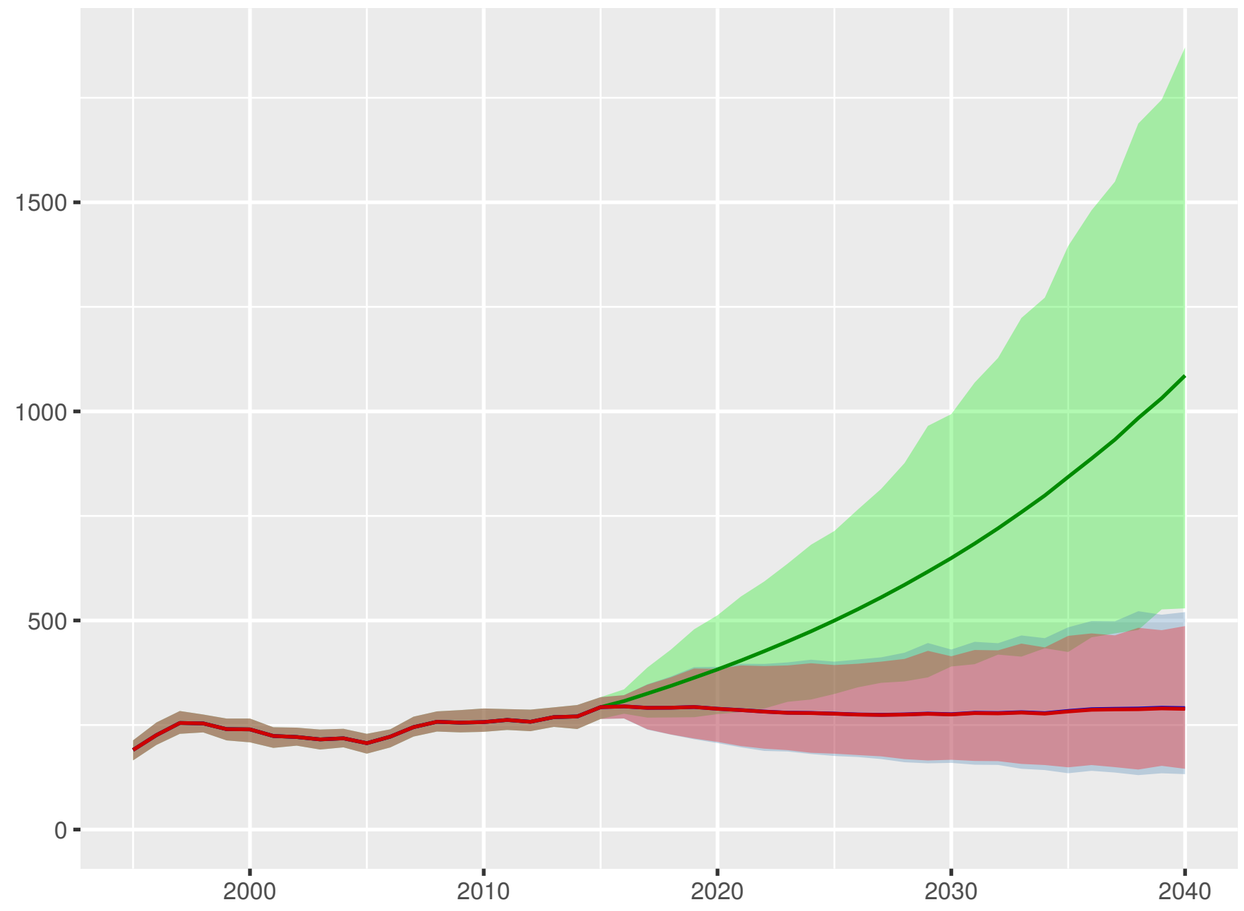
Total health spending per person



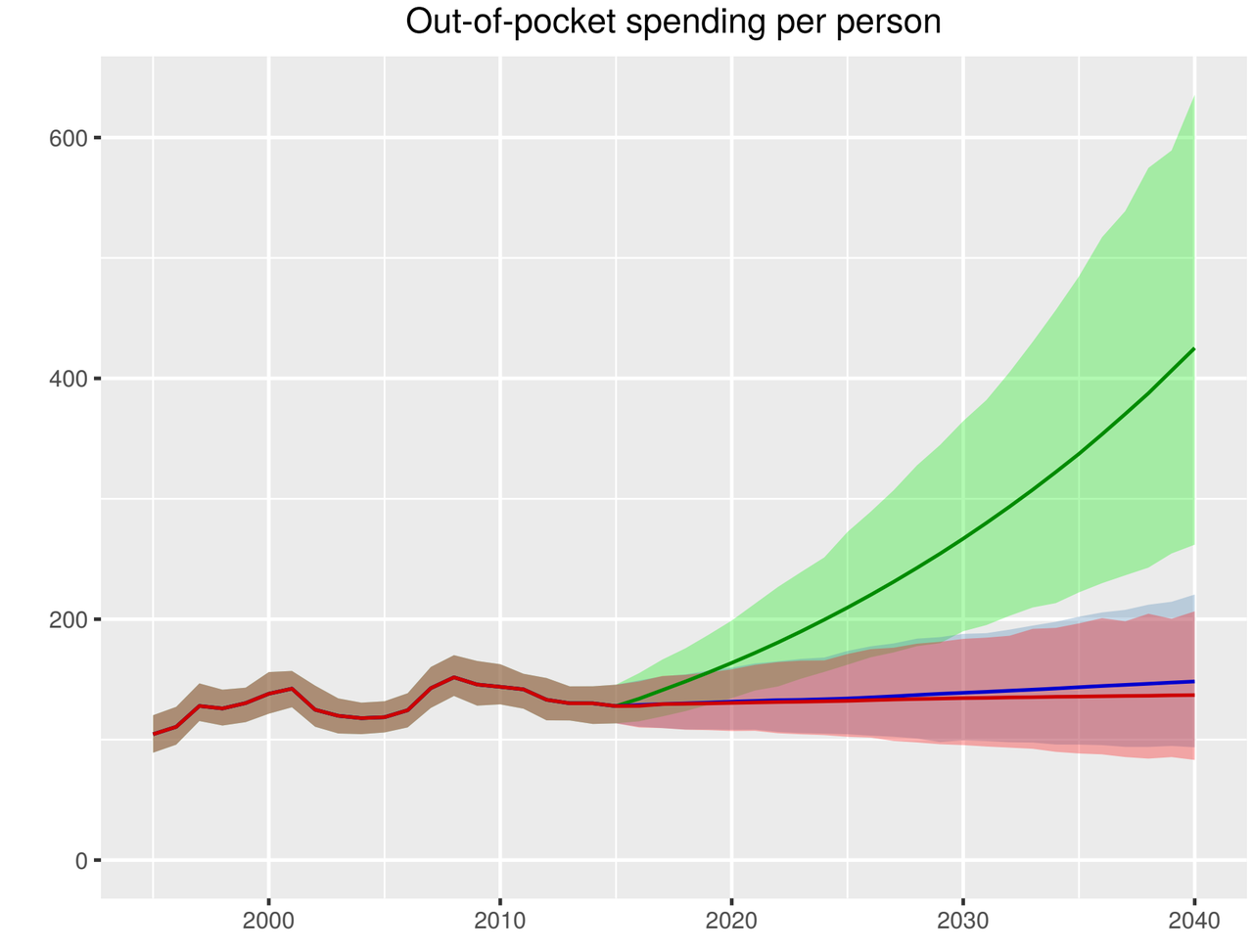
Development assistance for health received per person



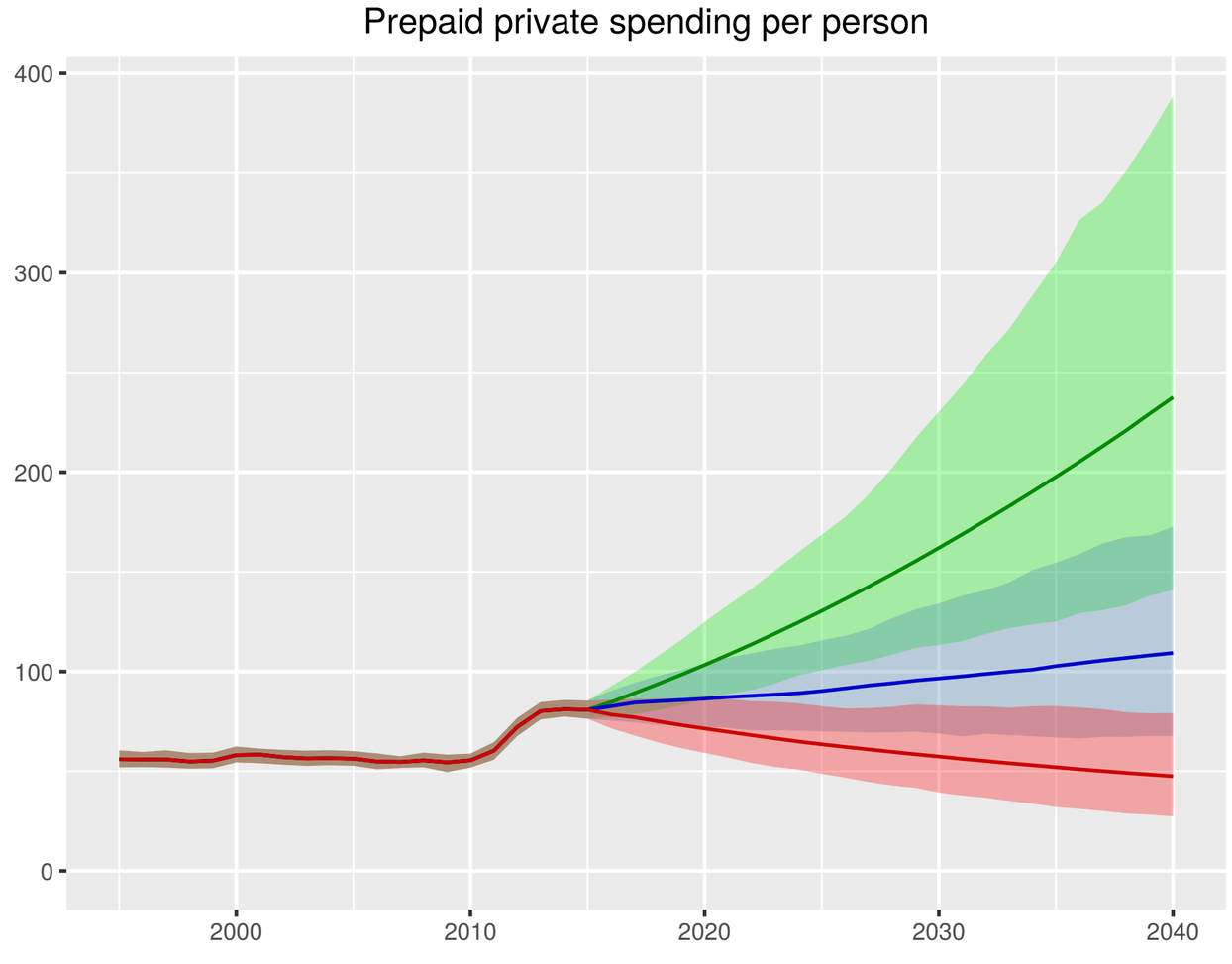
Government health spending per person



Out-of-pocket spending per person



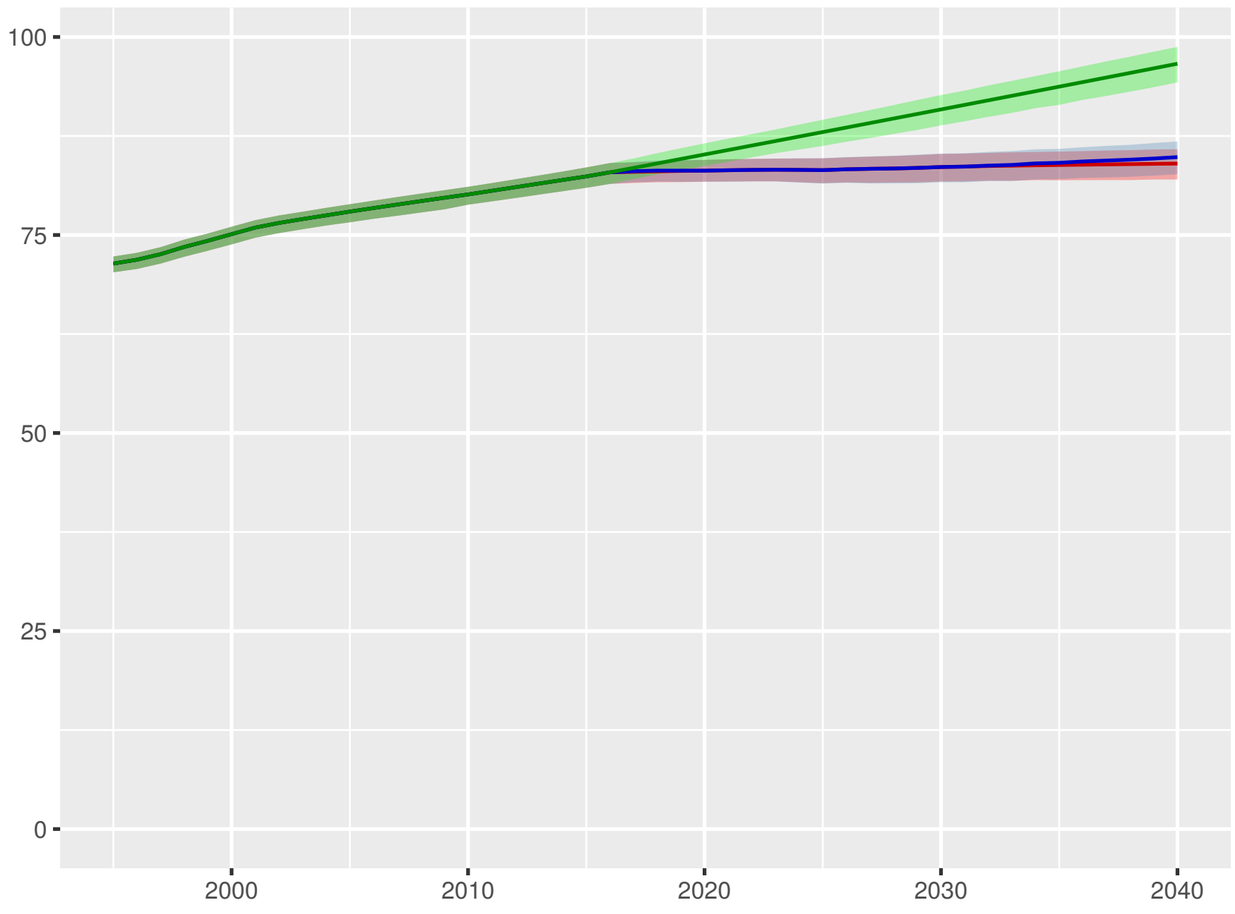
Prepaid private spending per person



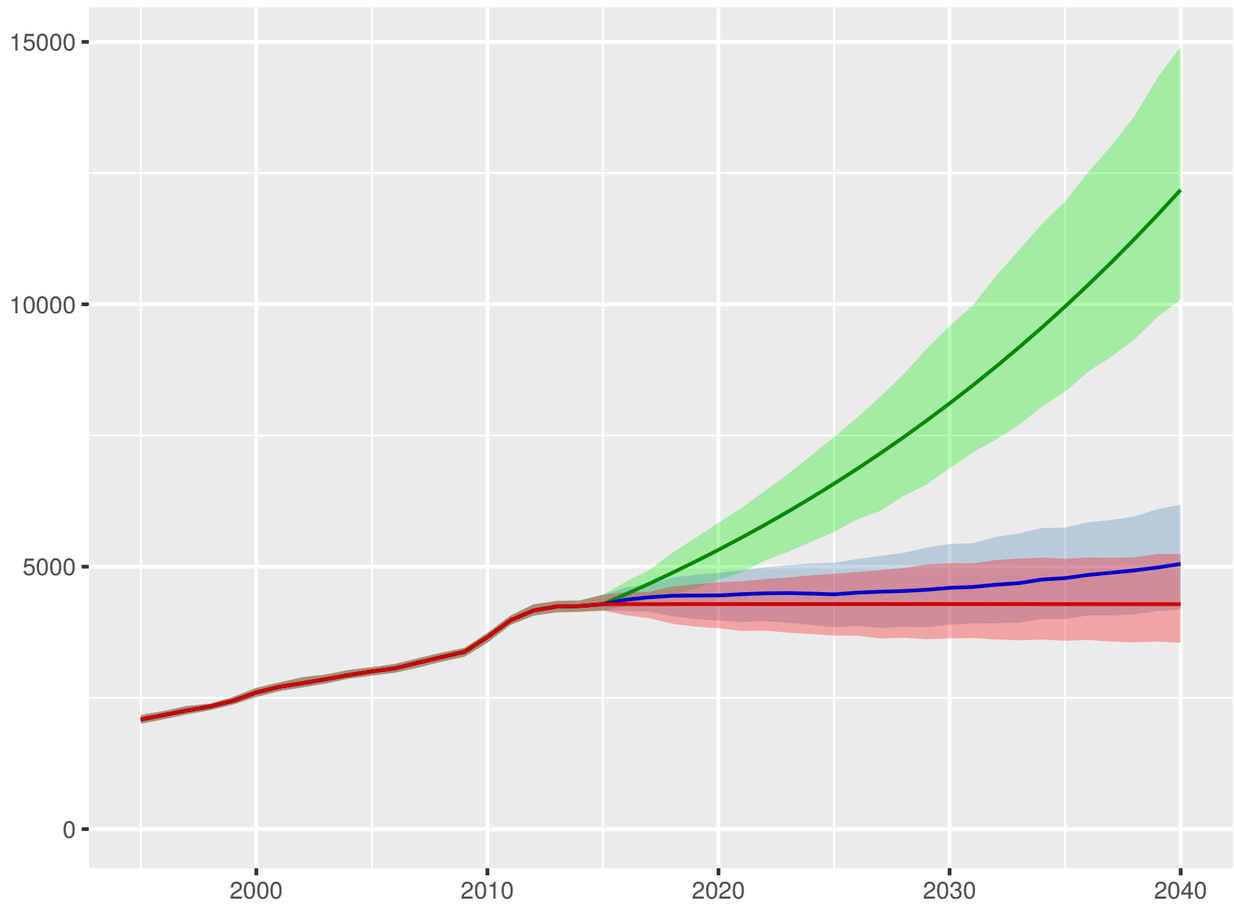
Scenario — Better — Reference — Worse

Japan

Universal health coverage index

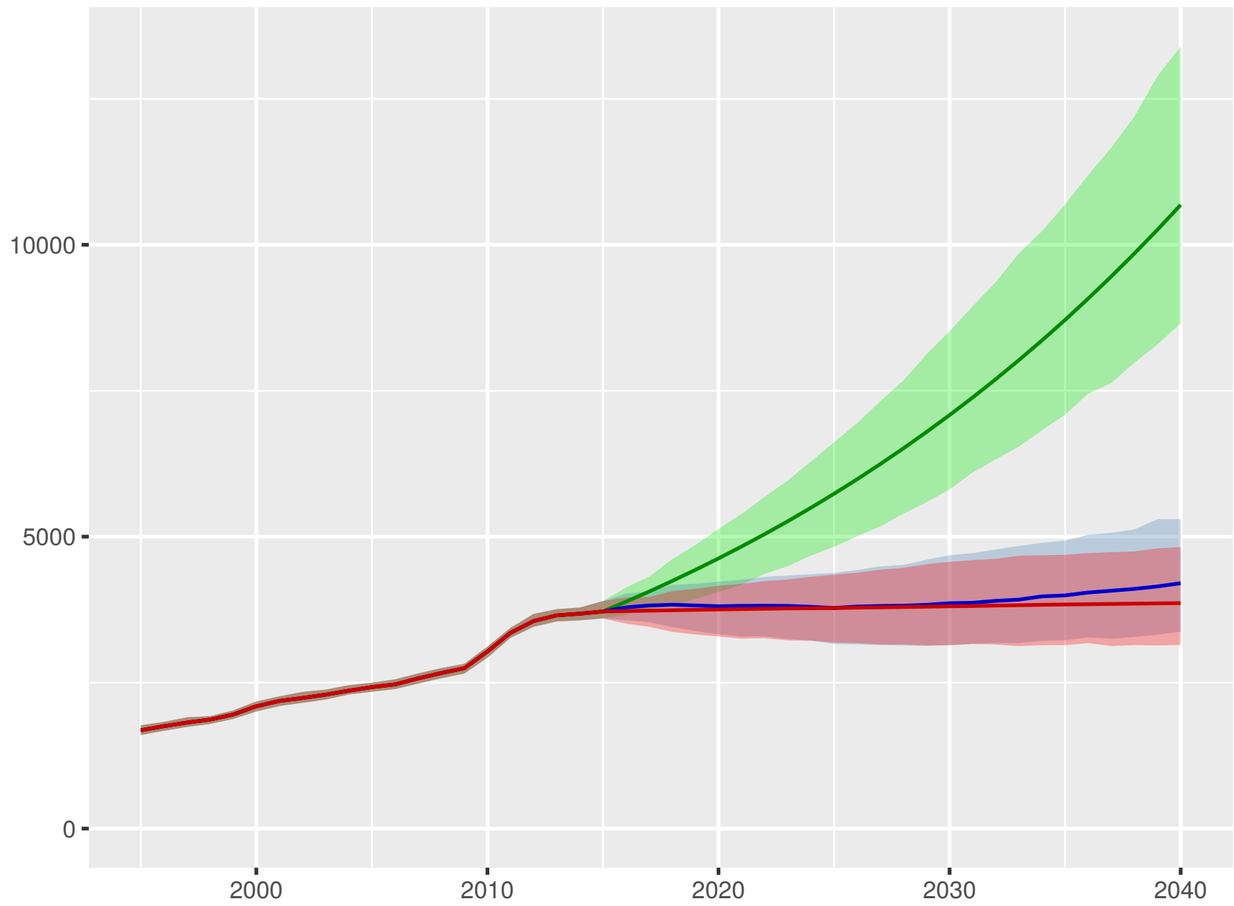


Total health spending per person

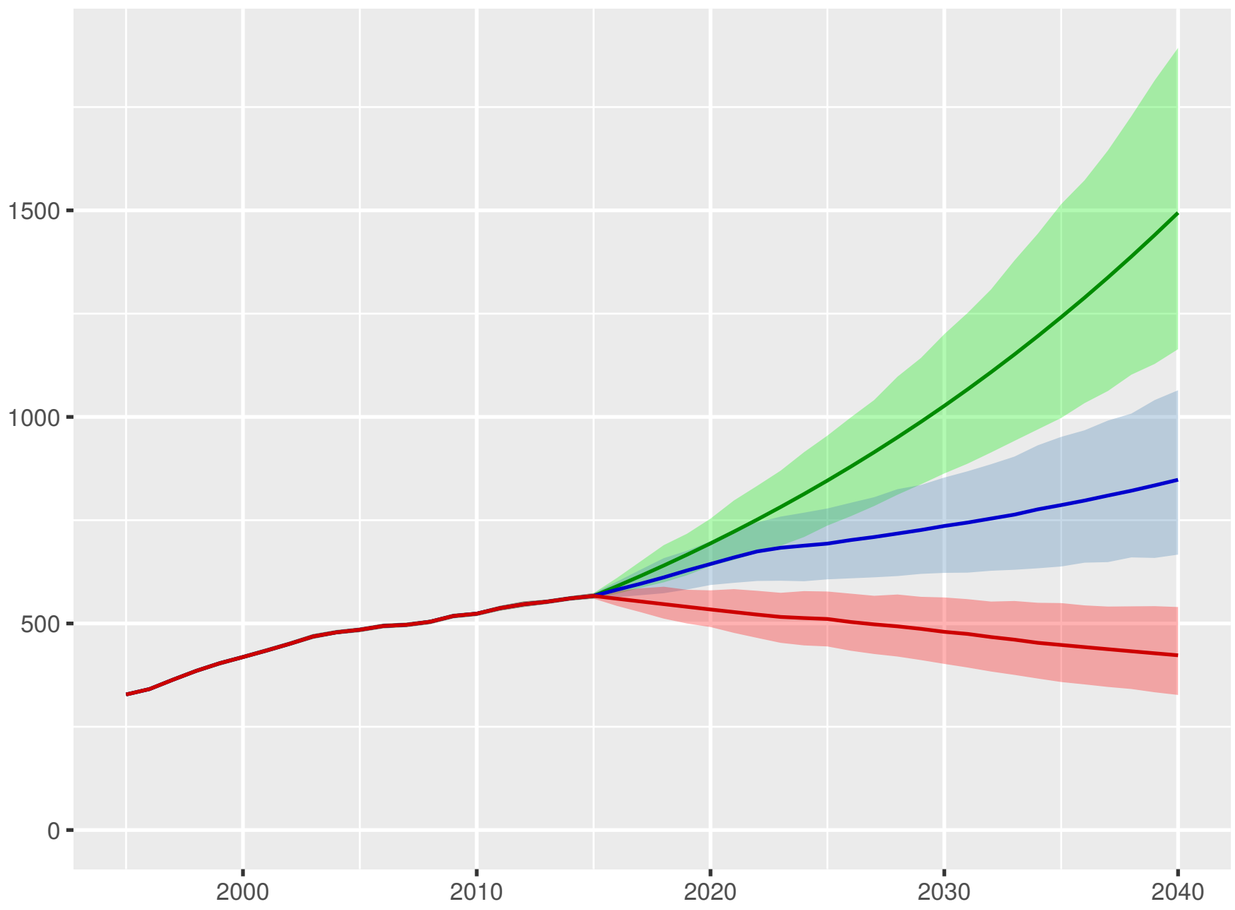


Development assistance for health received per person

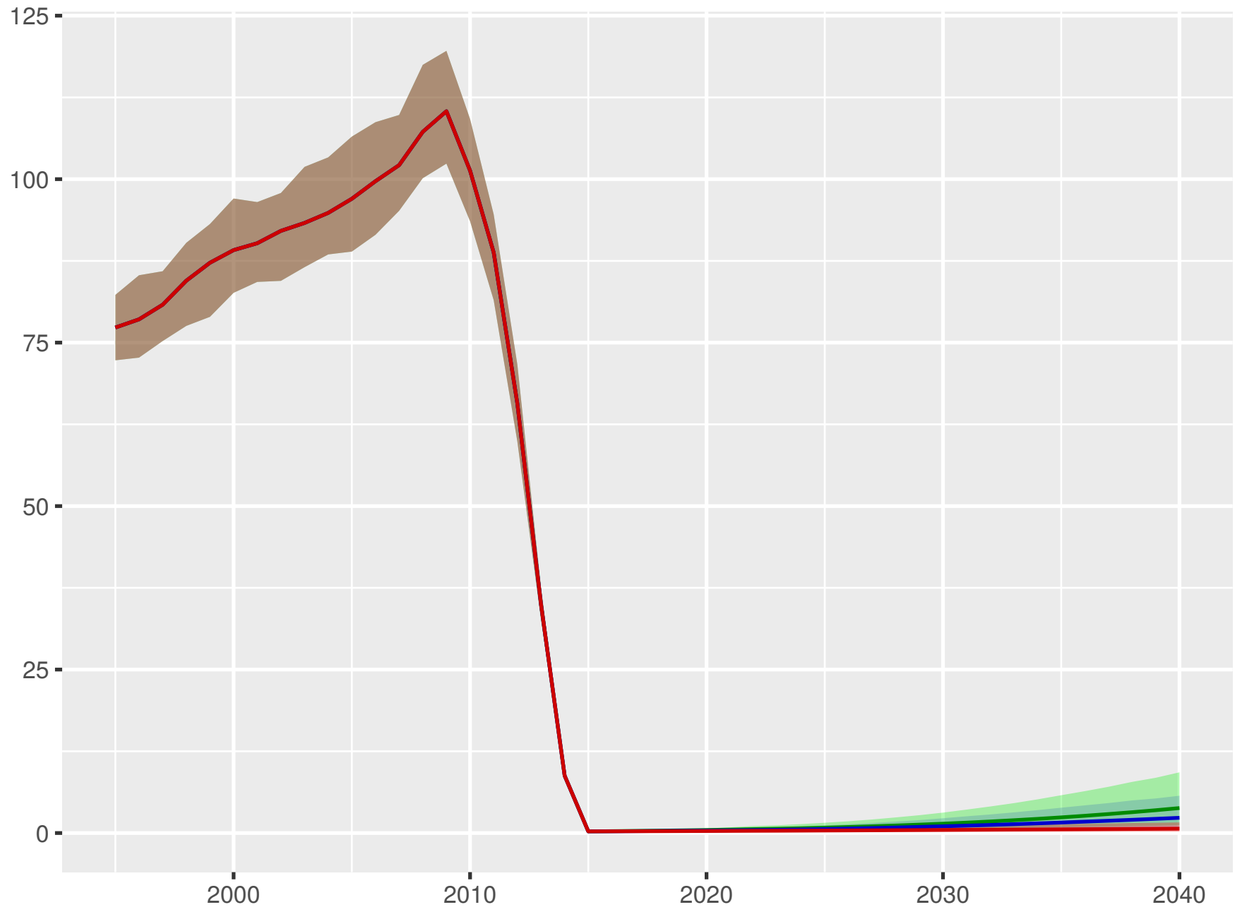
Government health spending per person



Out-of-pocket spending per person



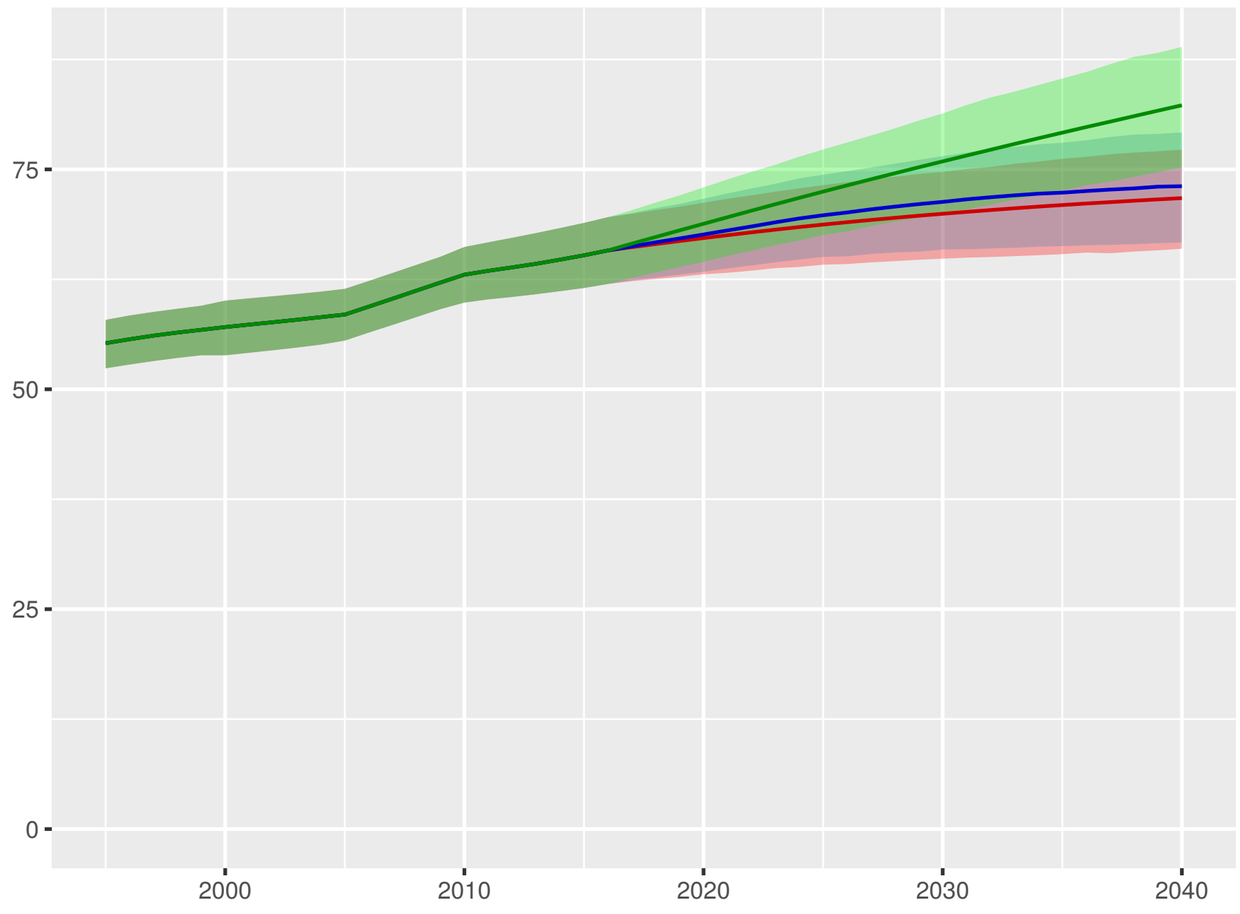
Prepaid private spending per person



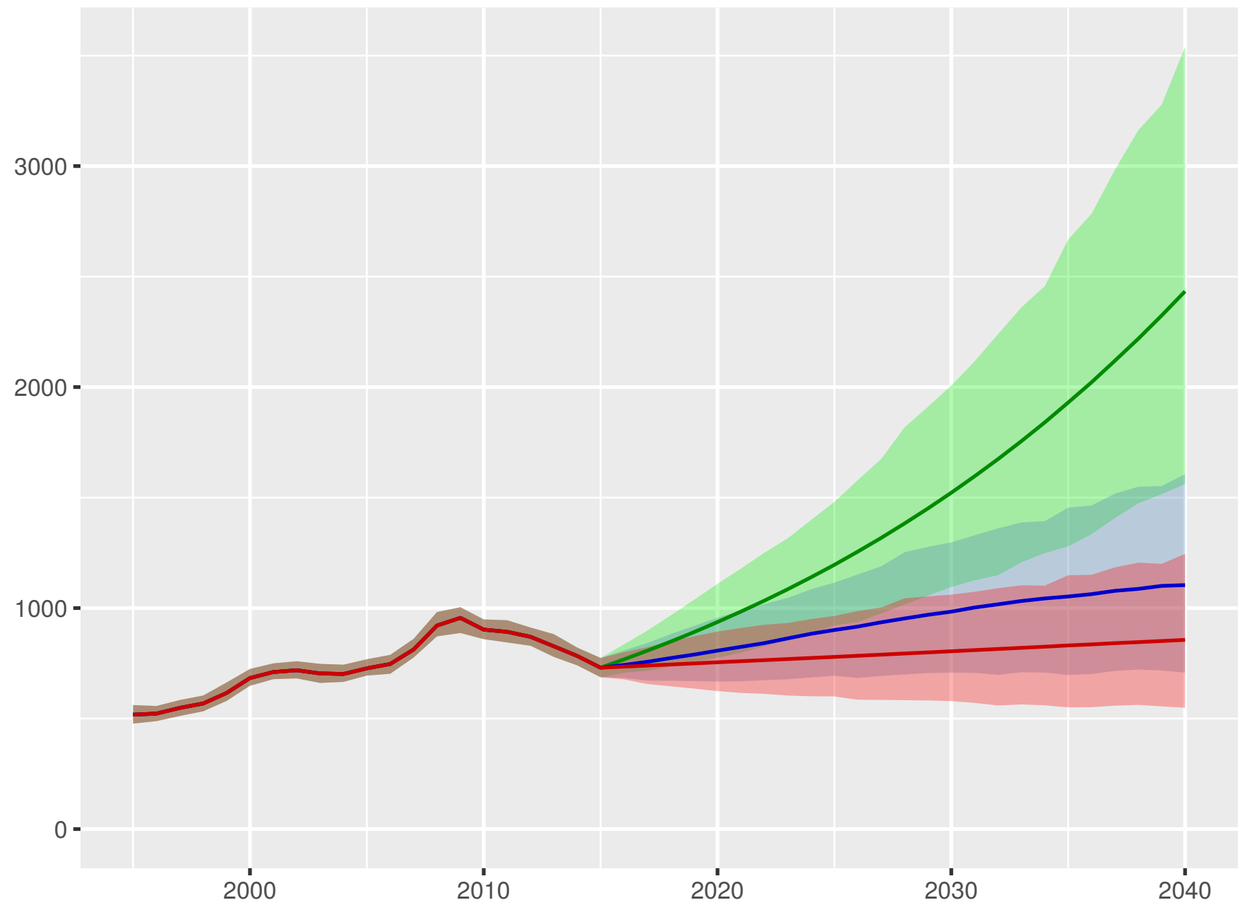
Scenario — Better — Reference — Worse

Jordan

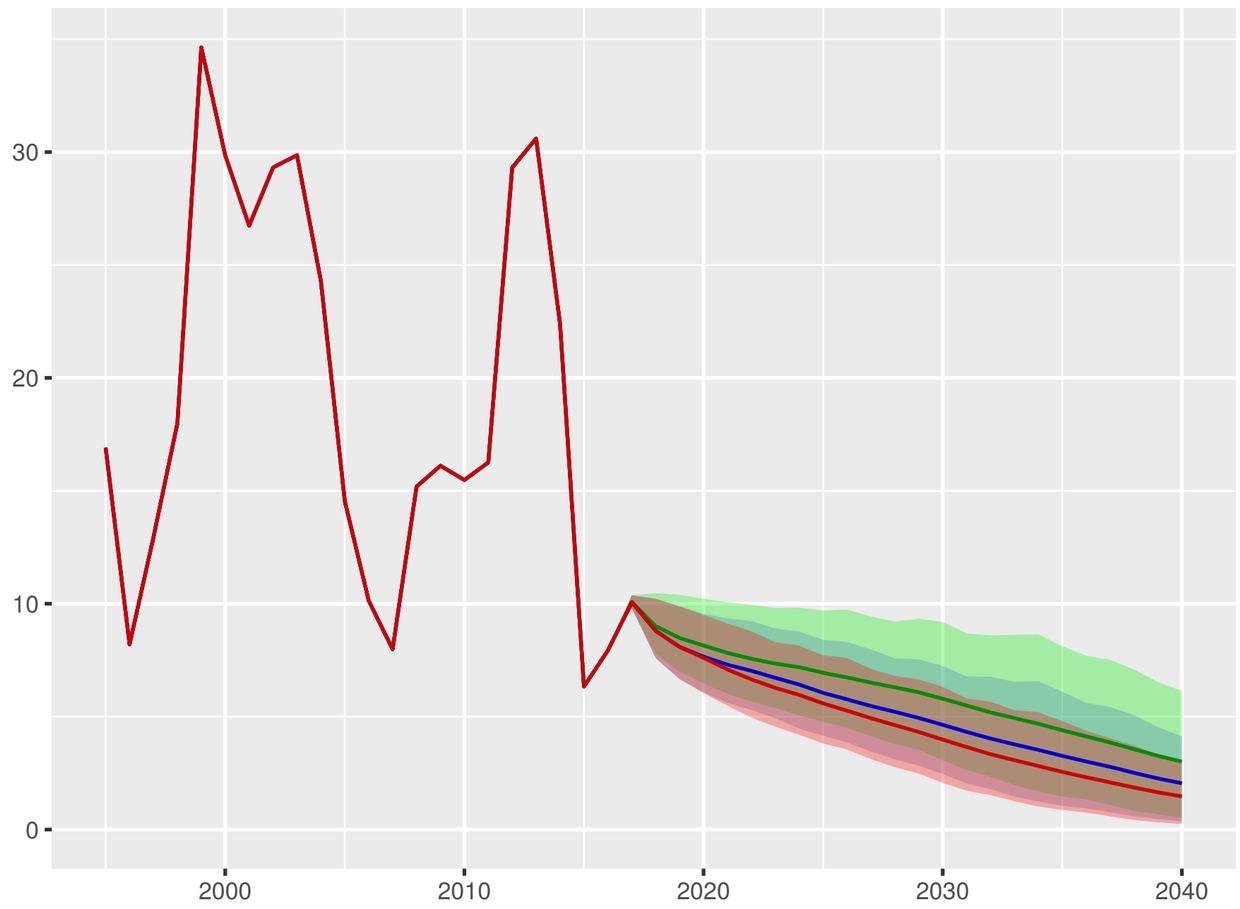
Universal health coverage index



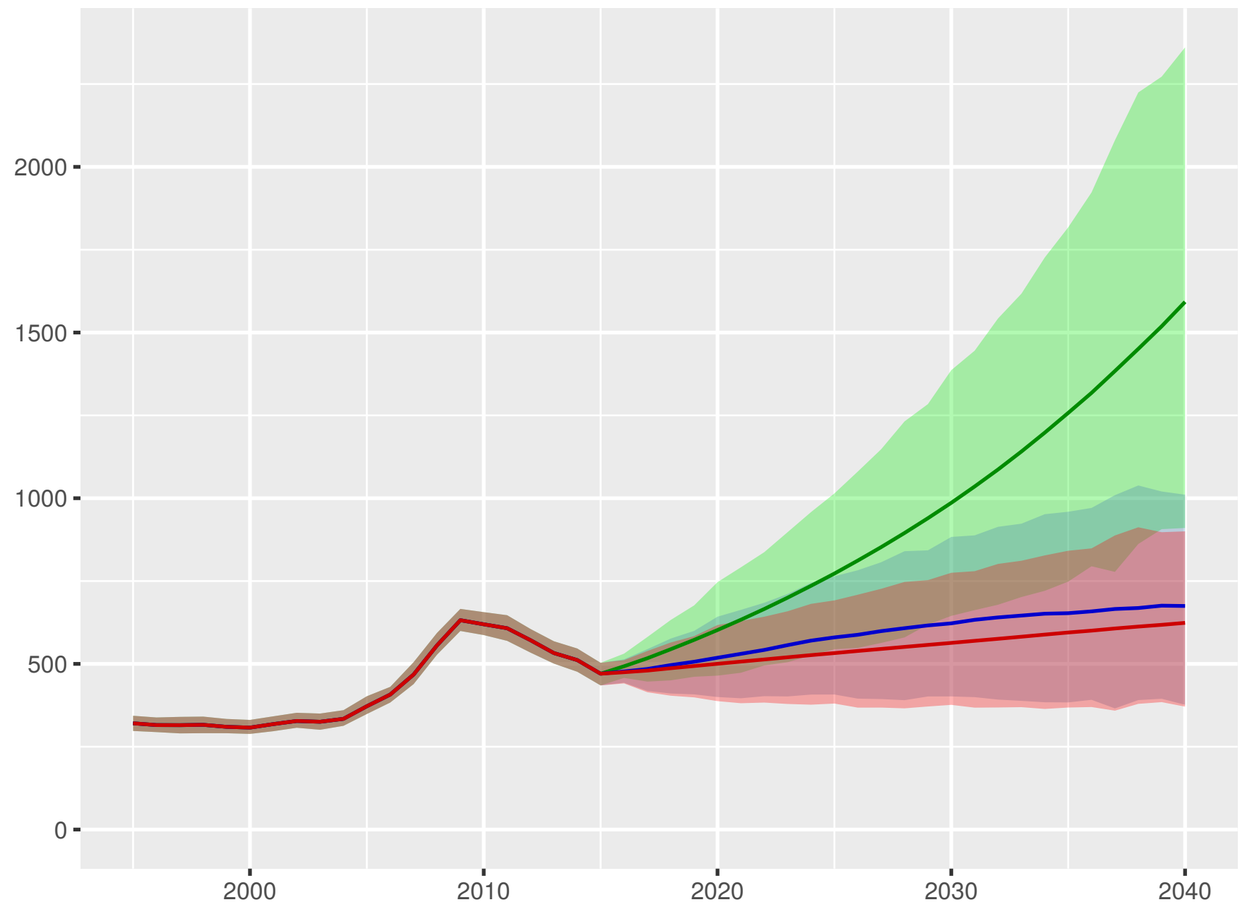
Total health spending per person



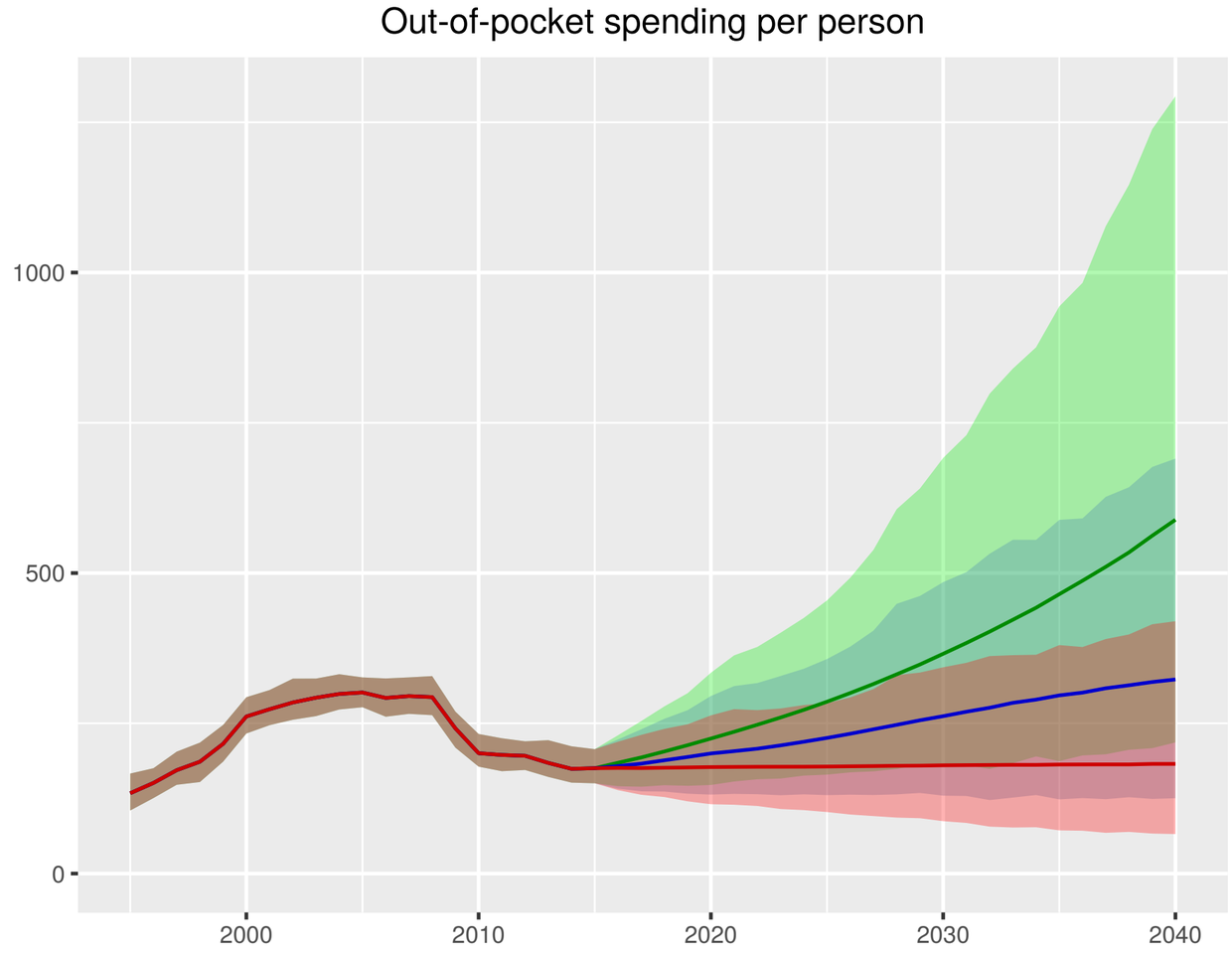
Development assistance for health received per person



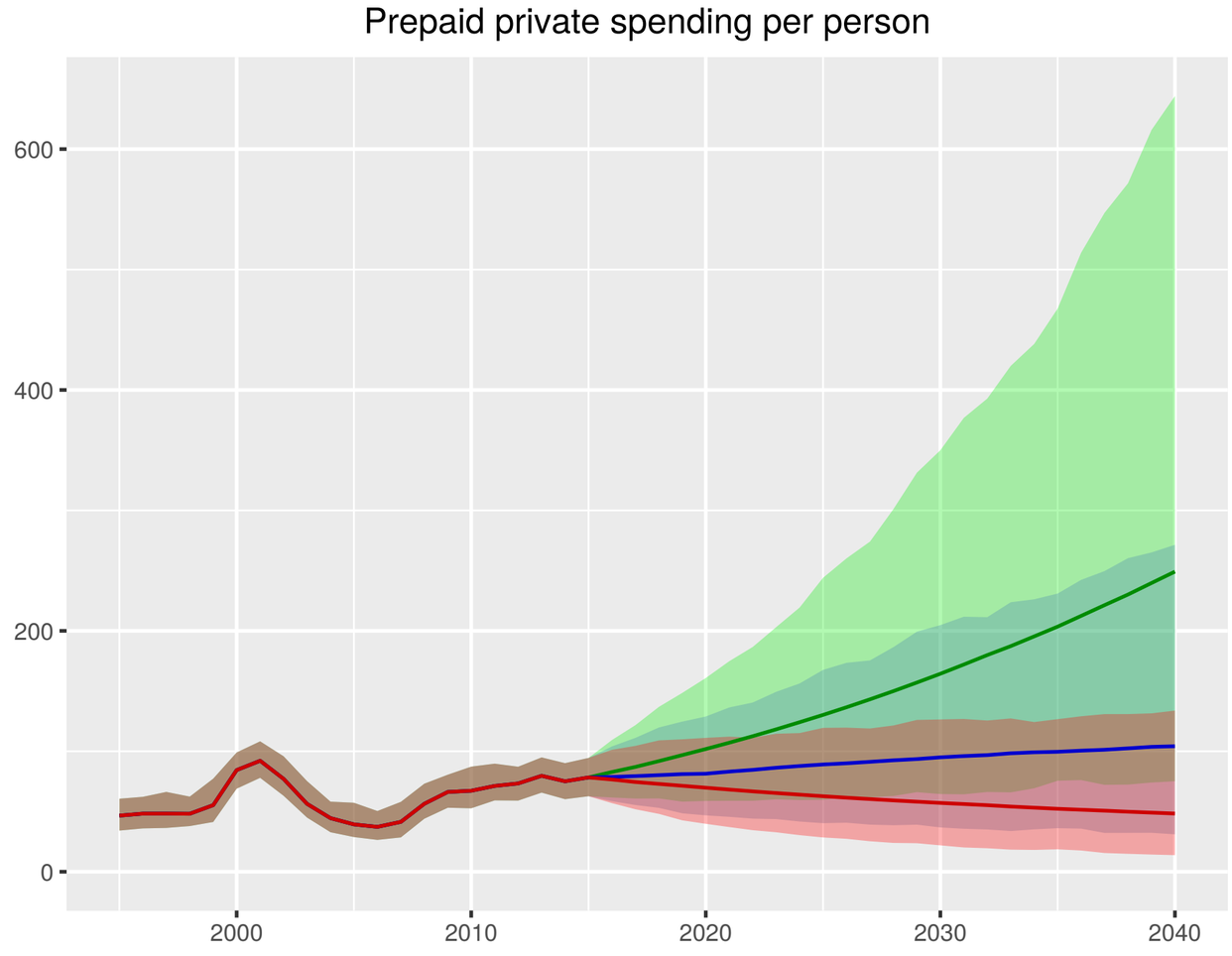
Government health spending per person



Out-of-pocket spending per person



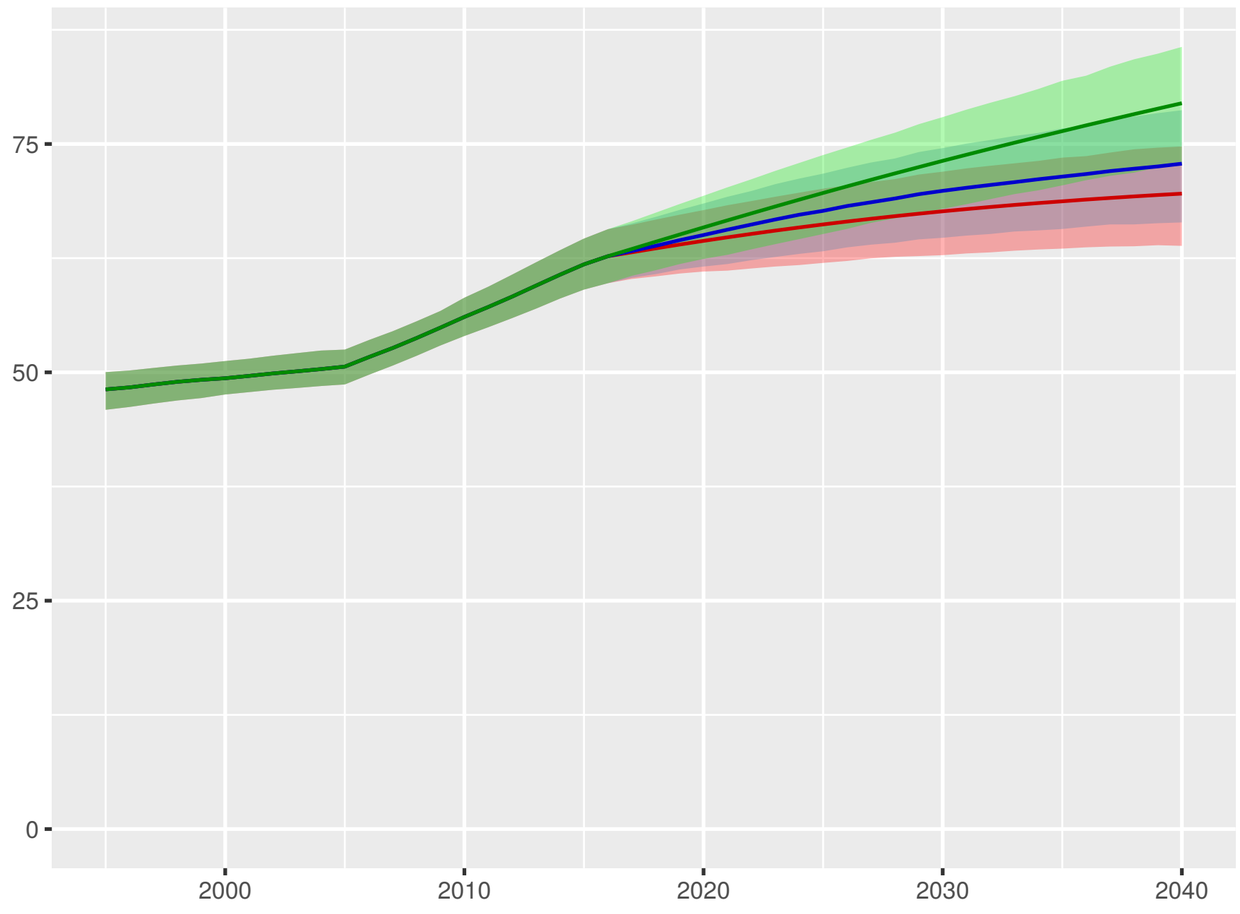
Prepaid private spending per person



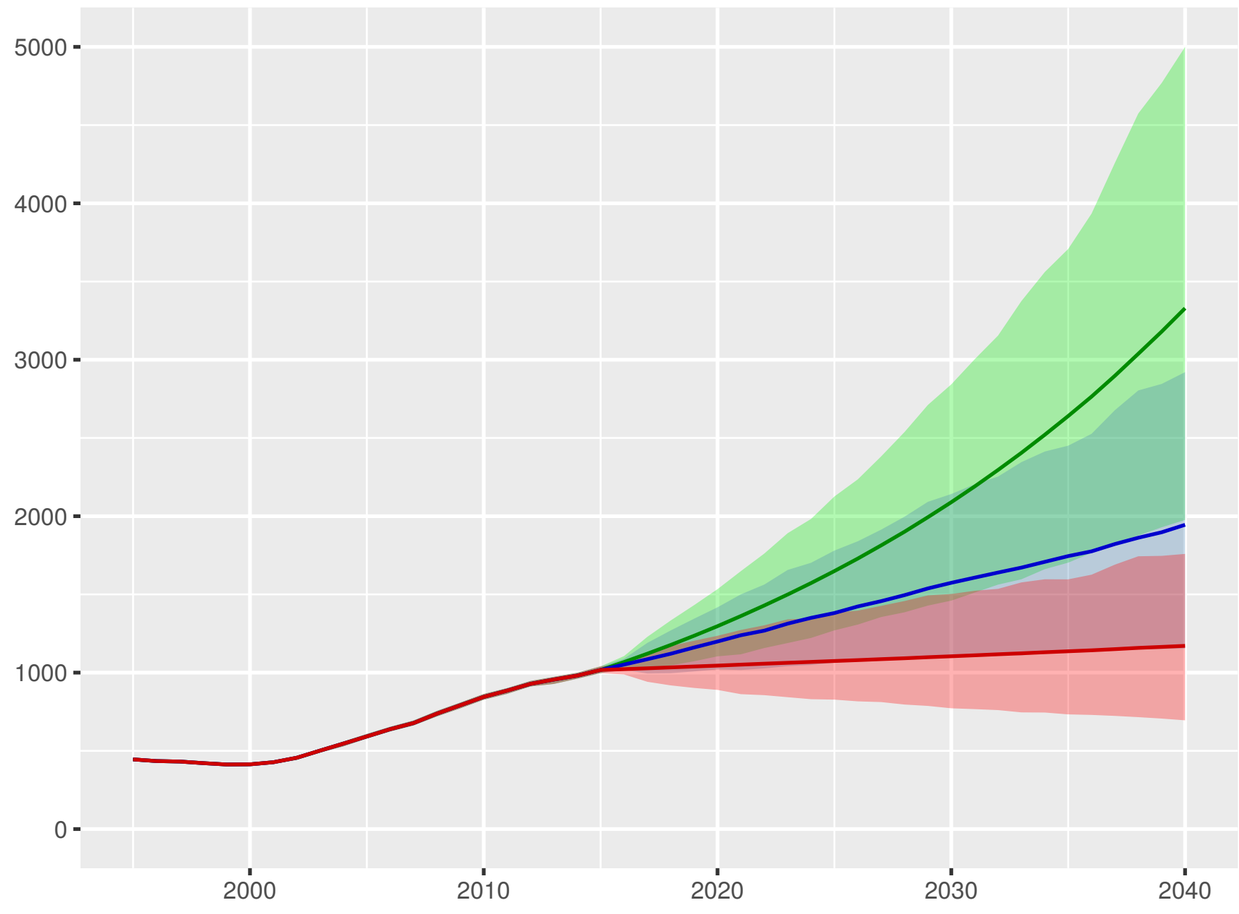
Scenario — Better — Reference — Worse

Kazakhstan

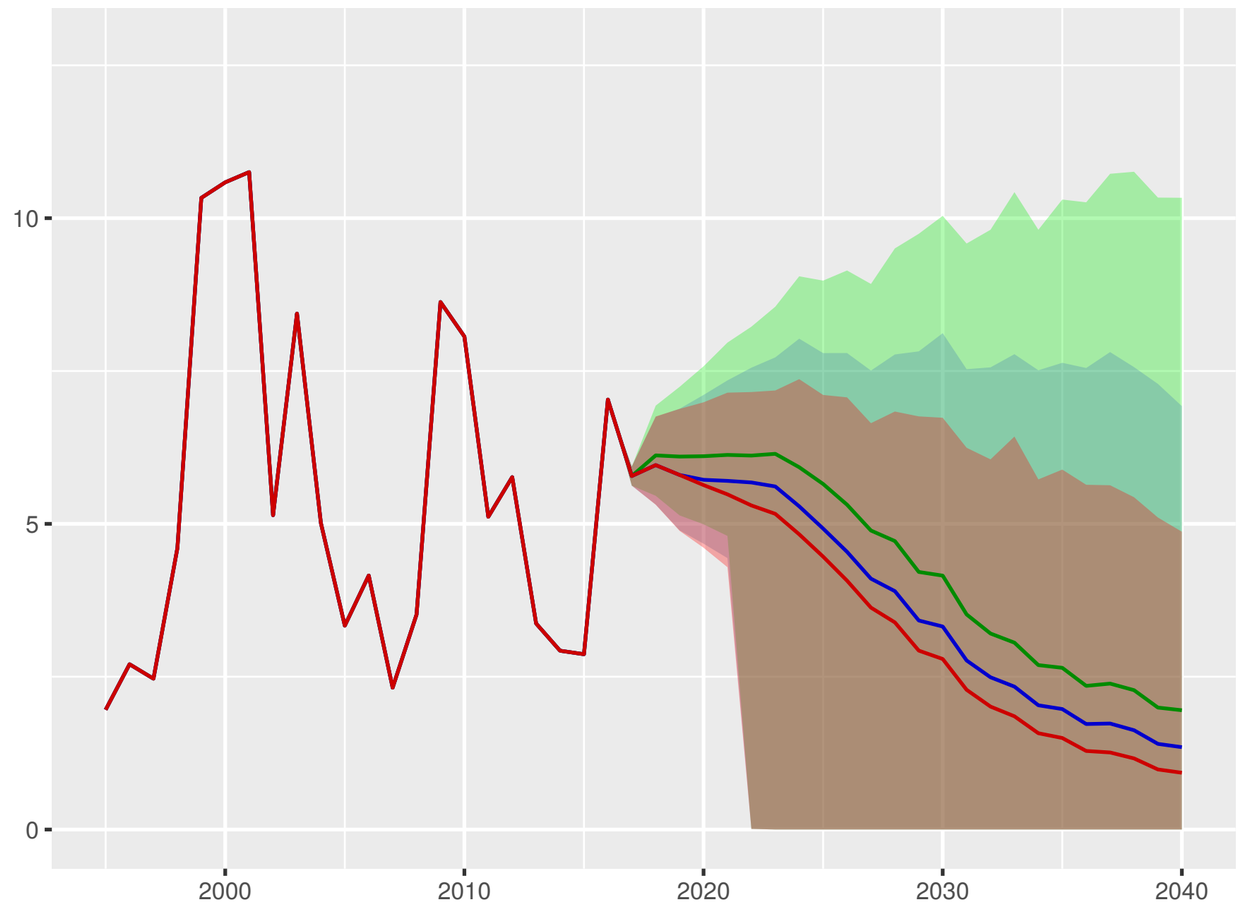
Universal health coverage index



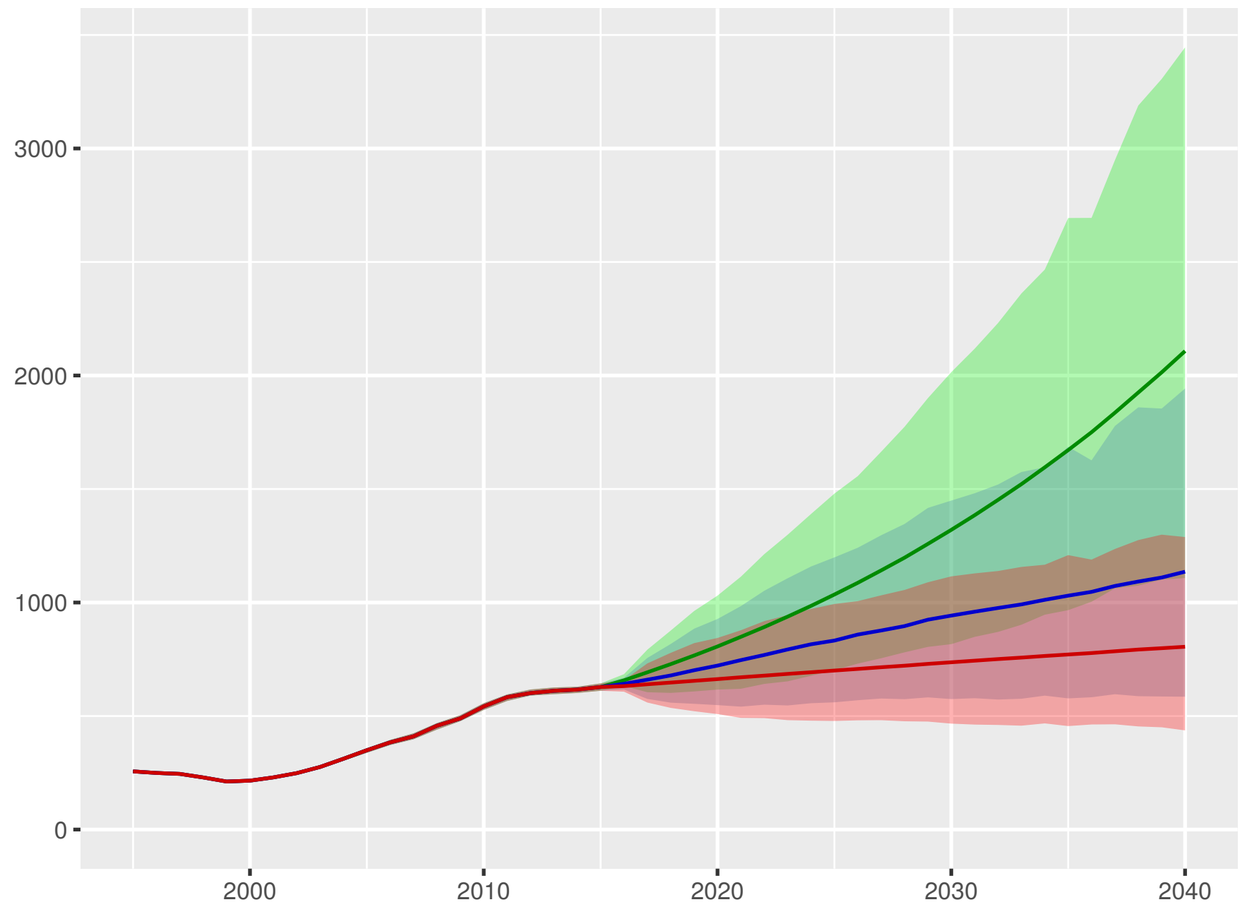
Total health spending per person



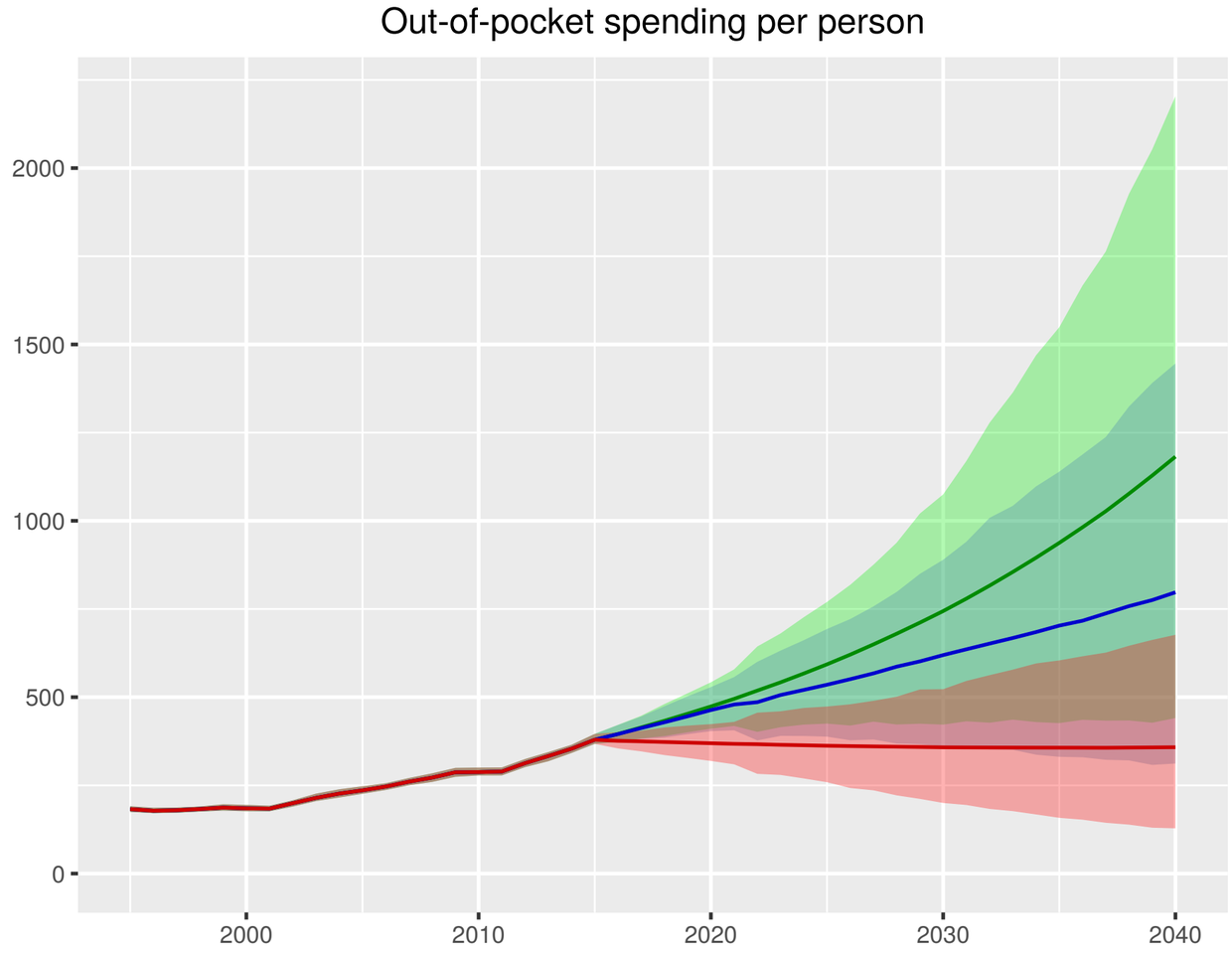
Development assistance for health received per person



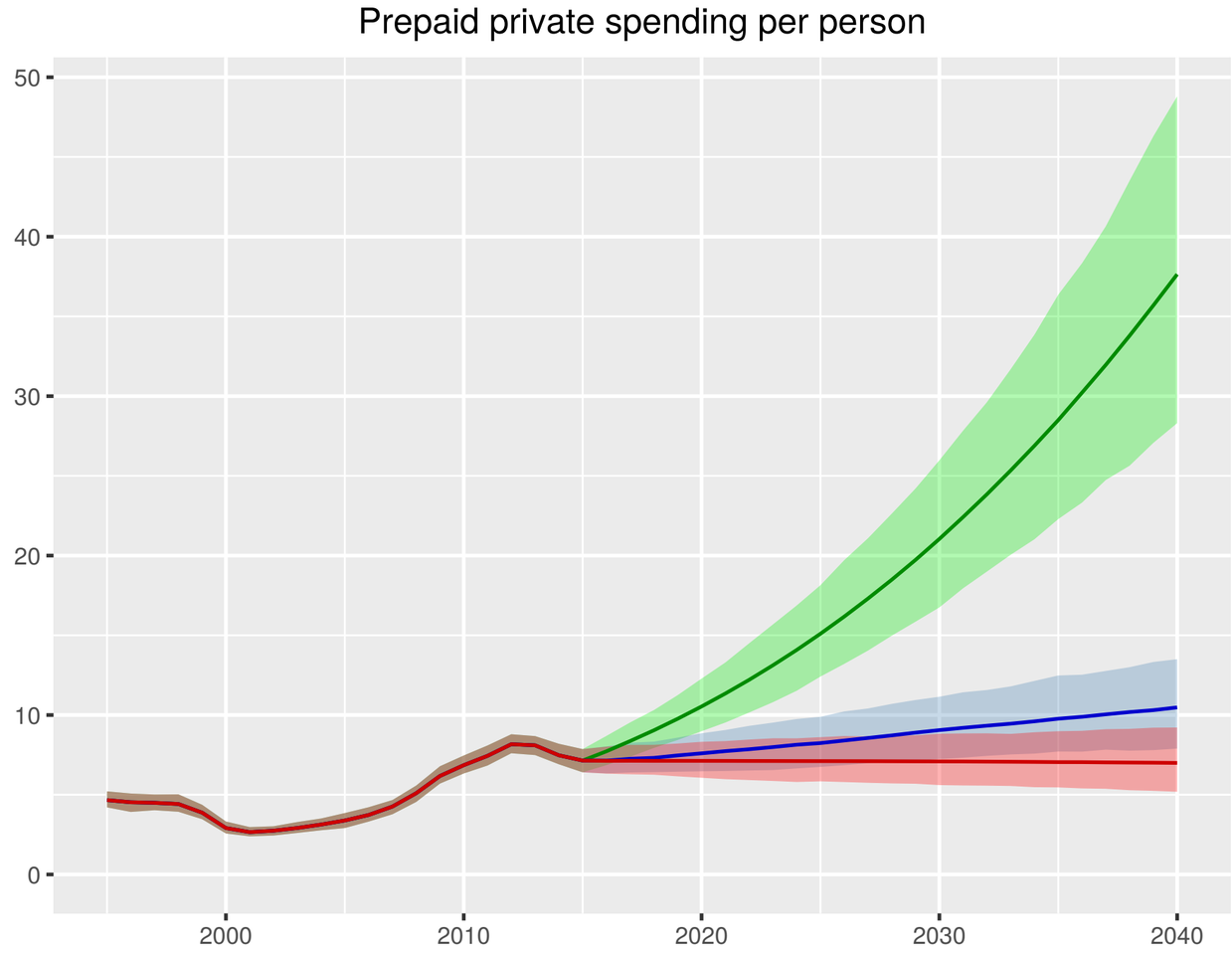
Government health spending per person



Out-of-pocket spending per person



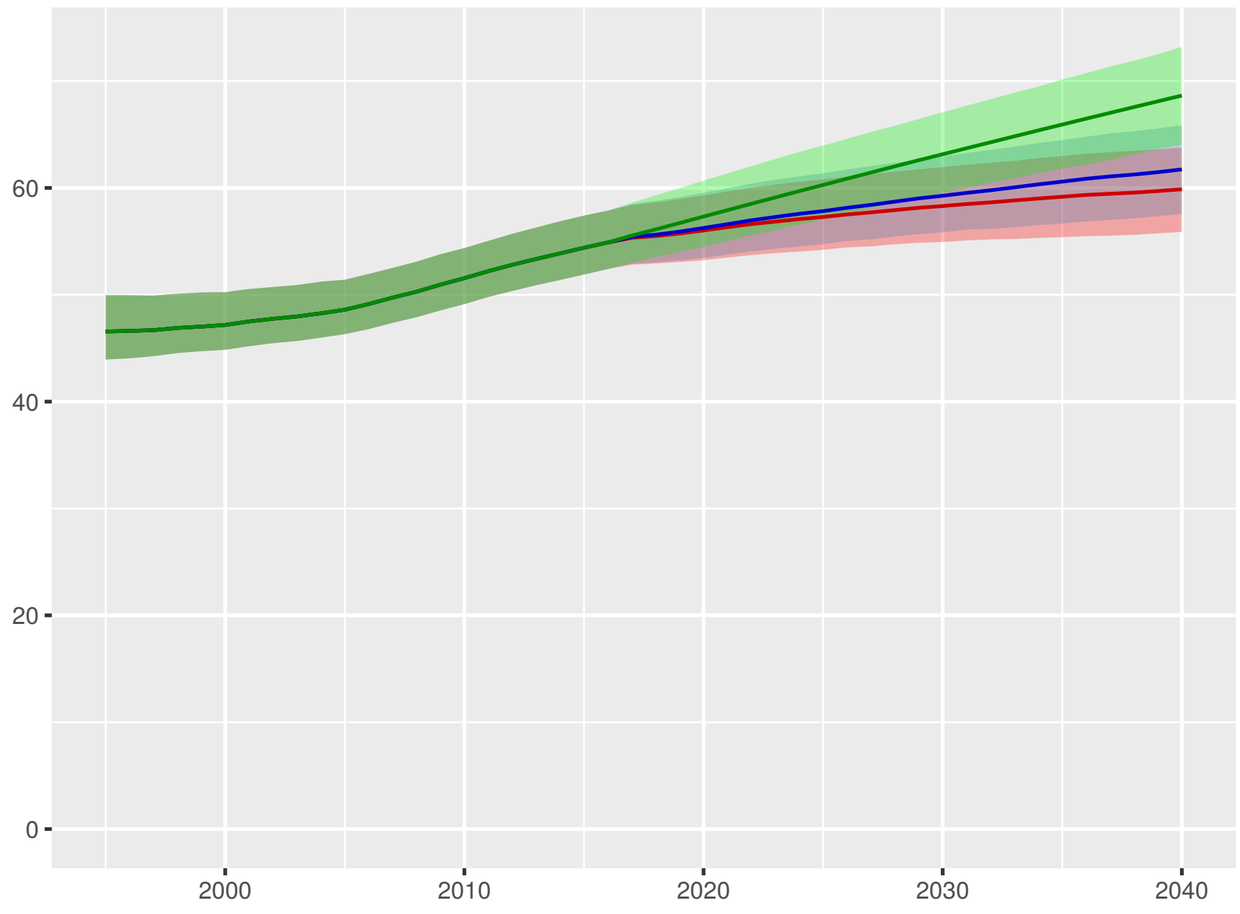
Prepaid private spending per person



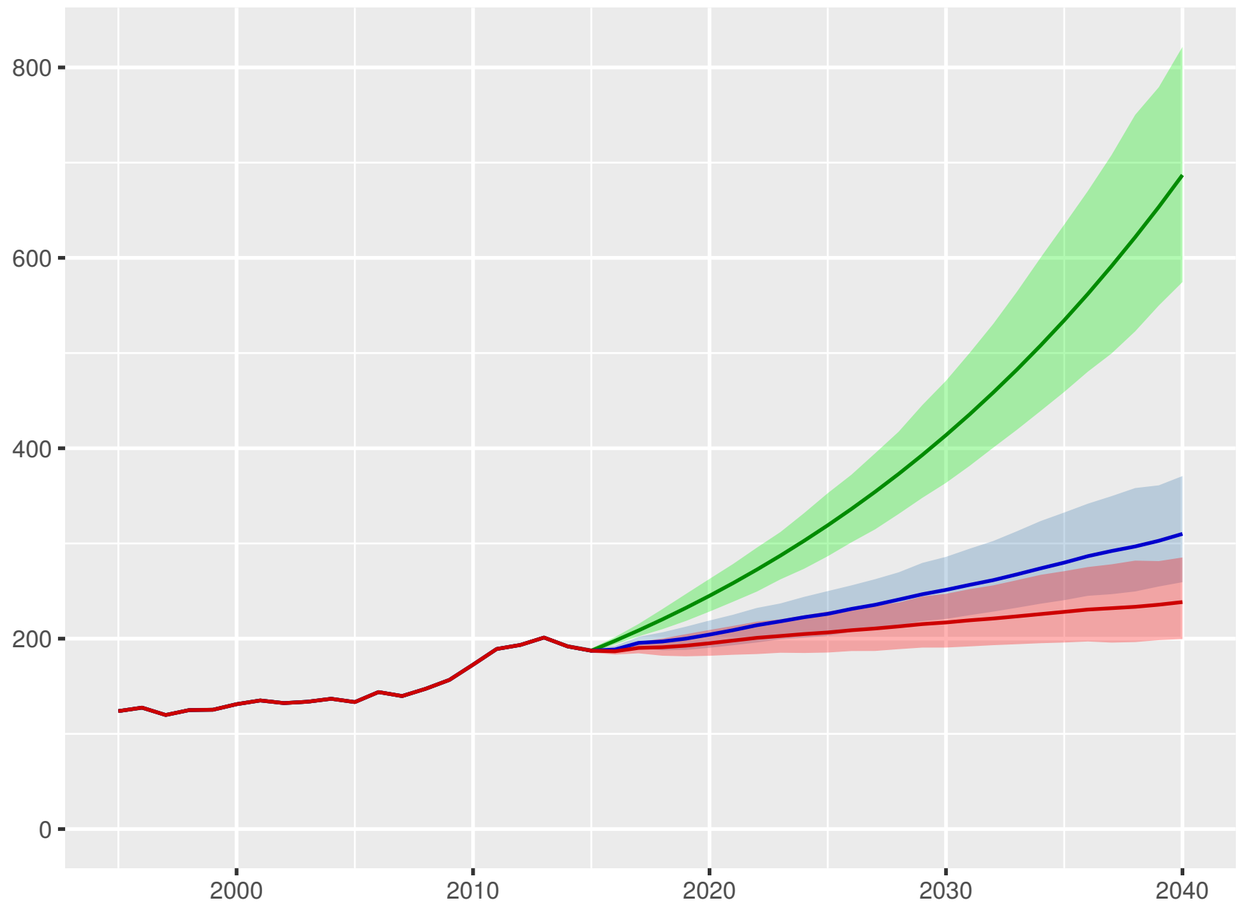
Scenario — Better — Reference — Worse

Kenya

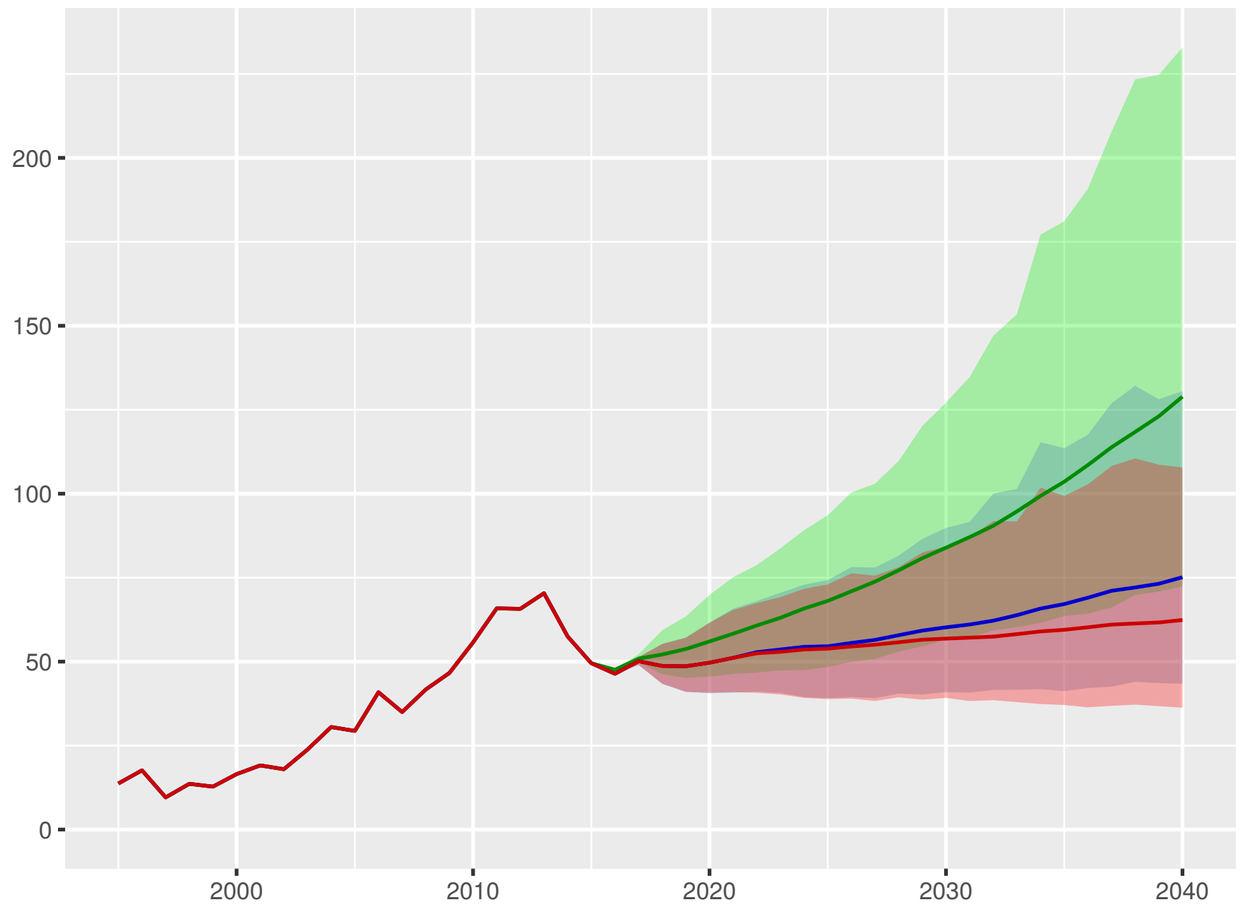
Universal health coverage index



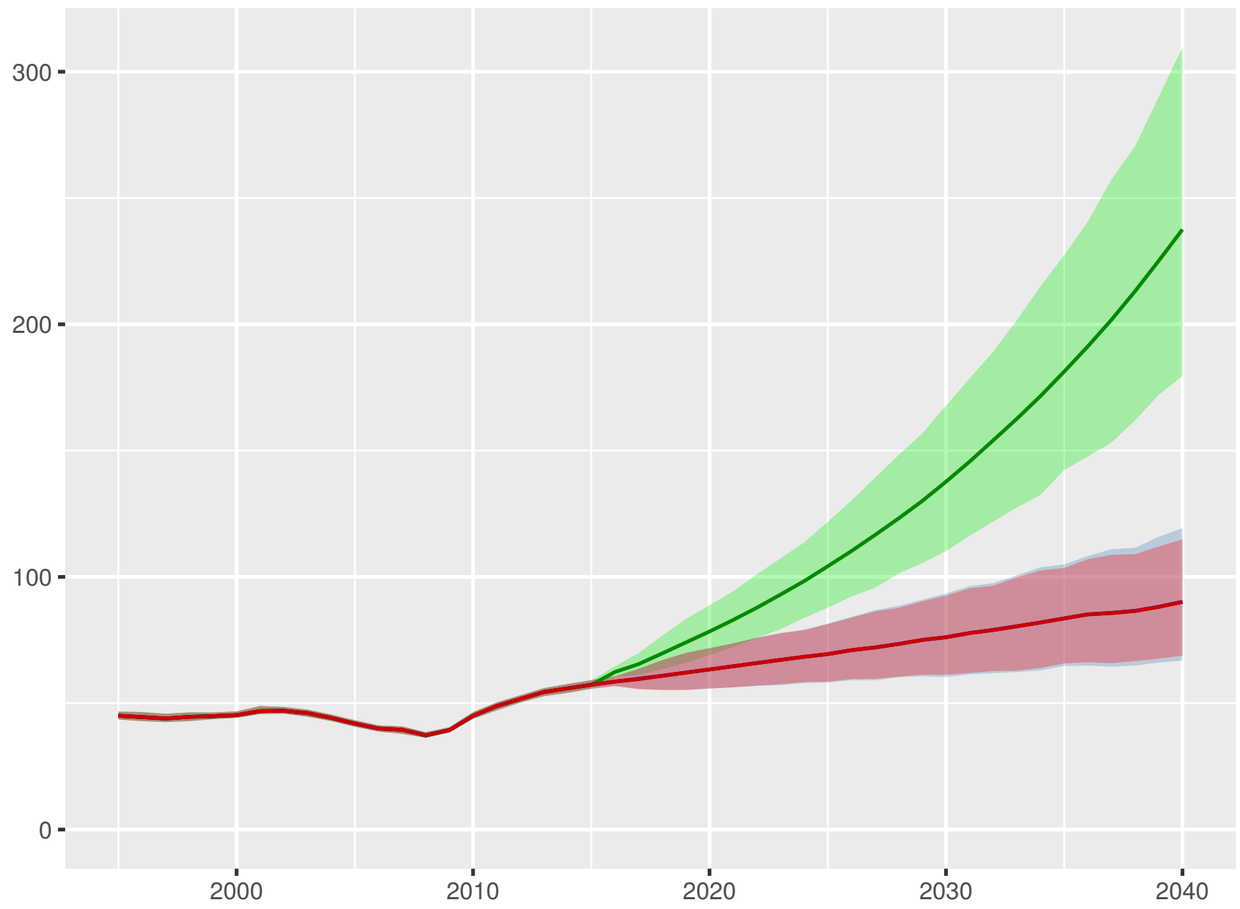
Total health spending per person



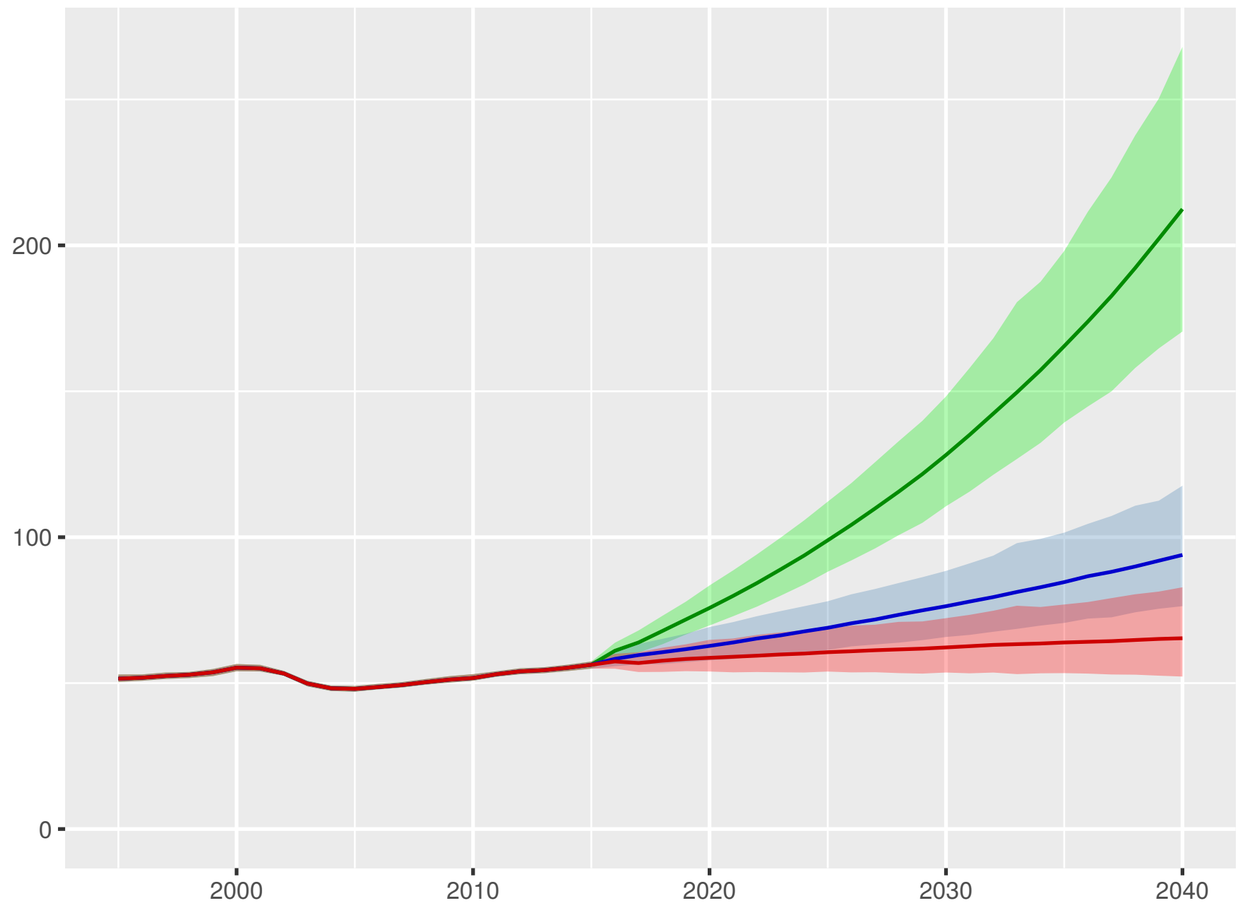
Development assistance for health received per person



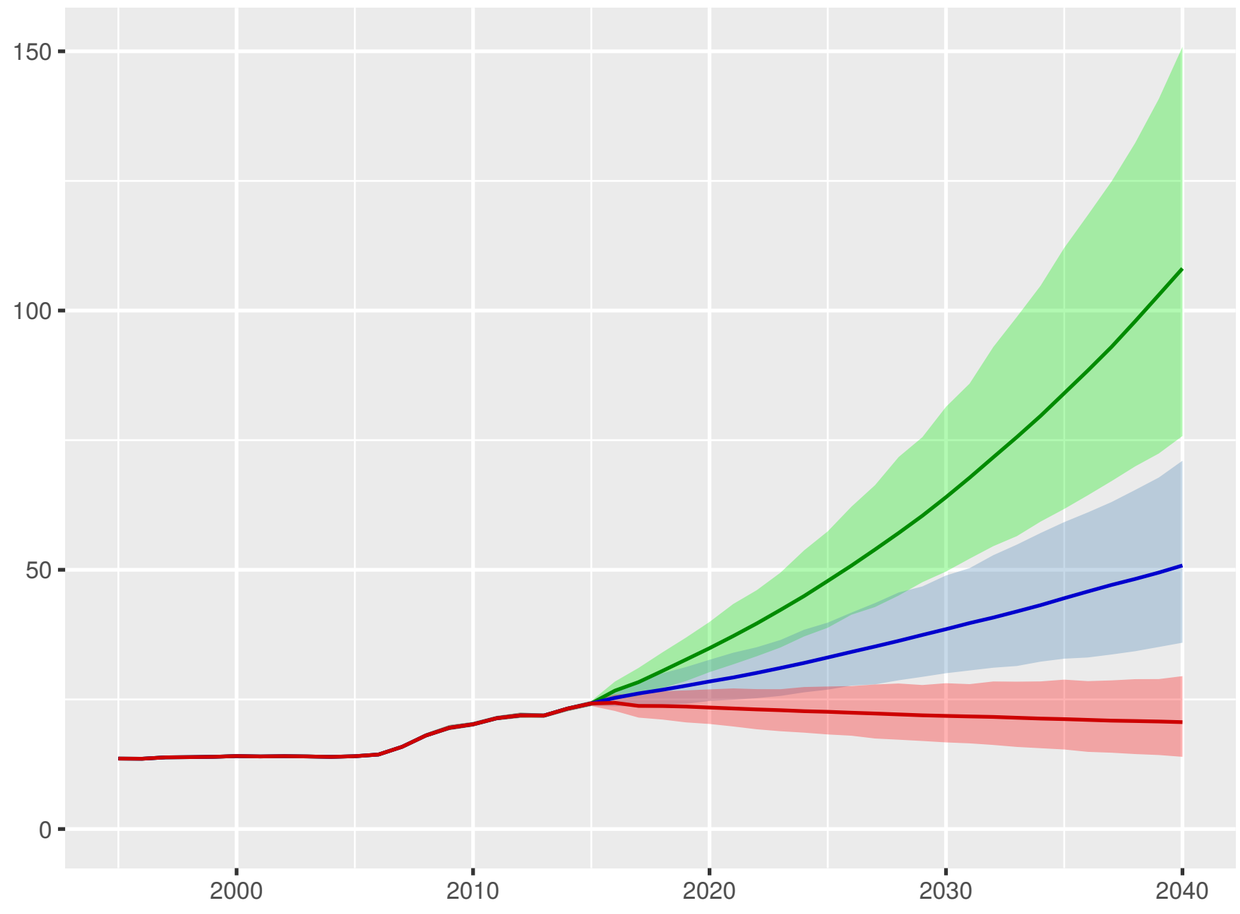
Government health spending per person



Out-of-pocket spending per person



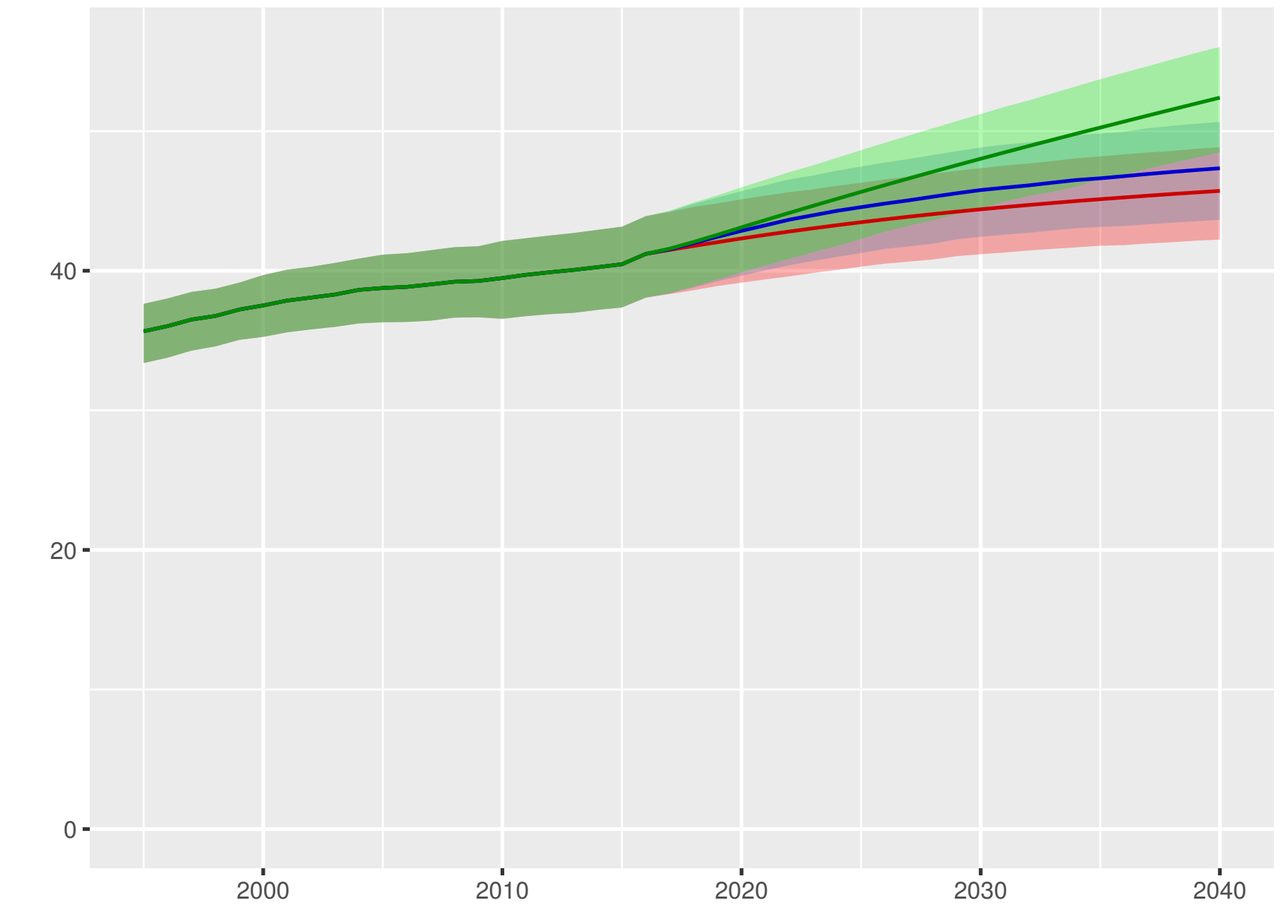
Prepaid private spending per person



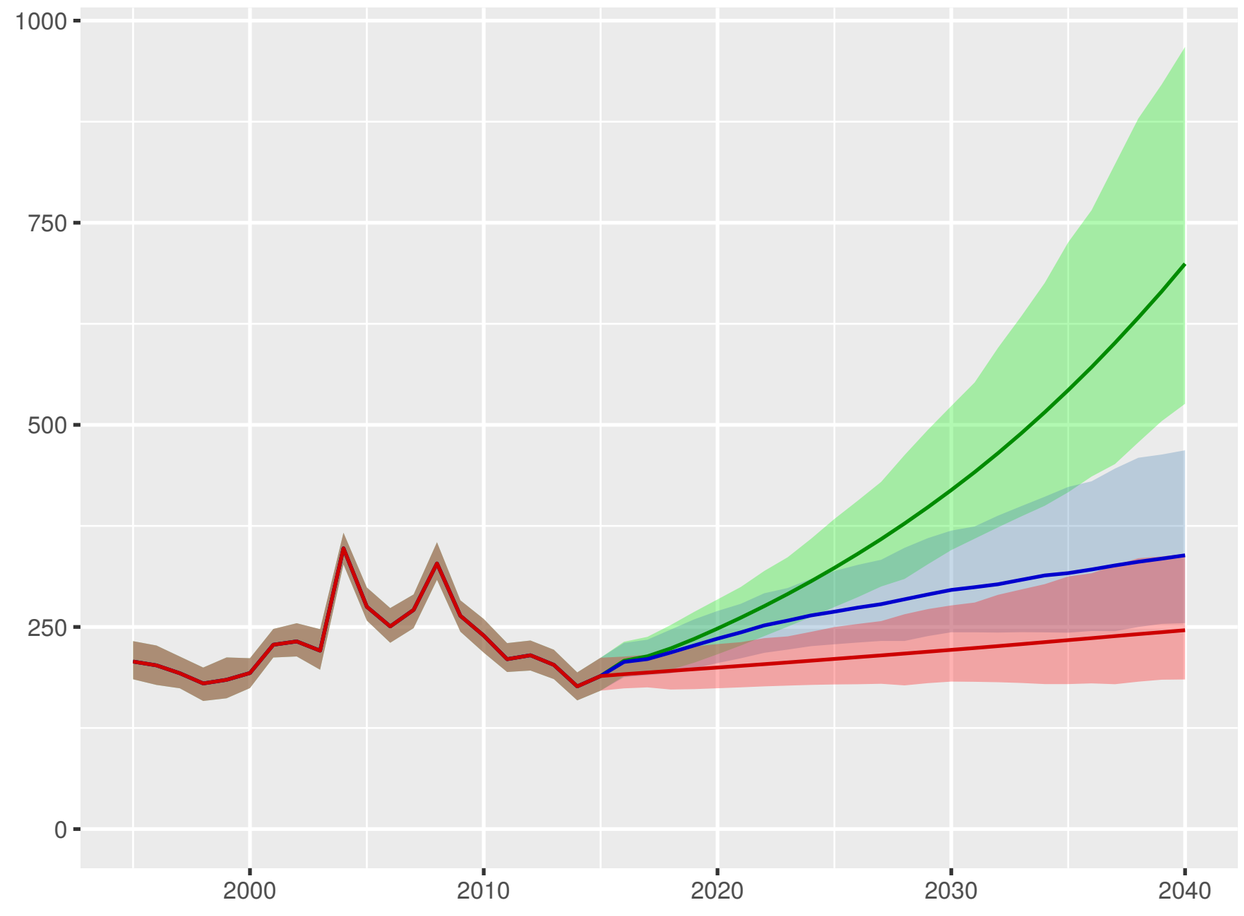
Scenario — Better — Reference — Worse

Kiribati

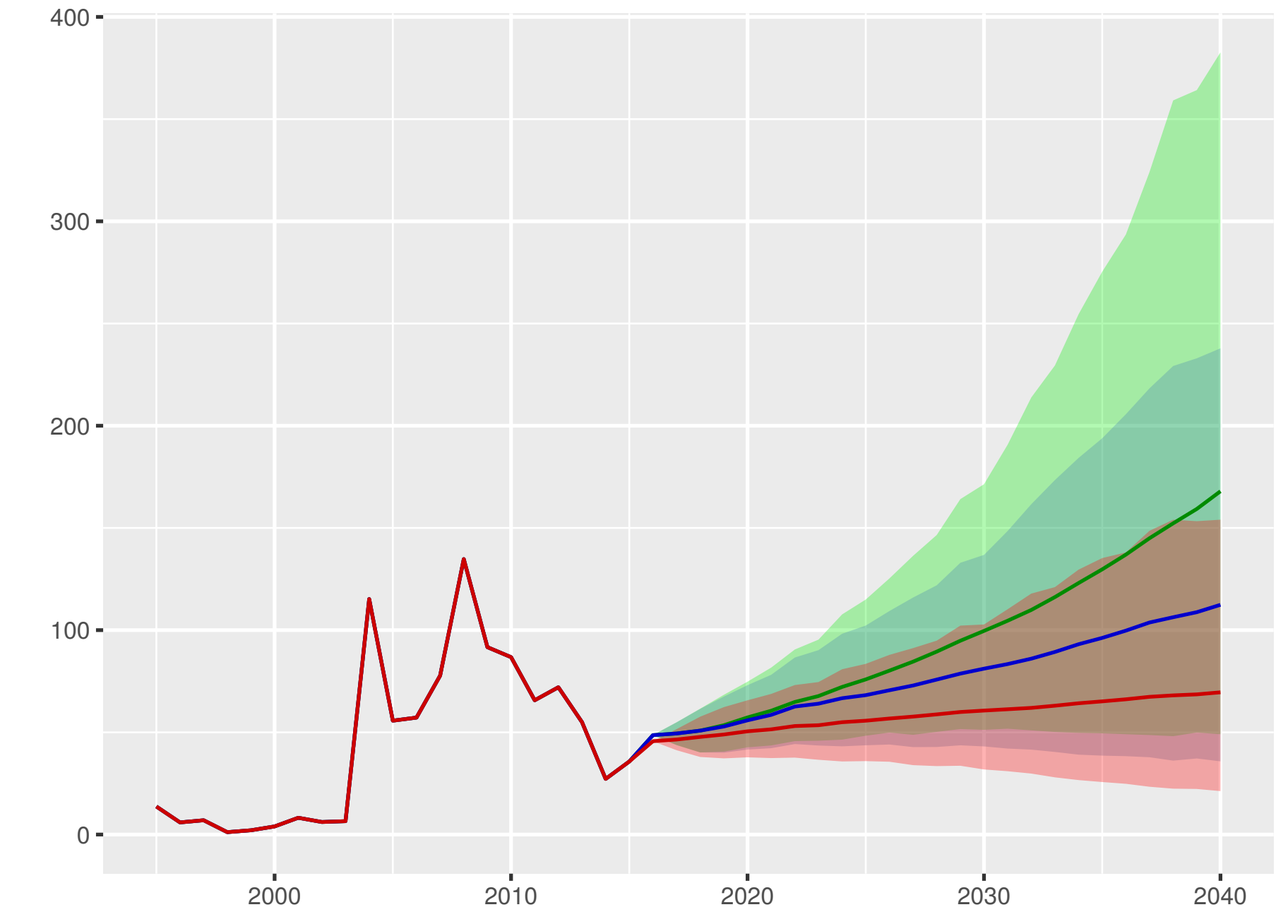
Universal health coverage index



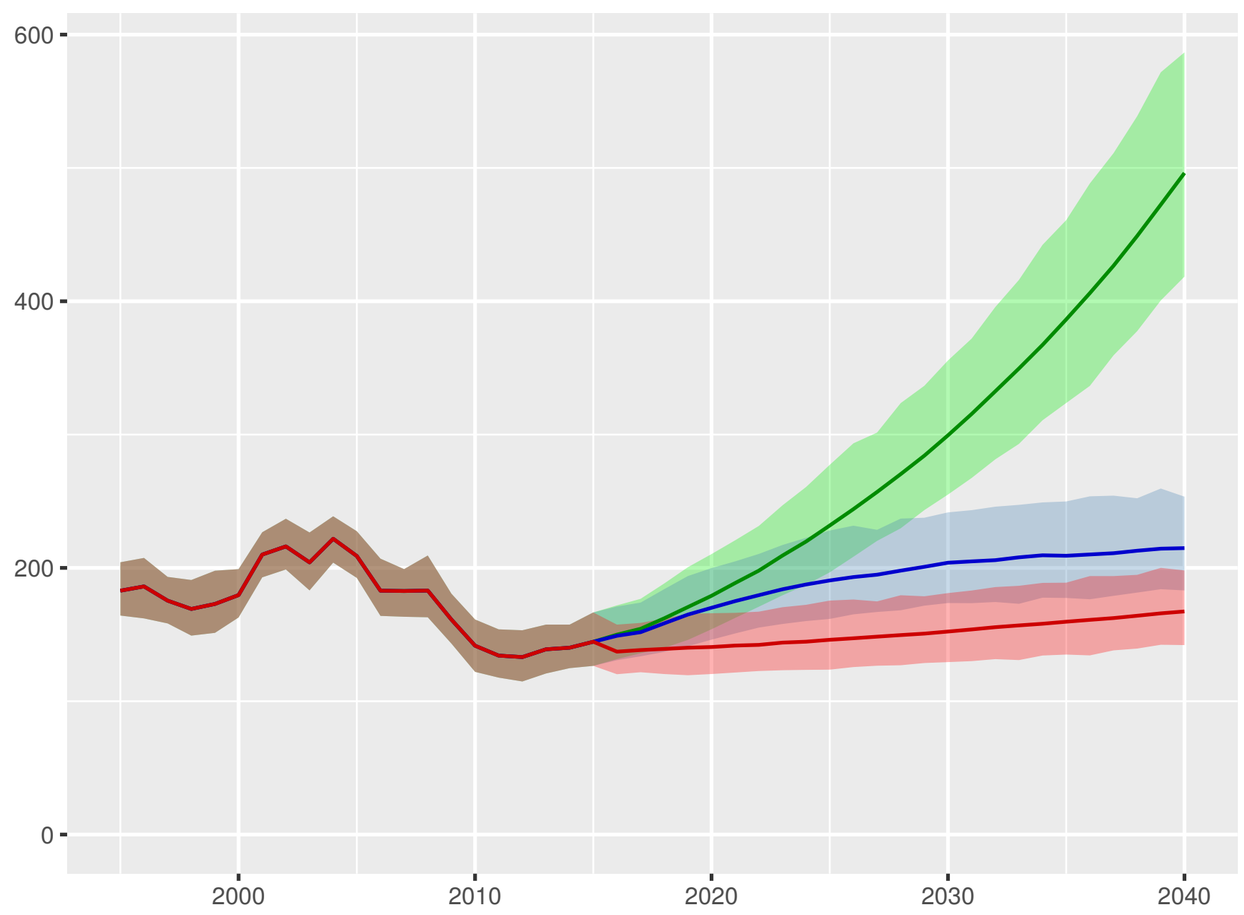
Total health spending per person



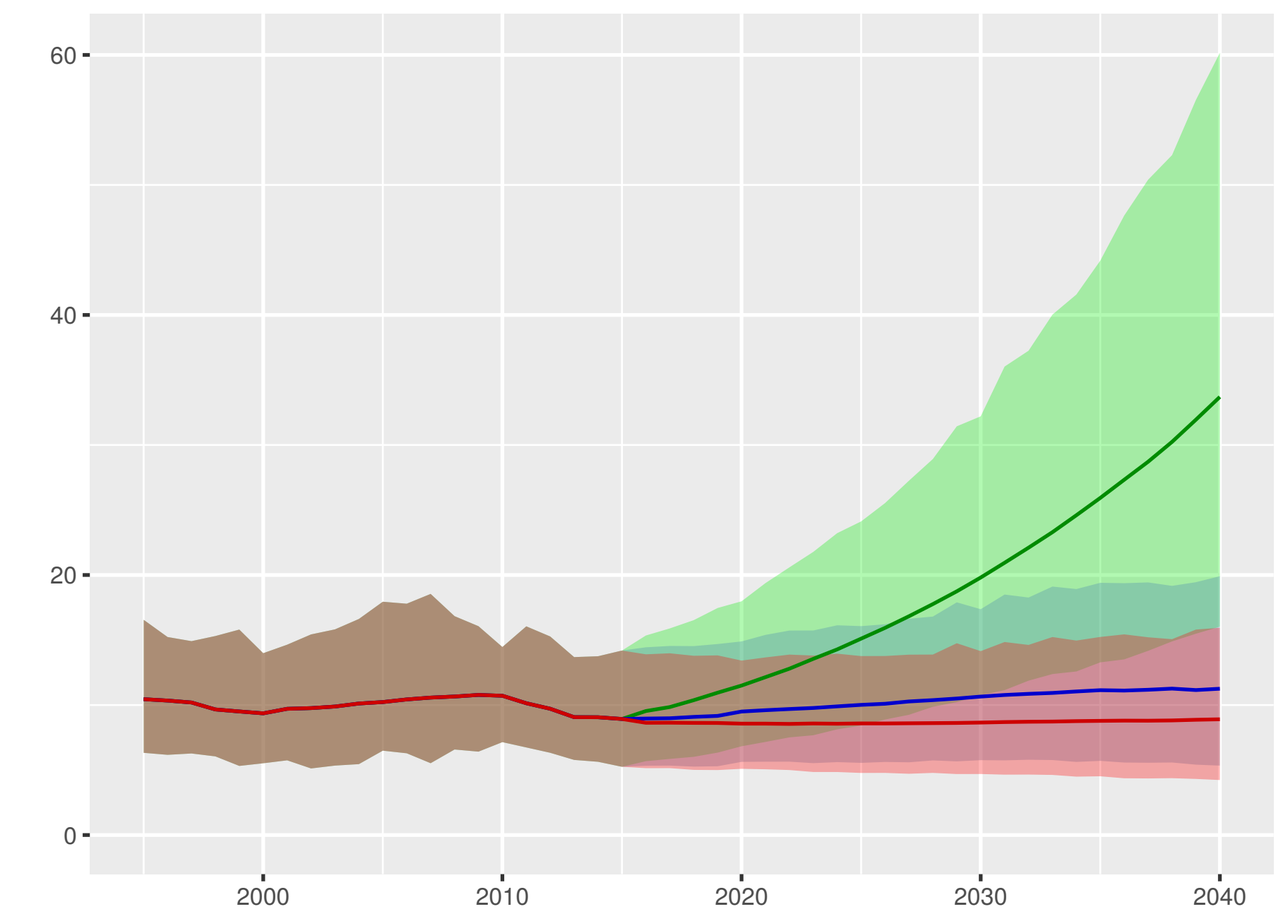
Development assistance for health received per person



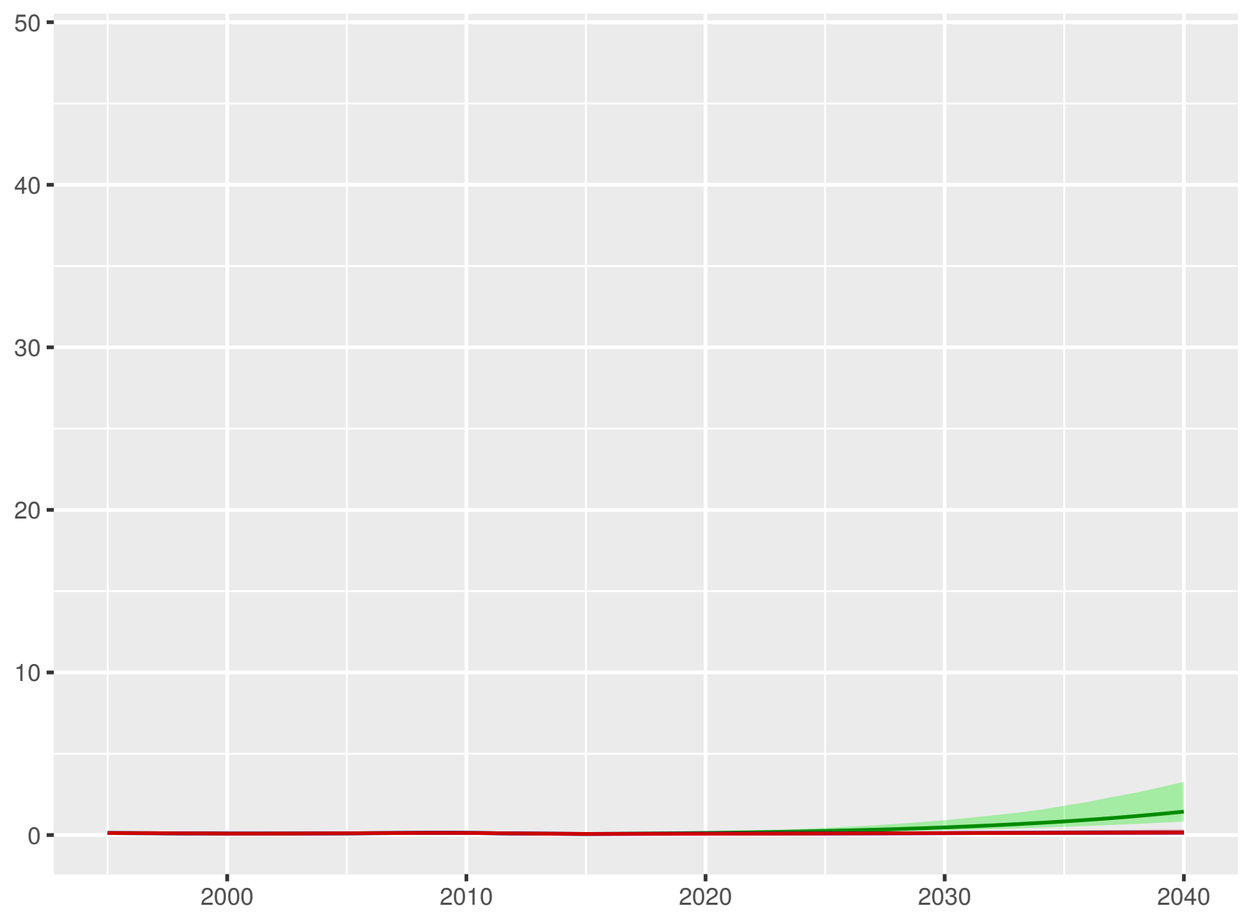
Government health spending per person



Out-of-pocket spending per person



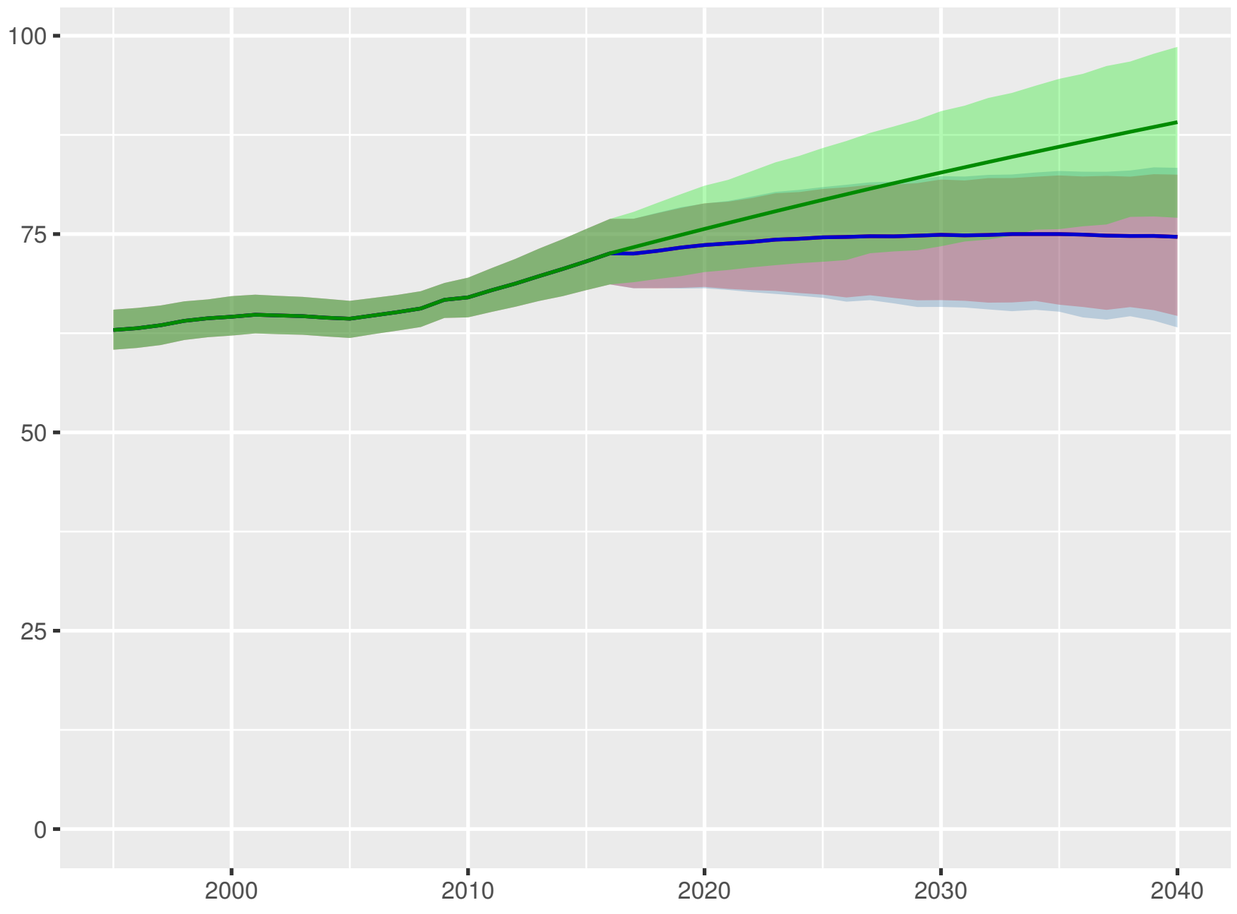
Prepaid private spending per person



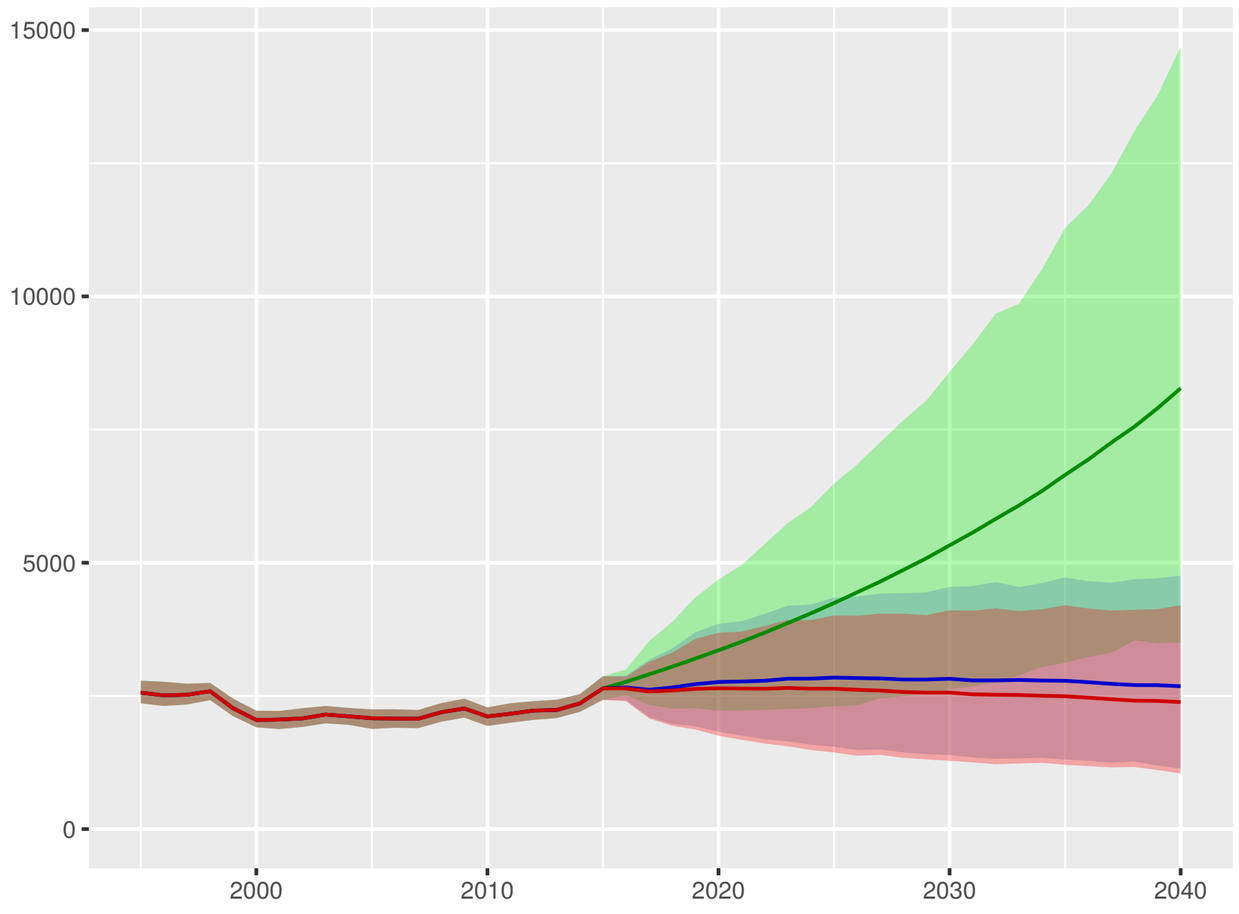
Scenario — Better — Reference — Worse

Kuwait

Universal health coverage index

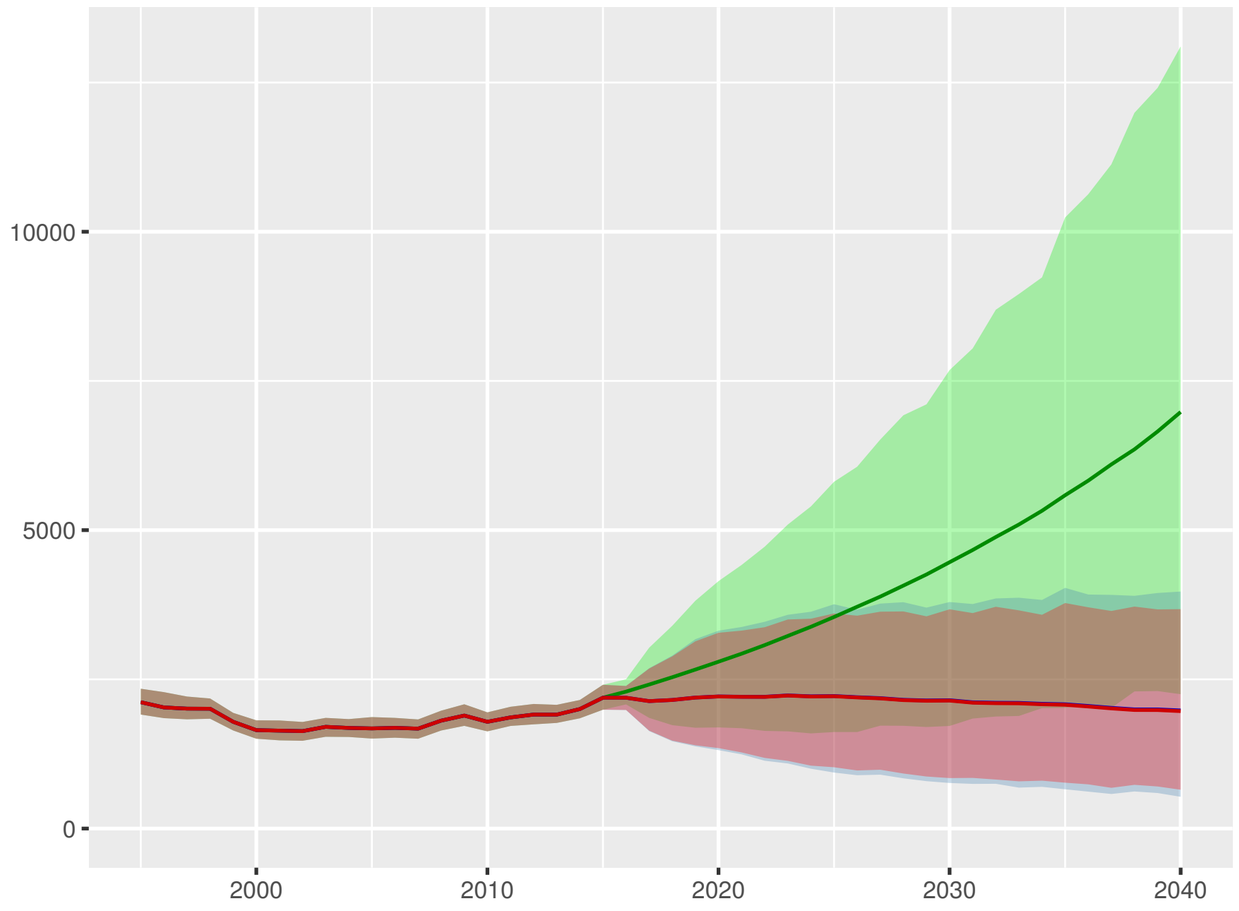


Total health spending per person

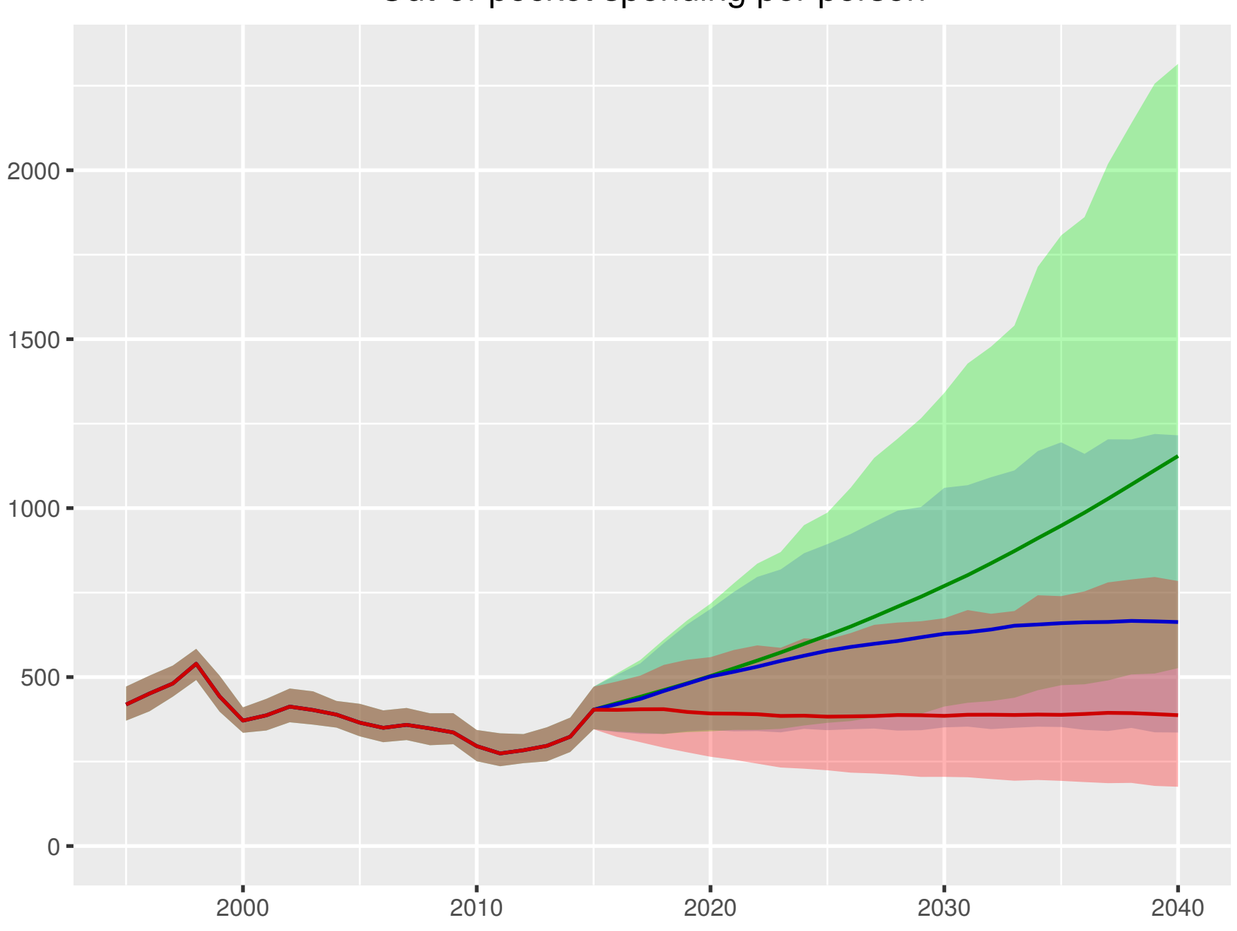


Development assistance for health received per person

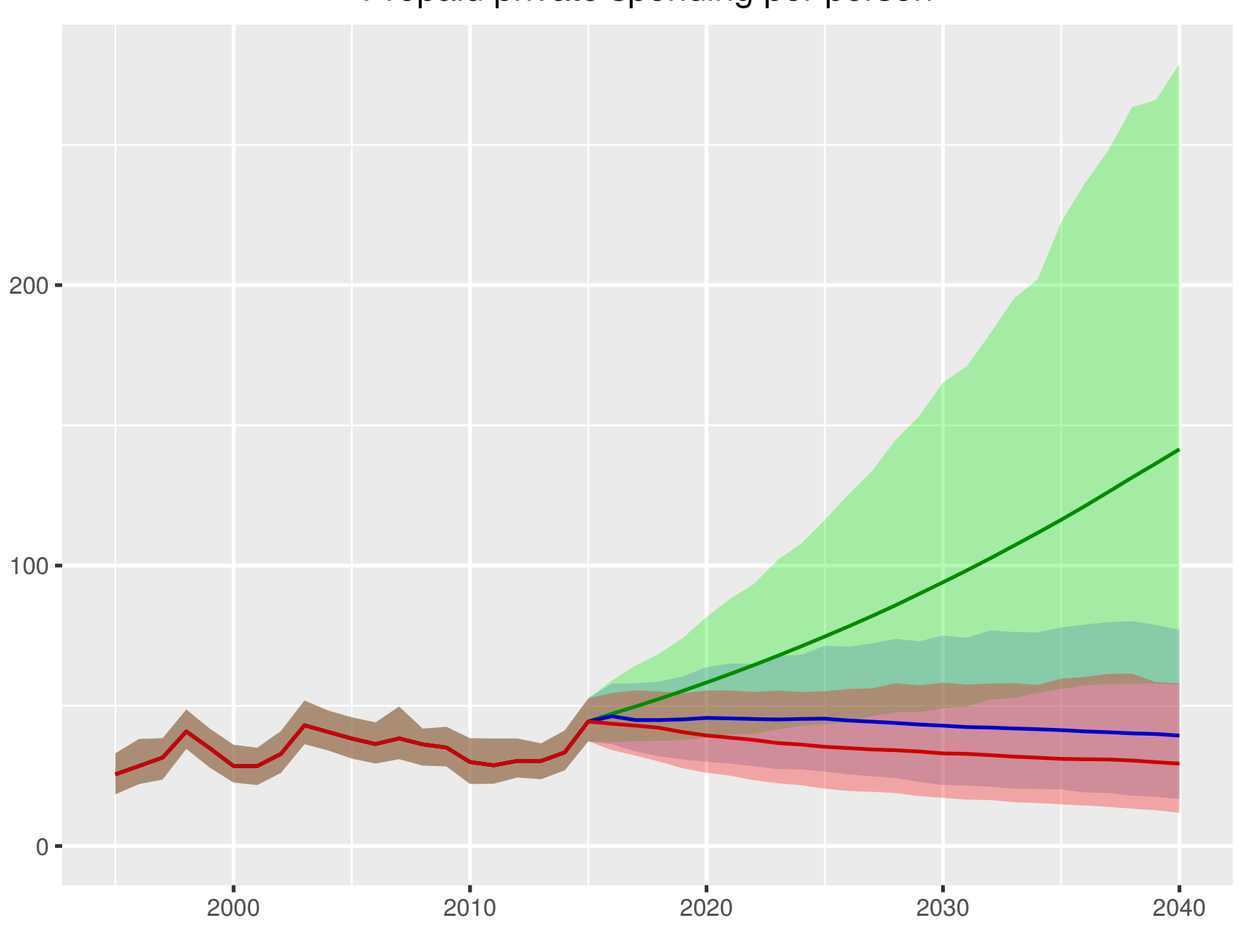
Government health spending per person



Out-of-pocket spending per person



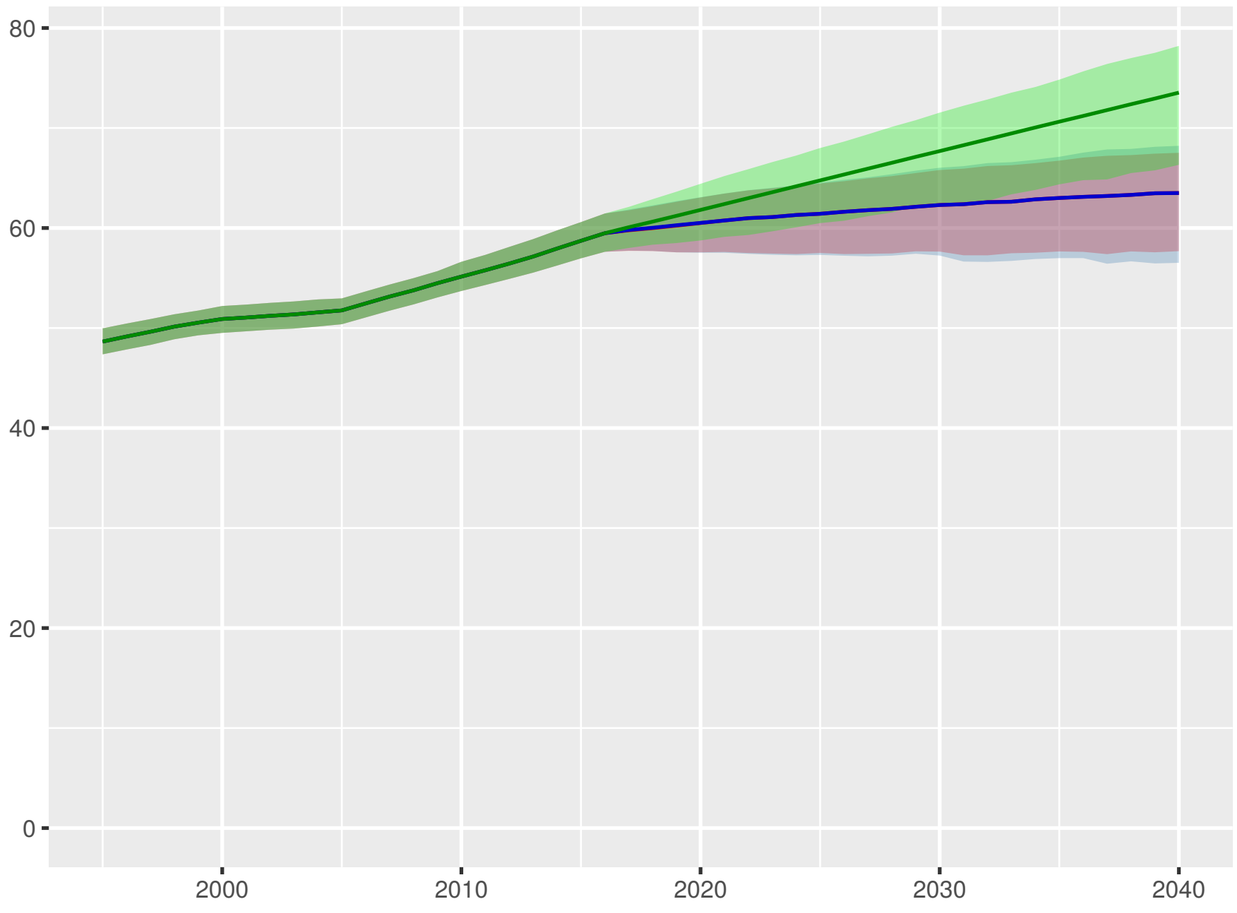
Prepaid private spending per person



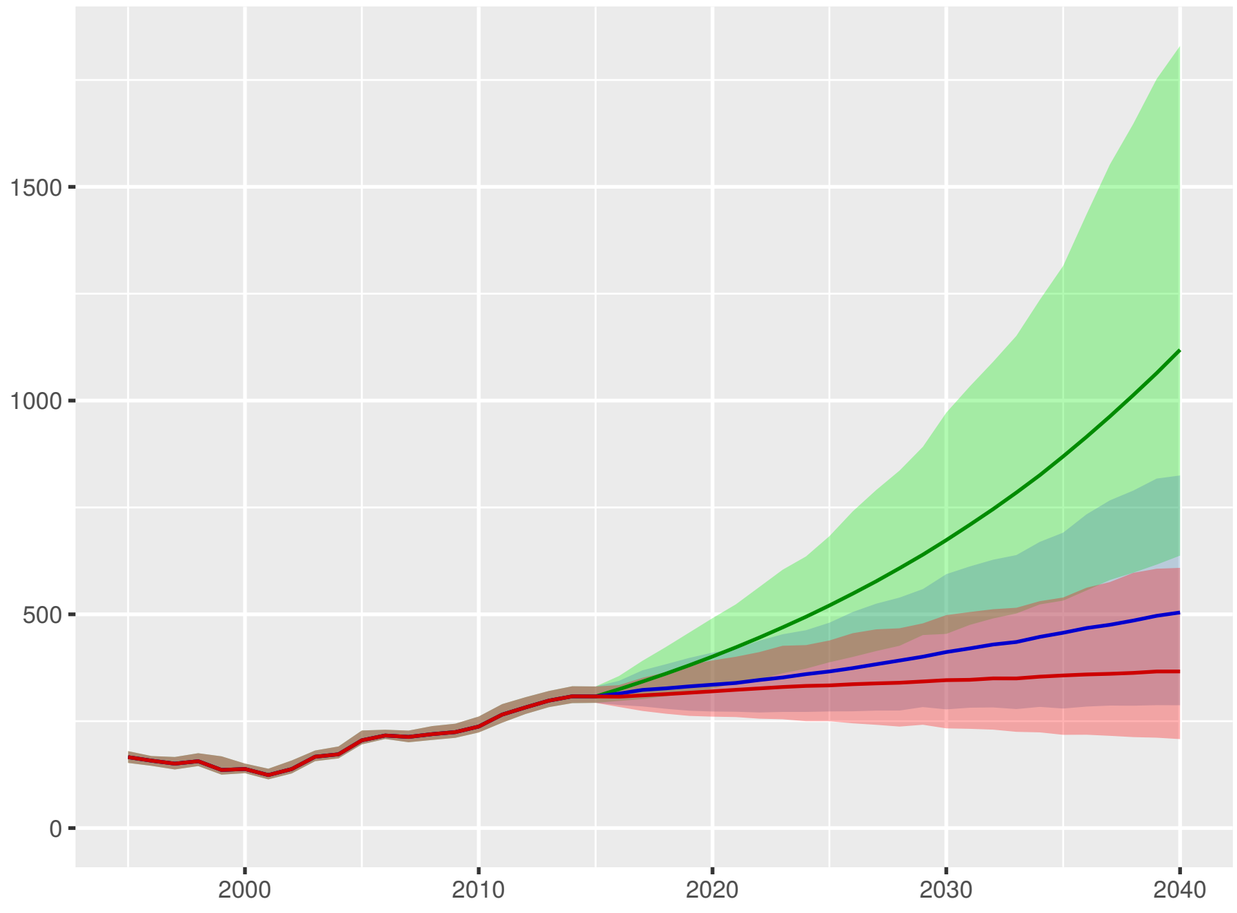
Scenario — Better — Reference — Worse

Kyrgyzstan

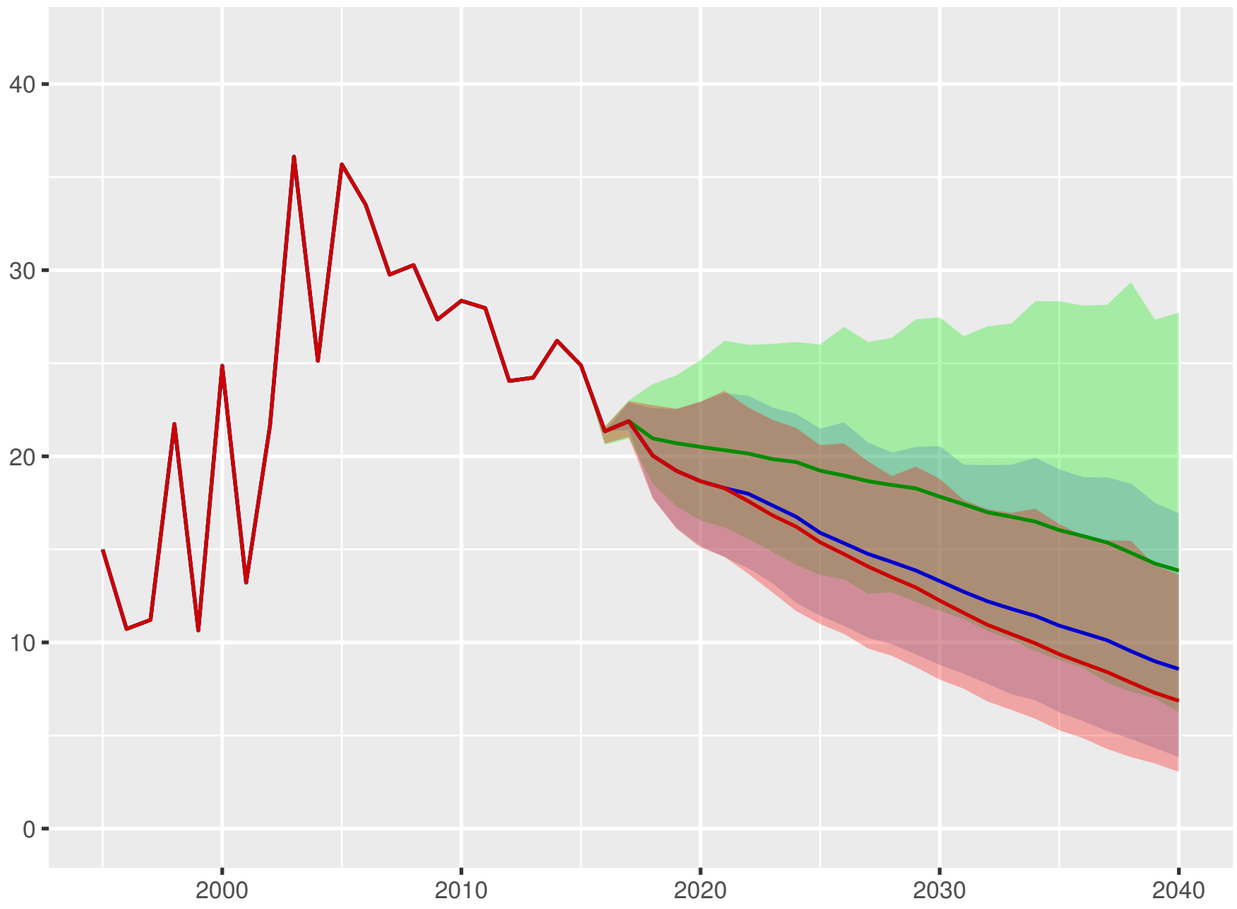
Universal health coverage index



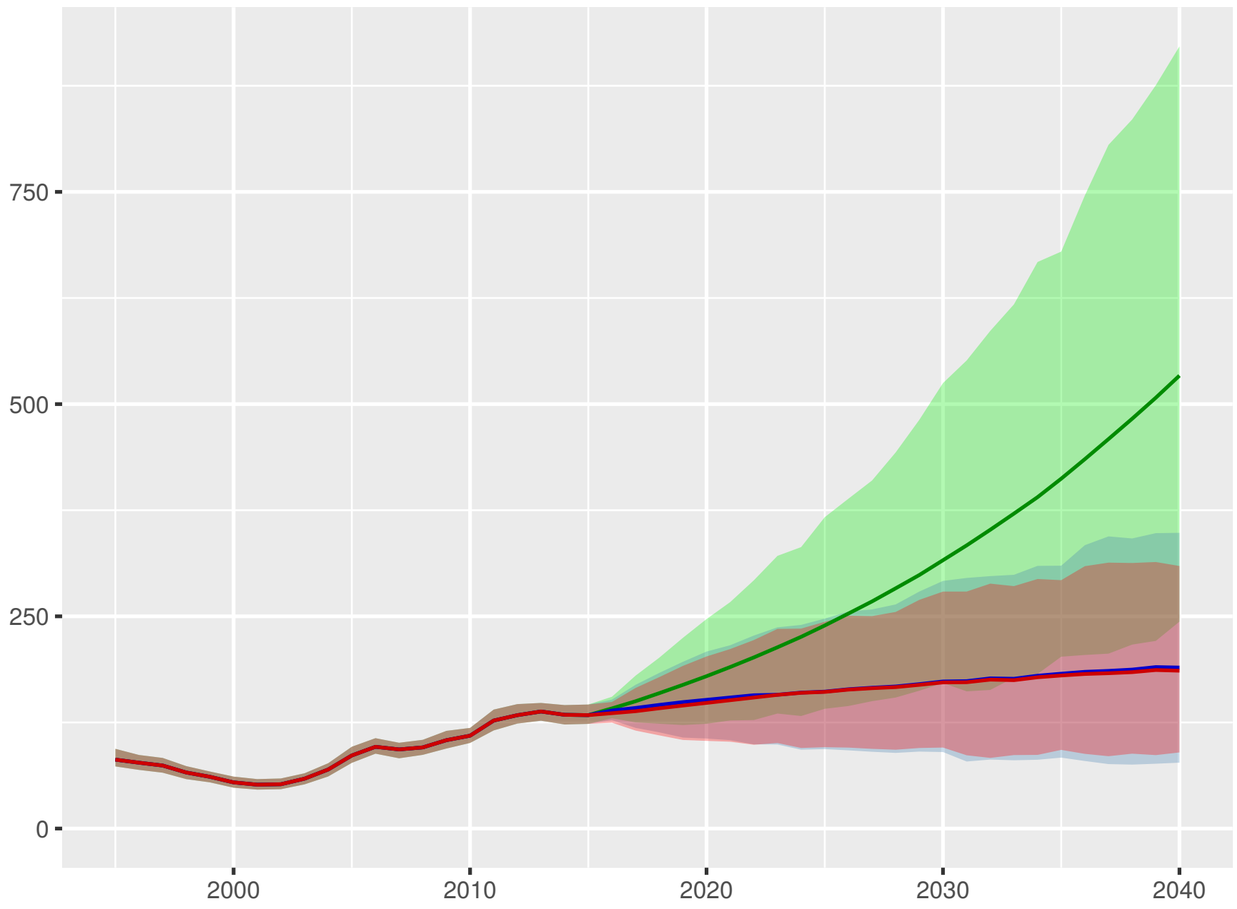
Total health spending per person



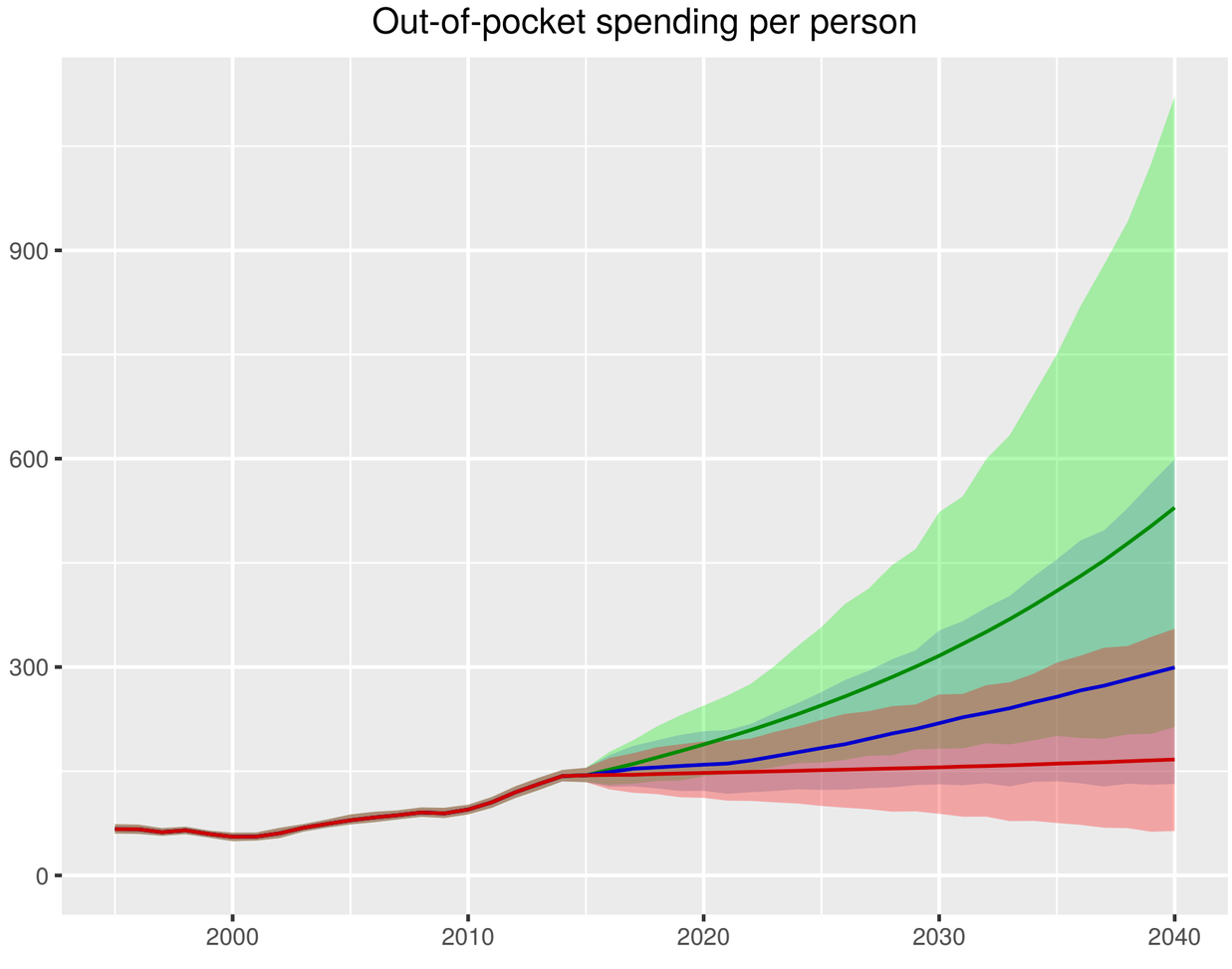
Development assistance for health received per person



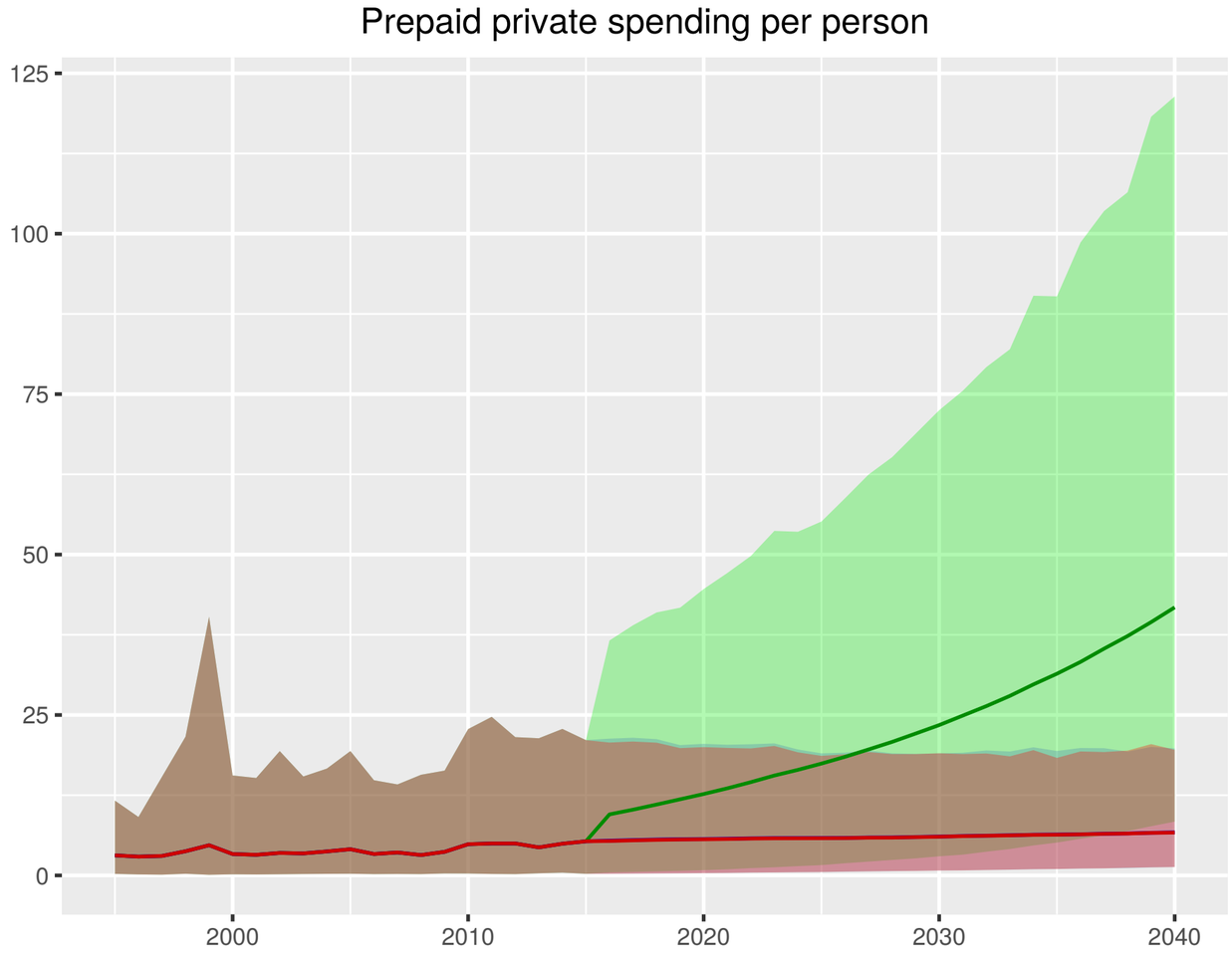
Government health spending per person



Out-of-pocket spending per person



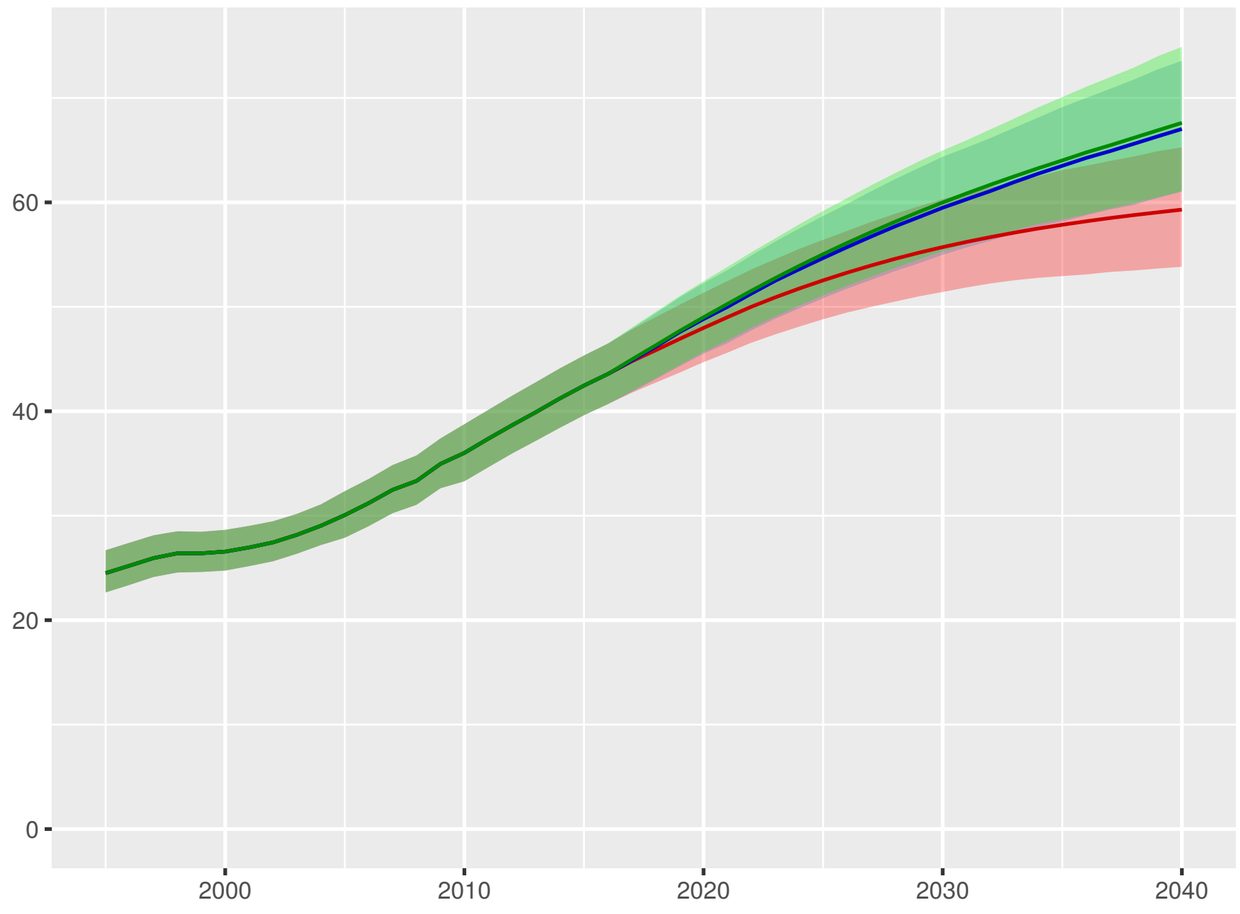
Prepaid private spending per person



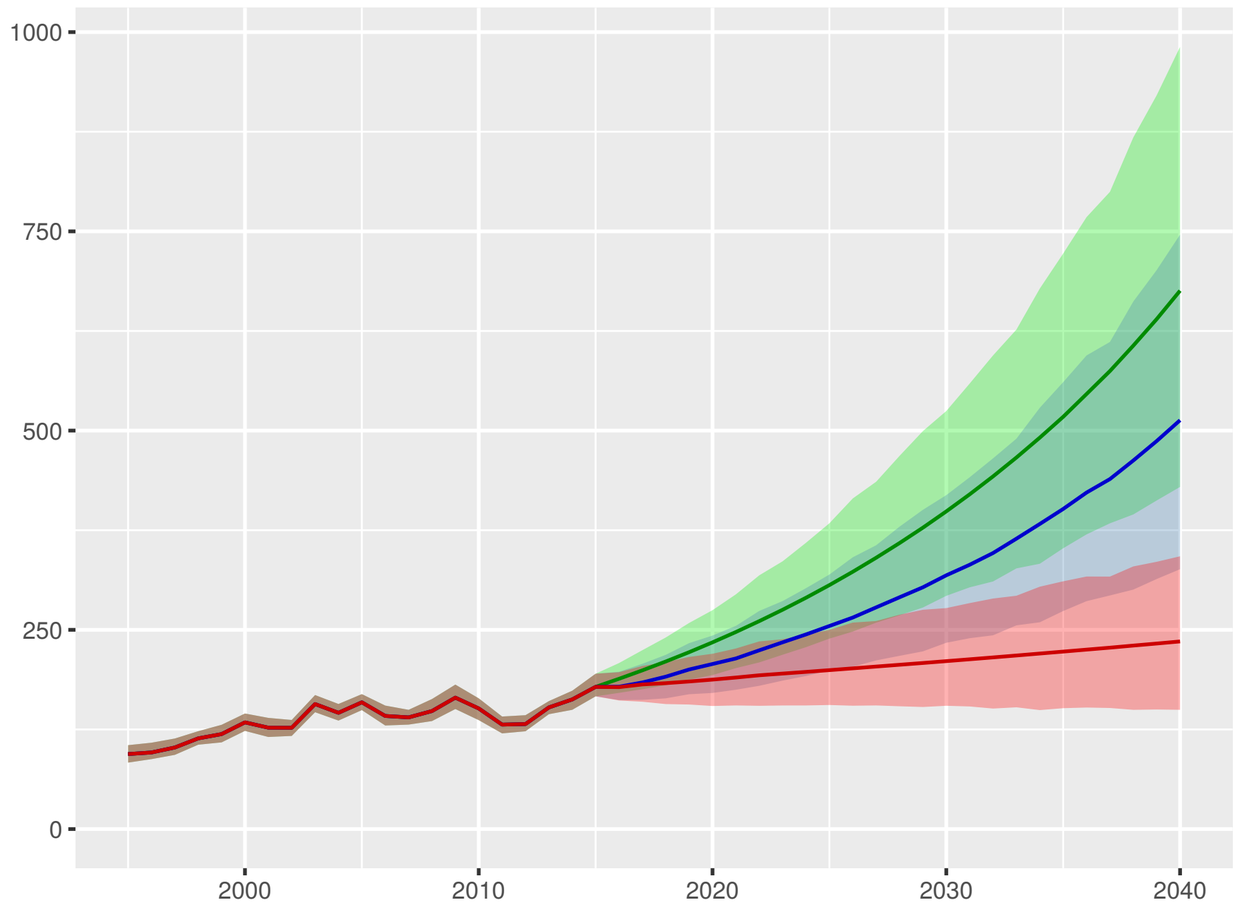
Scenario — Better — Reference — Worse

Laos

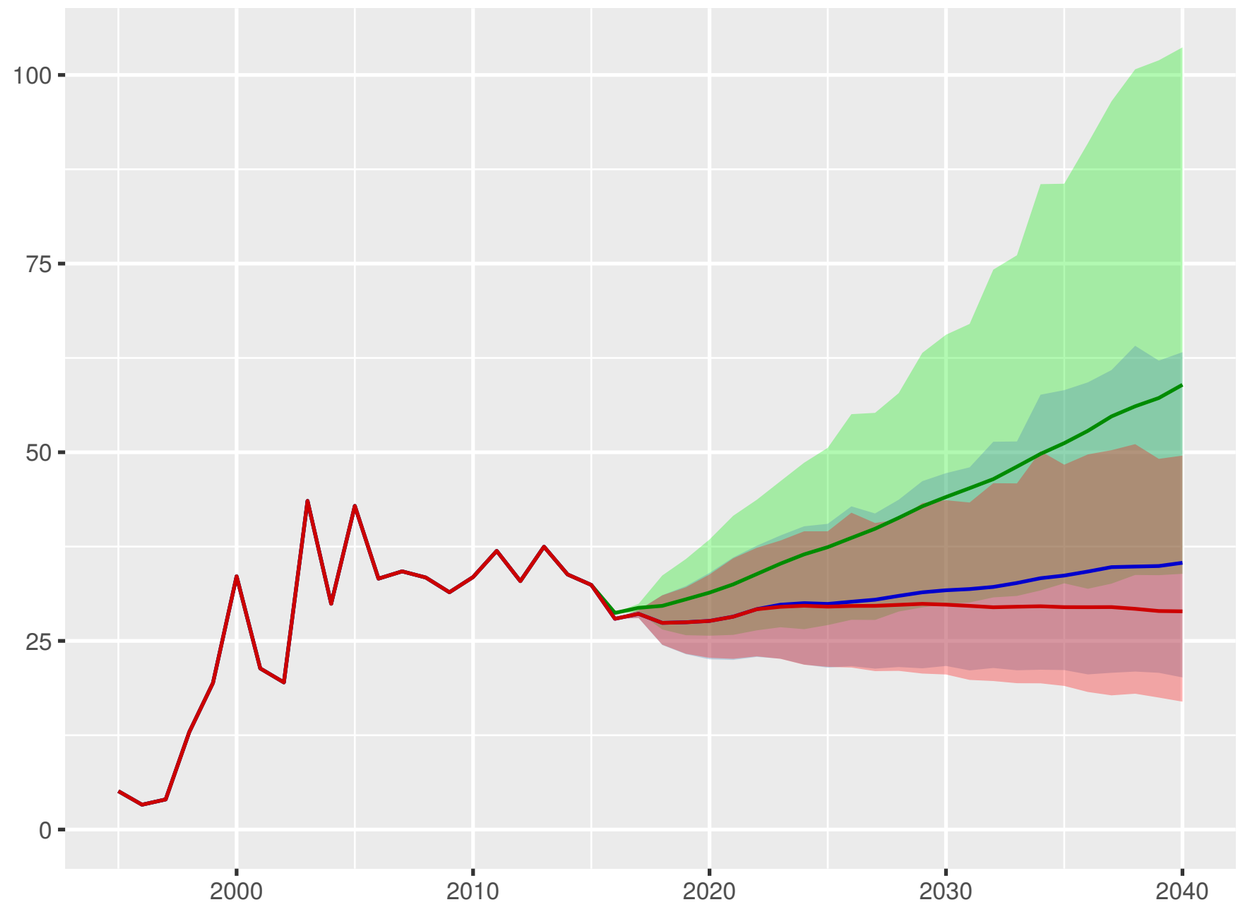
Universal health coverage index



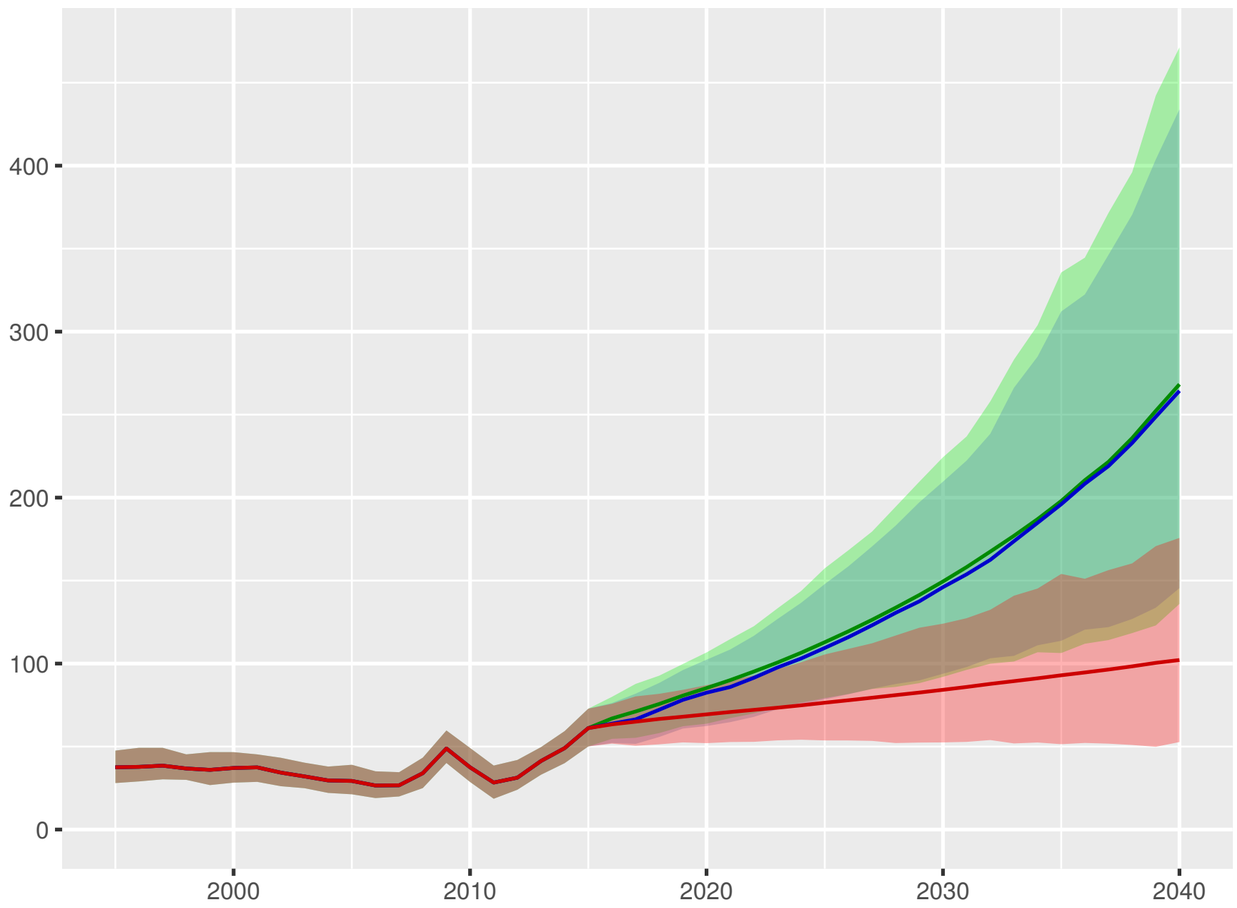
Total health spending per person



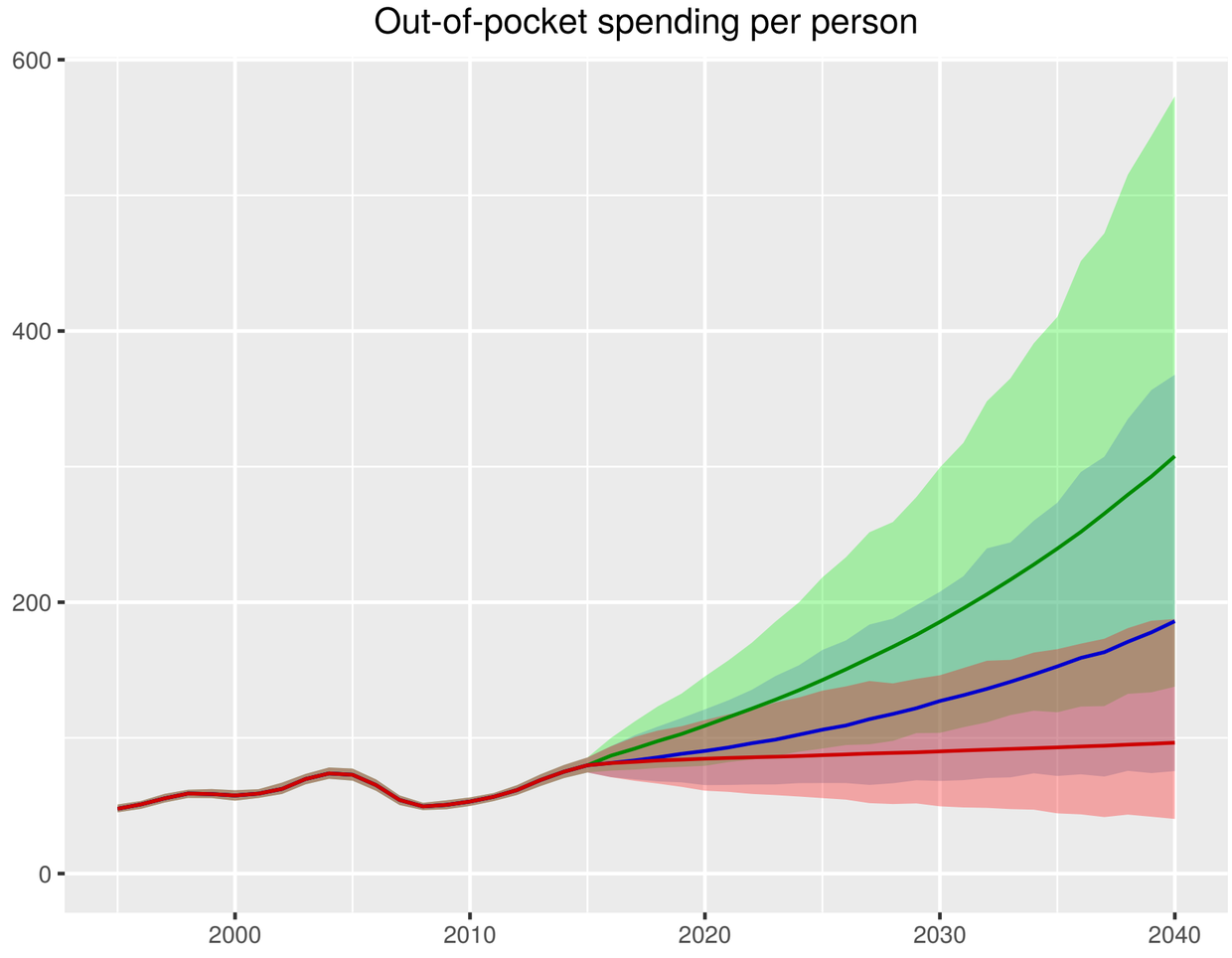
Development assistance for health received per person



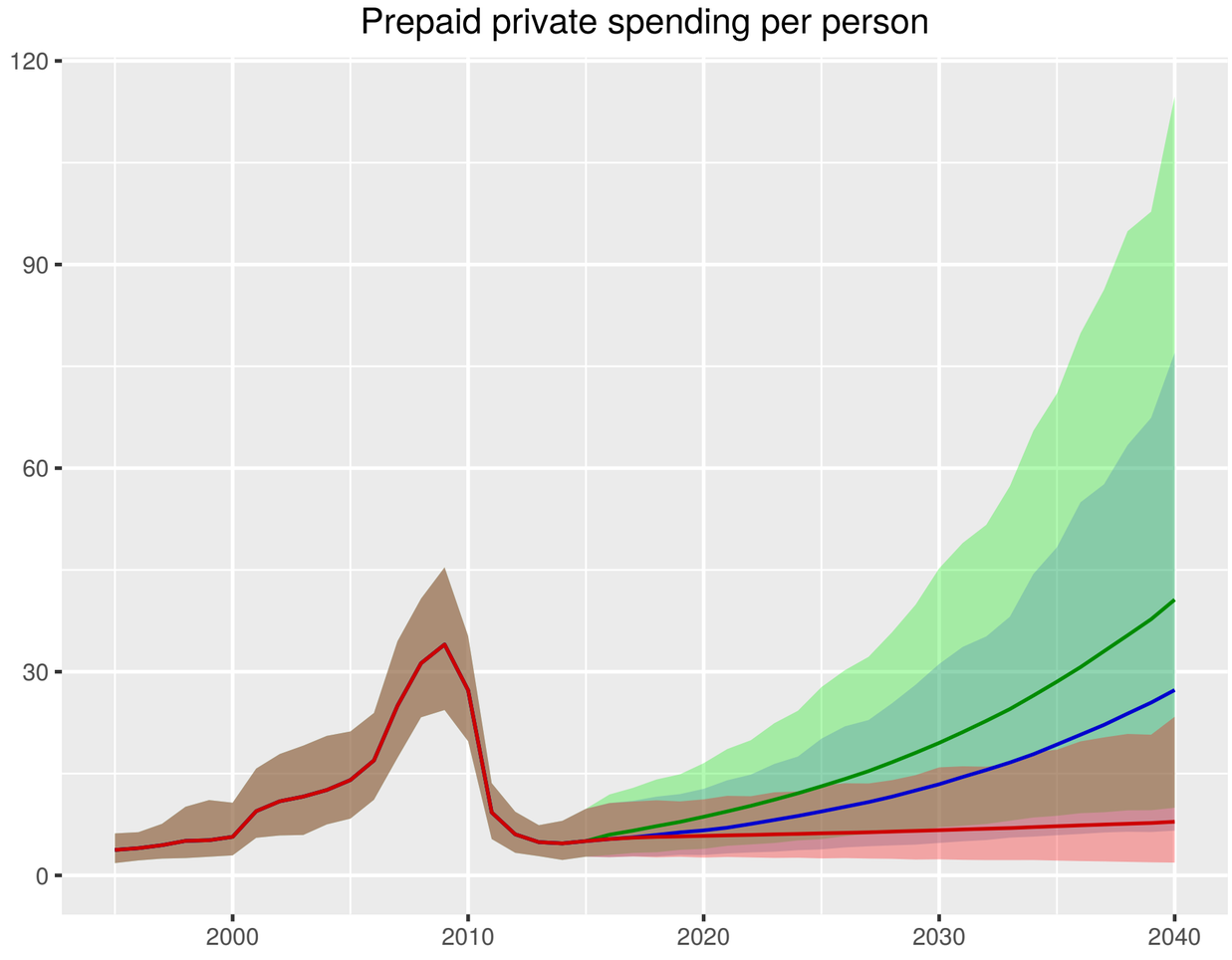
Government health spending per person



Out-of-pocket spending per person



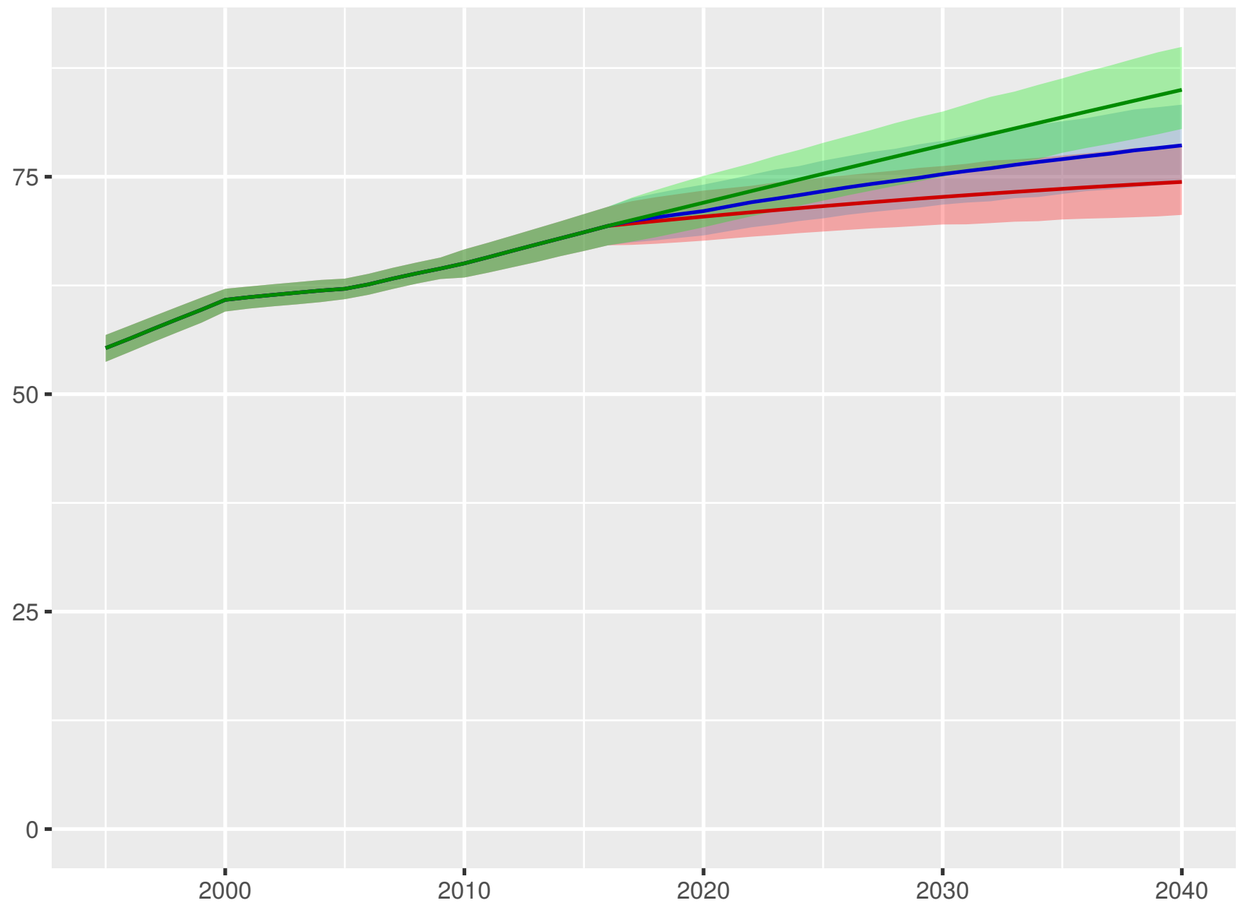
Prepaid private spending per person



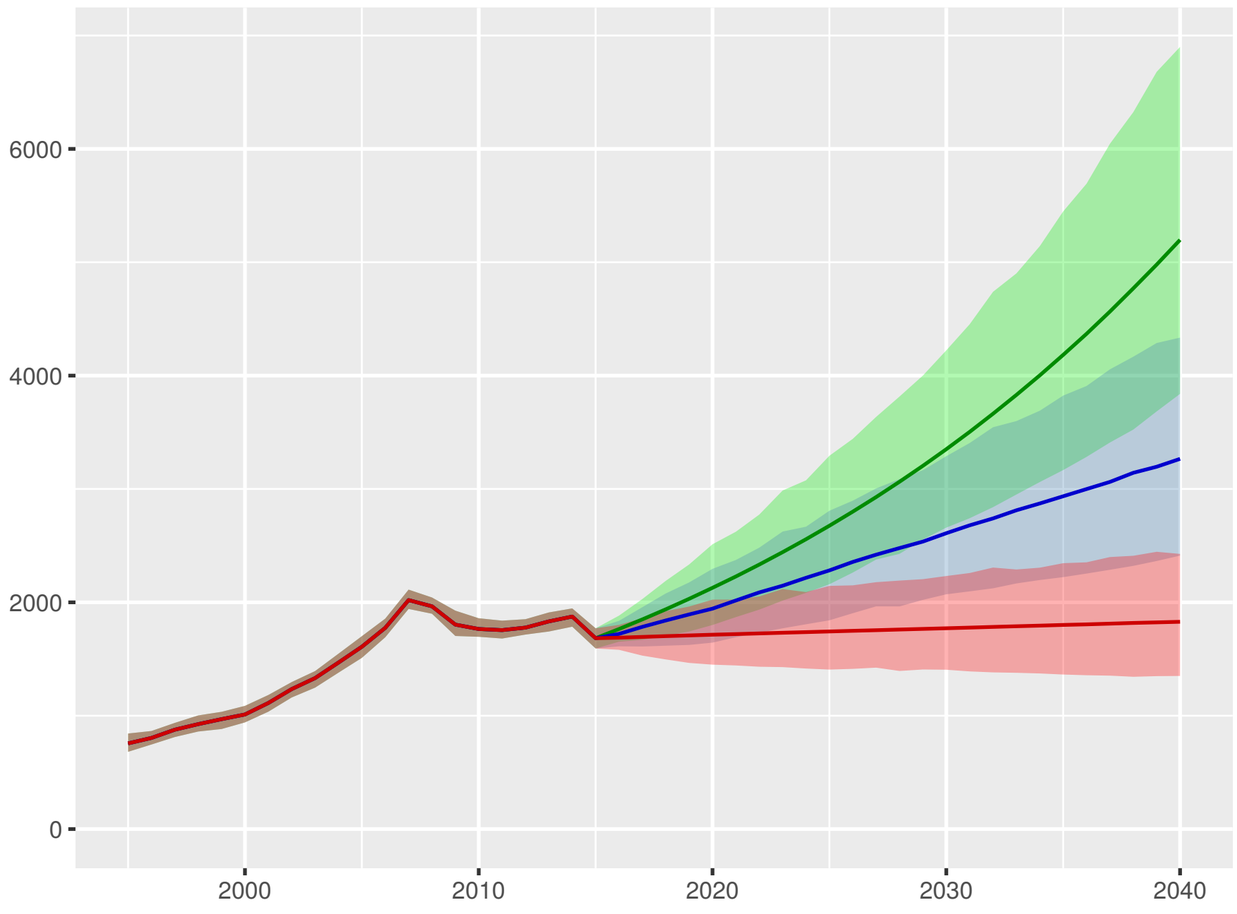
Scenario — Better — Reference — Worse

Latvia

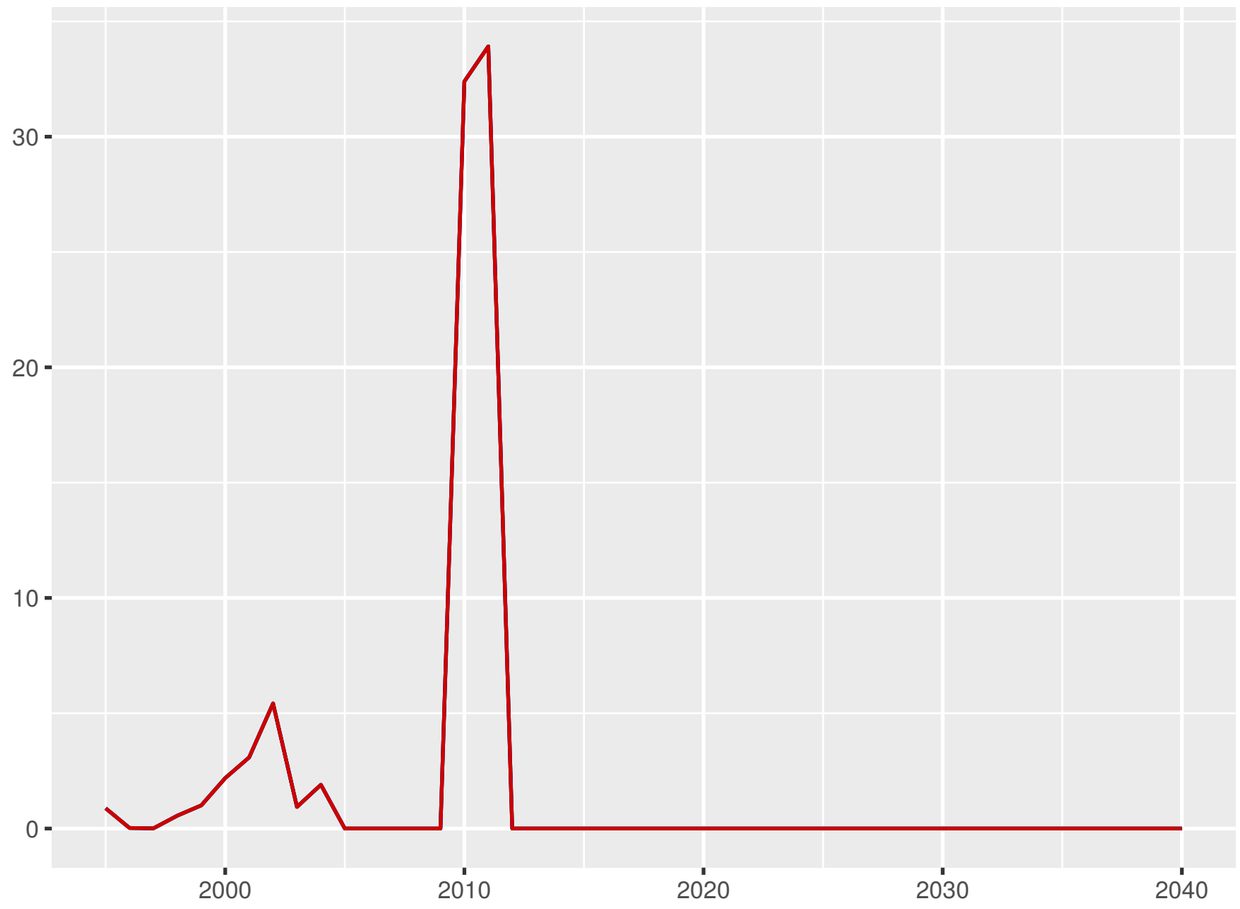
Universal health coverage index



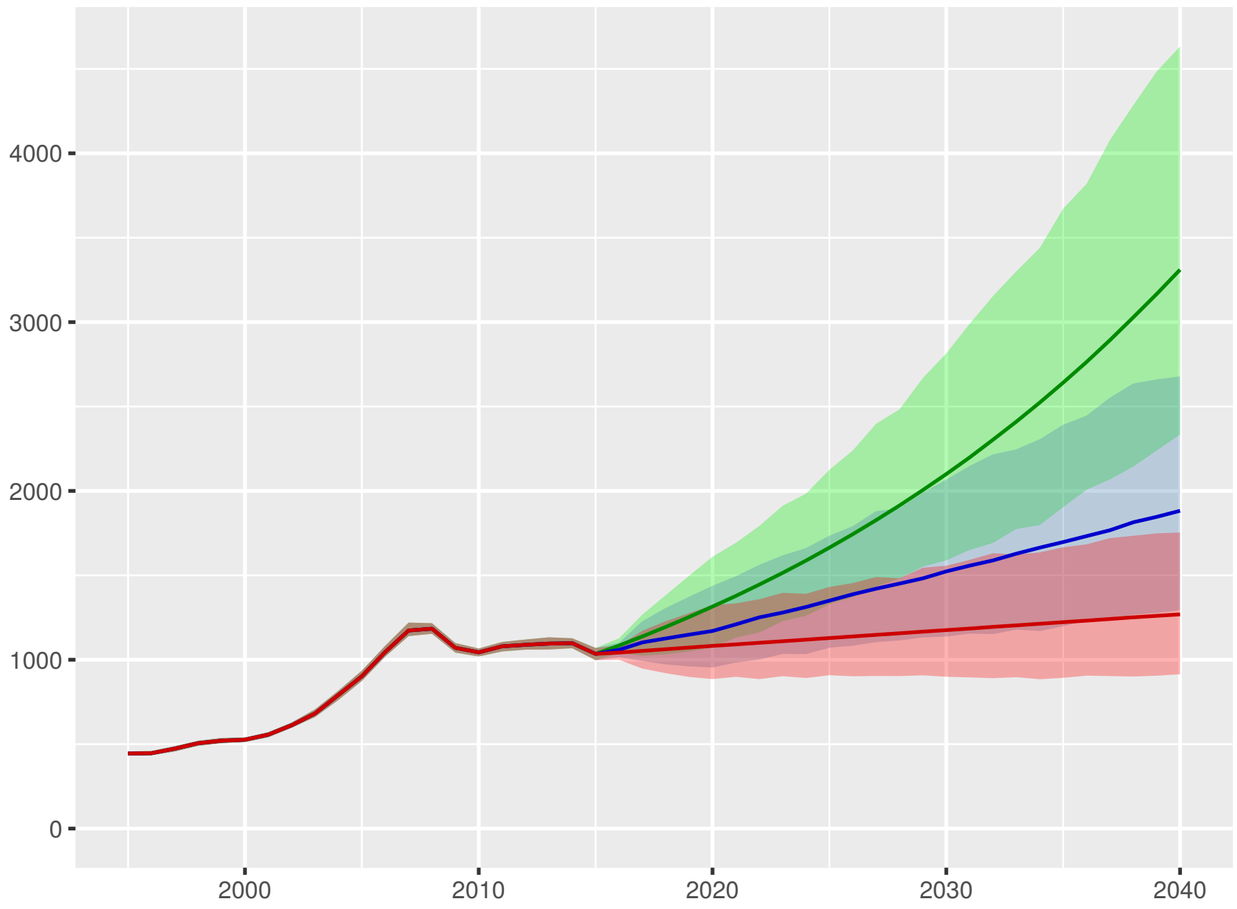
Total health spending per person



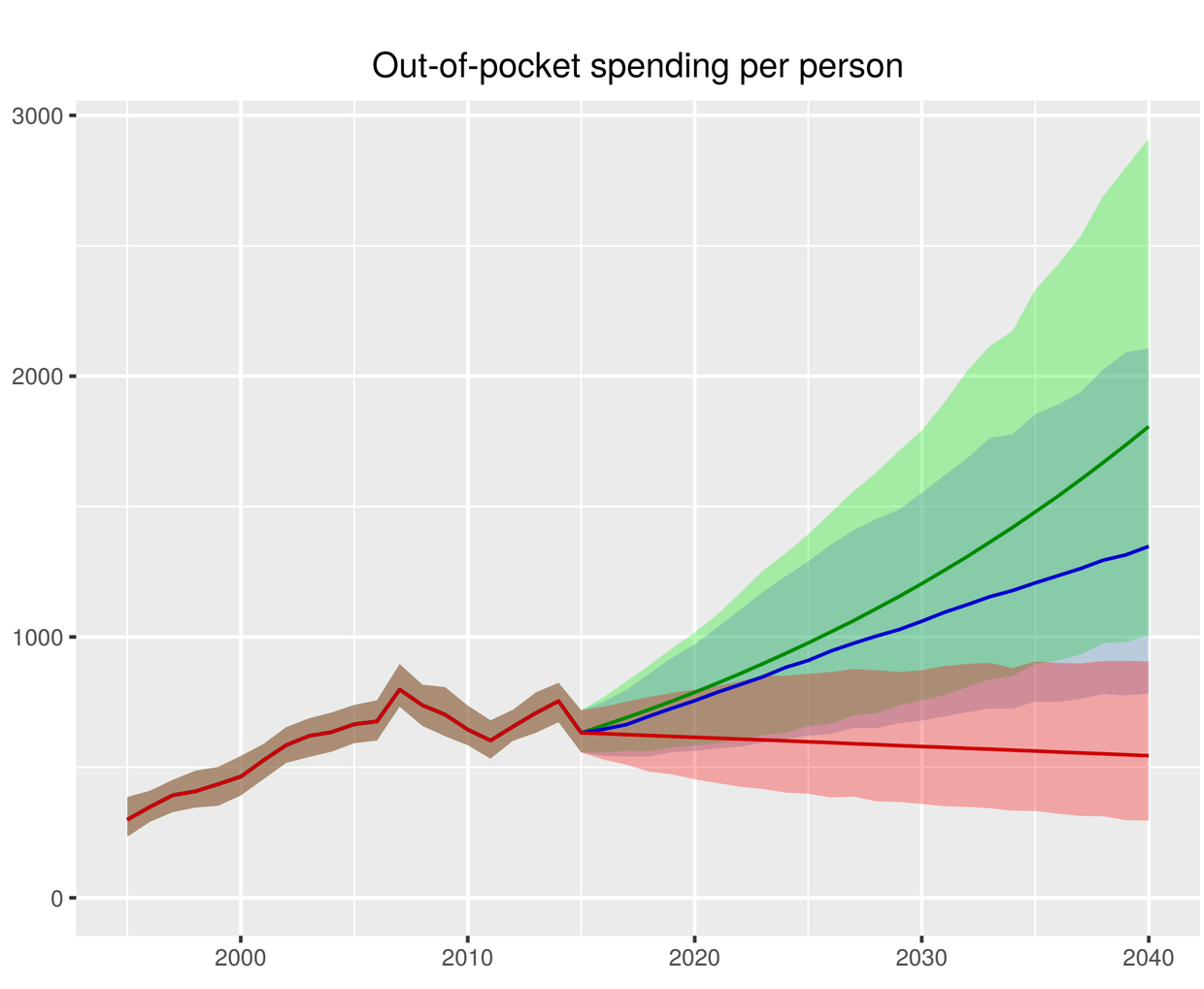
Development assistance for health received per person



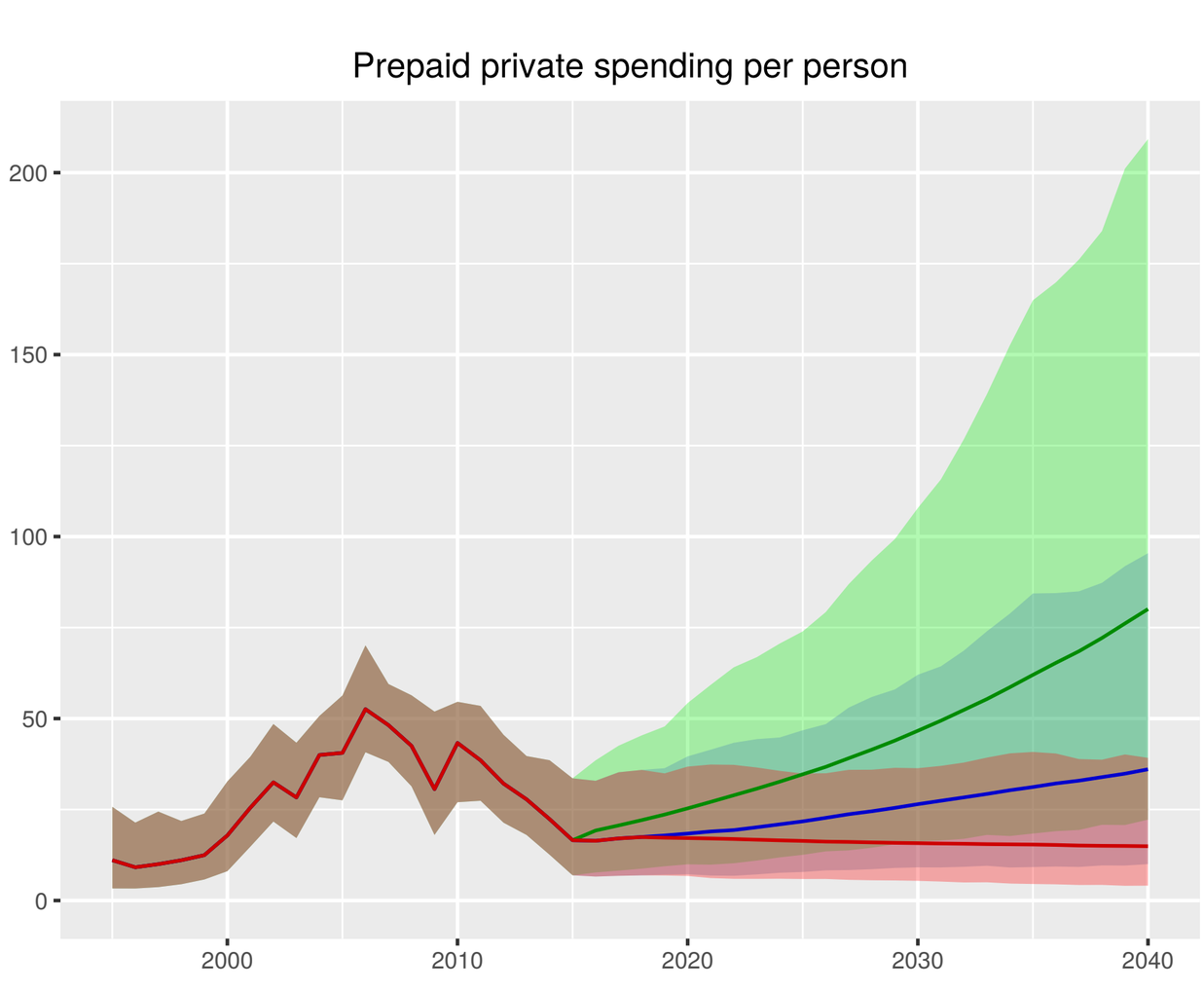
Government health spending per person



Out-of-pocket spending per person



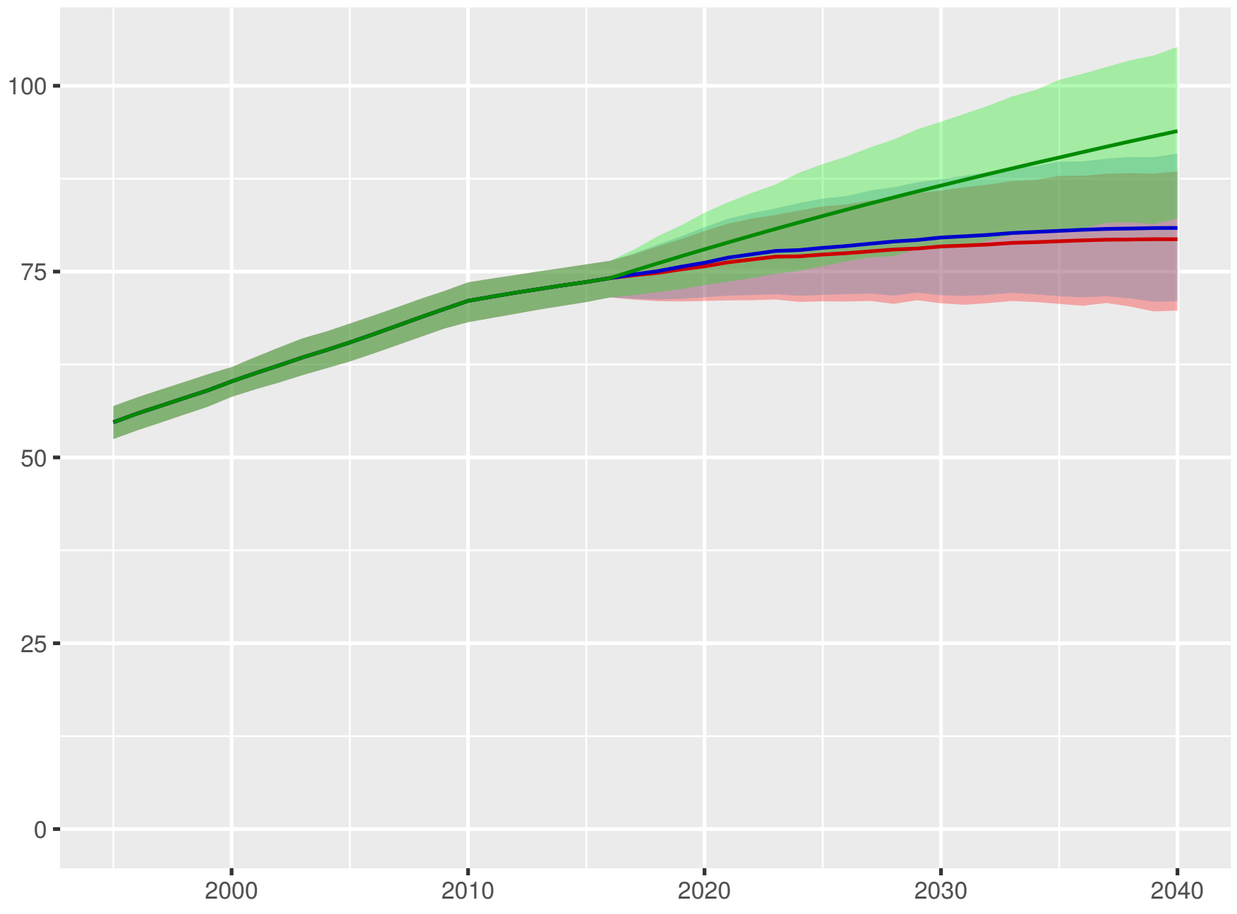
Prepaid private spending per person



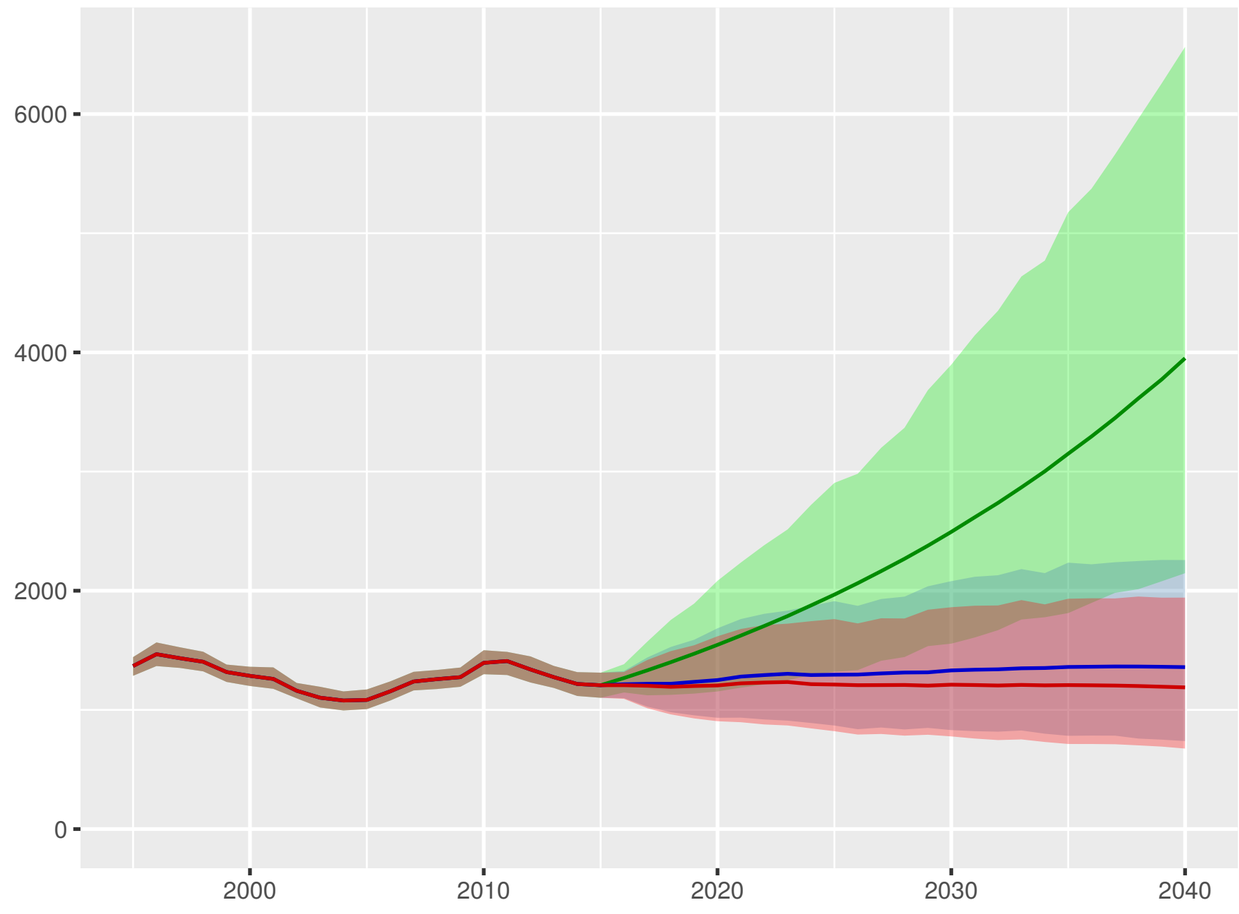
Scenario — Better — Reference — Worse

Lebanon

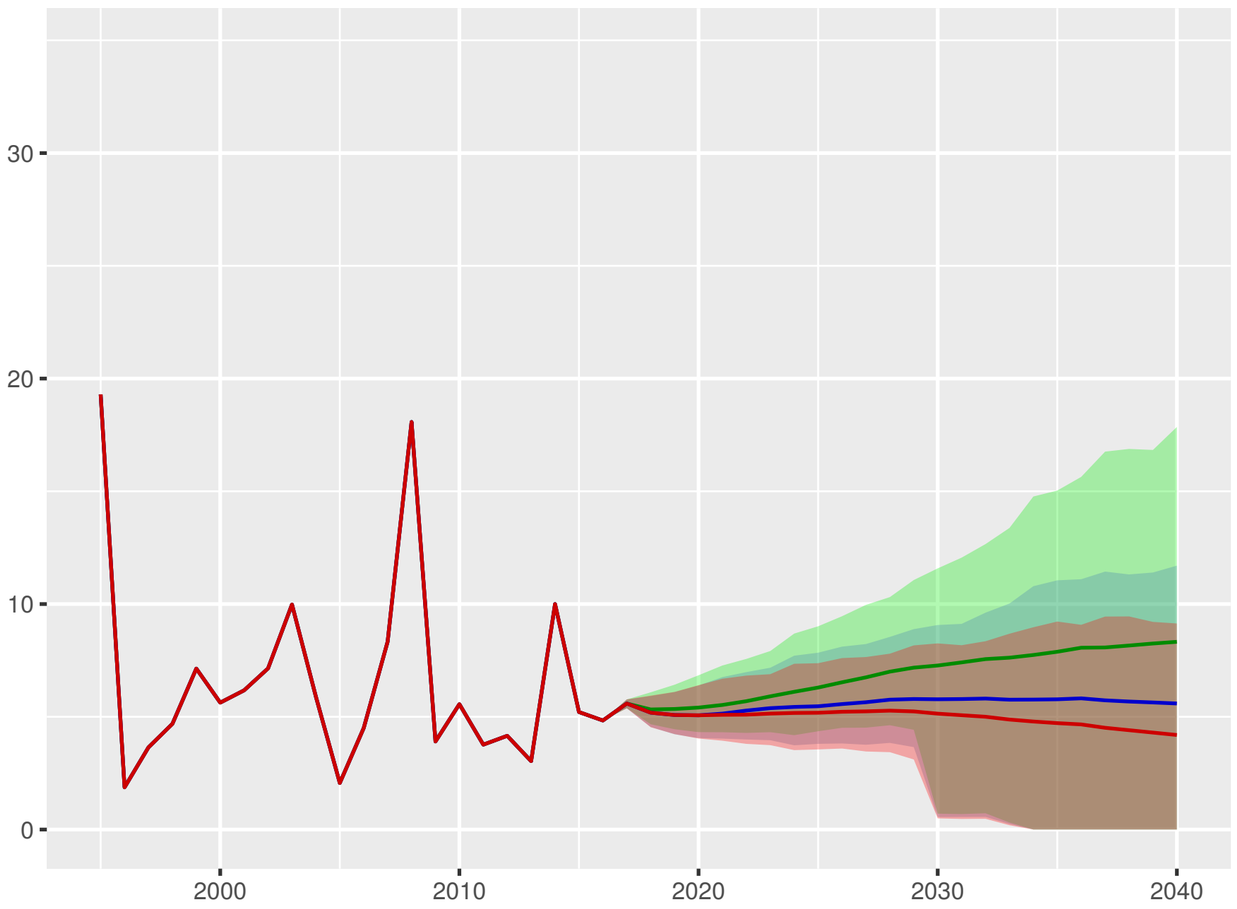
Universal health coverage index



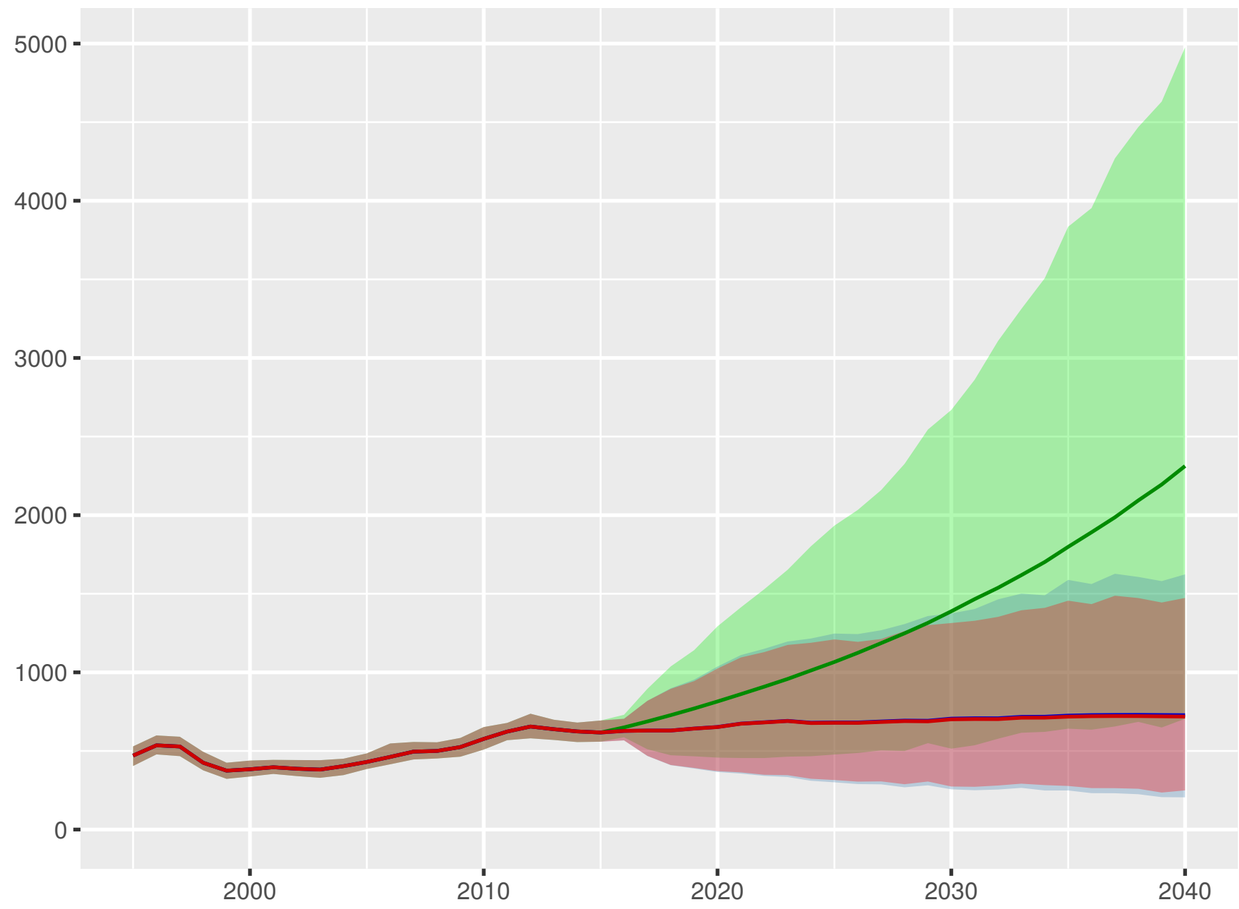
Total health spending per person



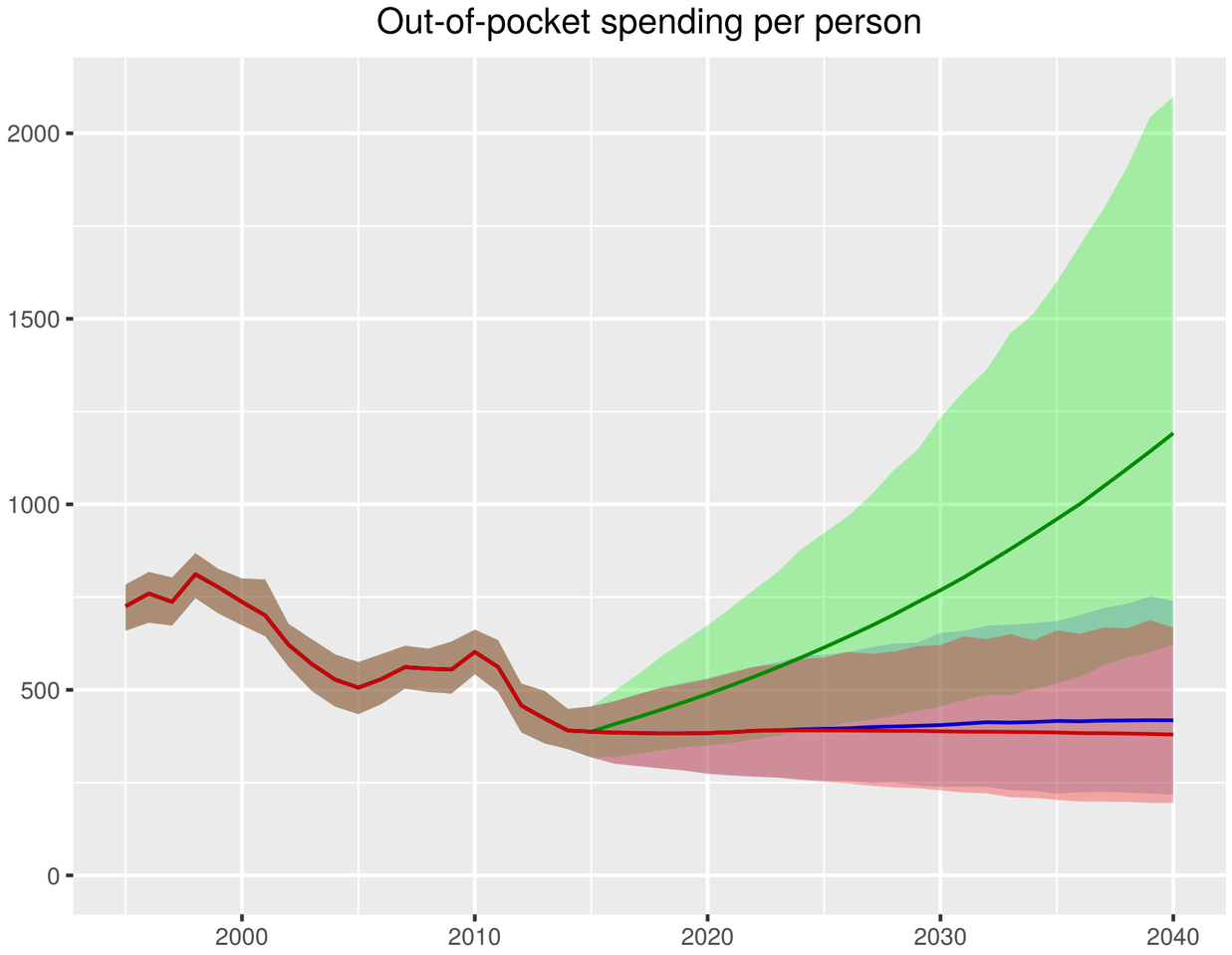
Development assistance for health received per person



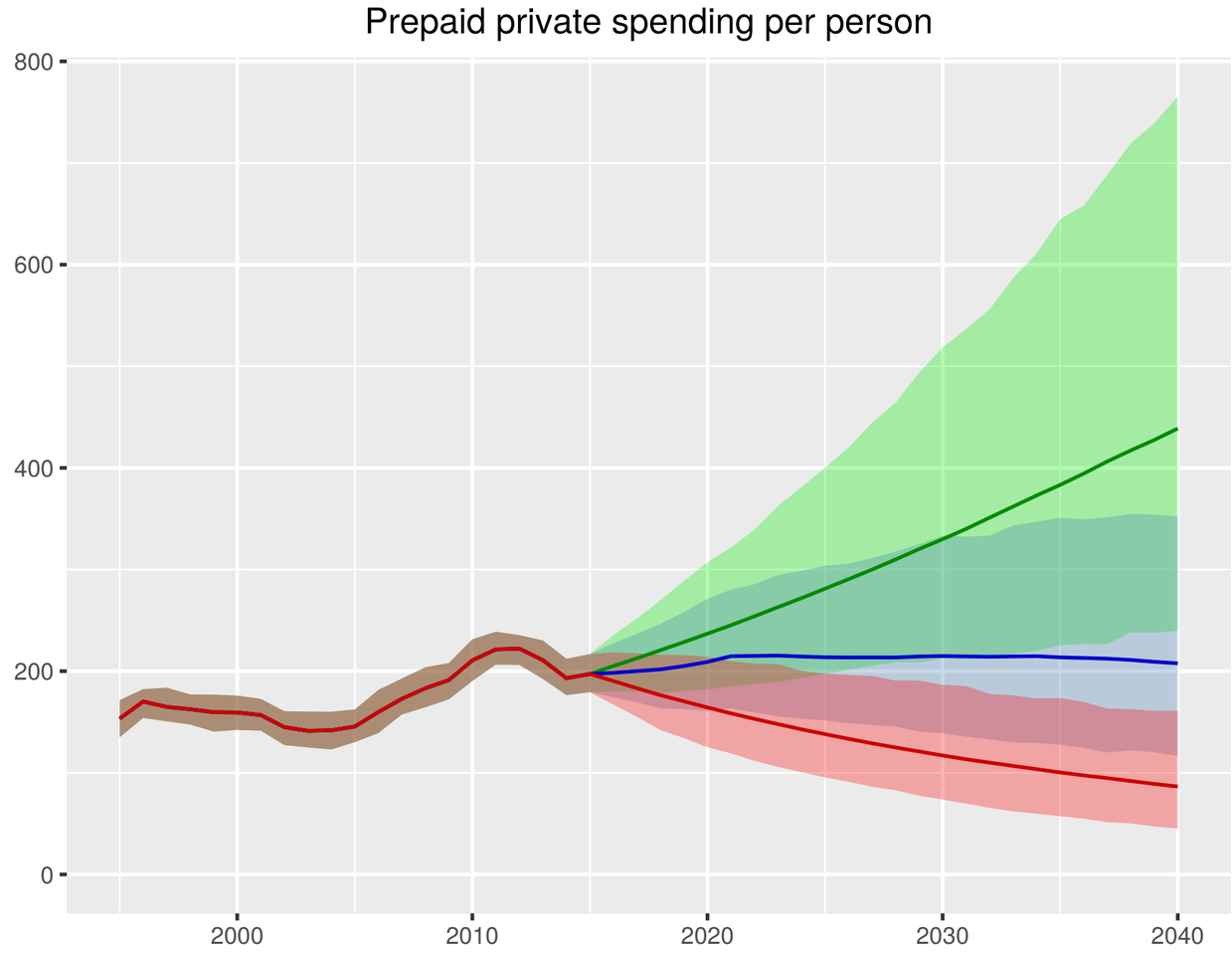
Government health spending per person



Out-of-pocket spending per person



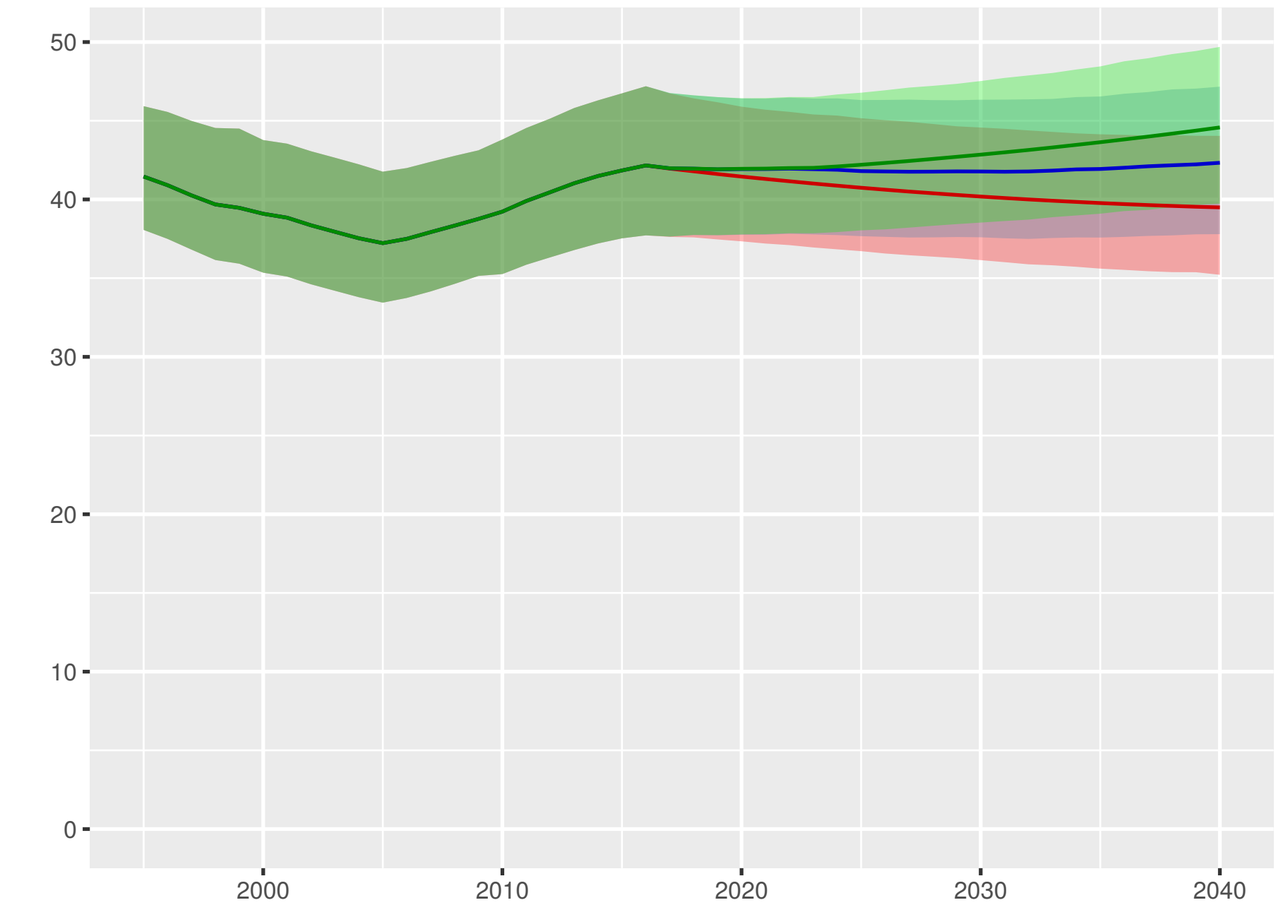
Prepaid private spending per person



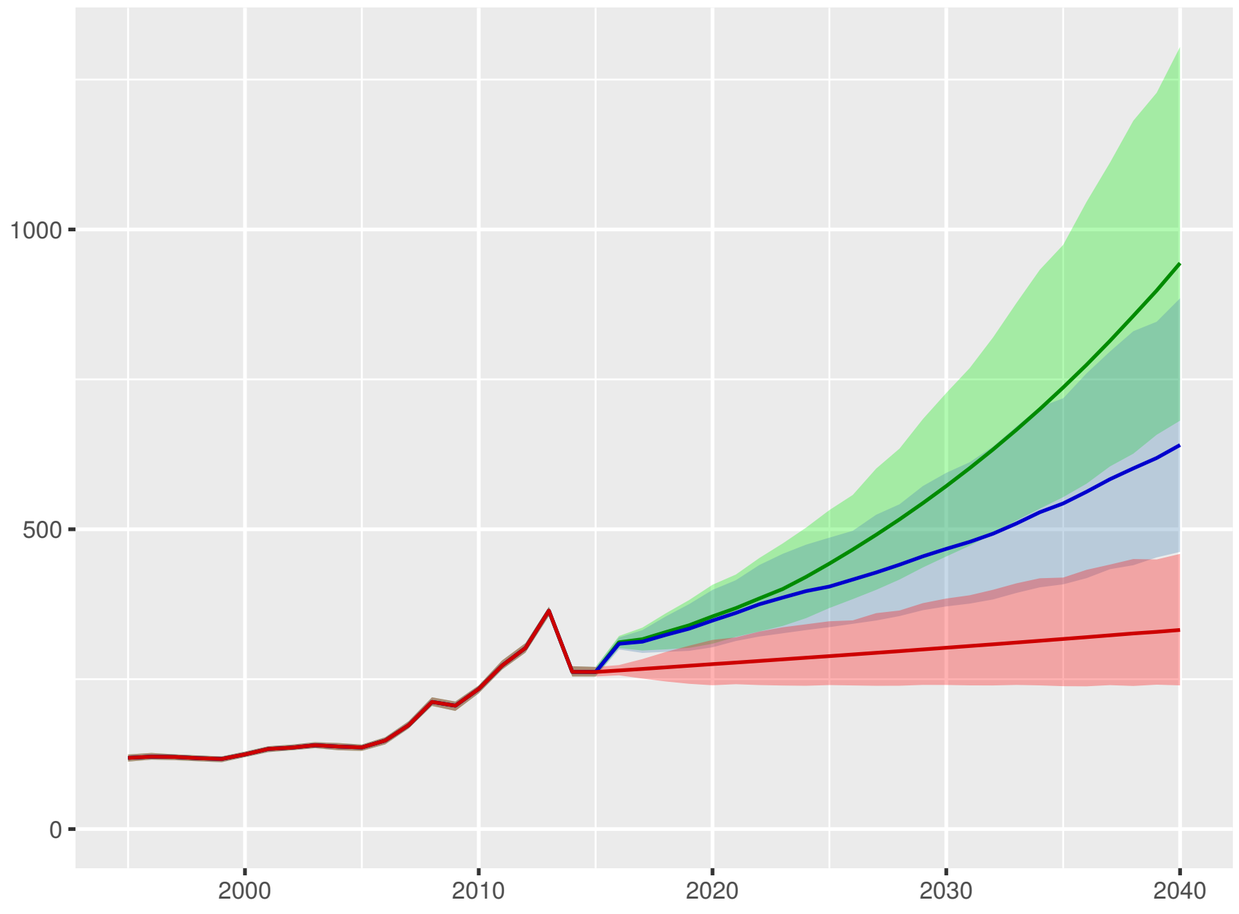
Scenario — Better — Reference — Worse

Lesotho

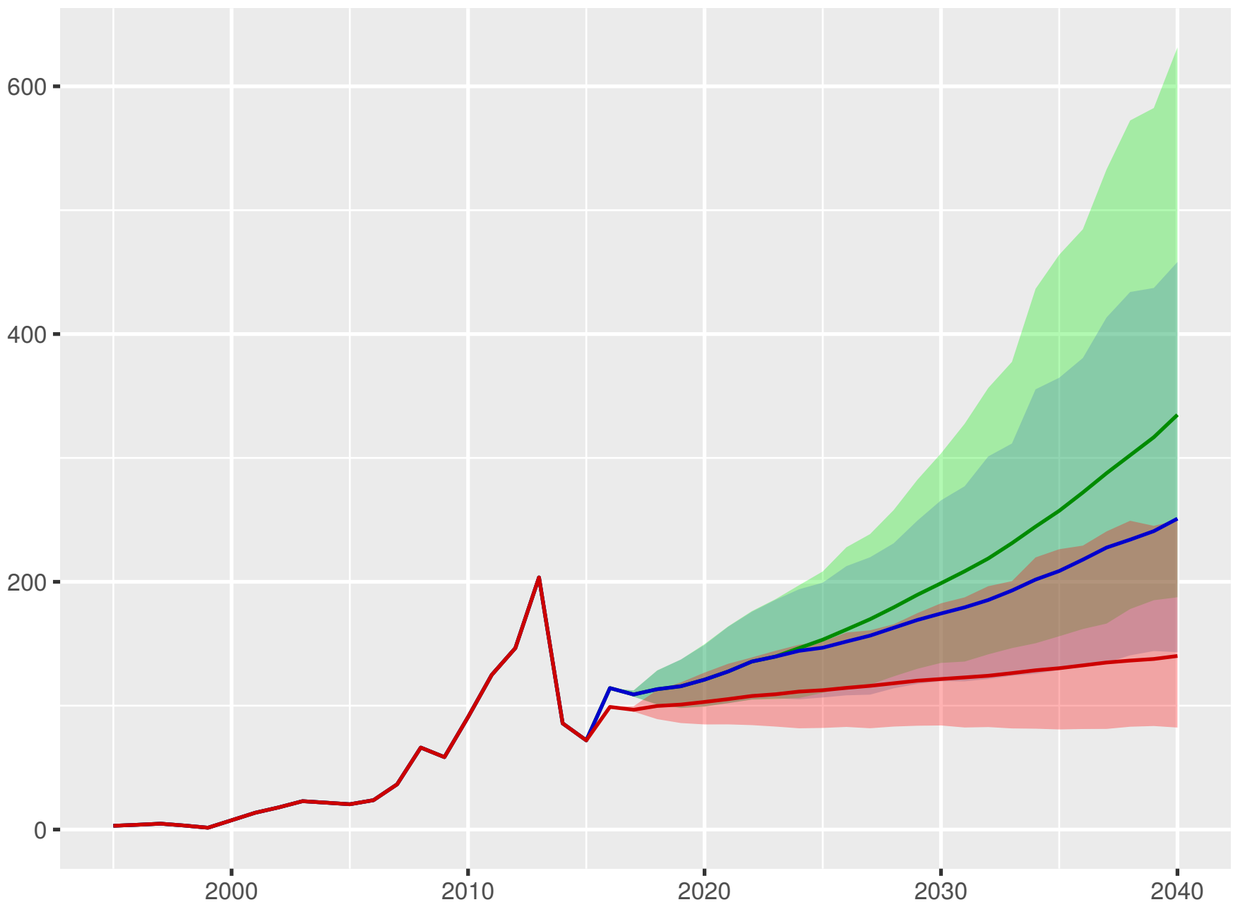
Universal health coverage index



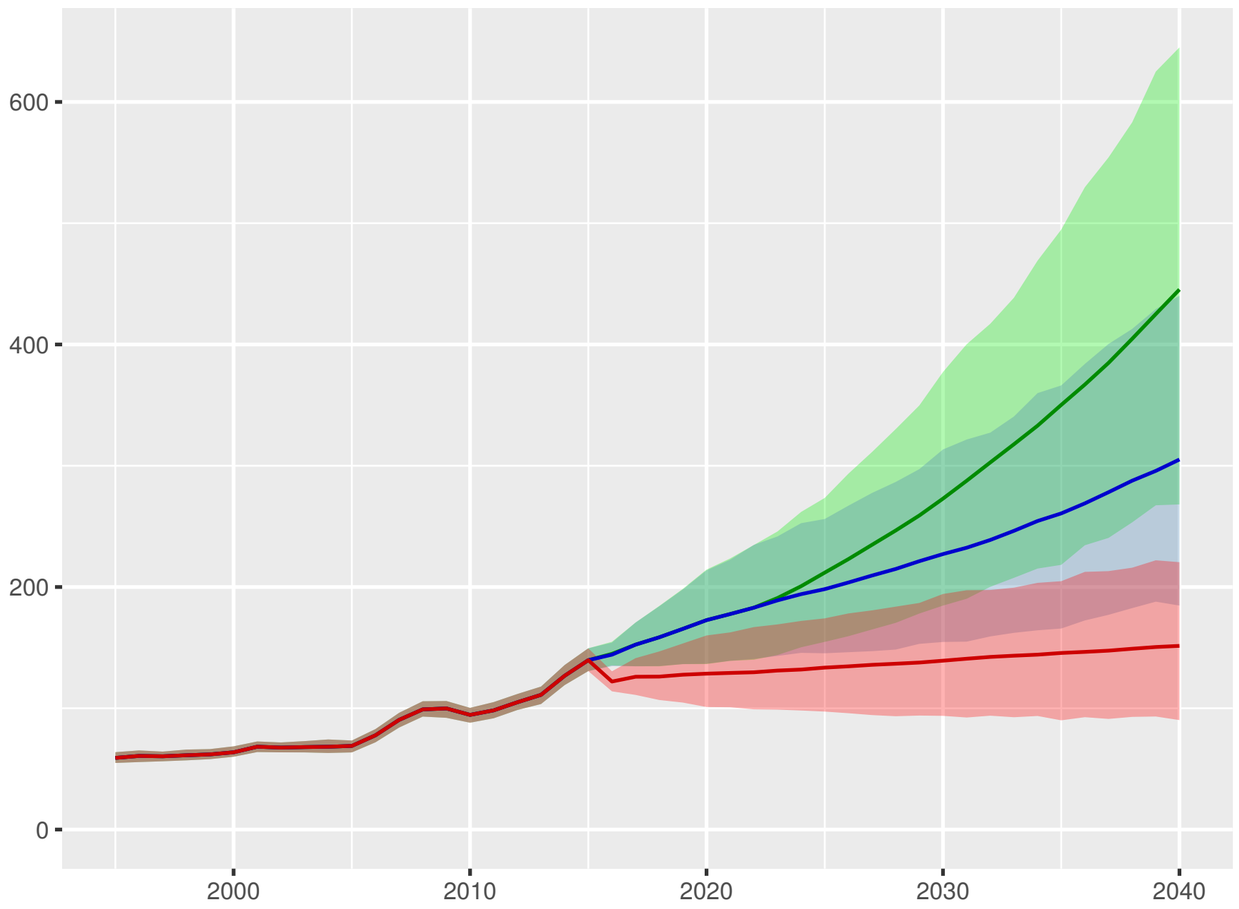
Total health spending per person



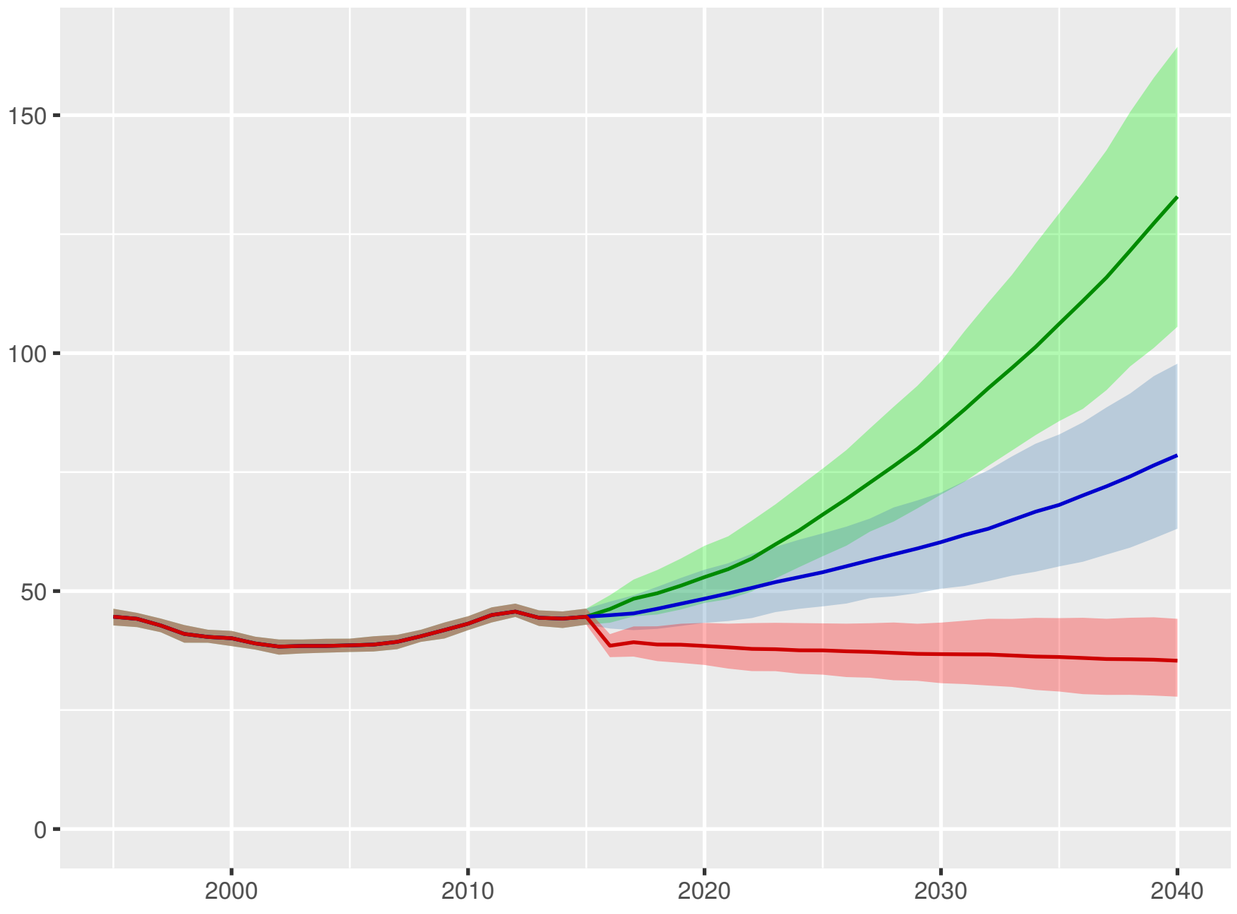
Development assistance for health received per person



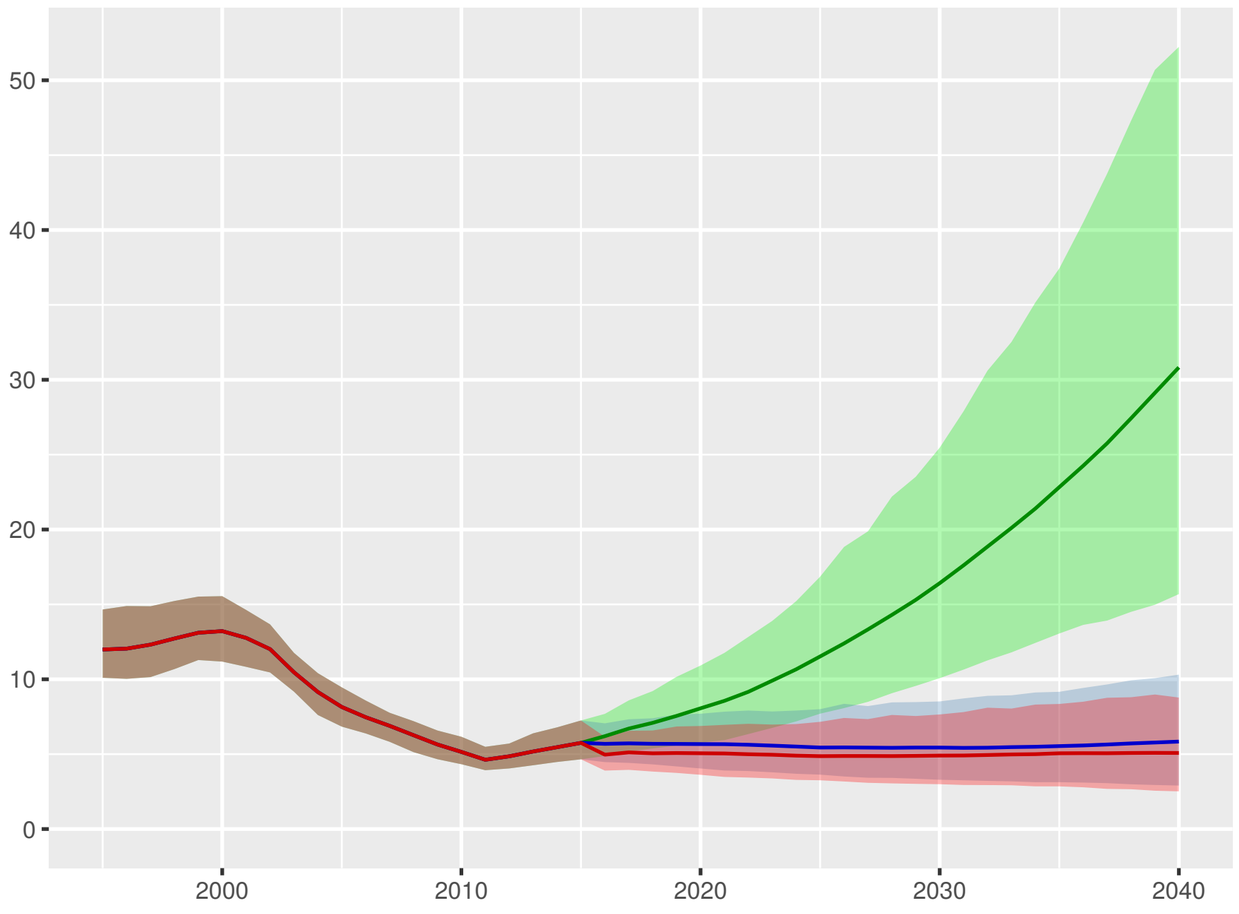
Government health spending per person



Out-of-pocket spending per person



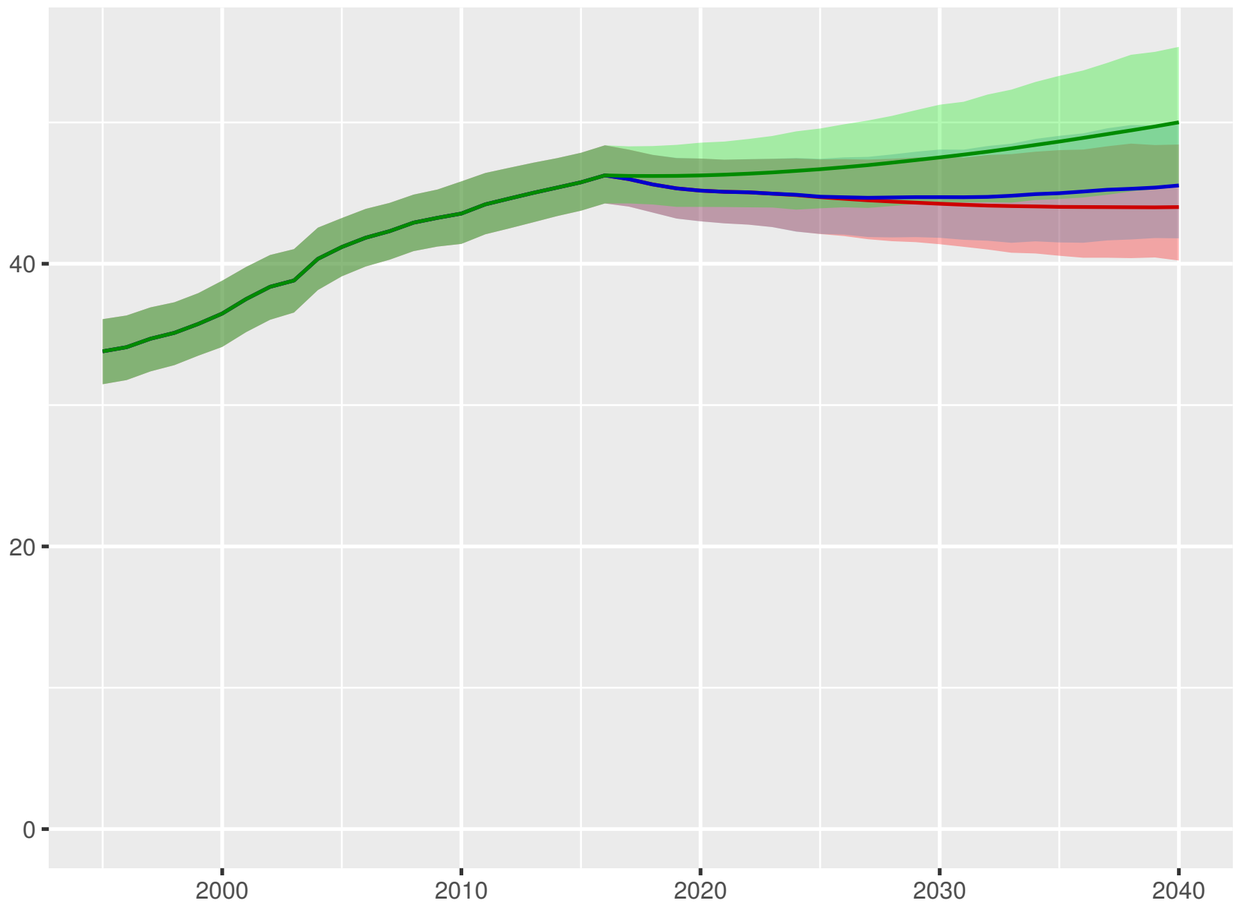
Prepaid private spending per person



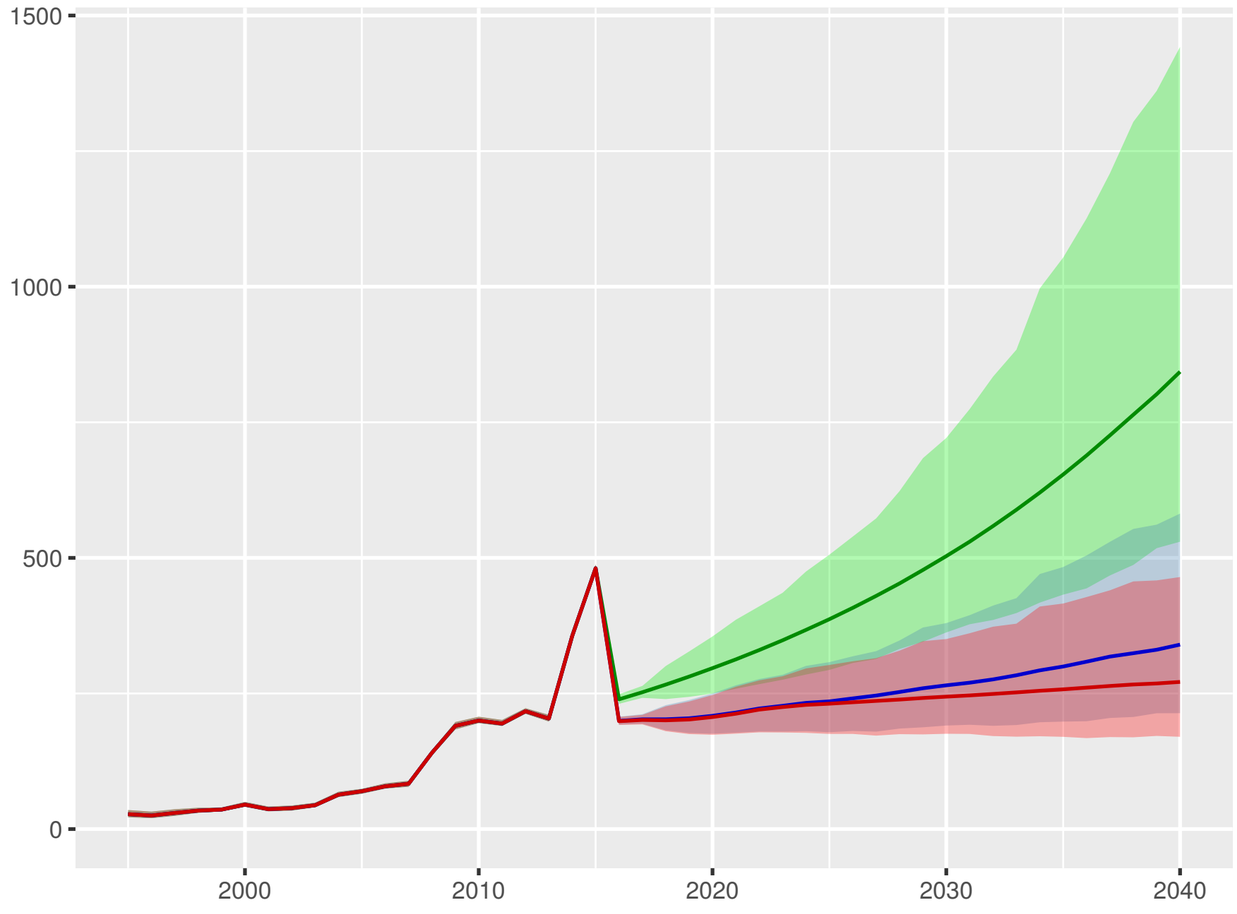
Scenario — Better — Reference — Worse

Liberia

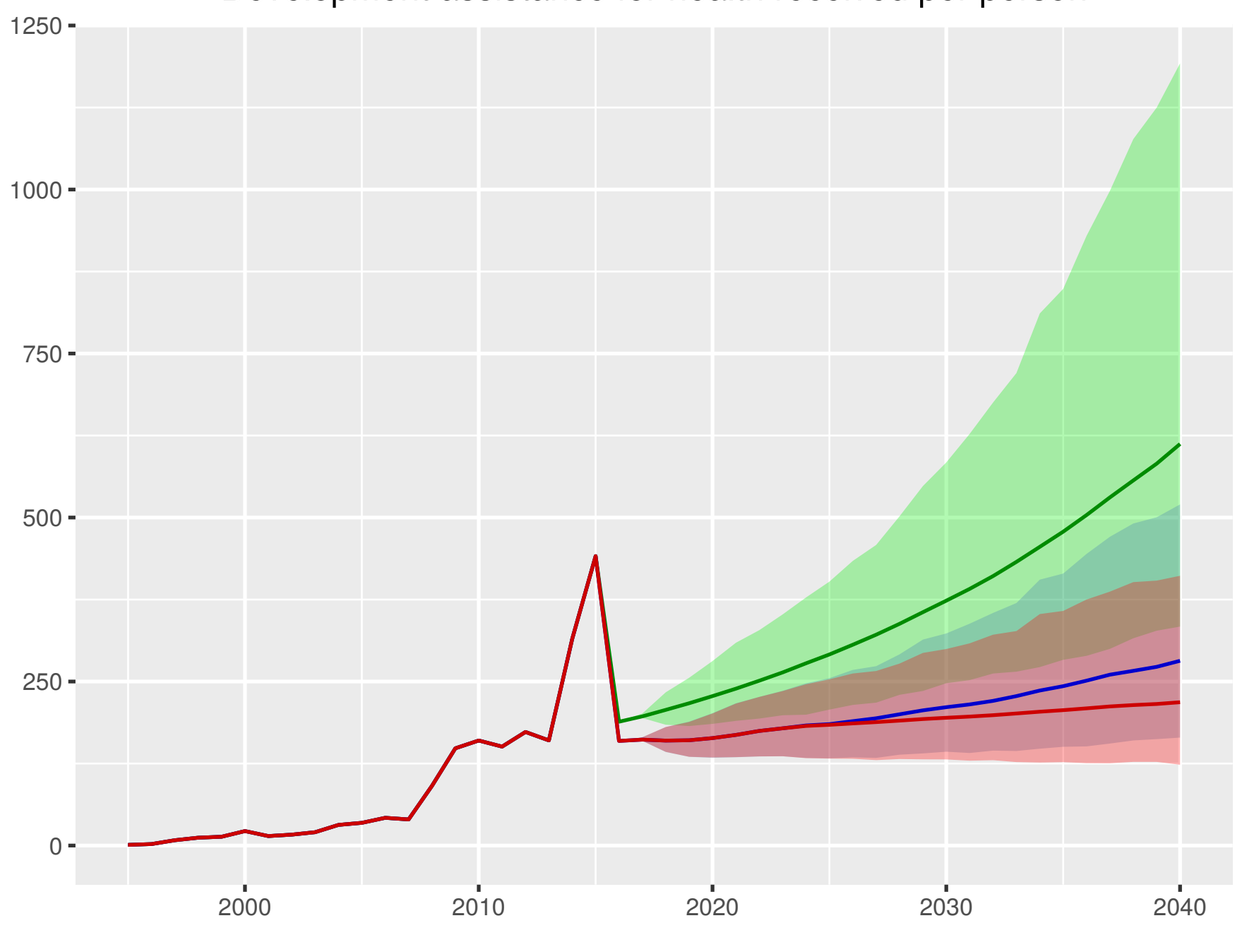
Universal health coverage index



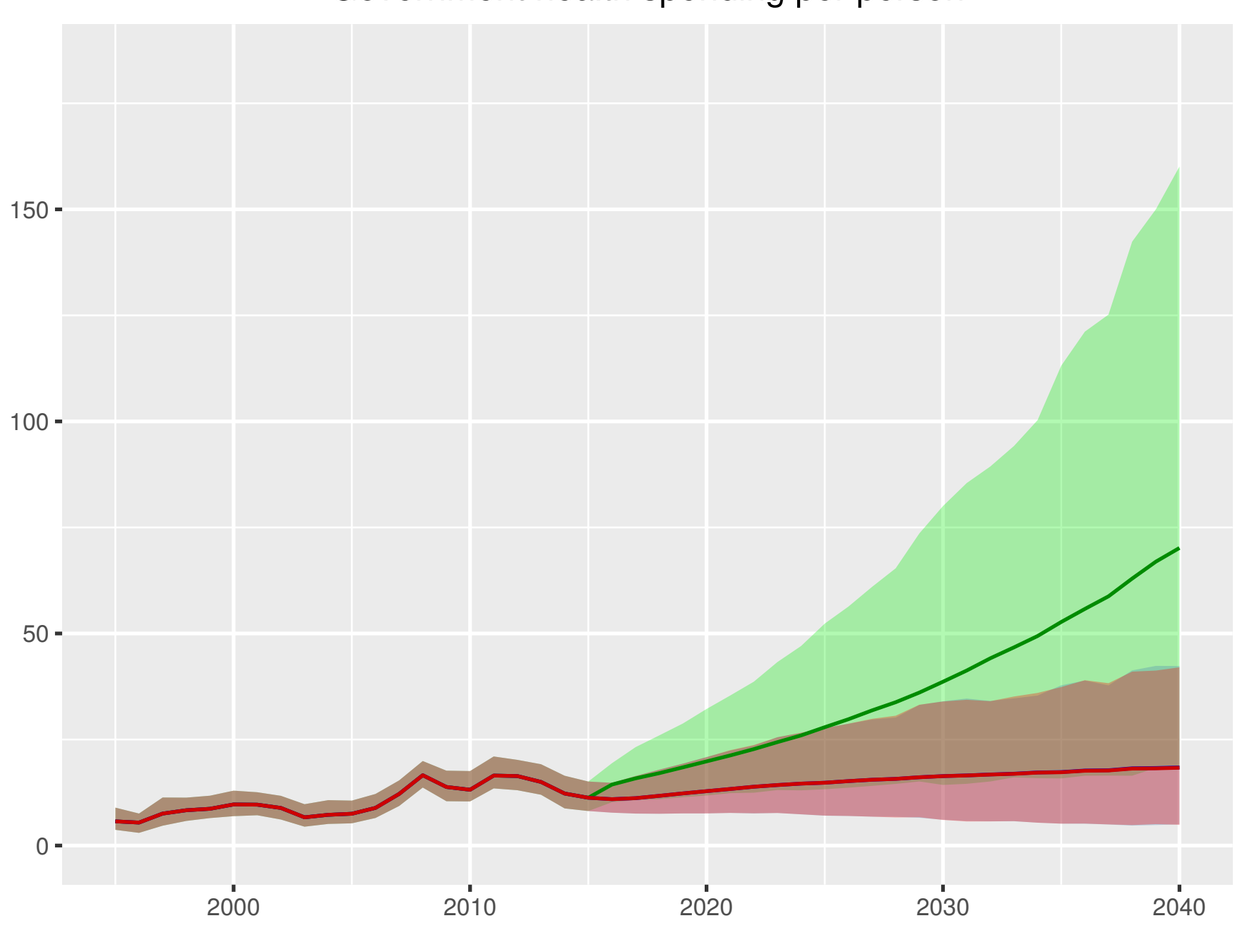
Total health spending per person



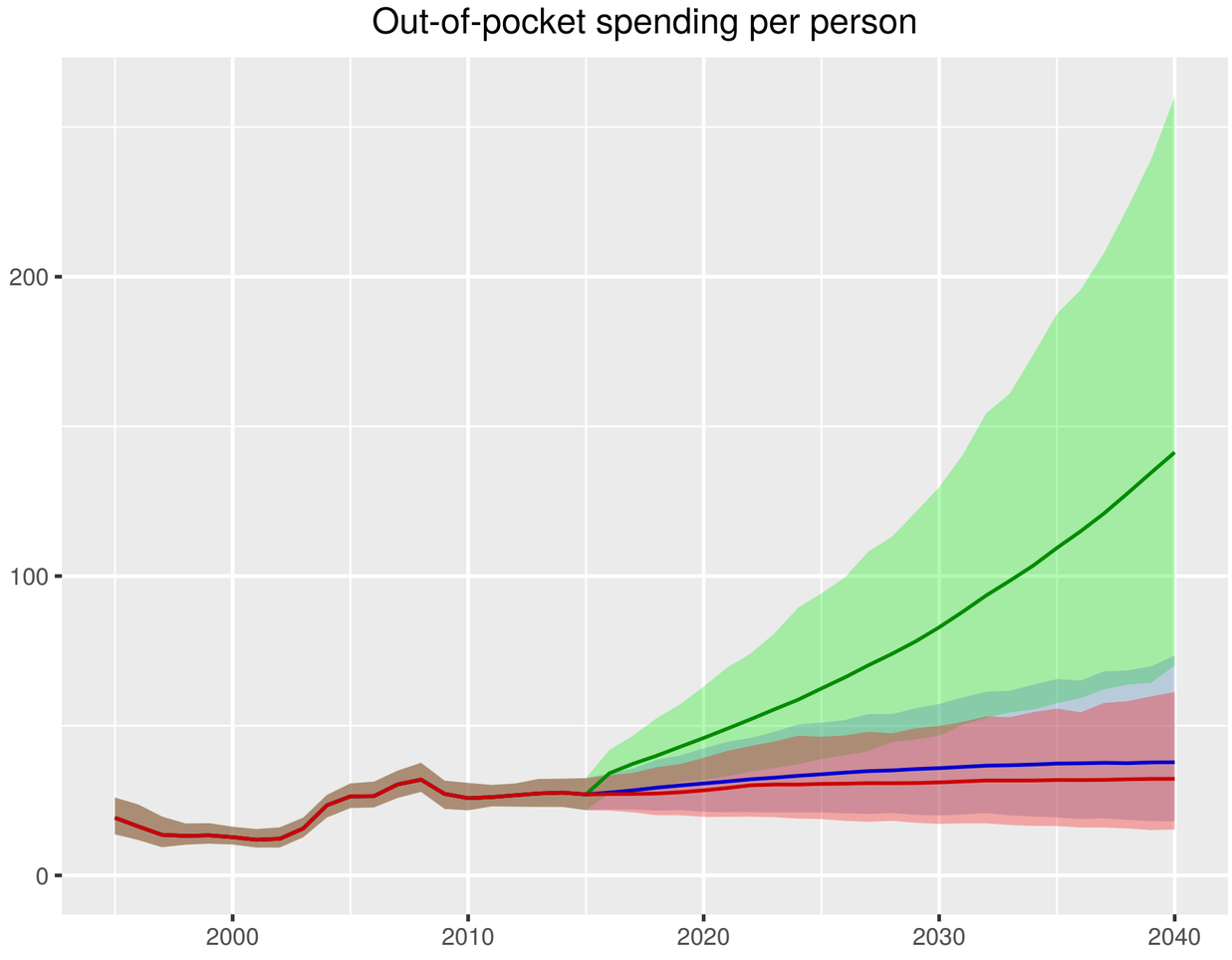
Development assistance for health received per person



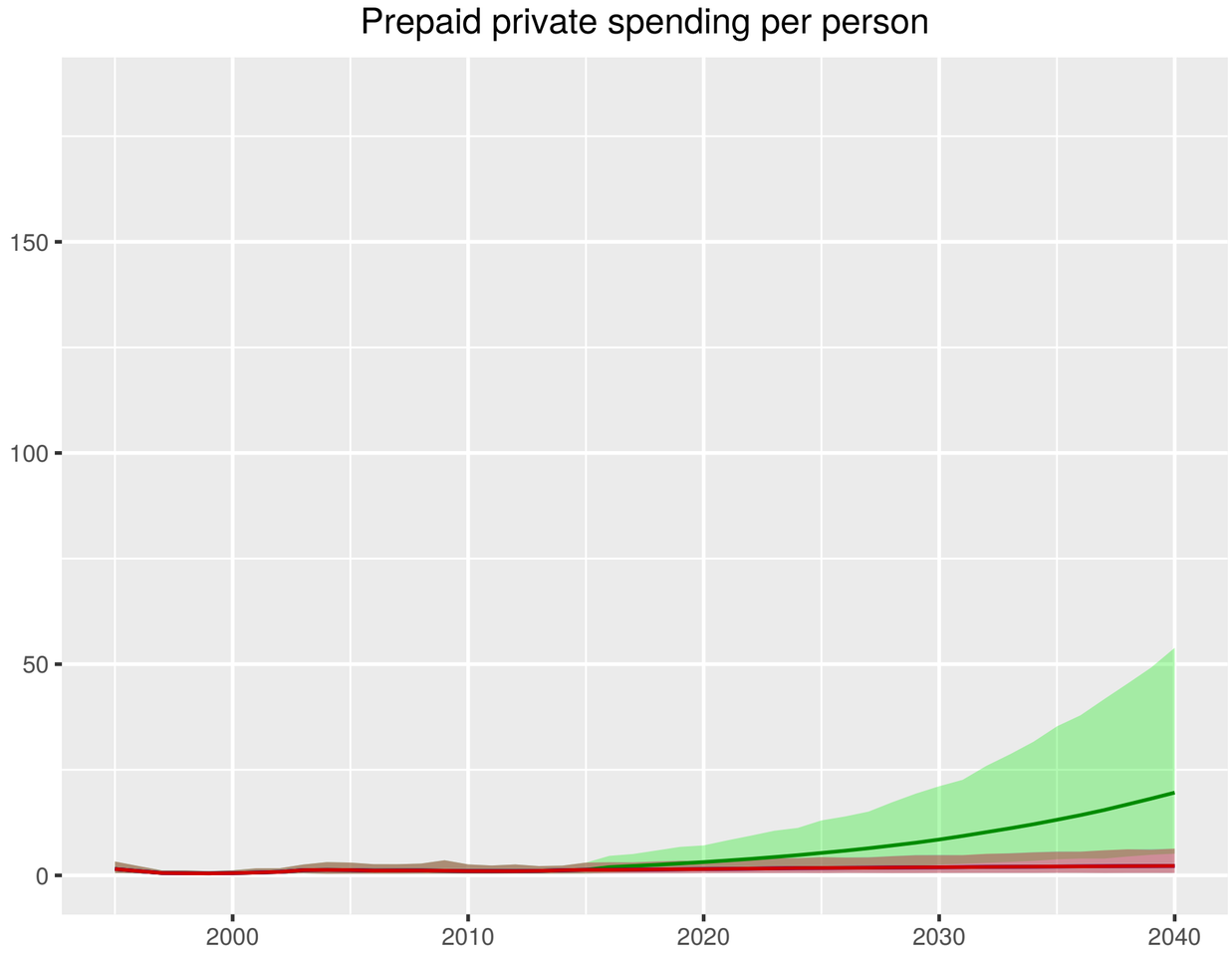
Government health spending per person



Out-of-pocket spending per person



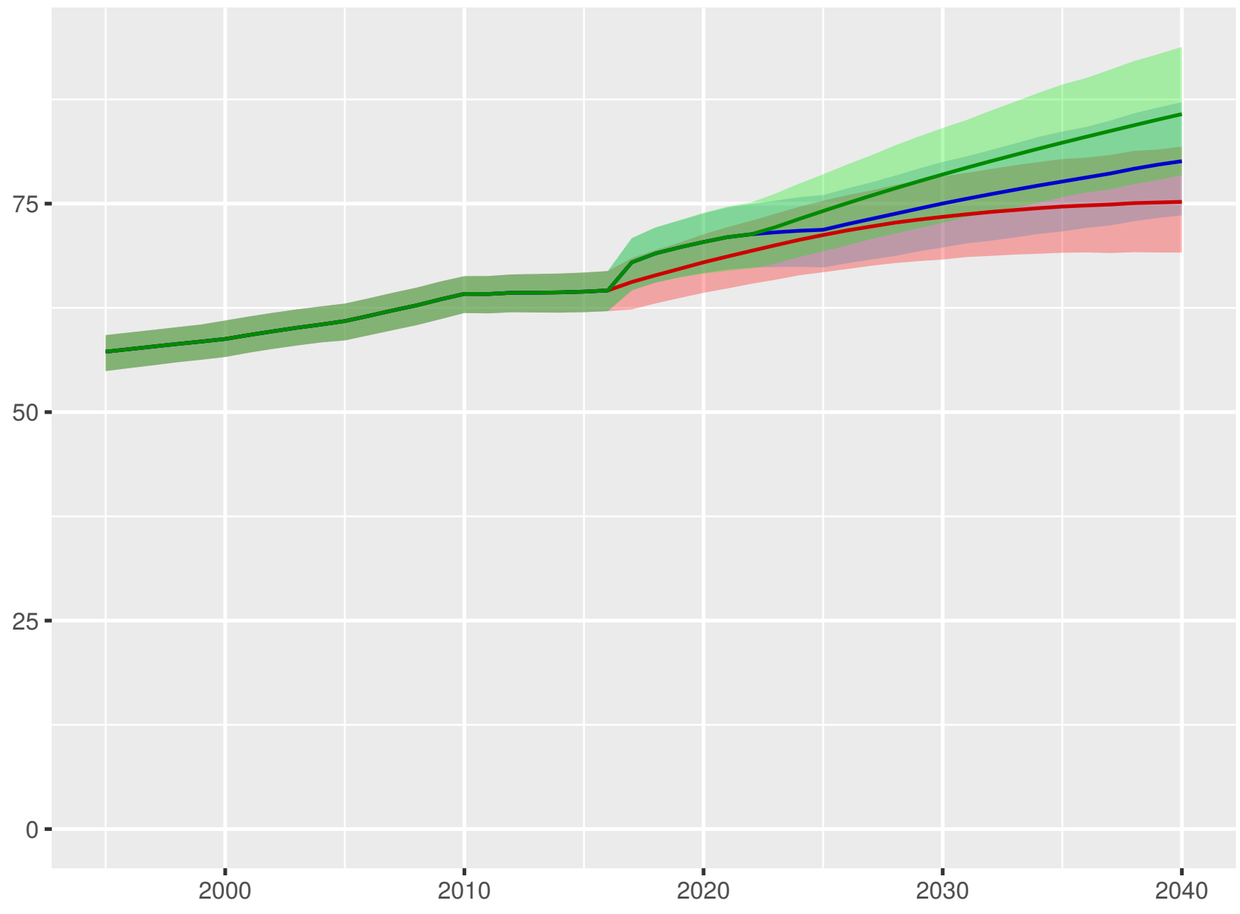
Prepaid private spending per person



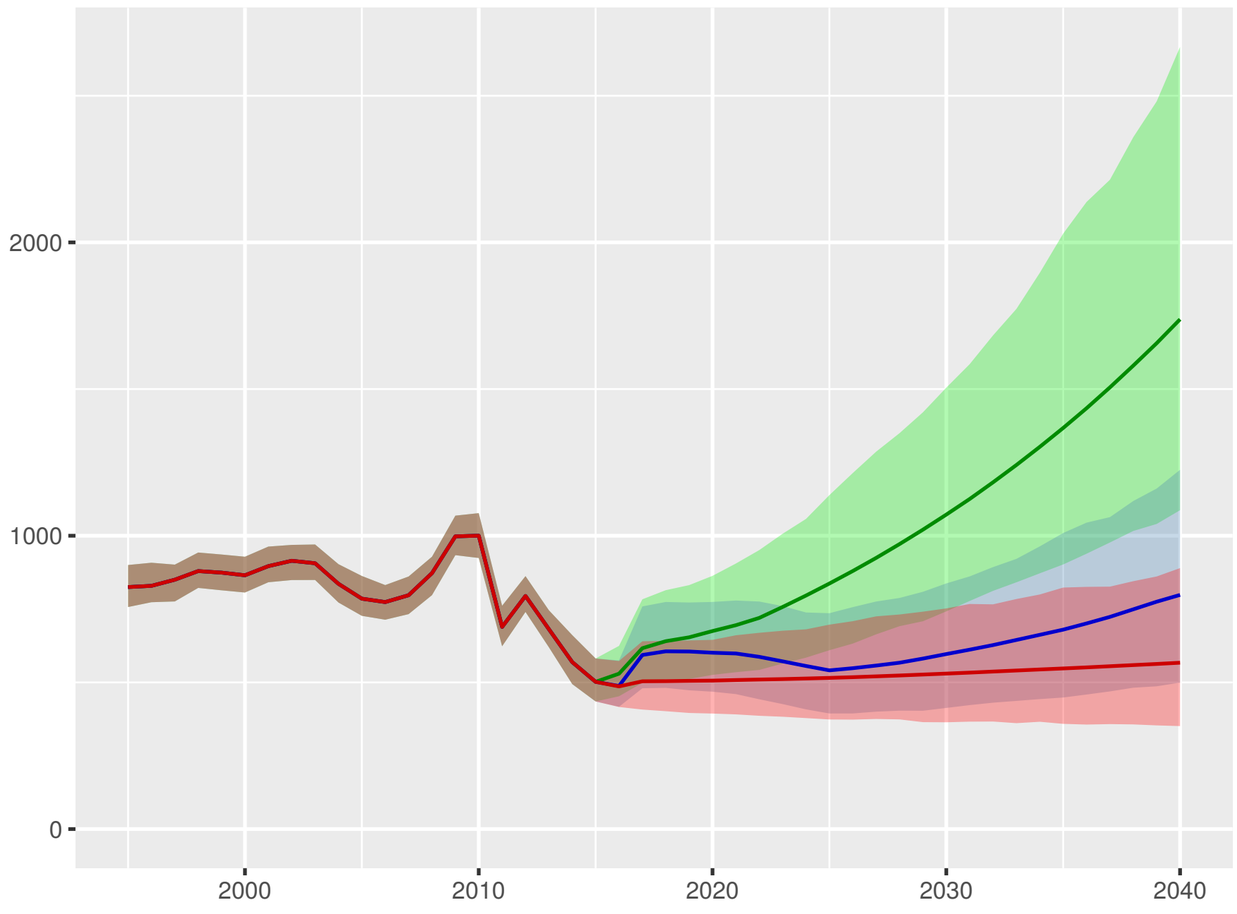
Scenario — Better — Reference — Worse

Libya

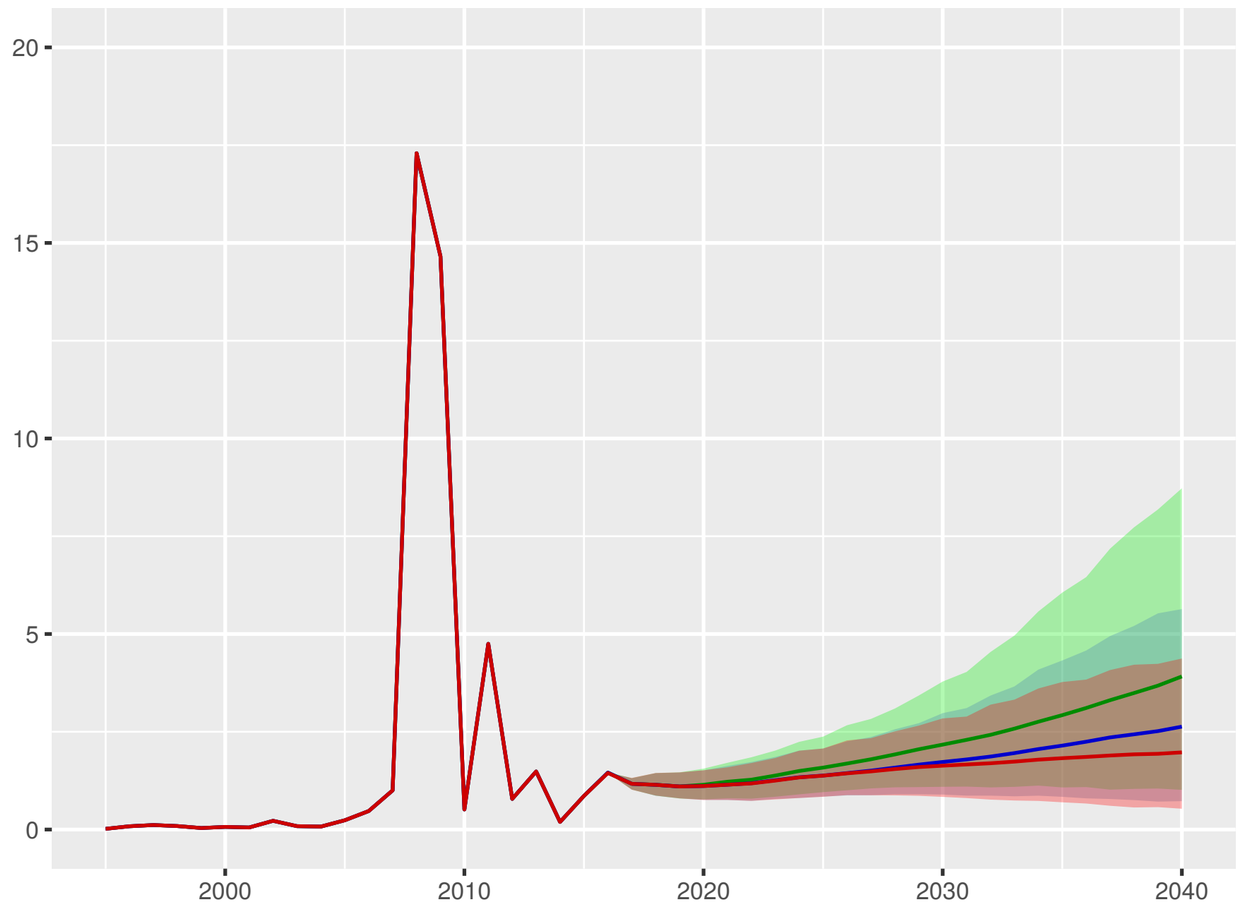
Universal health coverage index



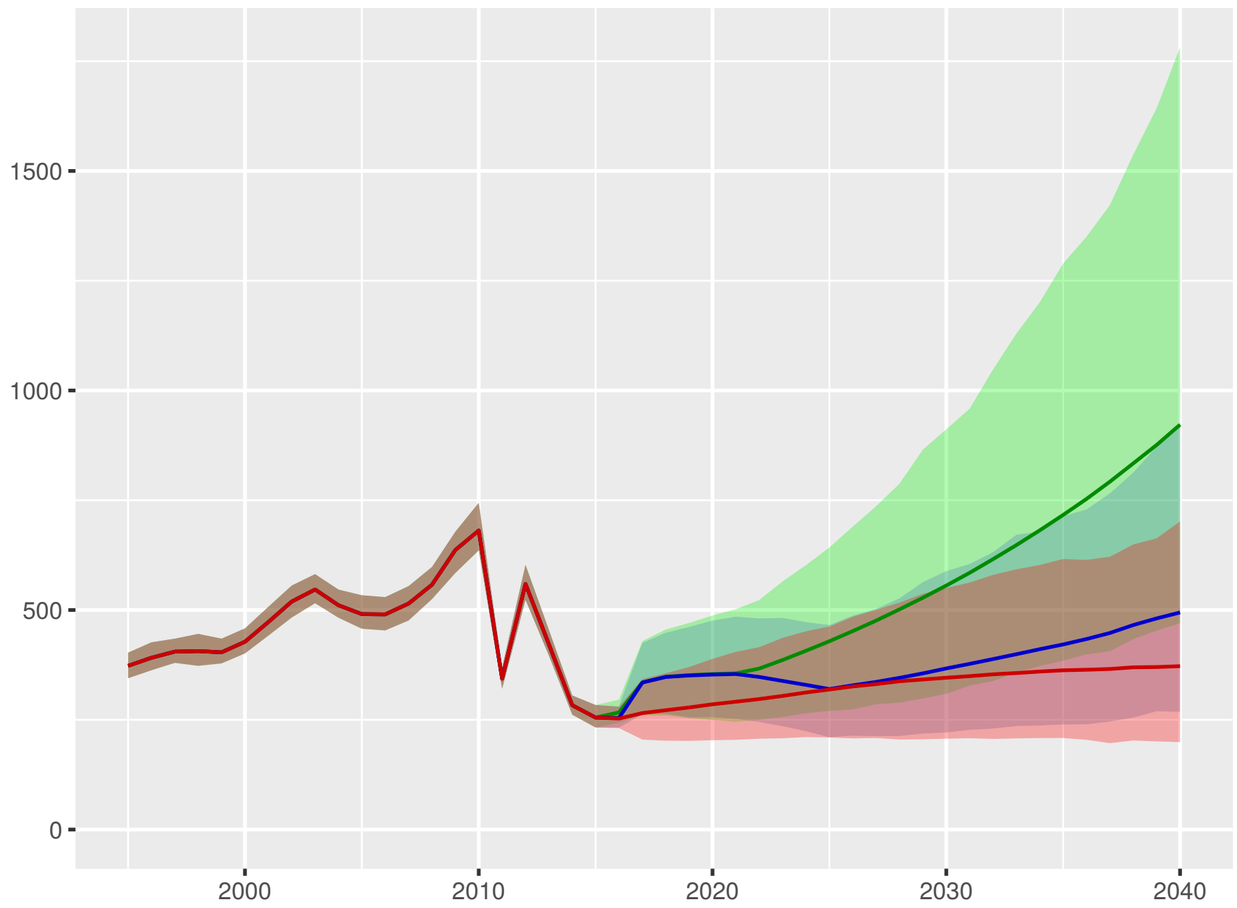
Total health spending per person



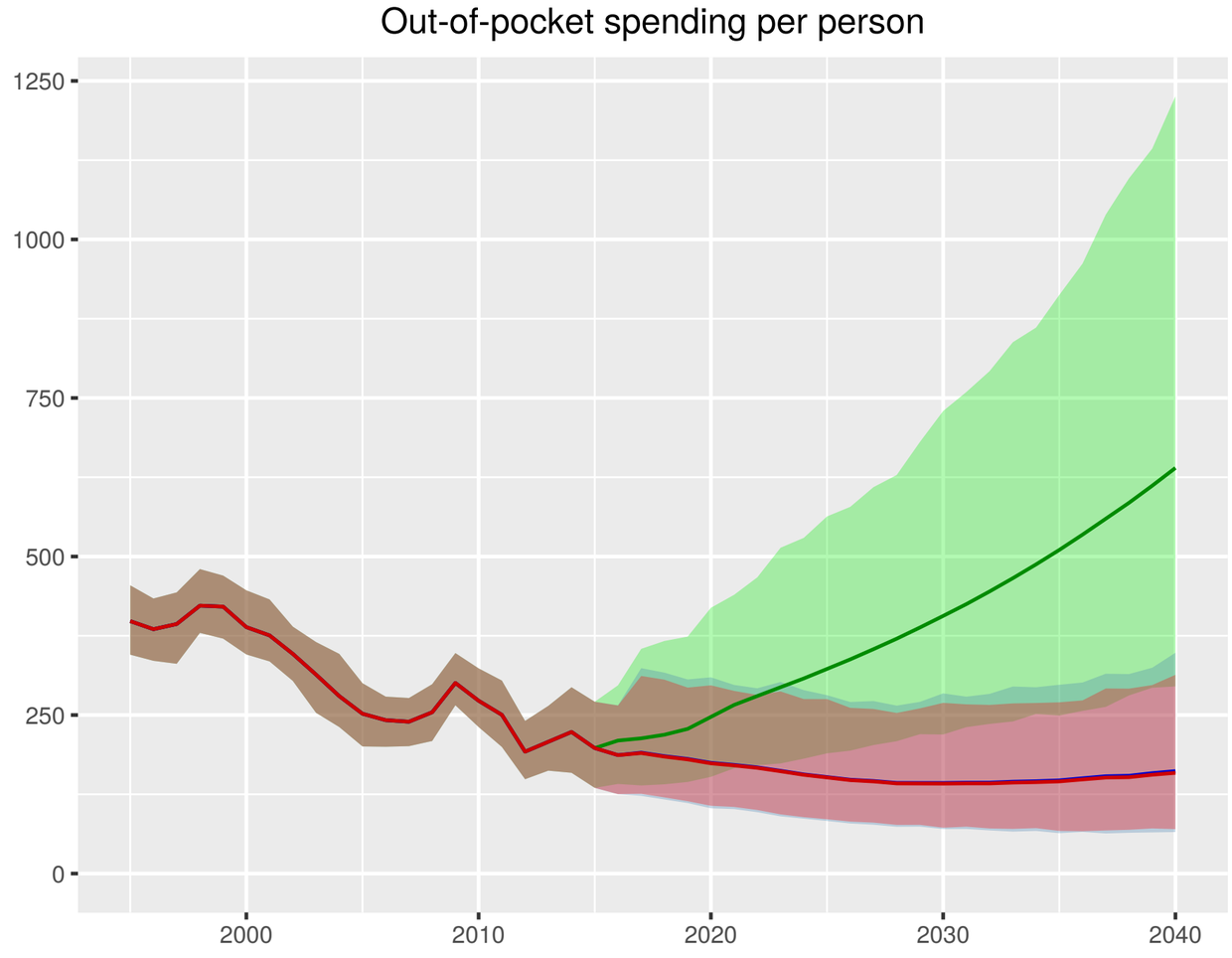
Development assistance for health received per person



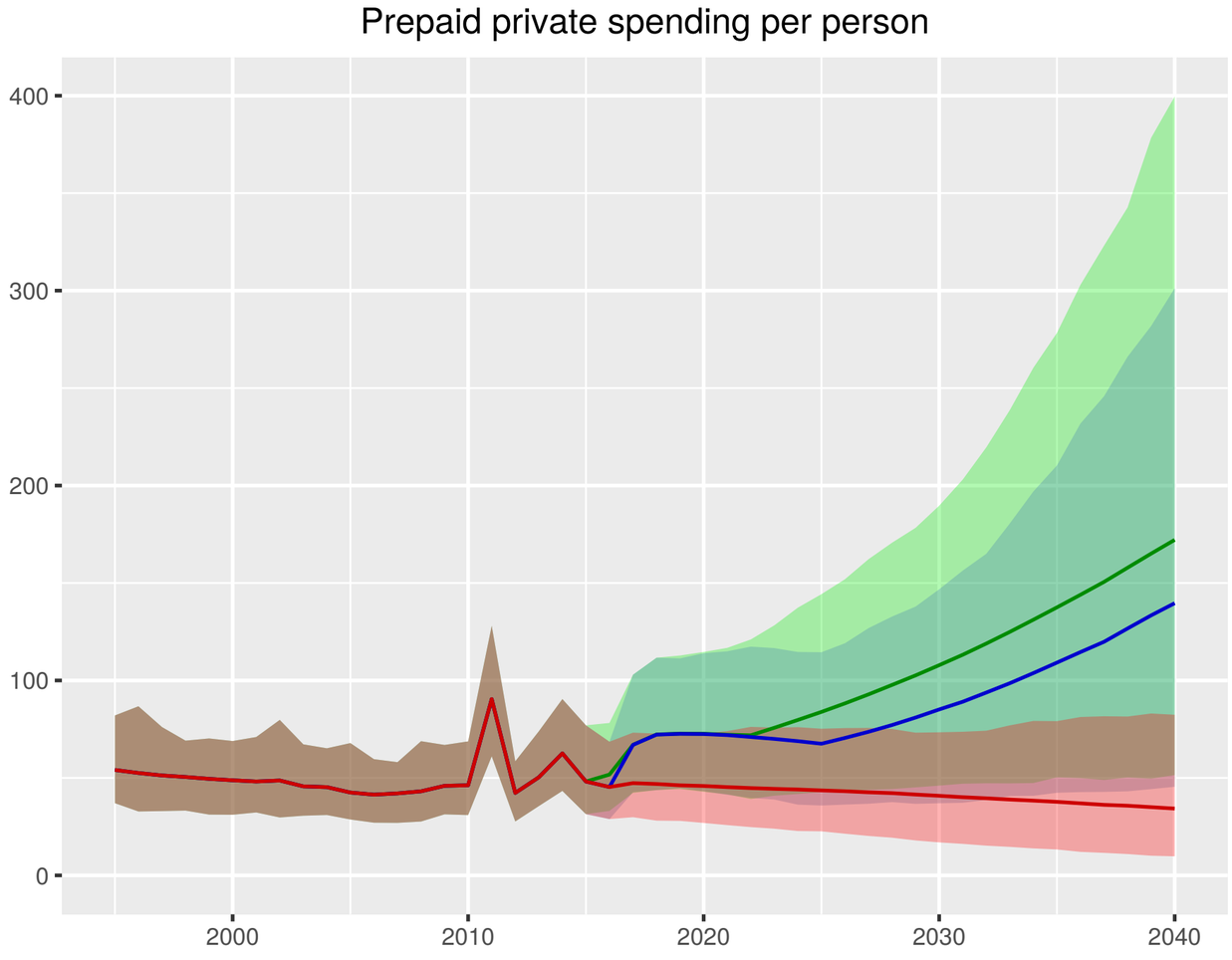
Government health spending per person



Out-of-pocket spending per person



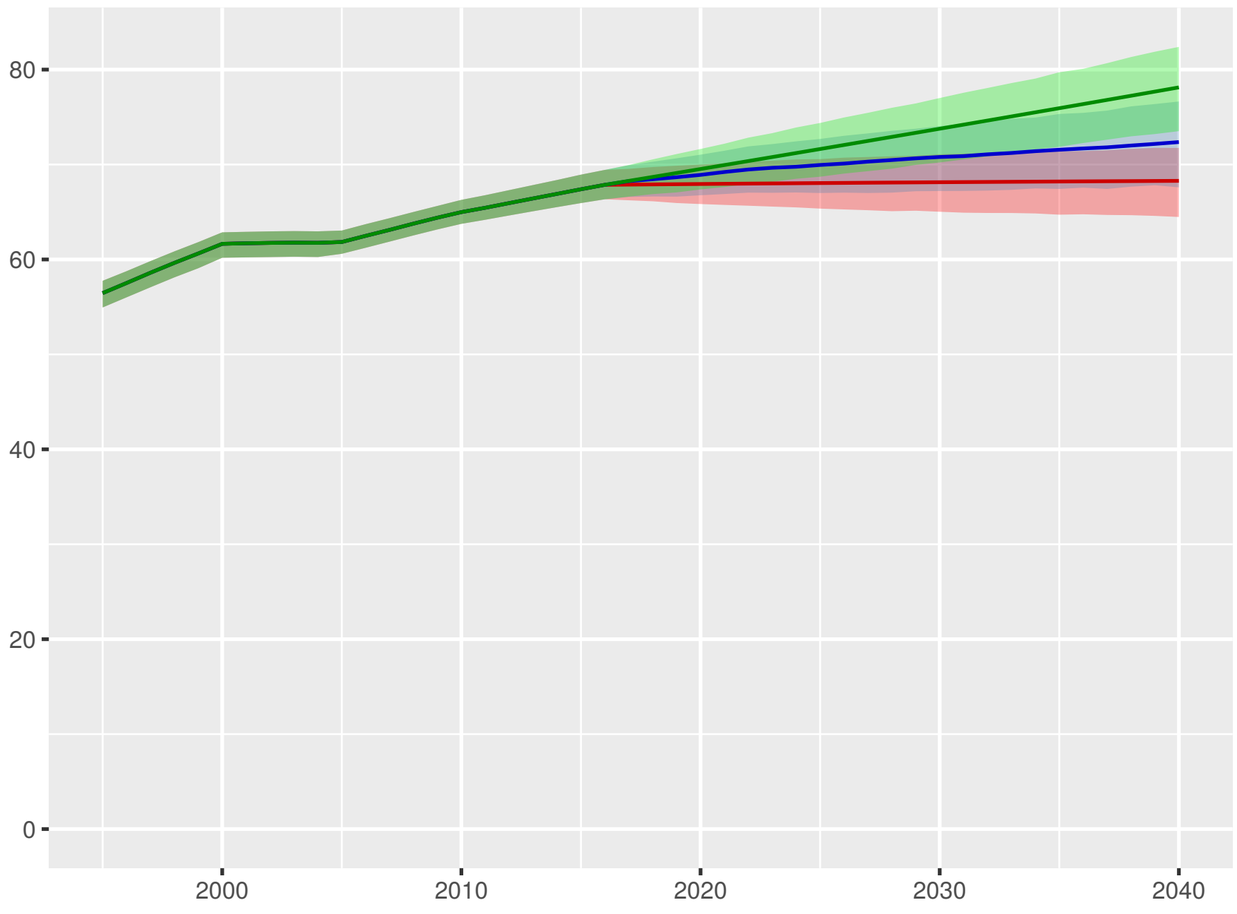
Prepaid private spending per person



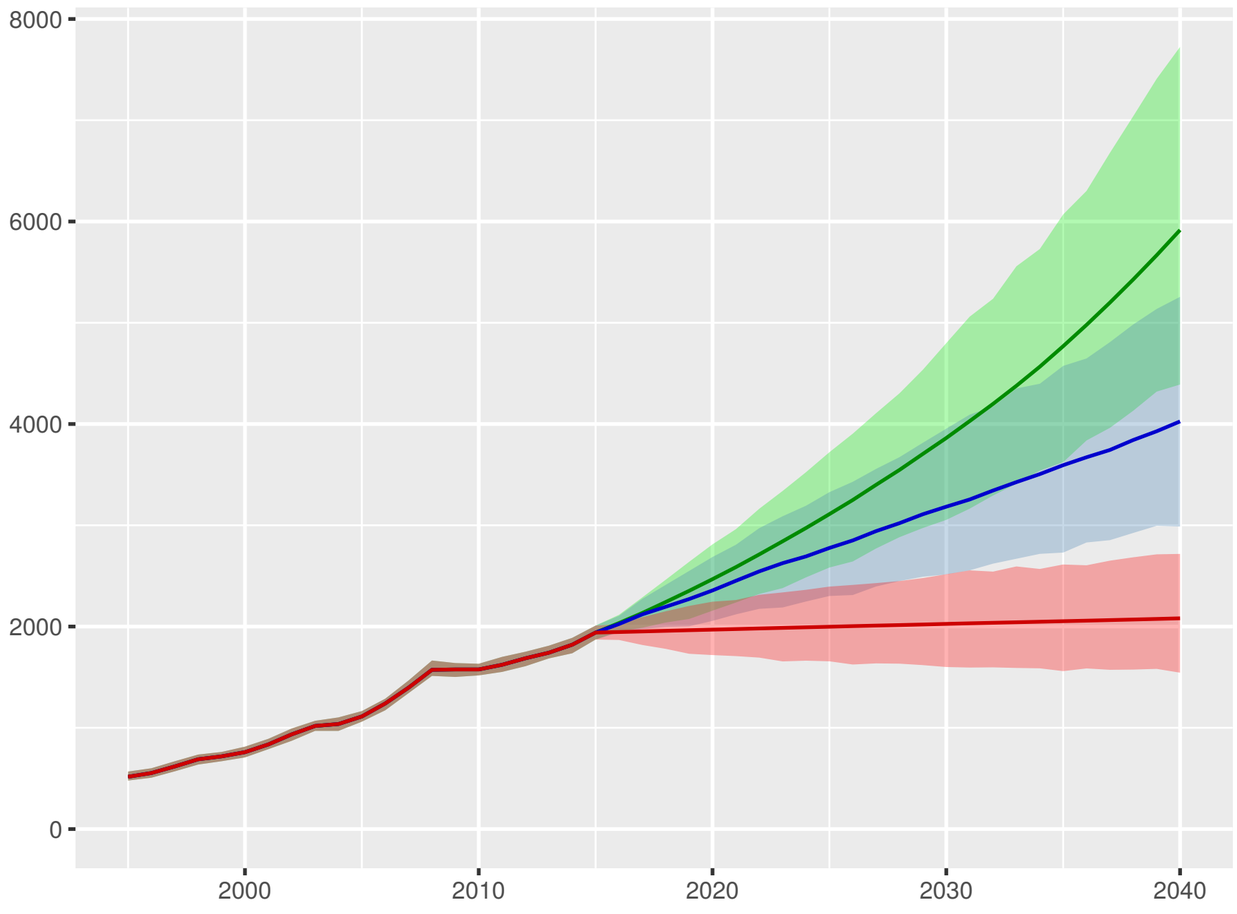
Scenario — Better — Reference — Worse

Lithuania

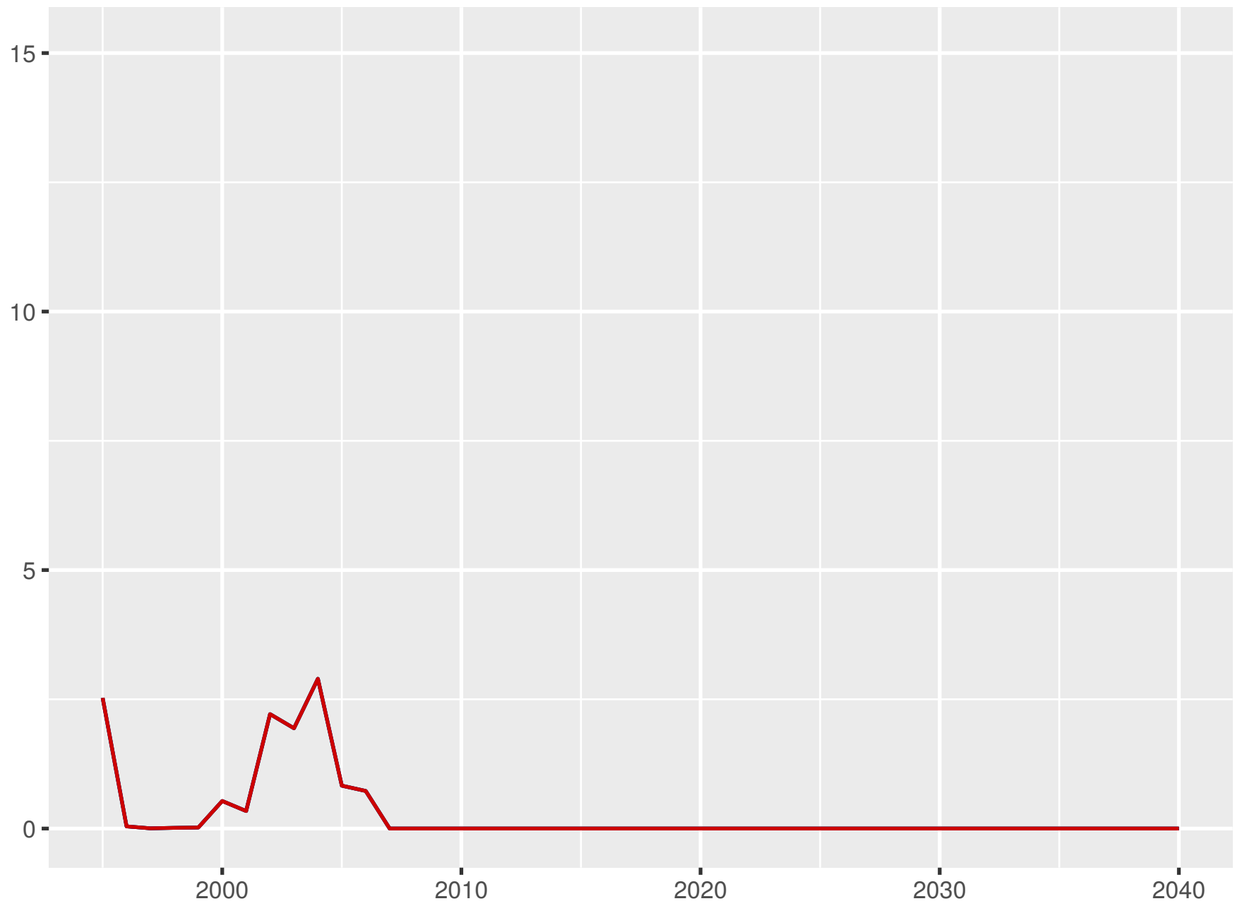
Universal health coverage index



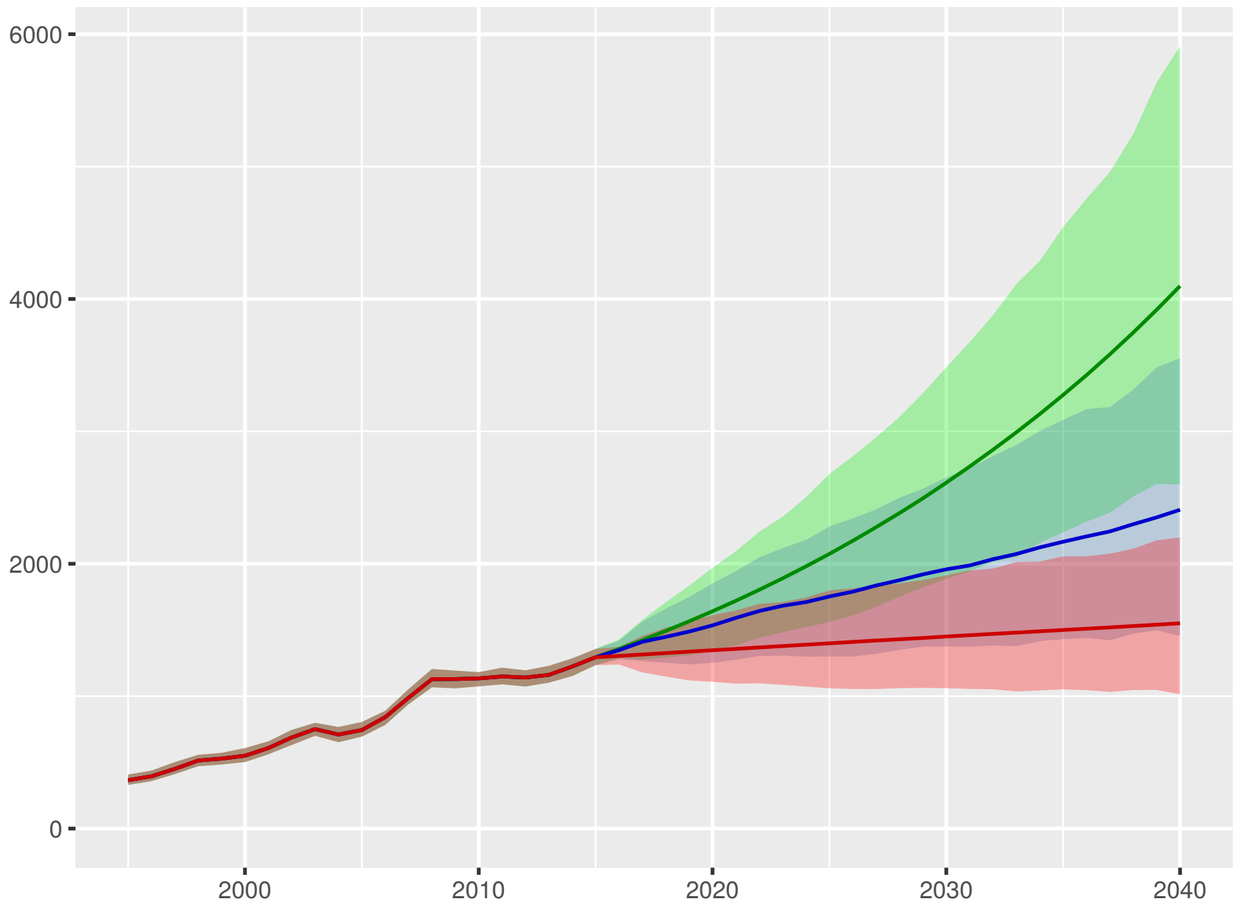
Total health spending per person



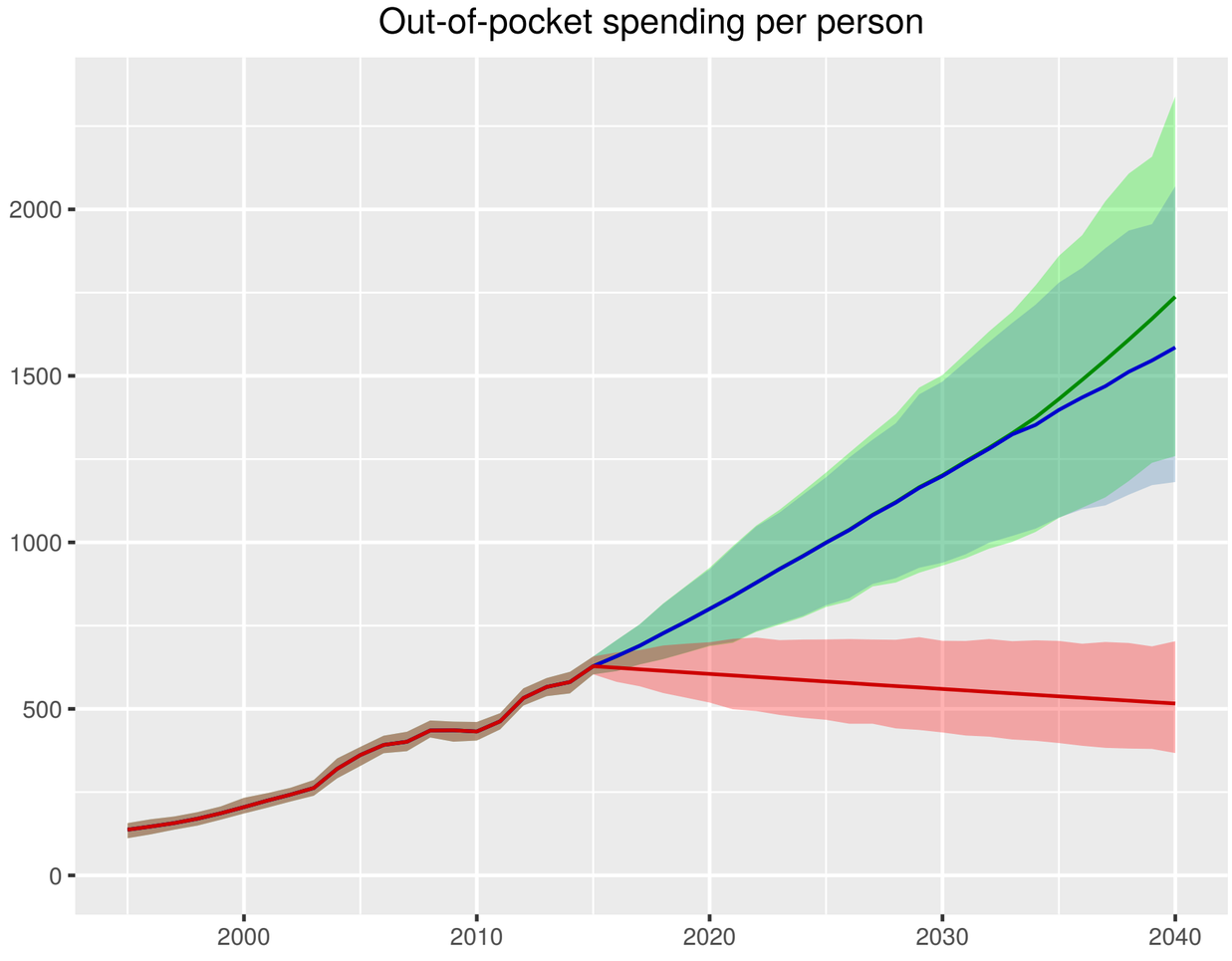
Development assistance for health received per person



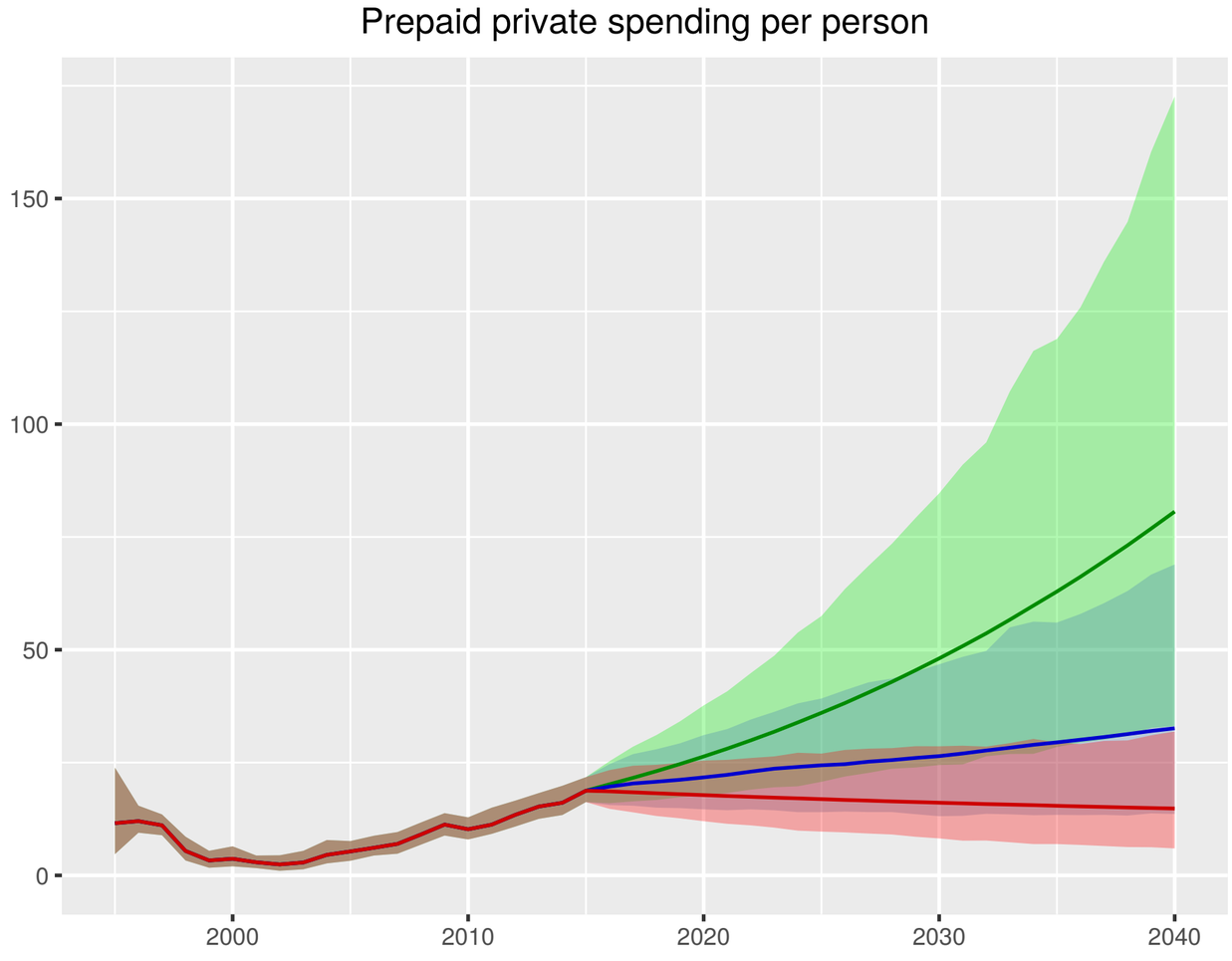
Government health spending per person



Out-of-pocket spending per person



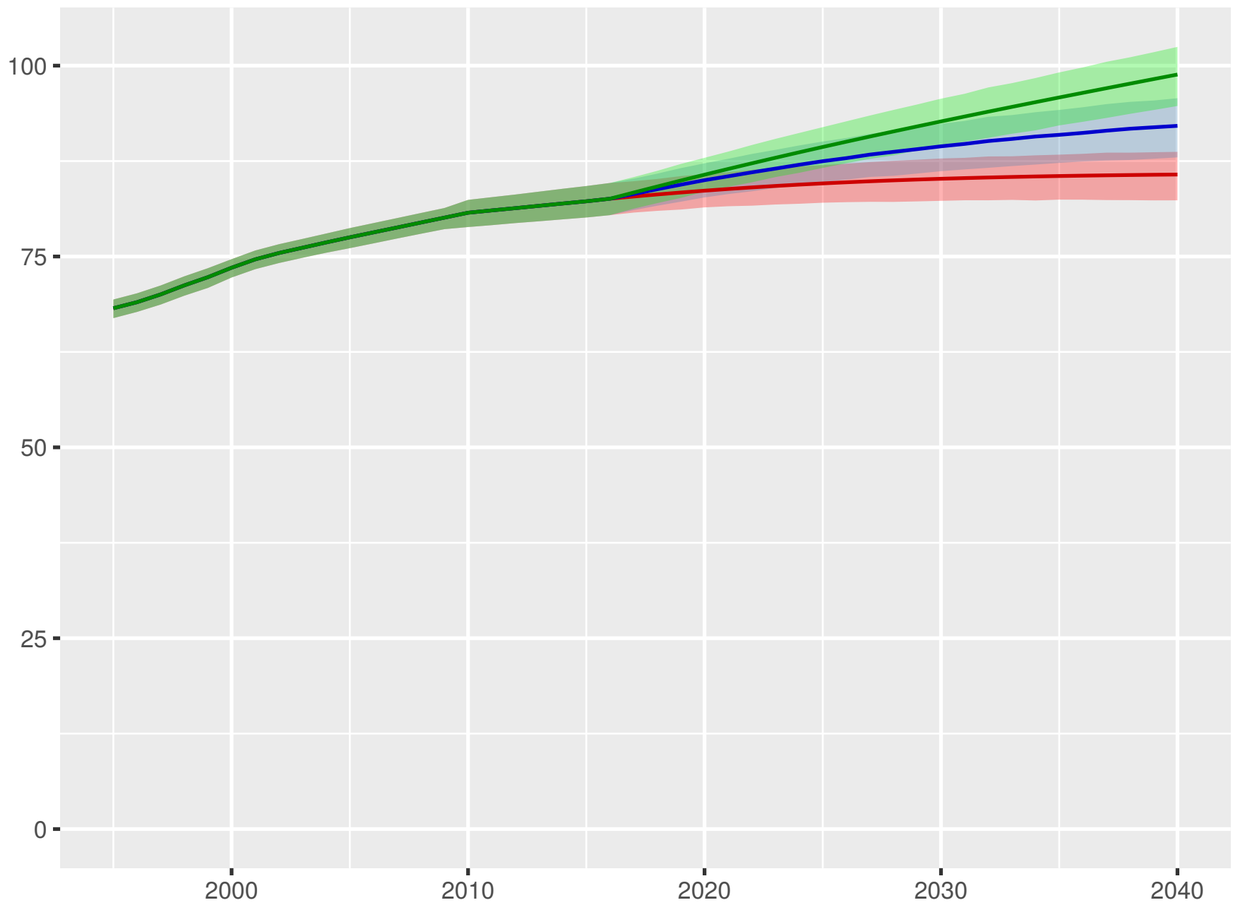
Prepaid private spending per person



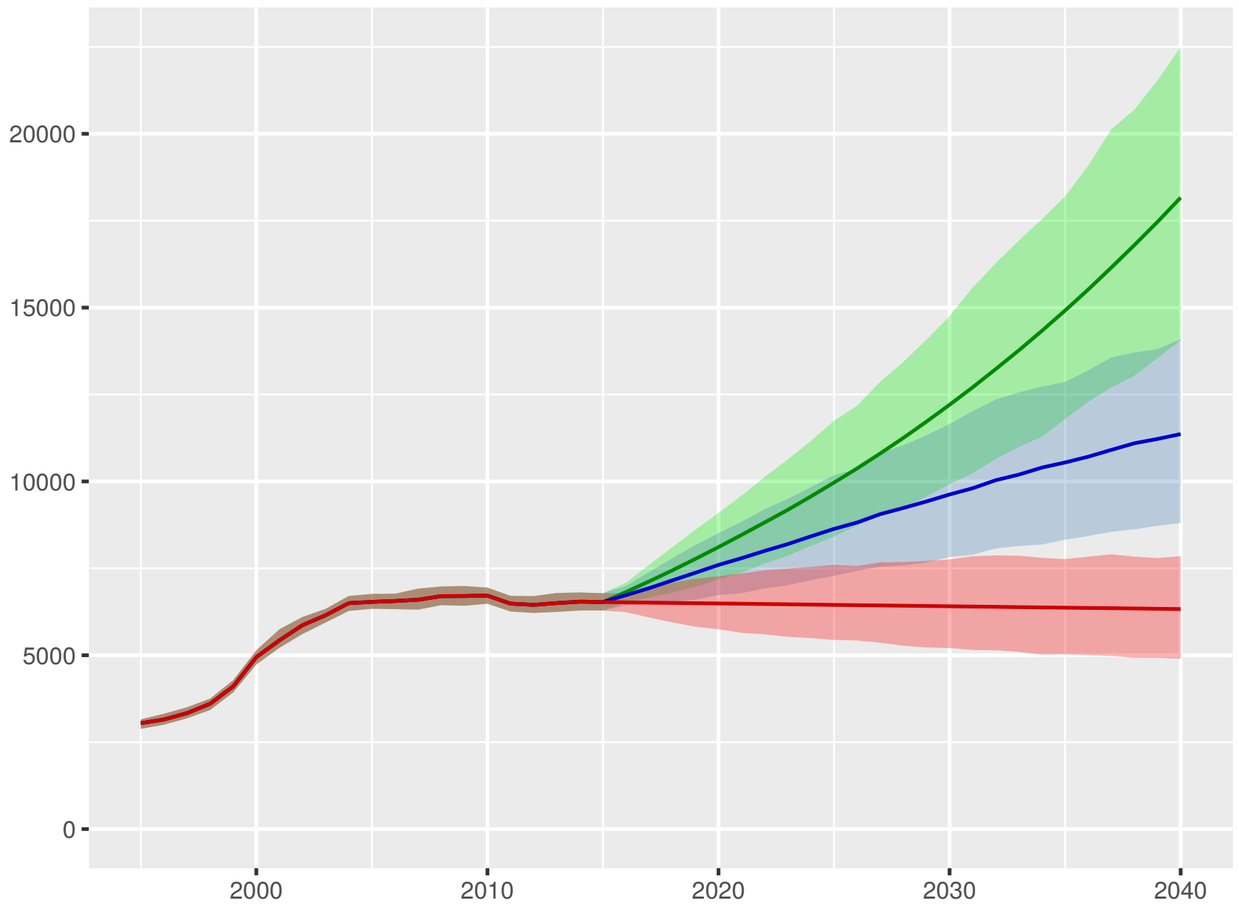
Scenario — Better — Reference — Worse

Luxembourg

Universal health coverage index

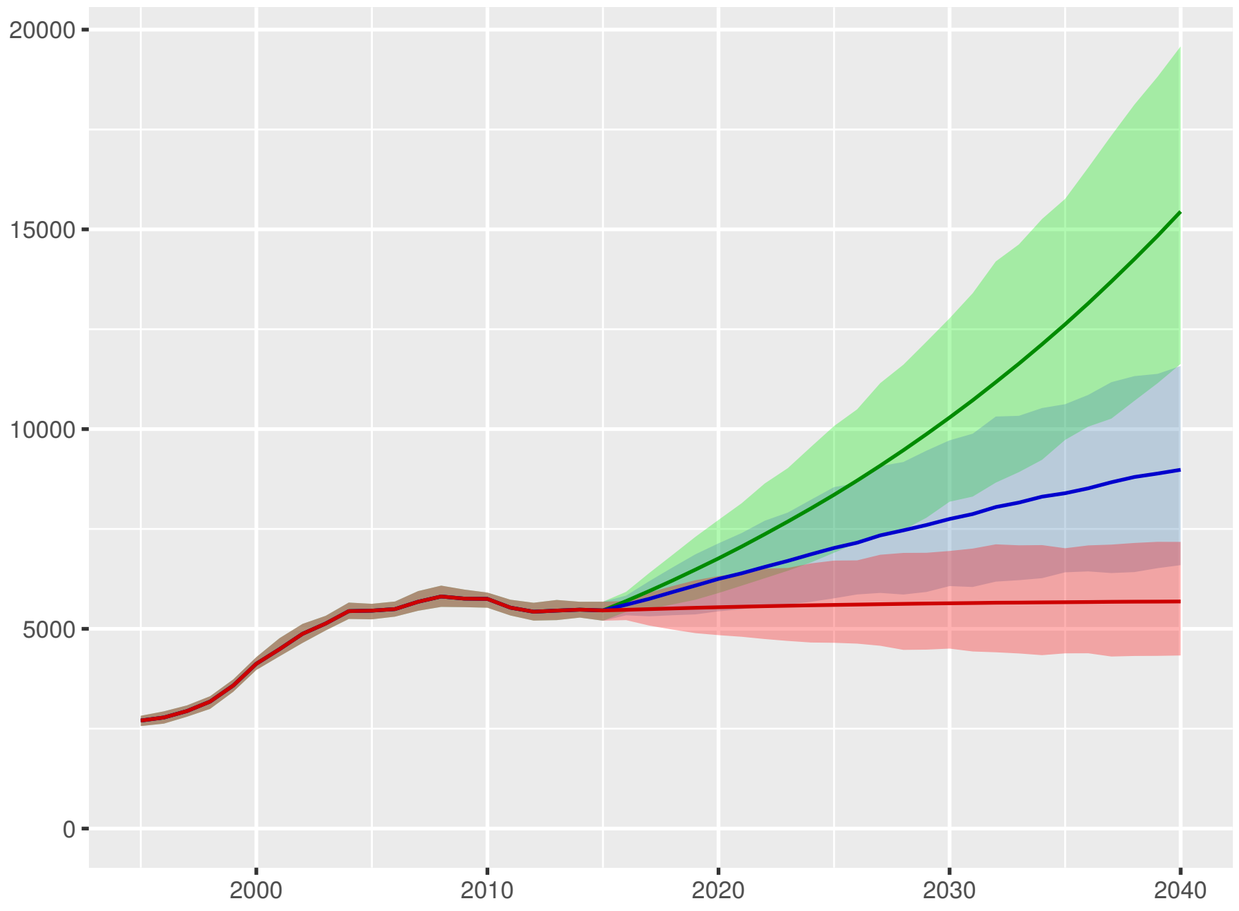


Total health spending per person

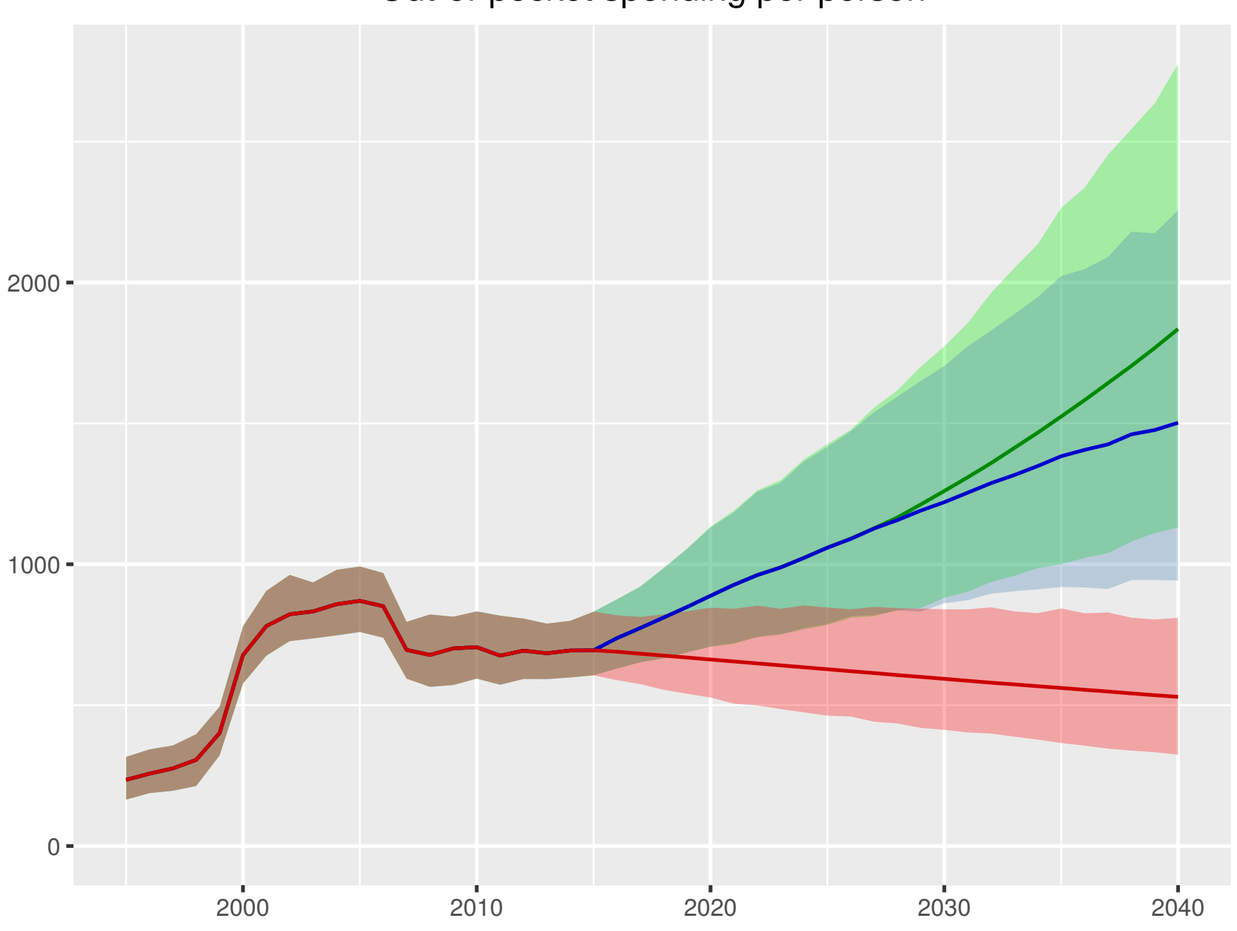


Development assistance for health received per person

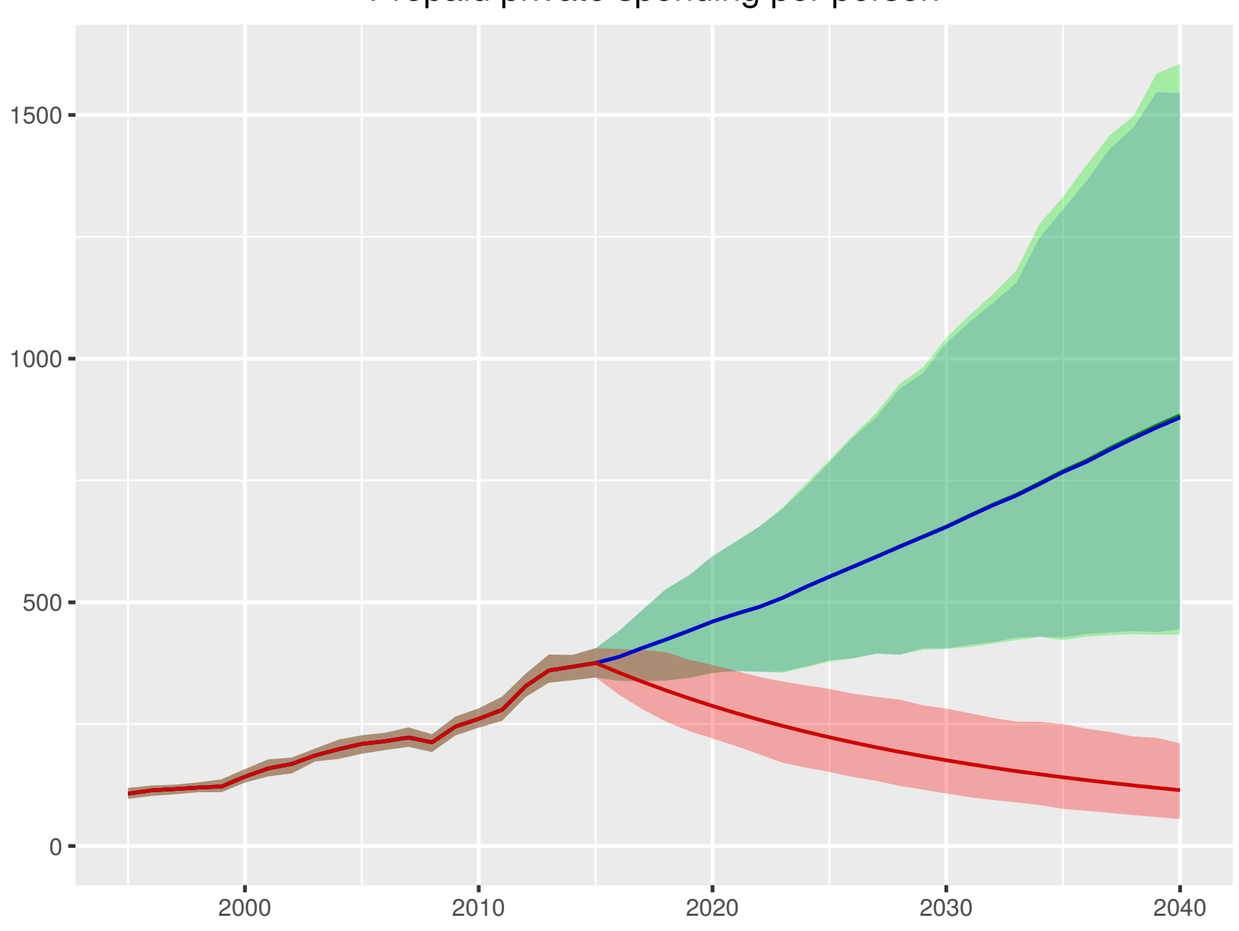
Government health spending per person



Out-of-pocket spending per person



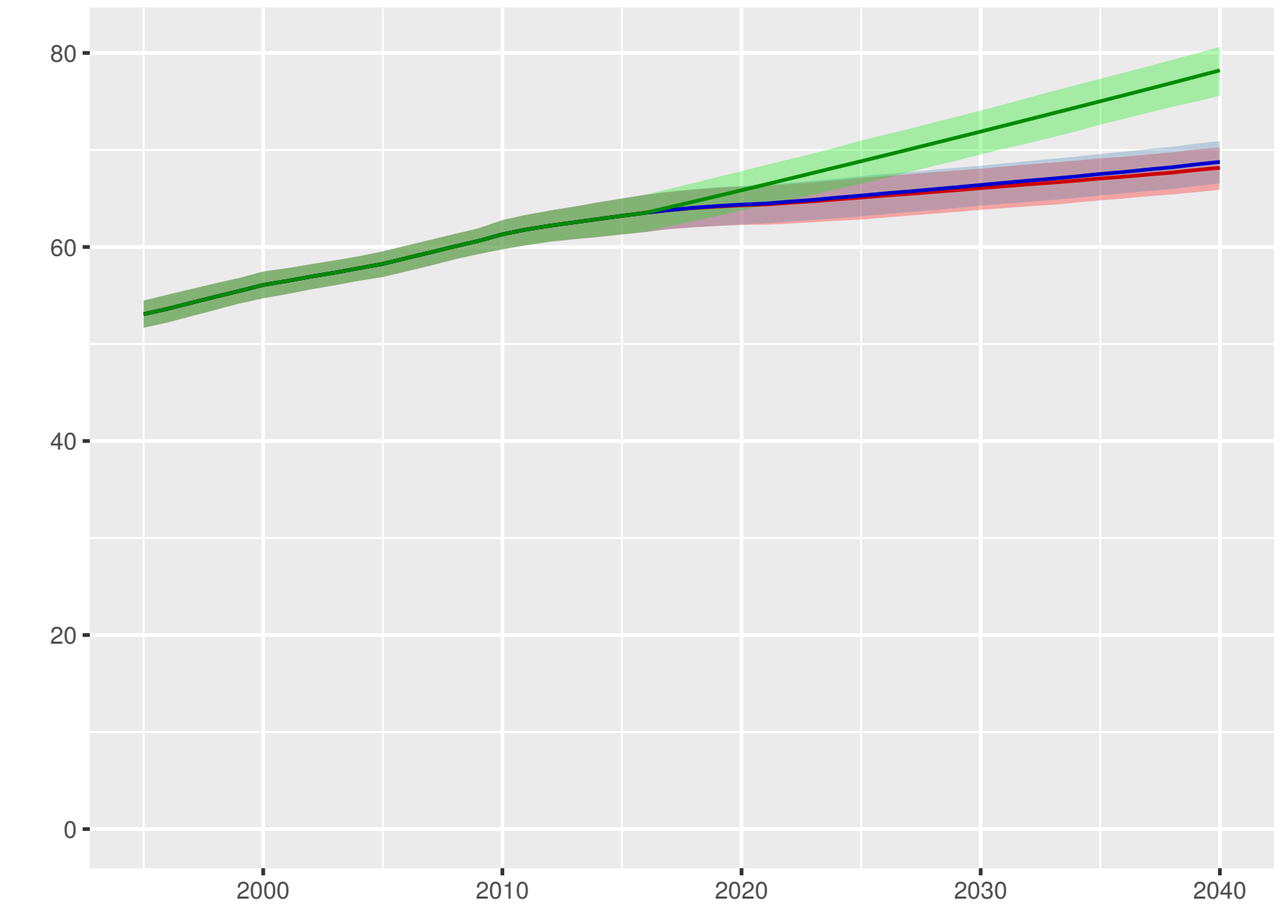
Prepaid private spending per person



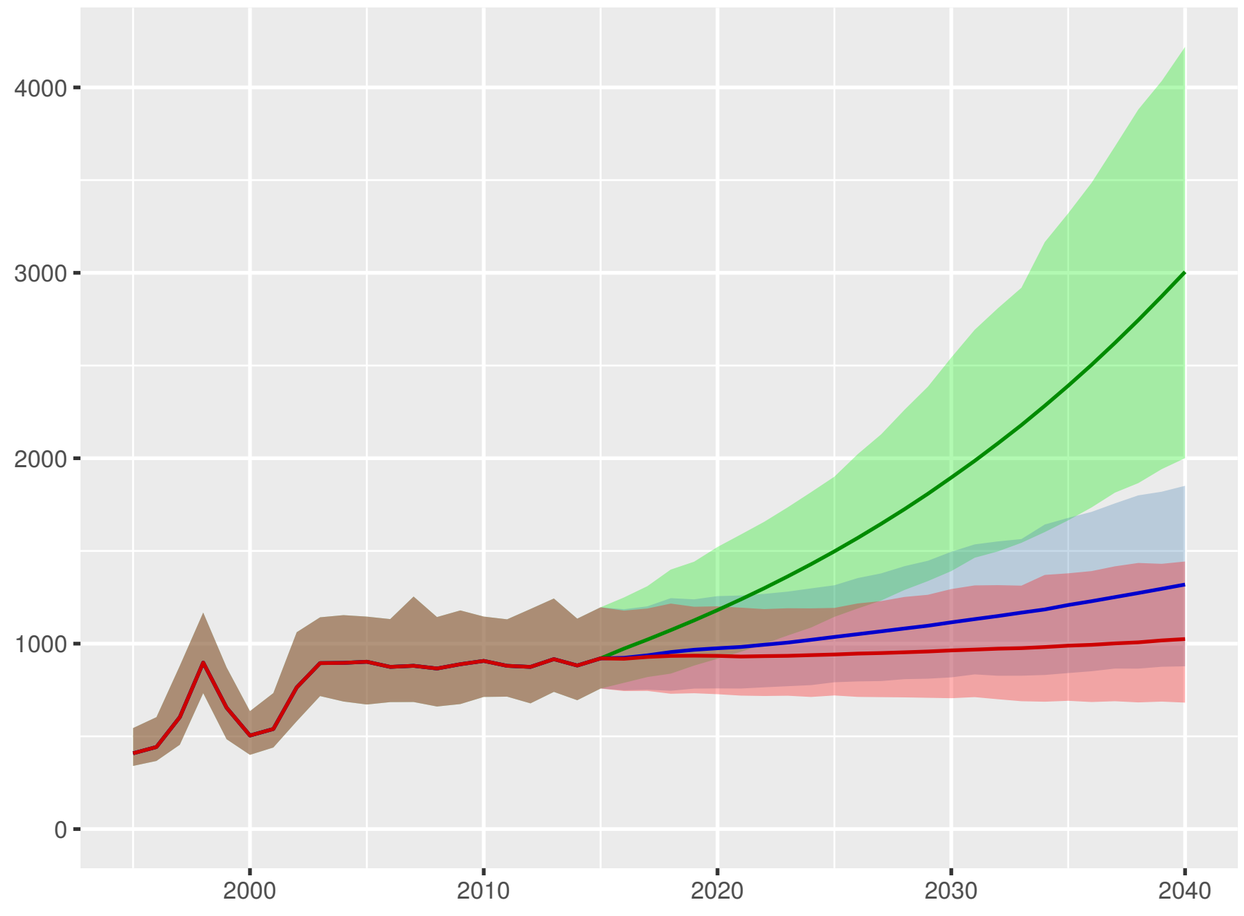
Scenario — Better — Reference — Worse

Macedonia

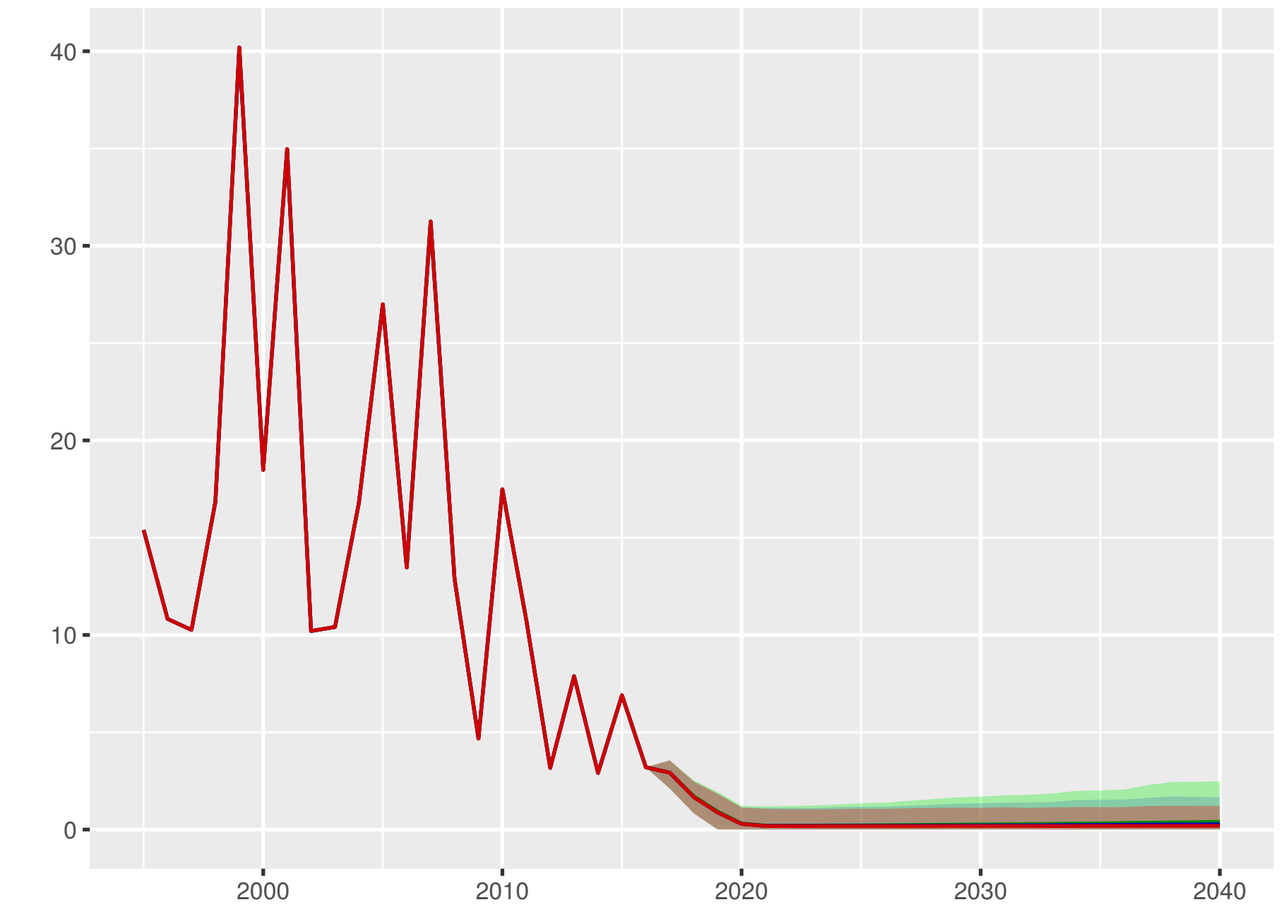
Universal health coverage index



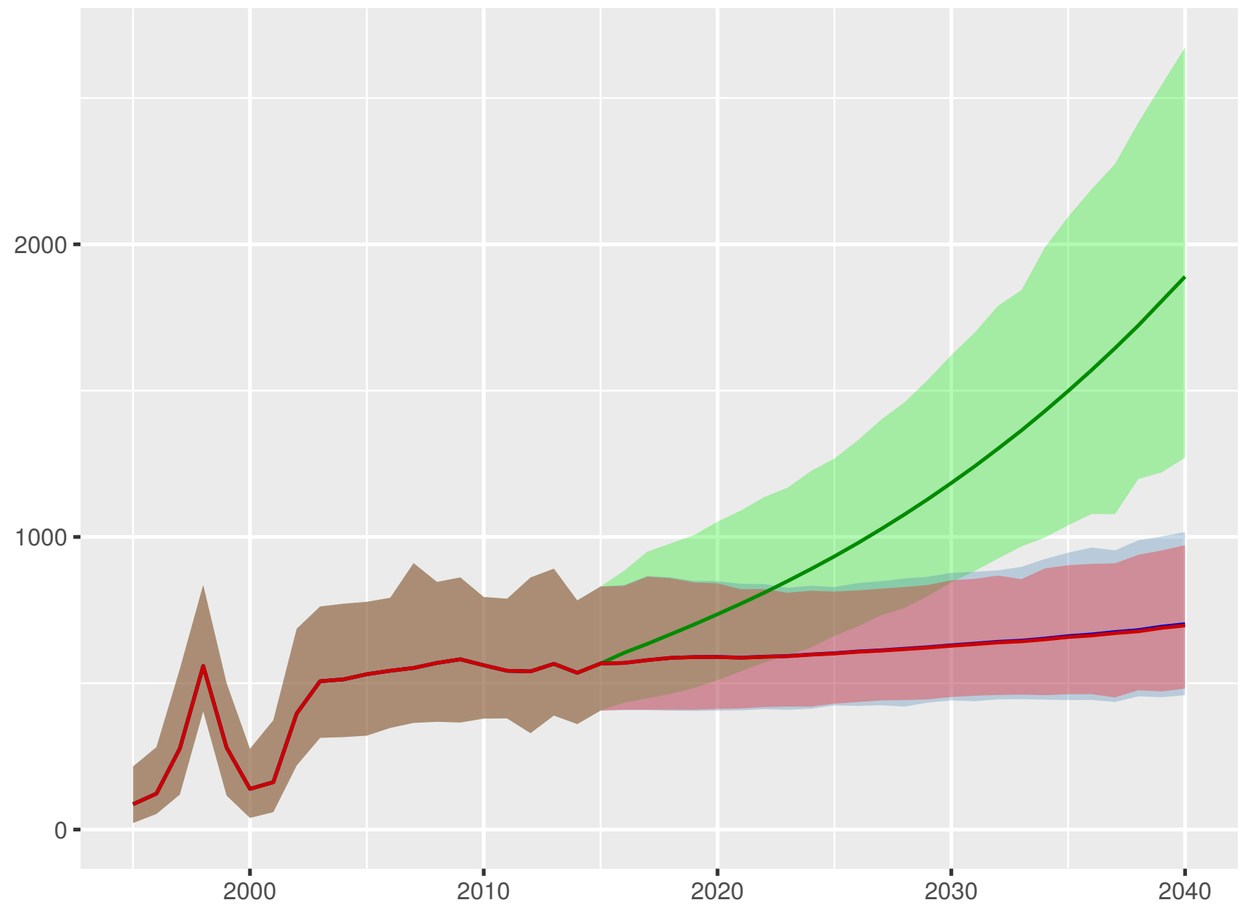
Total health spending per person



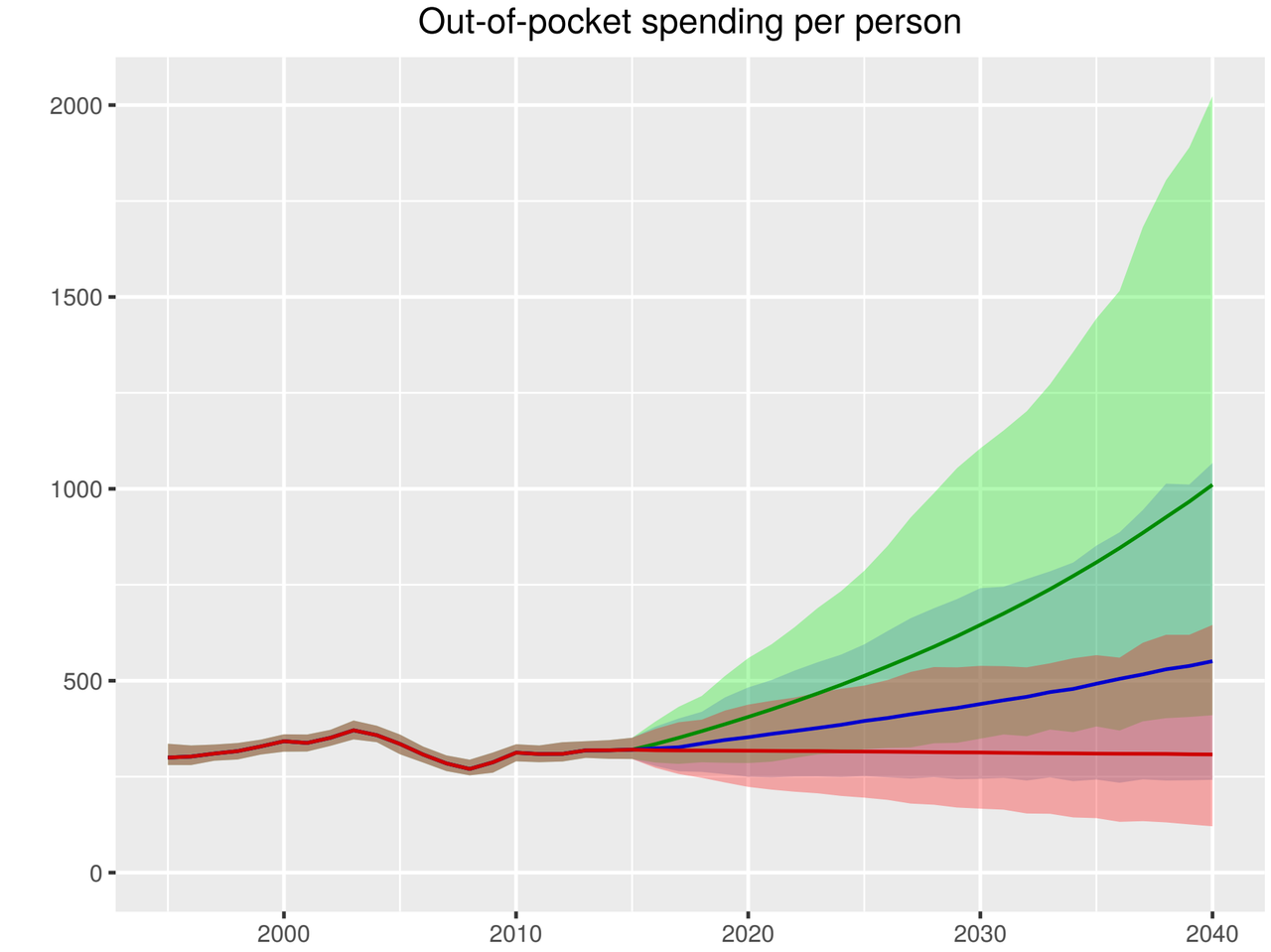
Development assistance for health received per person



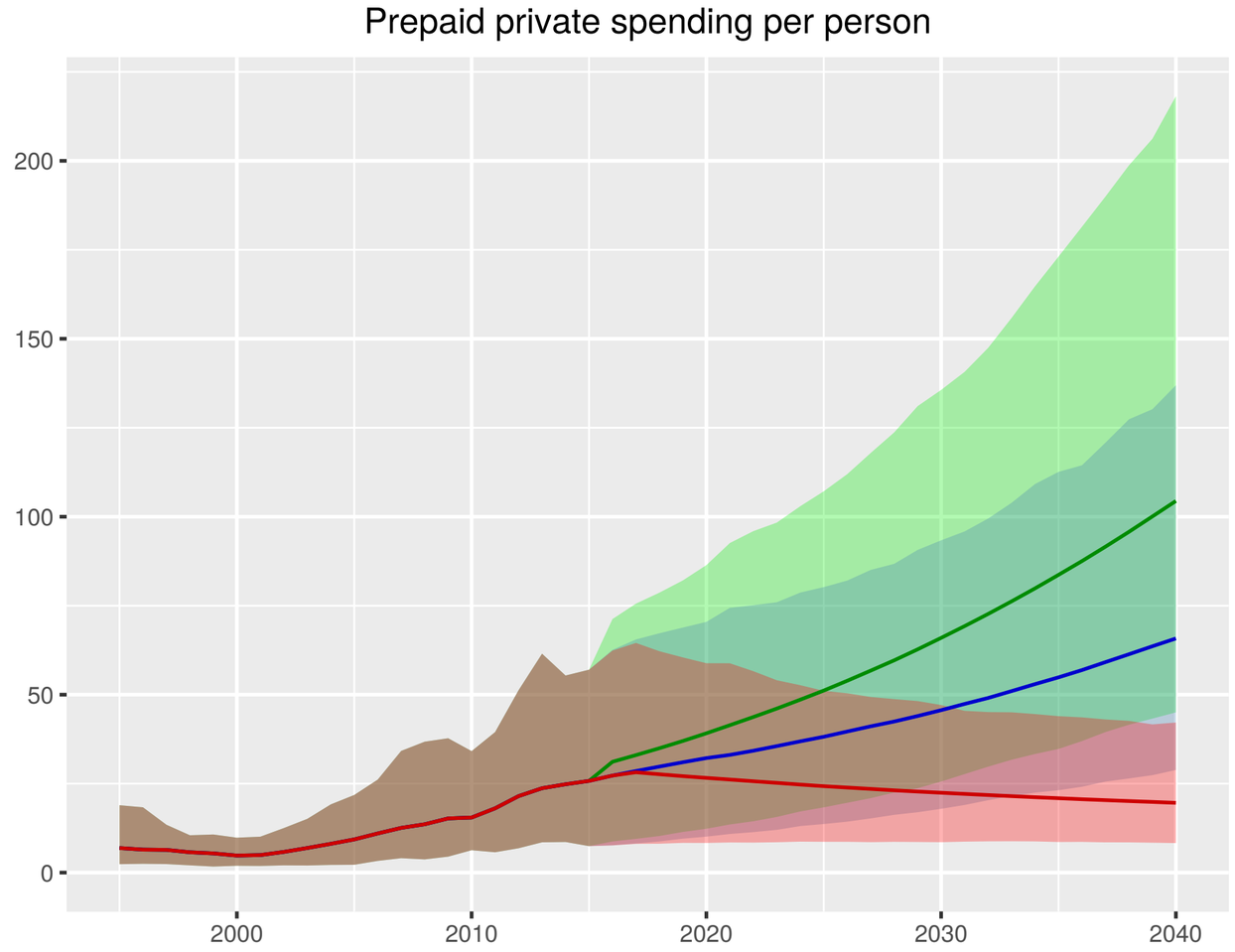
Government health spending per person



Out-of-pocket spending per person



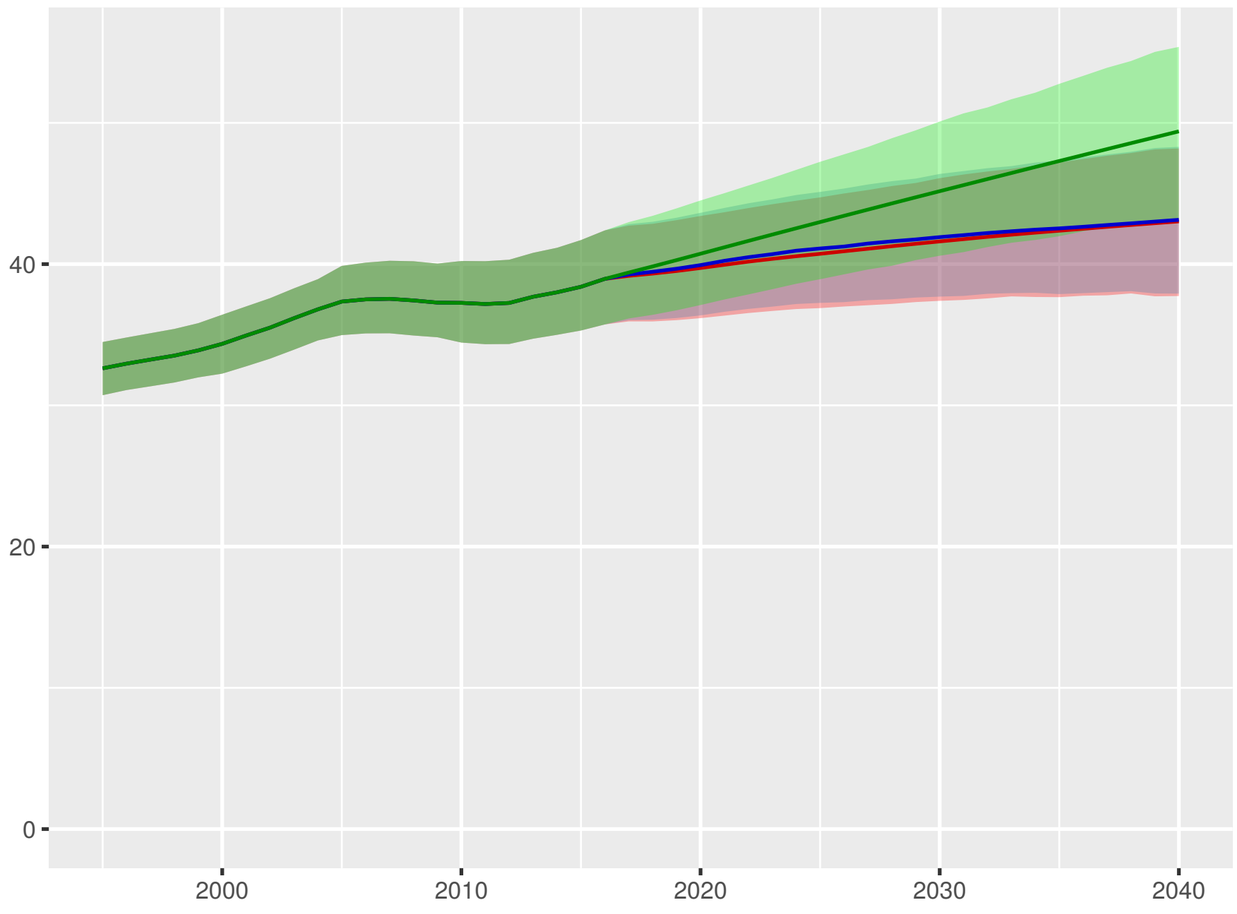
Prepaid private spending per person



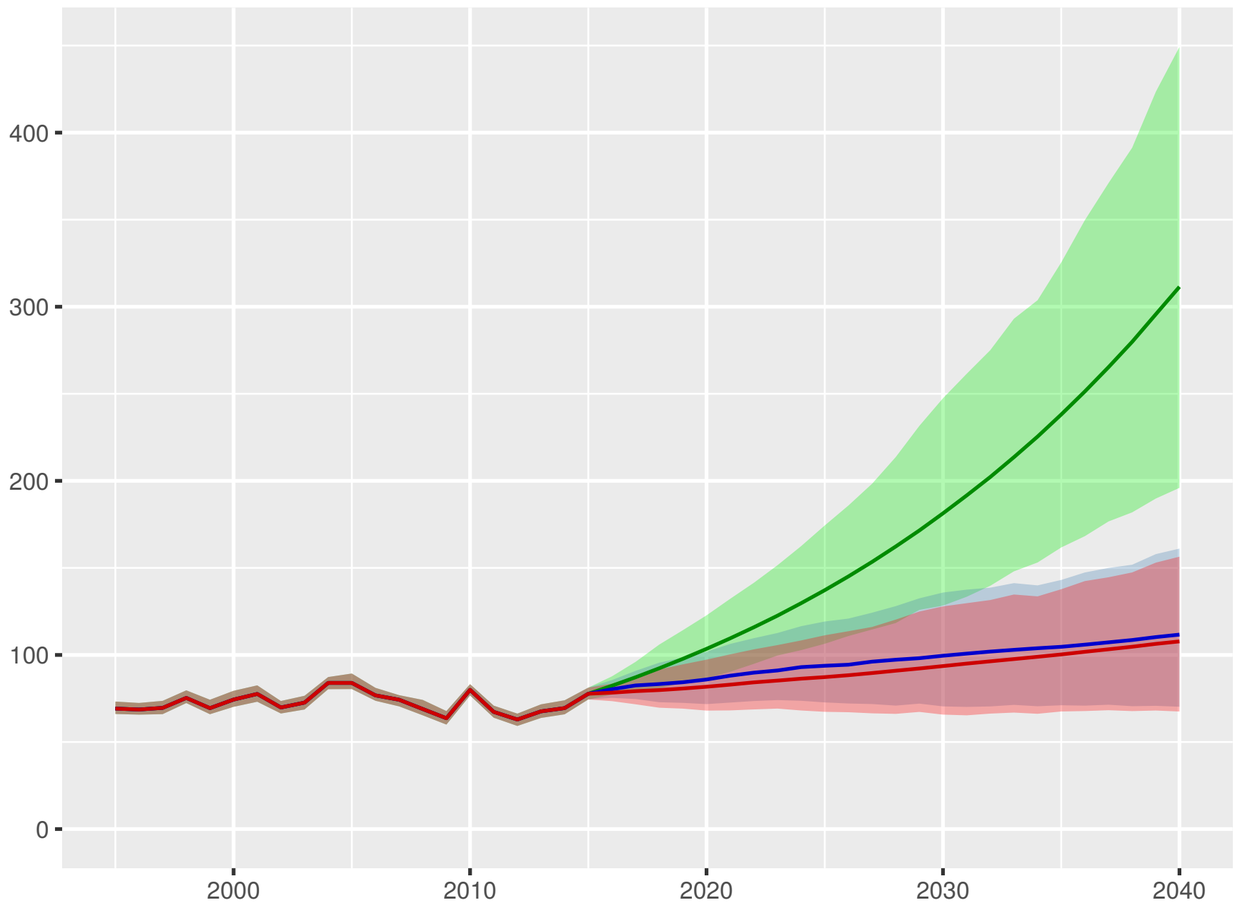
Scenario — Better — Reference — Worse

Madagascar

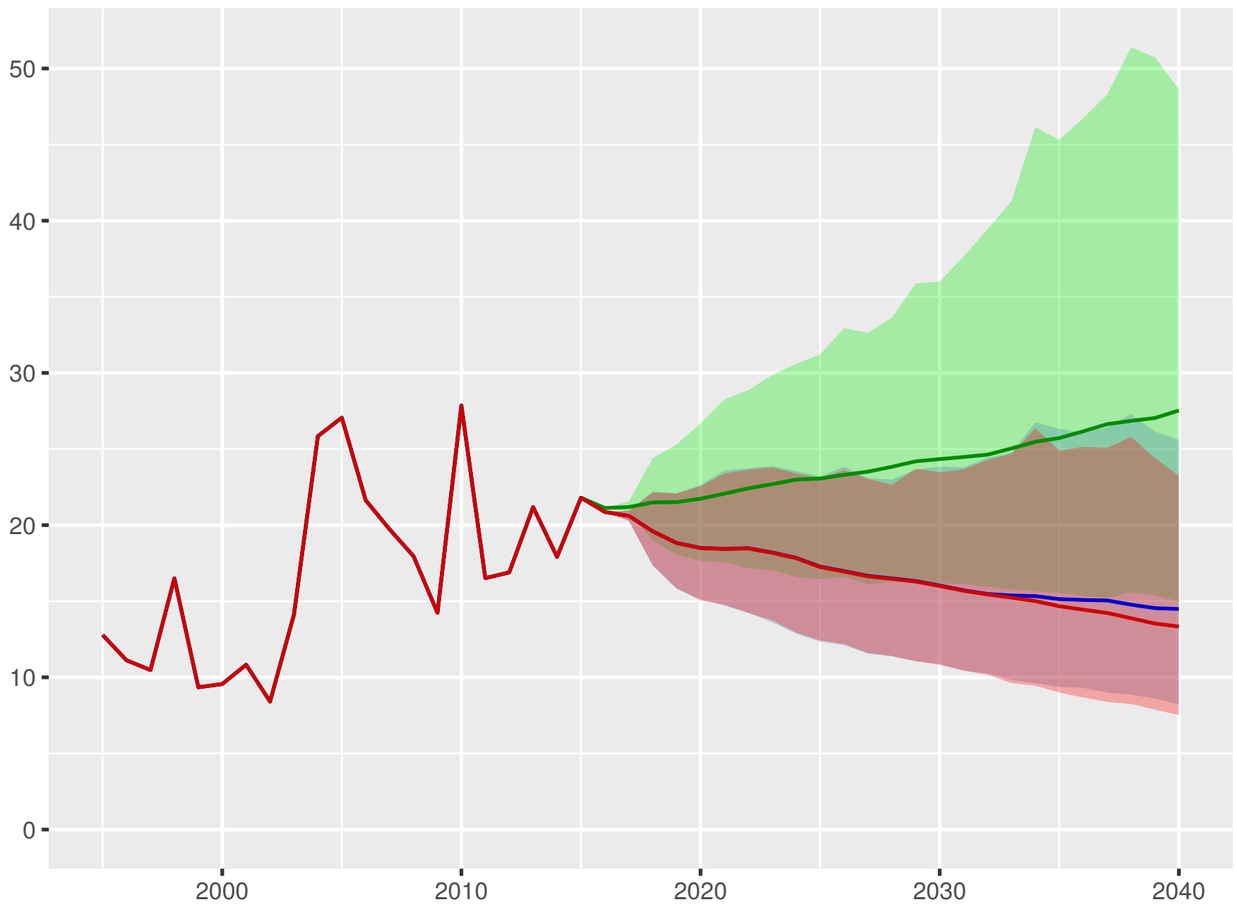
Universal health coverage index



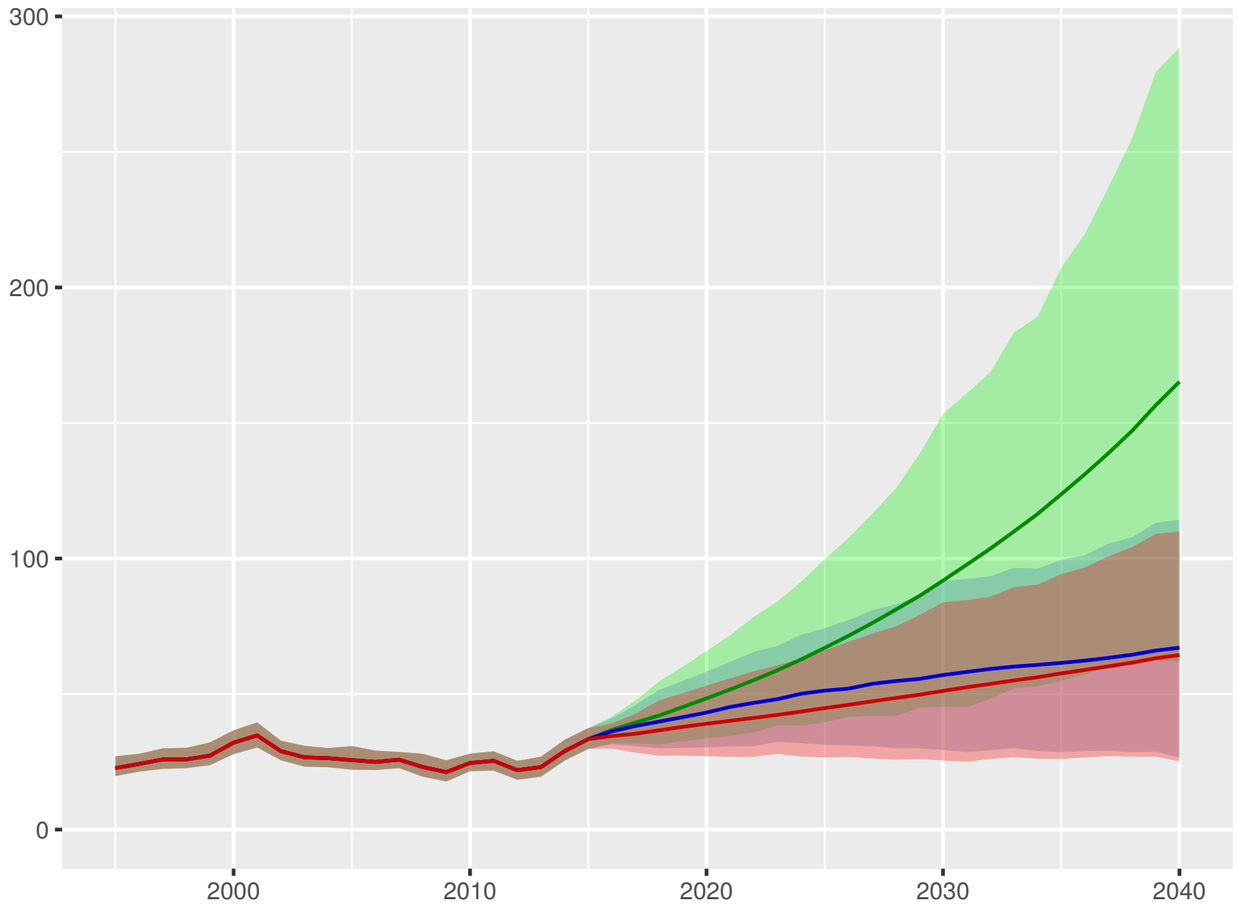
Total health spending per person



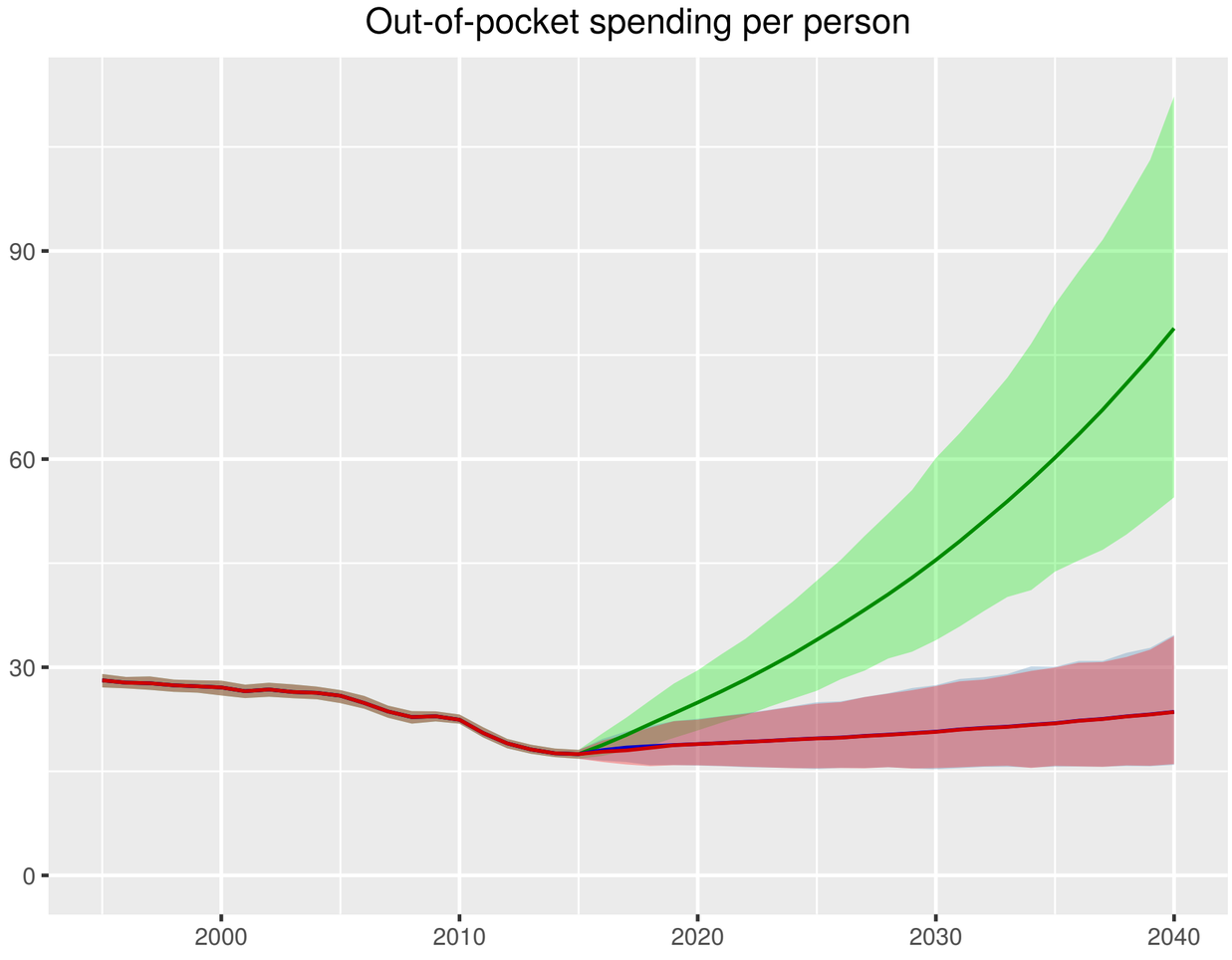
Development assistance for health received per person



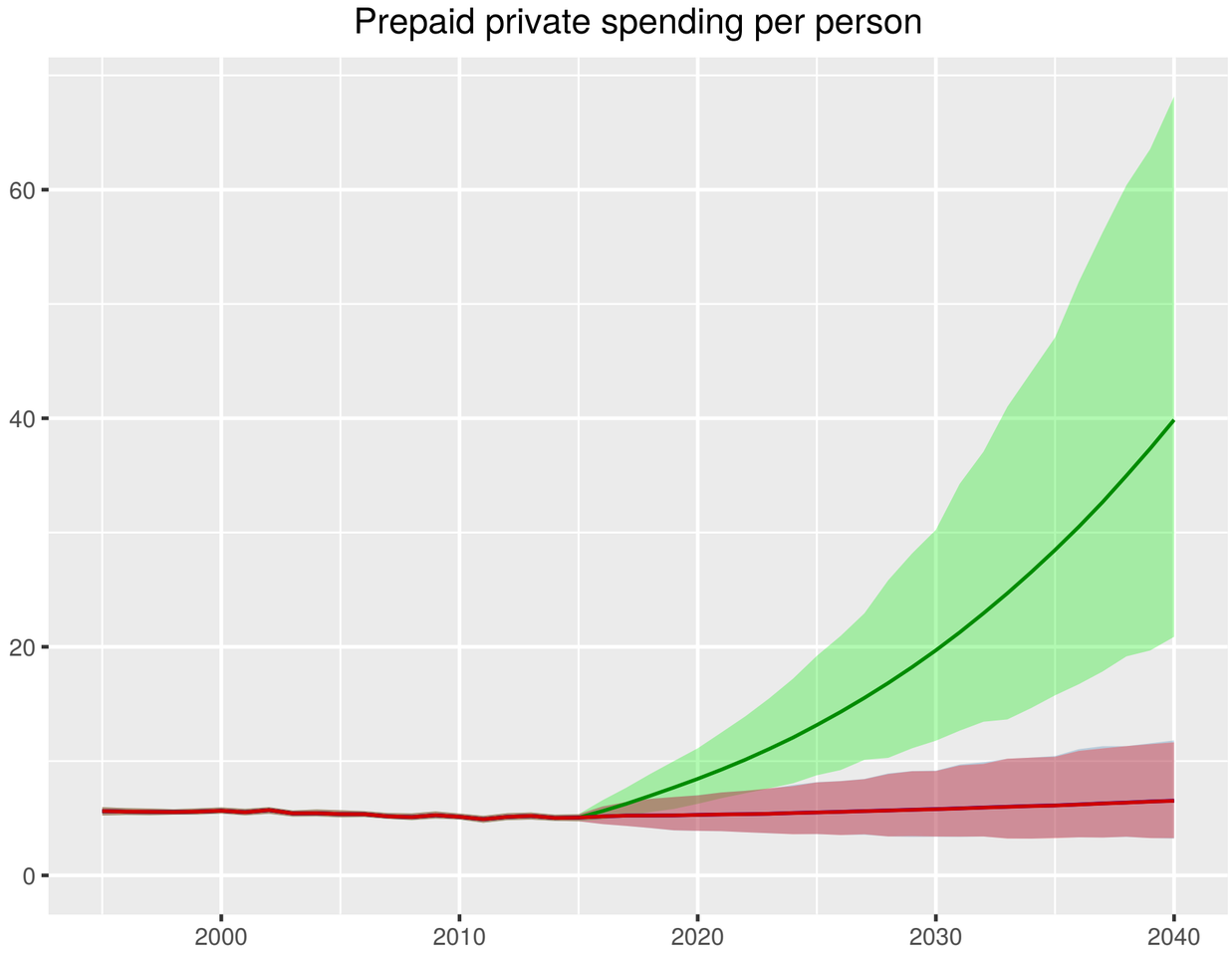
Government health spending per person



Out-of-pocket spending per person



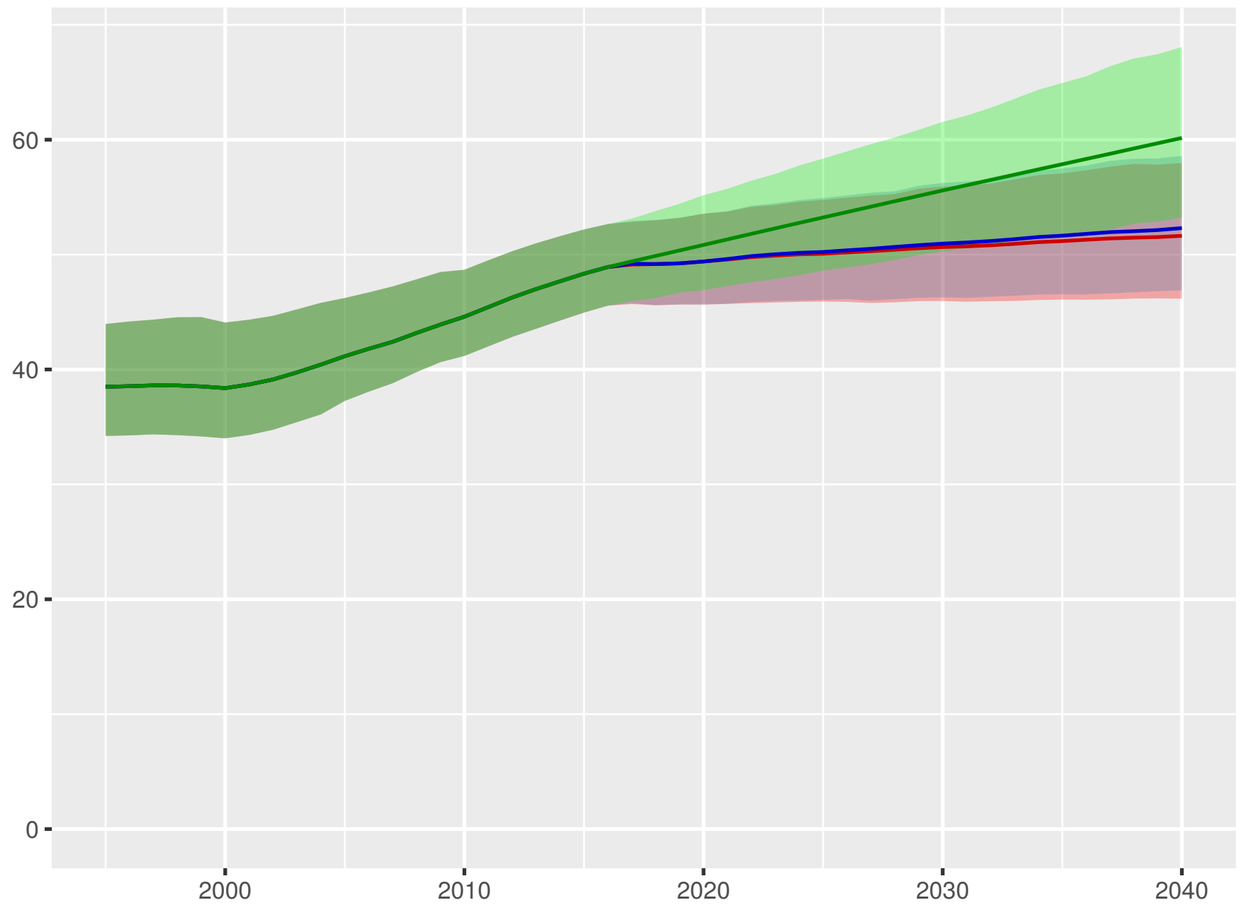
Prepaid private spending per person



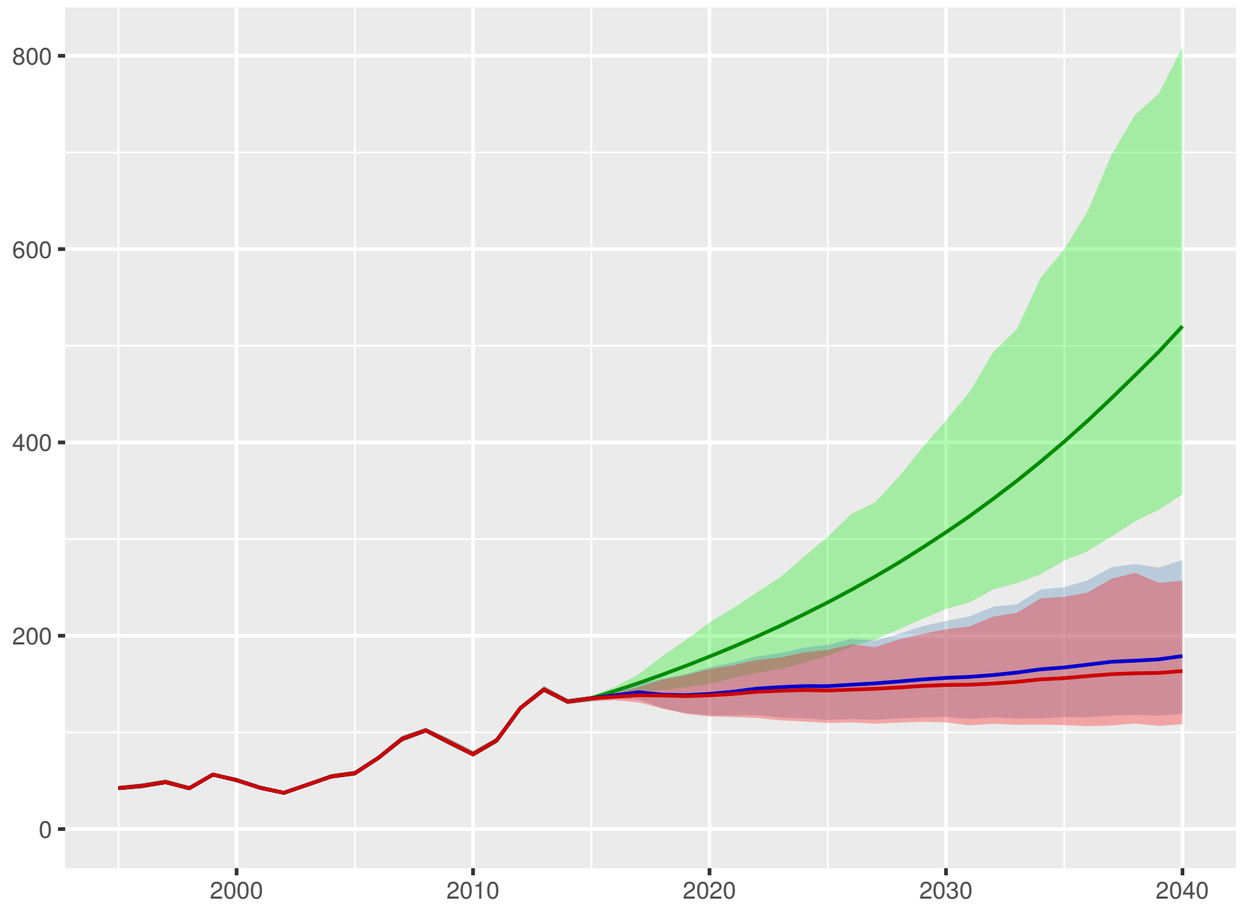
Scenario — Better — Reference — Worse

Malawi

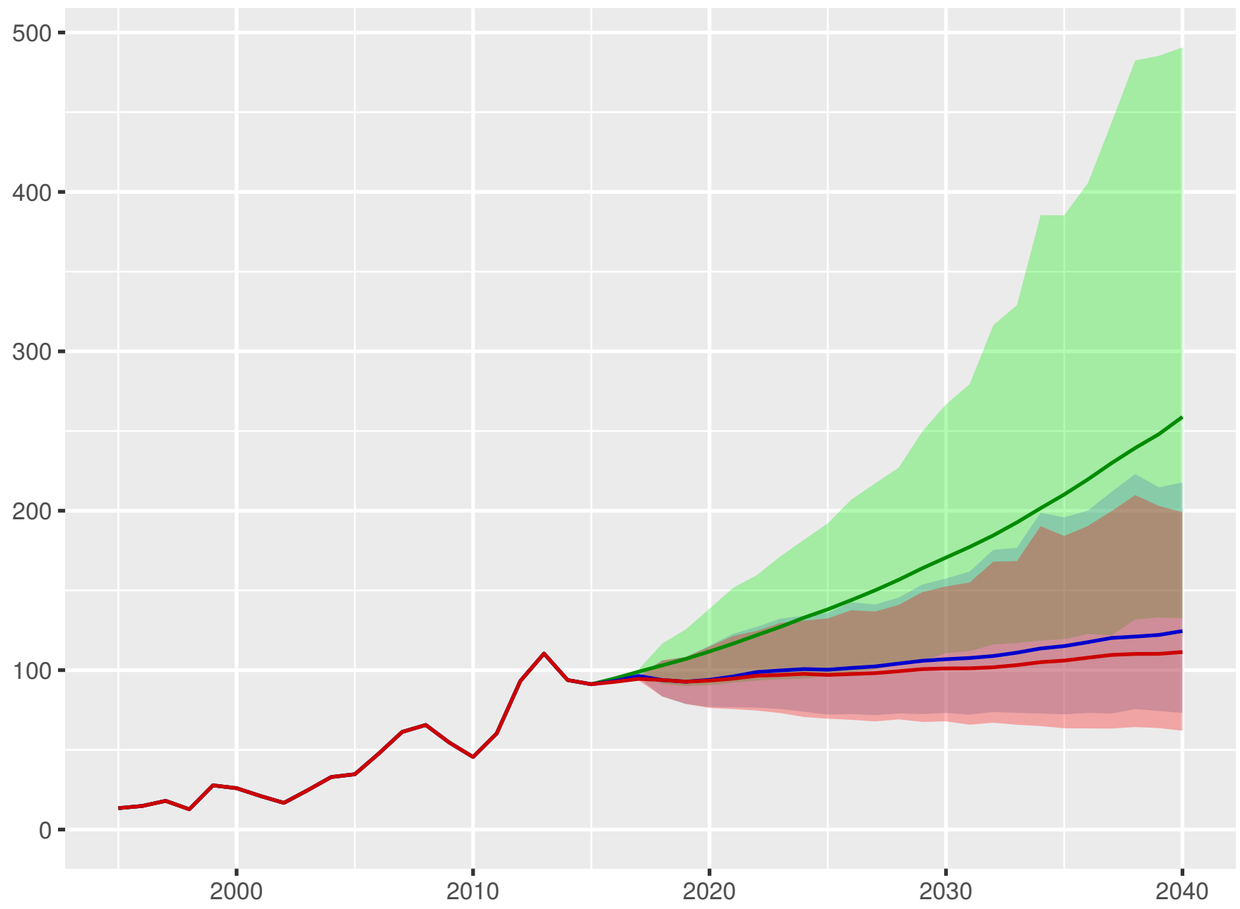
Universal health coverage index



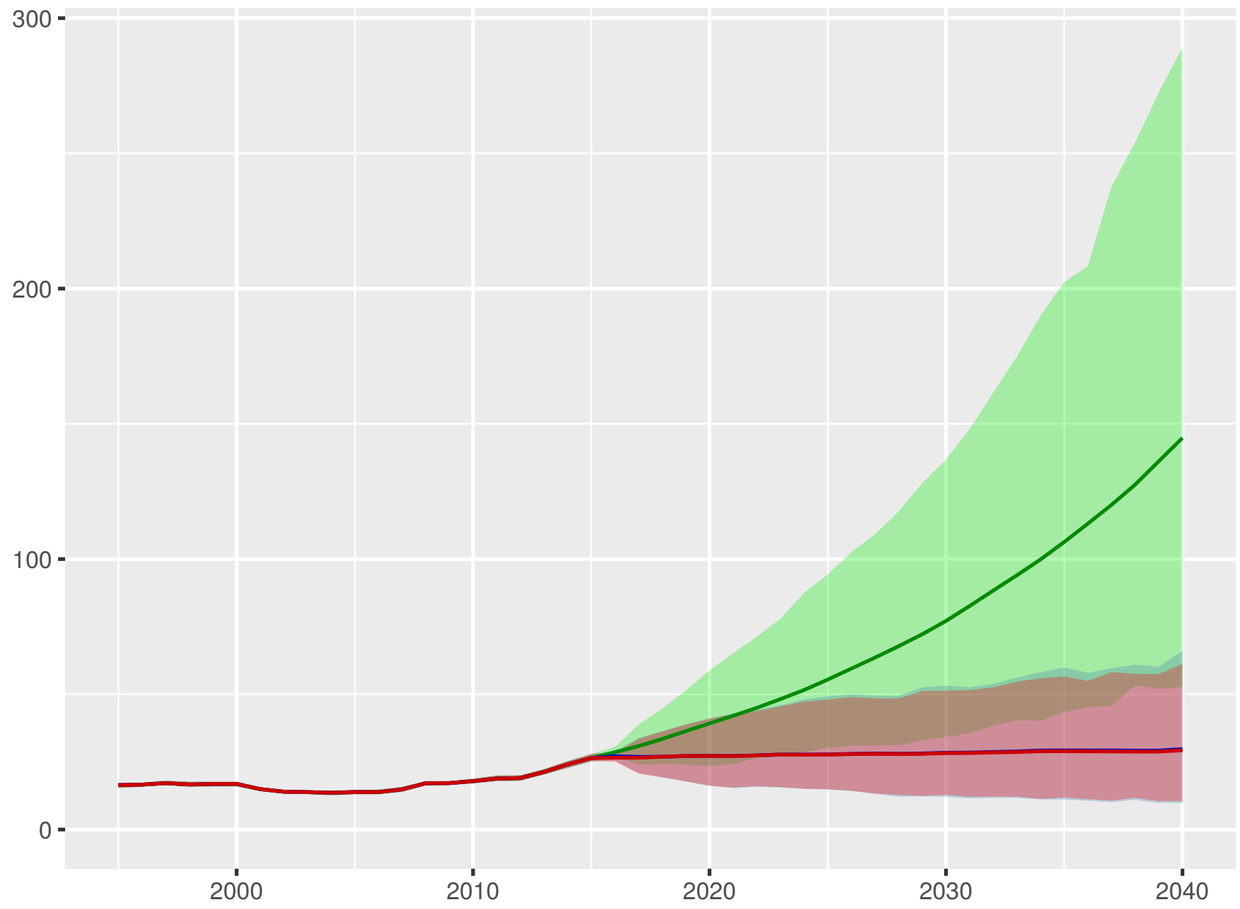
Total health spending per person



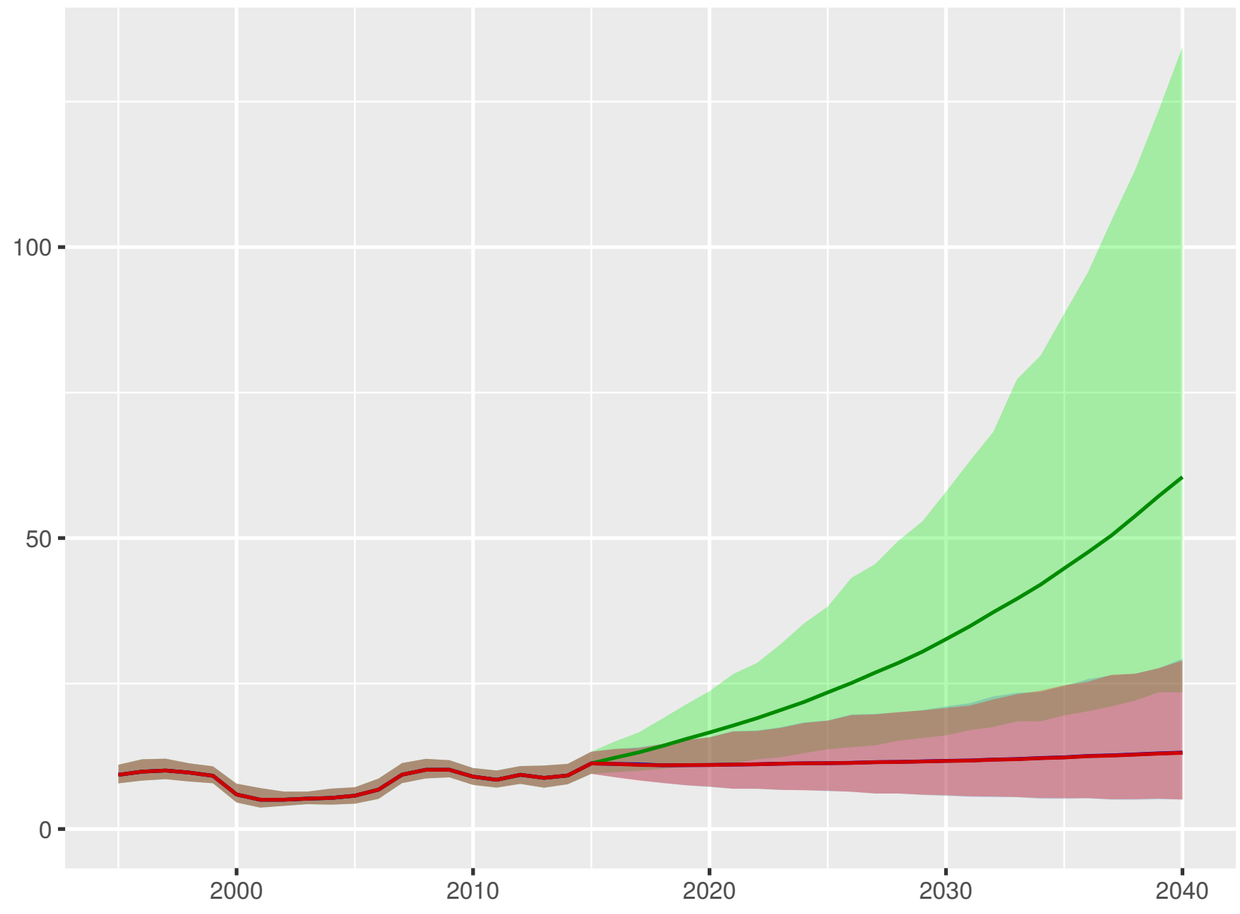
Development assistance for health received per person



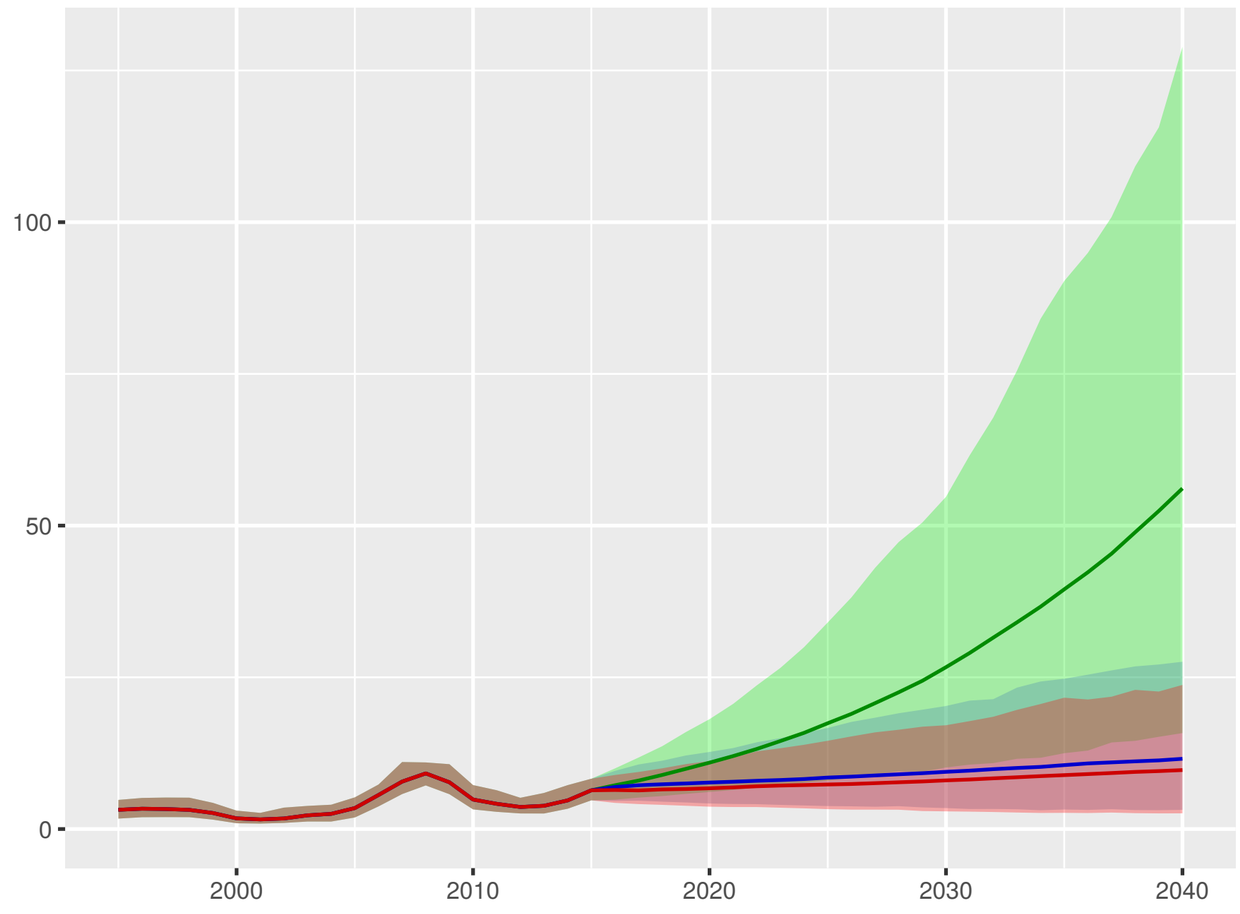
Government health spending per person



Out-of-pocket spending per person



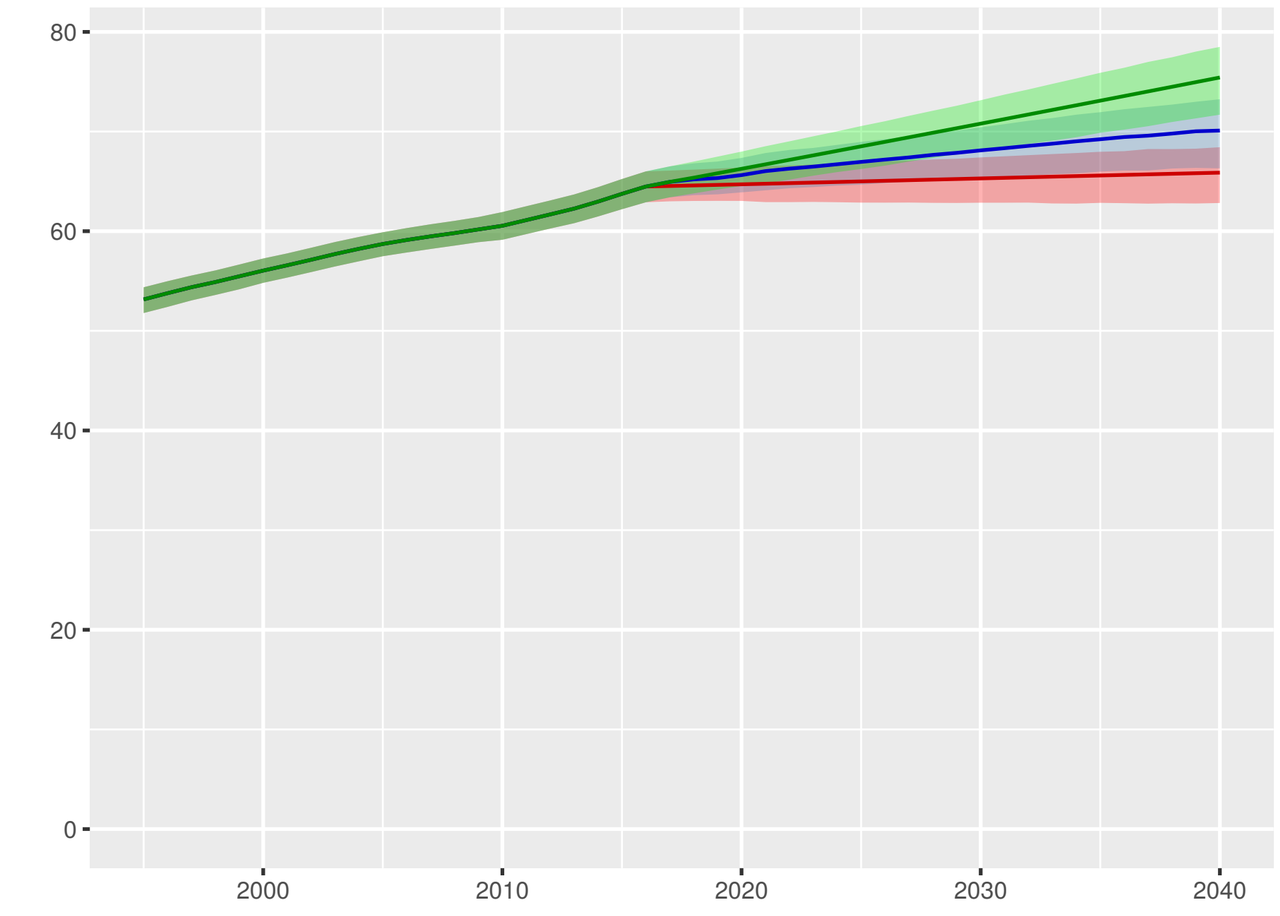
Prepaid private spending per person



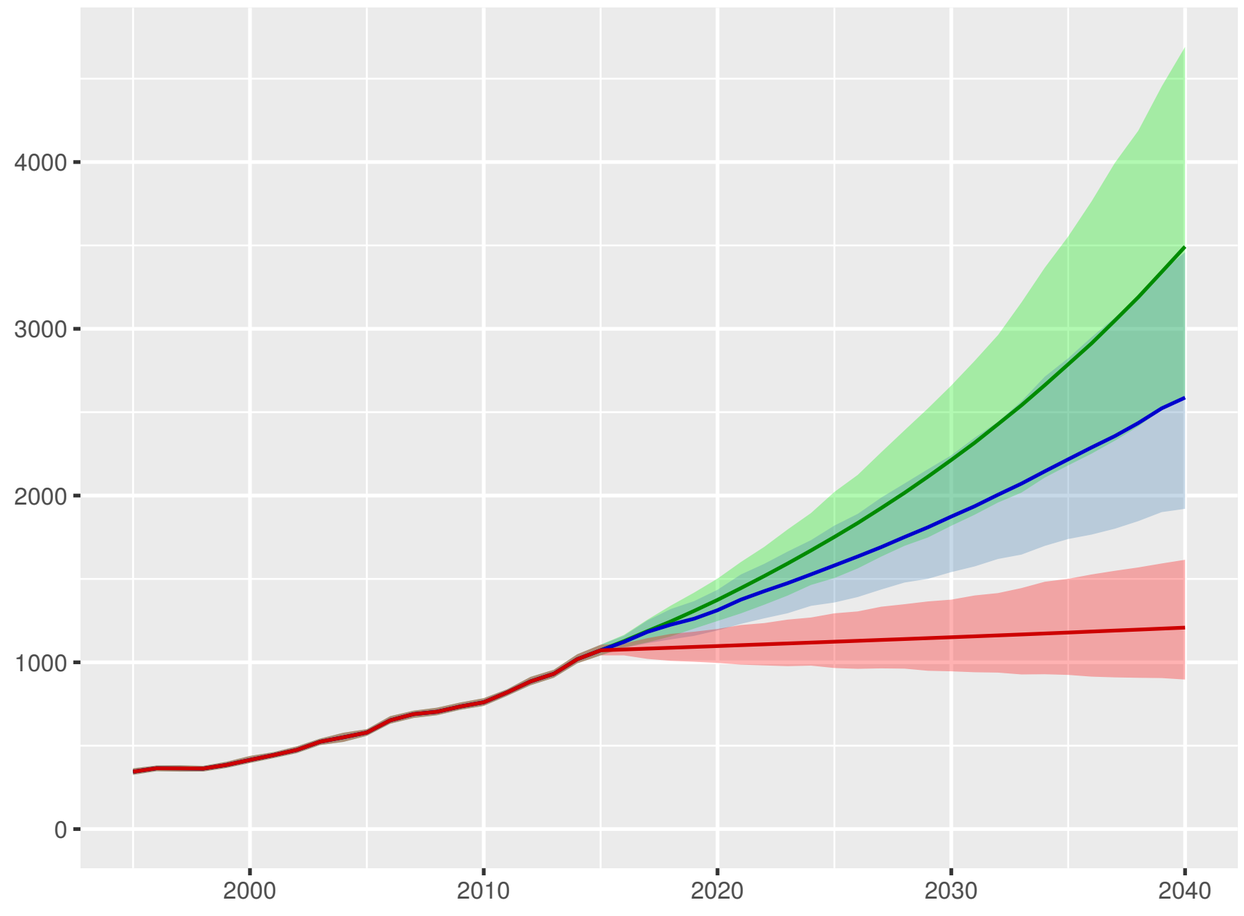
Scenario — Better — Reference — Worse

Malaysia

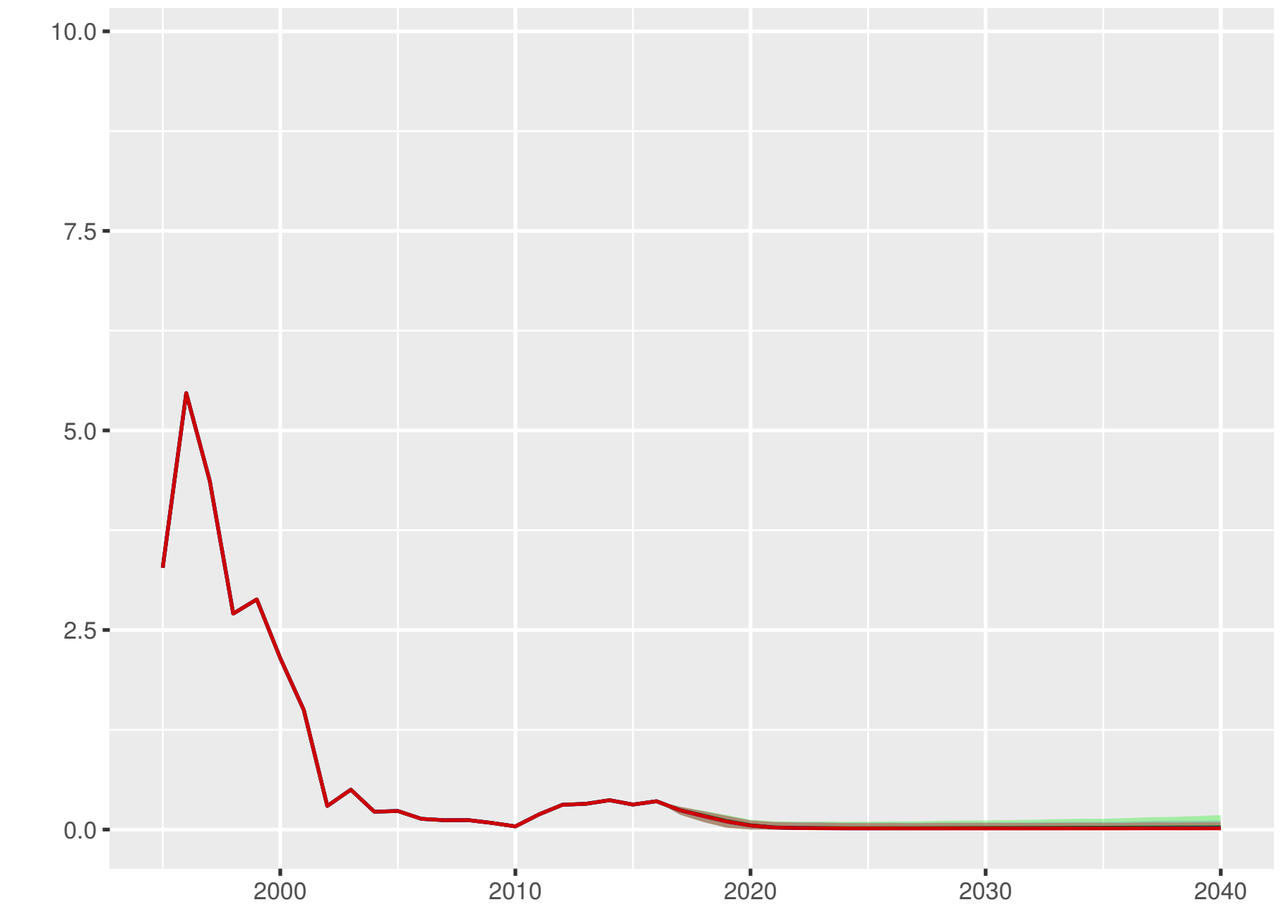
Universal health coverage index



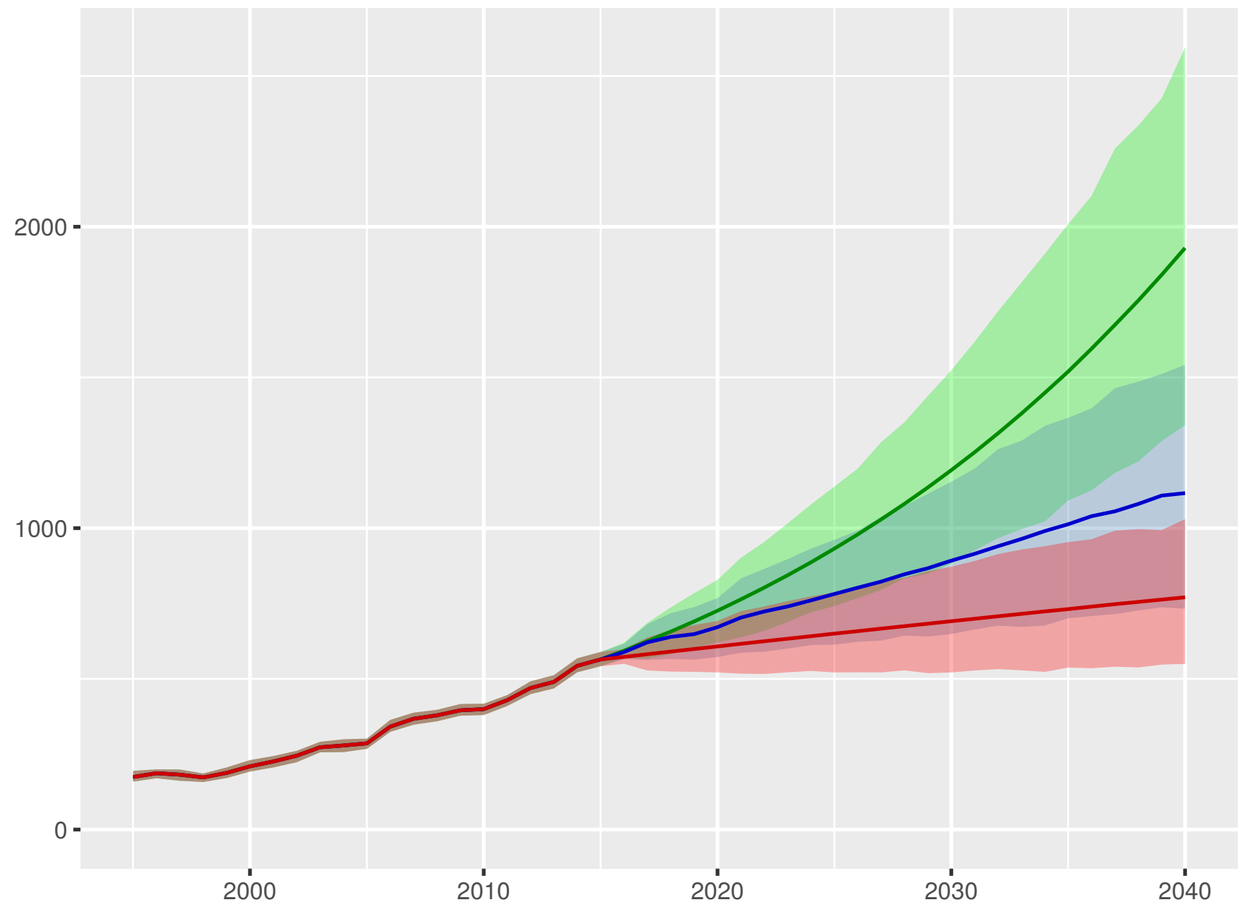
Total health spending per person



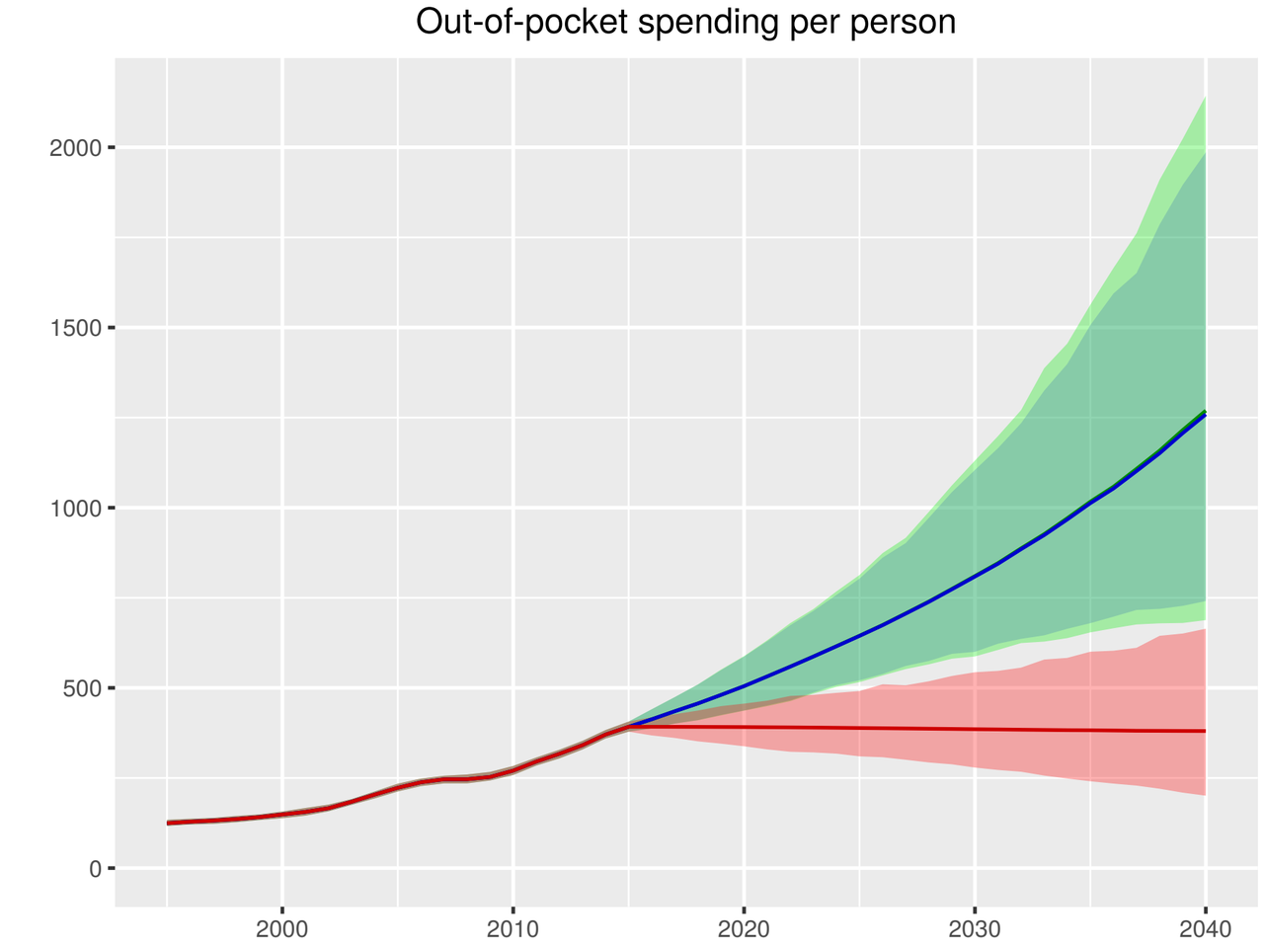
Development assistance for health received per person



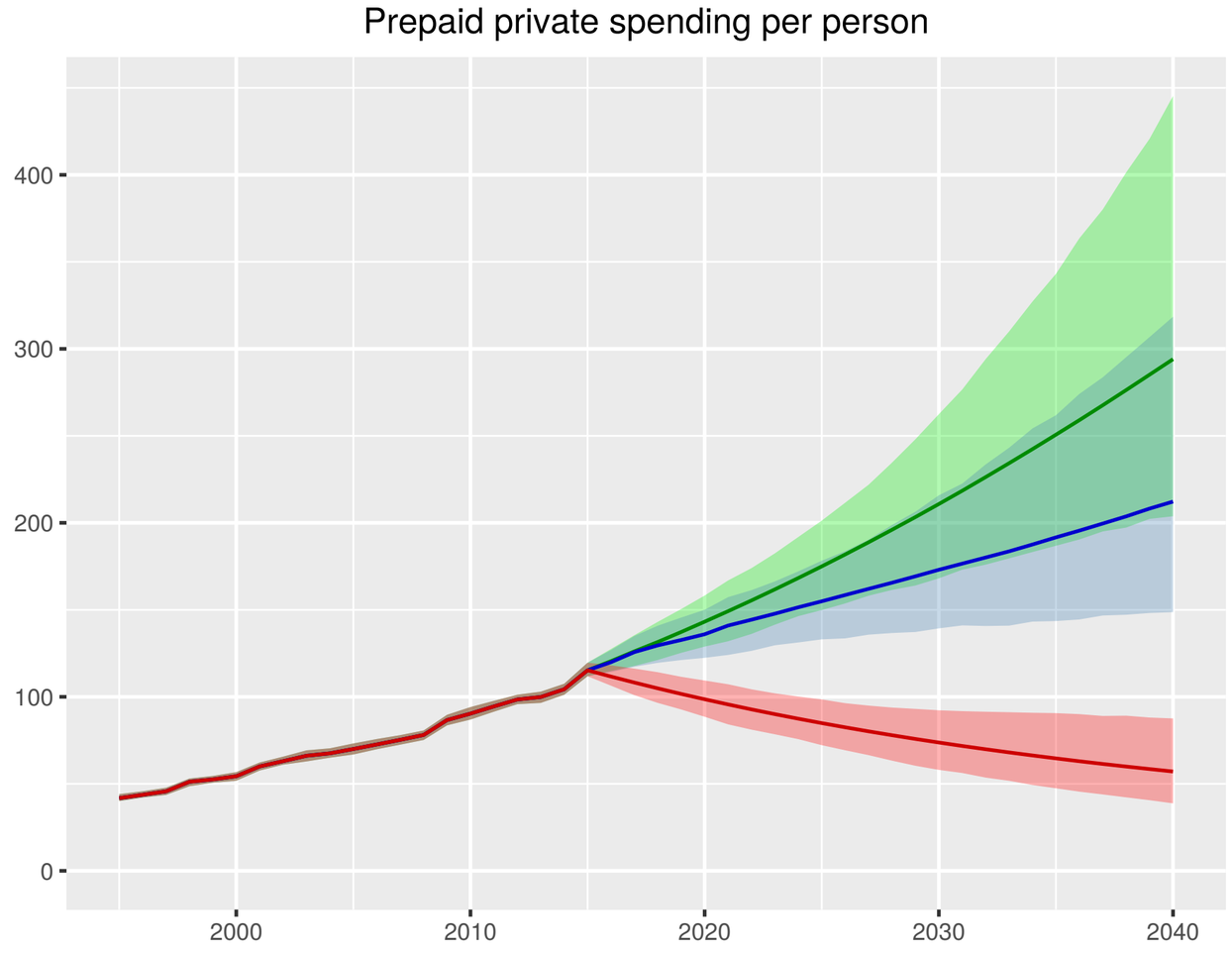
Government health spending per person



Out-of-pocket spending per person



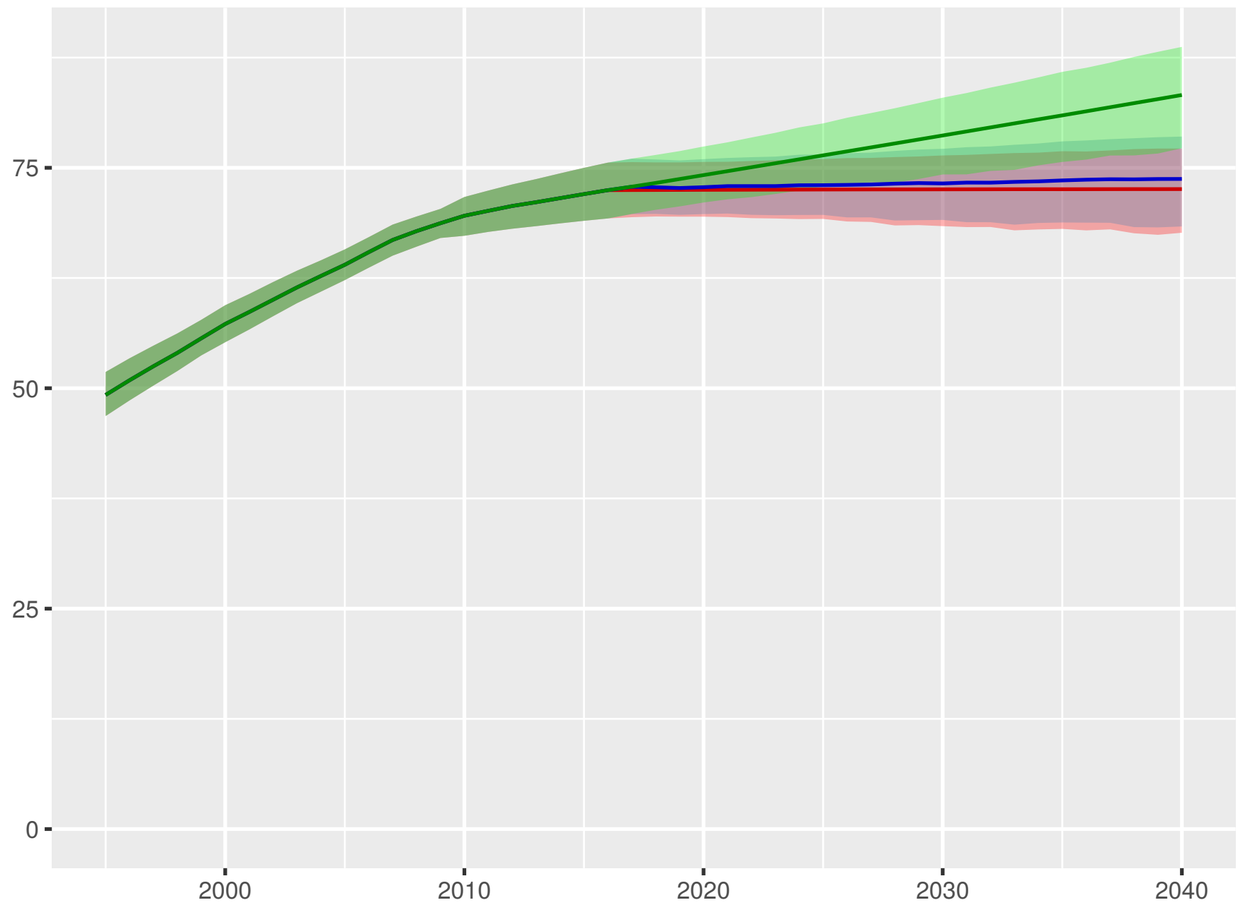
Prepaid private spending per person



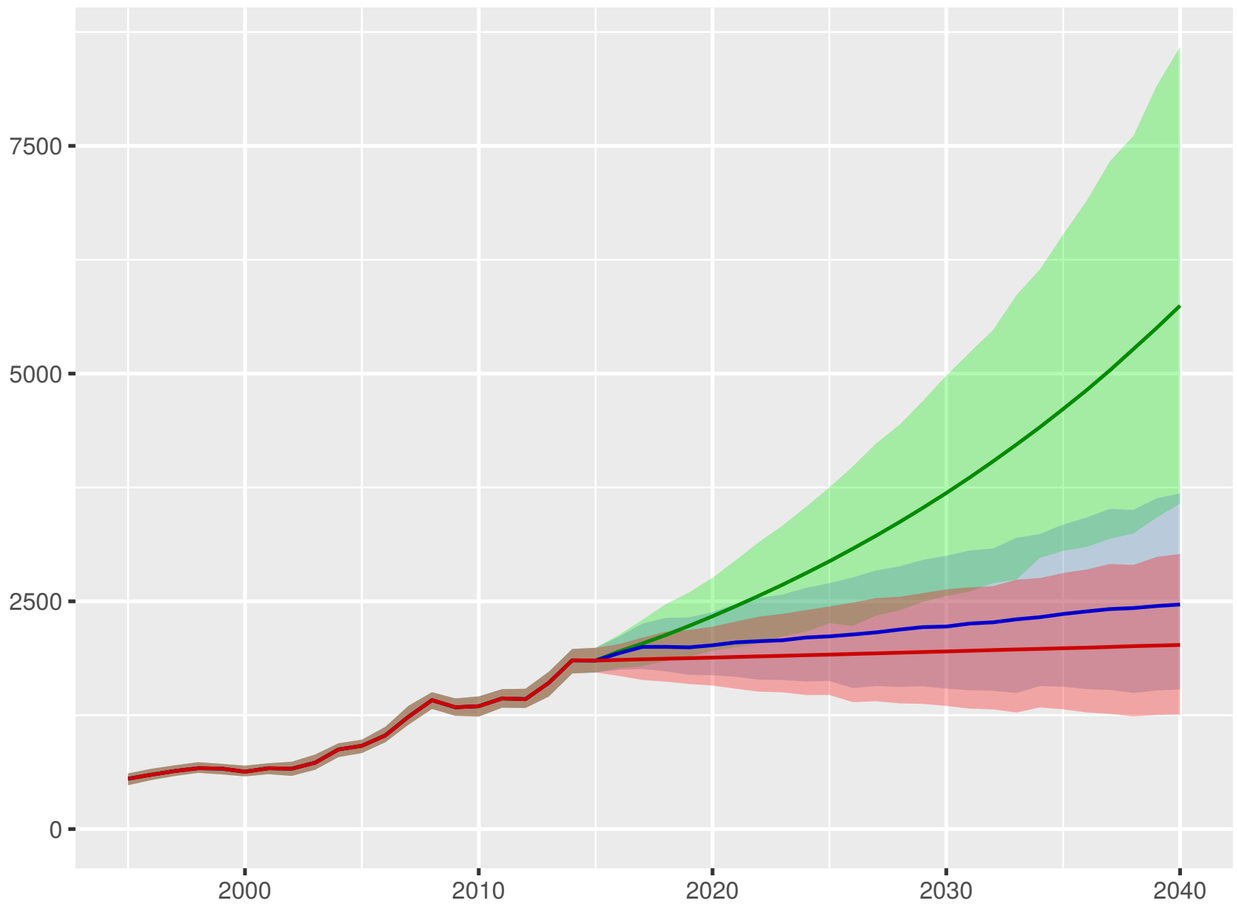
Scenario — Better — Reference — Worse

Maldives

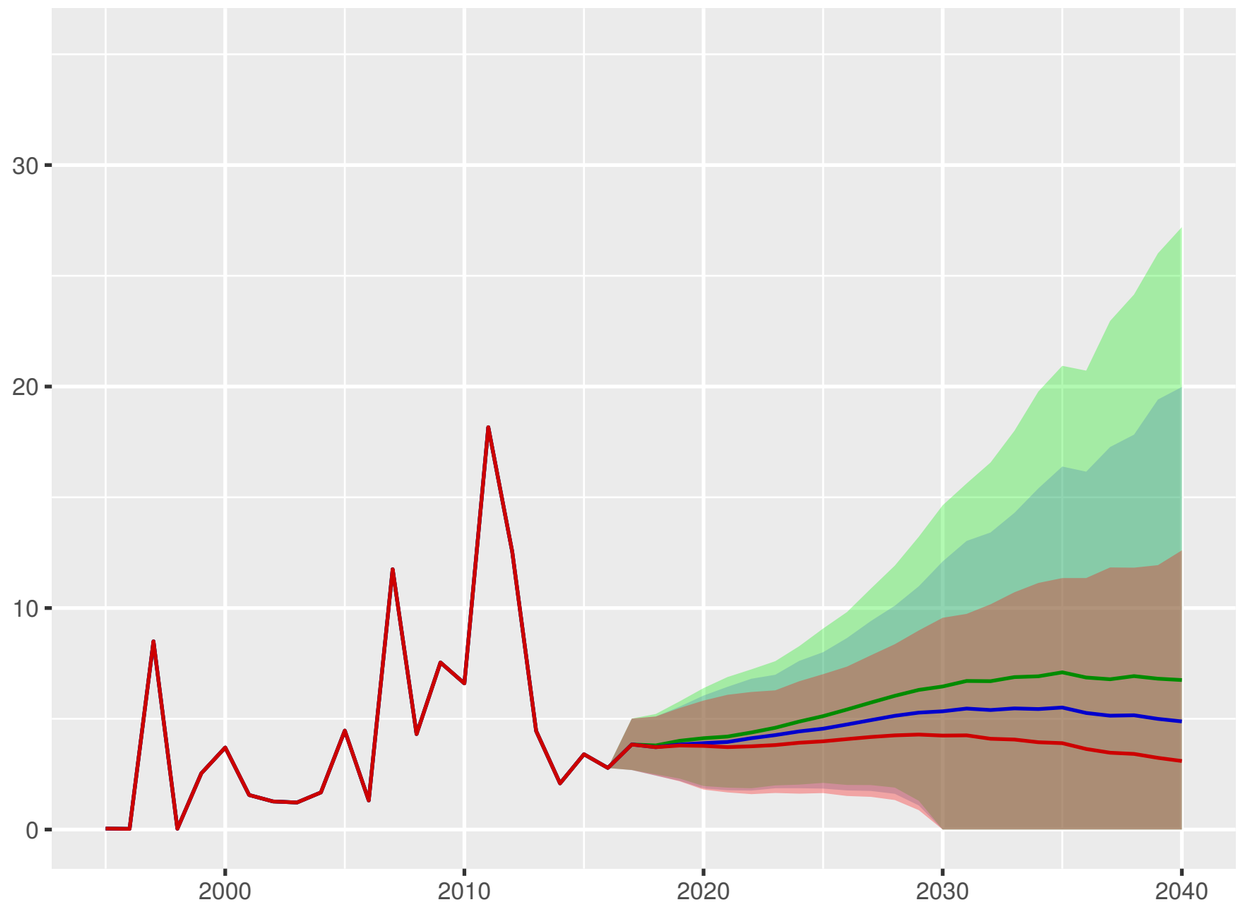
Universal health coverage index



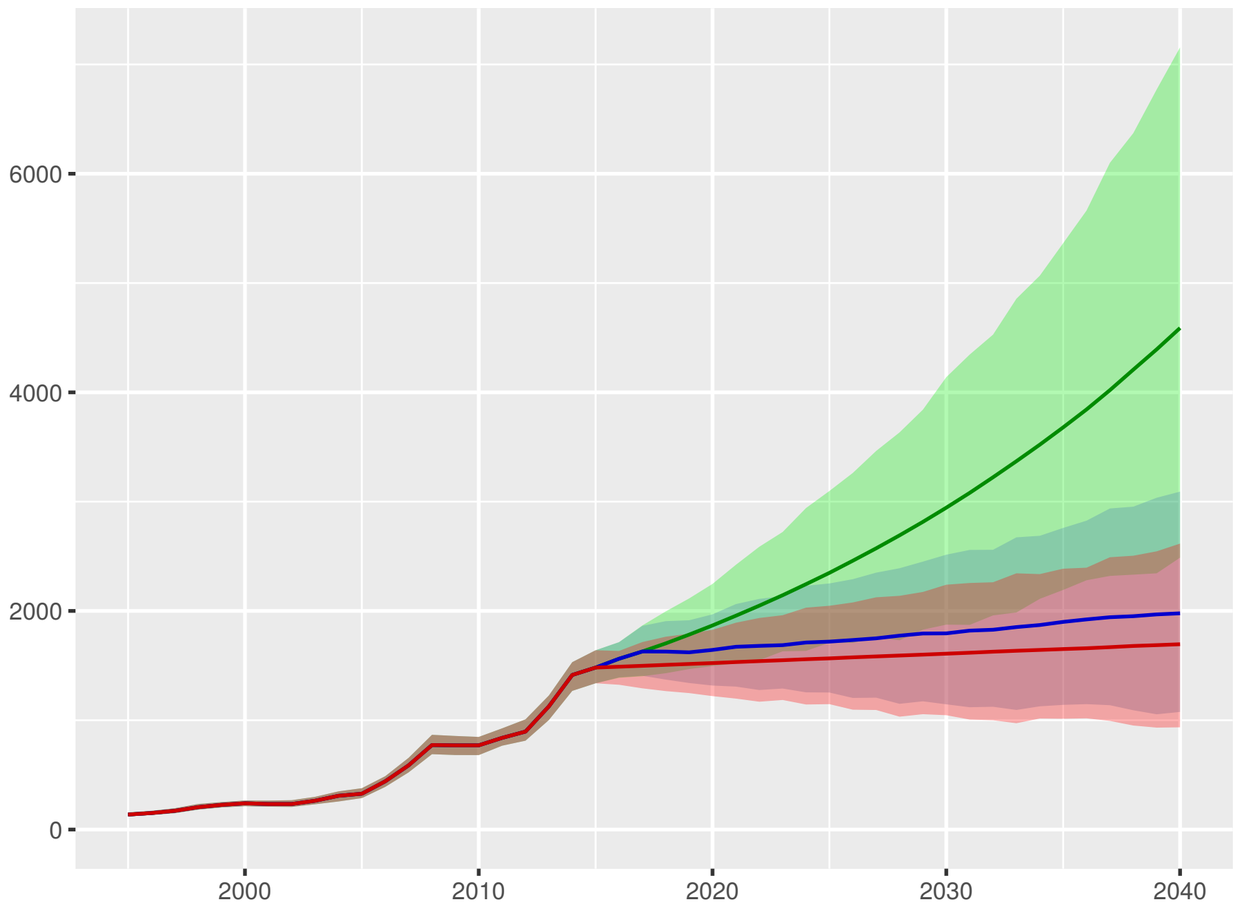
Total health spending per person



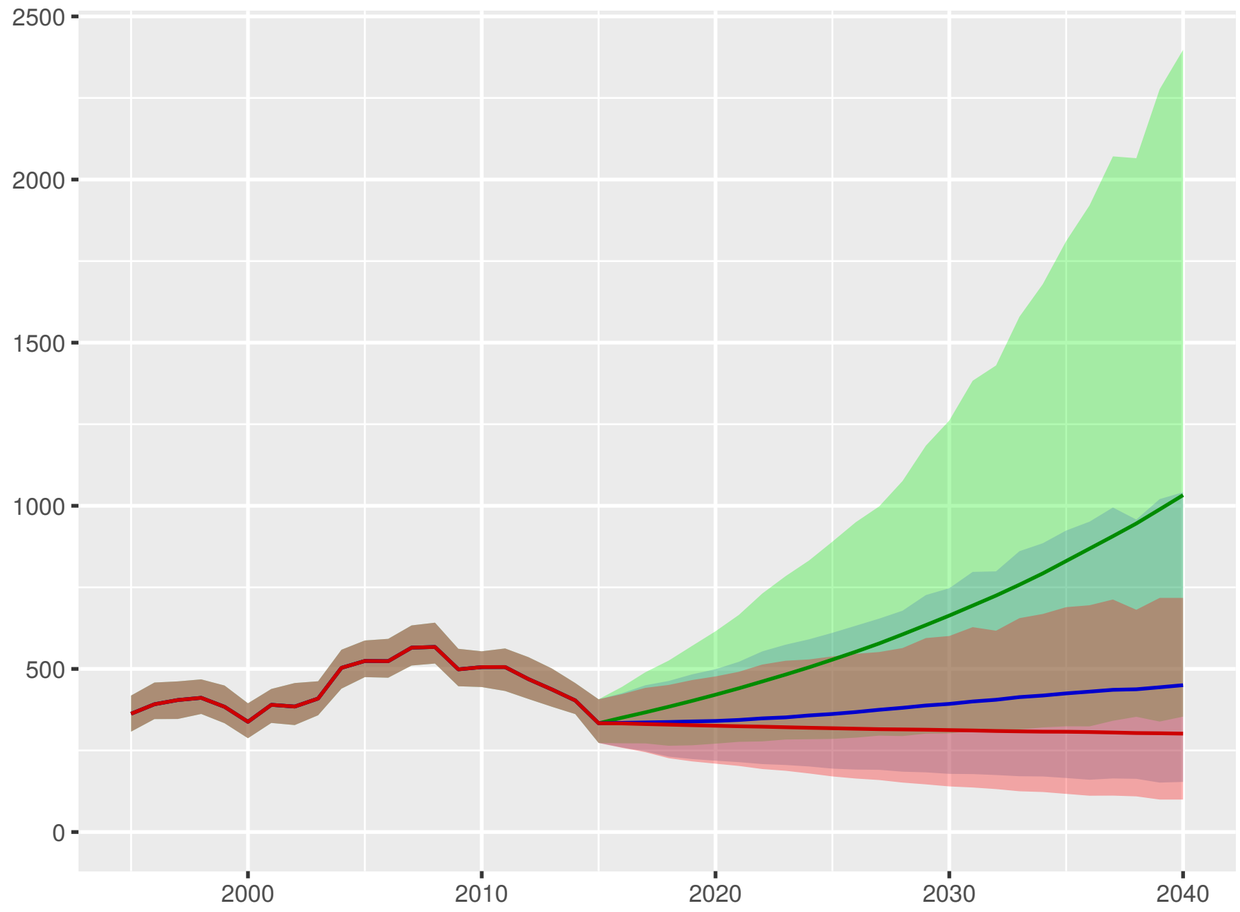
Development assistance for health received per person



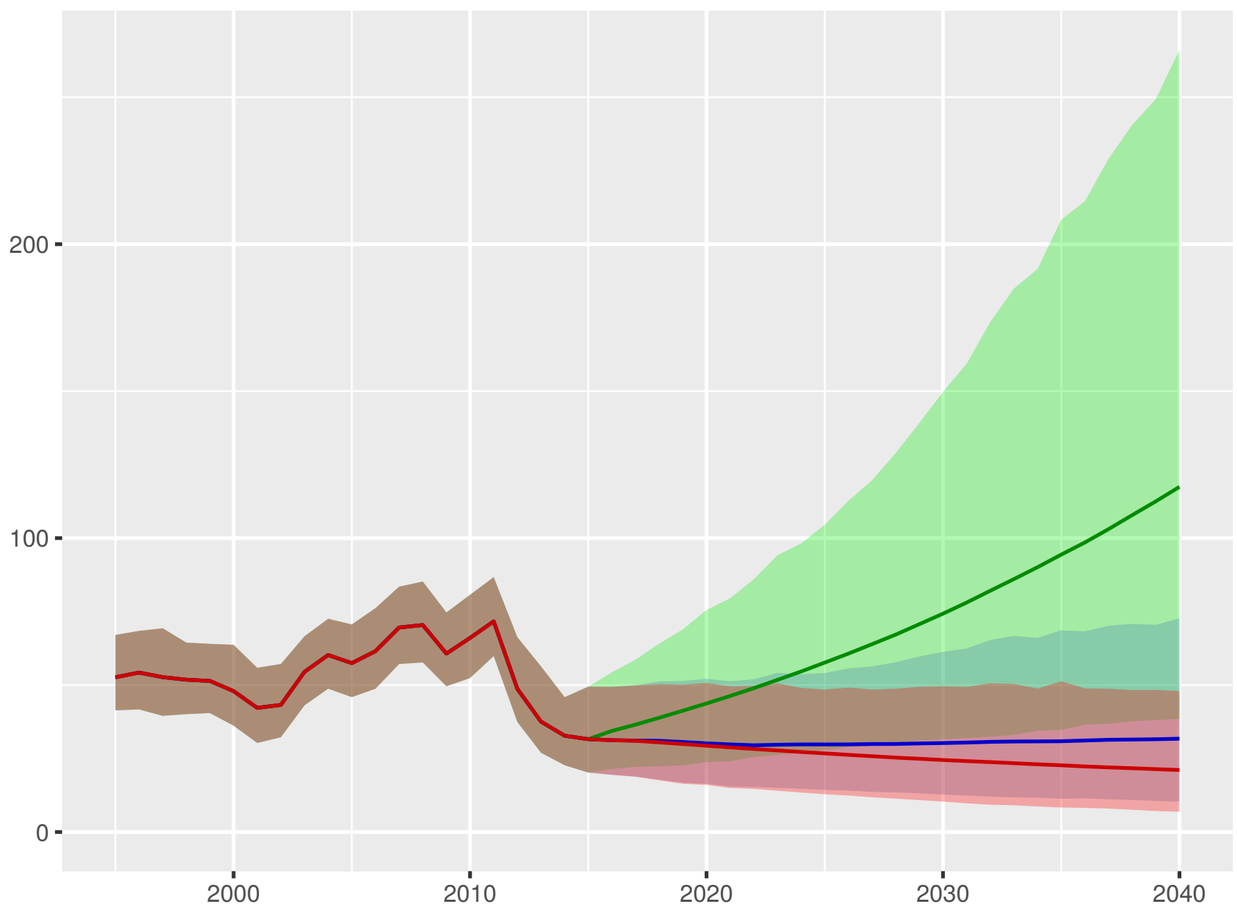
Government health spending per person



Out-of-pocket spending per person



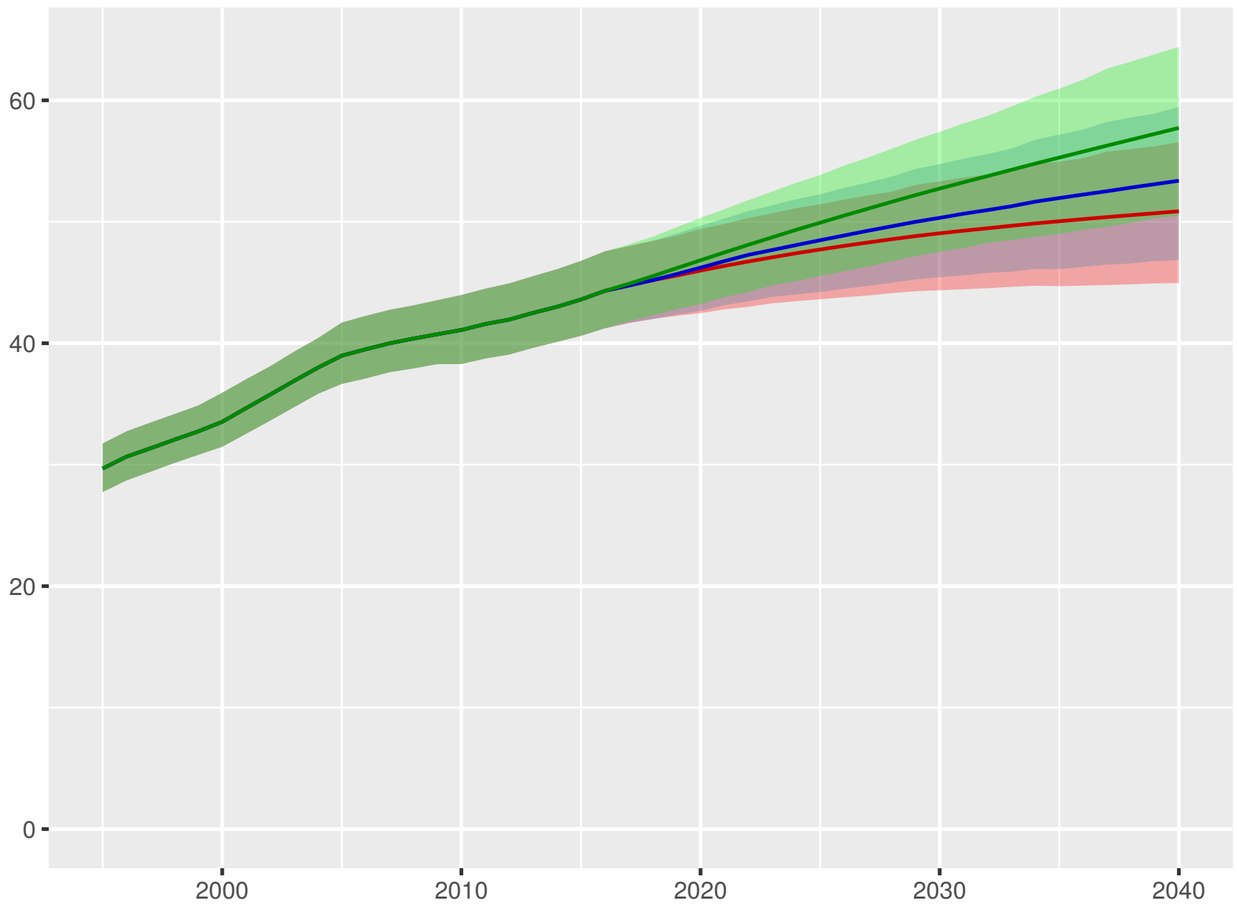
Prepaid private spending per person



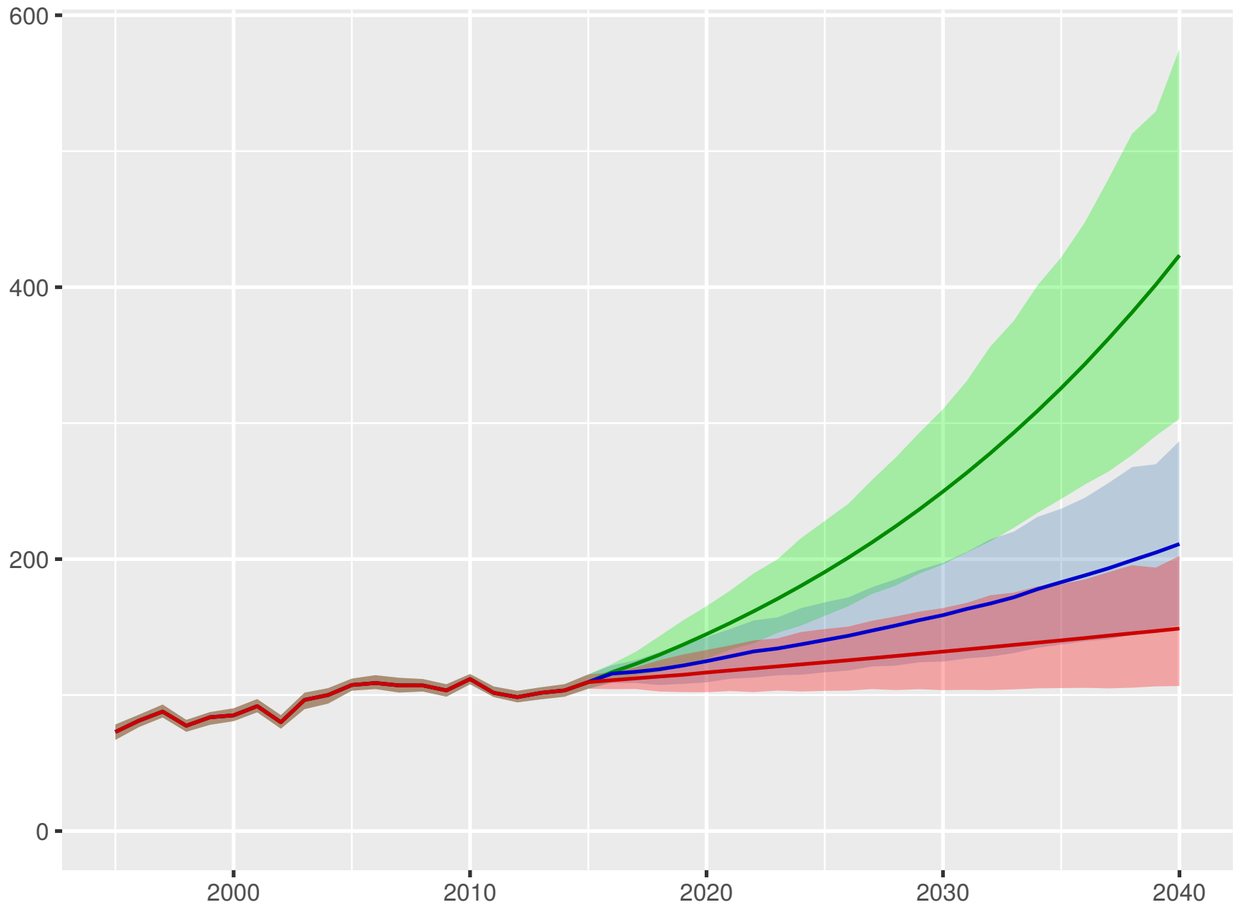
Scenario — Better — Reference — Worse

Mali

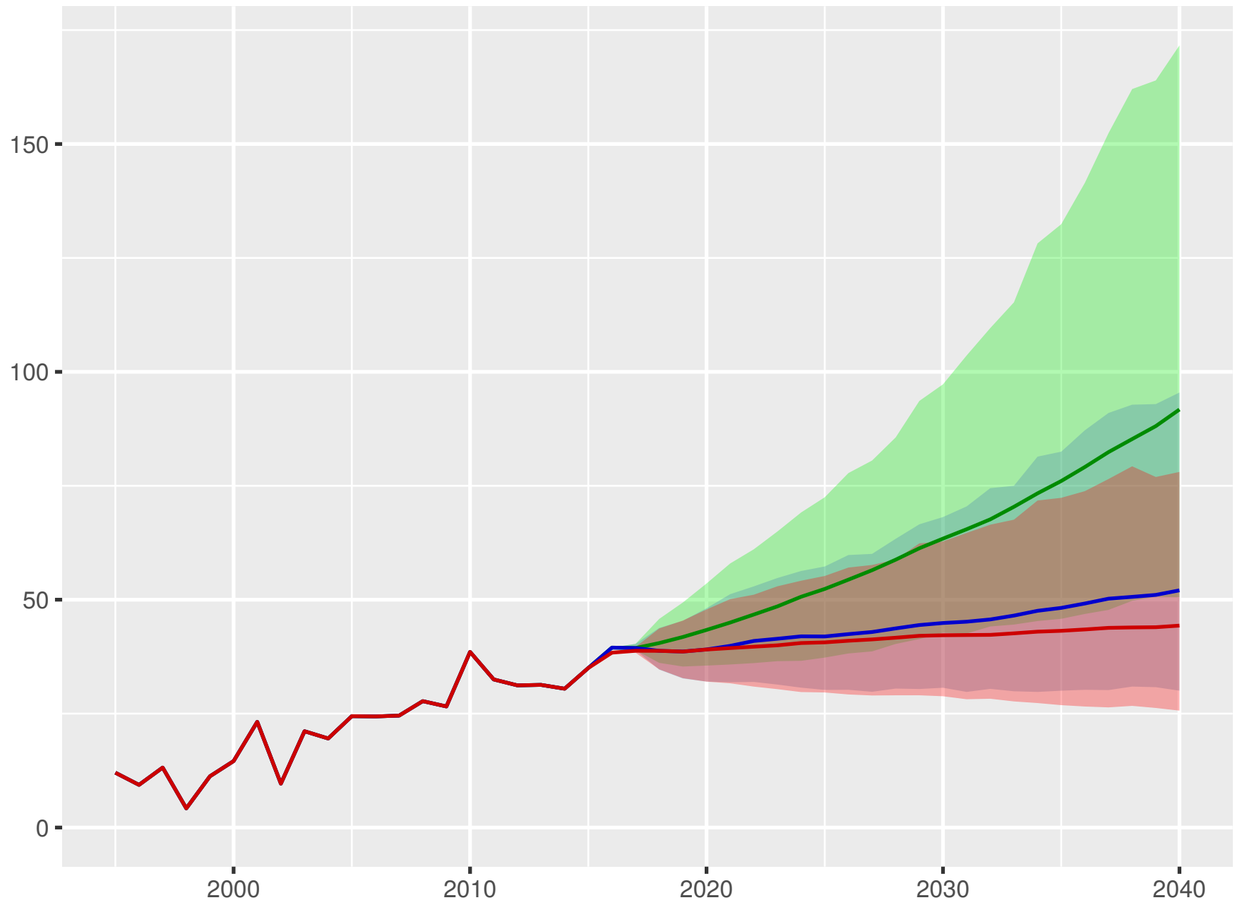
Universal health coverage index



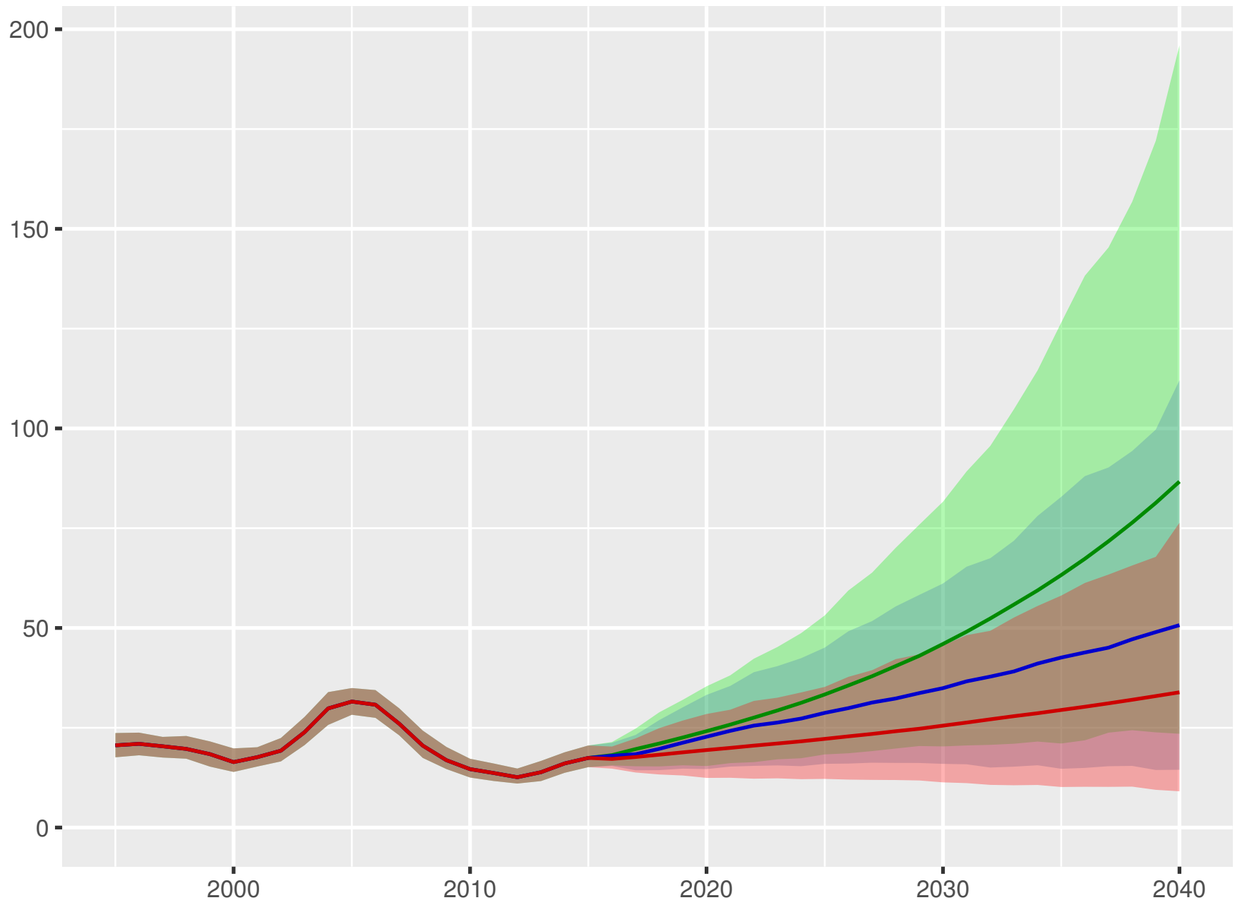
Total health spending per person



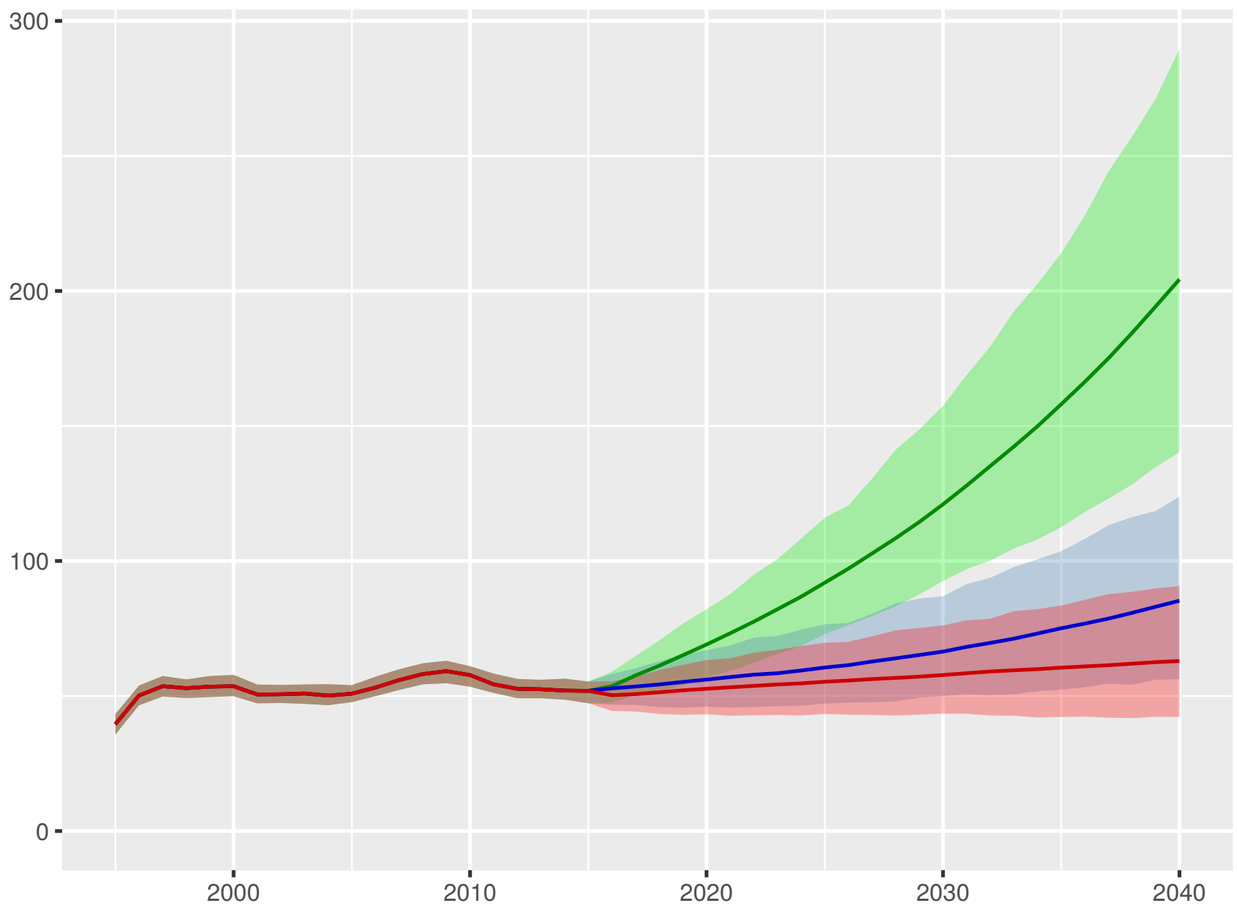
Development assistance for health received per person



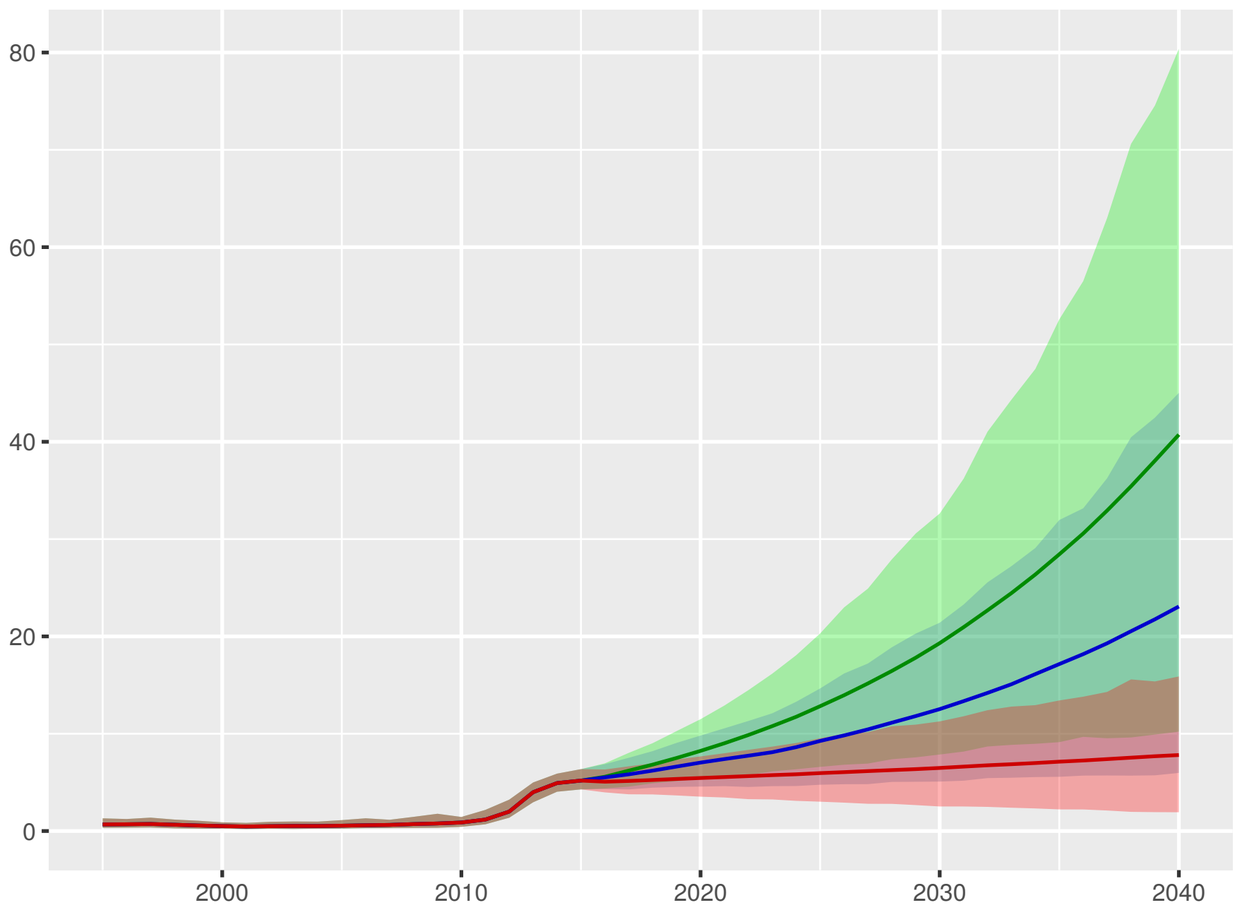
Government health spending per person



Out-of-pocket spending per person



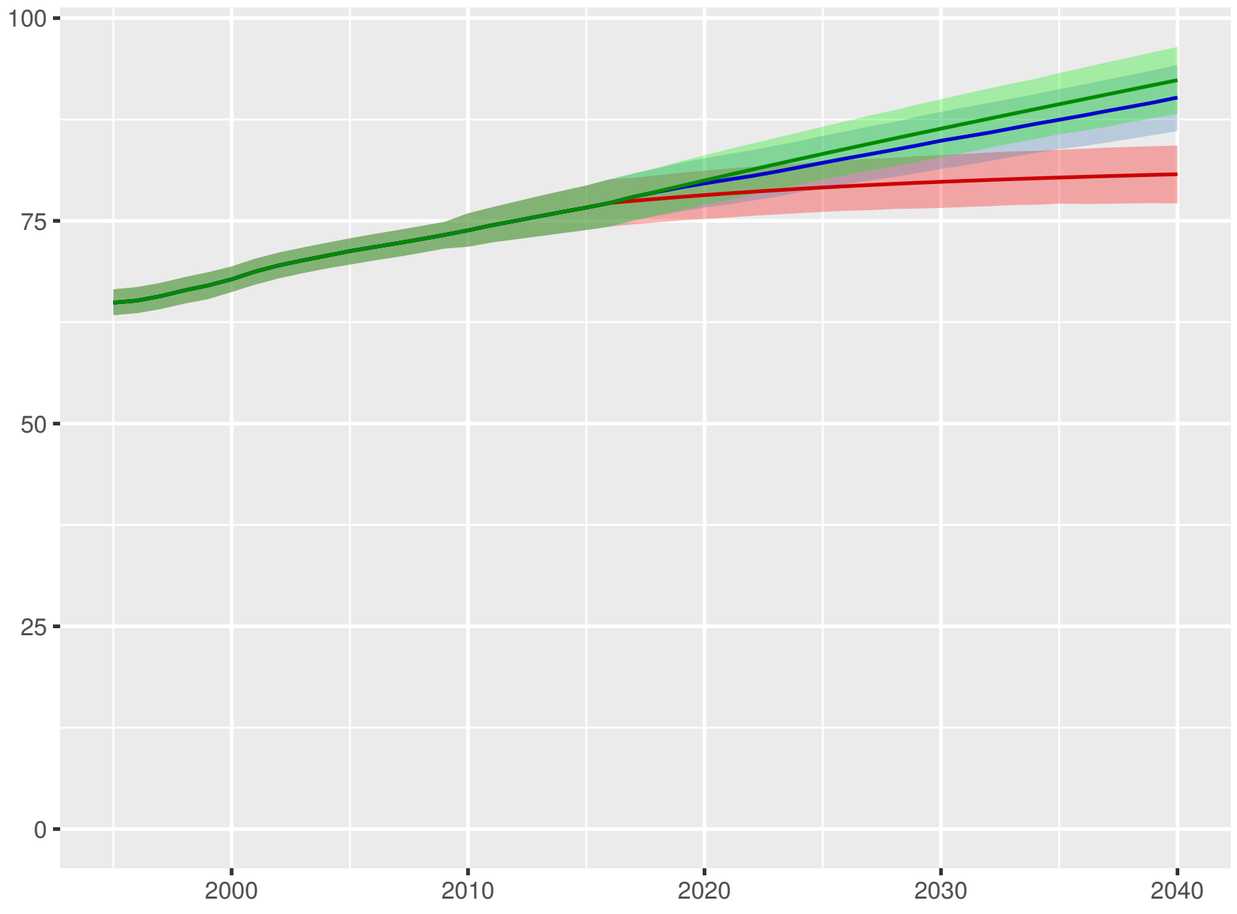
Prepaid private spending per person



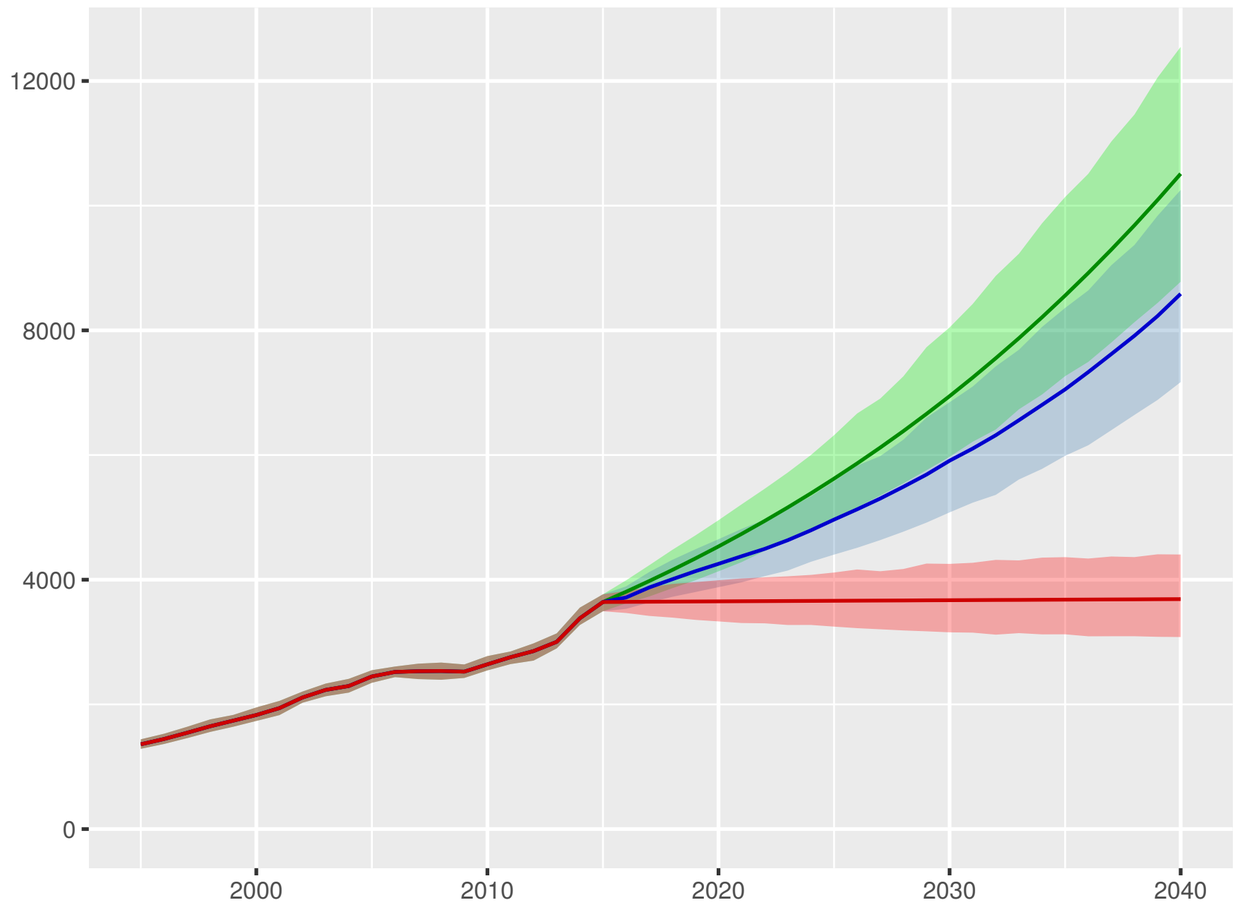
Scenario — Better — Reference — Worse

Malta

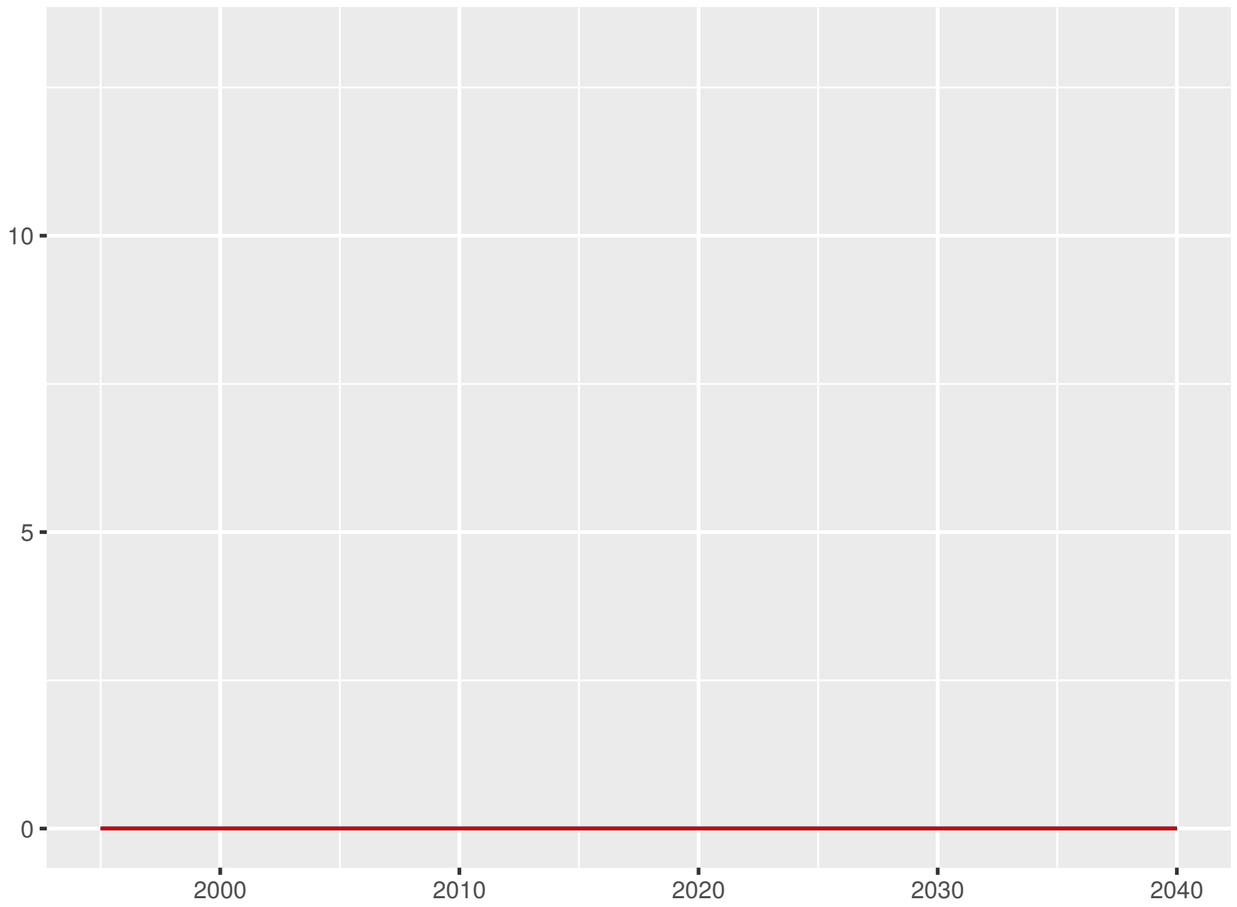
Universal health coverage index



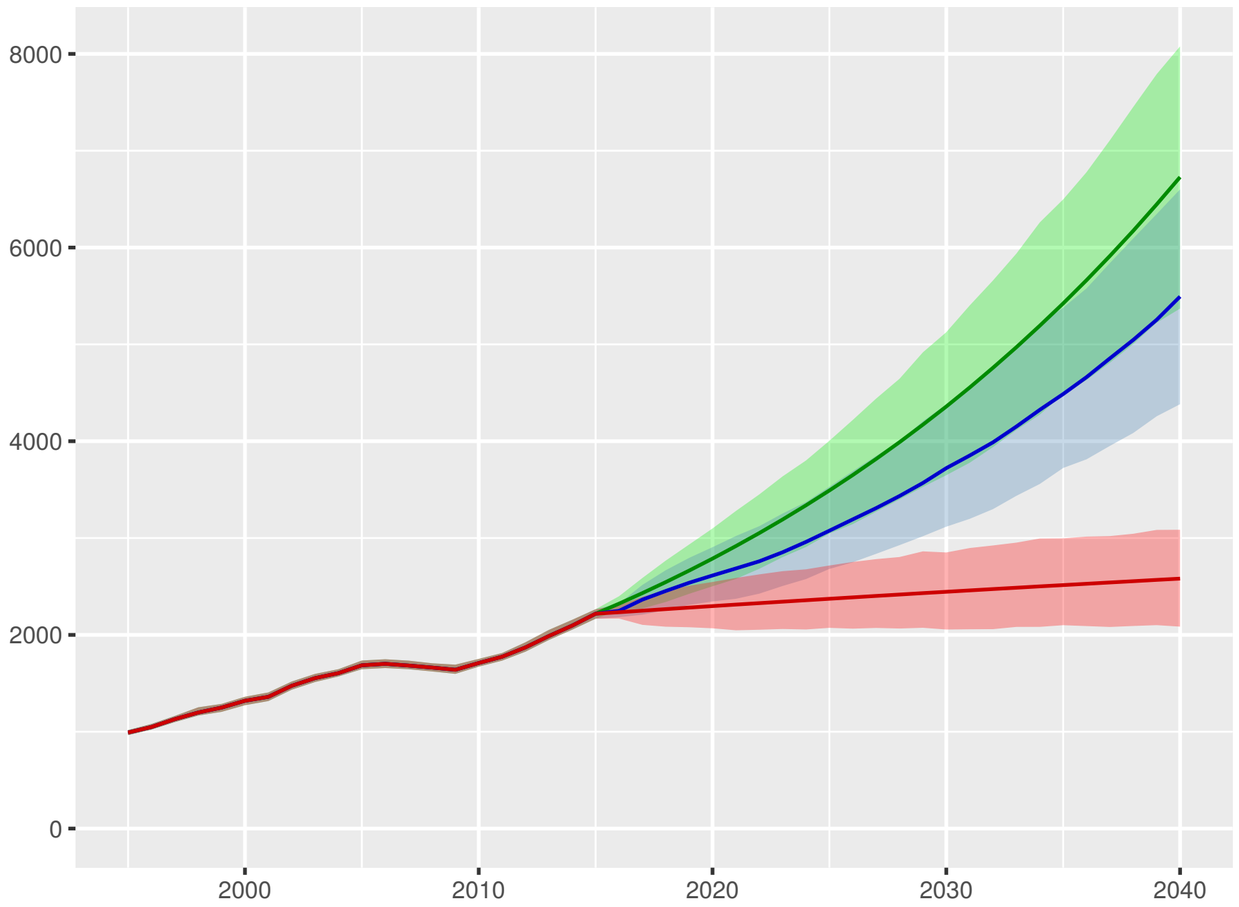
Total health spending per person



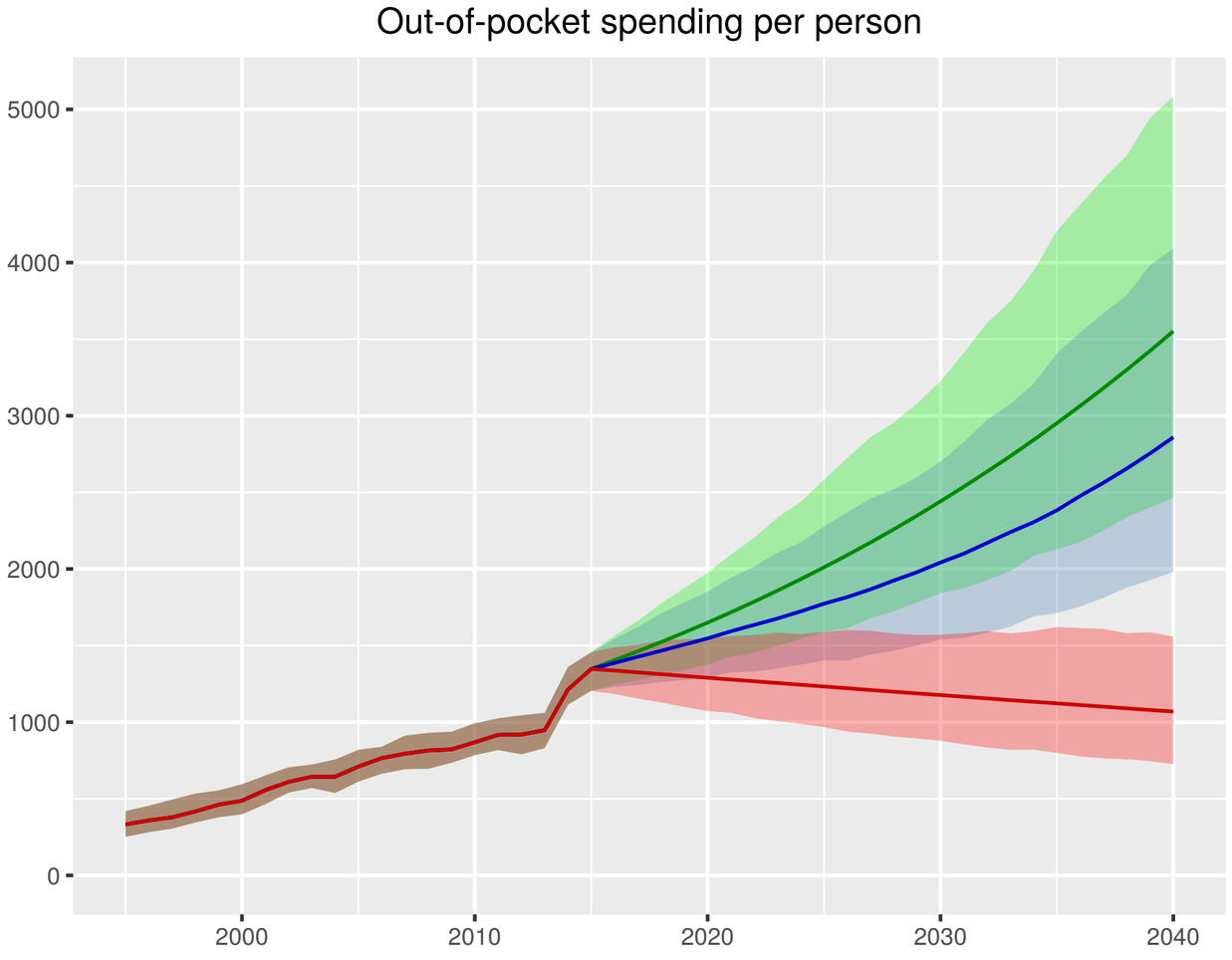
Development assistance for health received per person



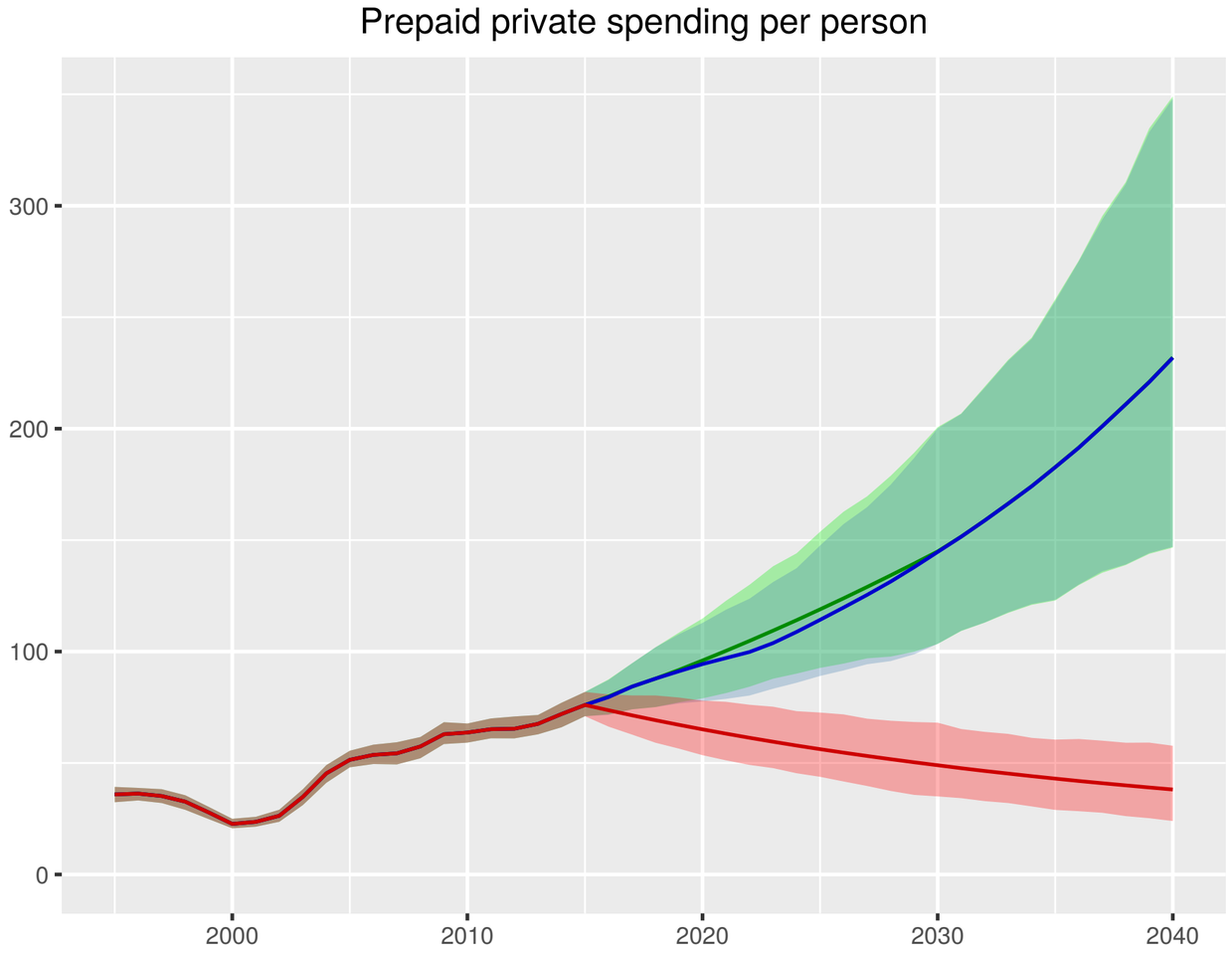
Government health spending per person



Out-of-pocket spending per person



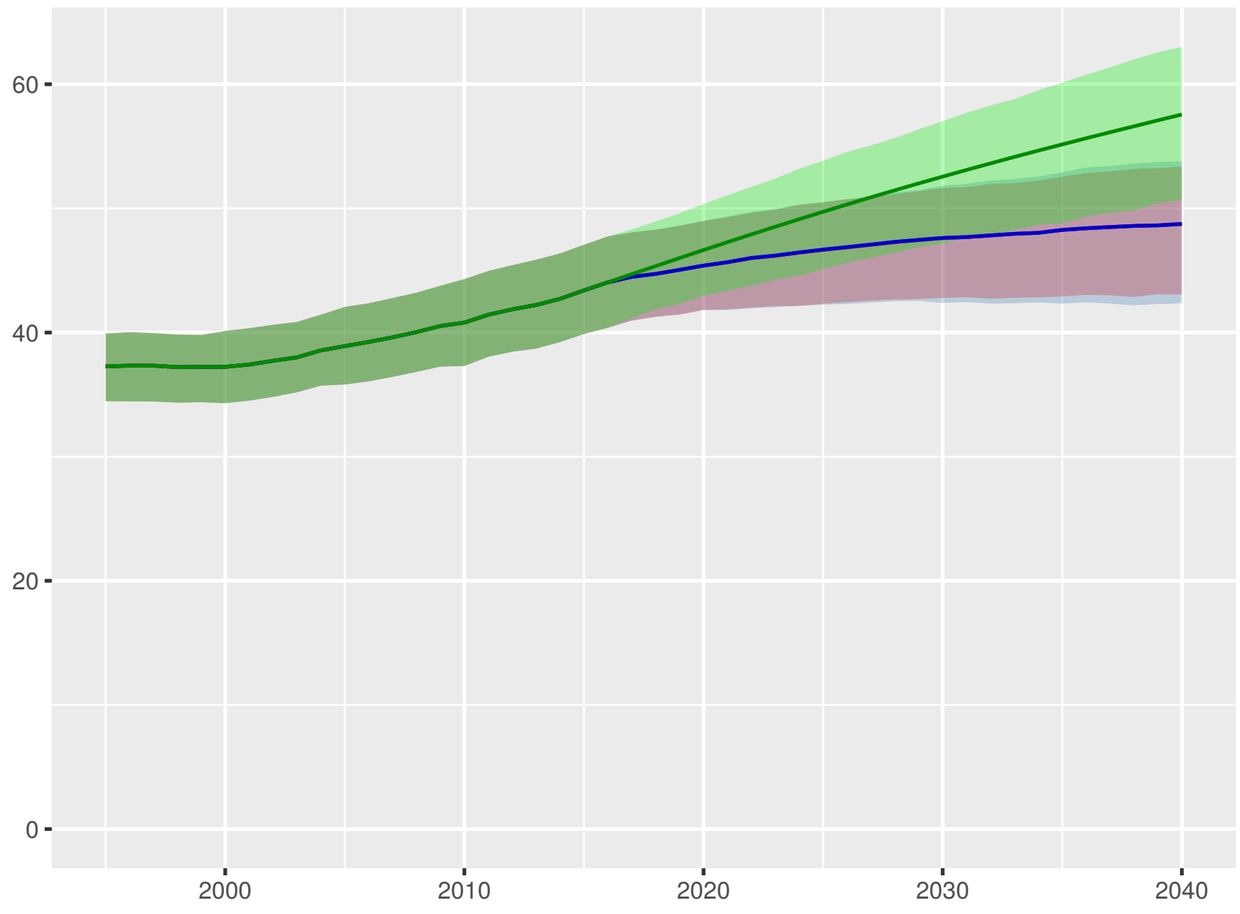
Prepaid private spending per person



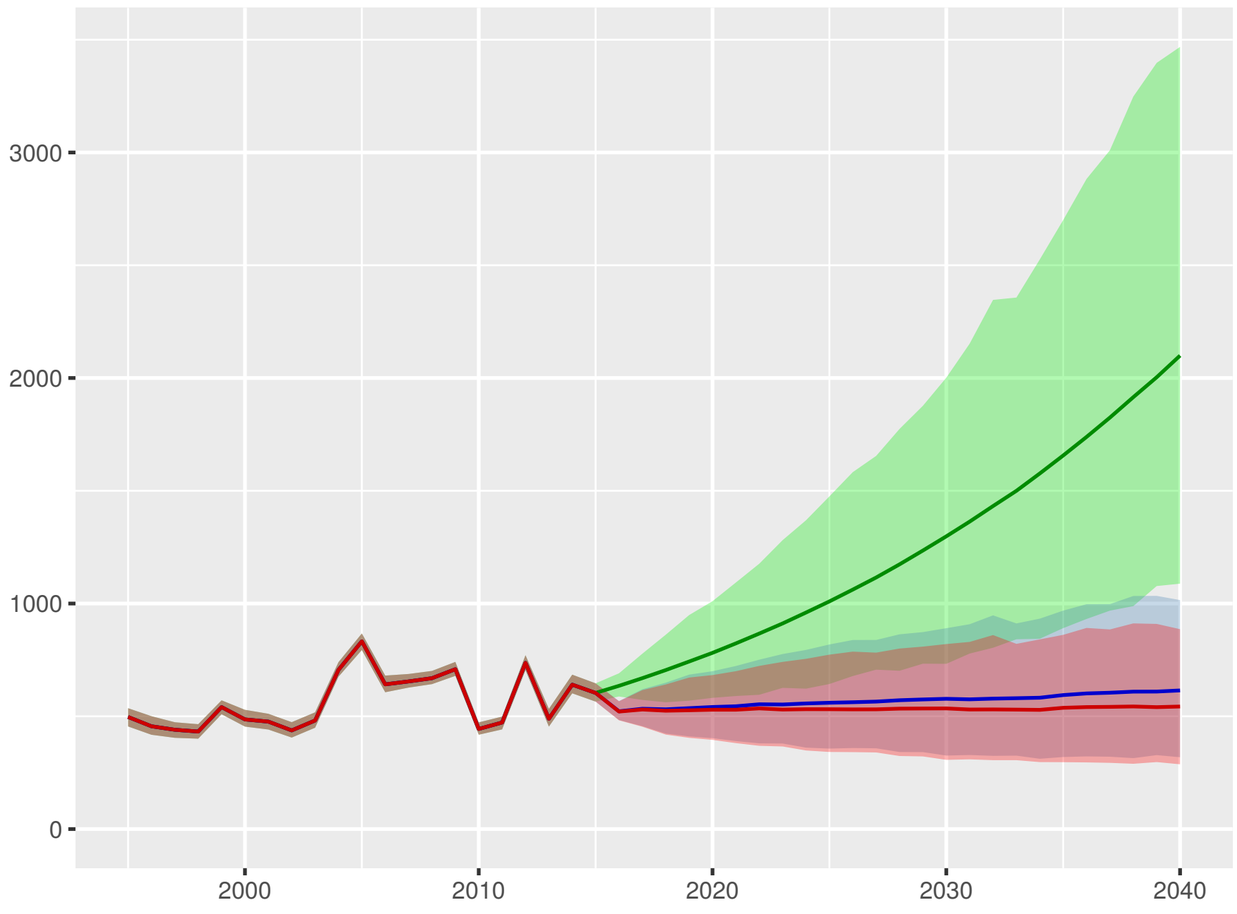
Scenario — Better — Reference — Worse

Marshall Islands

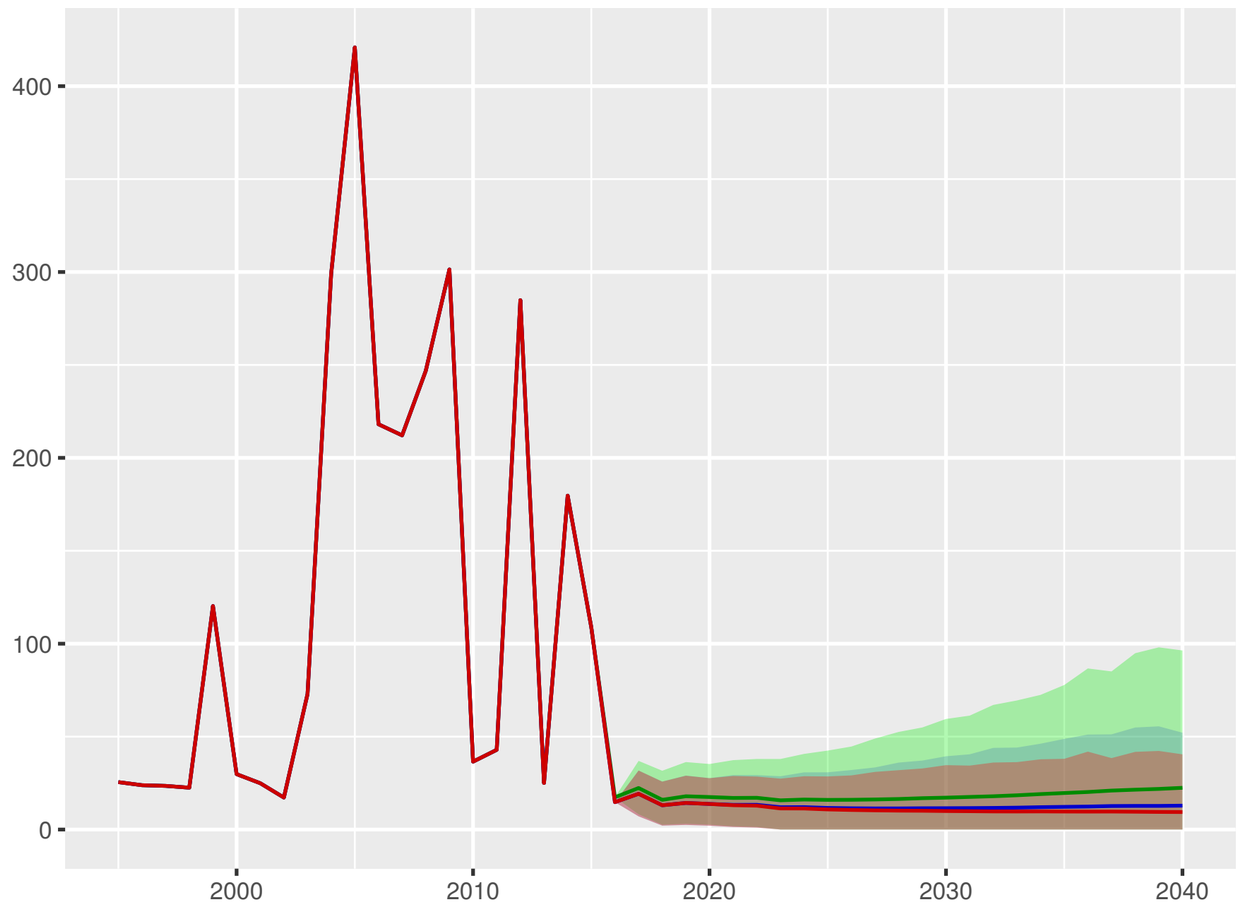
Universal health coverage index



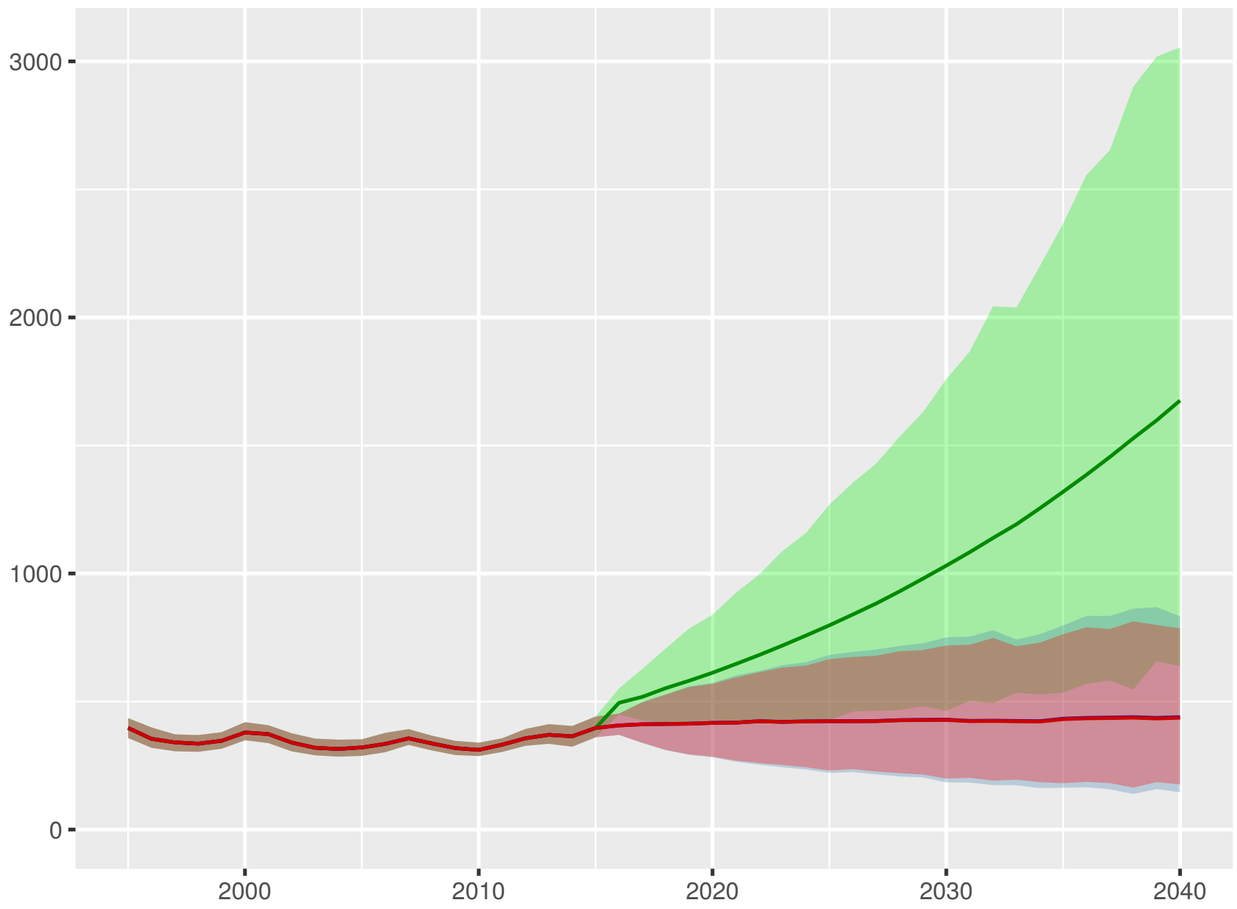
Total health spending per person



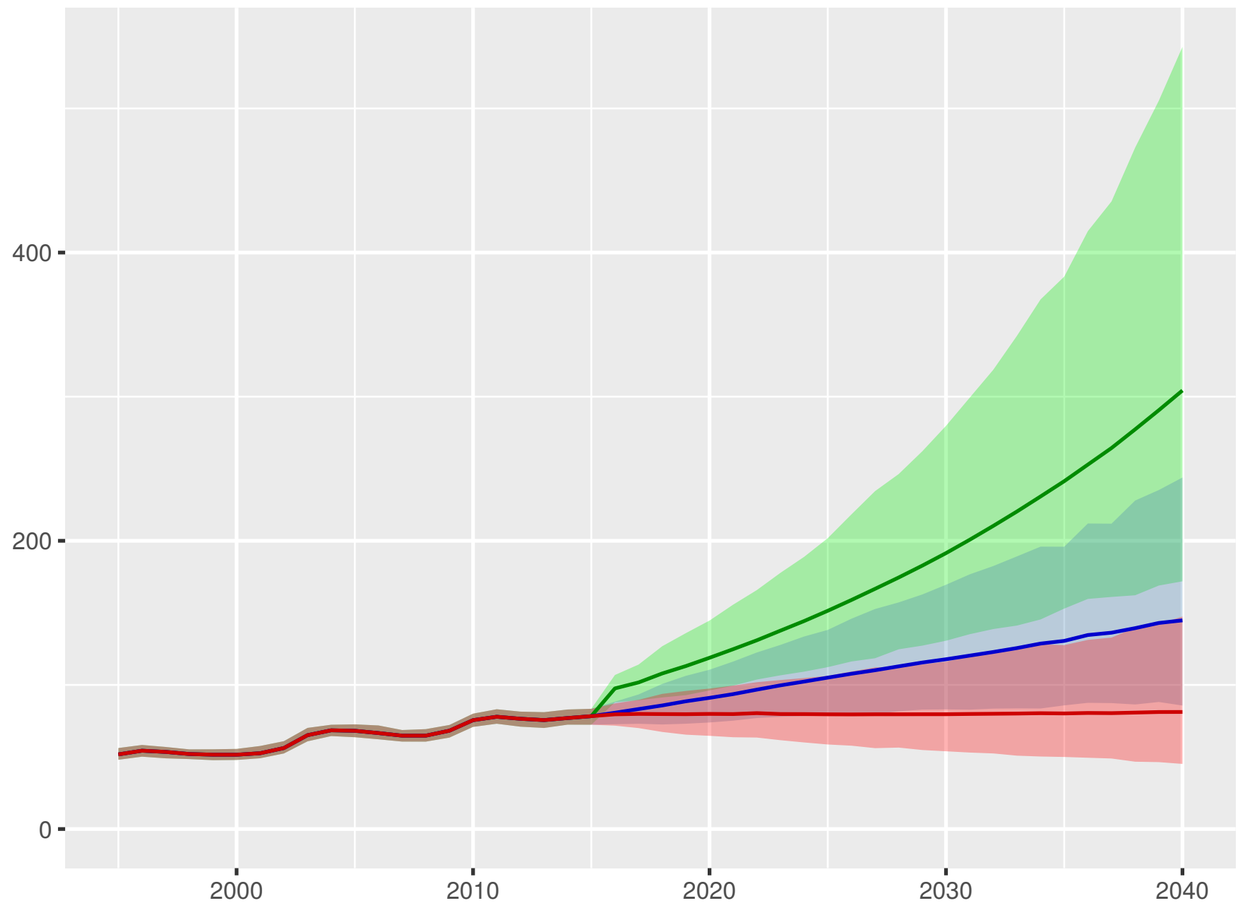
Development assistance for health received per person



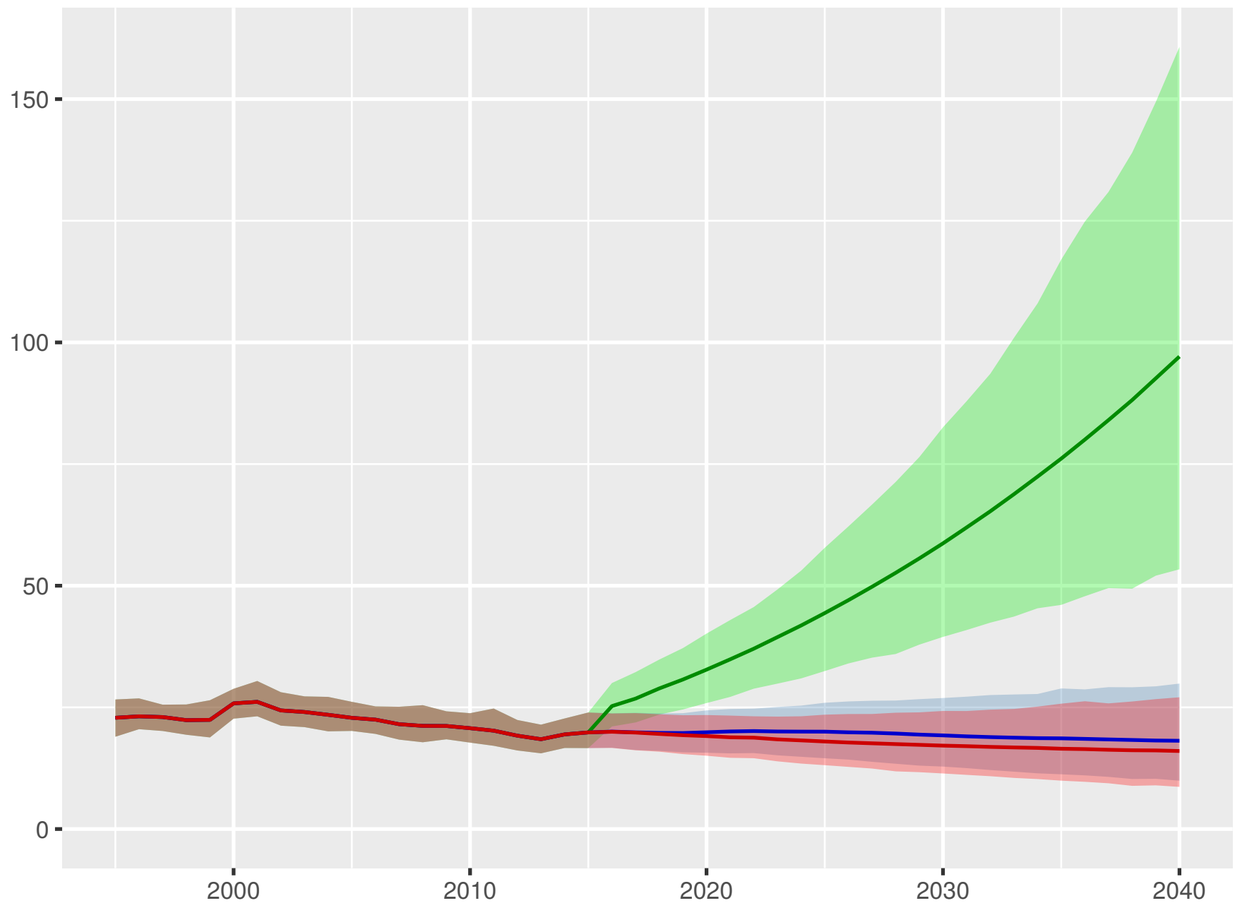
Government health spending per person



Out-of-pocket spending per person



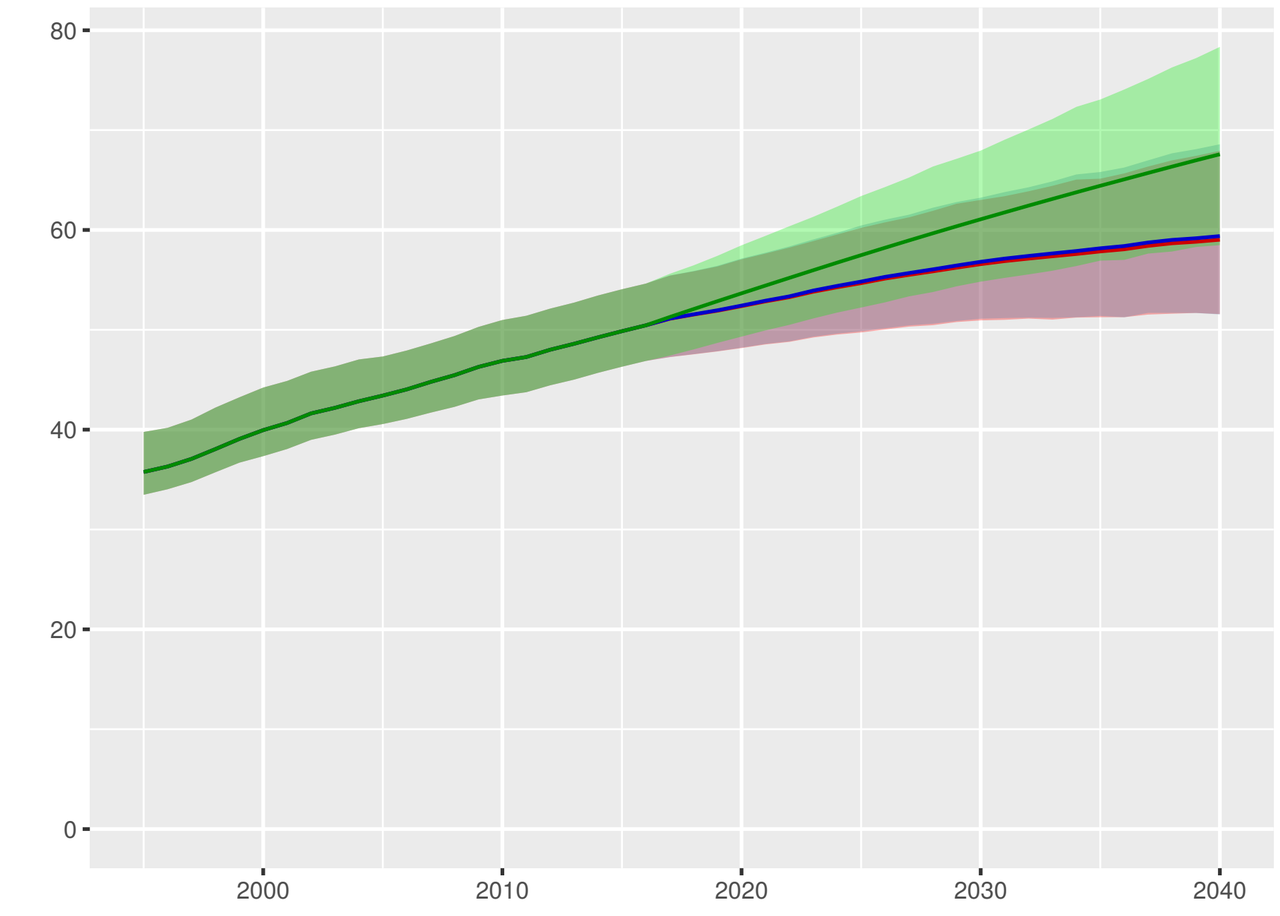
Prepaid private spending per person



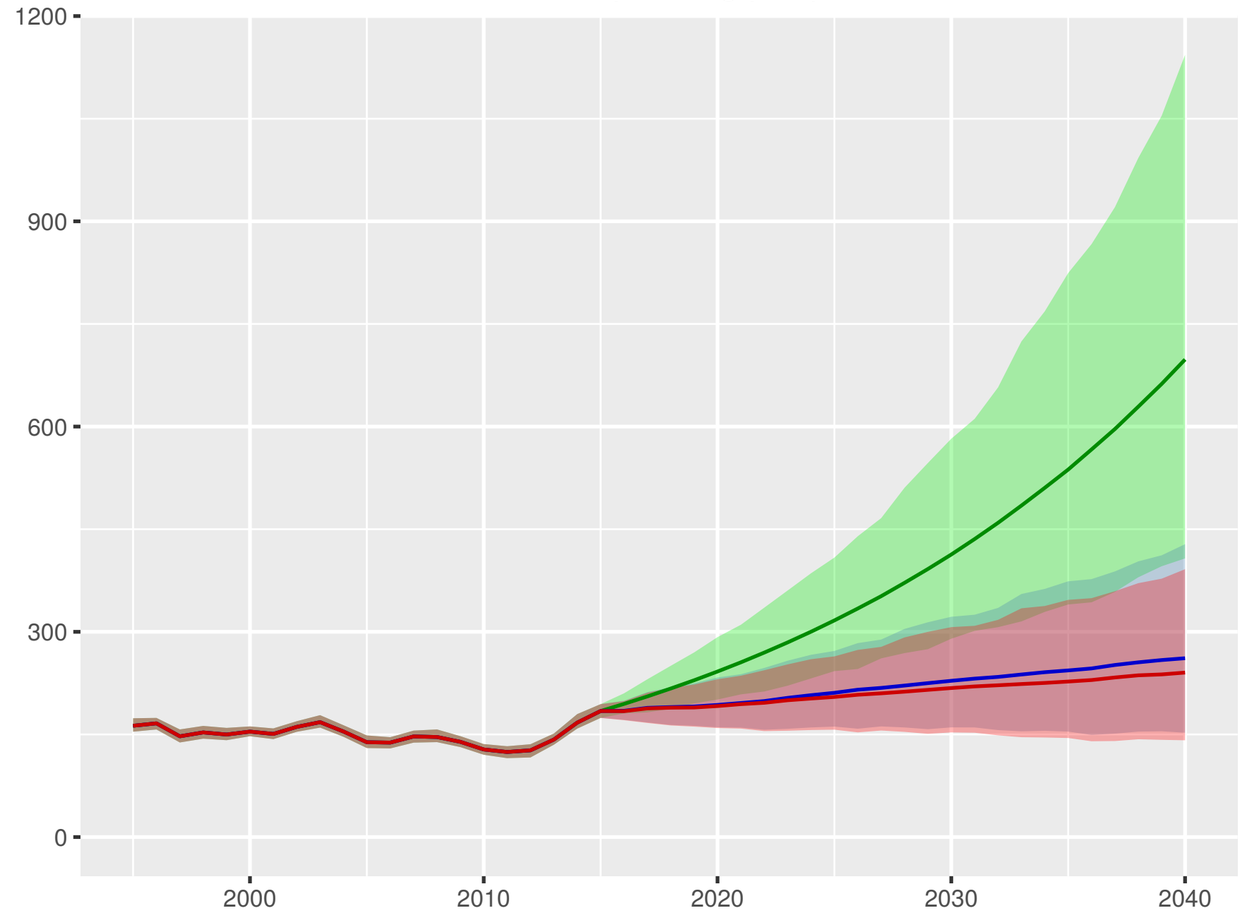
Scenario — Better — Reference — Worse

Mauritania

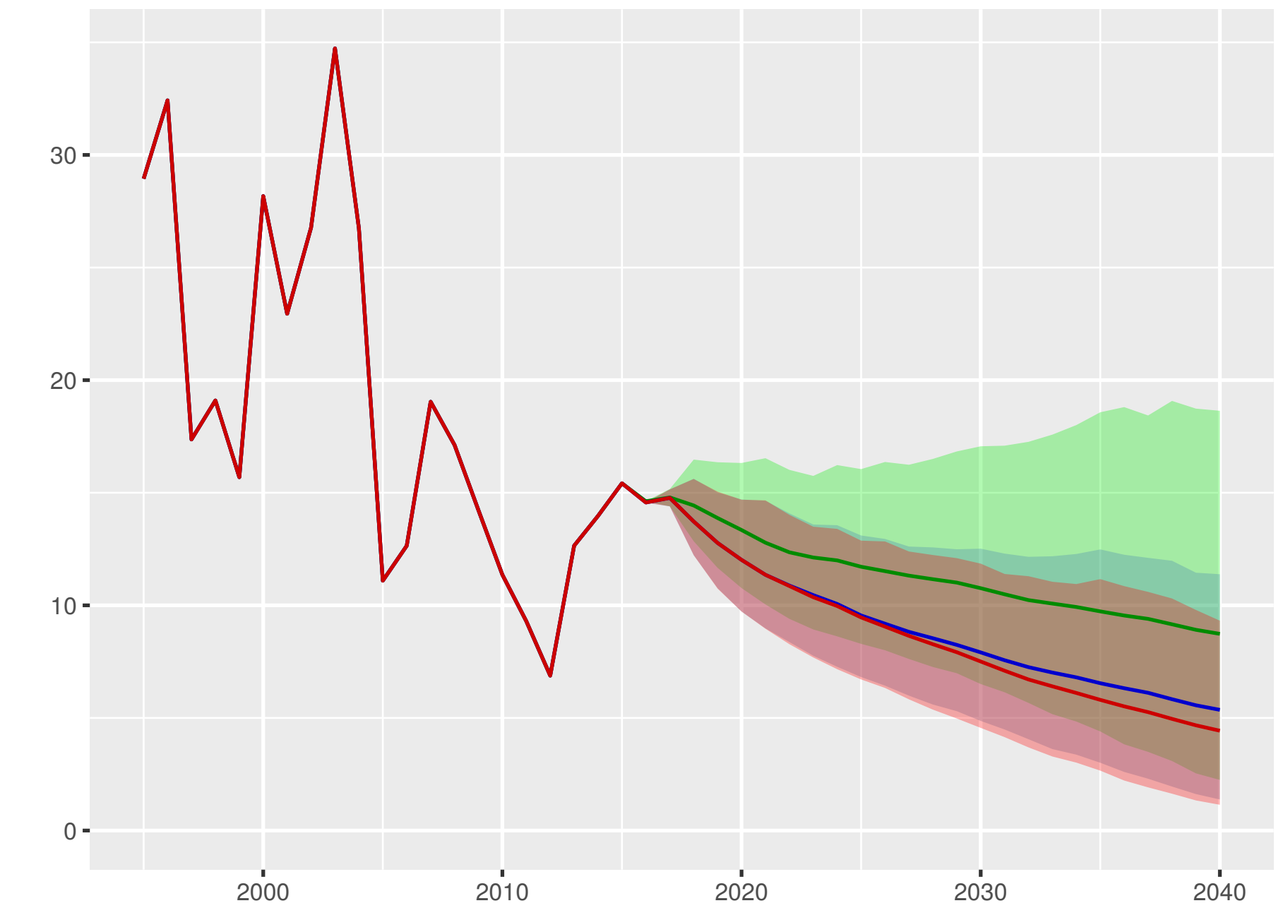
Universal health coverage index



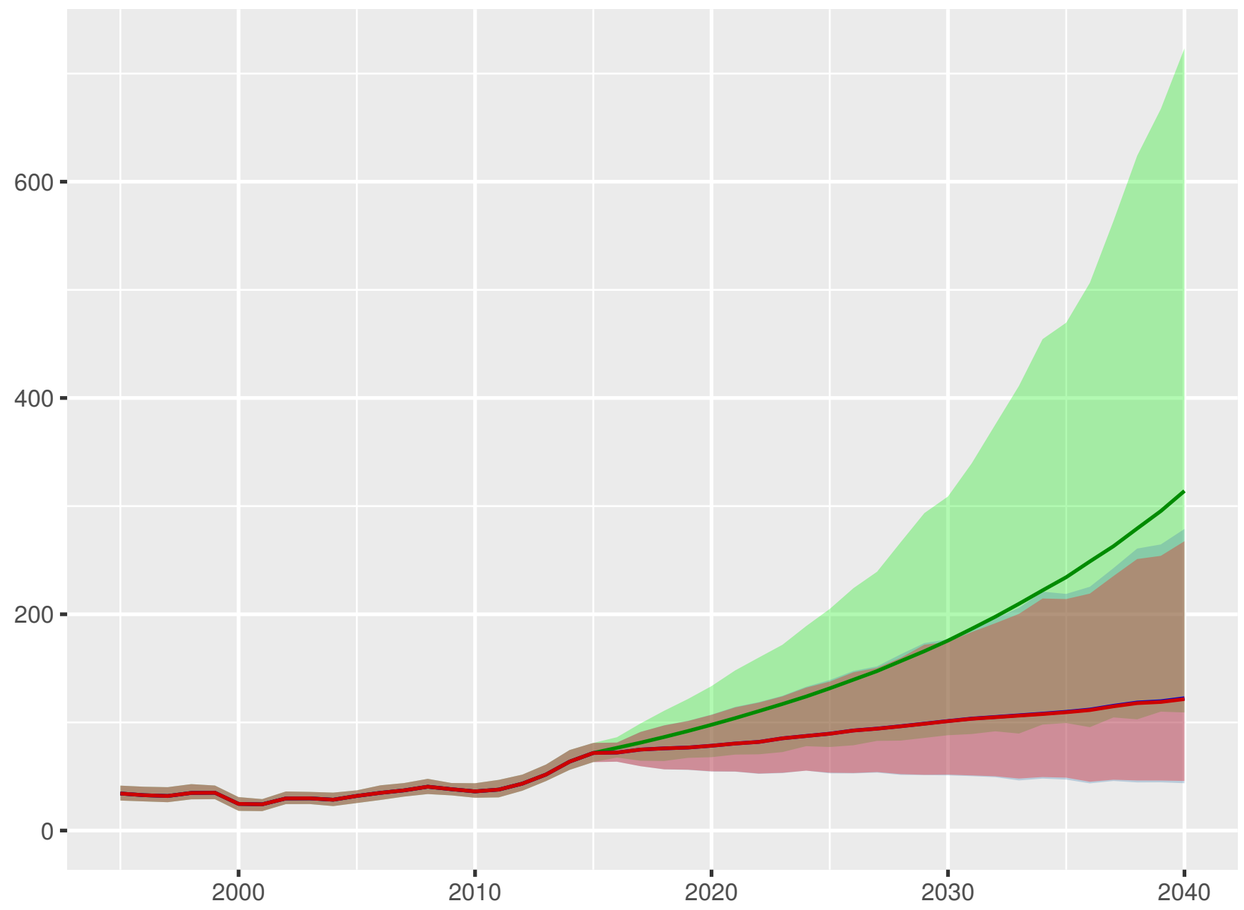
Total health spending per person



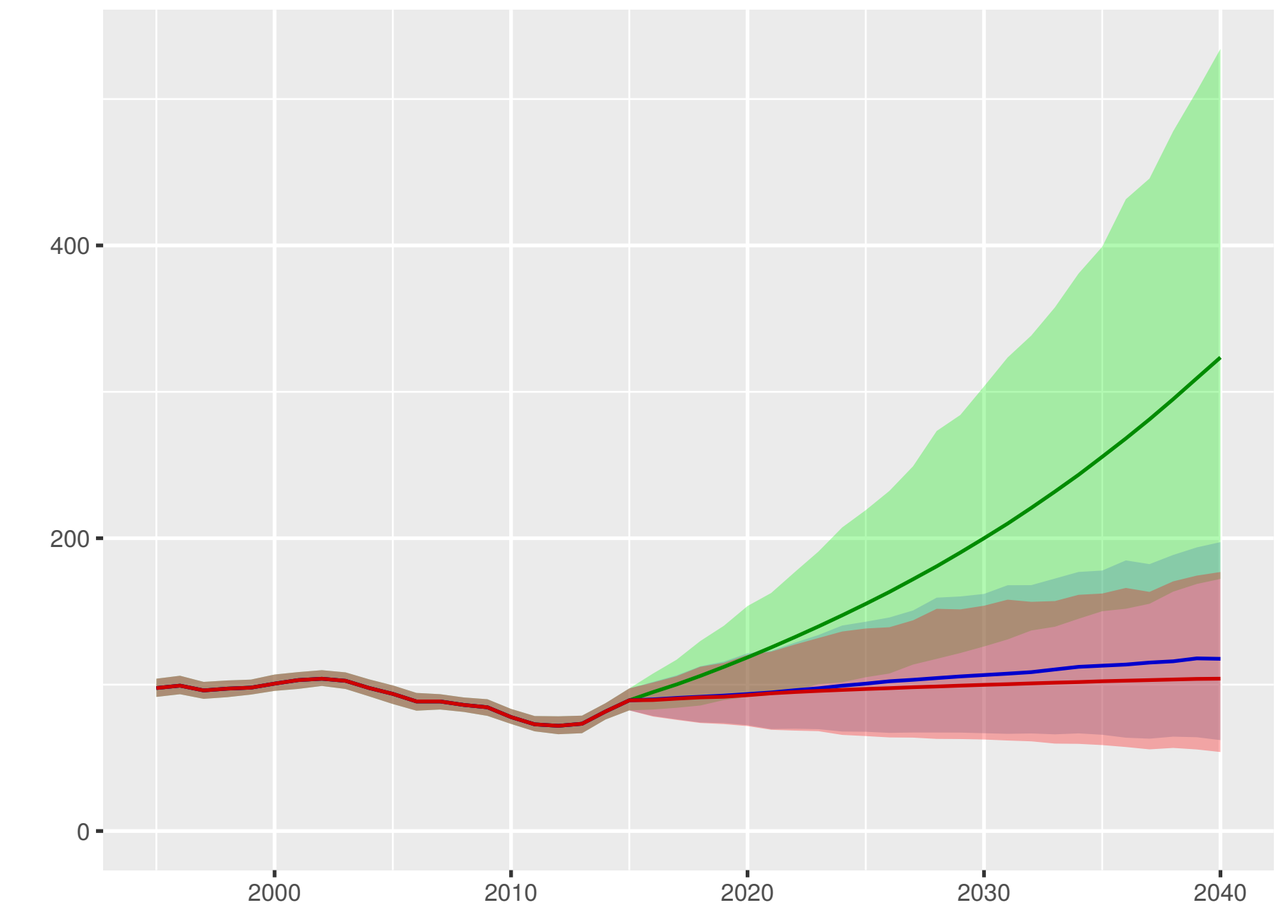
Development assistance for health received per person



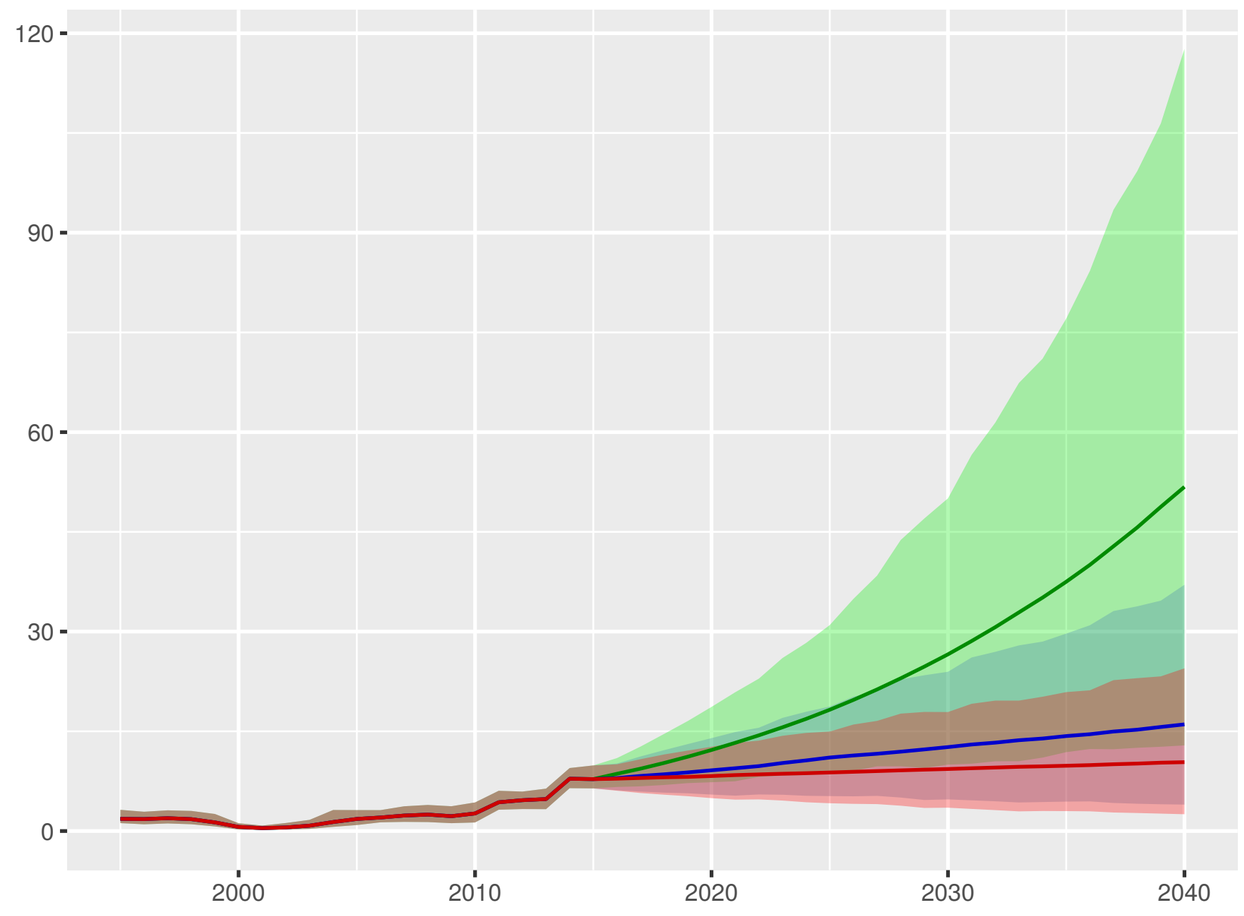
Government health spending per person



Out-of-pocket spending per person



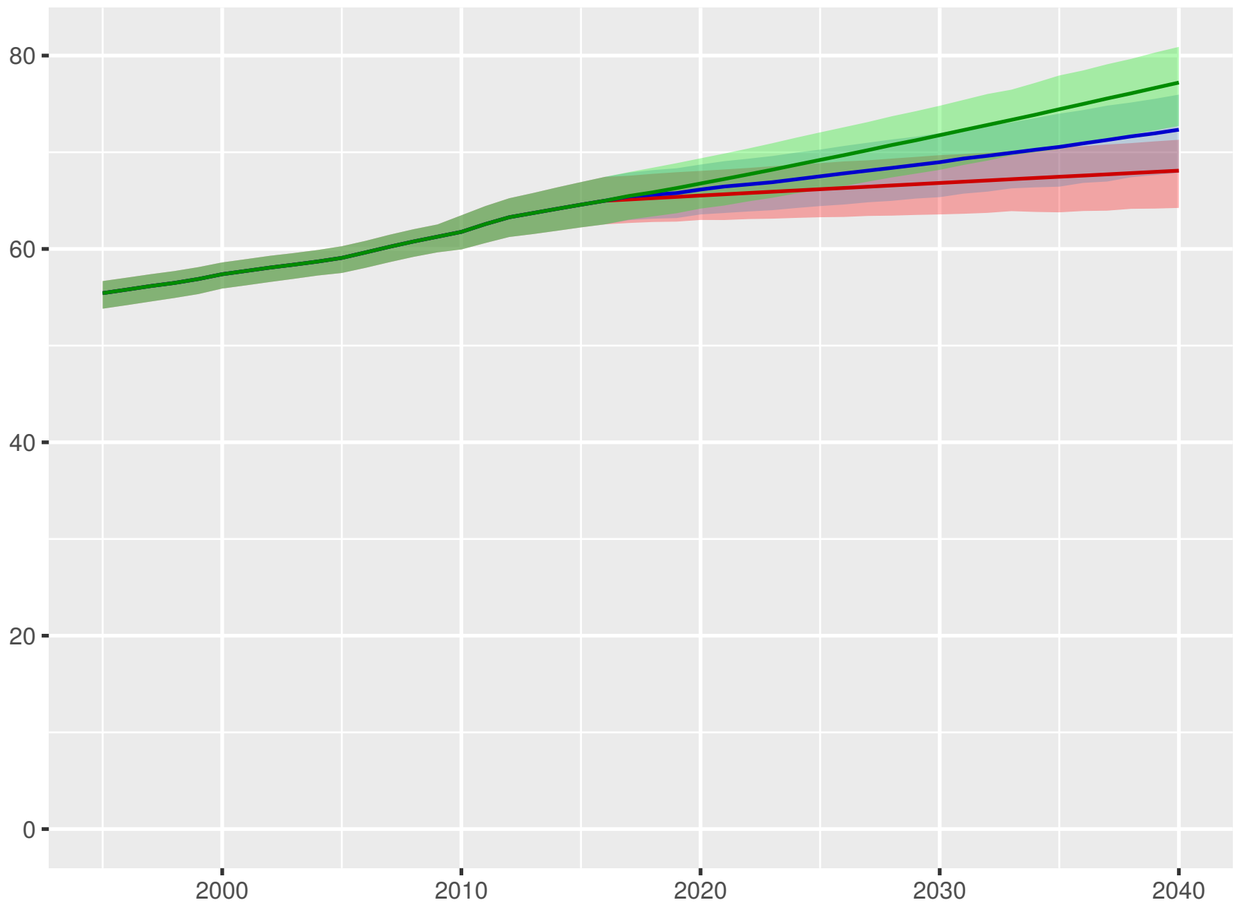
Prepaid private spending per person



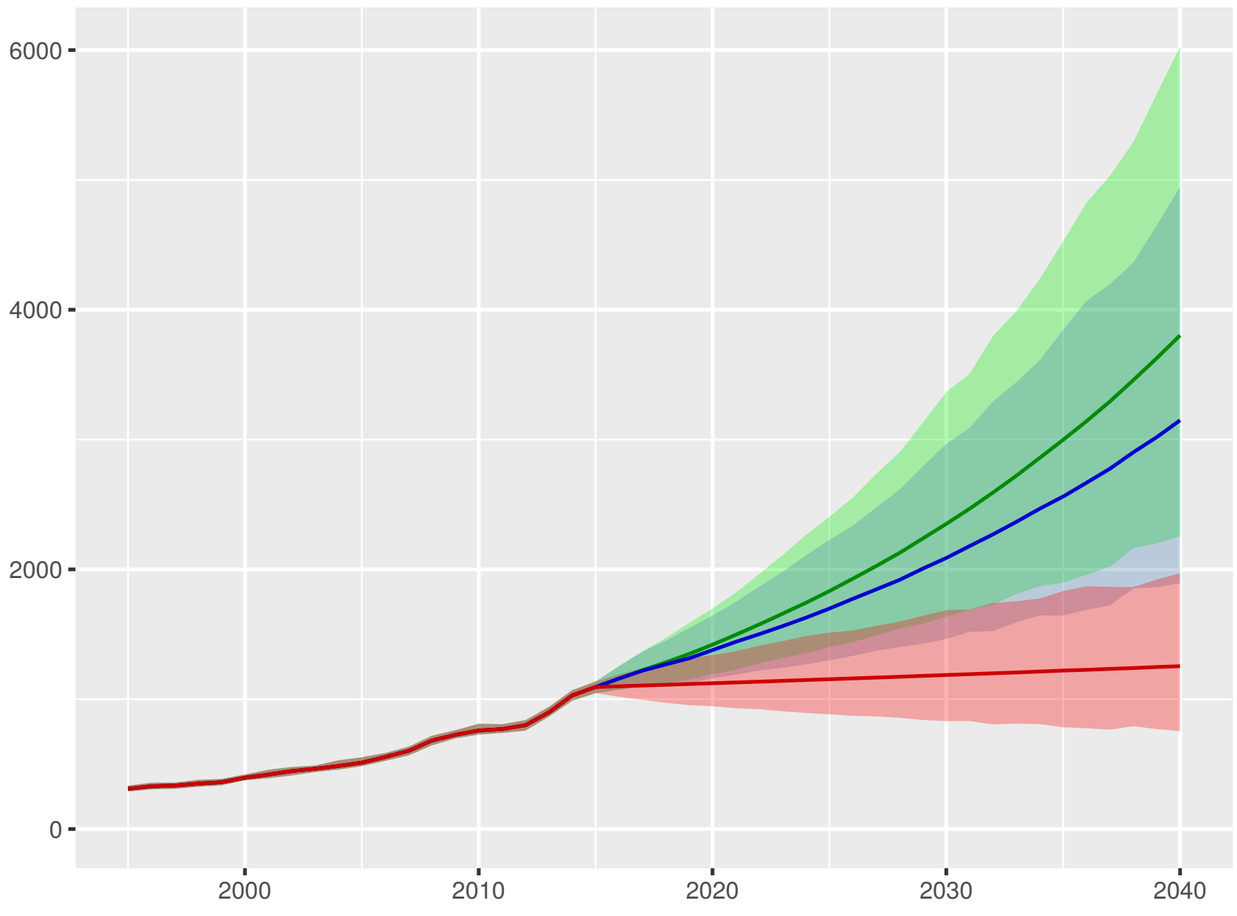
Scenario — Better — Reference — Worse

Mauritius

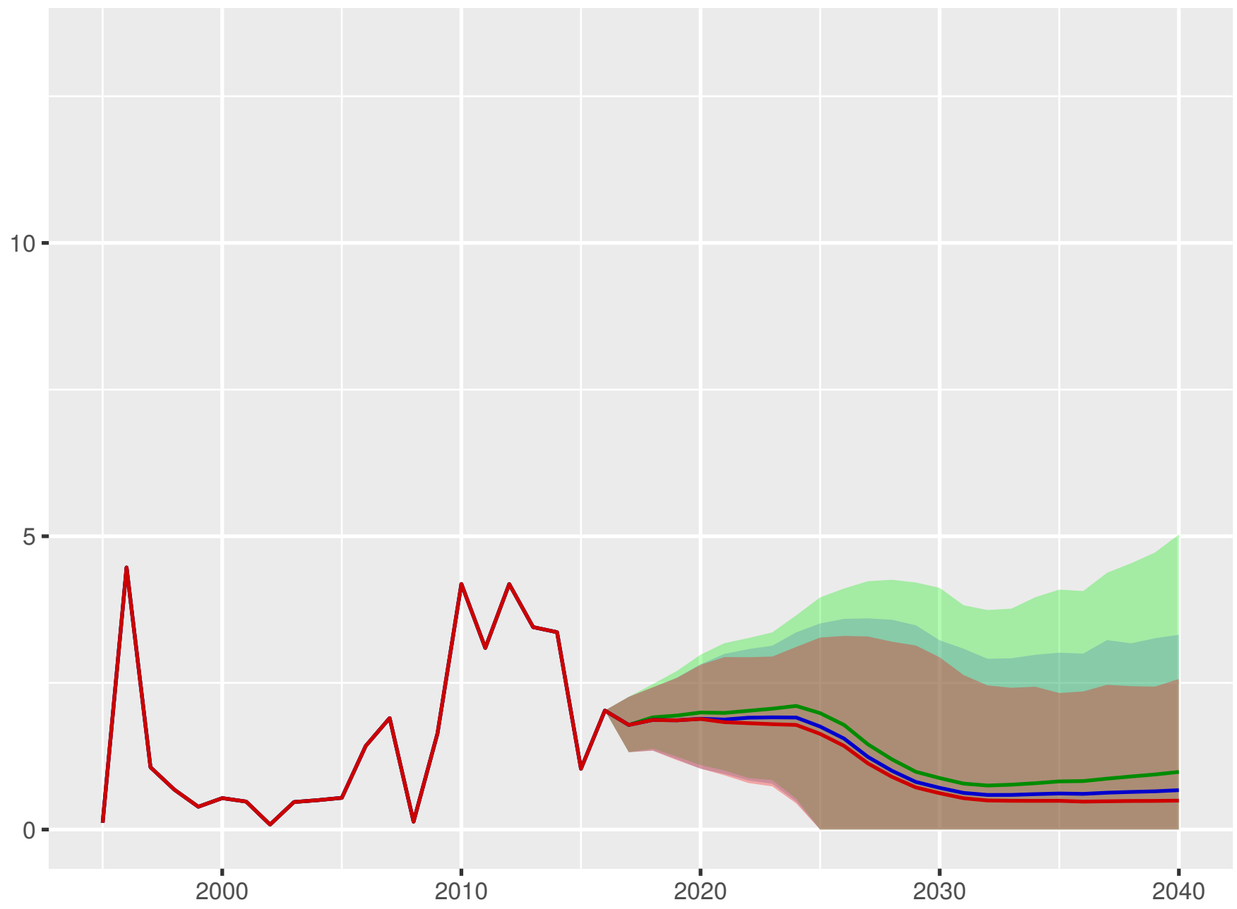
Universal health coverage index



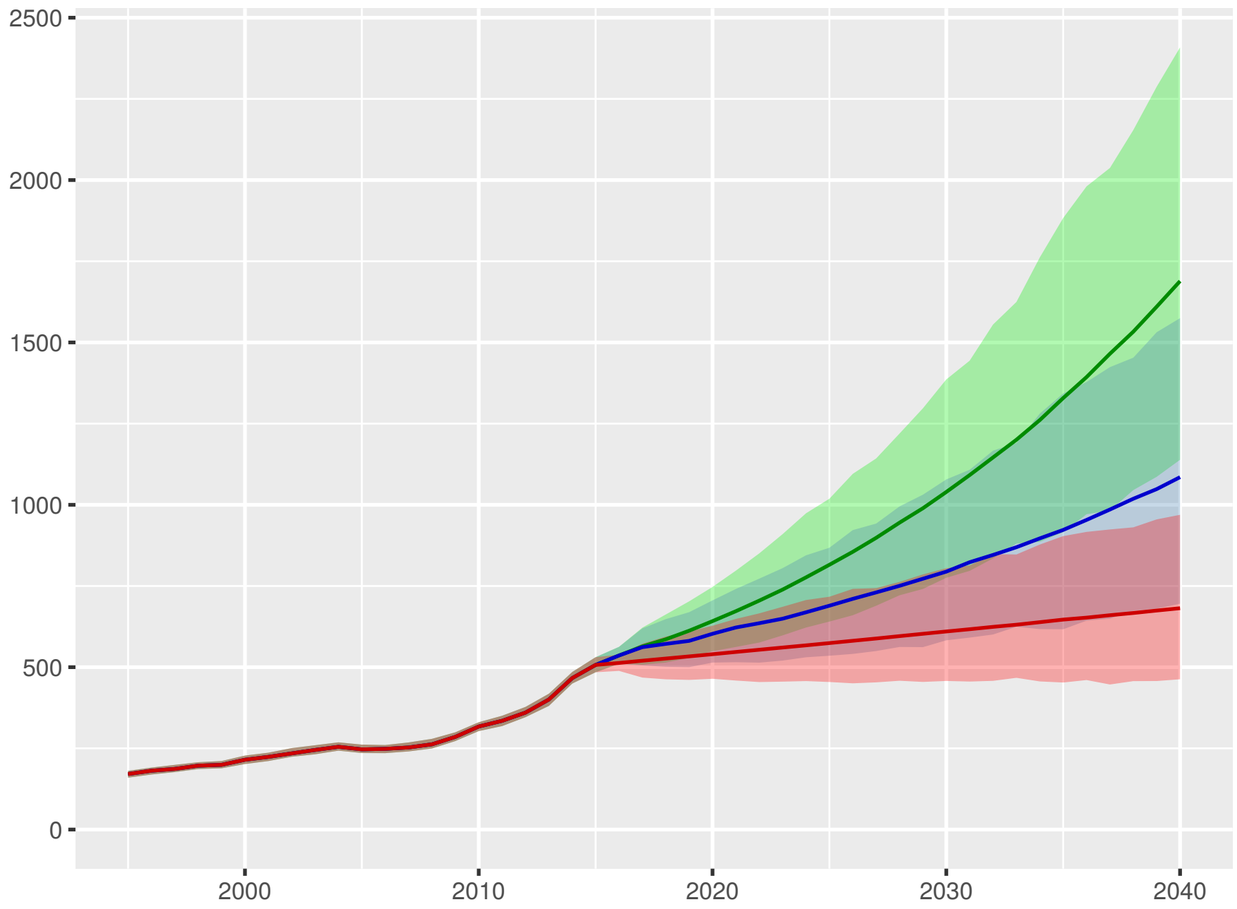
Total health spending per person



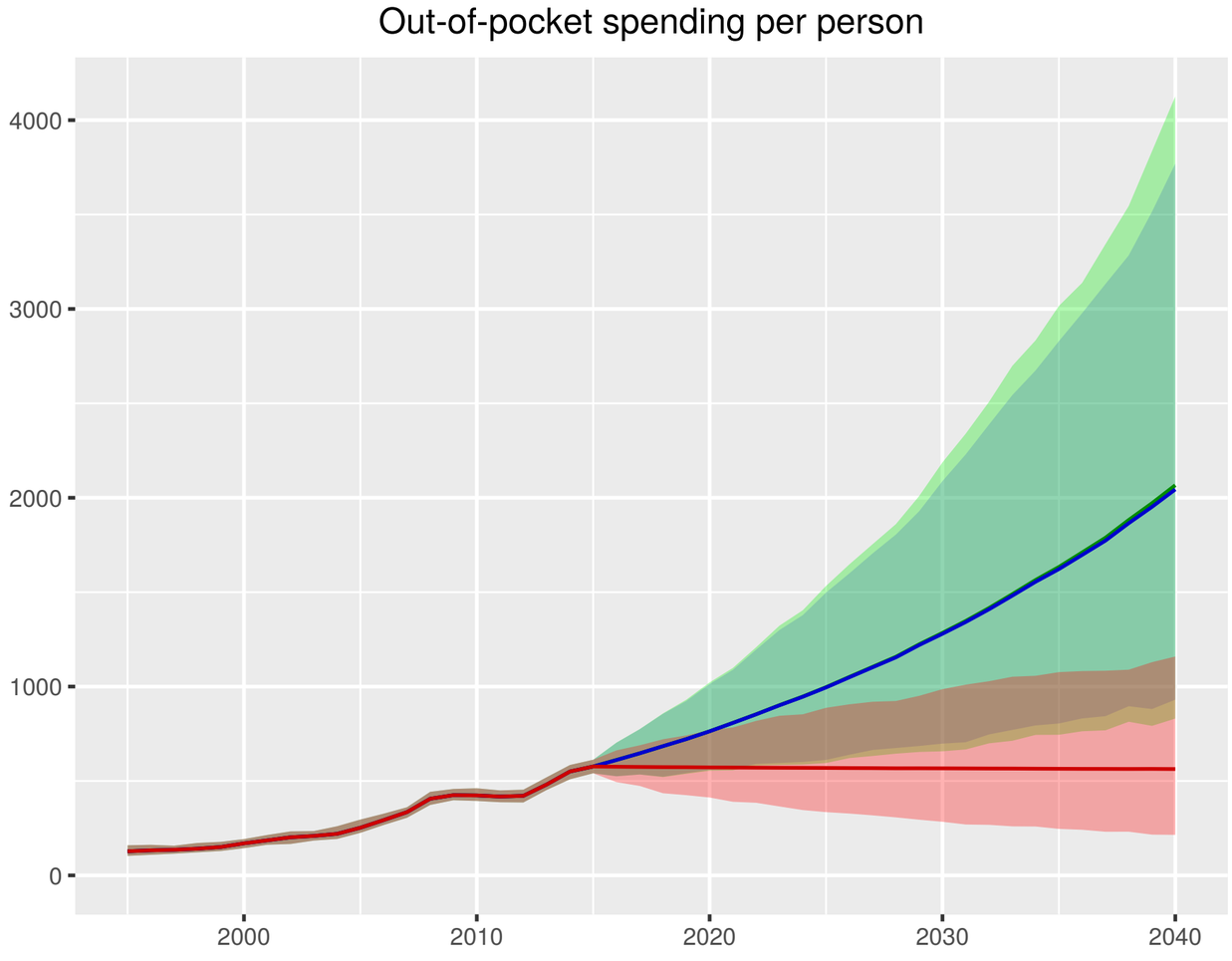
Development assistance for health received per person



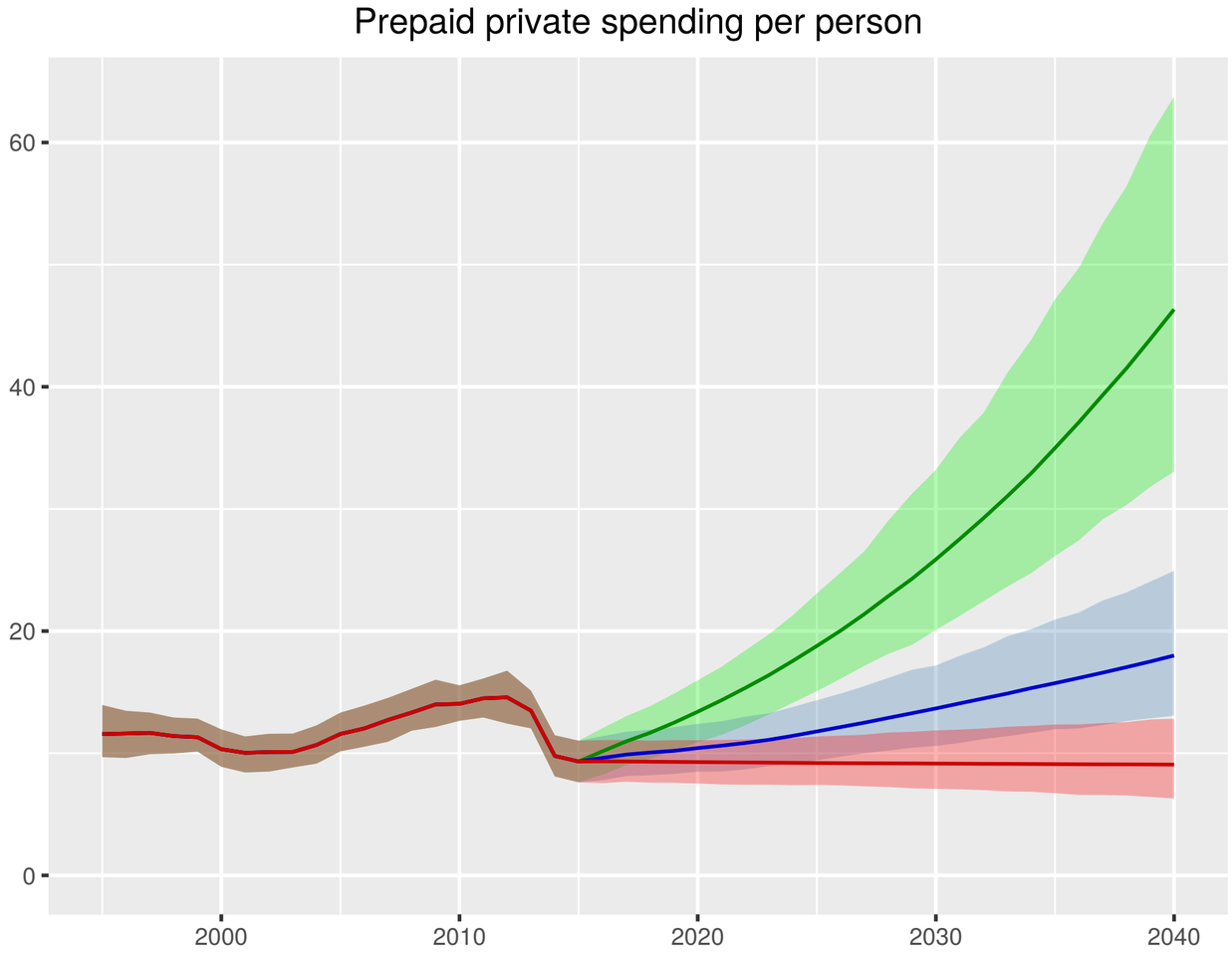
Government health spending per person



Out-of-pocket spending per person



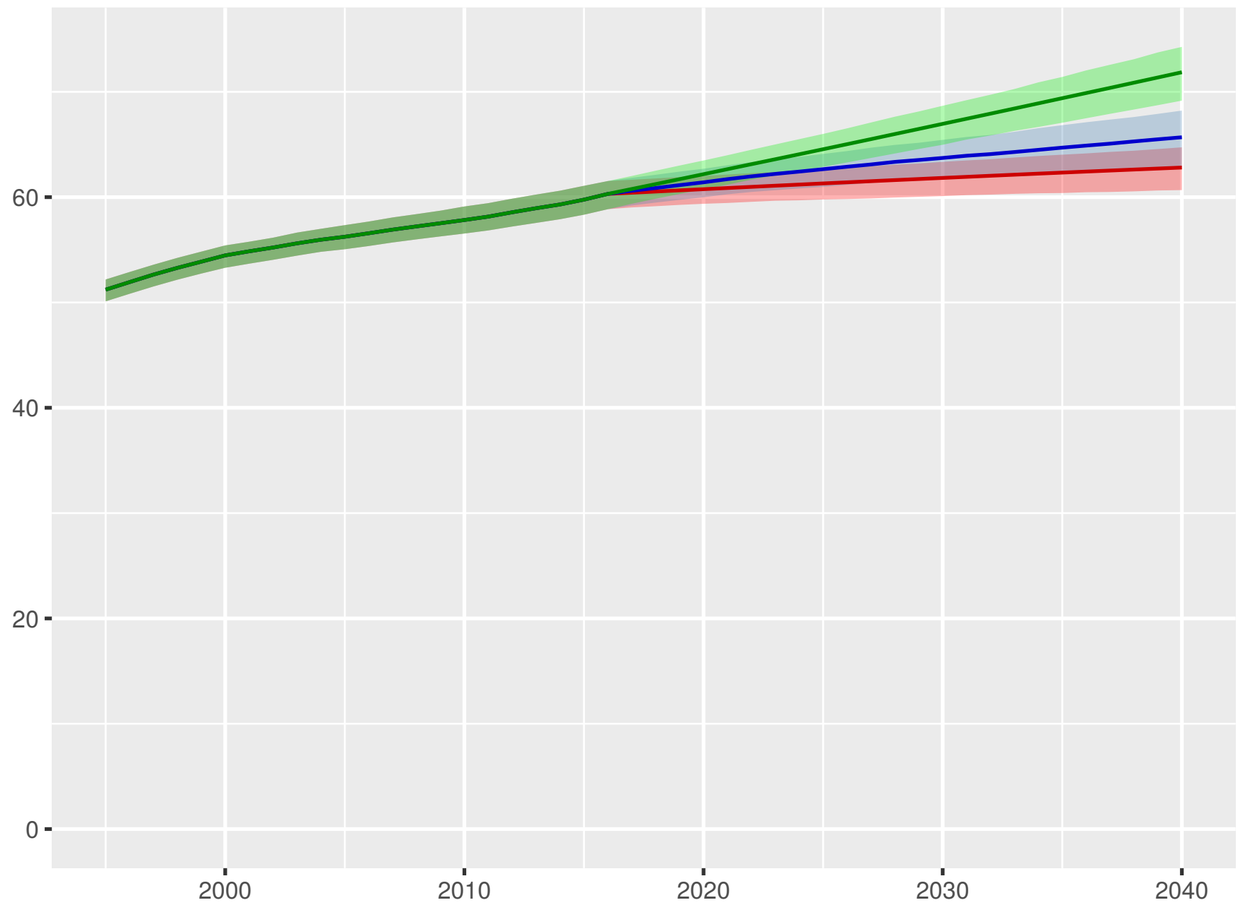
Prepaid private spending per person



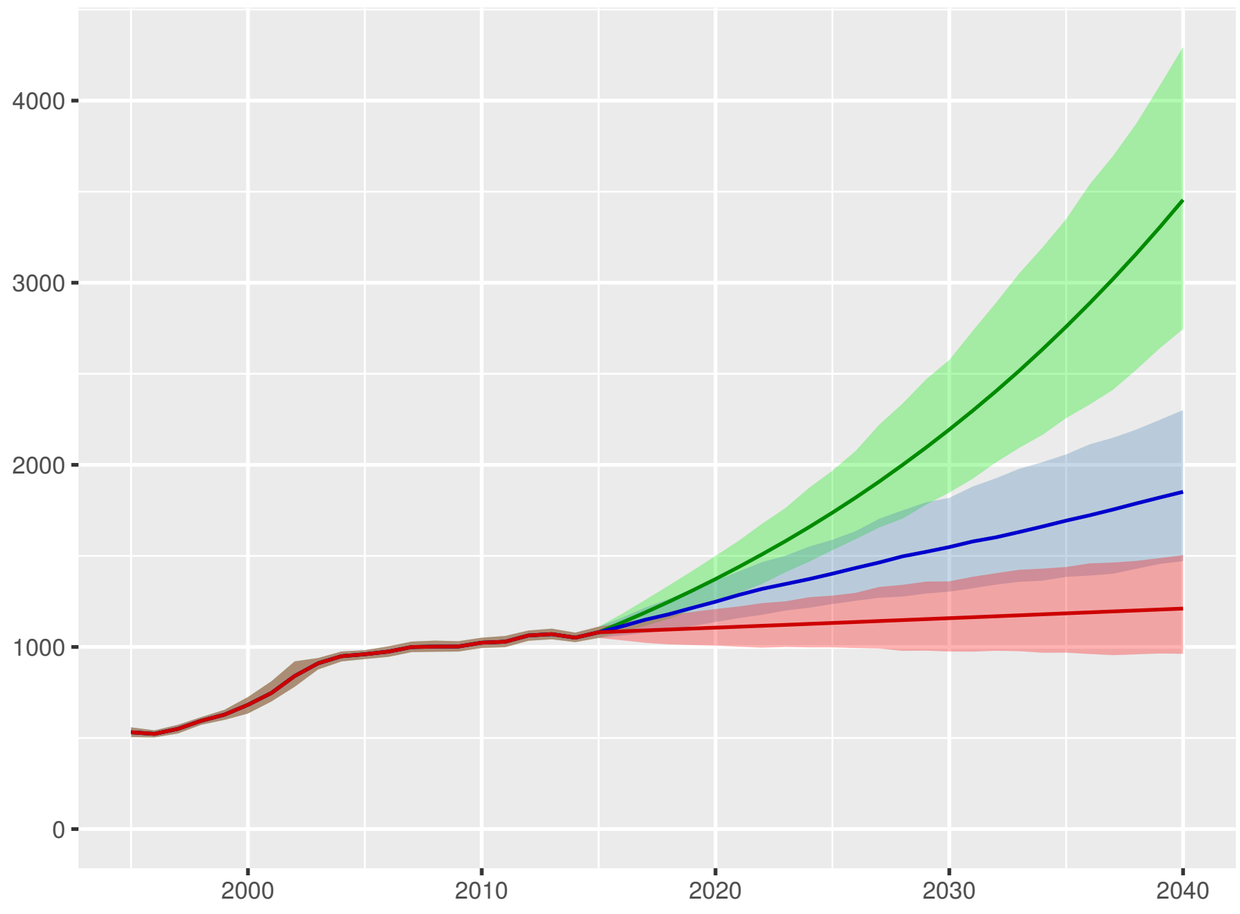
Scenario — Better — Reference — Worse

Mexico

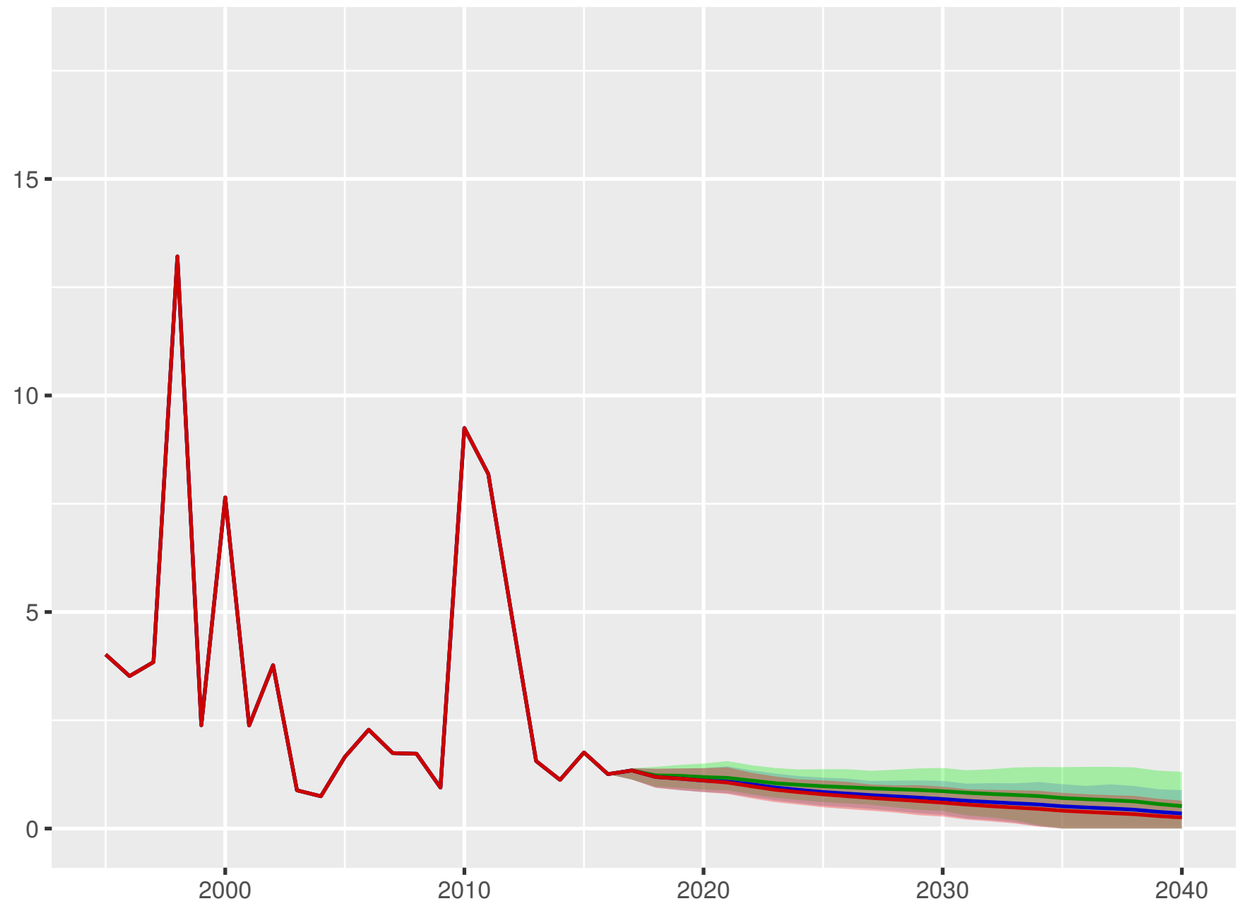
Universal health coverage index



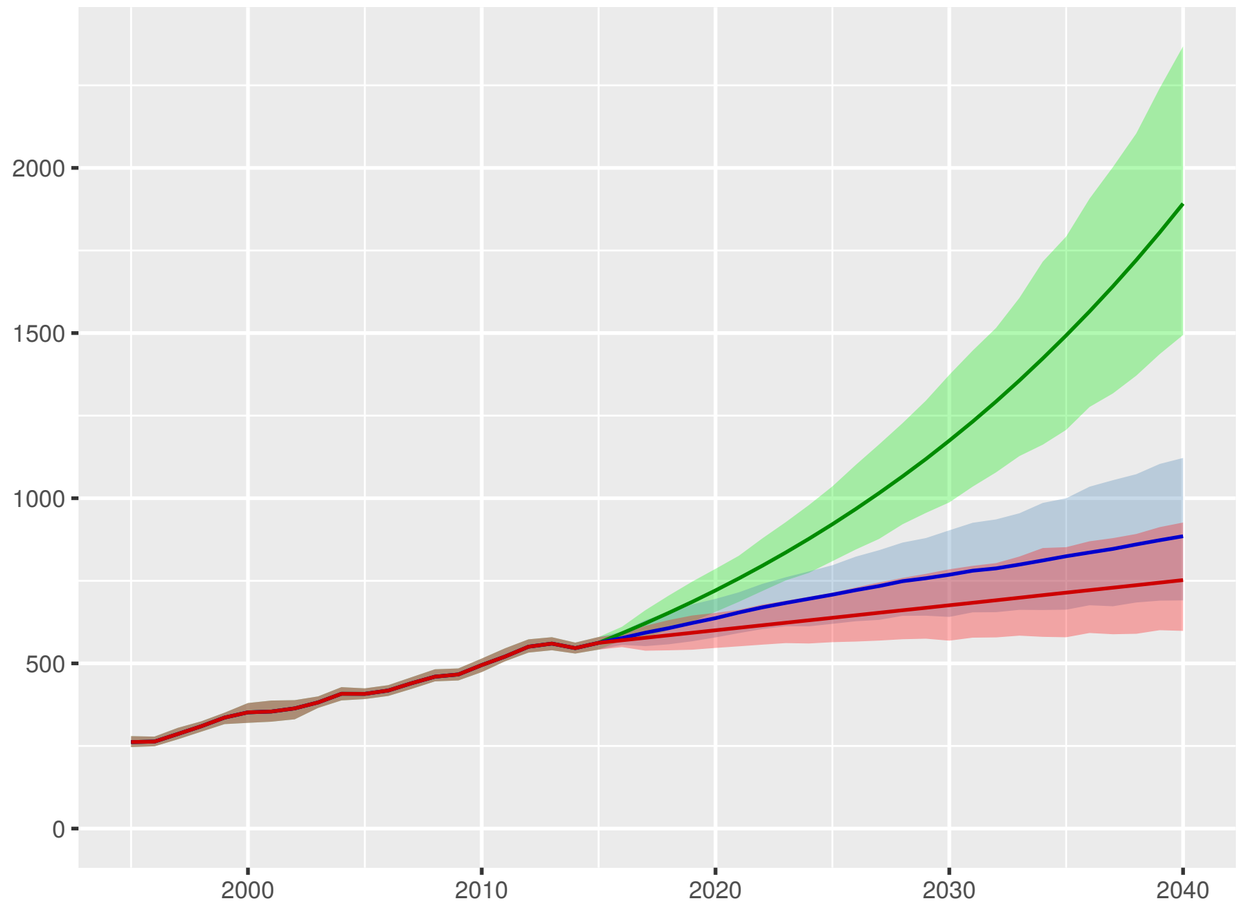
Total health spending per person



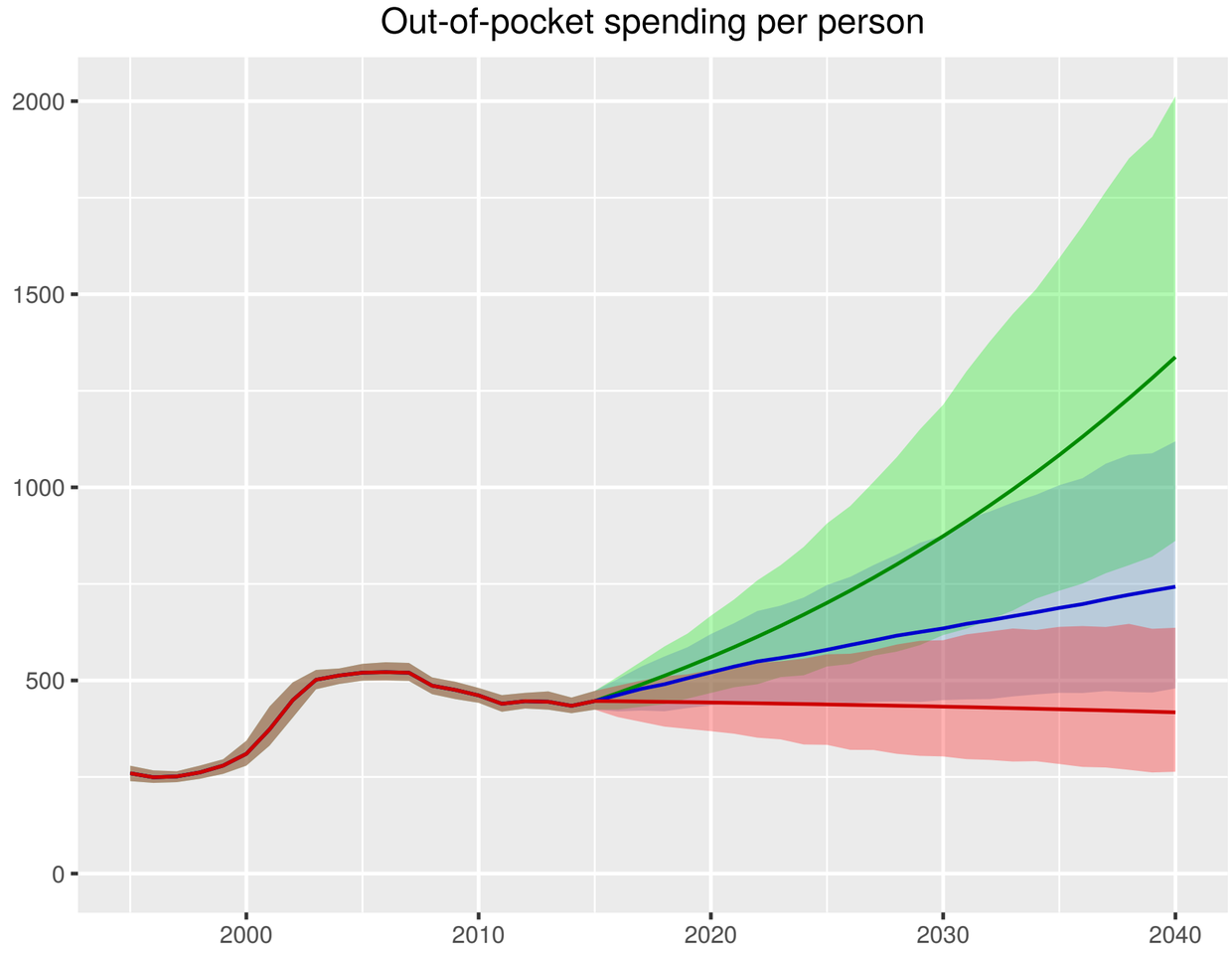
Development assistance for health received per person



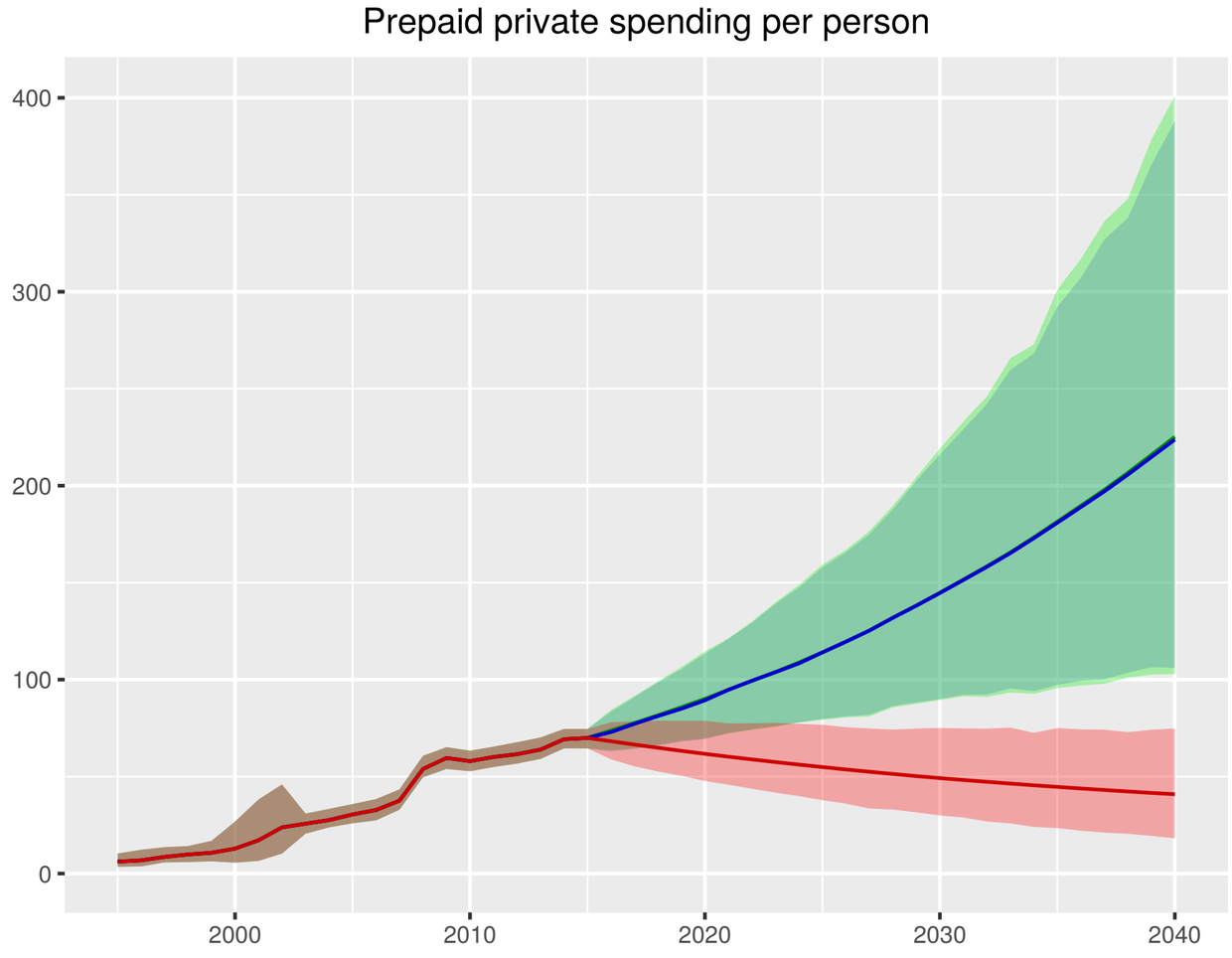
Government health spending per person



Out-of-pocket spending per person



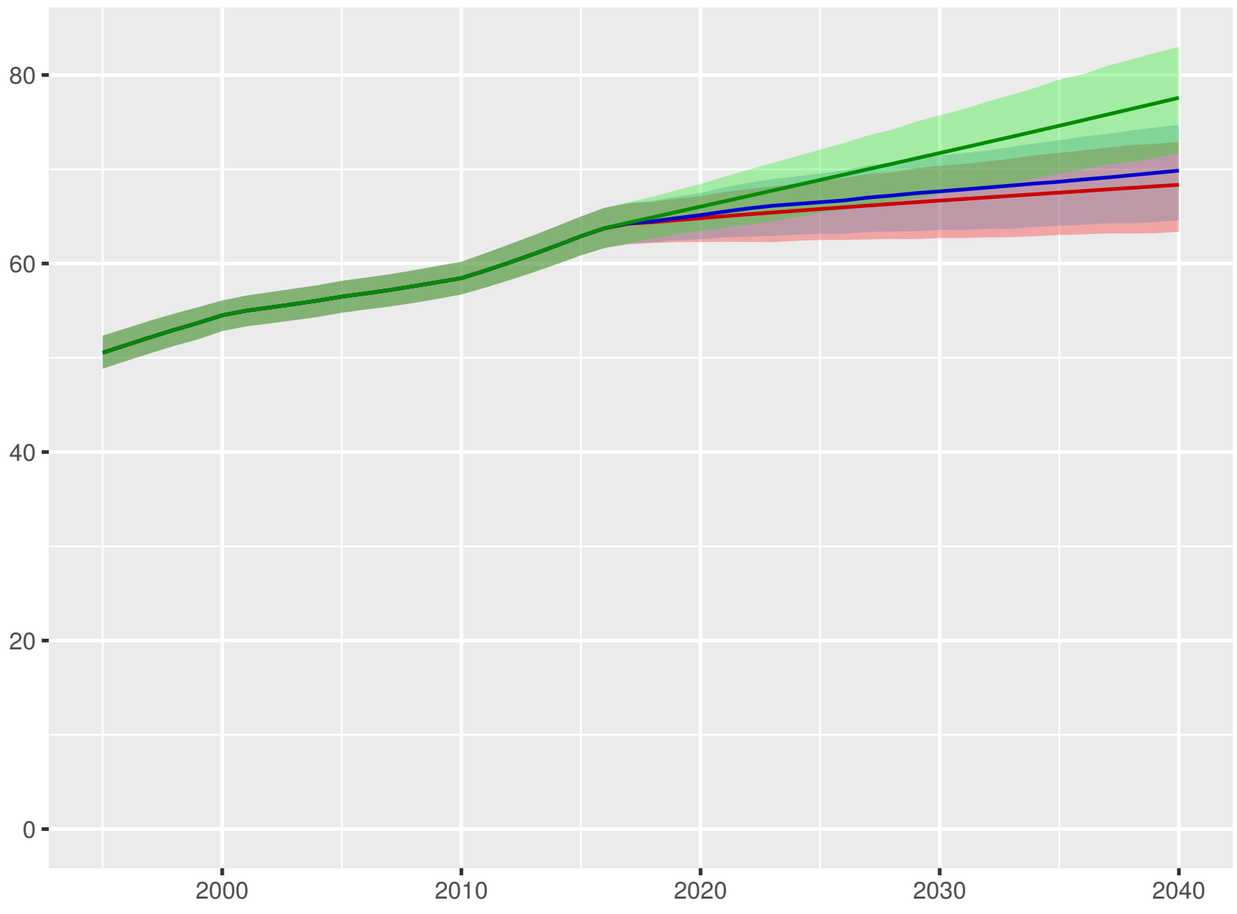
Prepaid private spending per person



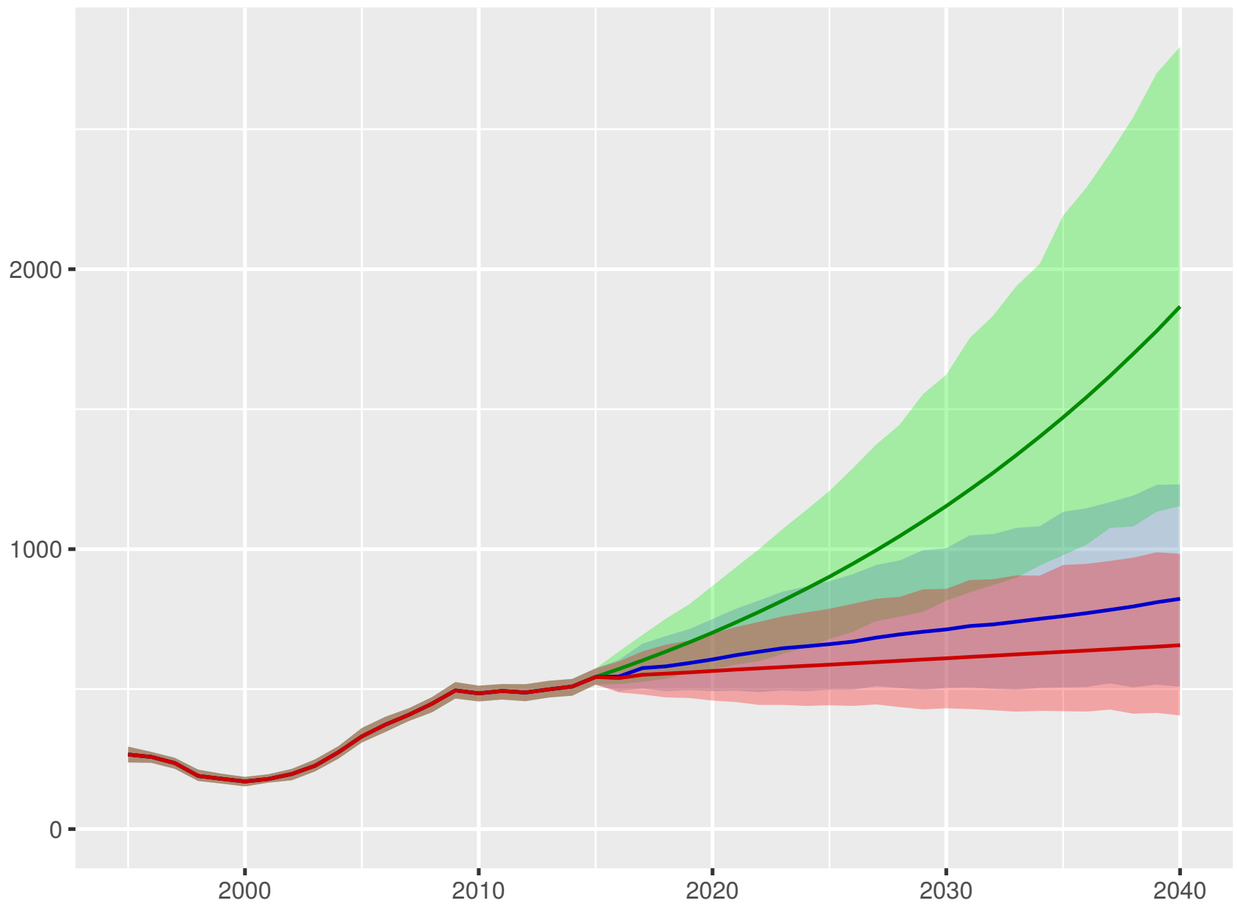
Scenario — Better — Reference — Worse

Moldova

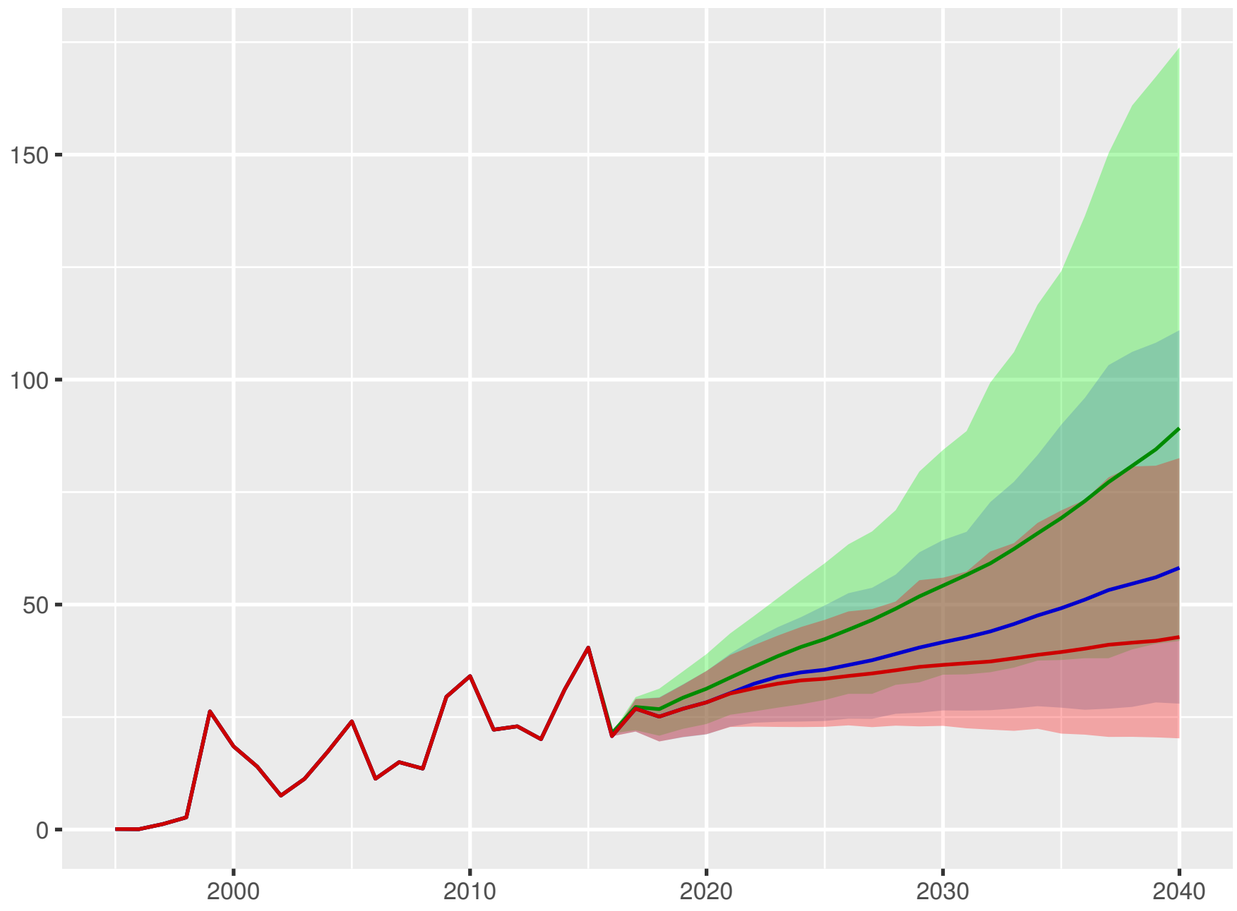
Universal health coverage index



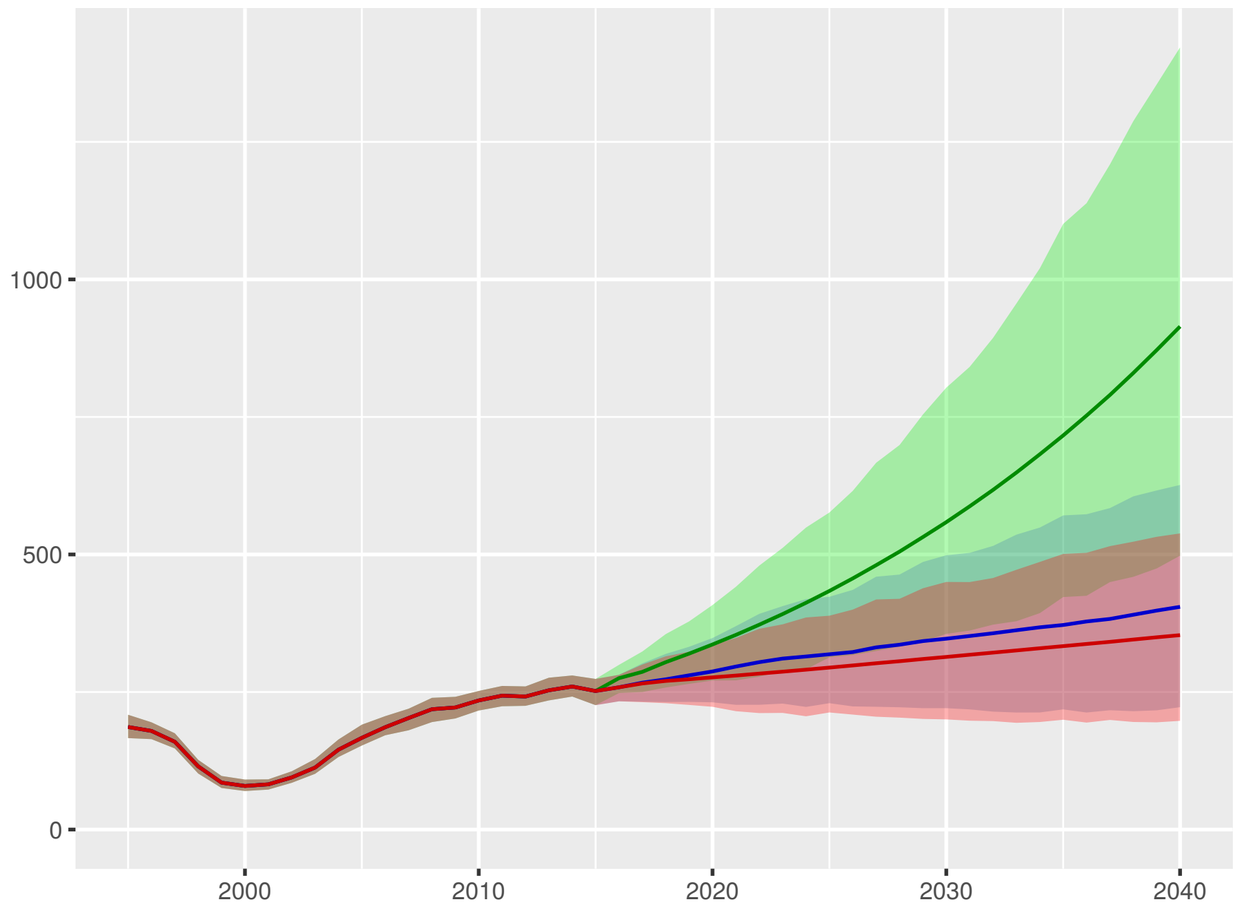
Total health spending per person



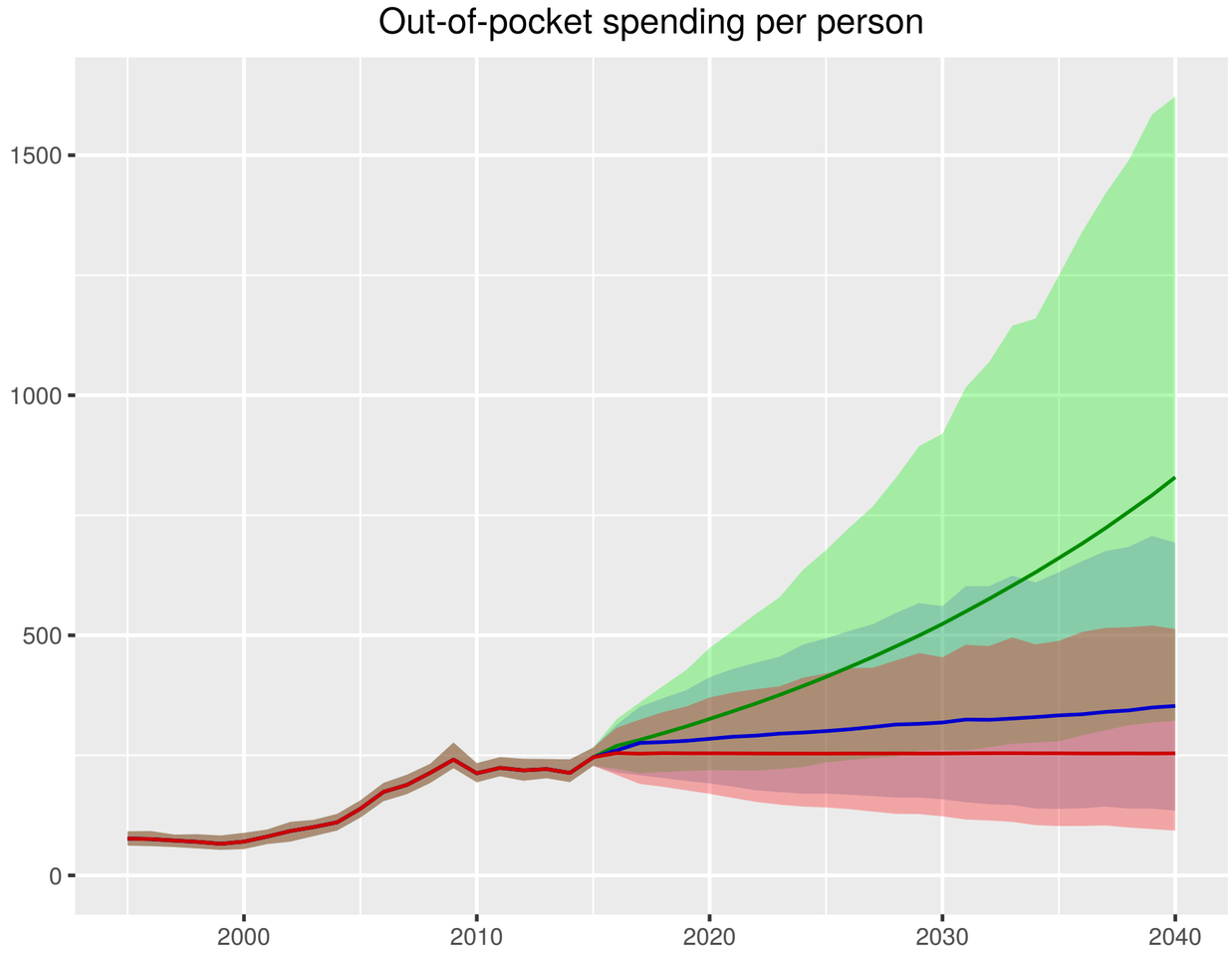
Development assistance for health received per person



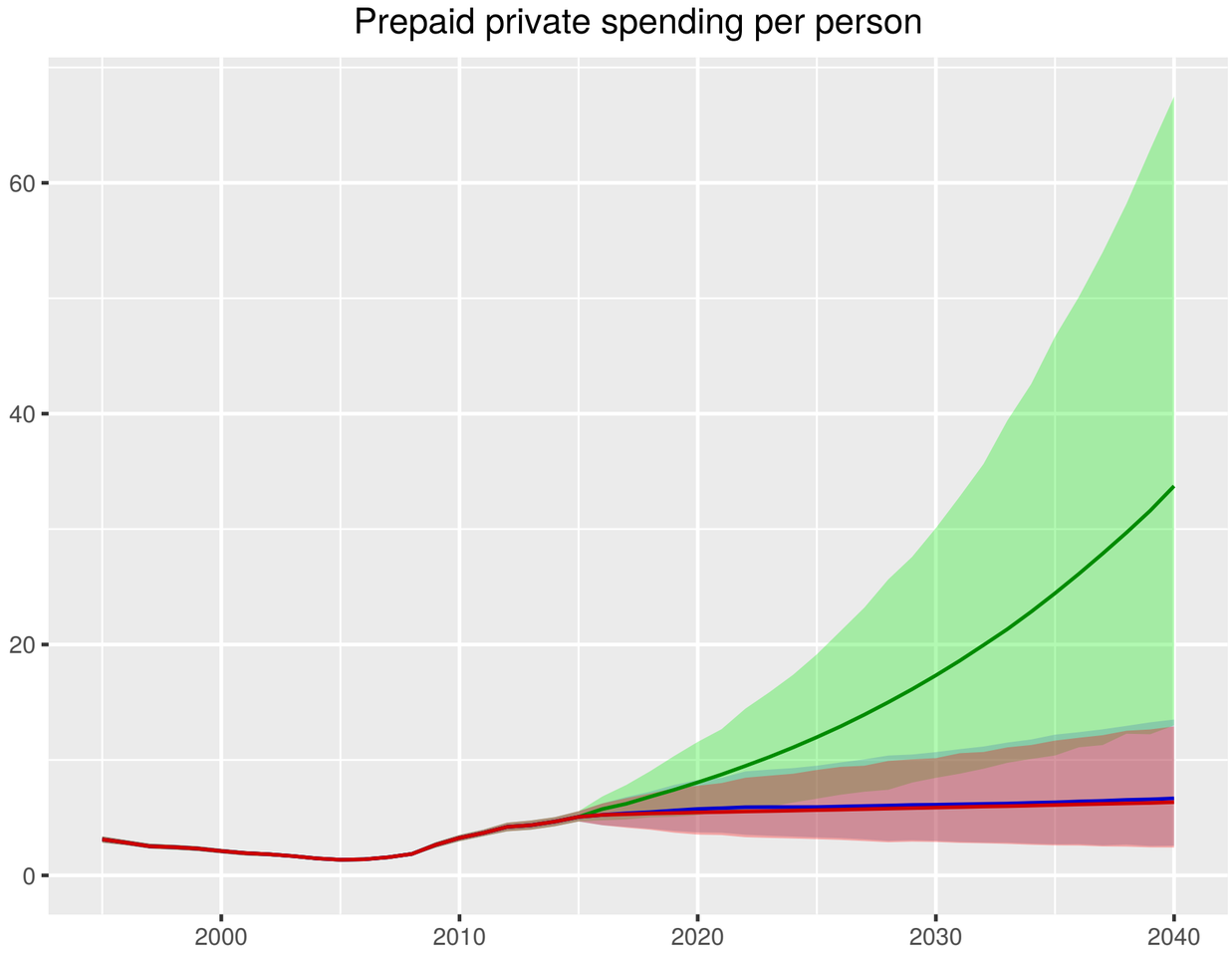
Government health spending per person



Out-of-pocket spending per person



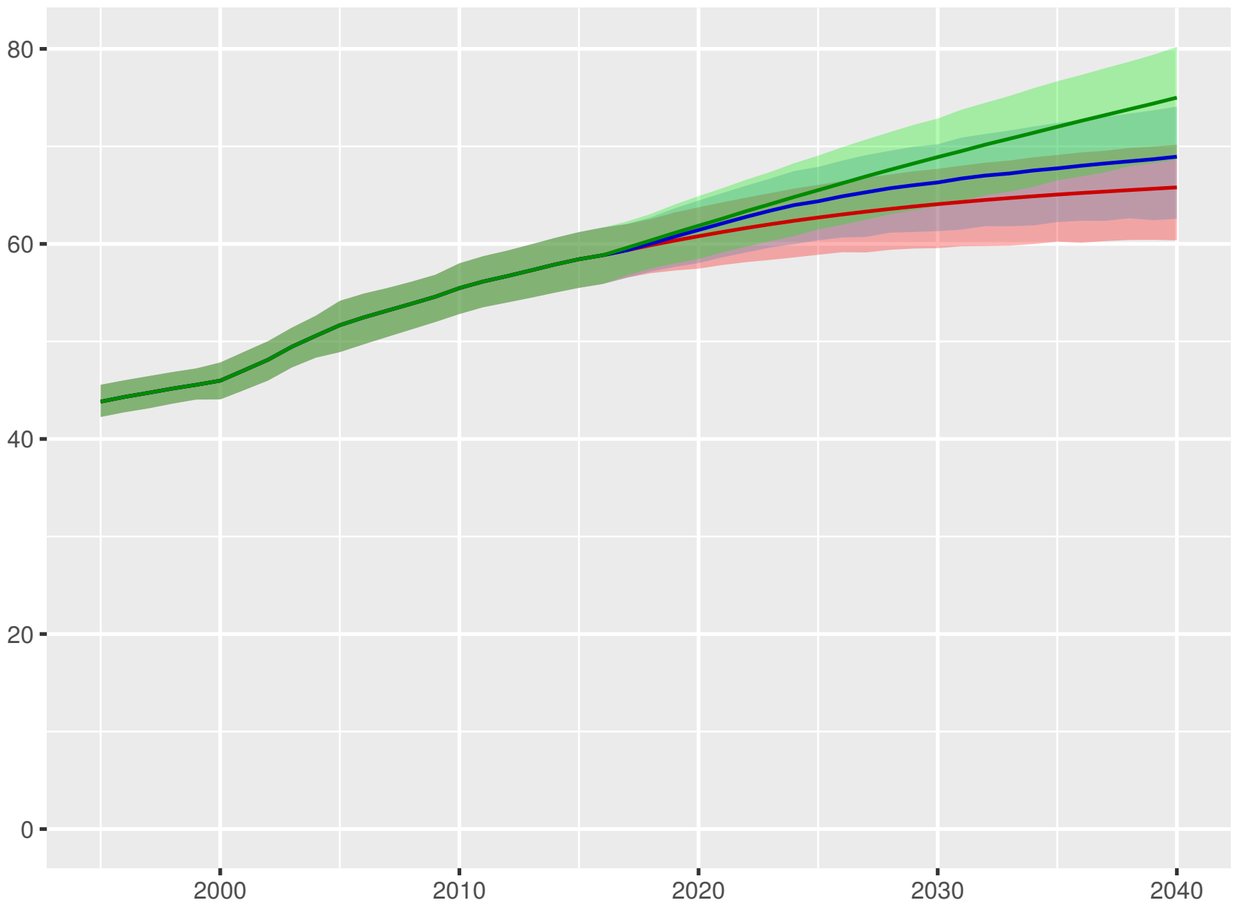
Prepaid private spending per person



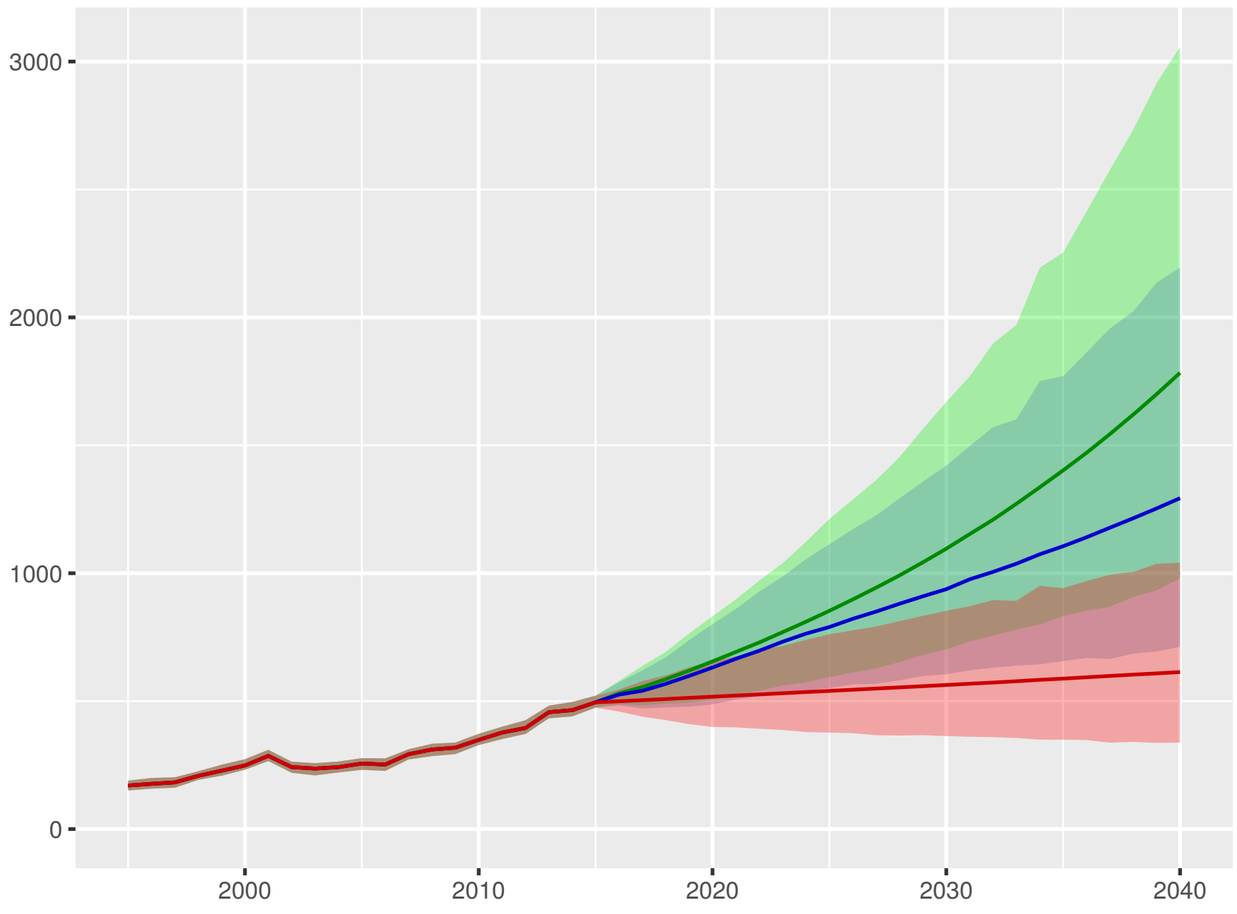
Scenario — Better — Reference — Worse

Mongolia

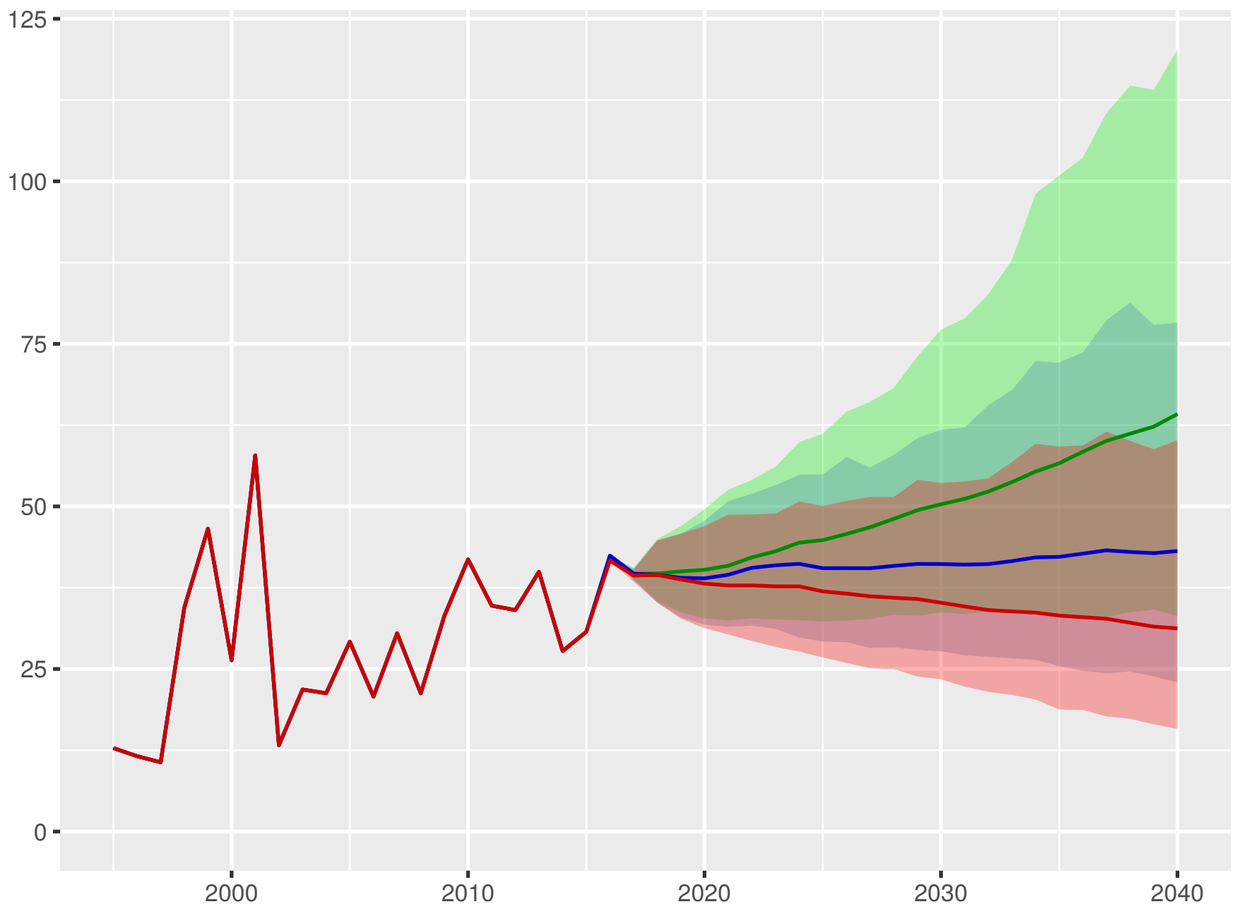
Universal health coverage index



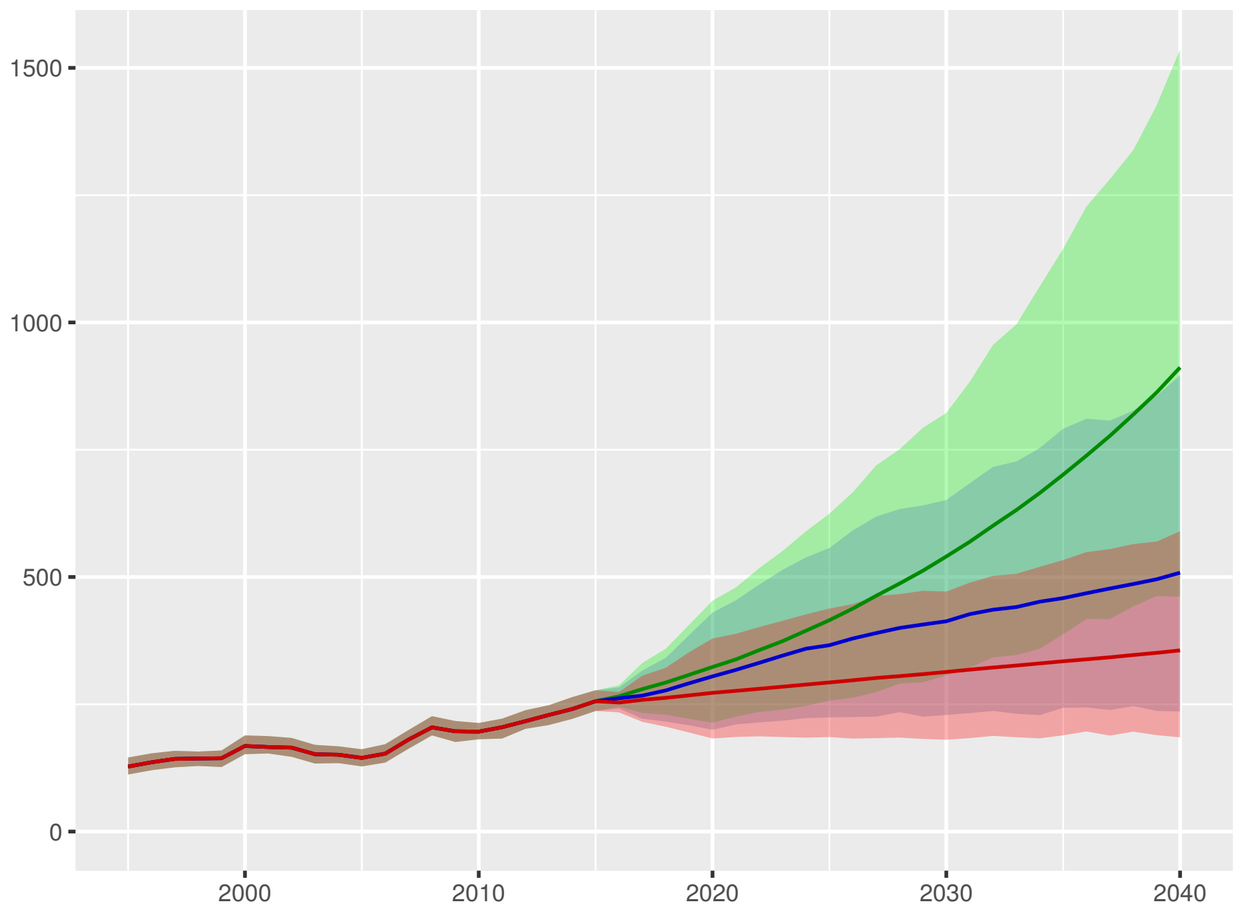
Total health spending per person



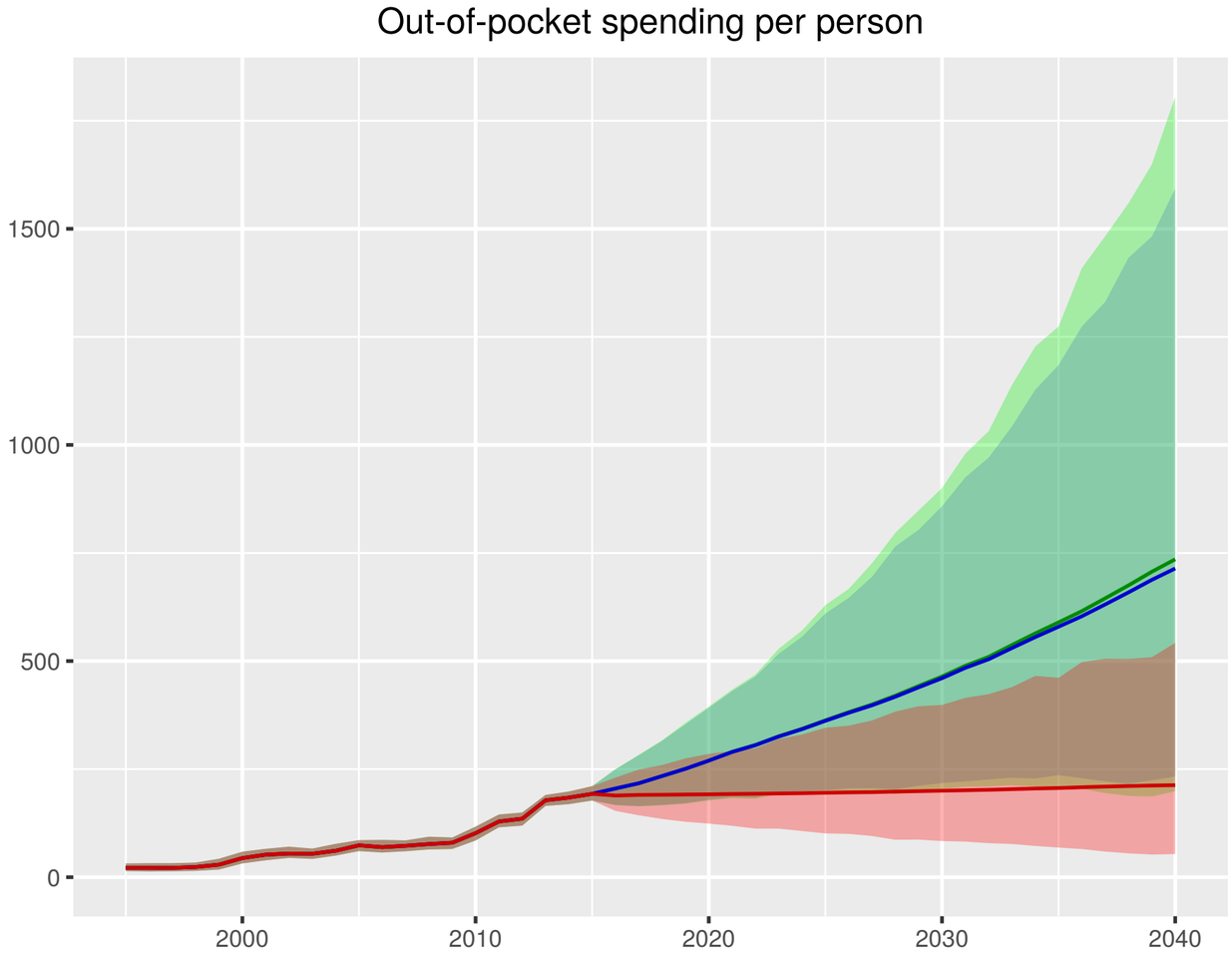
Development assistance for health received per person



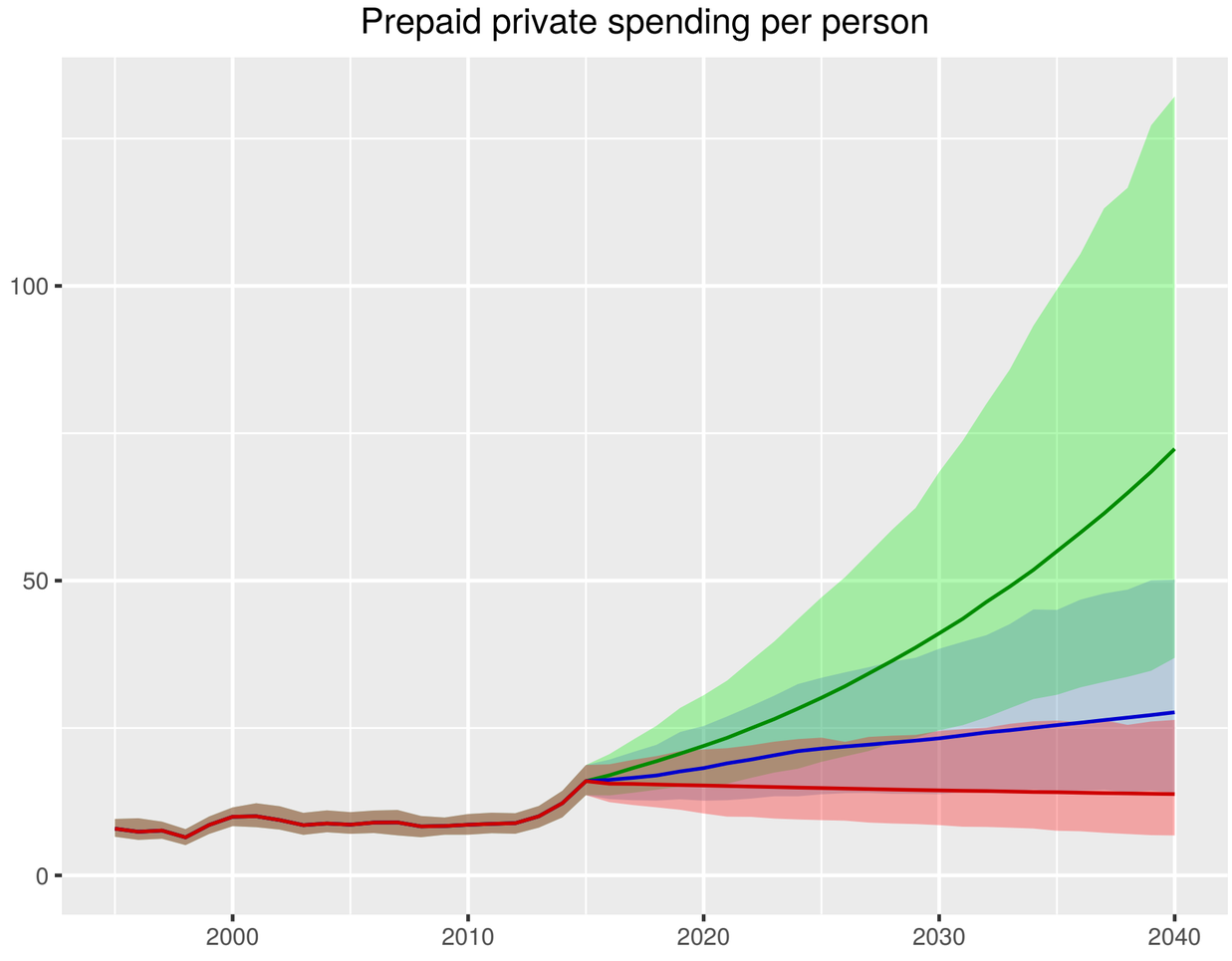
Government health spending per person



Out-of-pocket spending per person



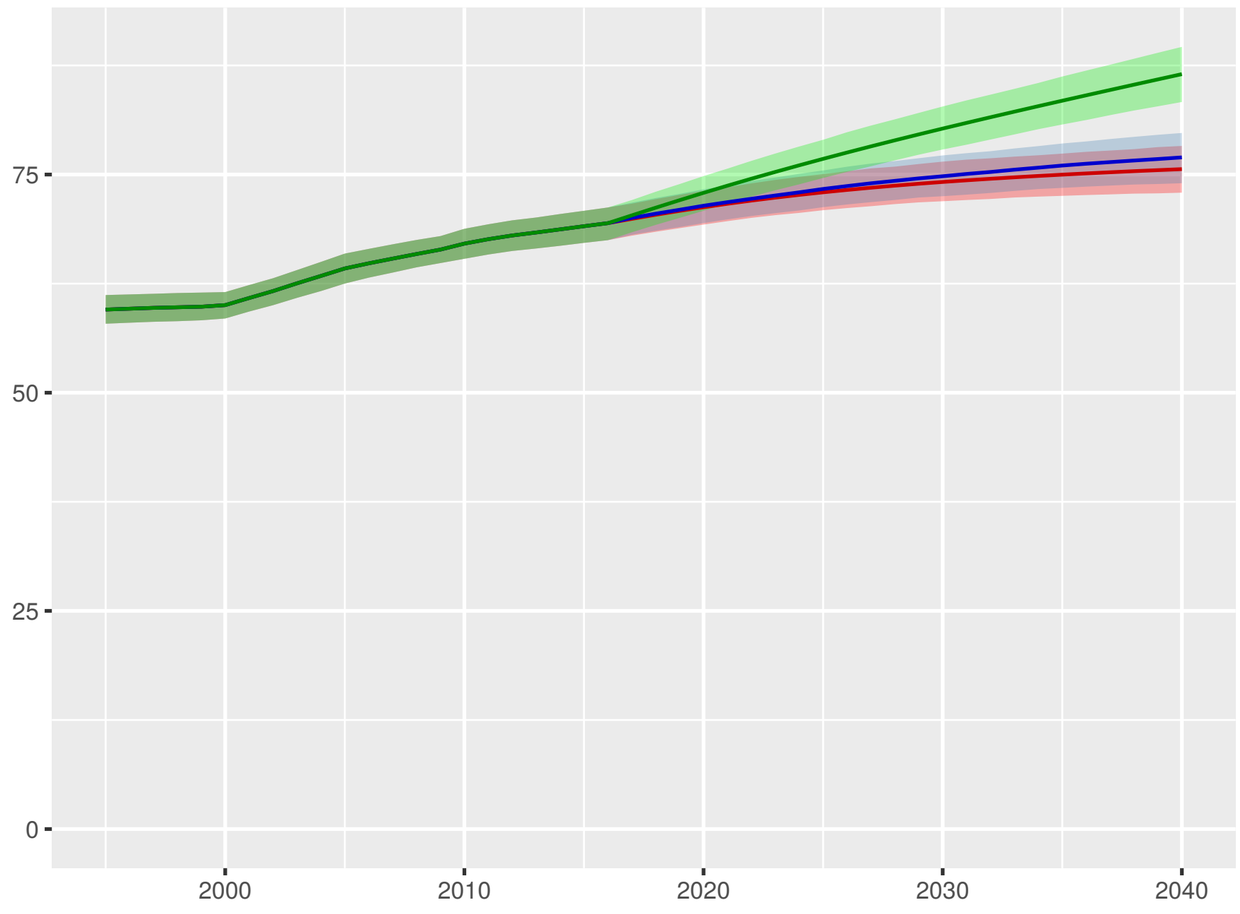
Prepaid private spending per person



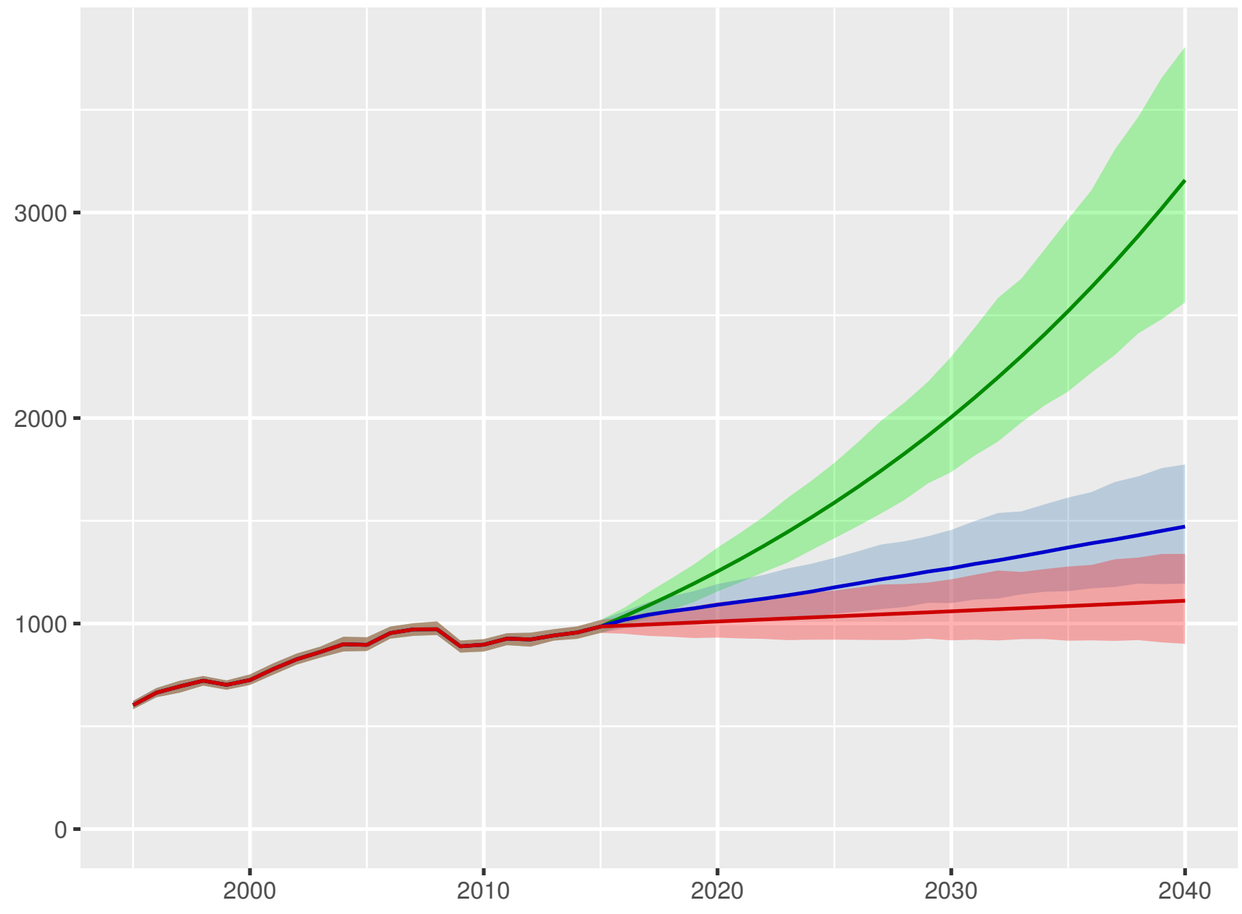
Scenario — Better — Reference — Worse

Montenegro

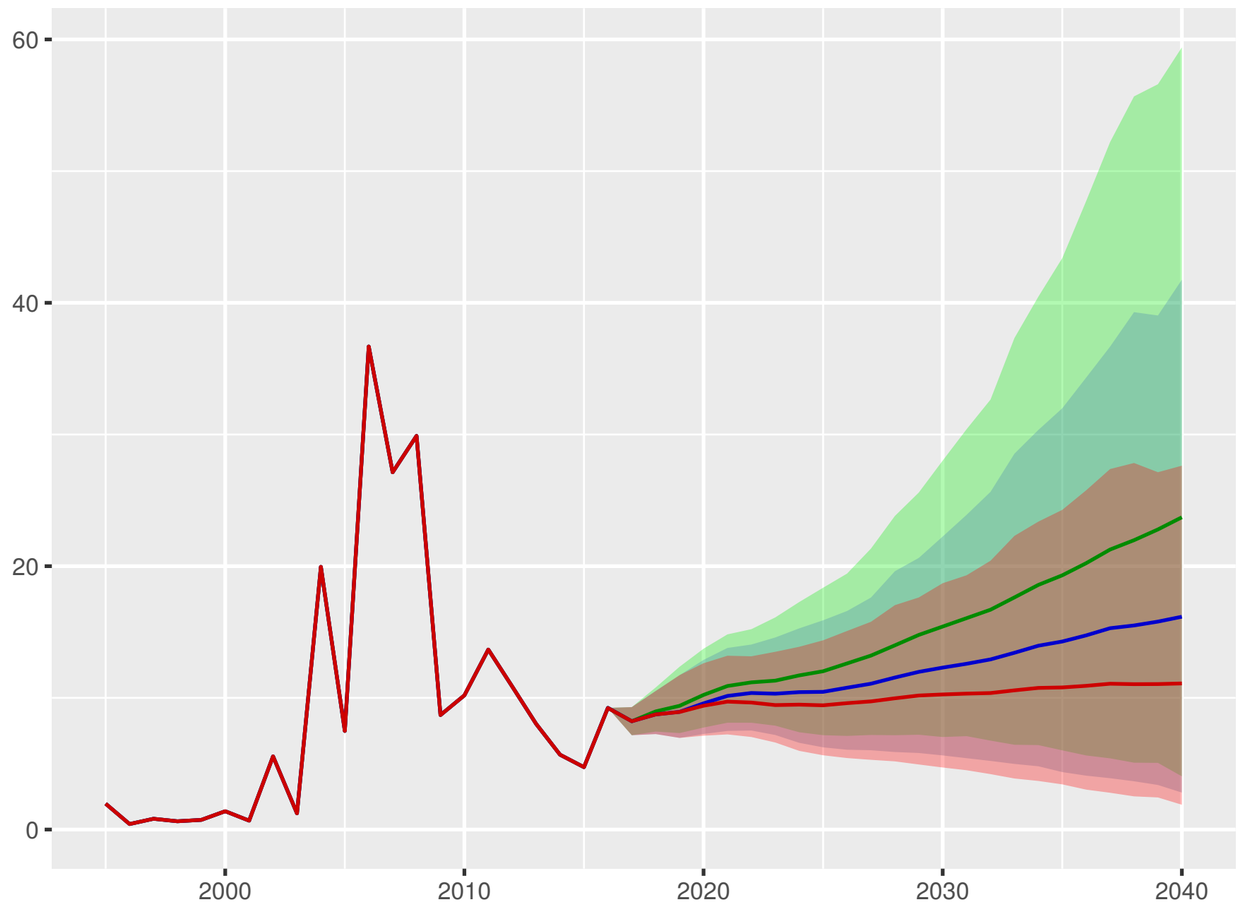
Universal health coverage index



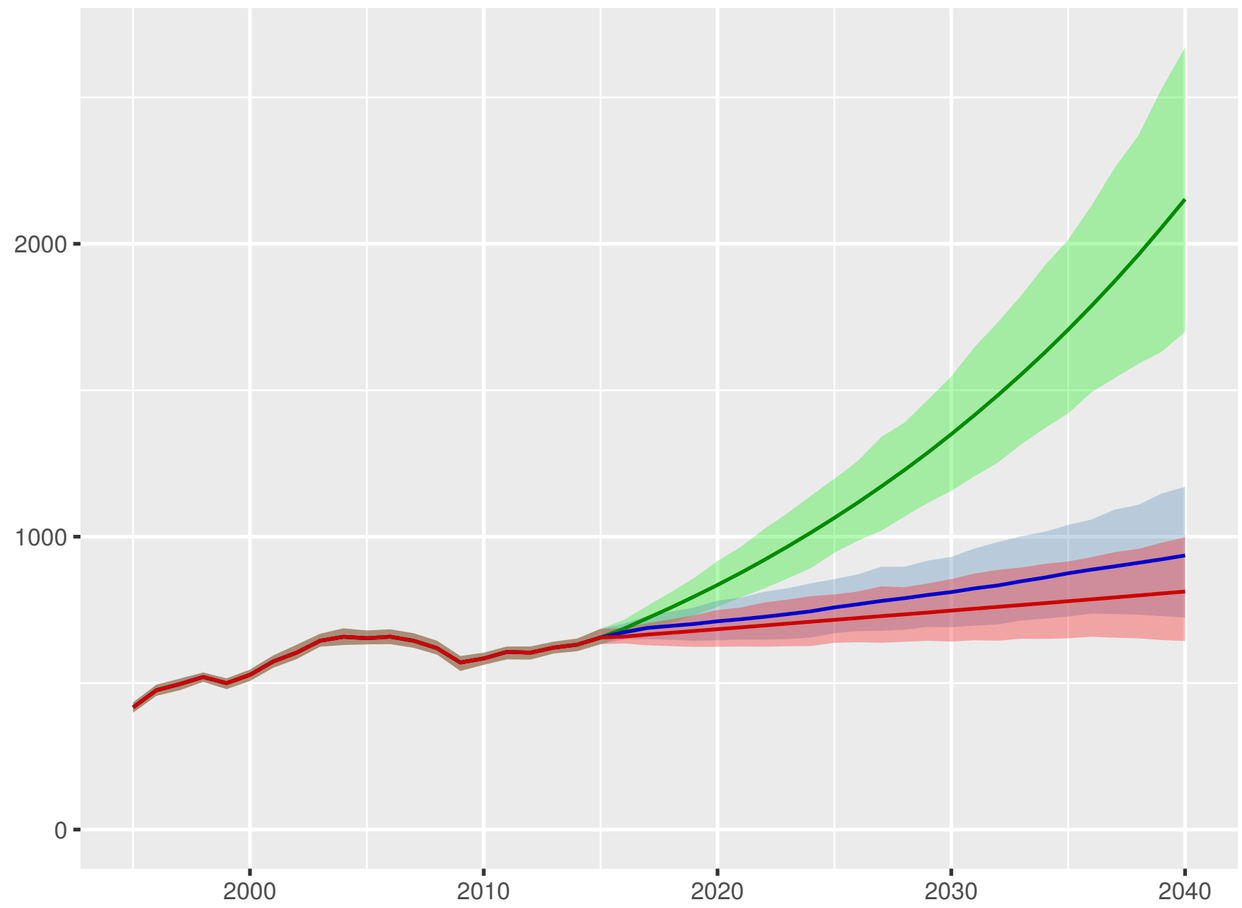
Total health spending per person



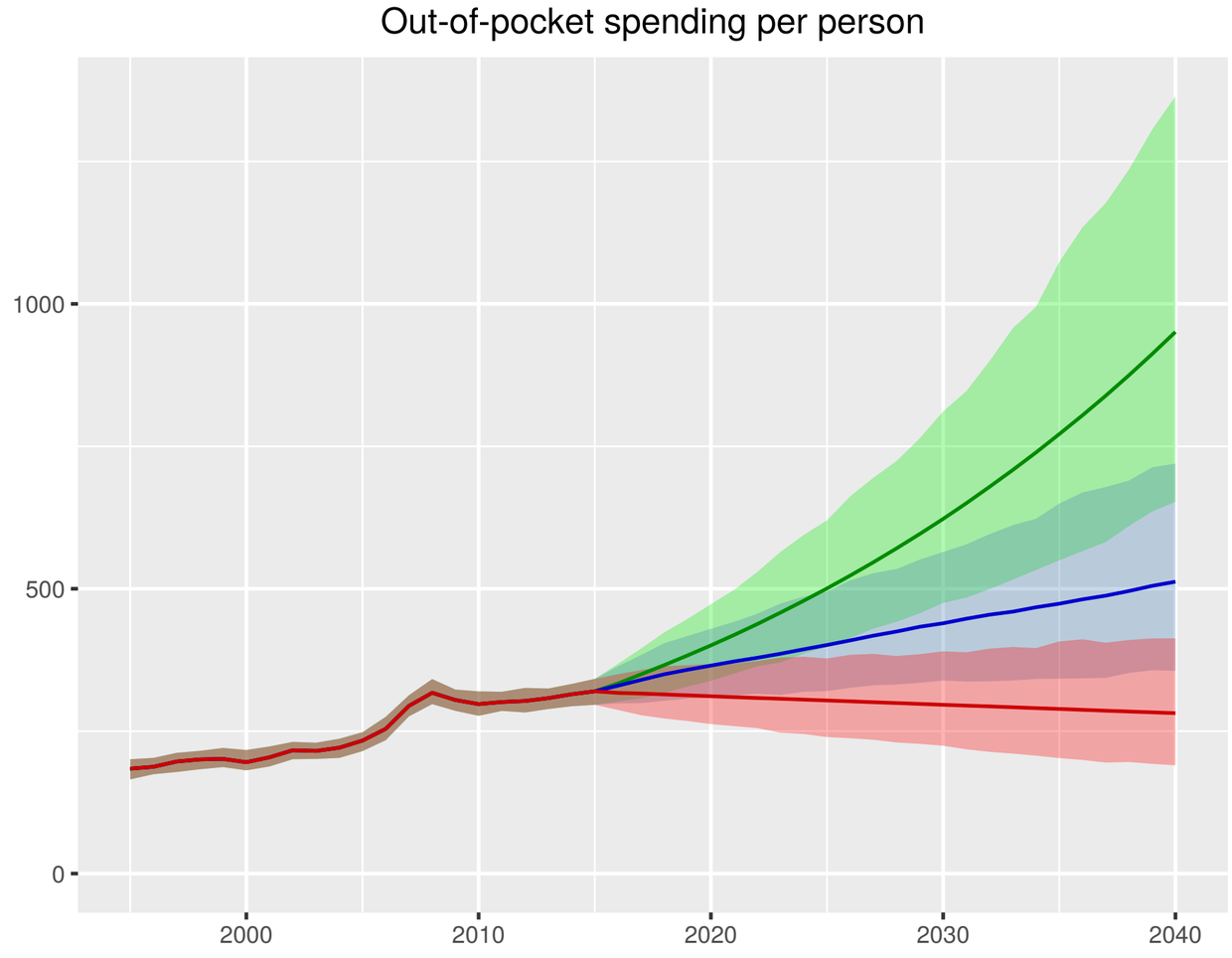
Development assistance for health received per person



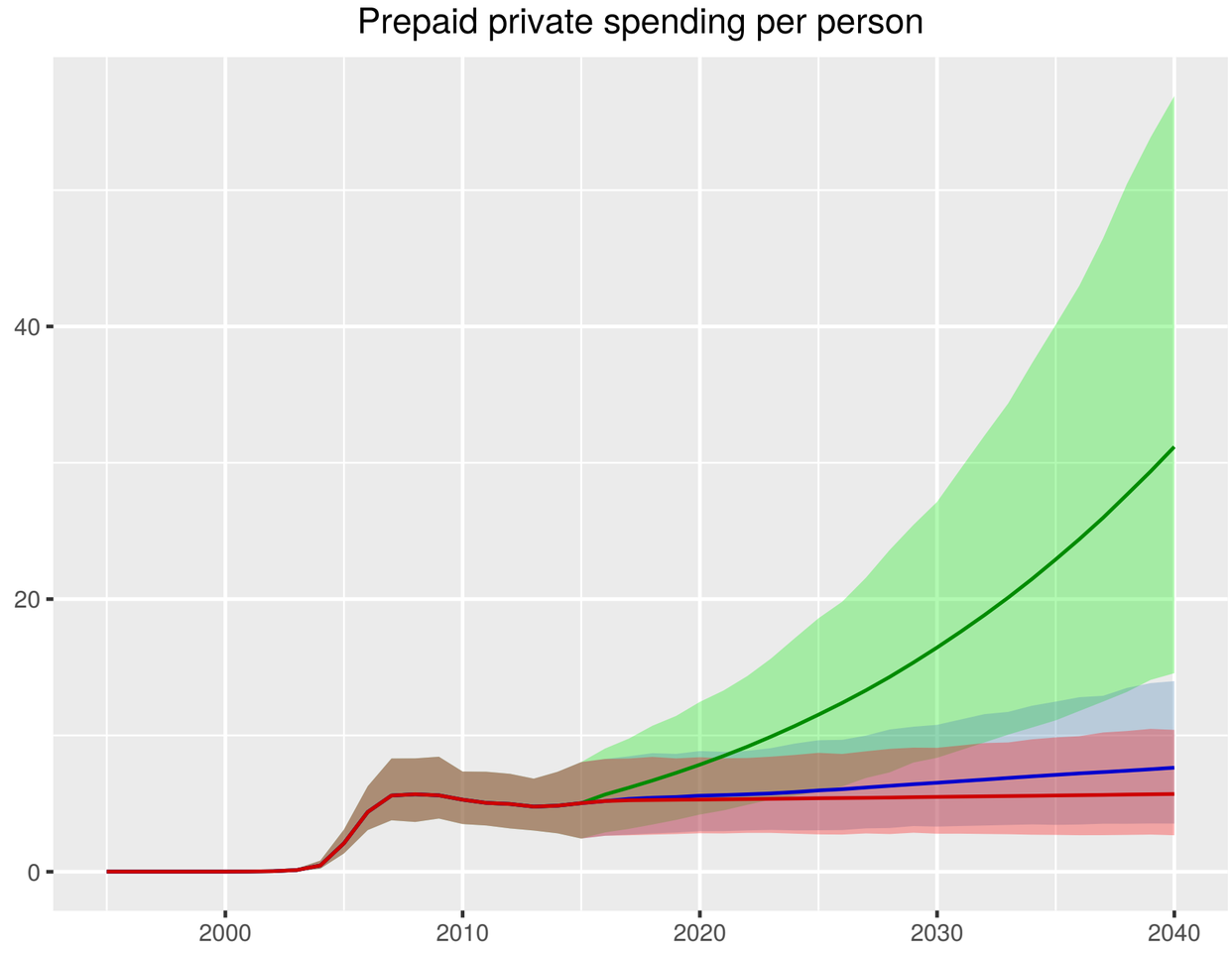
Government health spending per person



Out-of-pocket spending per person



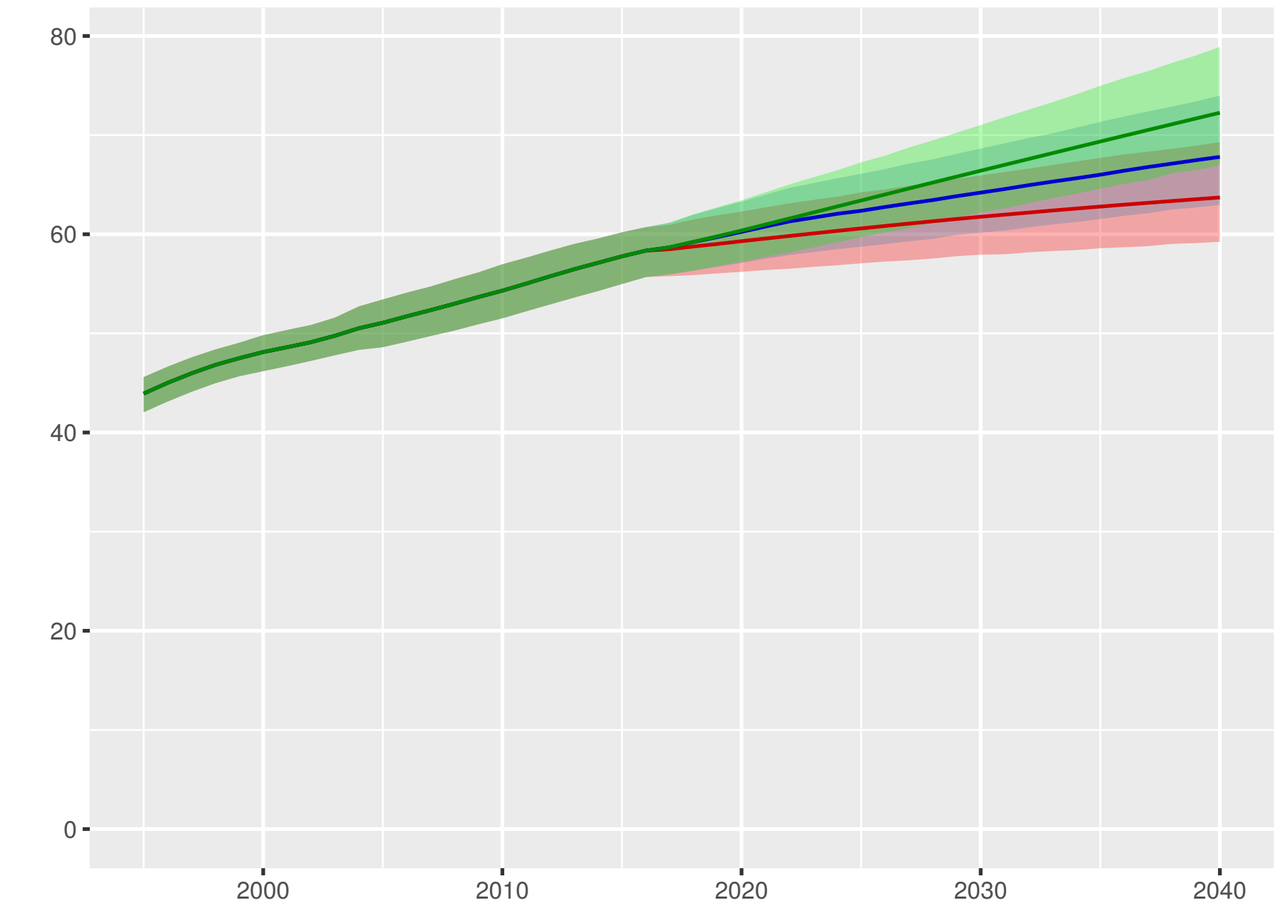
Prepaid private spending per person



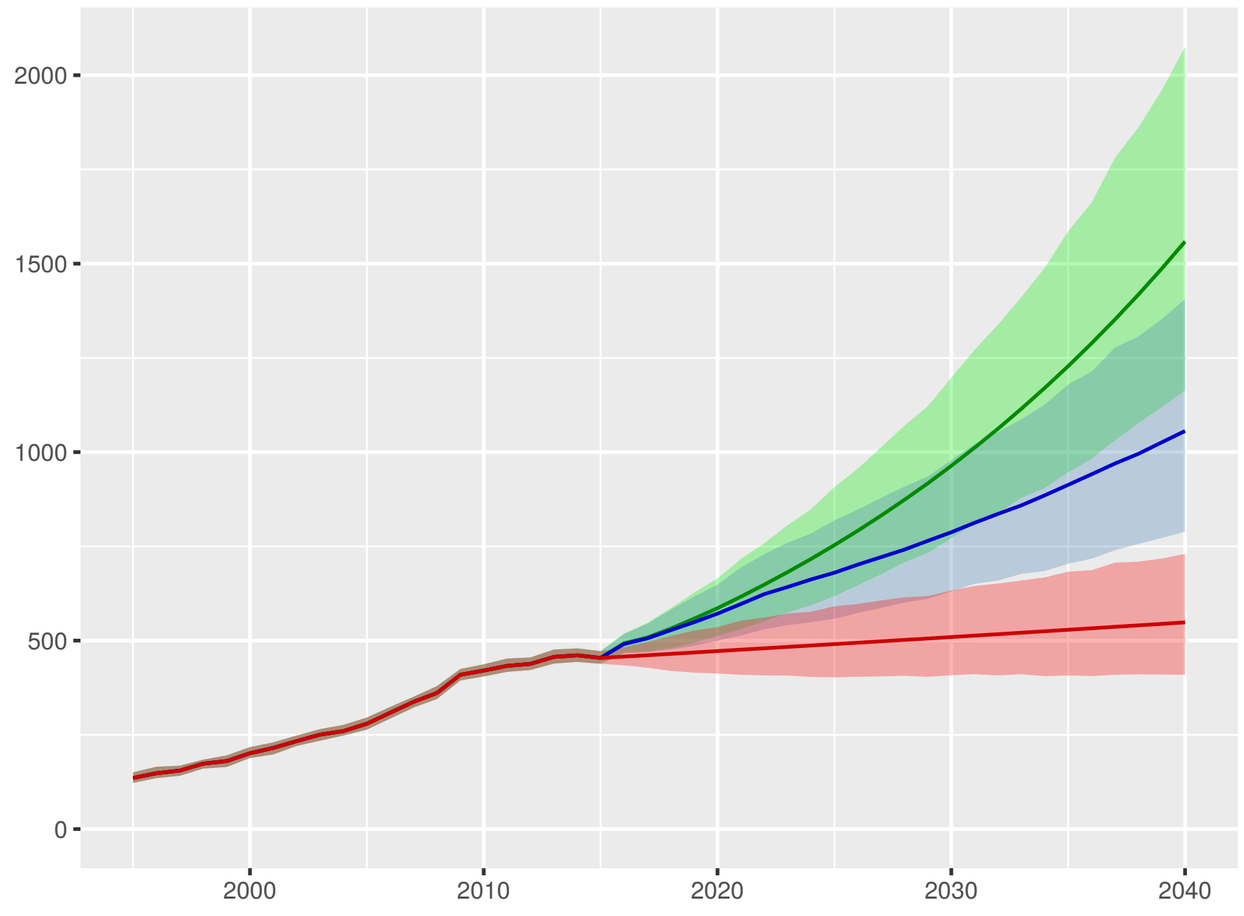
Scenario — Better — Reference — Worse

Morocco

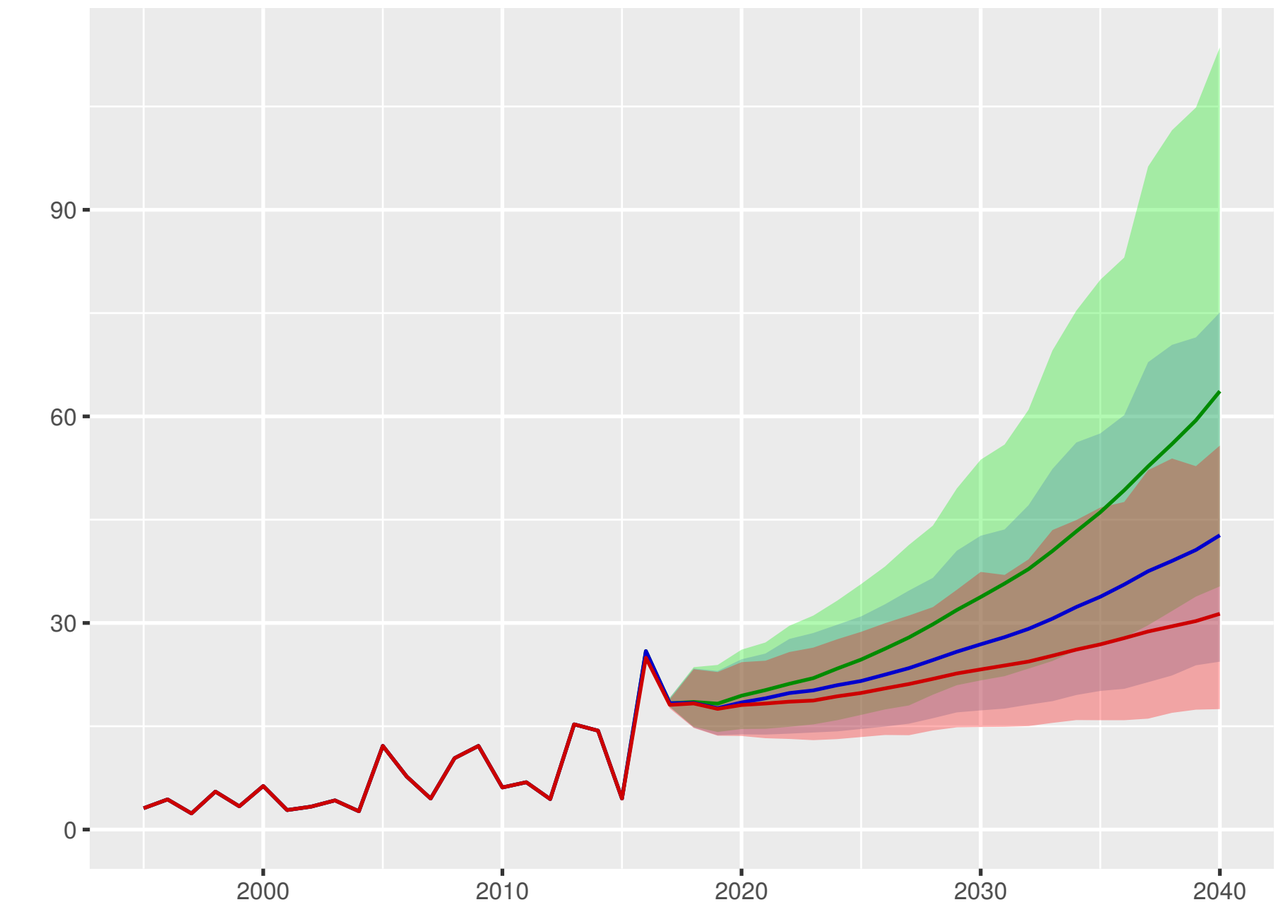
Universal health coverage index



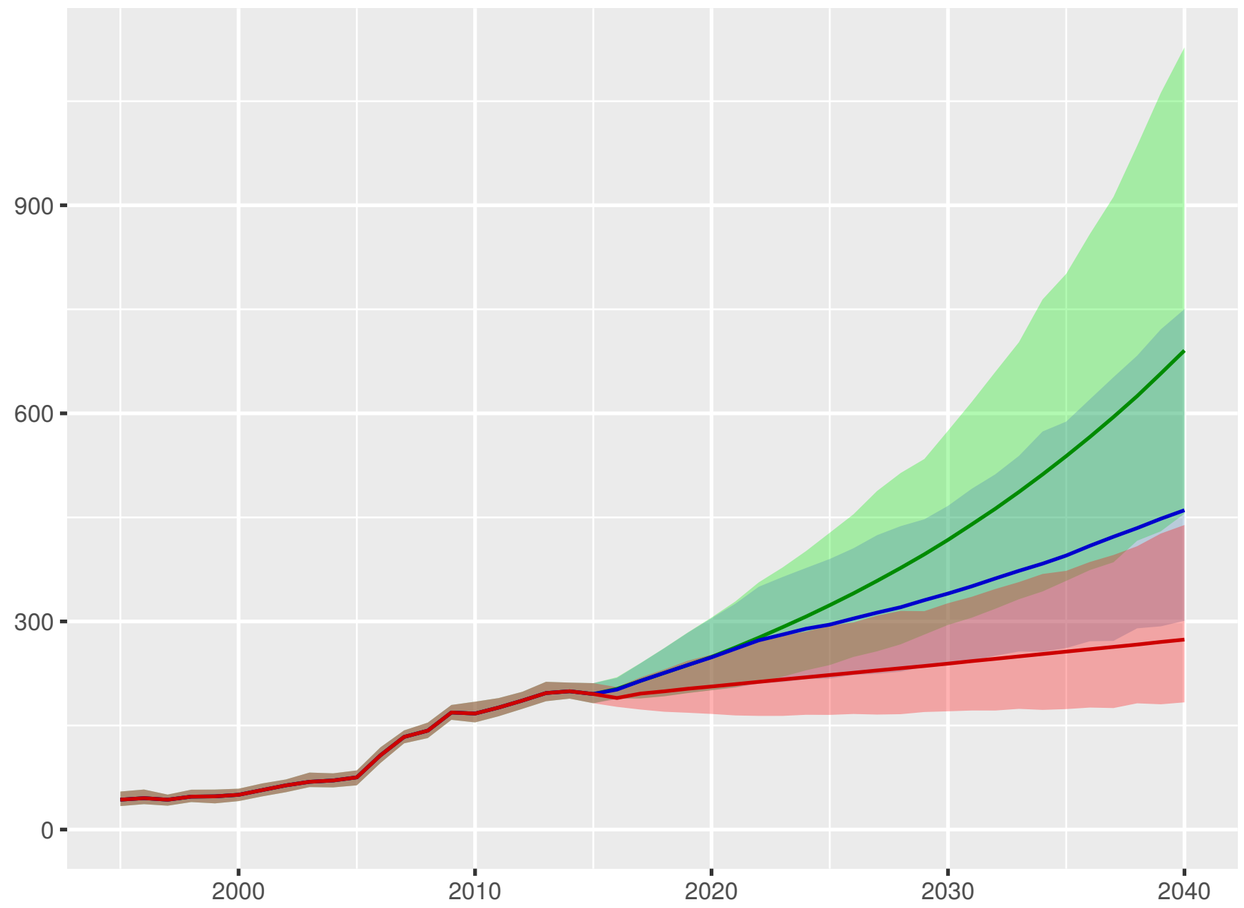
Total health spending per person



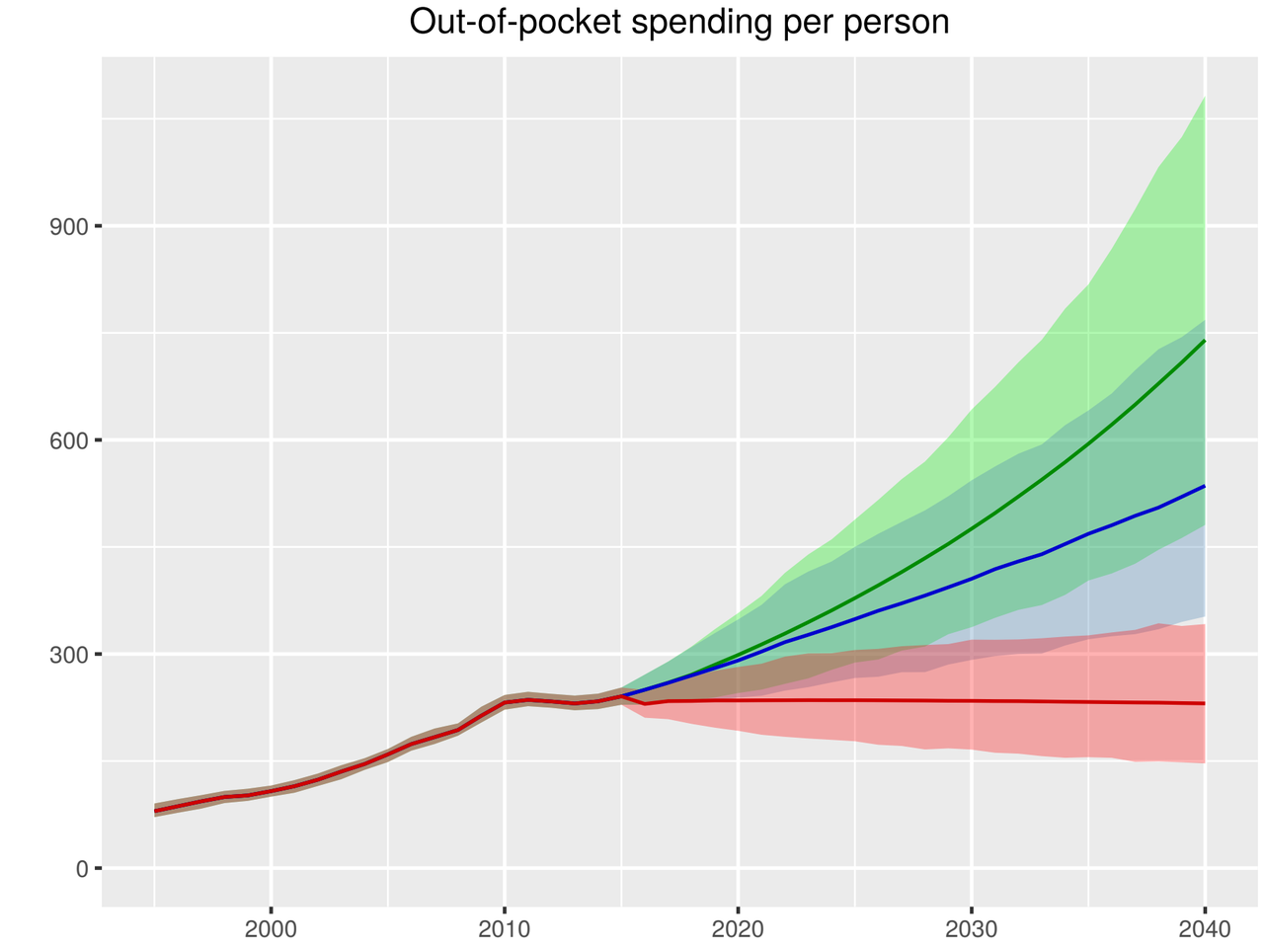
Development assistance for health received per person



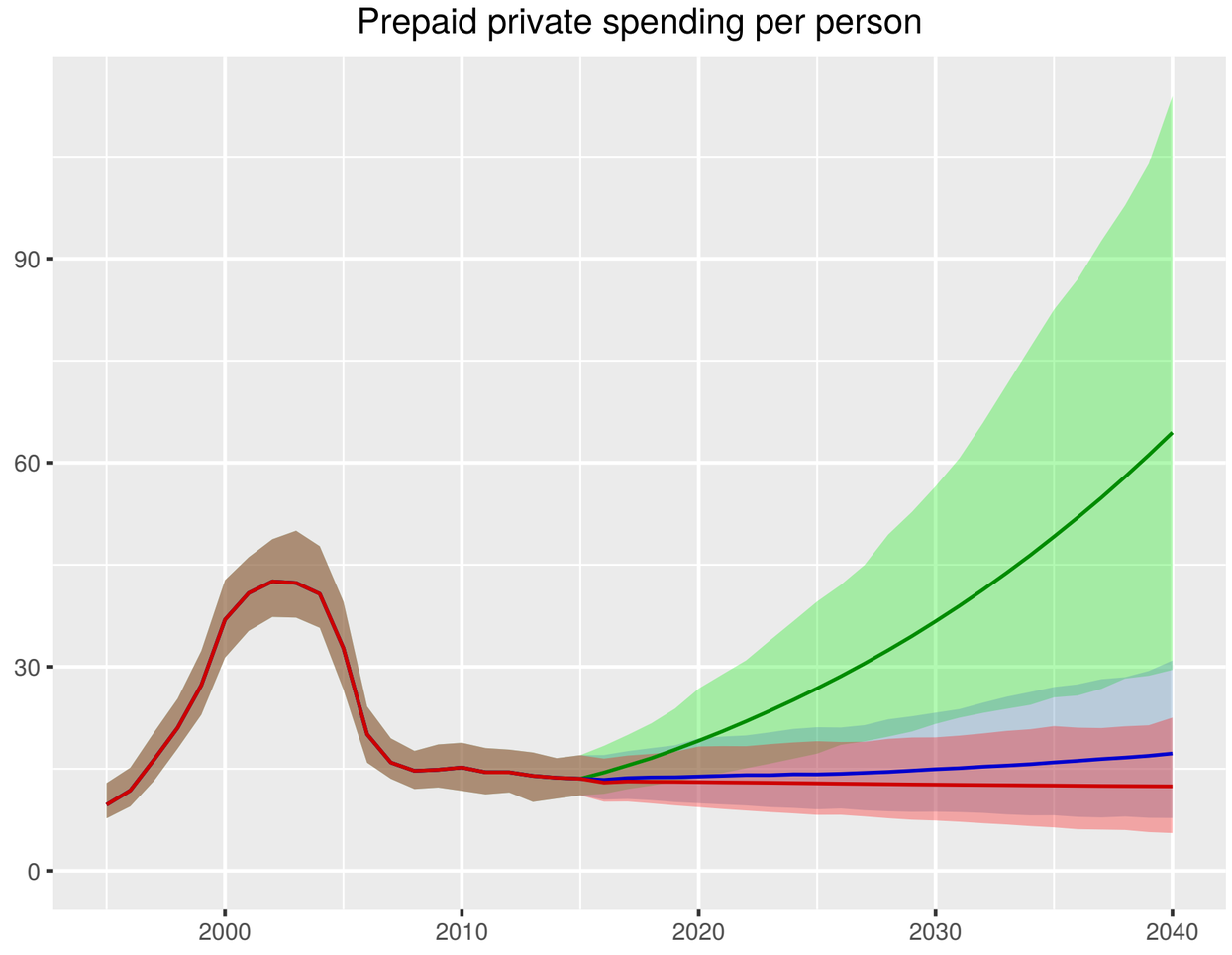
Government health spending per person



Out-of-pocket spending per person



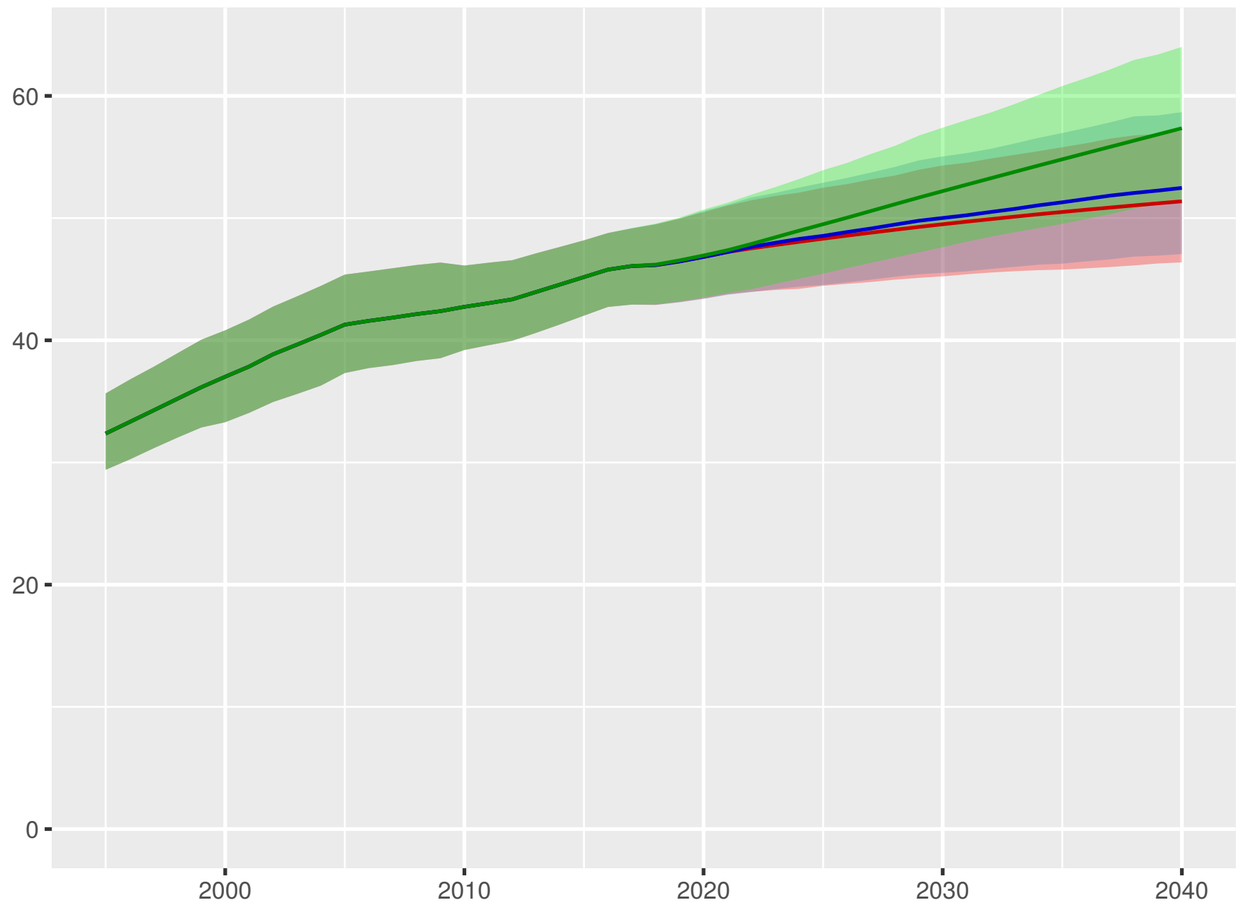
Prepaid private spending per person



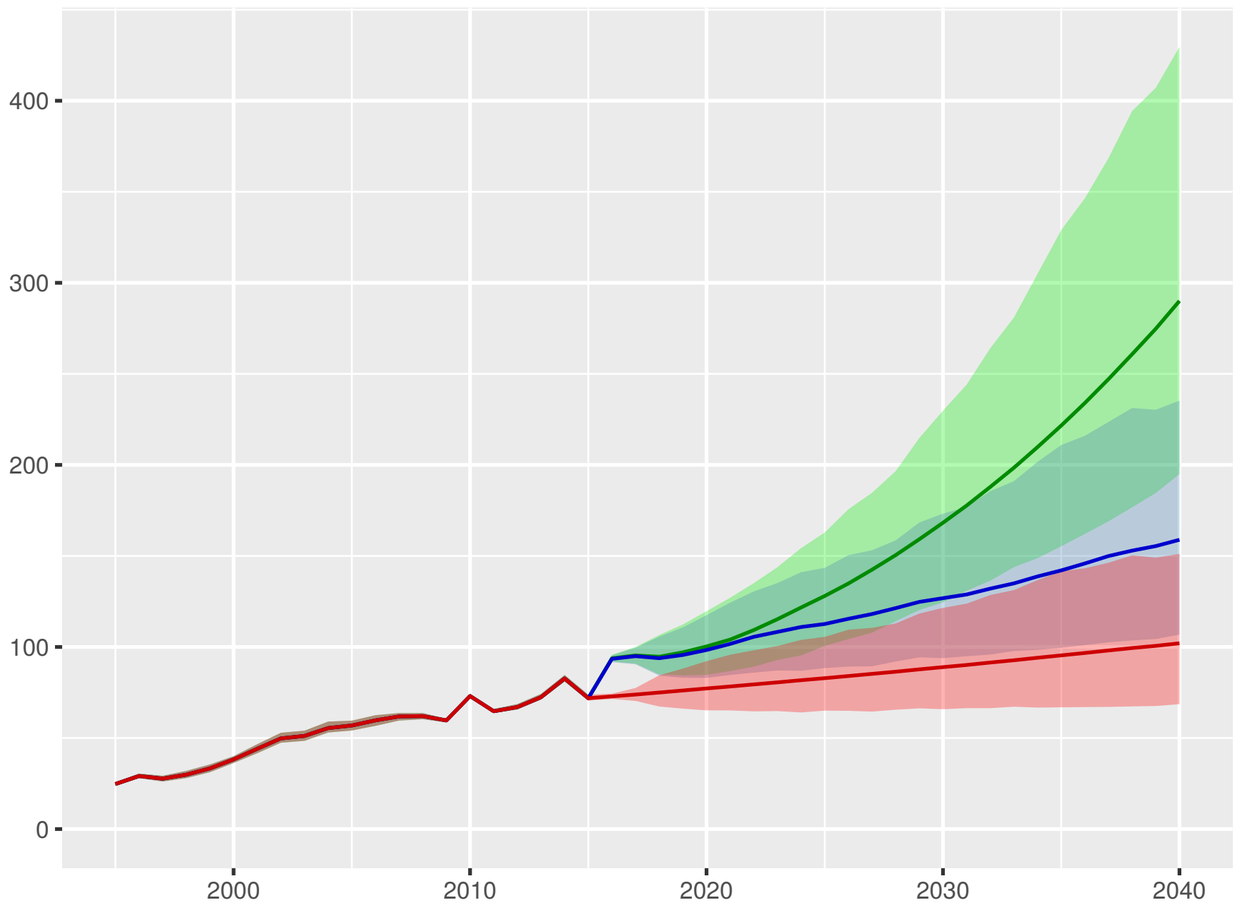
Scenario — Better — Reference — Worse

Mozambique

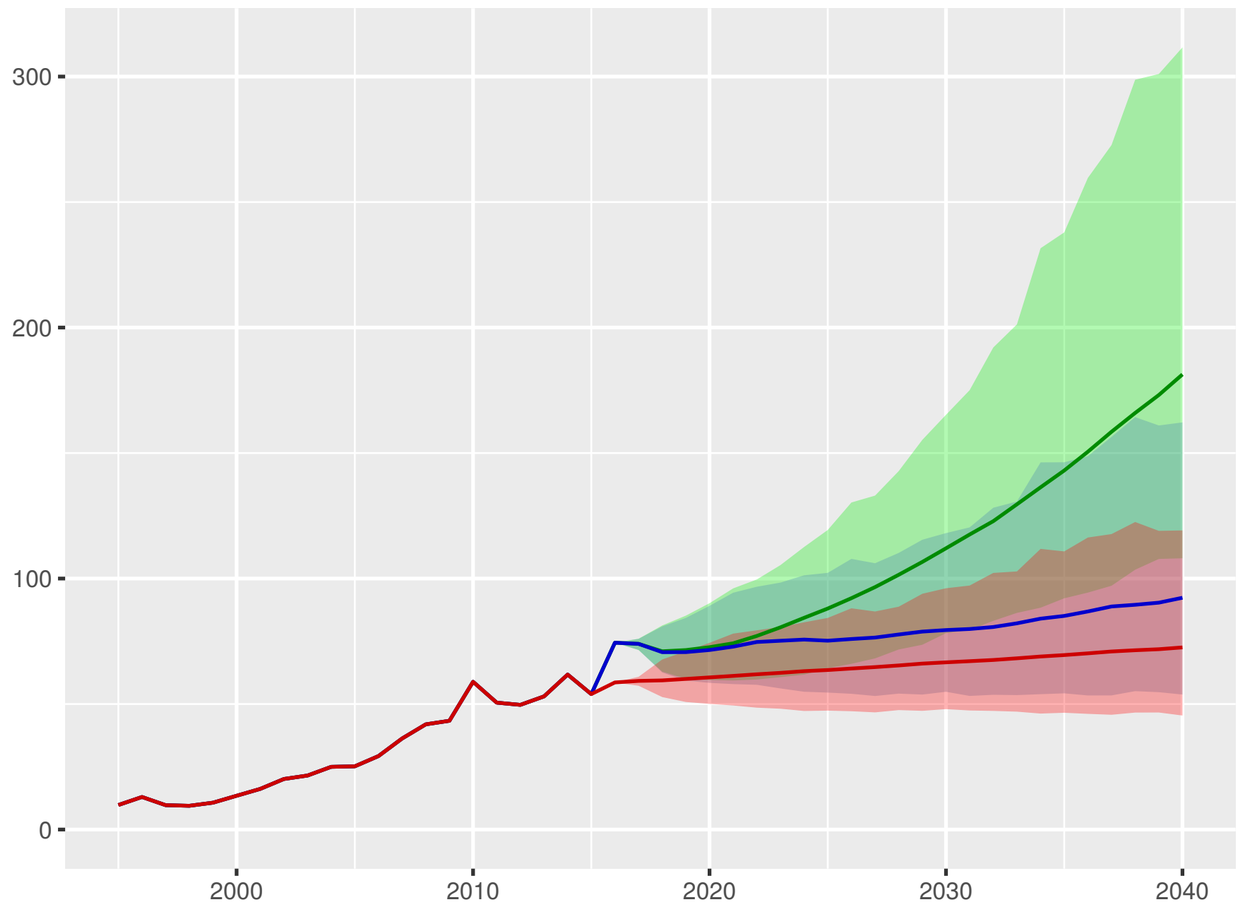
Universal health coverage index



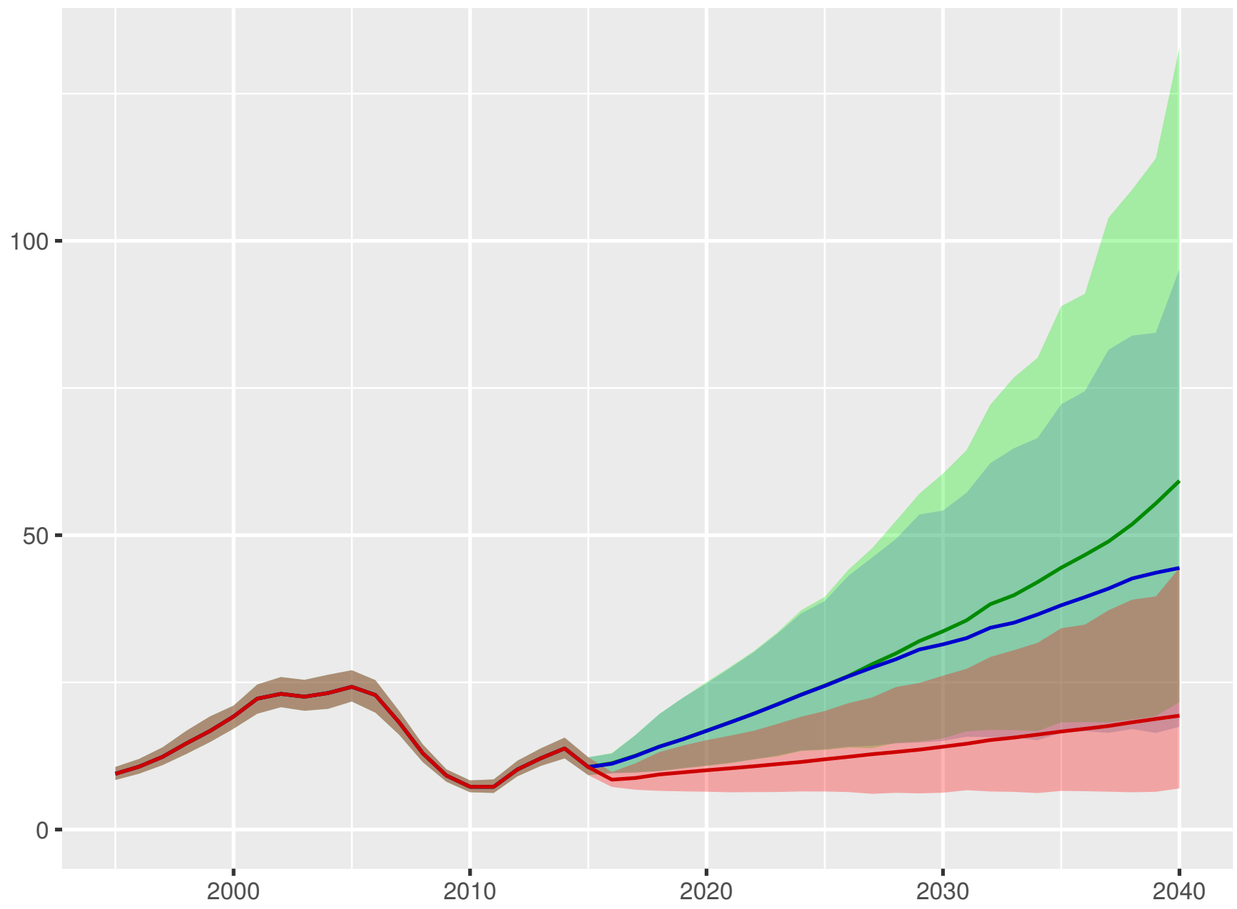
Total health spending per person



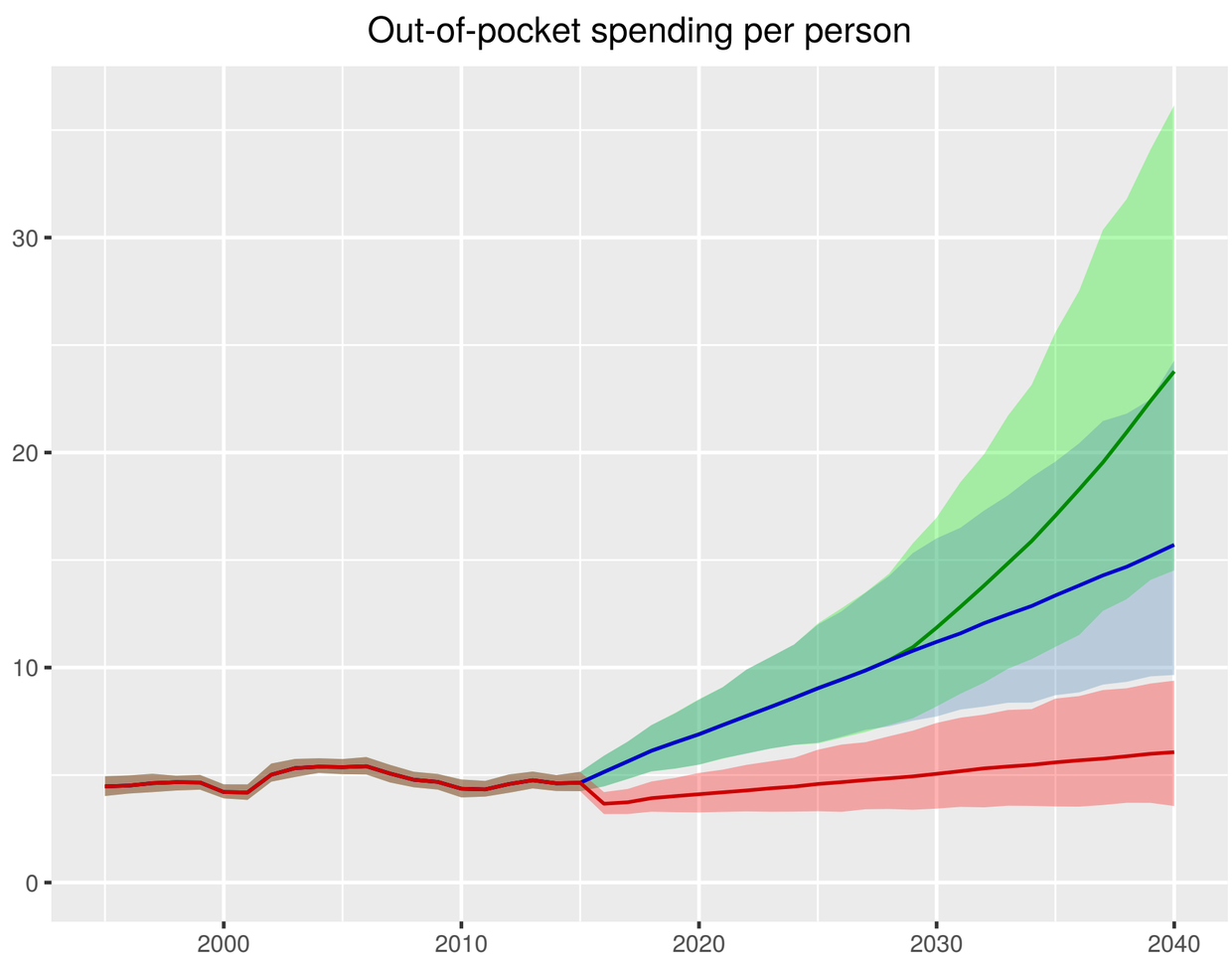
Development assistance for health received per person



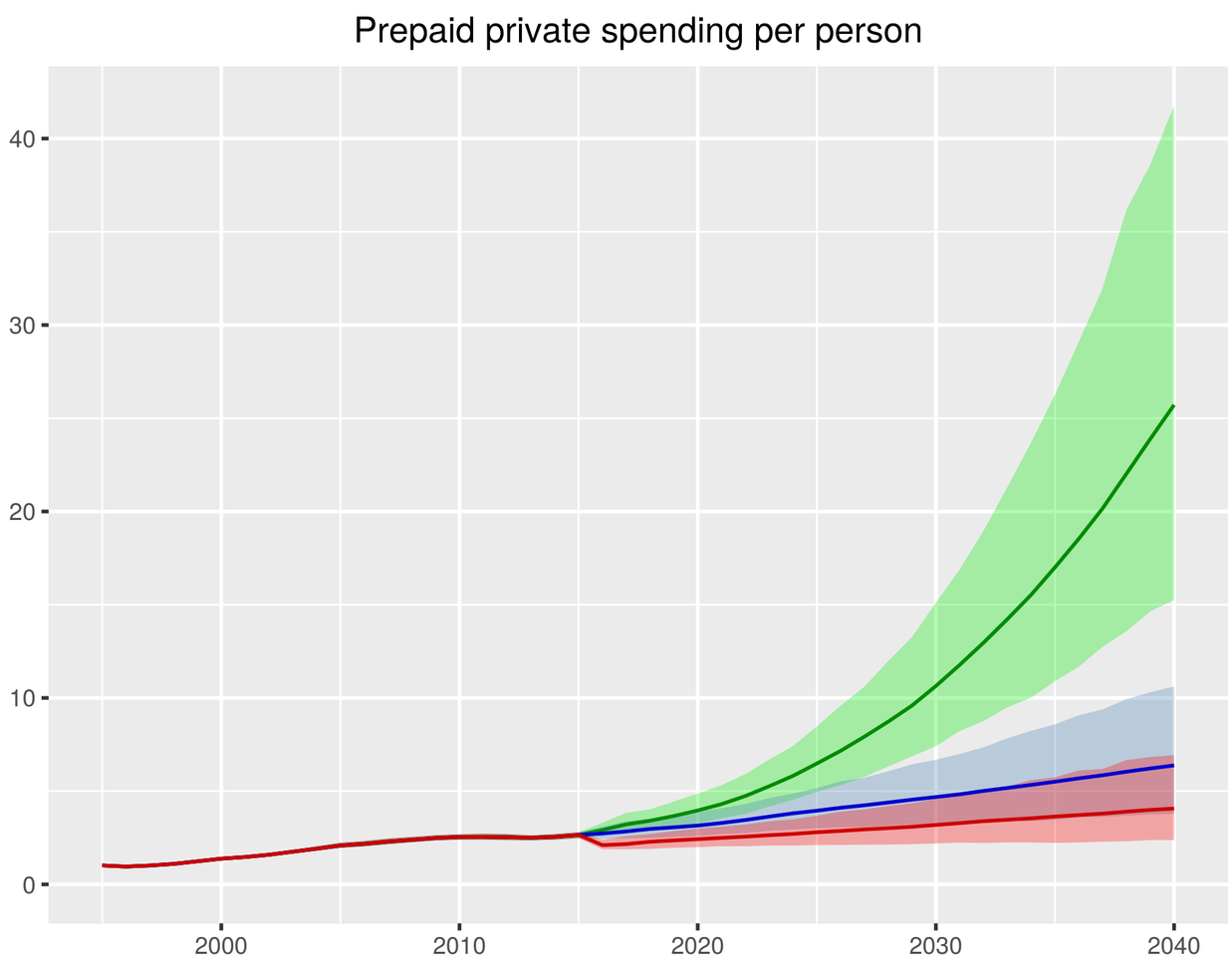
Government health spending per person



Out-of-pocket spending per person



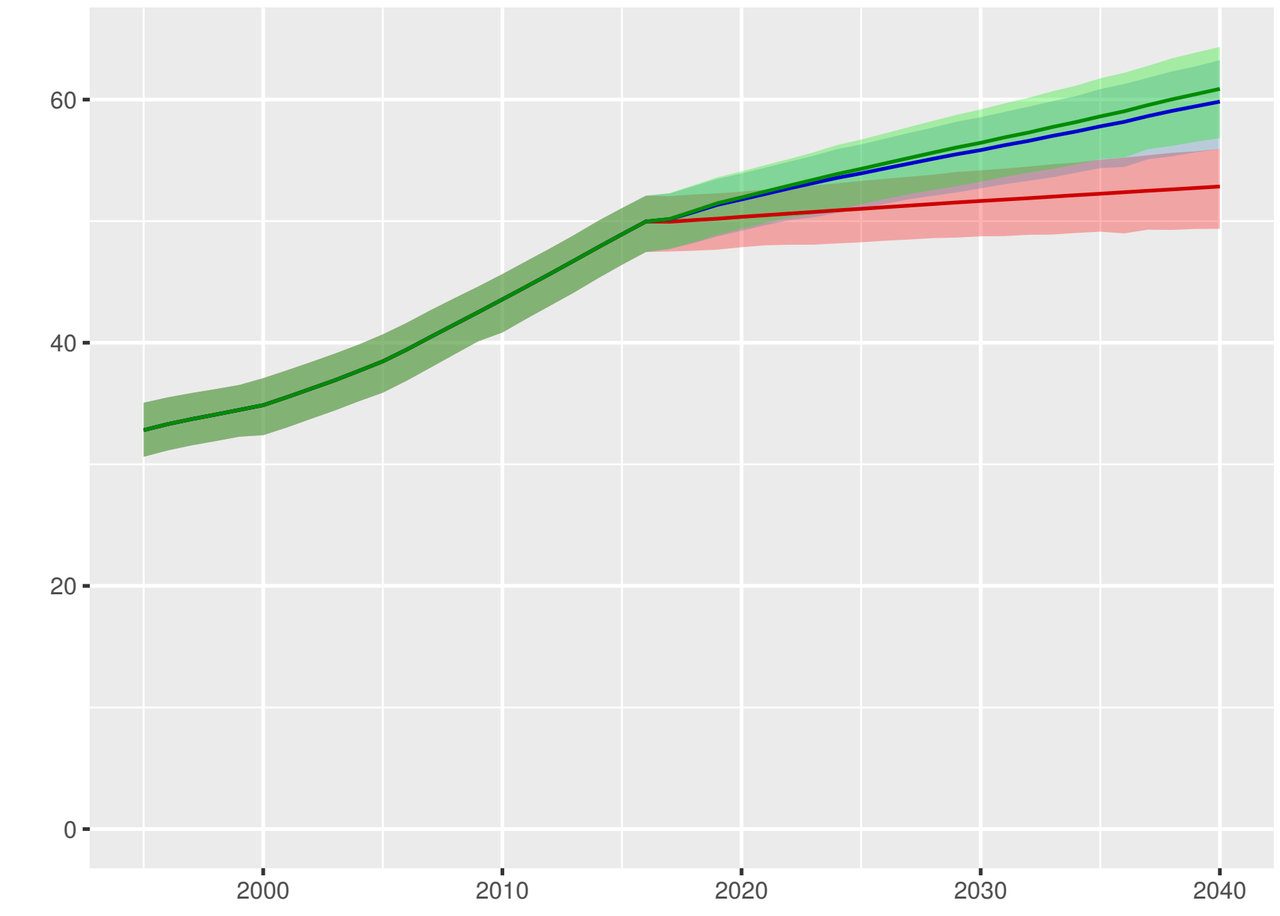
Prepaid private spending per person



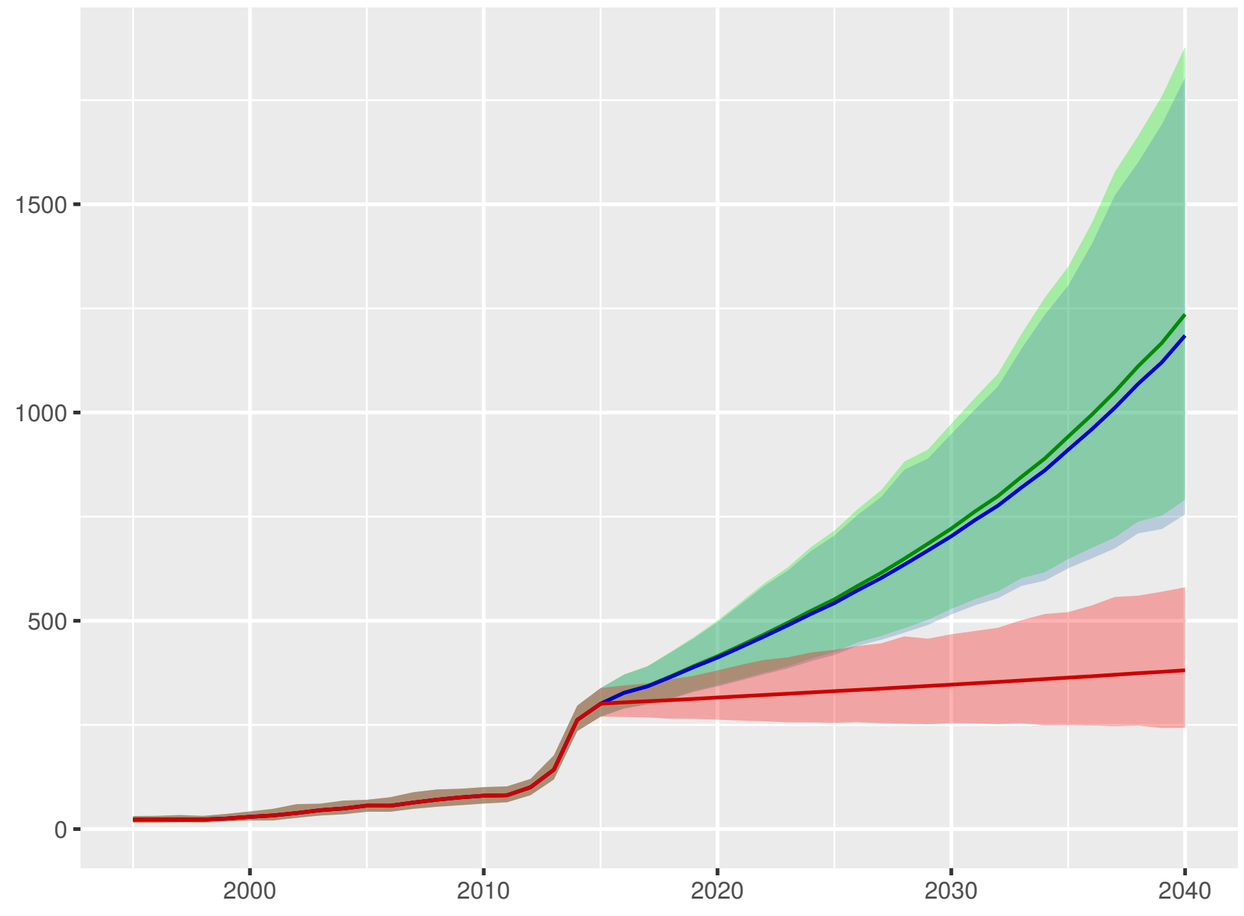
Scenario — Better — Reference — Worse

Myanmar

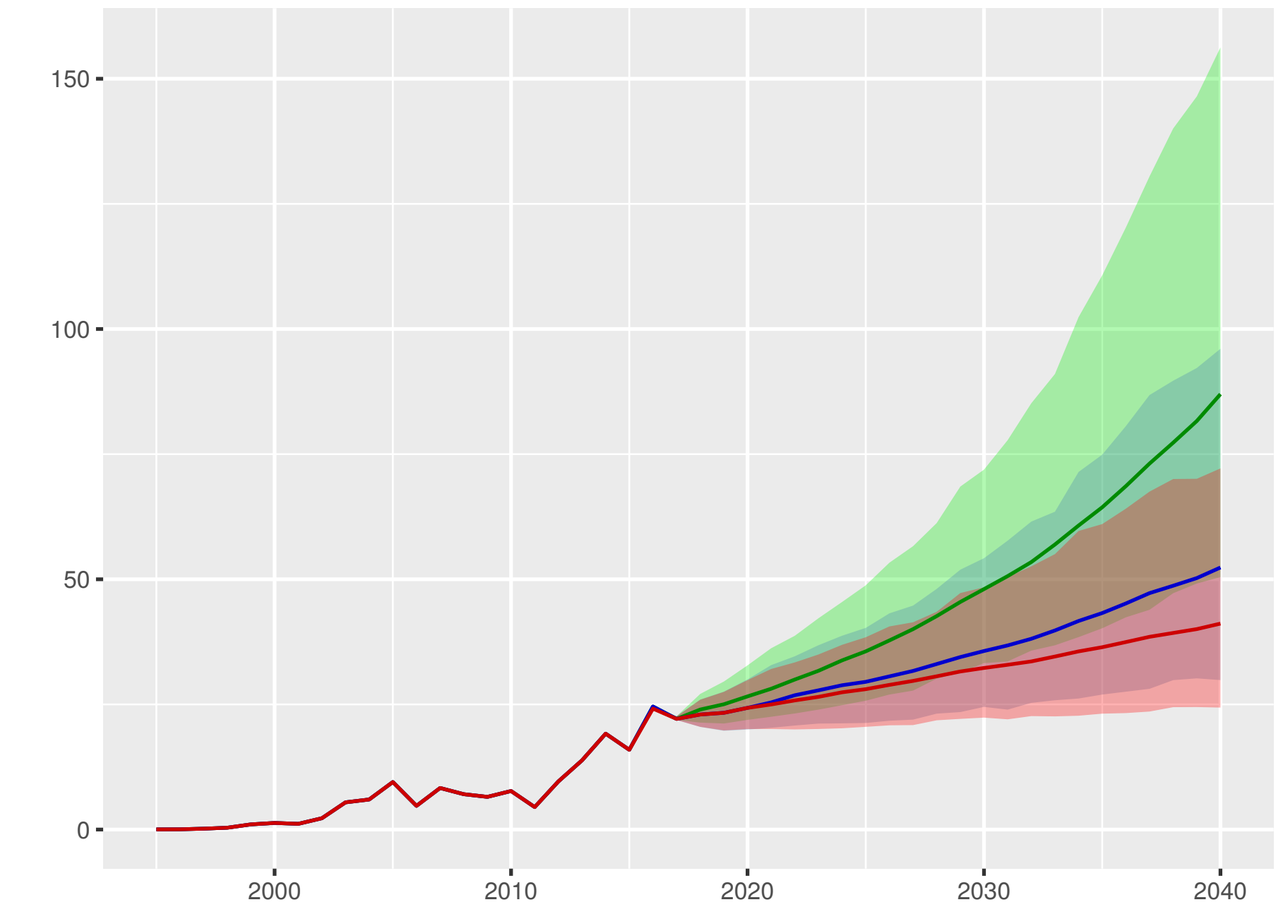
Universal health coverage index



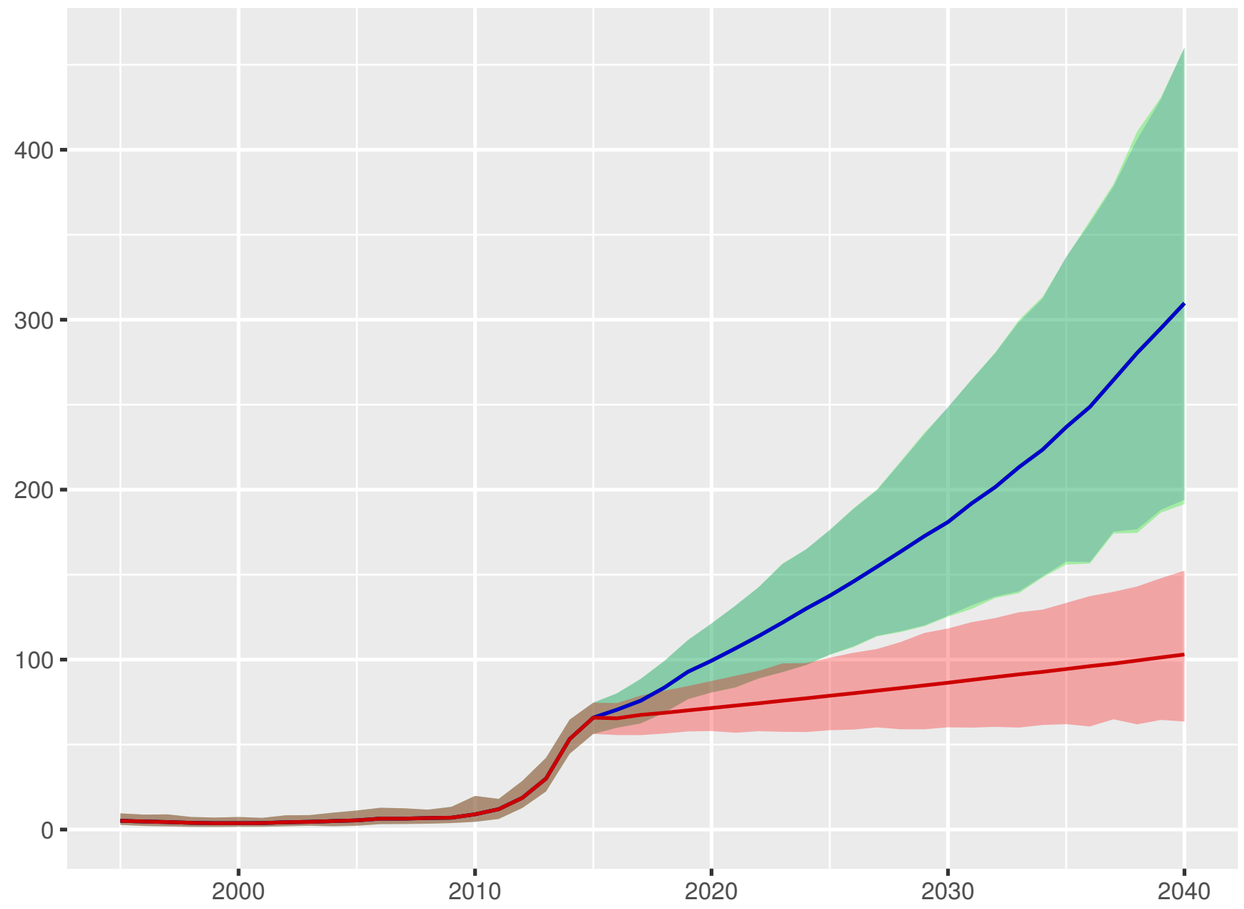
Total health spending per person



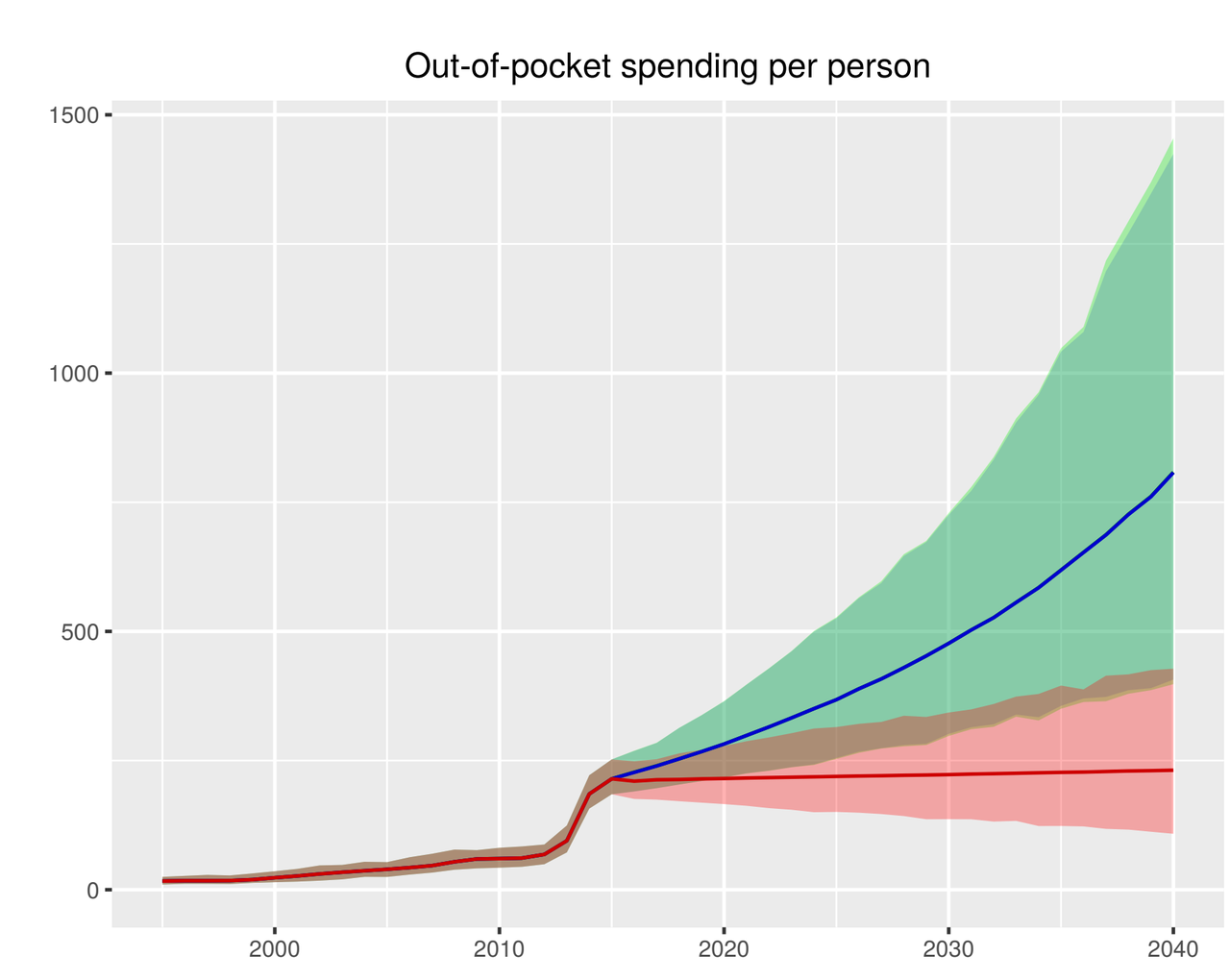
Development assistance for health received per person



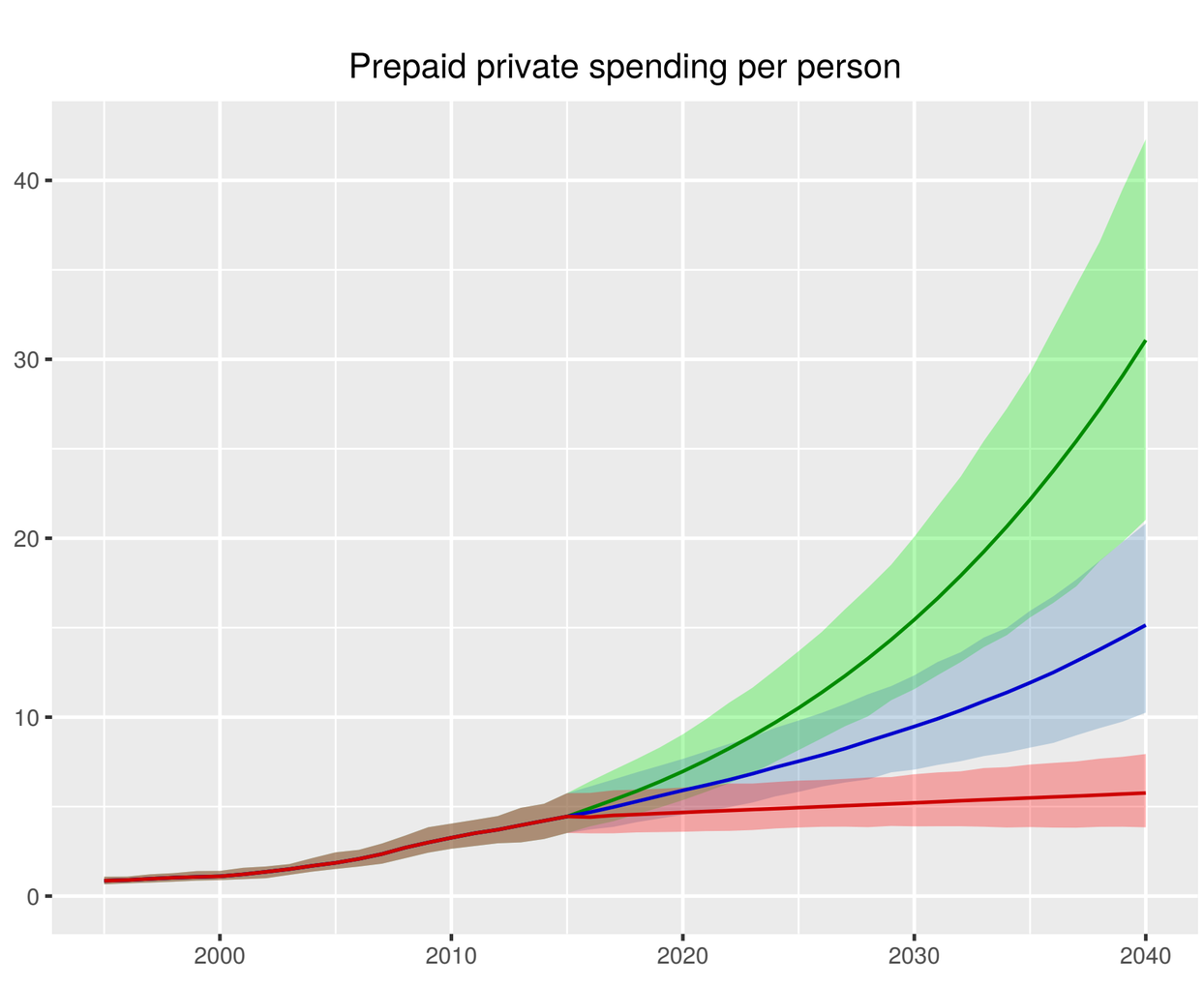
Government health spending per person



Out-of-pocket spending per person



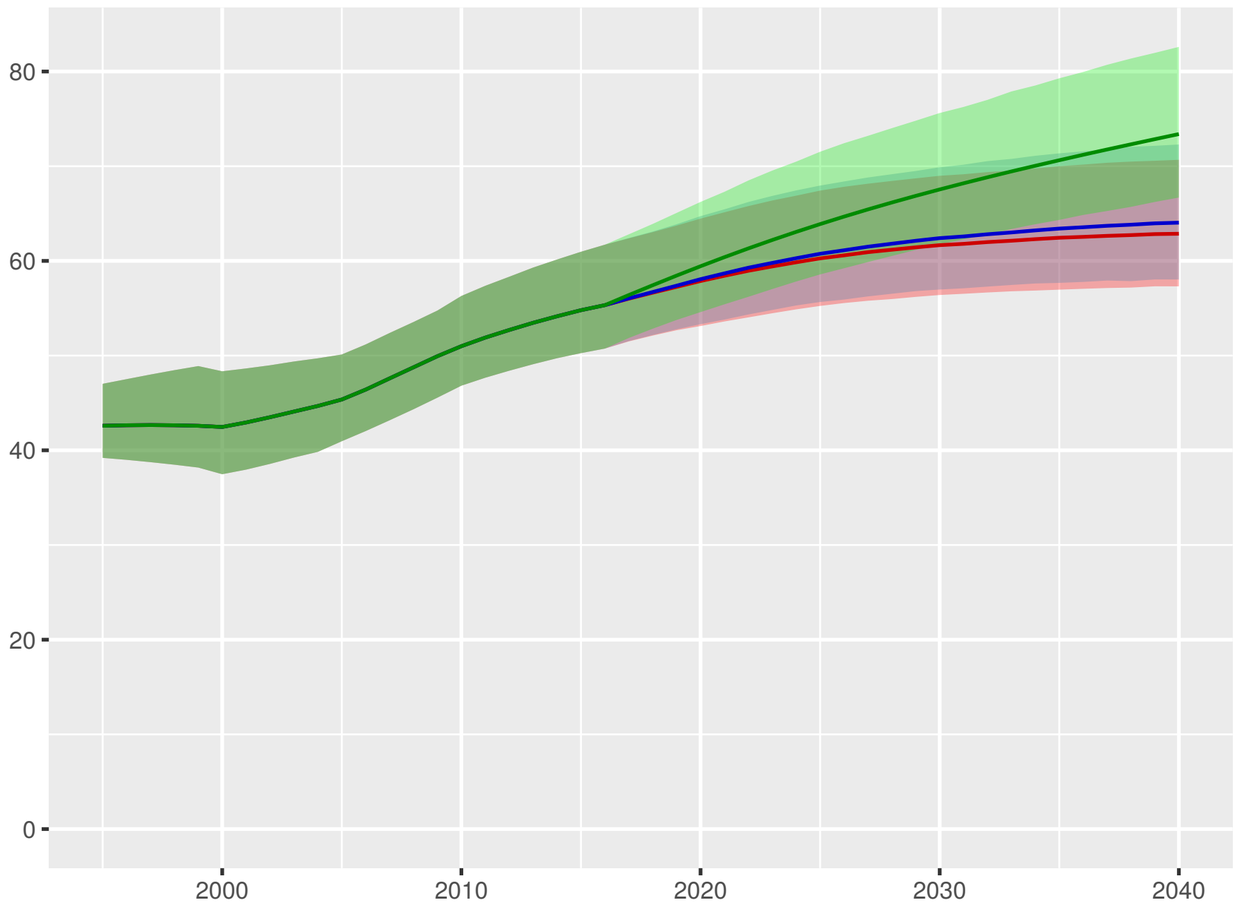
Prepaid private spending per person



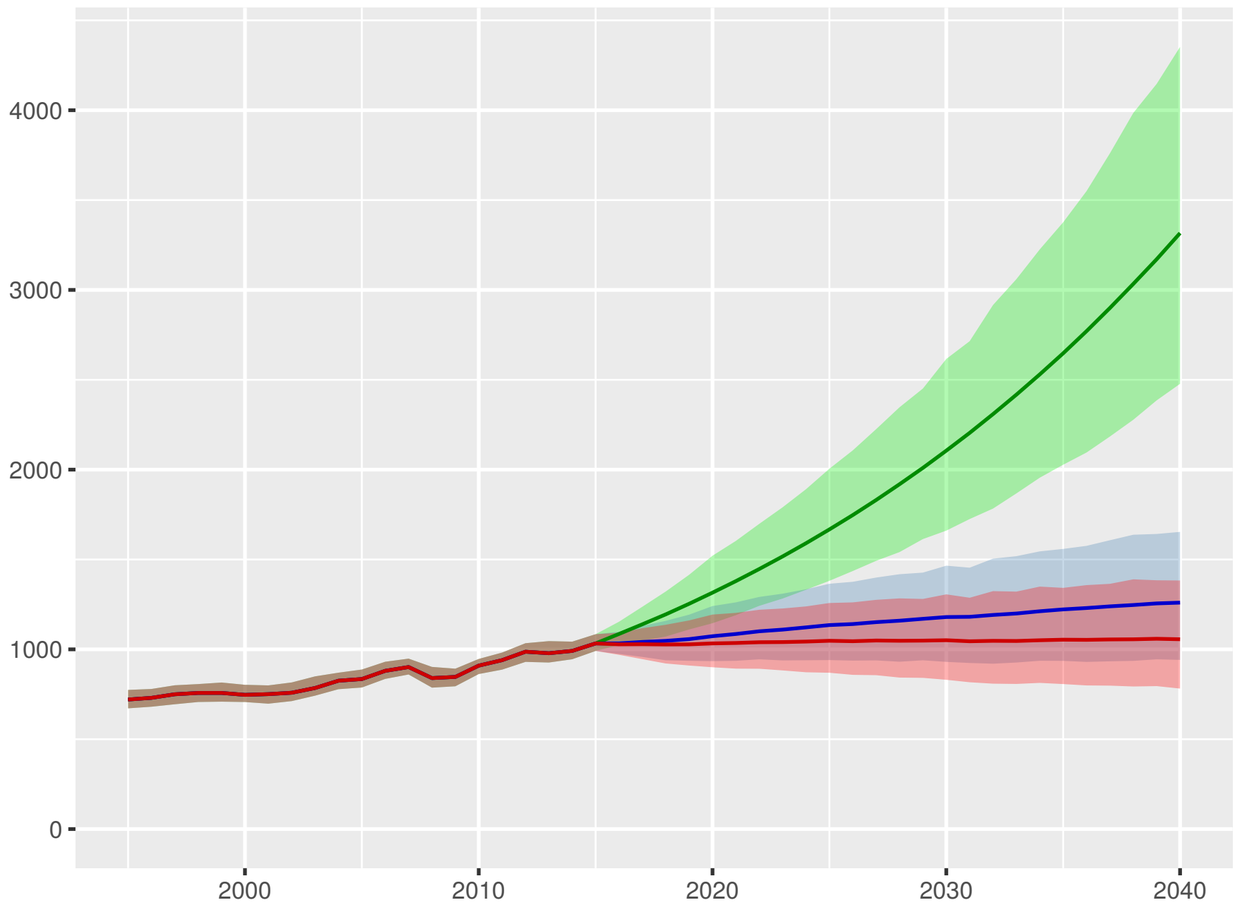
Scenario — Better — Reference — Worse

Namibia

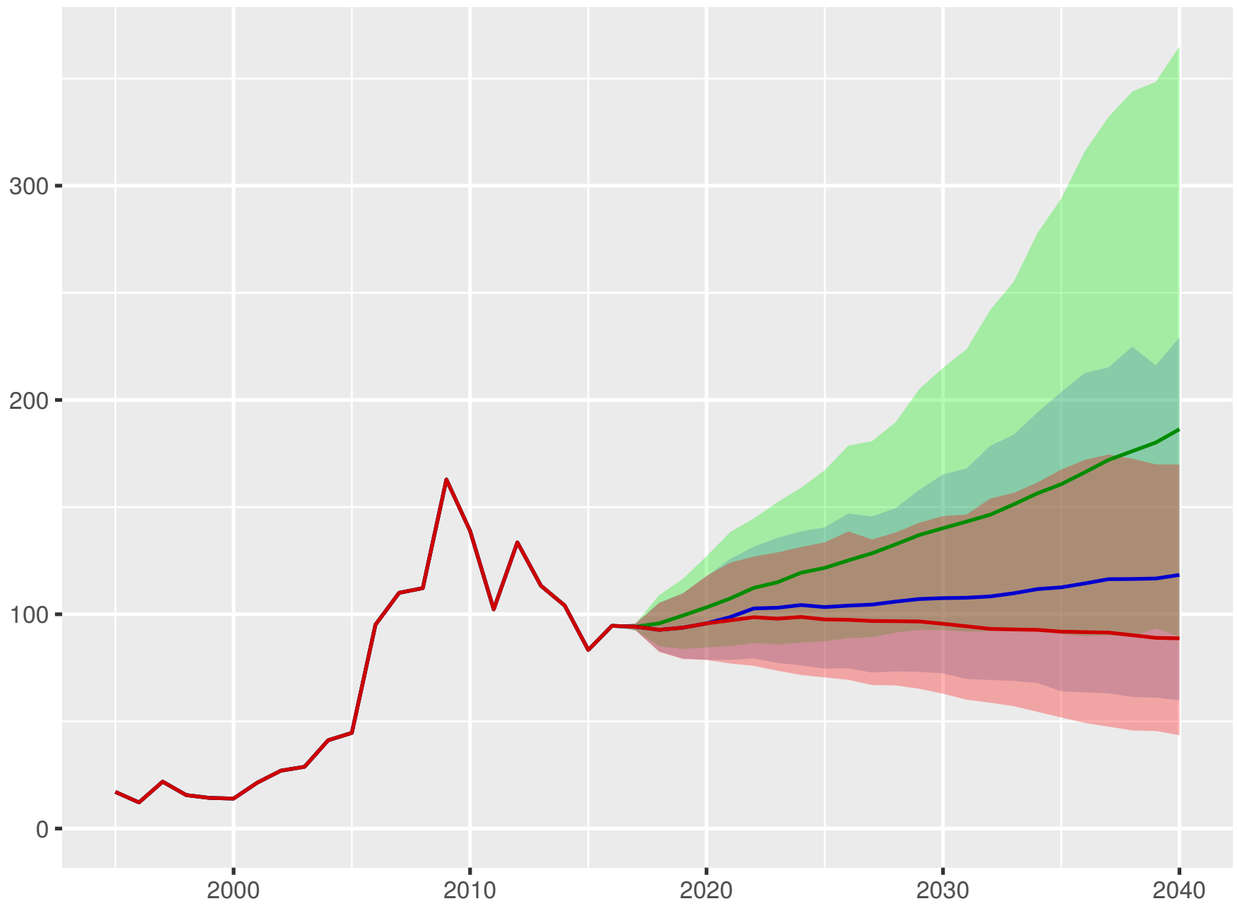
Universal health coverage index



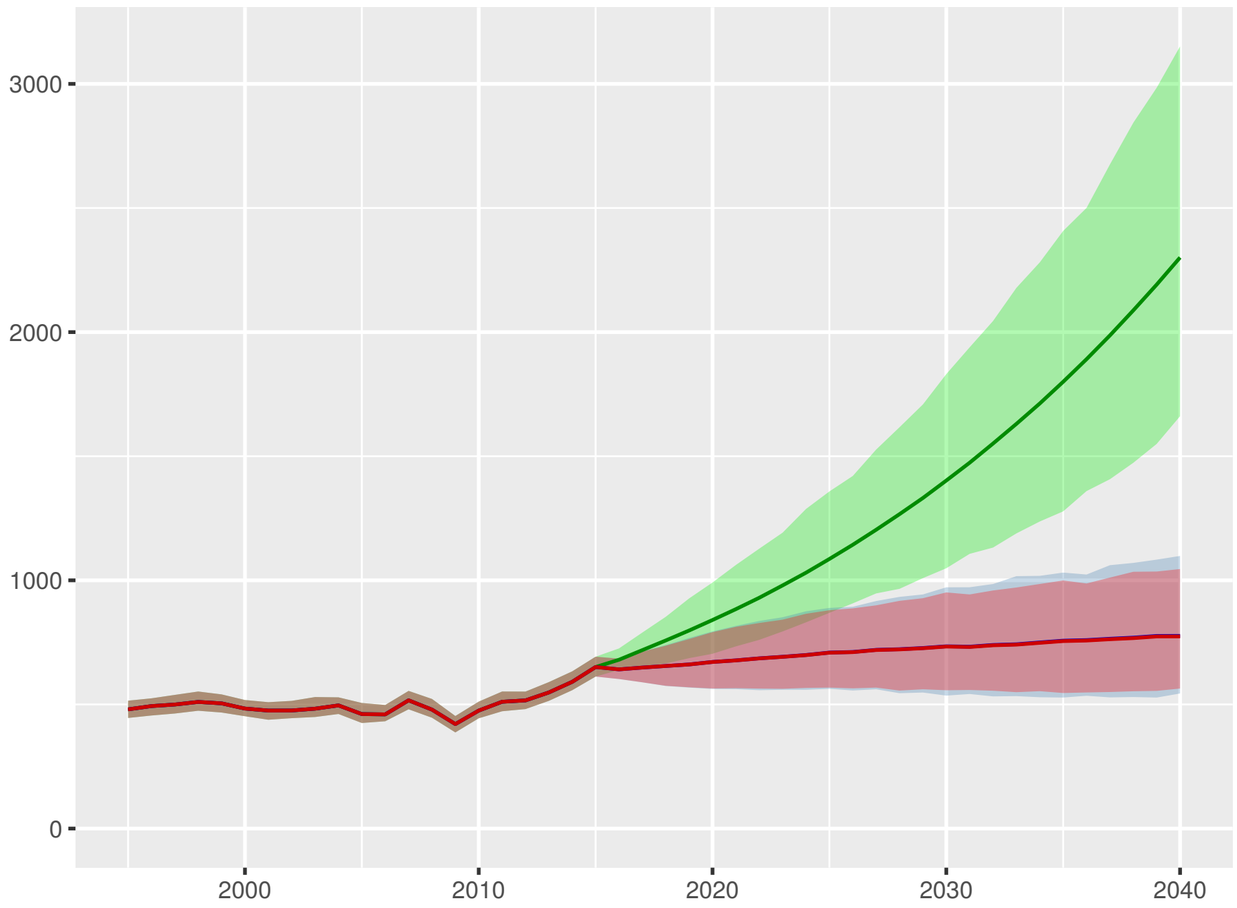
Total health spending per person



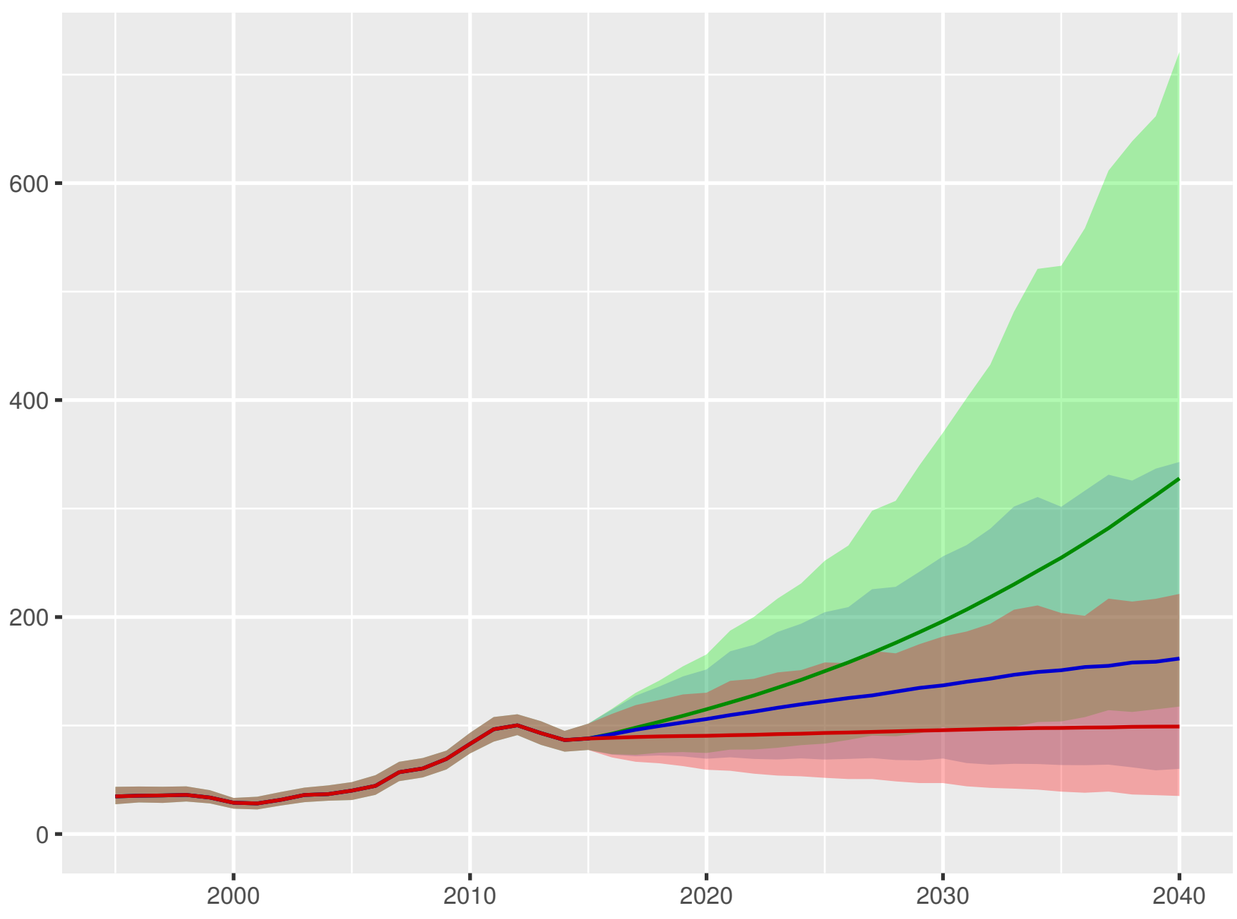
Development assistance for health received per person



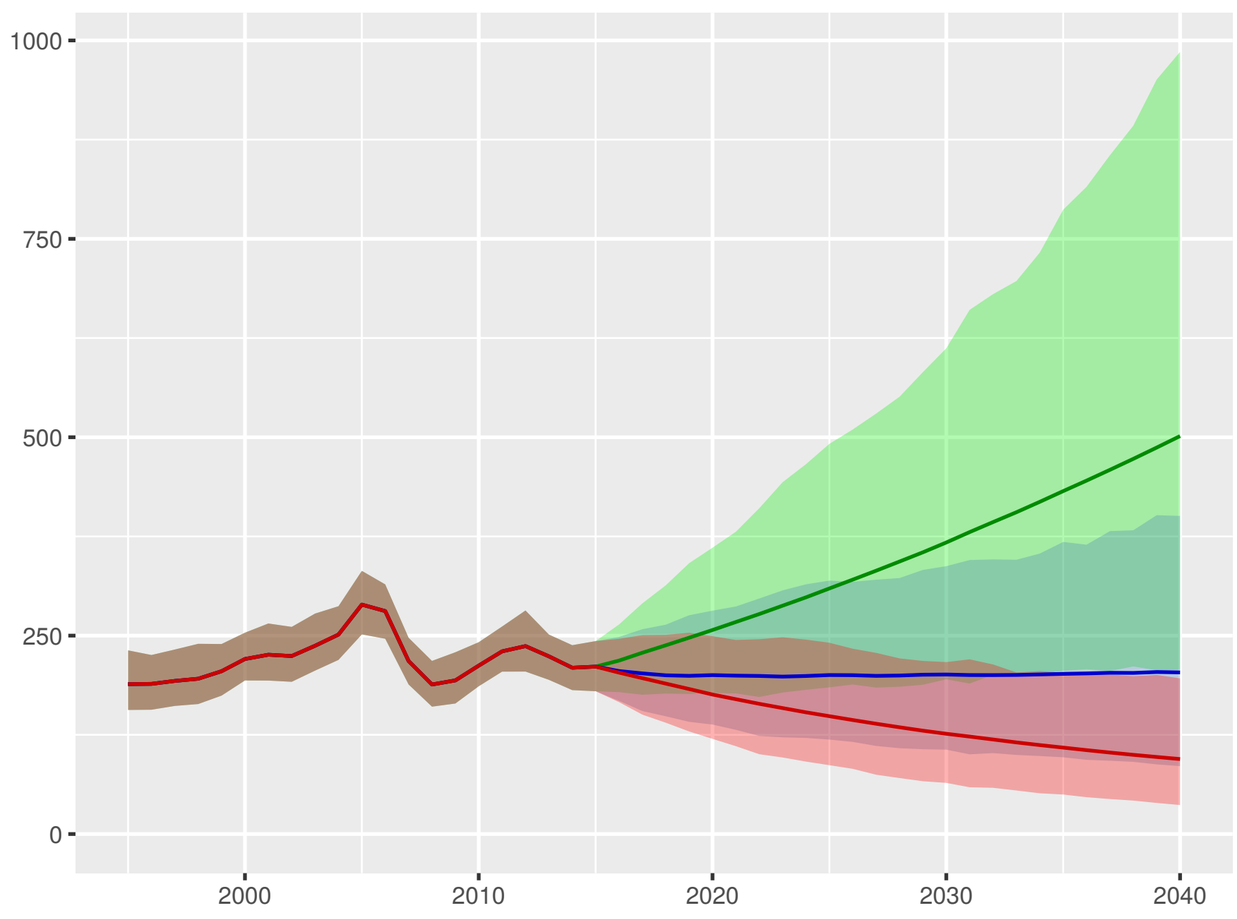
Government health spending per person



Out-of-pocket spending per person



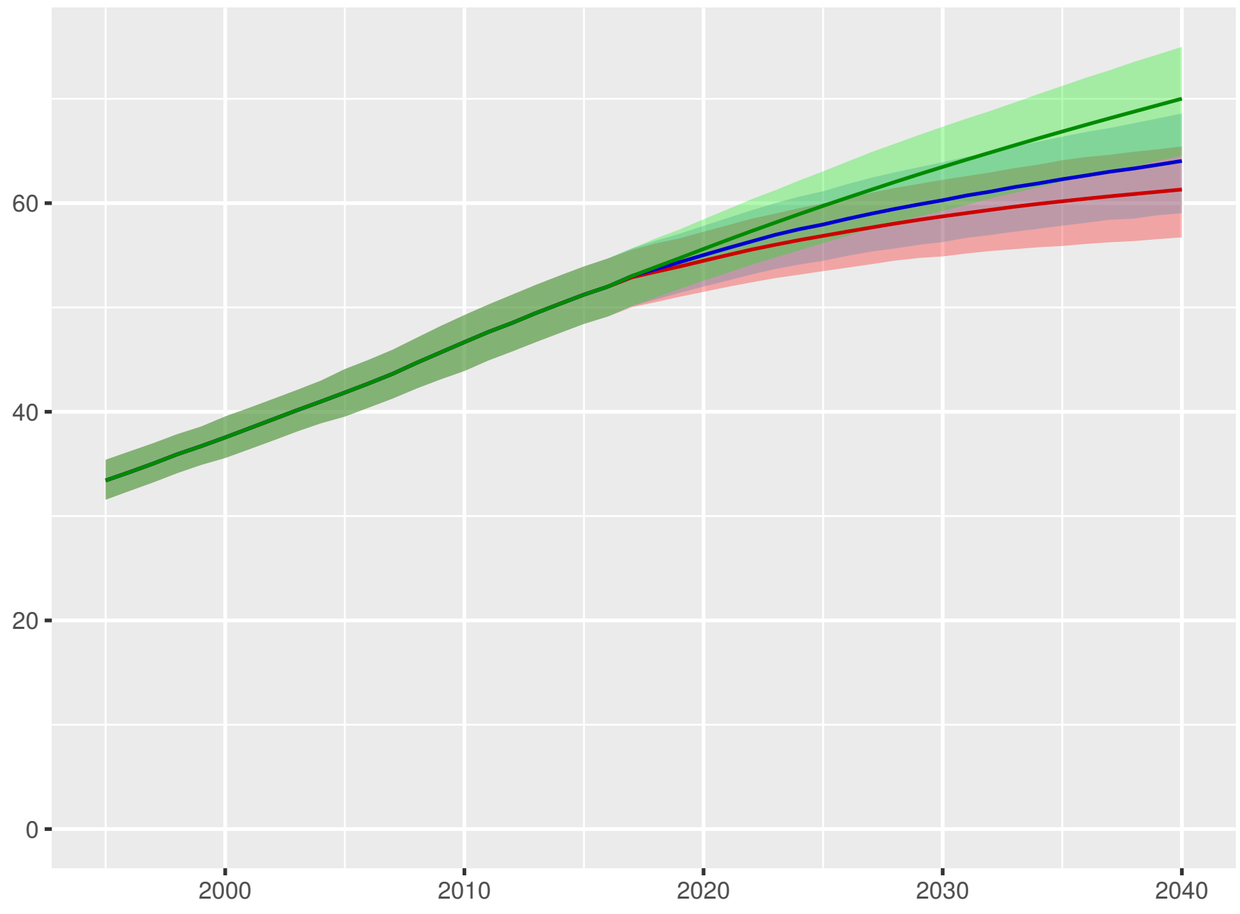
Prepaid private spending per person



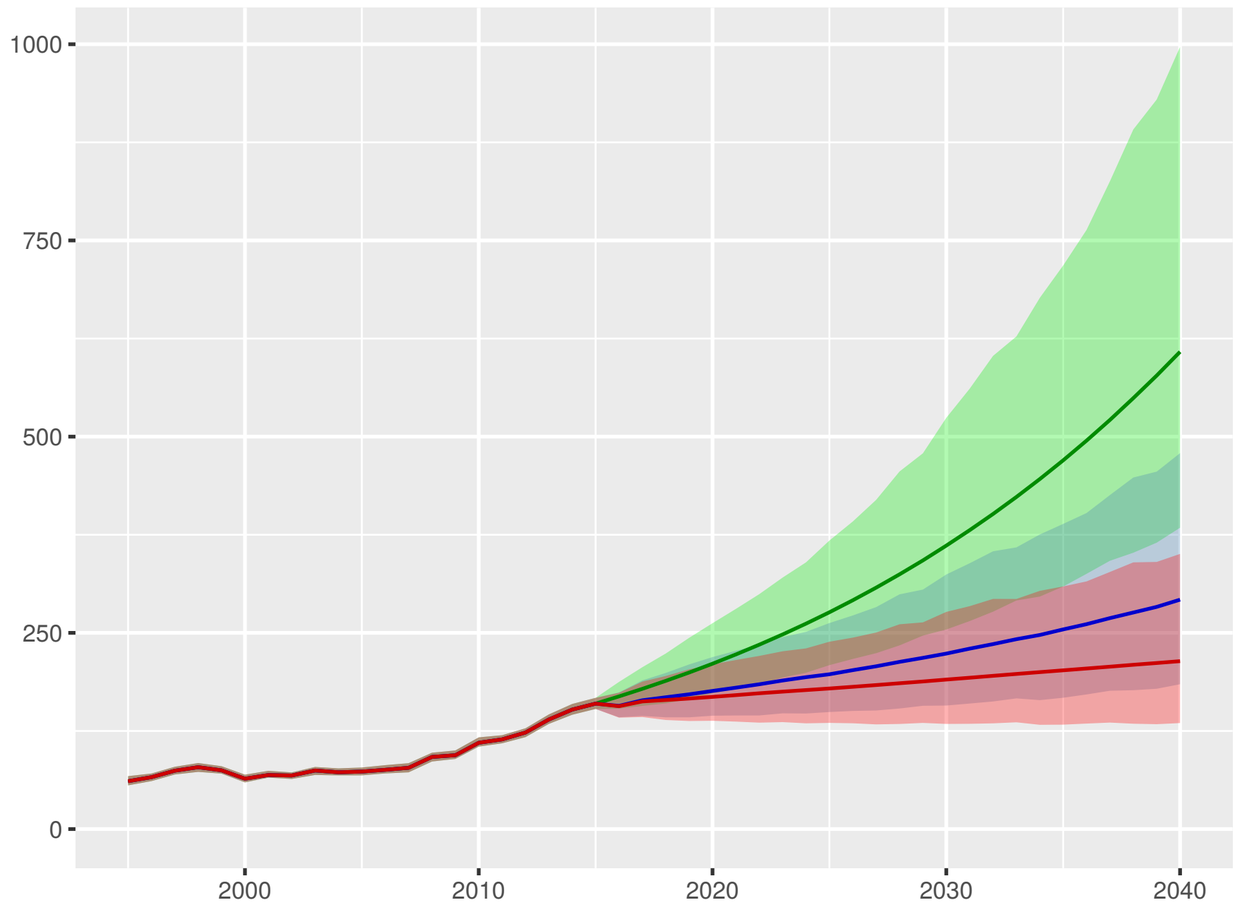
Scenario — Better — Reference — Worse

Nepal

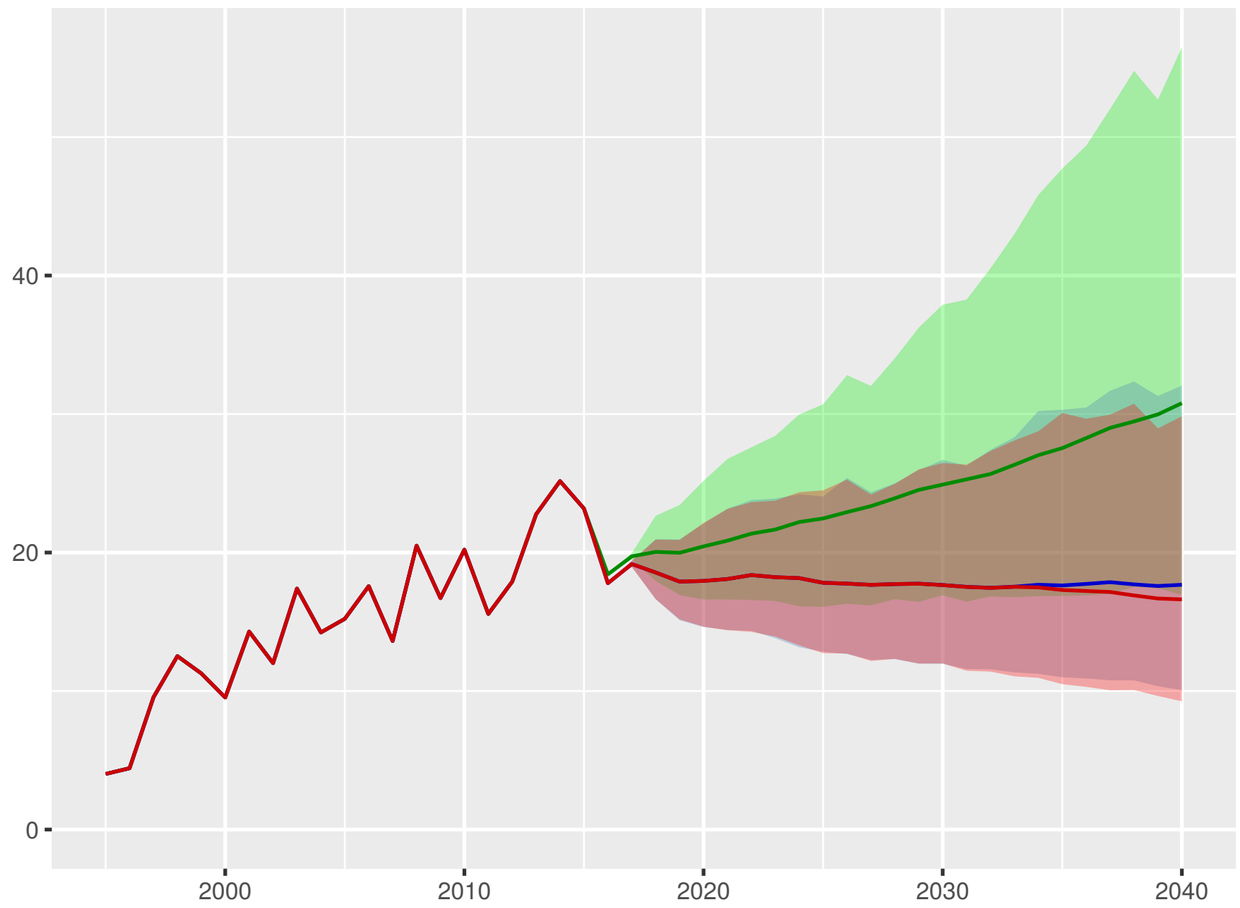
Universal health coverage index



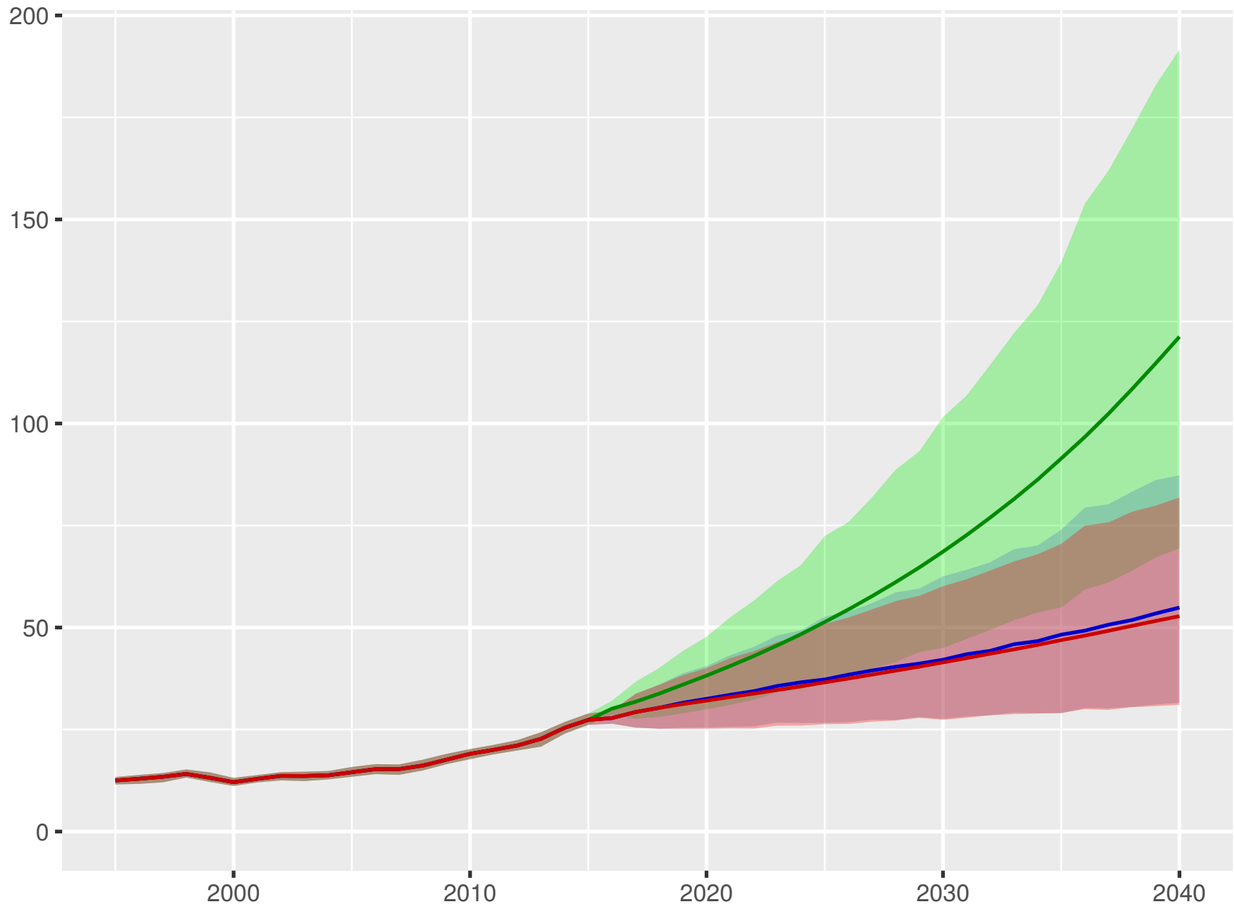
Total health spending per person



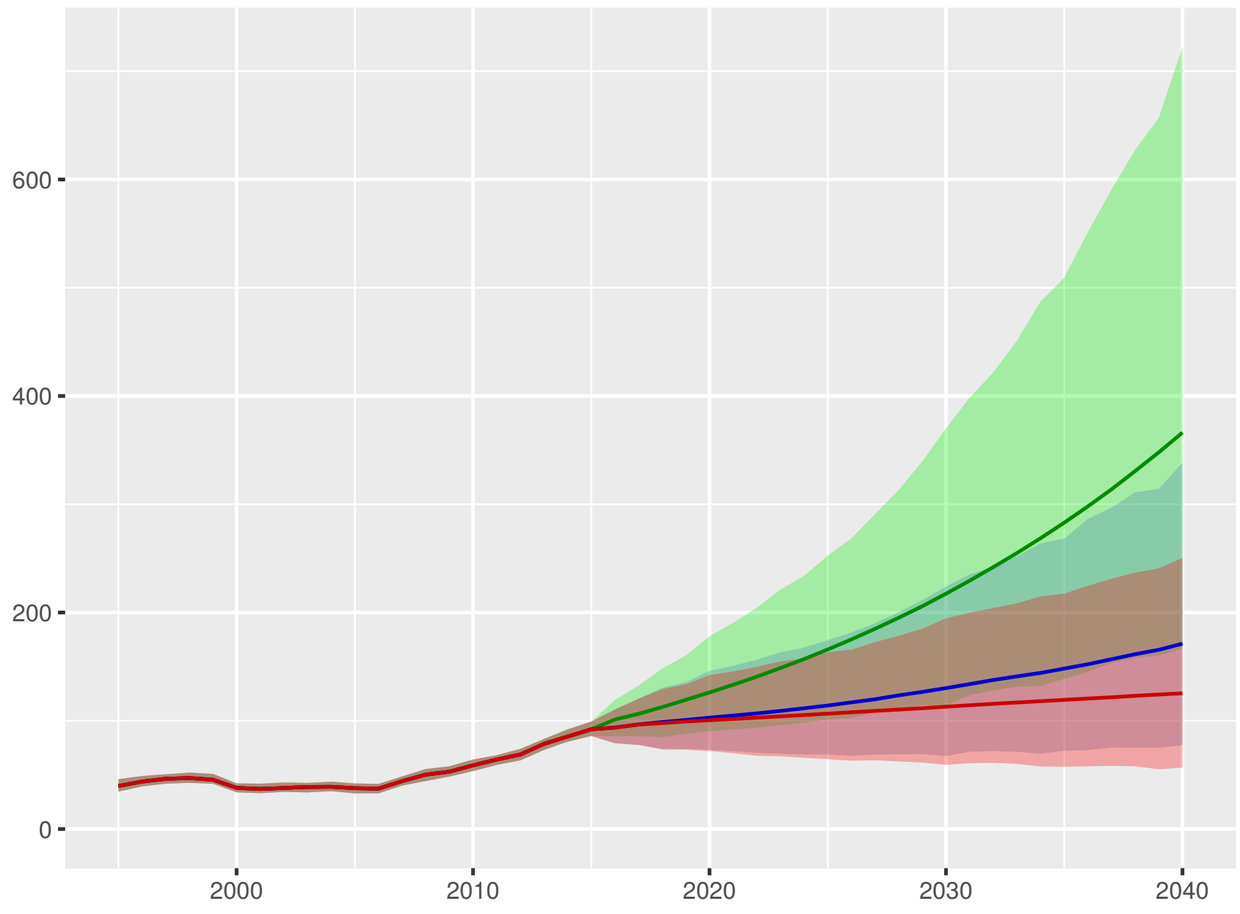
Development assistance for health received per person



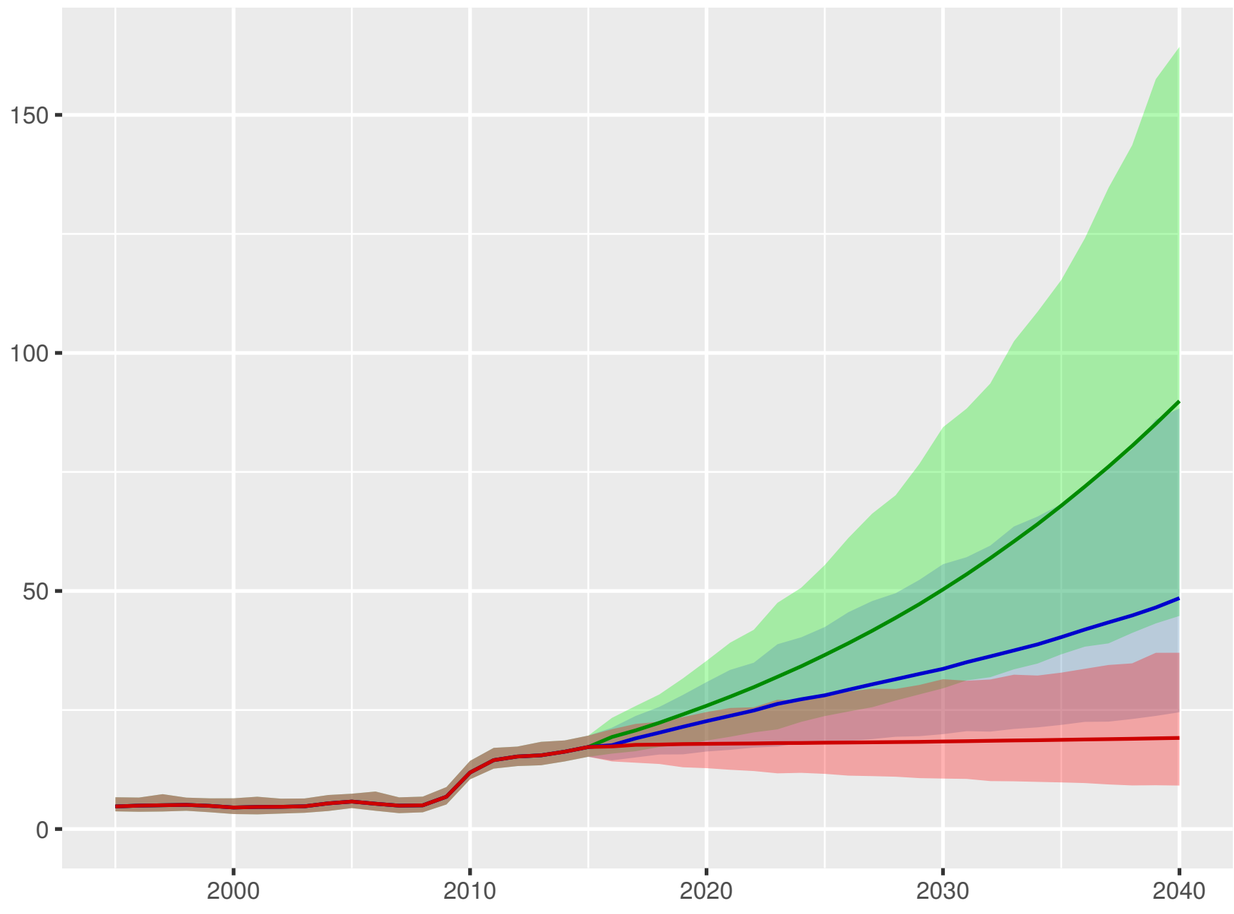
Government health spending per person



Out-of-pocket spending per person



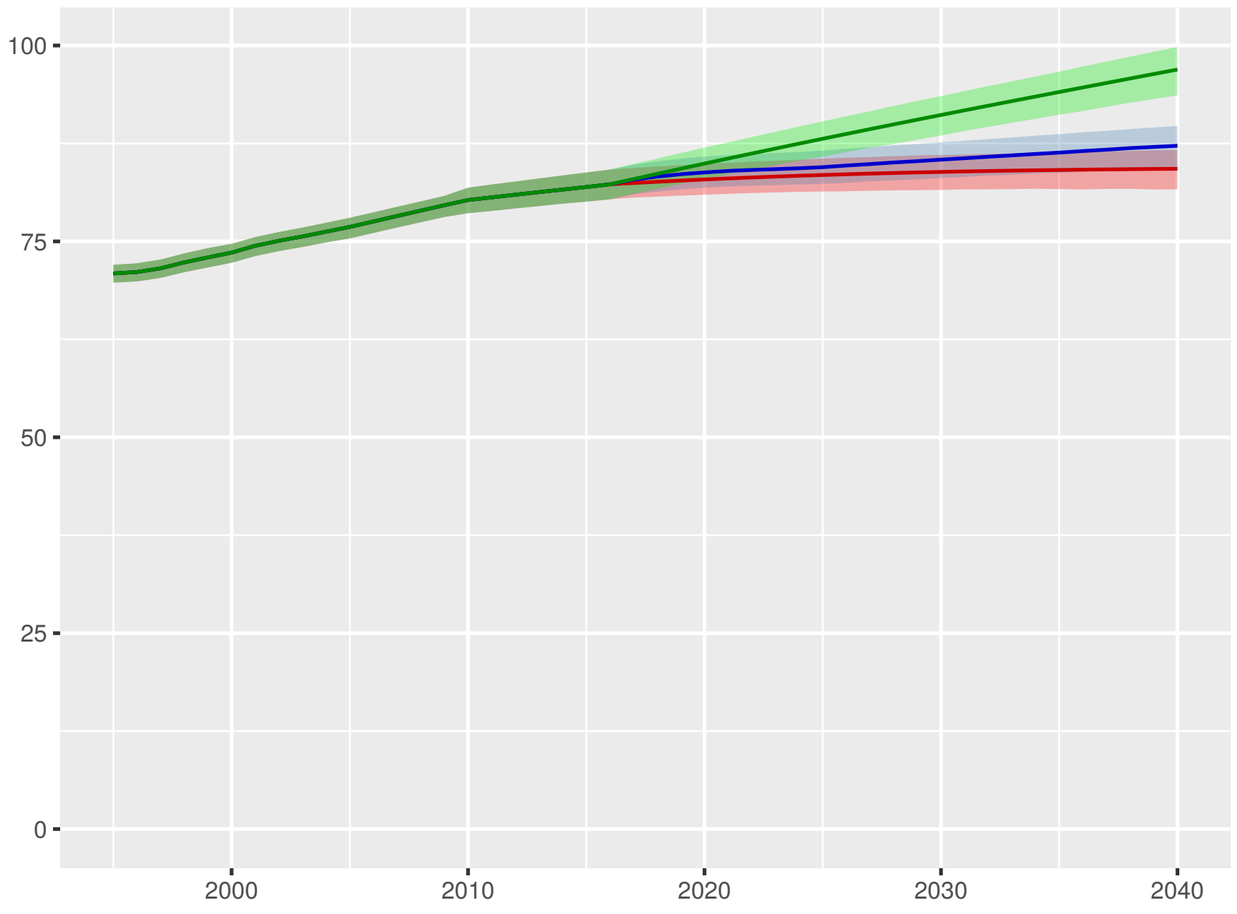
Prepaid private spending per person



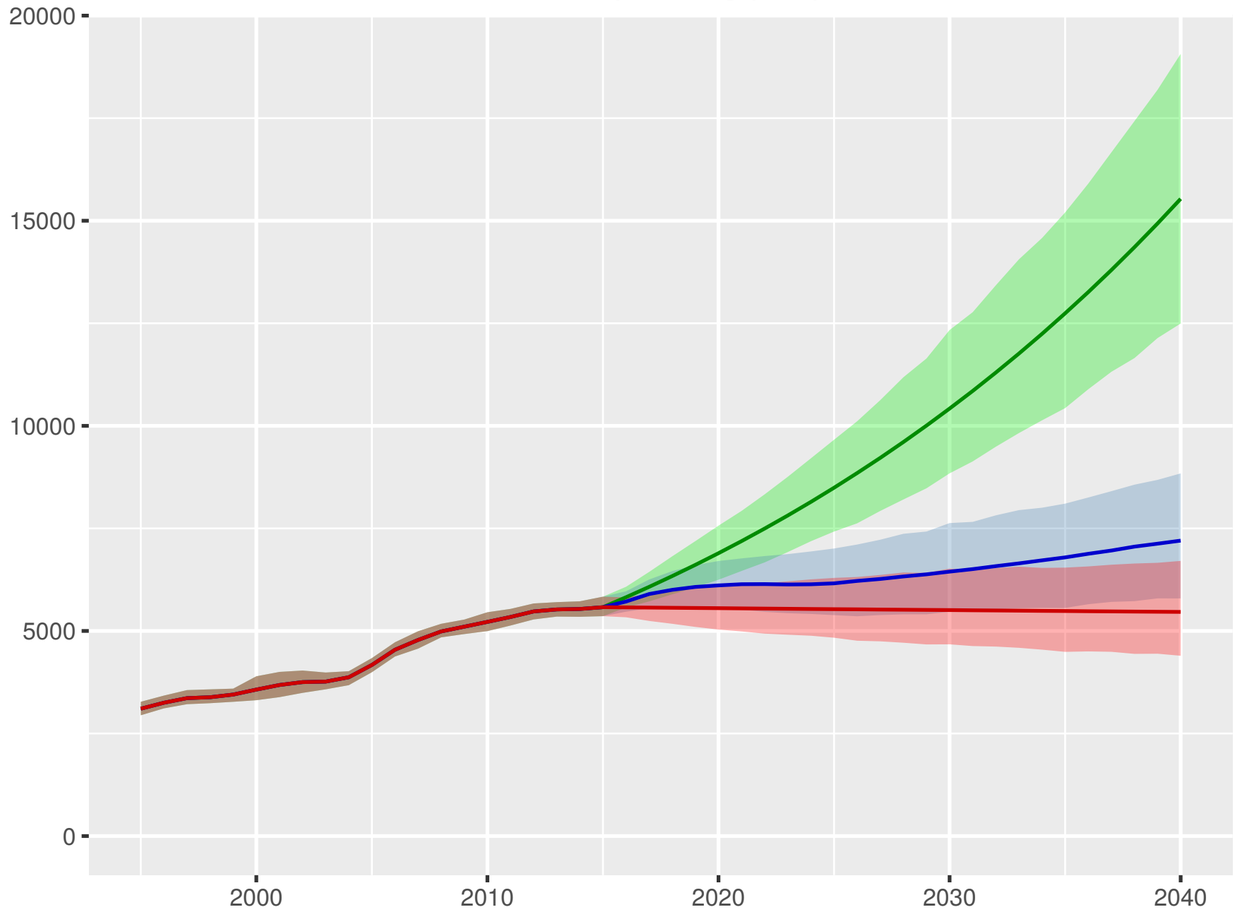
Scenario — Better — Reference — Worse

Netherlands

Universal health coverage index

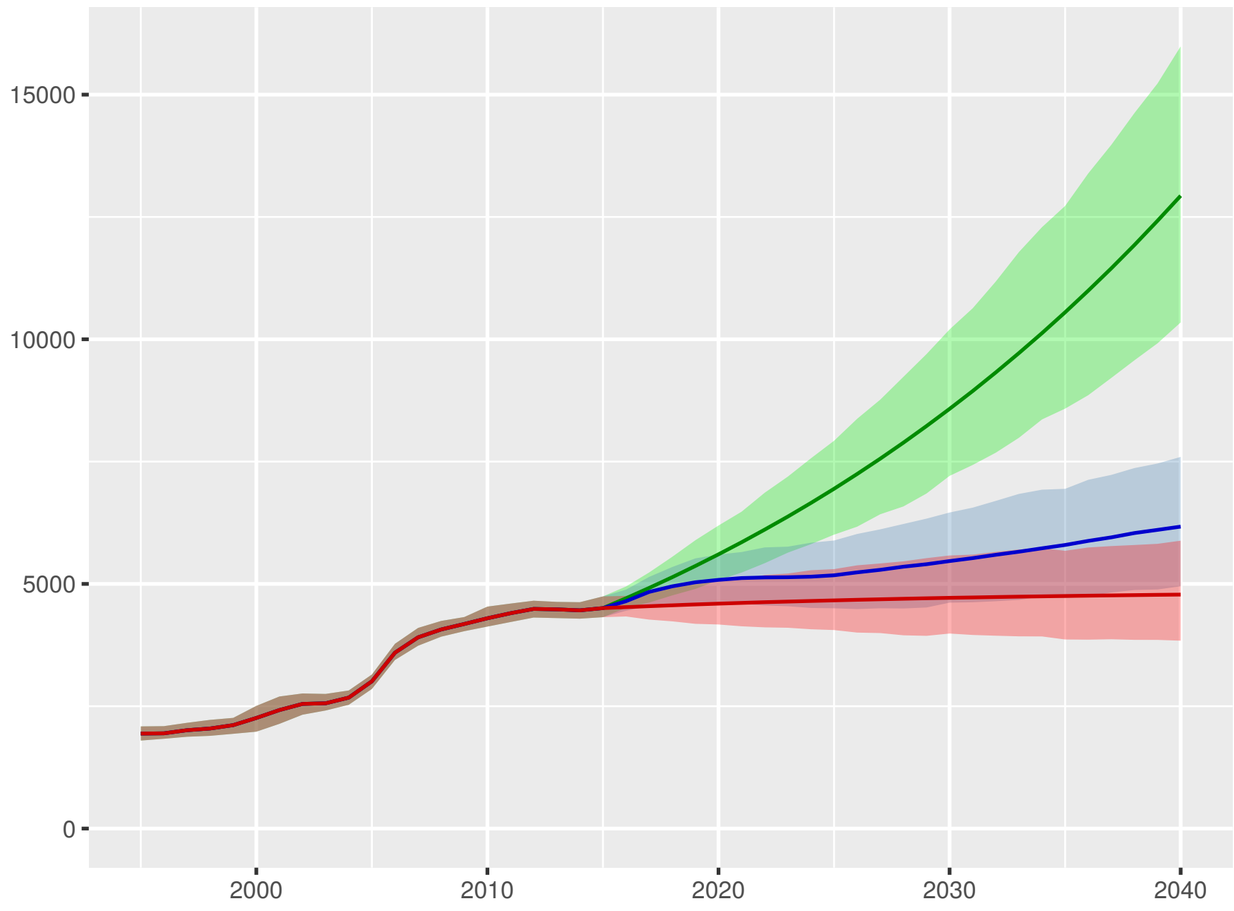


Total health spending per person

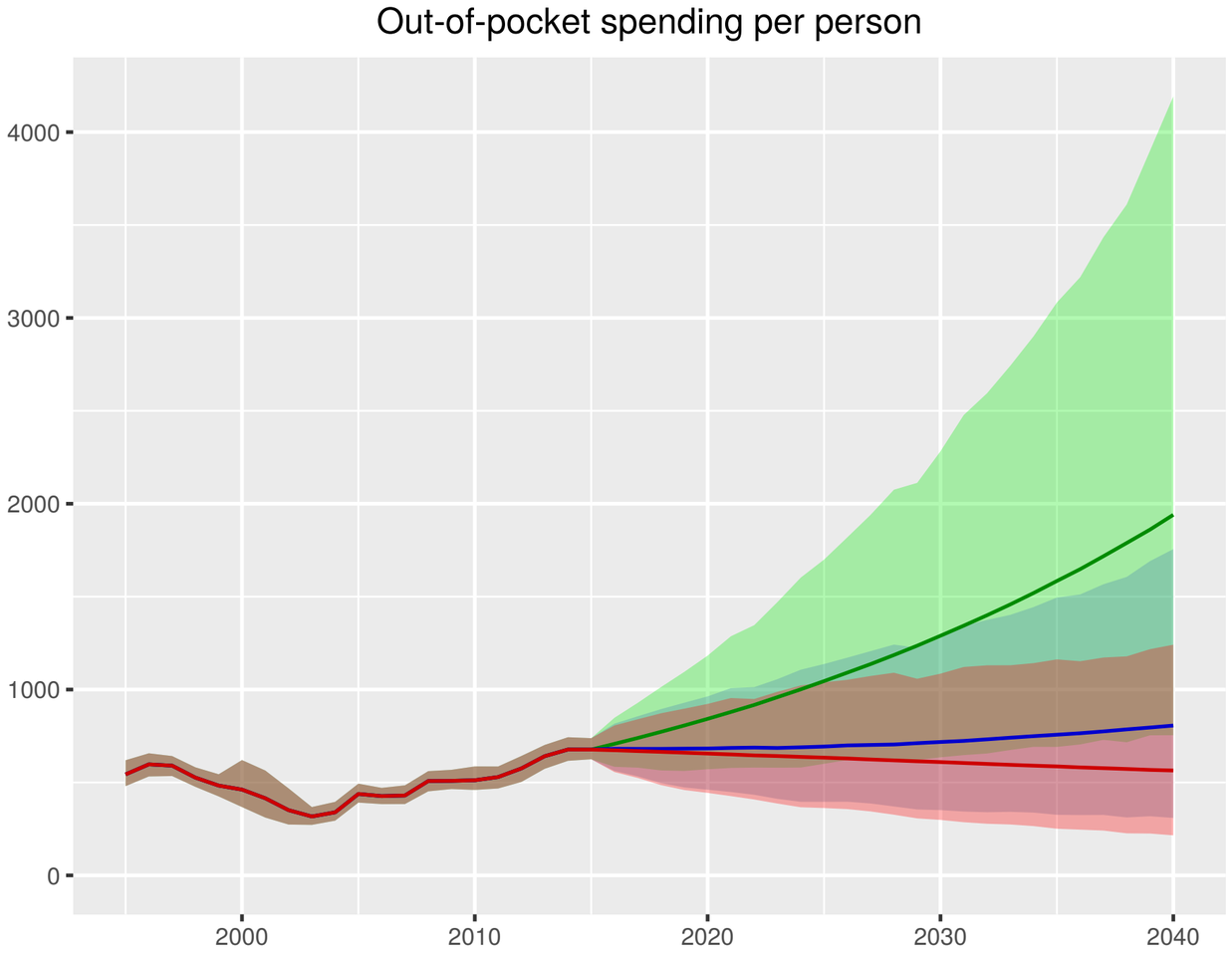


Development assistance for health received per person

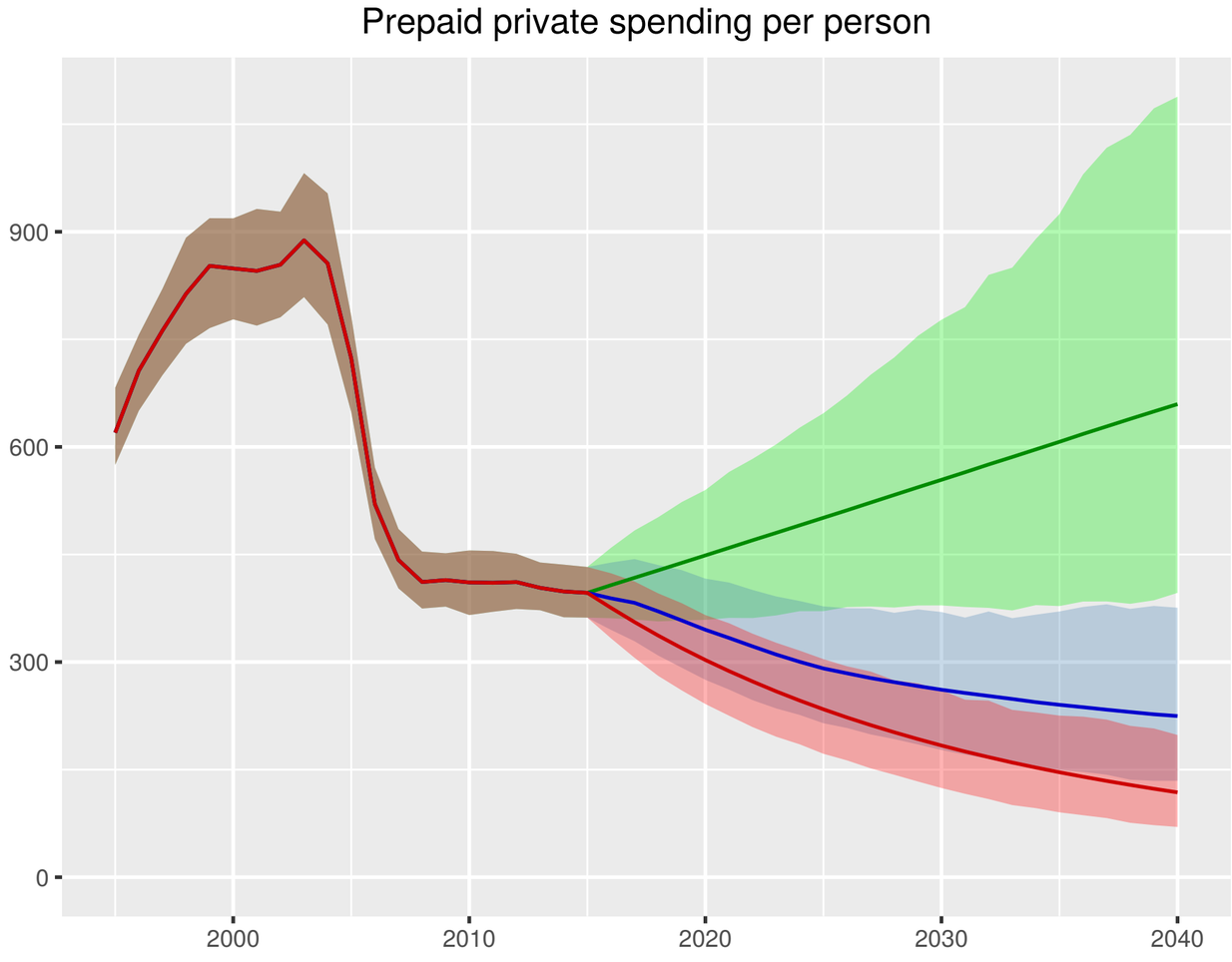
Government health spending per person



Out-of-pocket spending per person



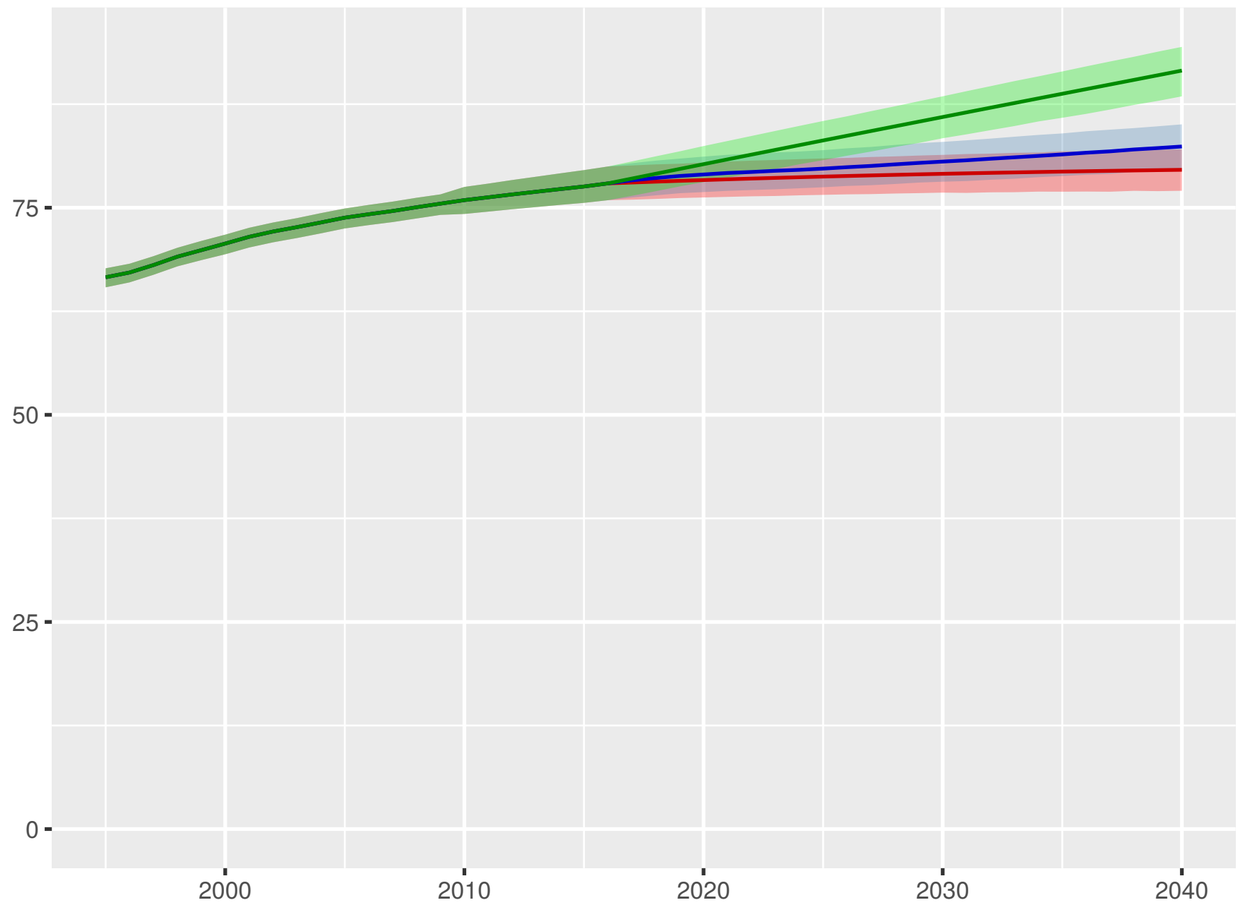
Prepaid private spending per person



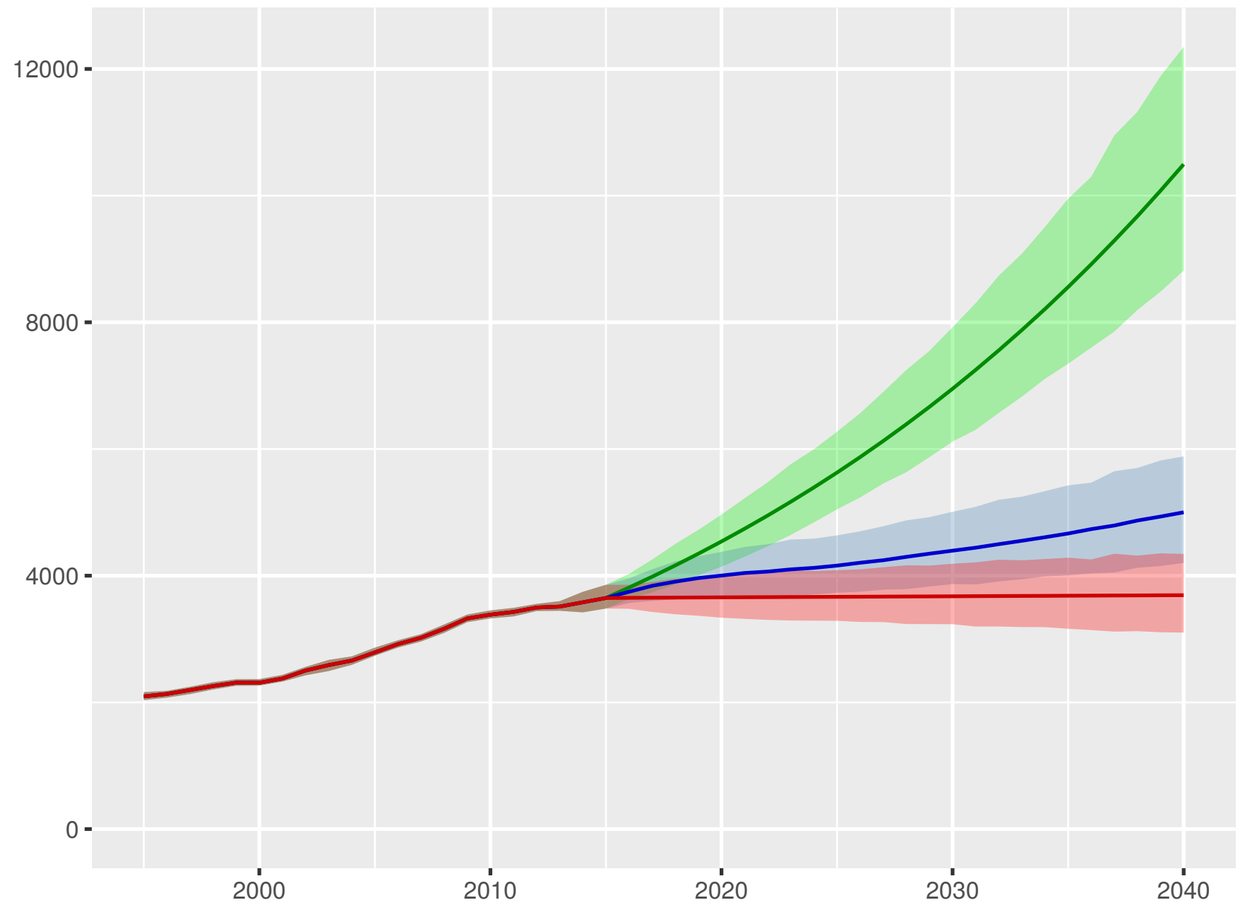
Scenario — Better — Reference — Worse

New Zealand

Universal health coverage index

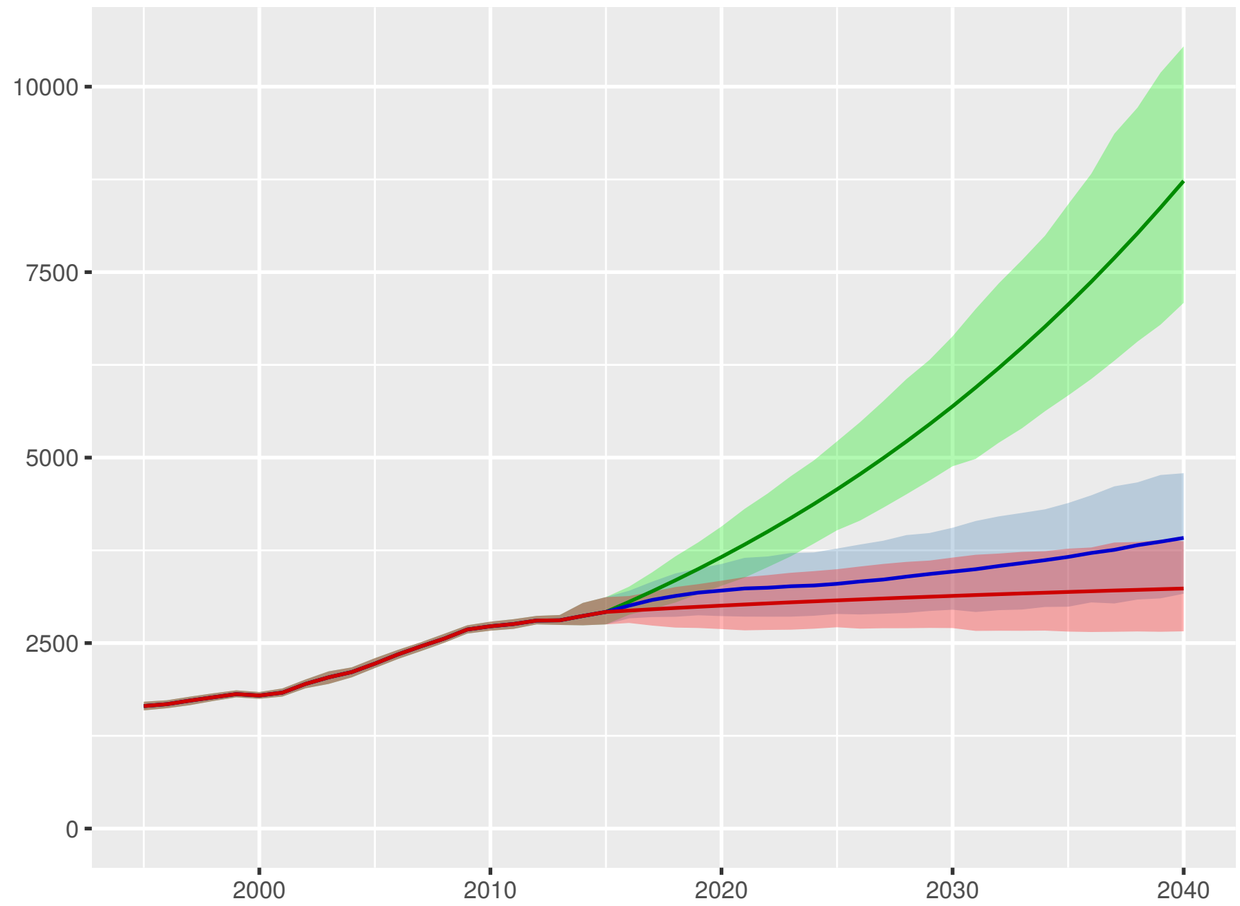


Total health spending per person

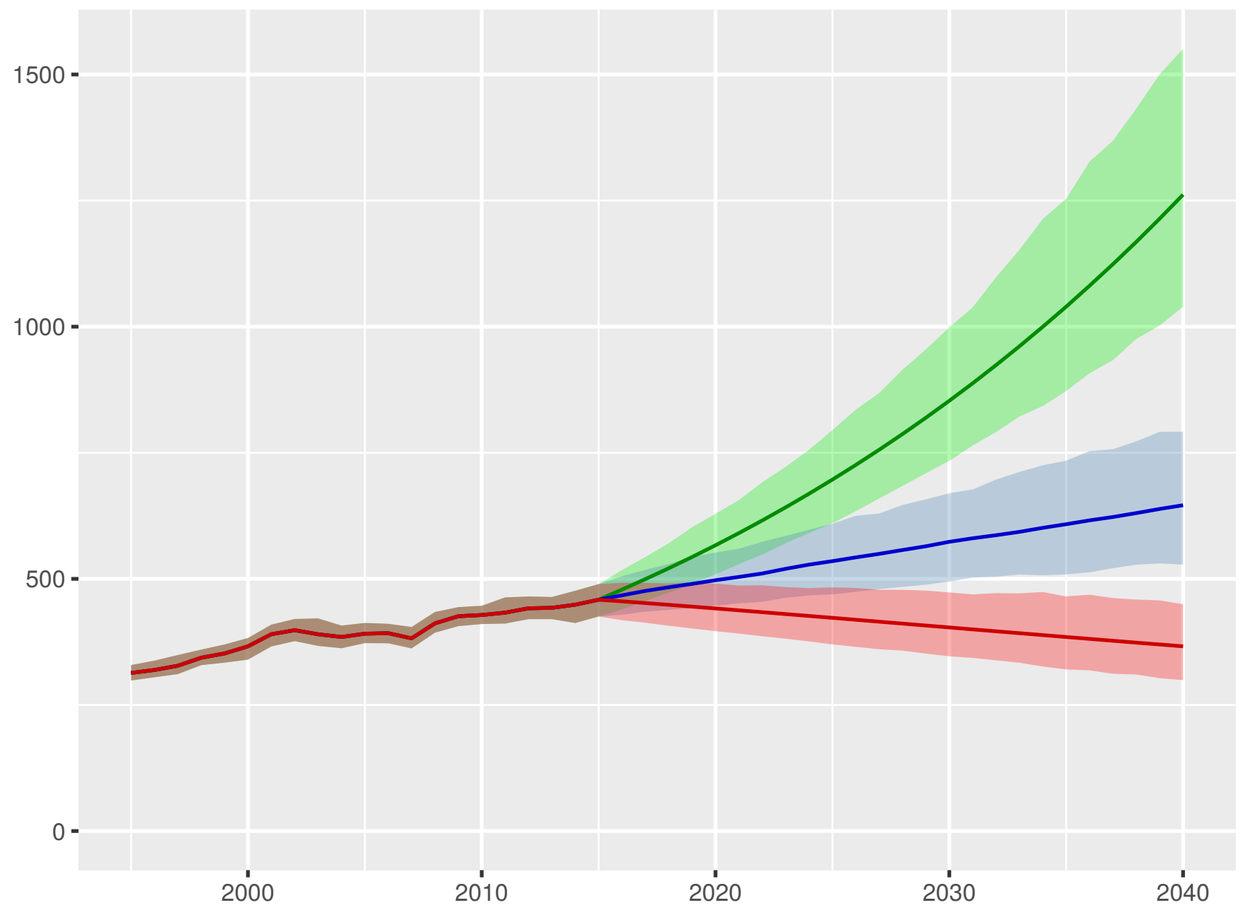


Development assistance for health received per person

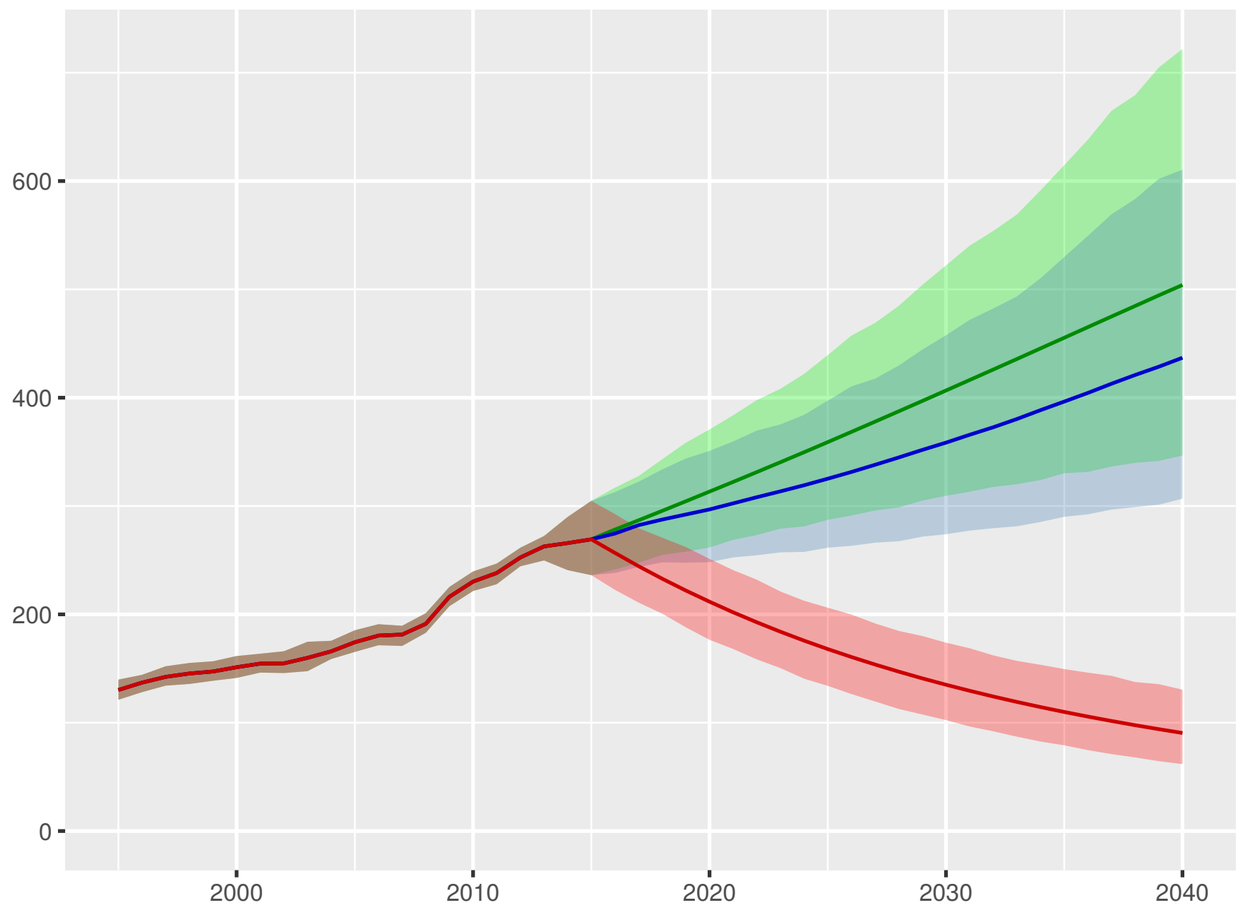
Government health spending per person



Out-of-pocket spending per person



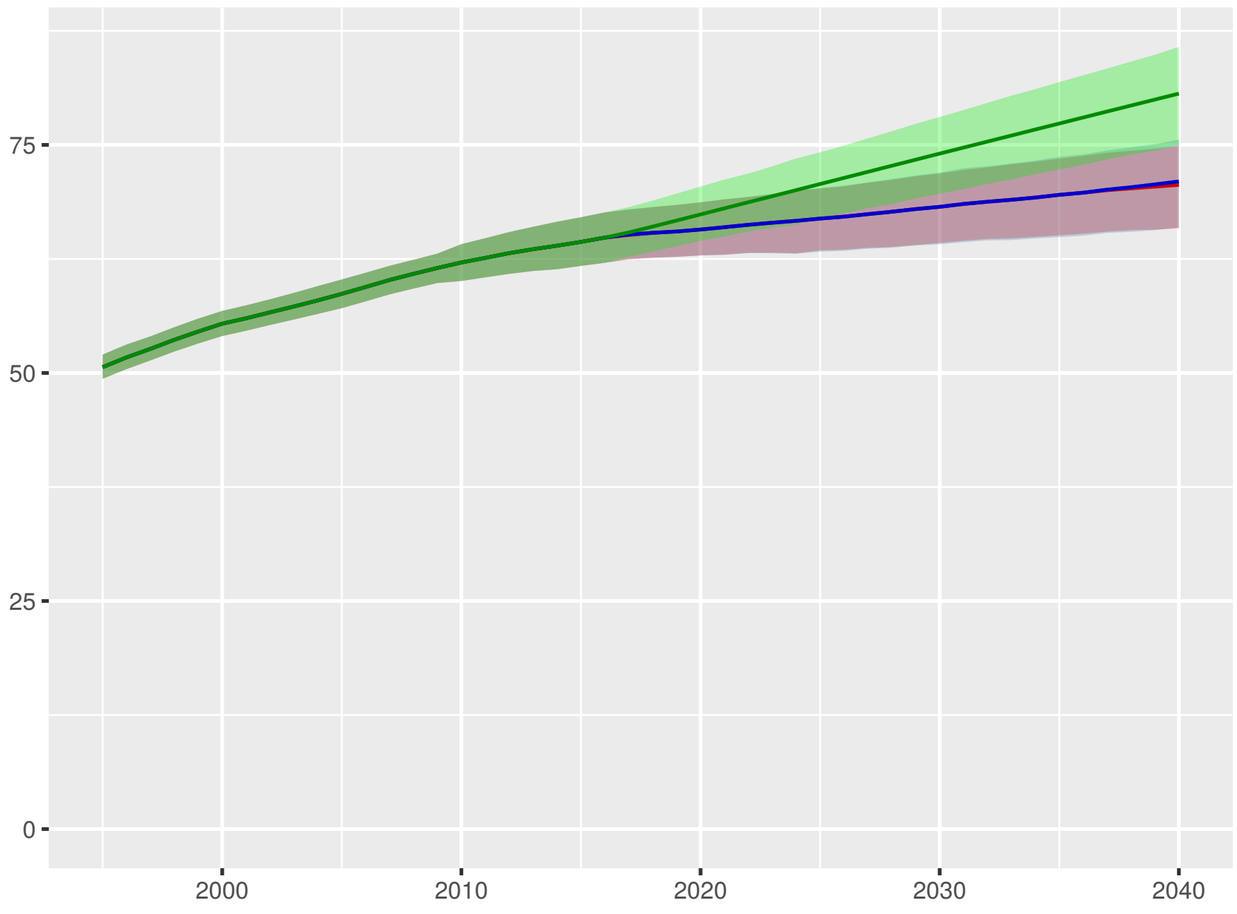
Prepaid private spending per person



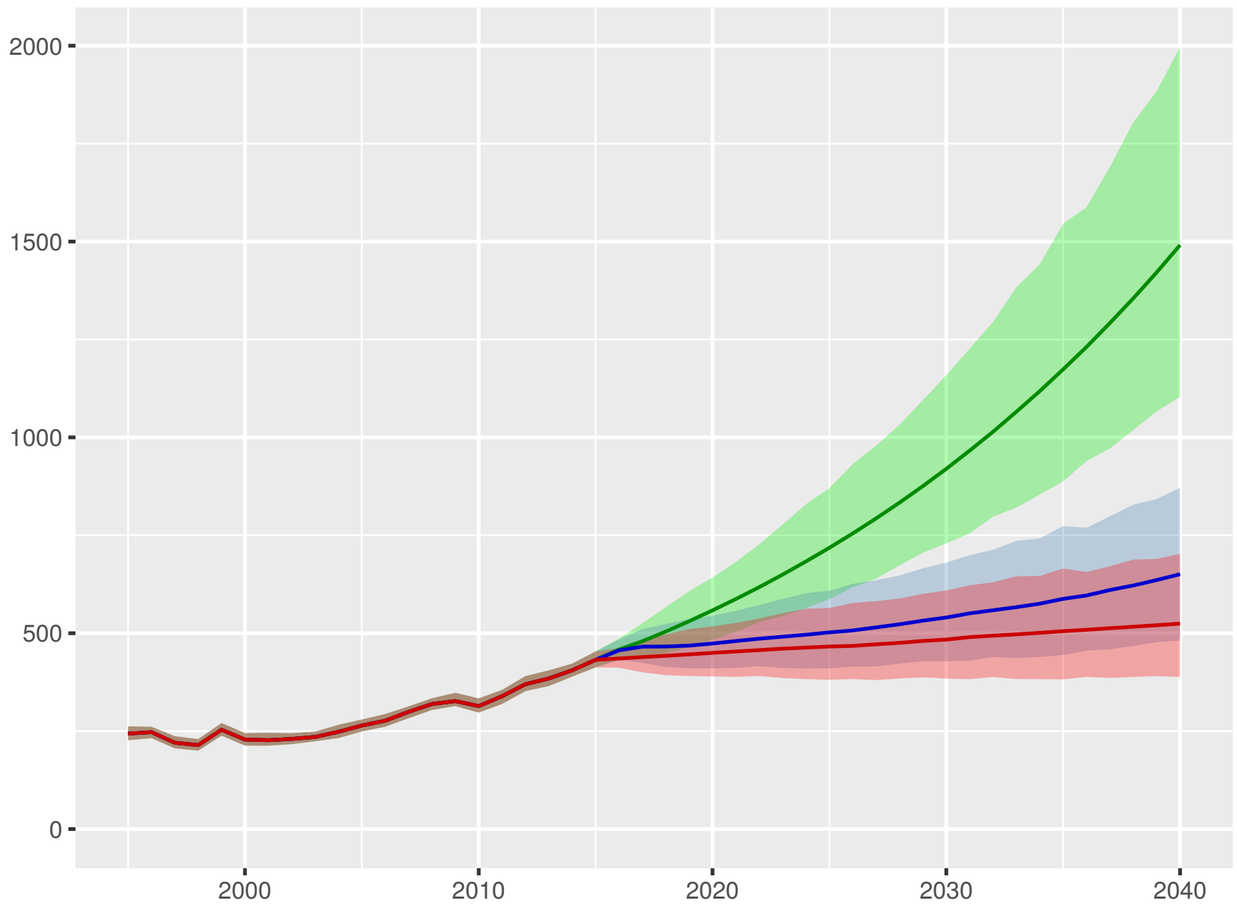
Scenario — Better — Reference — Worse

Nicaragua

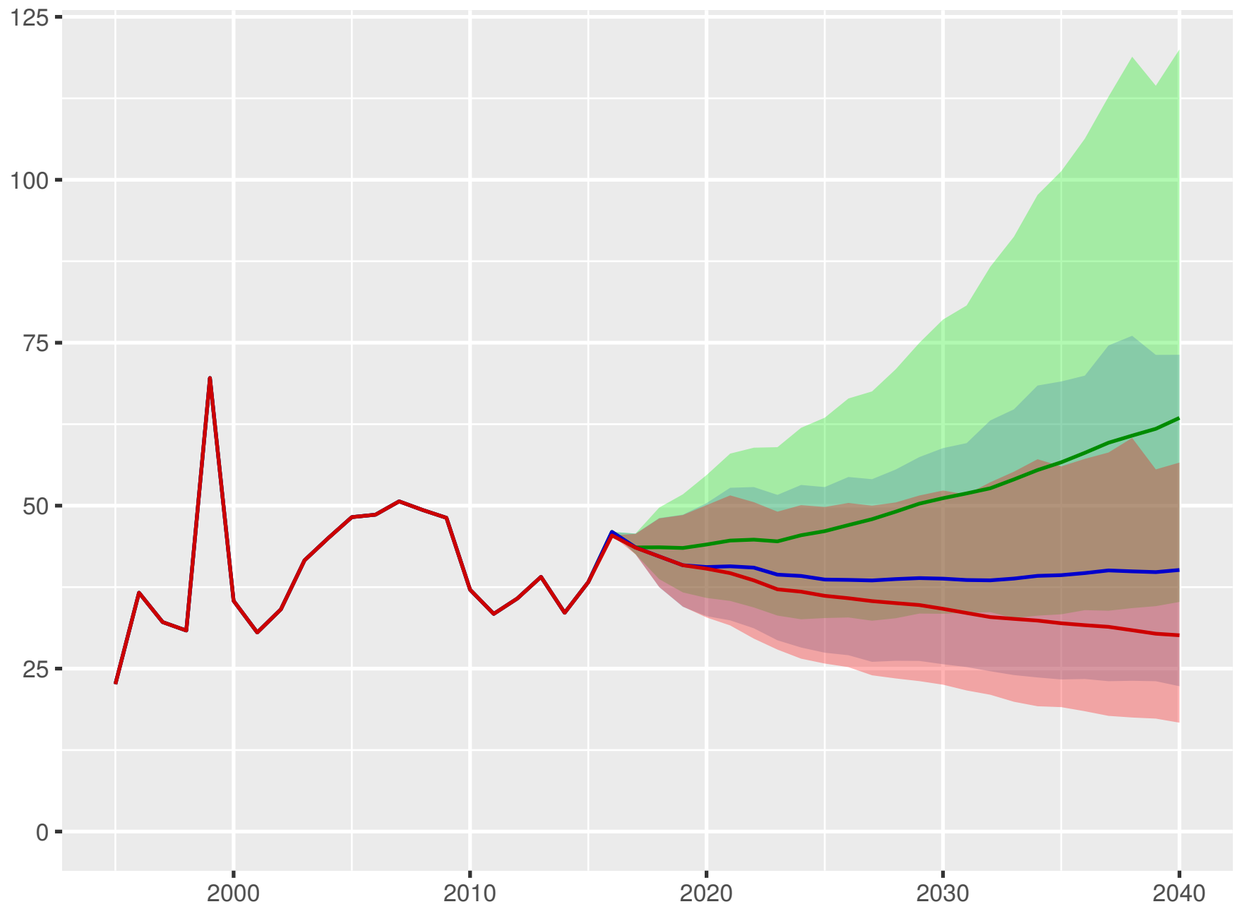
Universal health coverage index



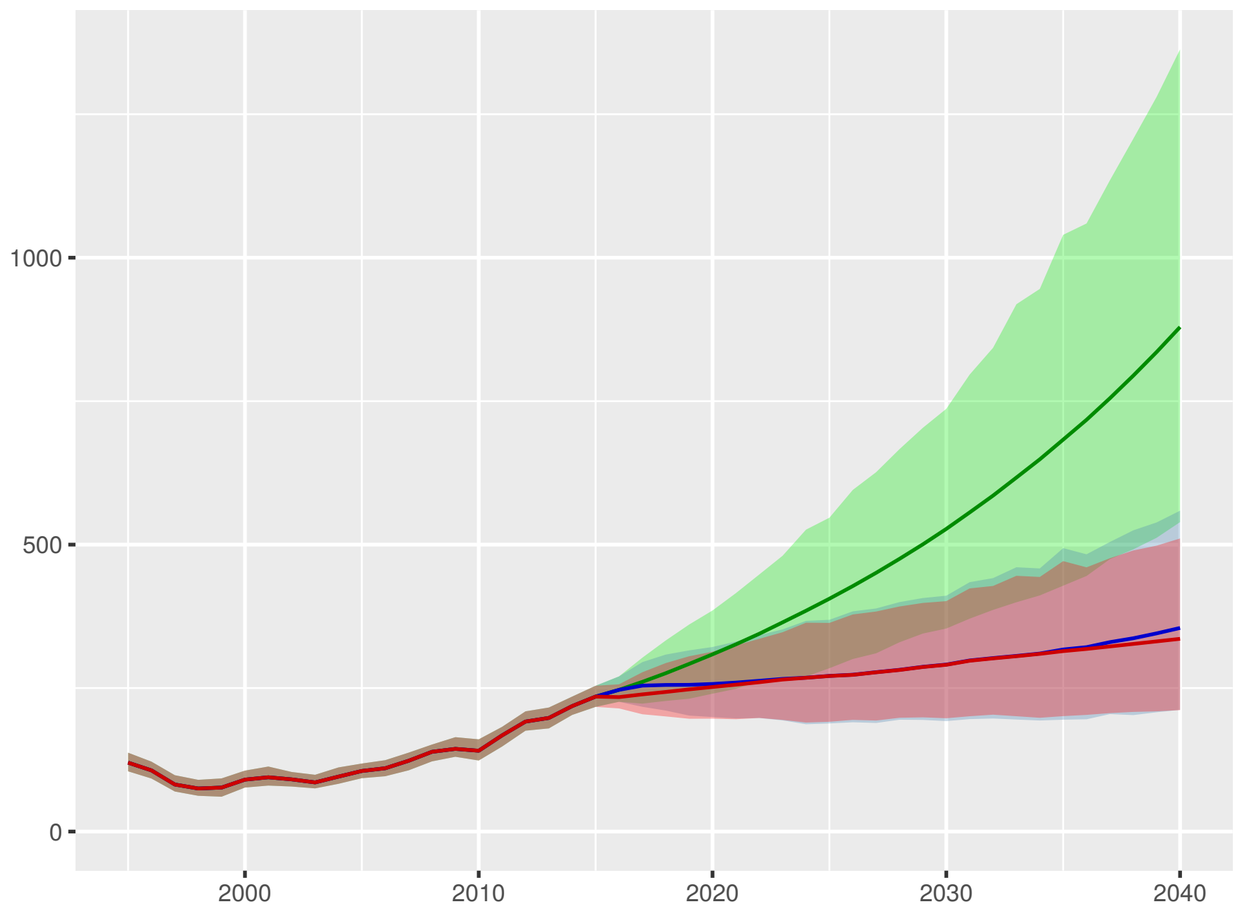
Total health spending per person



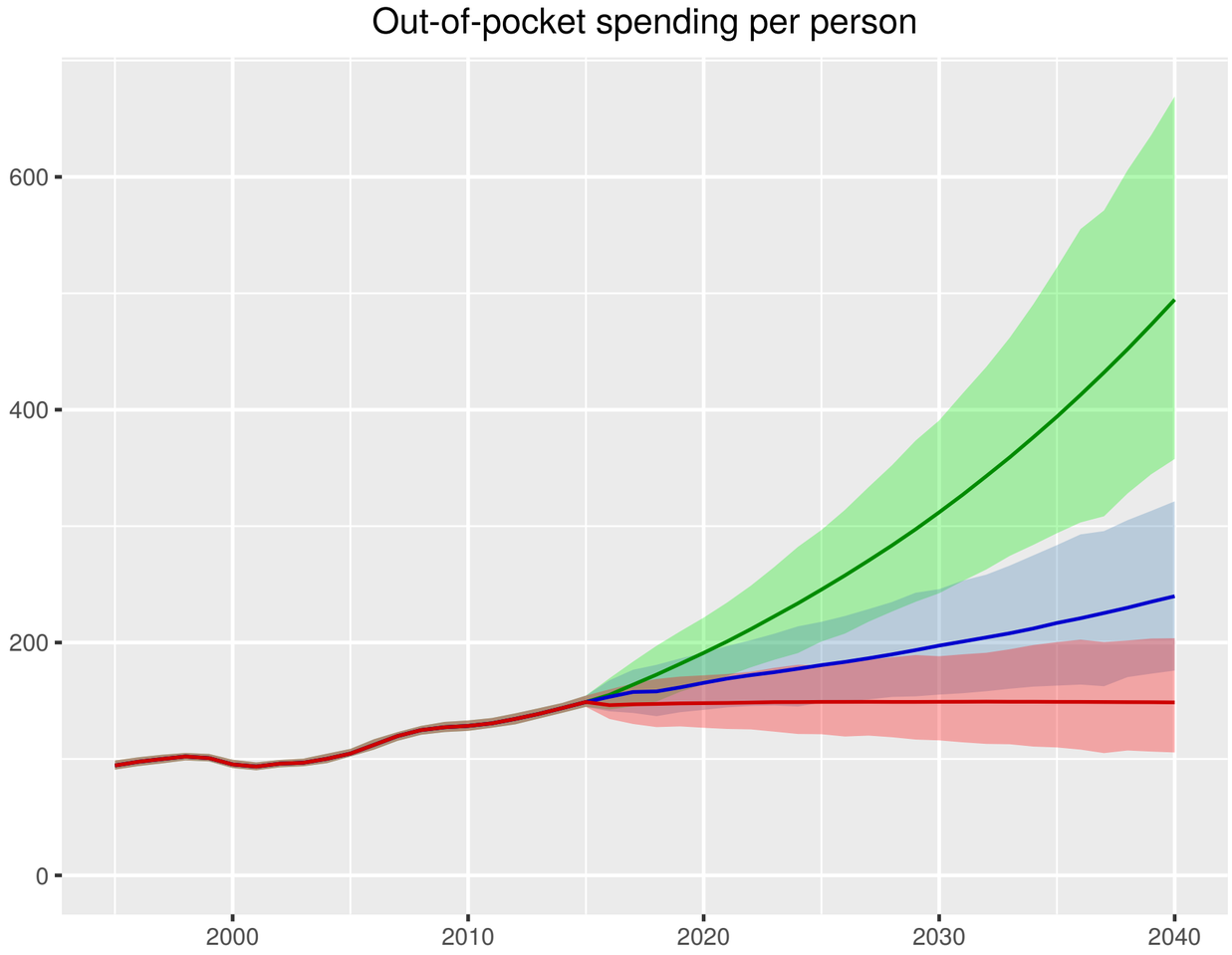
Development assistance for health received per person



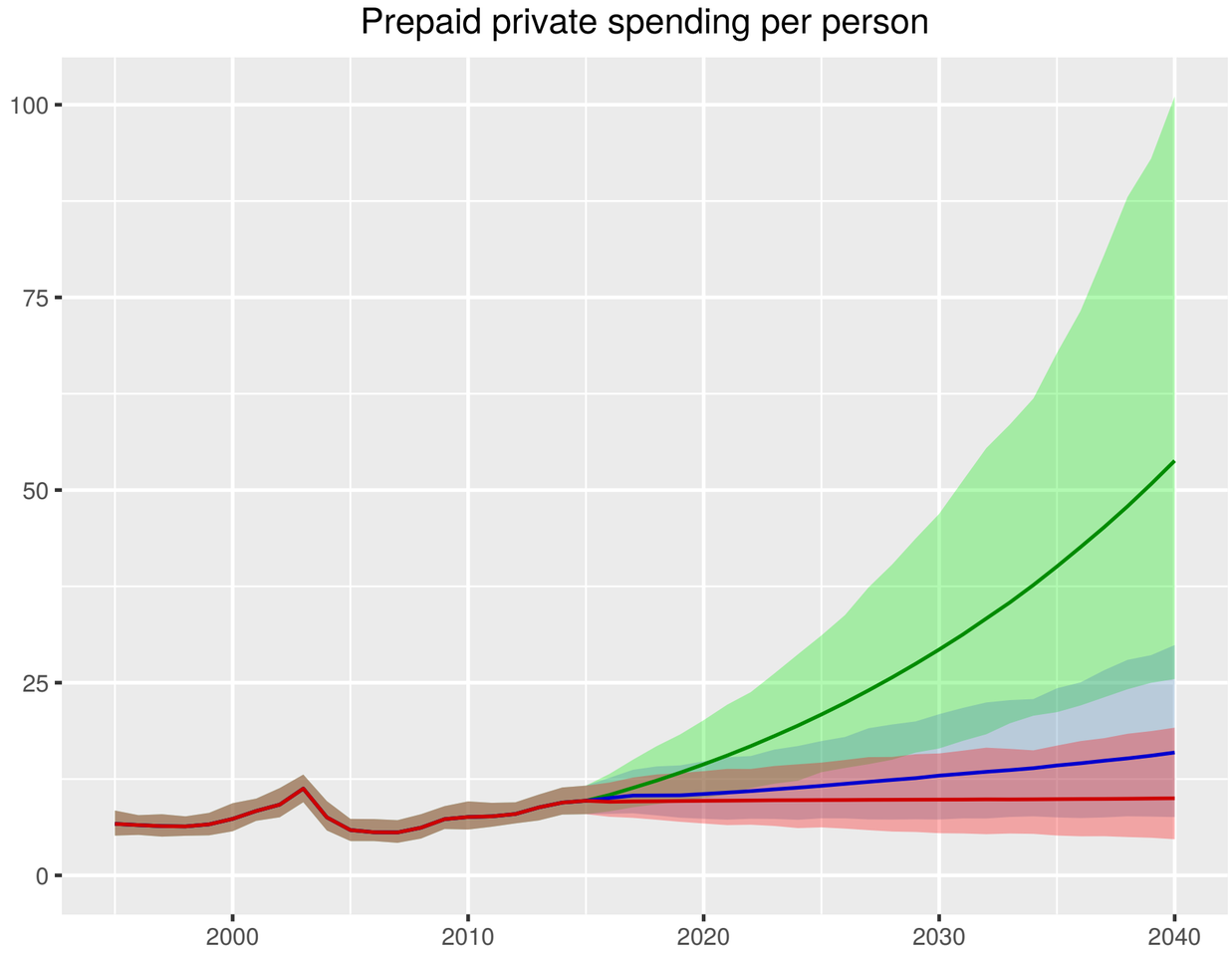
Government health spending per person



Out-of-pocket spending per person



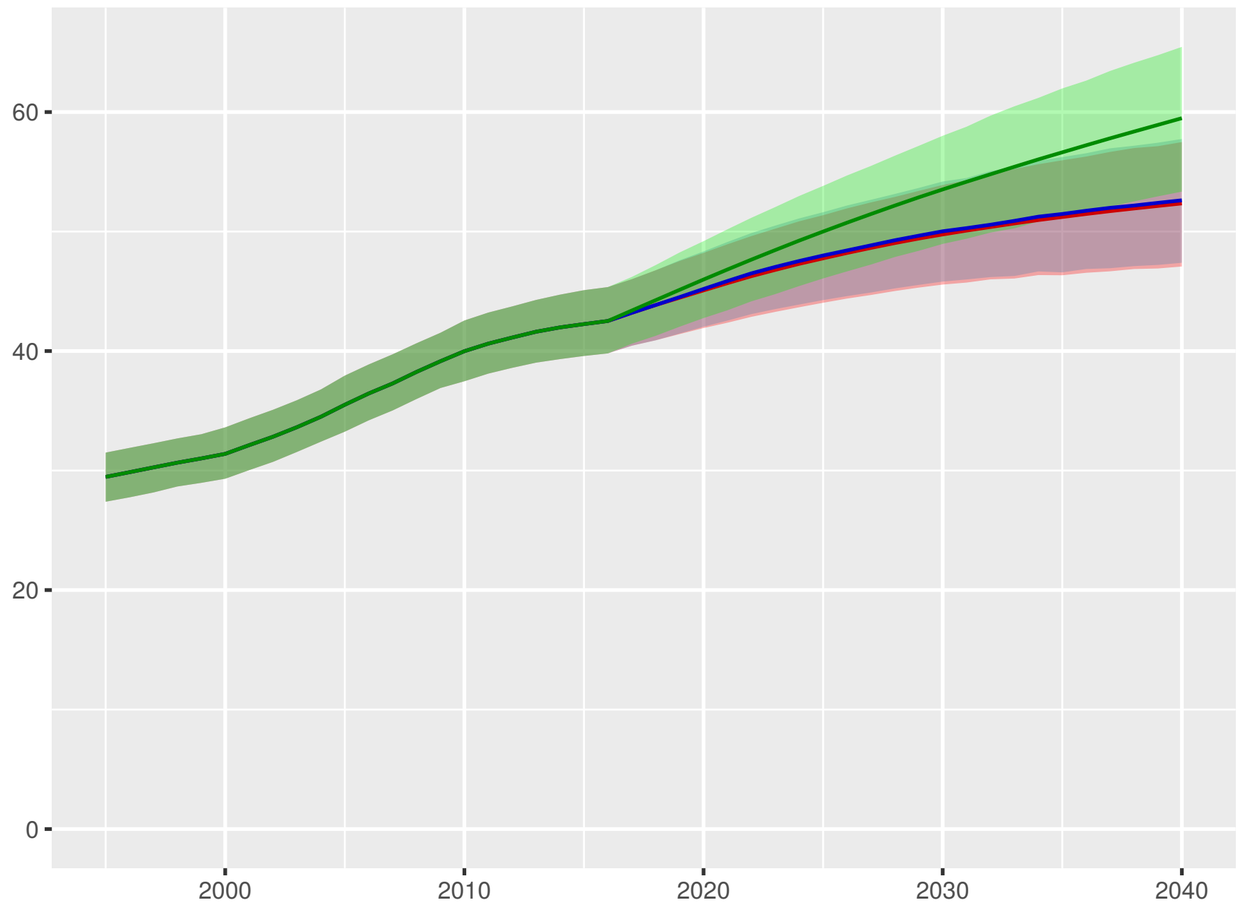
Prepaid private spending per person



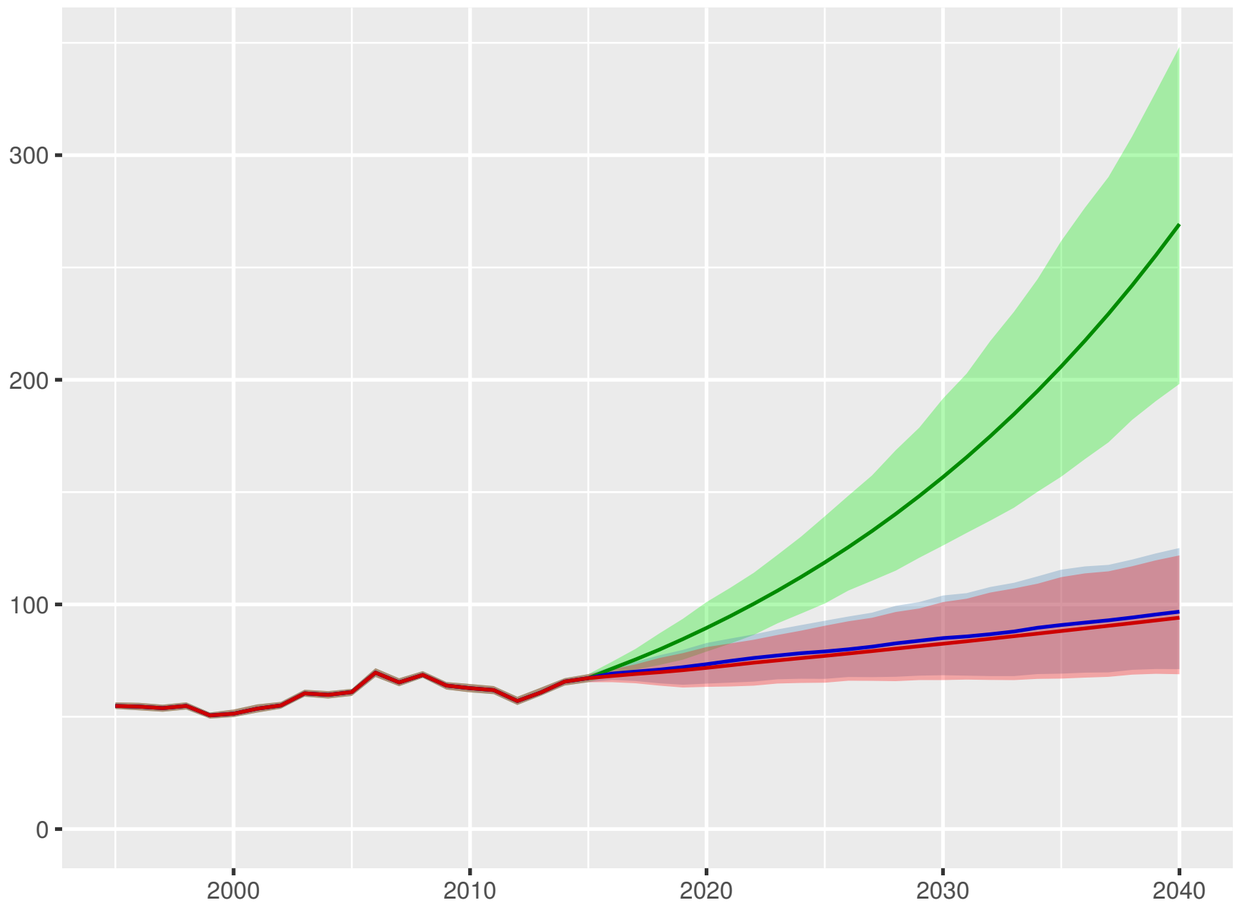
Scenario — Better — Reference — Worse

Niger

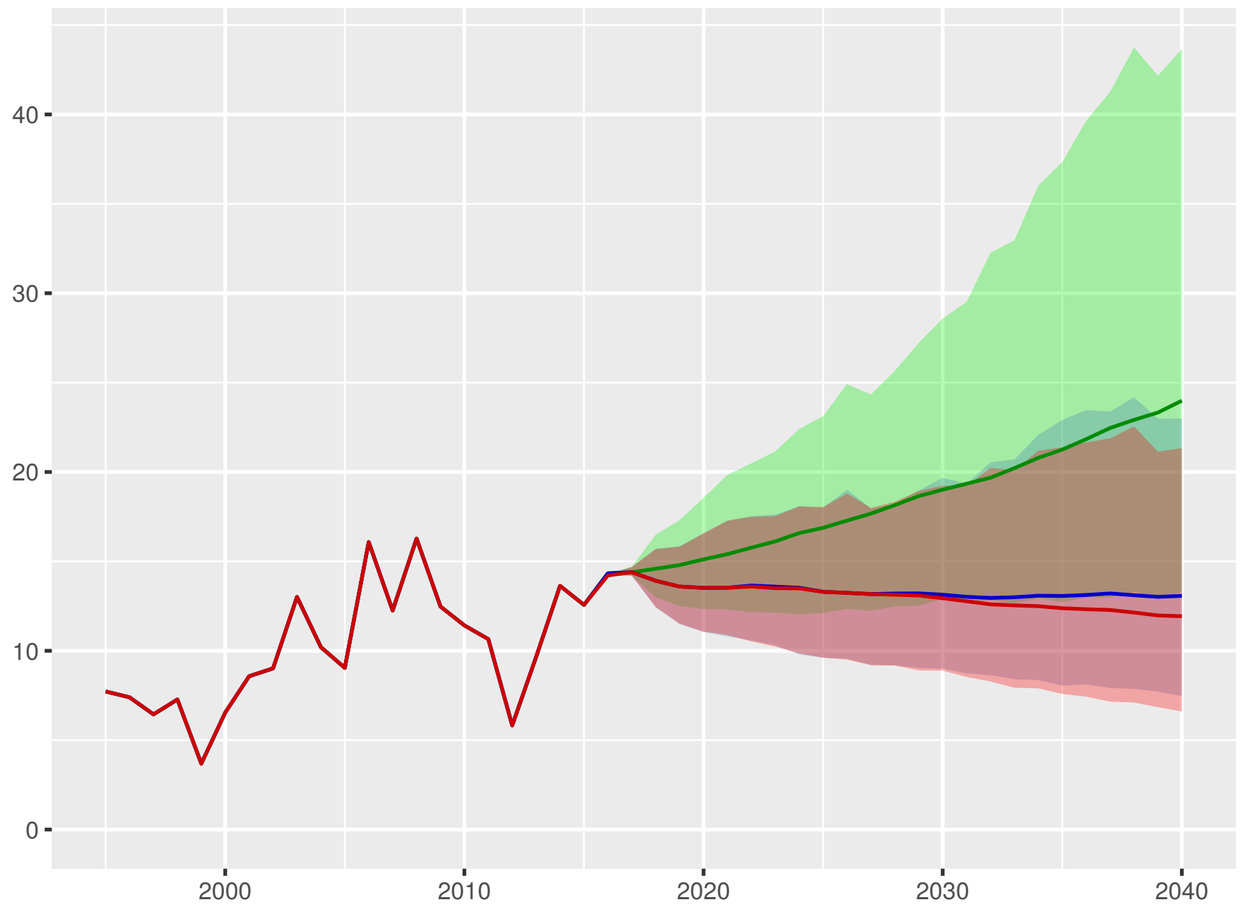
Universal health coverage index



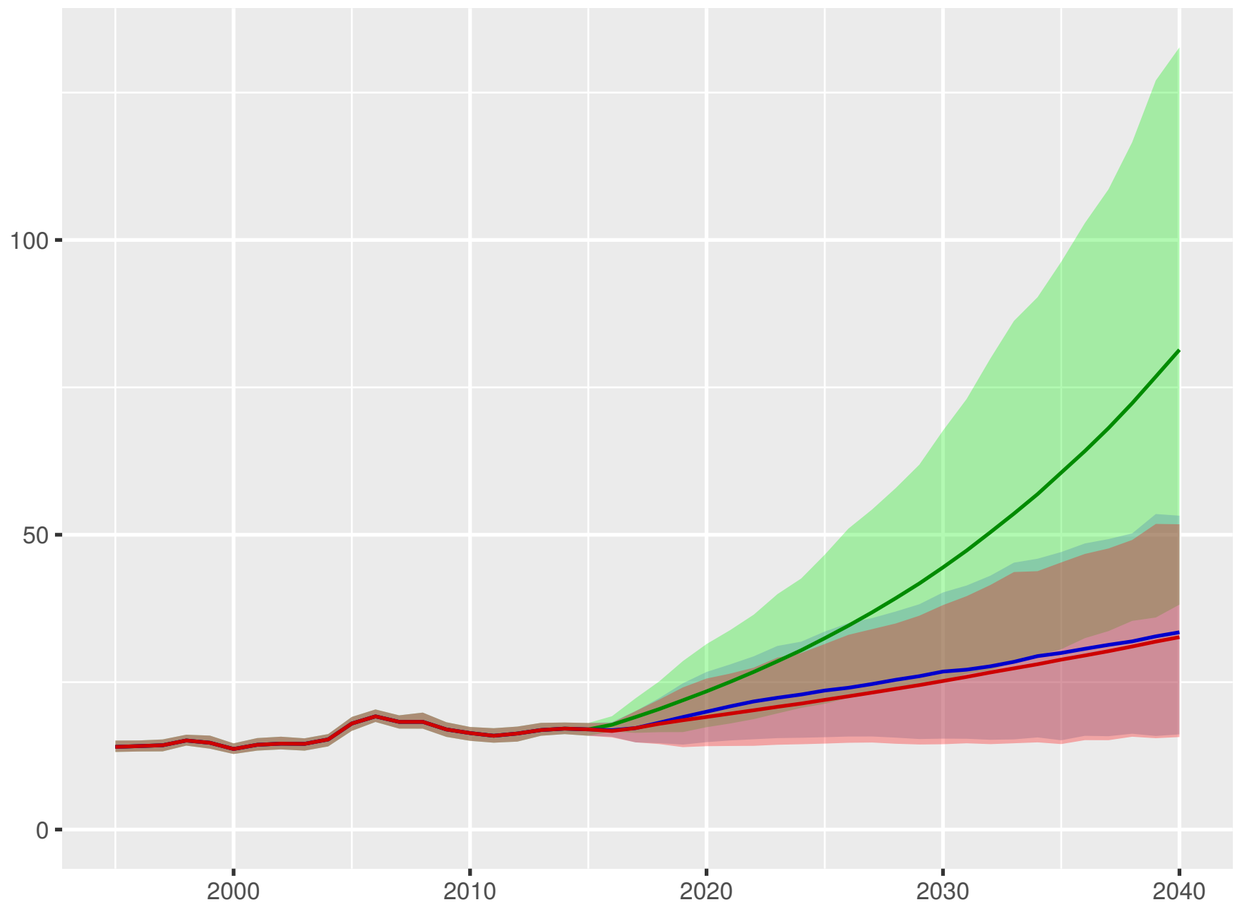
Total health spending per person



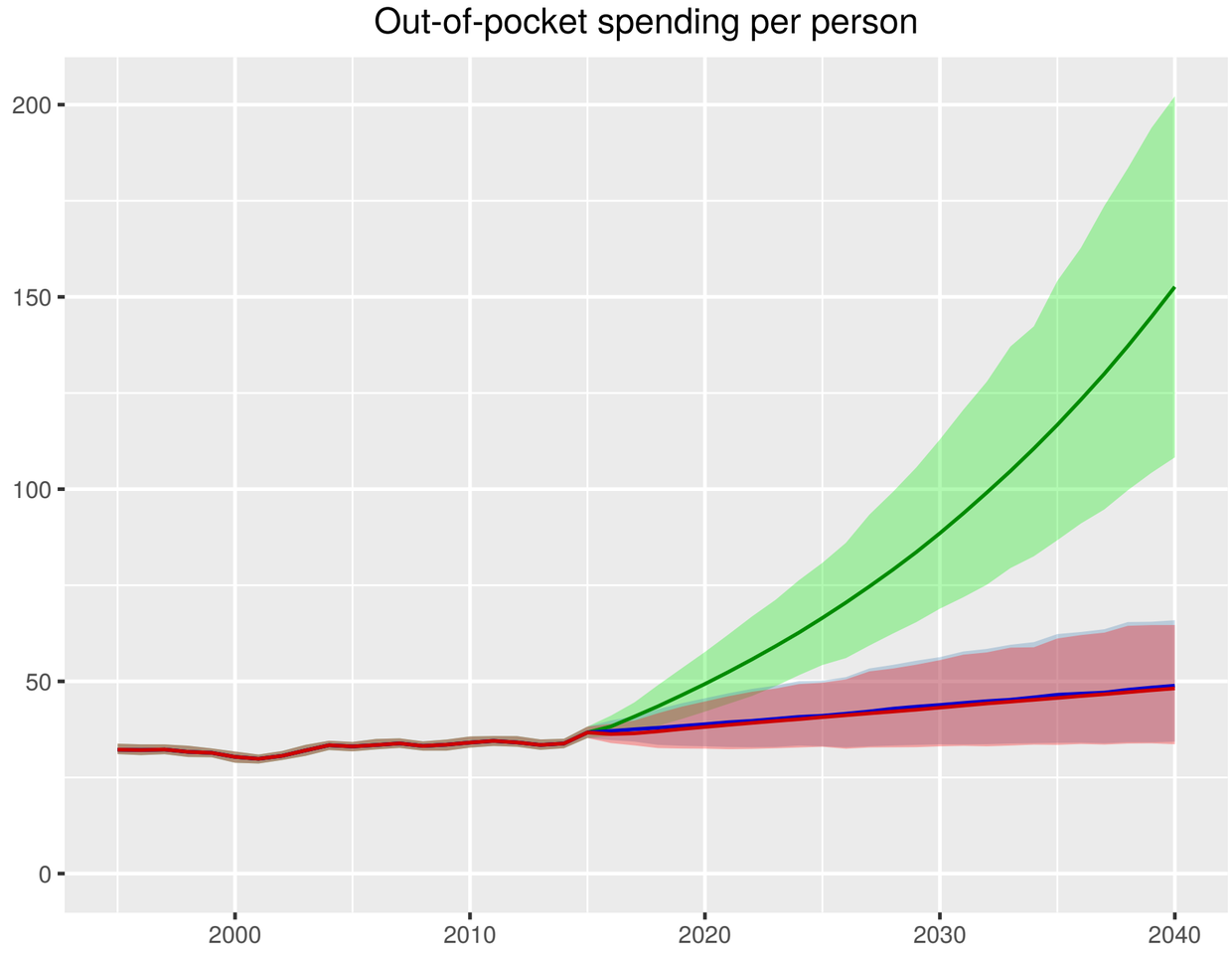
Development assistance for health received per person



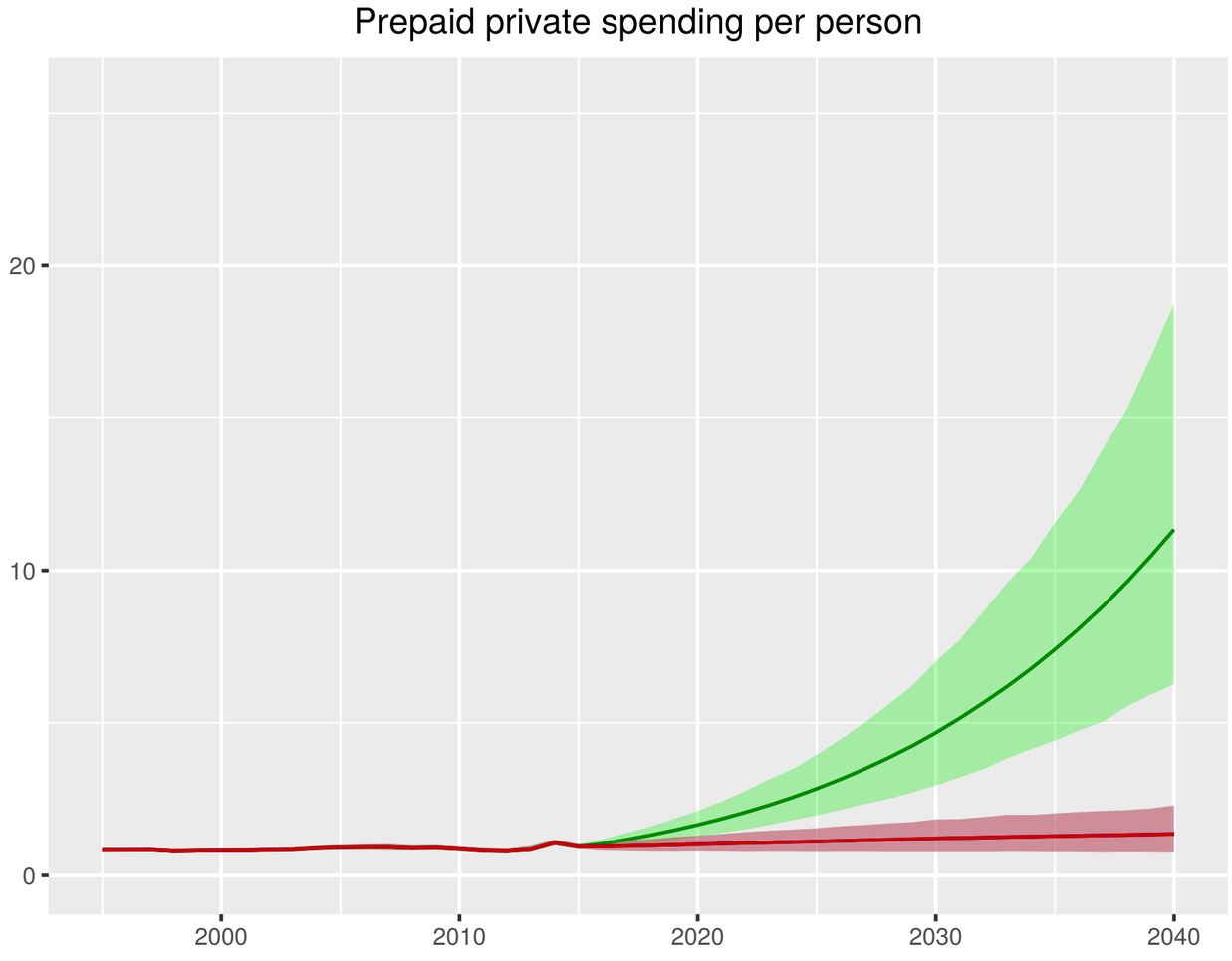
Government health spending per person



Out-of-pocket spending per person



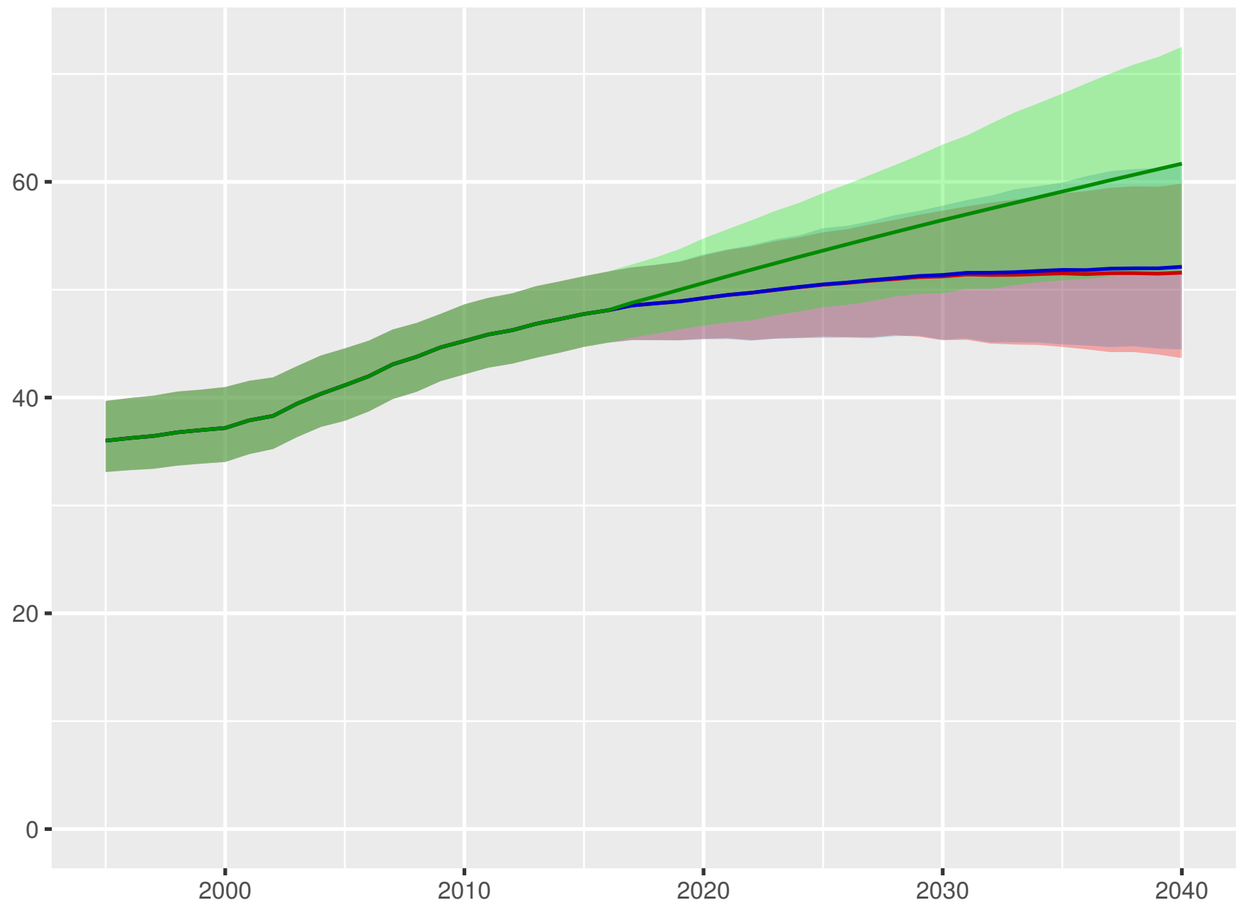
Prepaid private spending per person



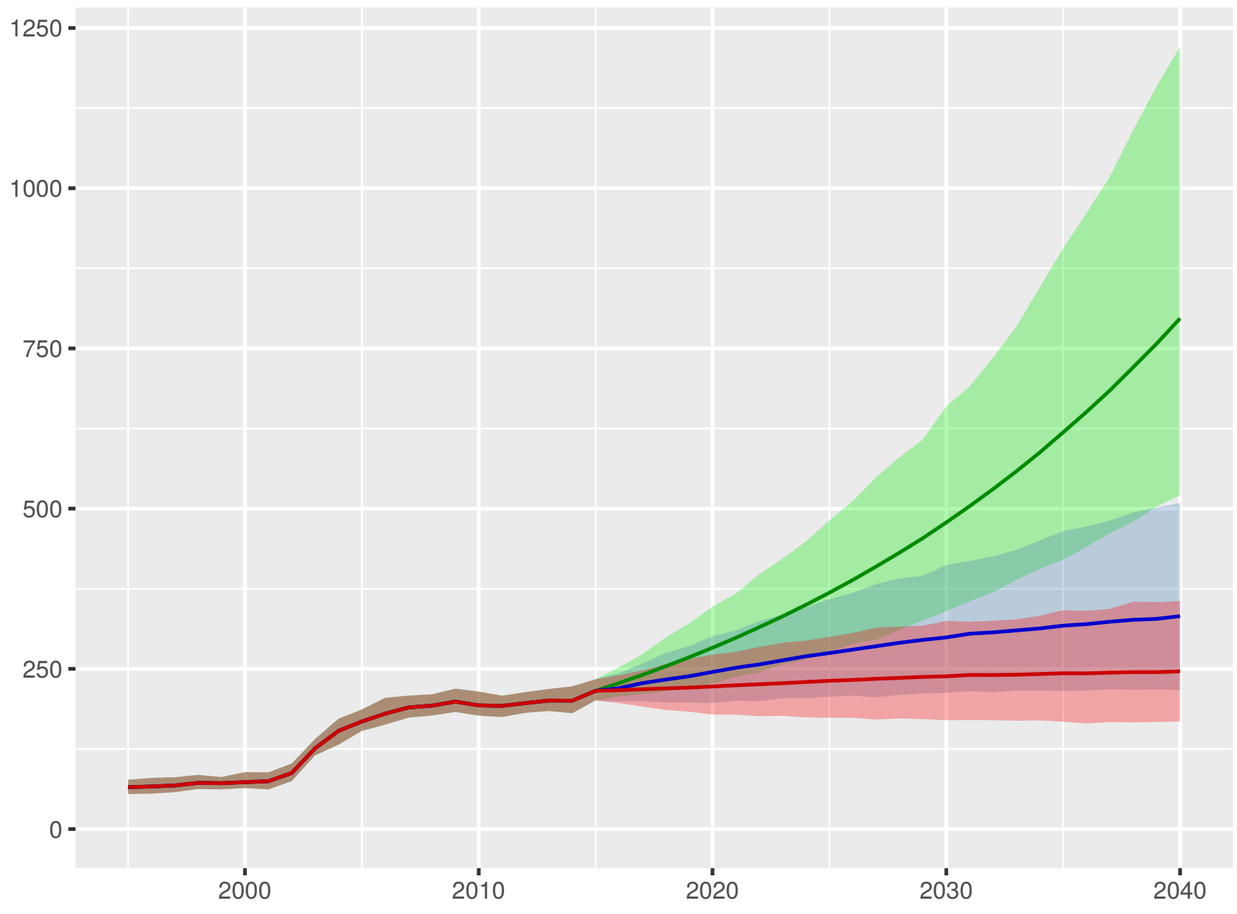
Scenario — Better — Reference — Worse

Nigeria

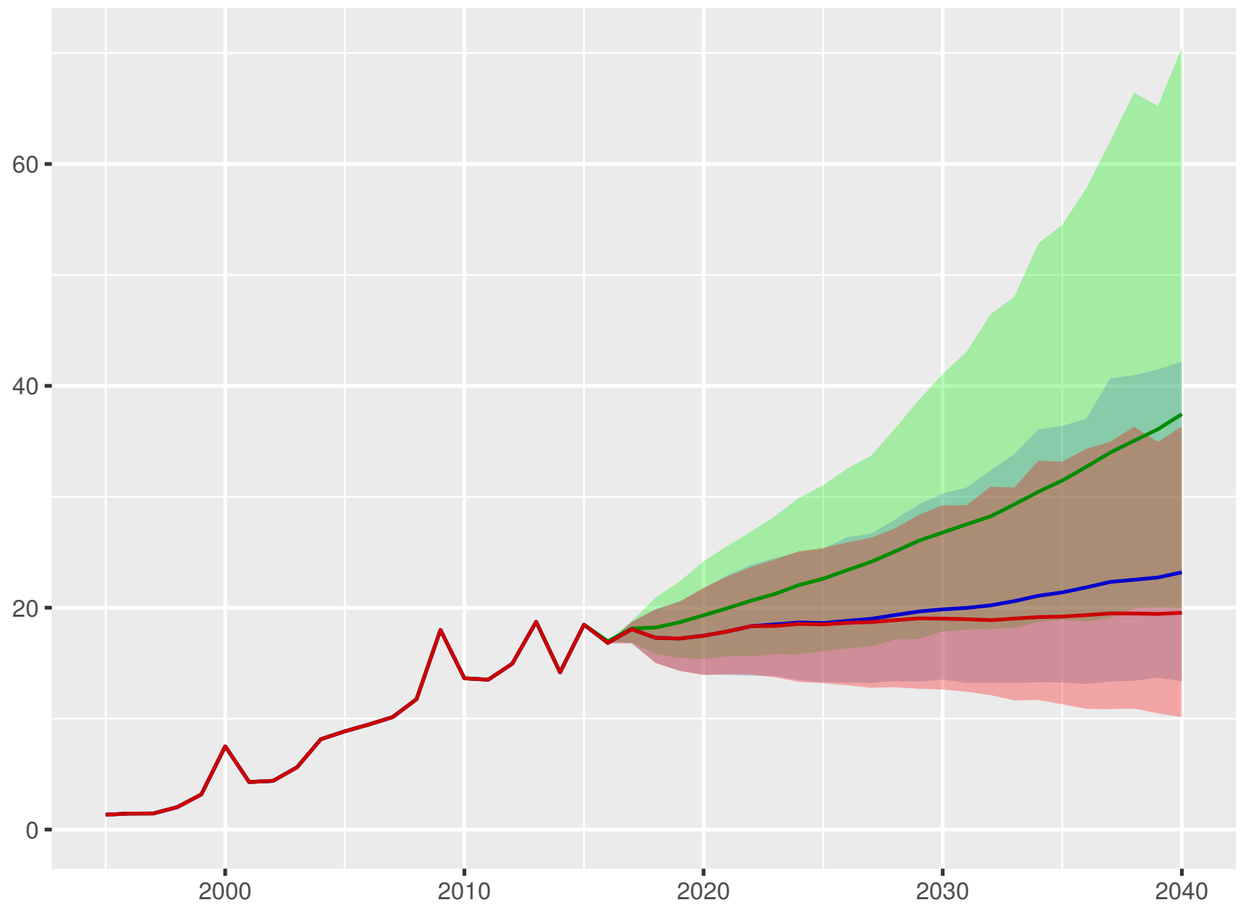
Universal health coverage index



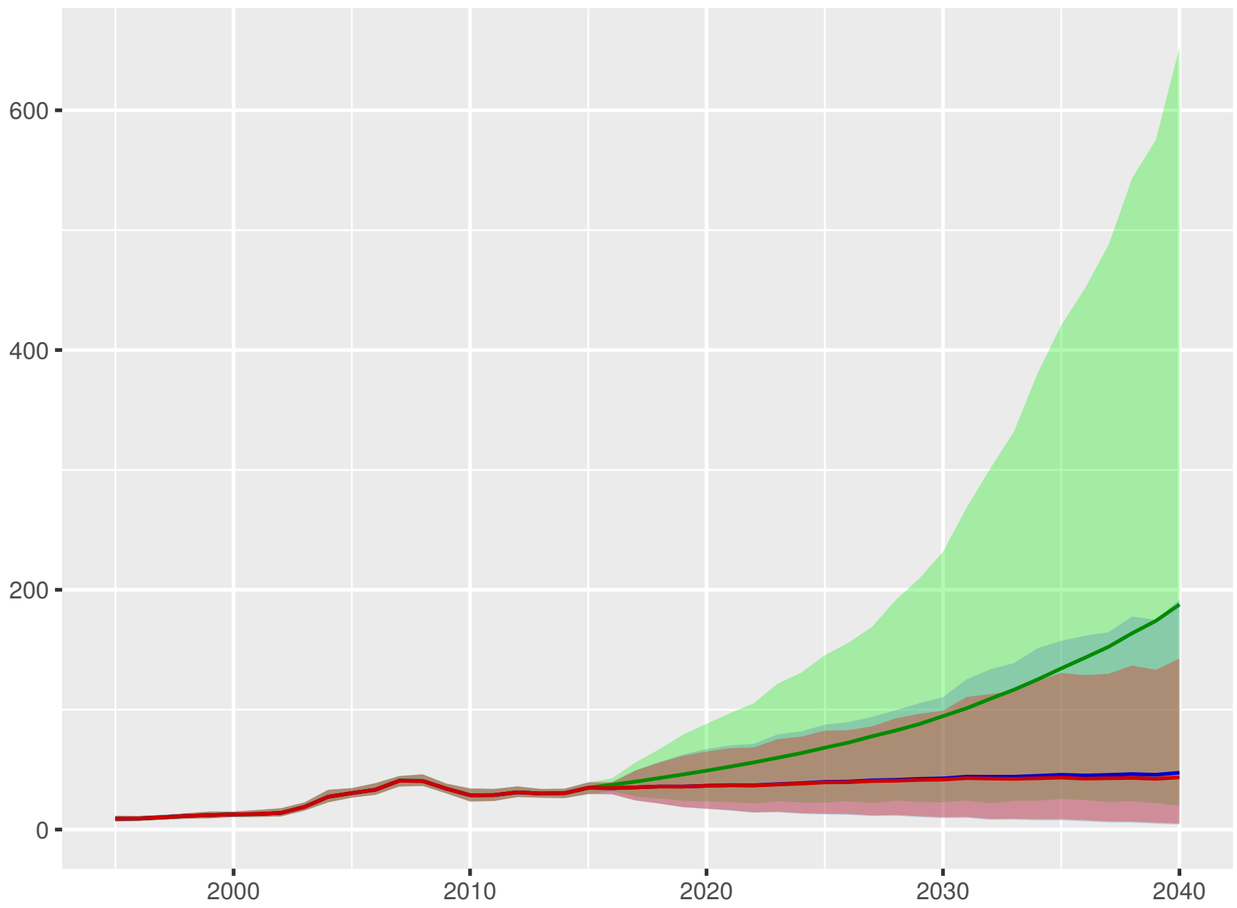
Total health spending per person



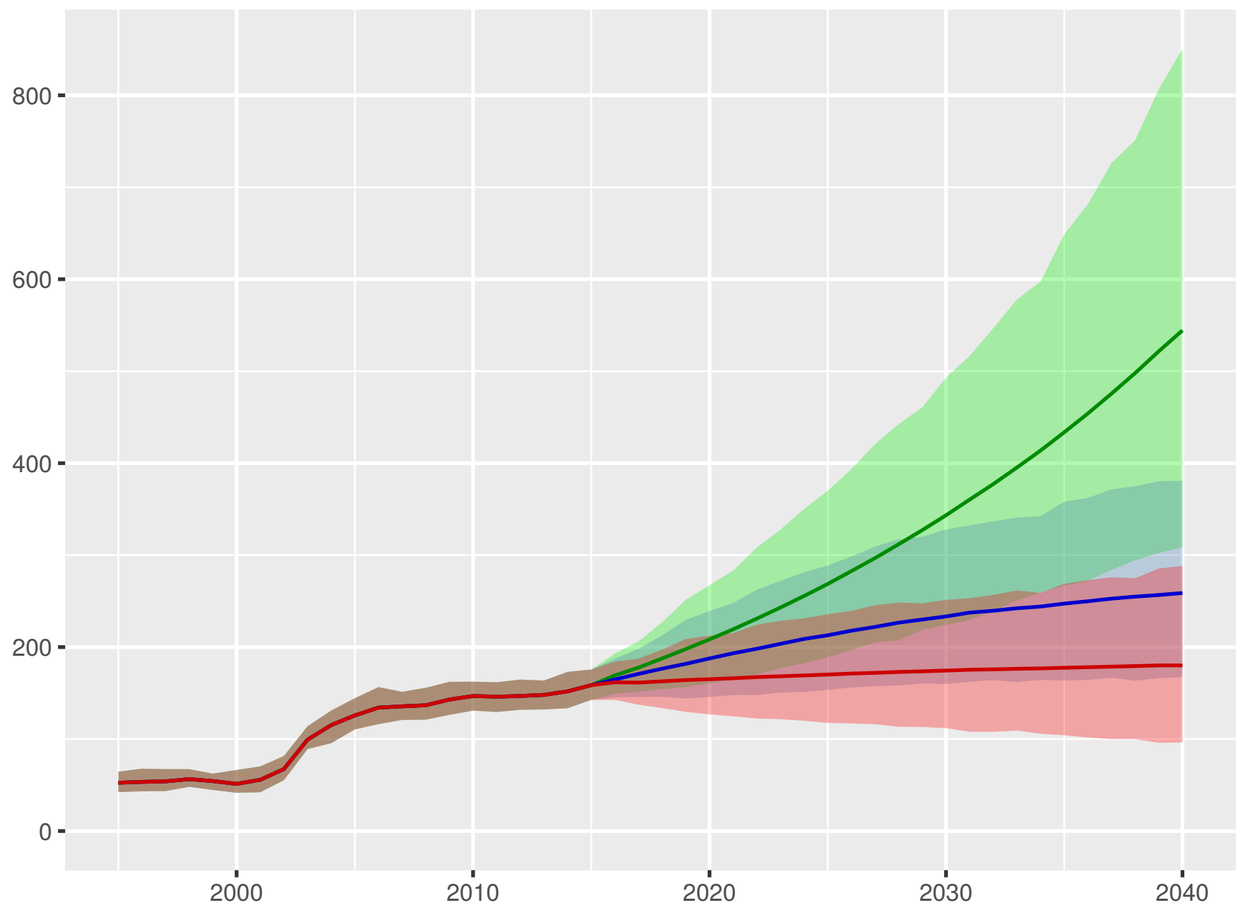
Development assistance for health received per person



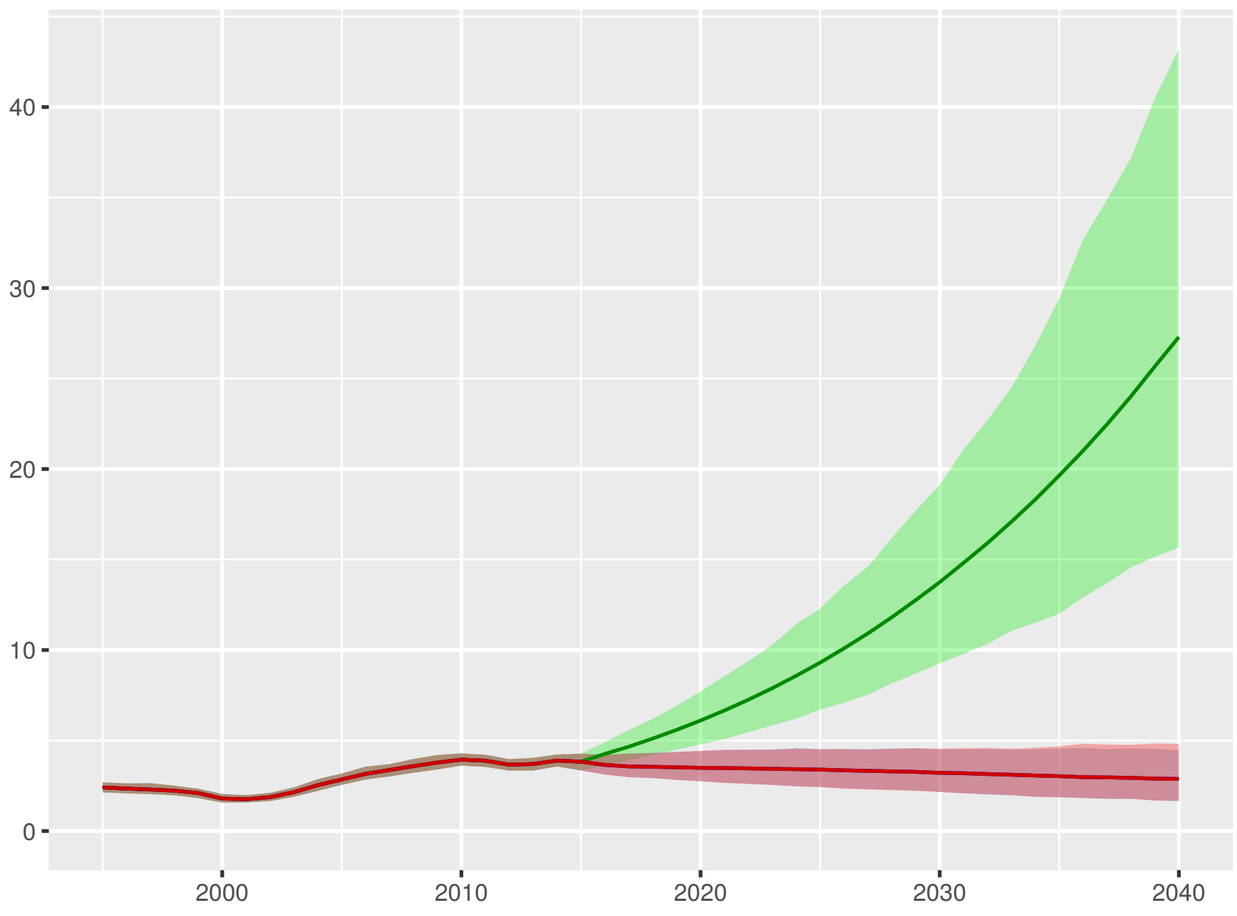
Government health spending per person



Out-of-pocket spending per person



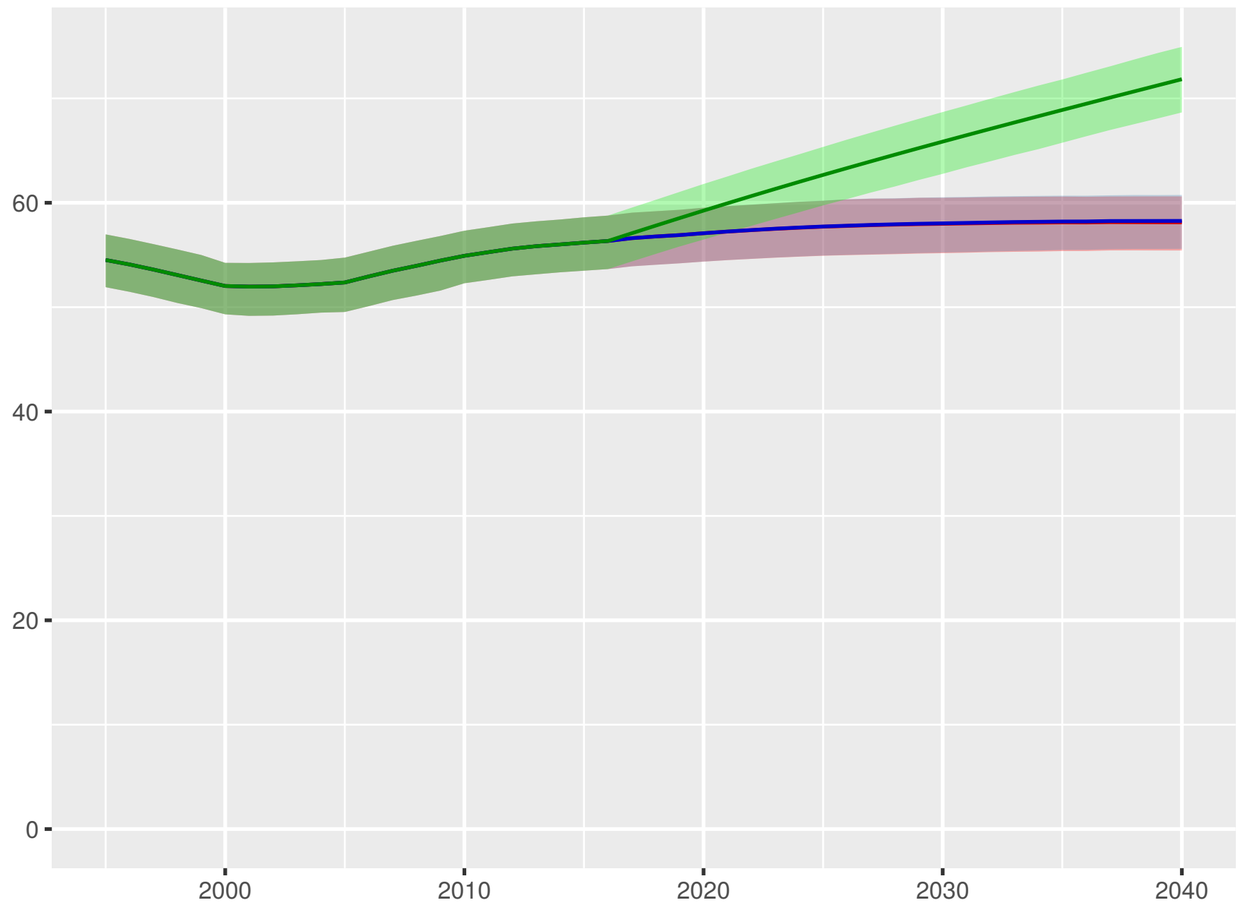
Prepaid private spending per person



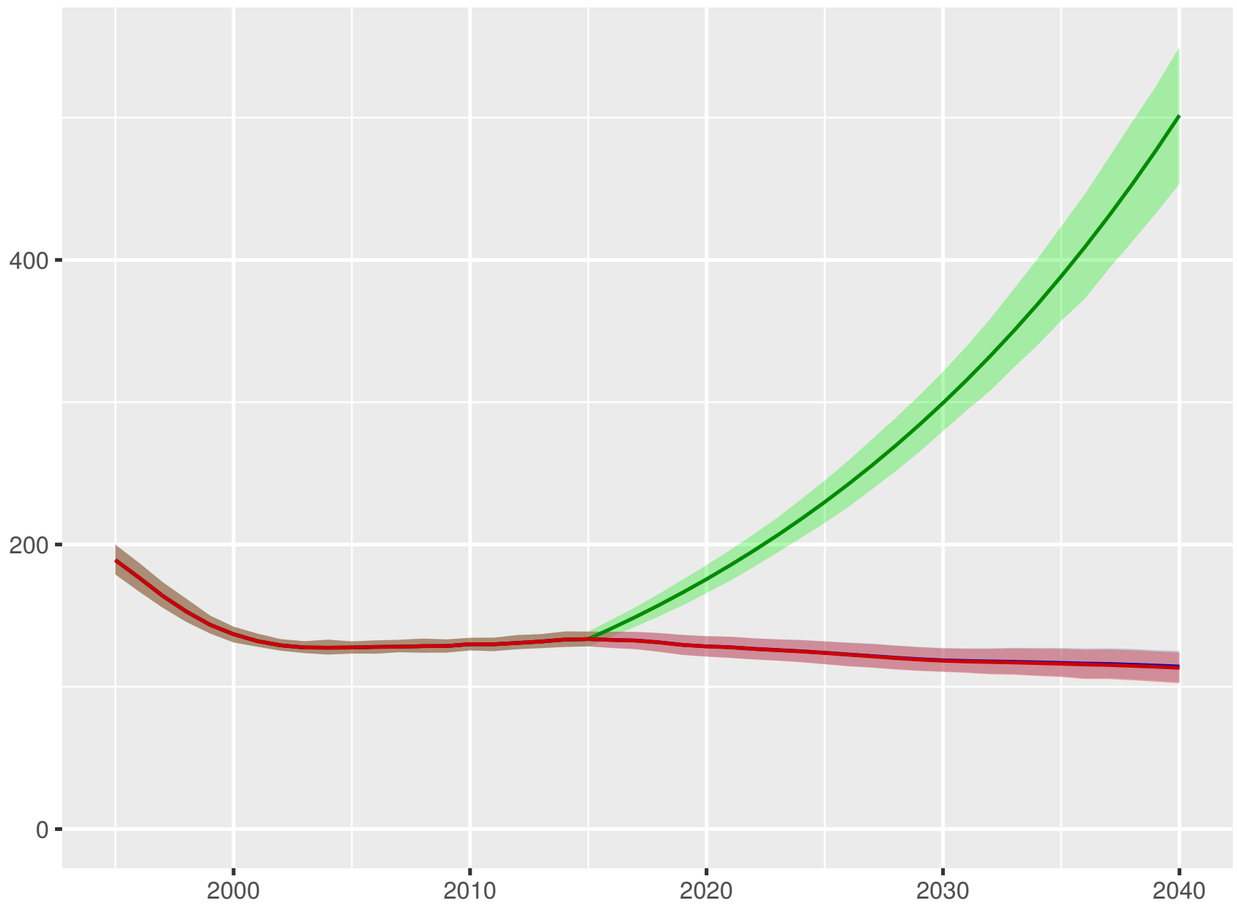
Scenario — Better — Reference — Worse

North Korea

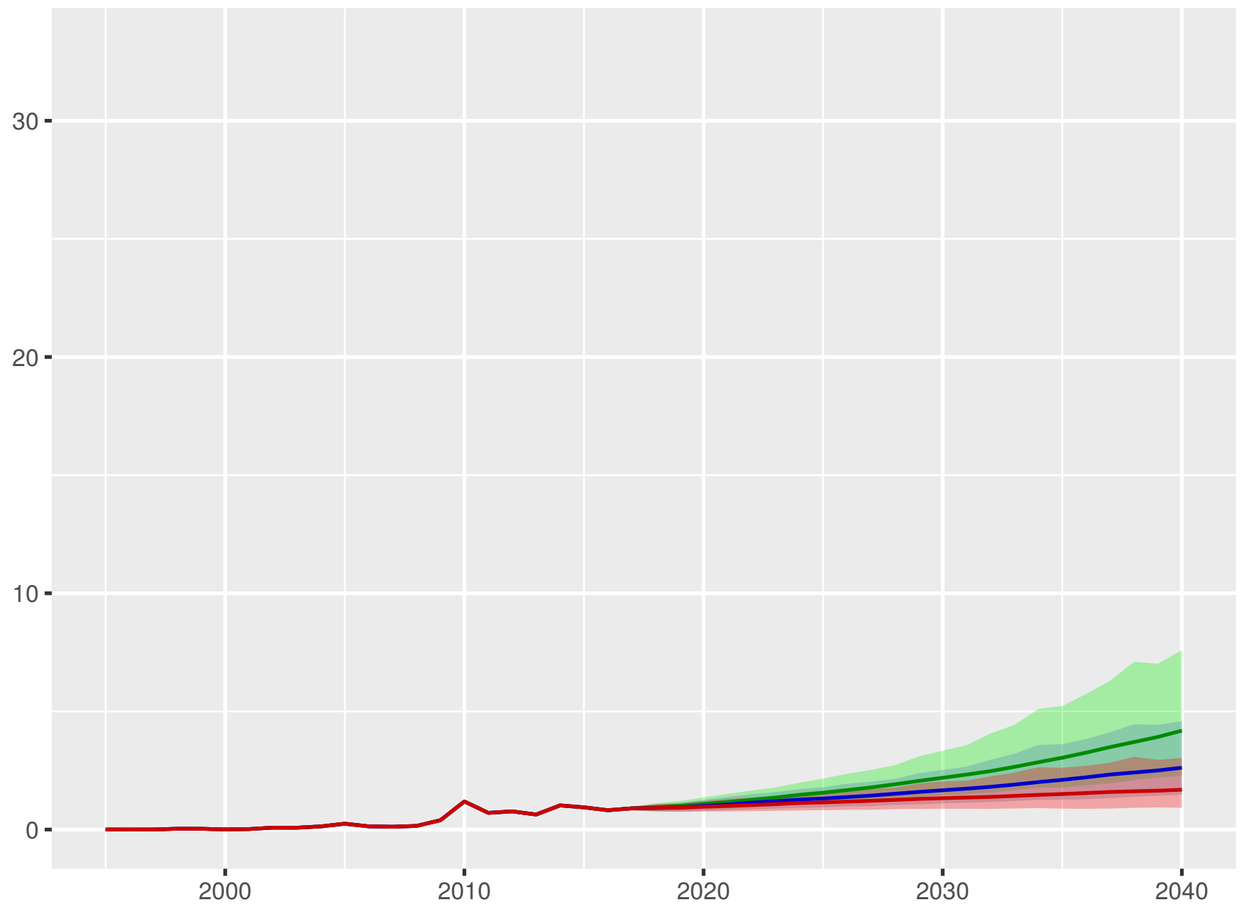
Universal health coverage index



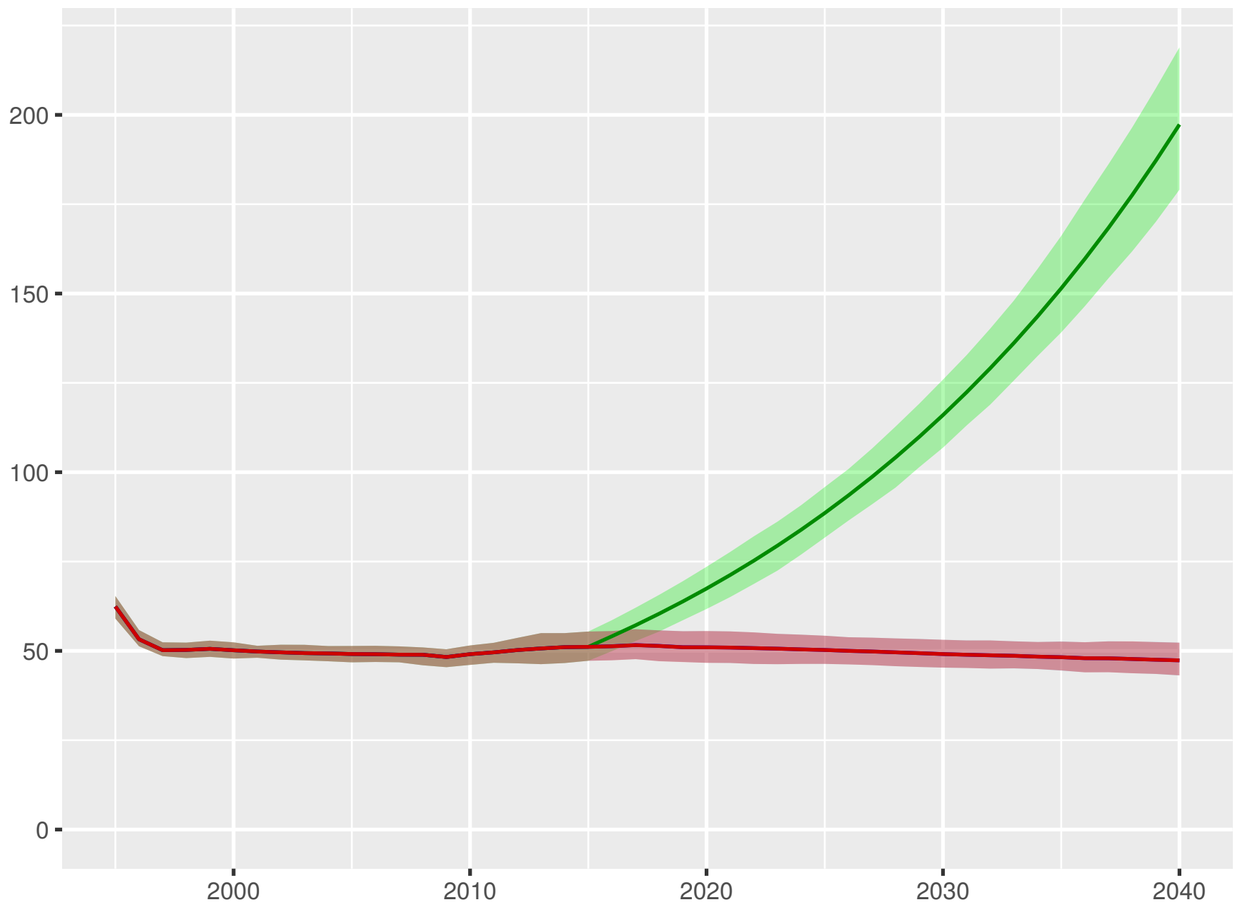
Total health spending per person



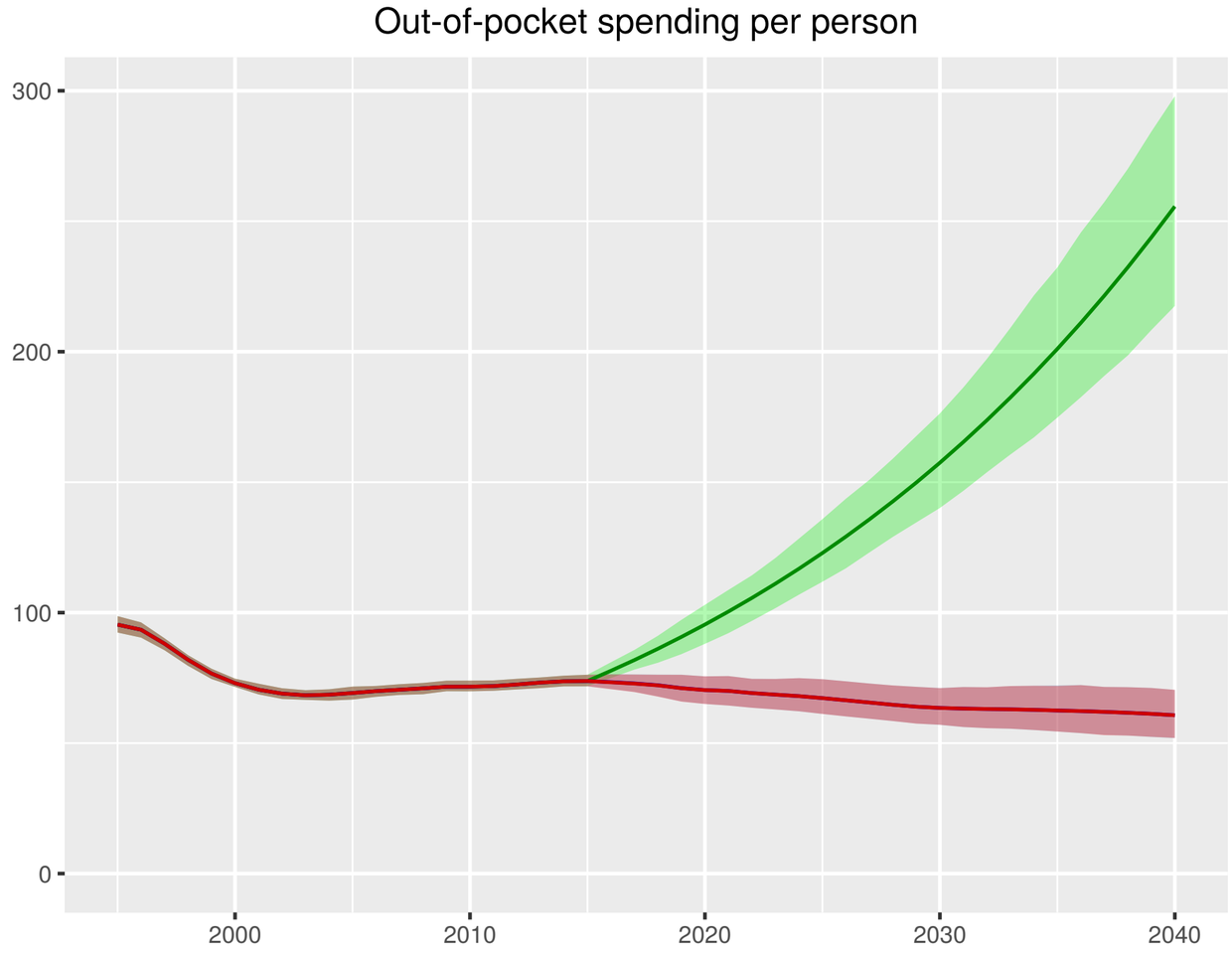
Development assistance for health received per person



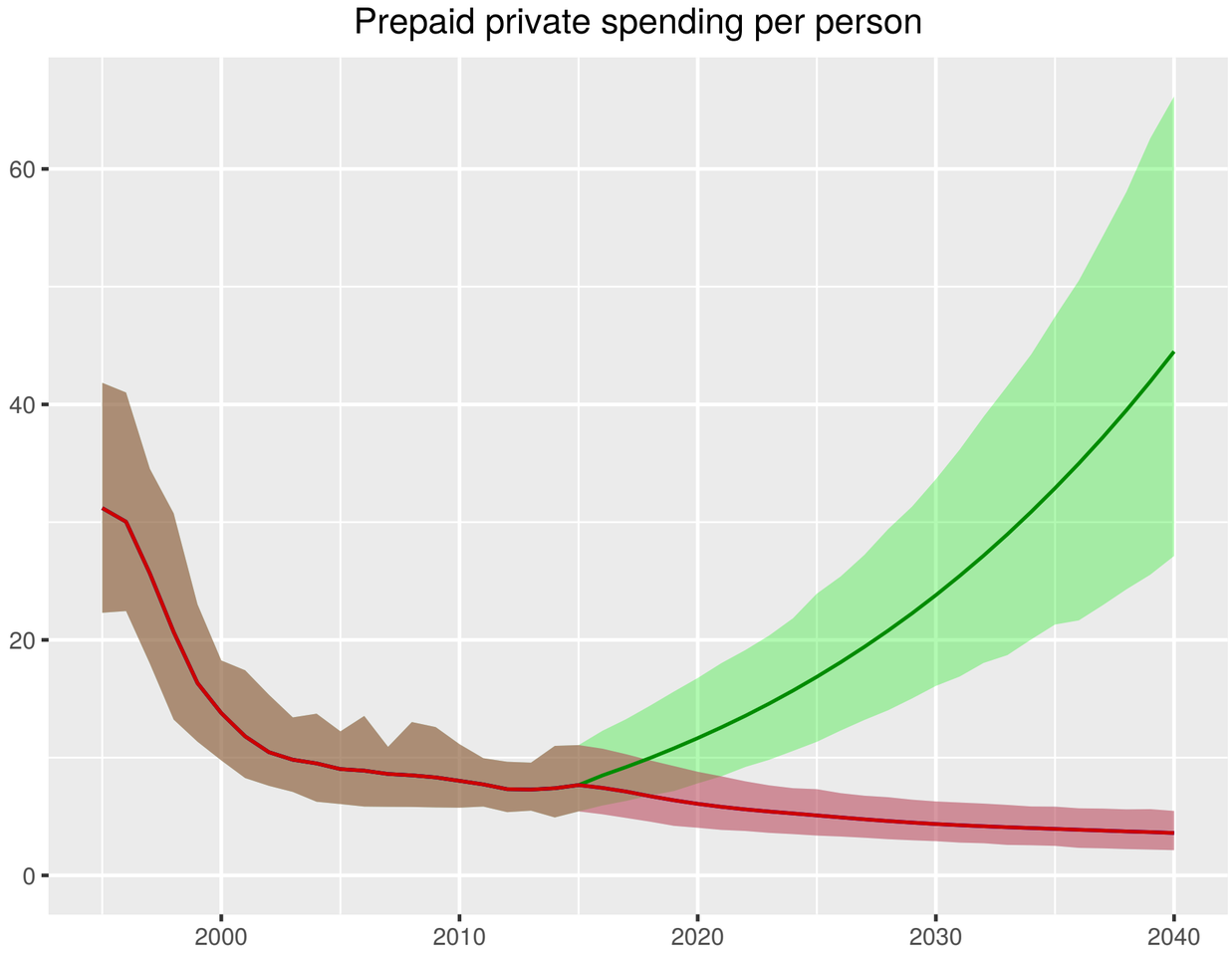
Government health spending per person



Out-of-pocket spending per person



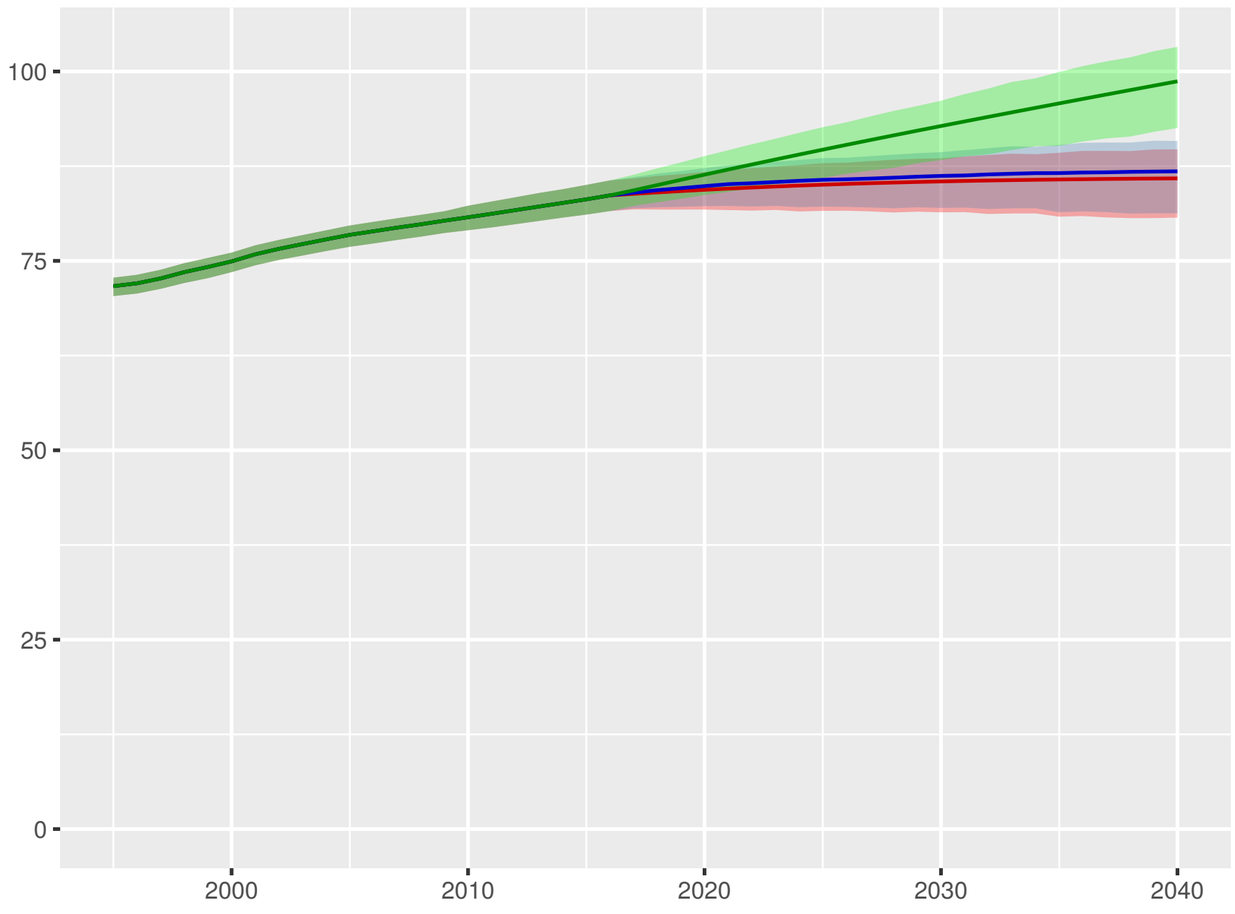
Prepaid private spending per person



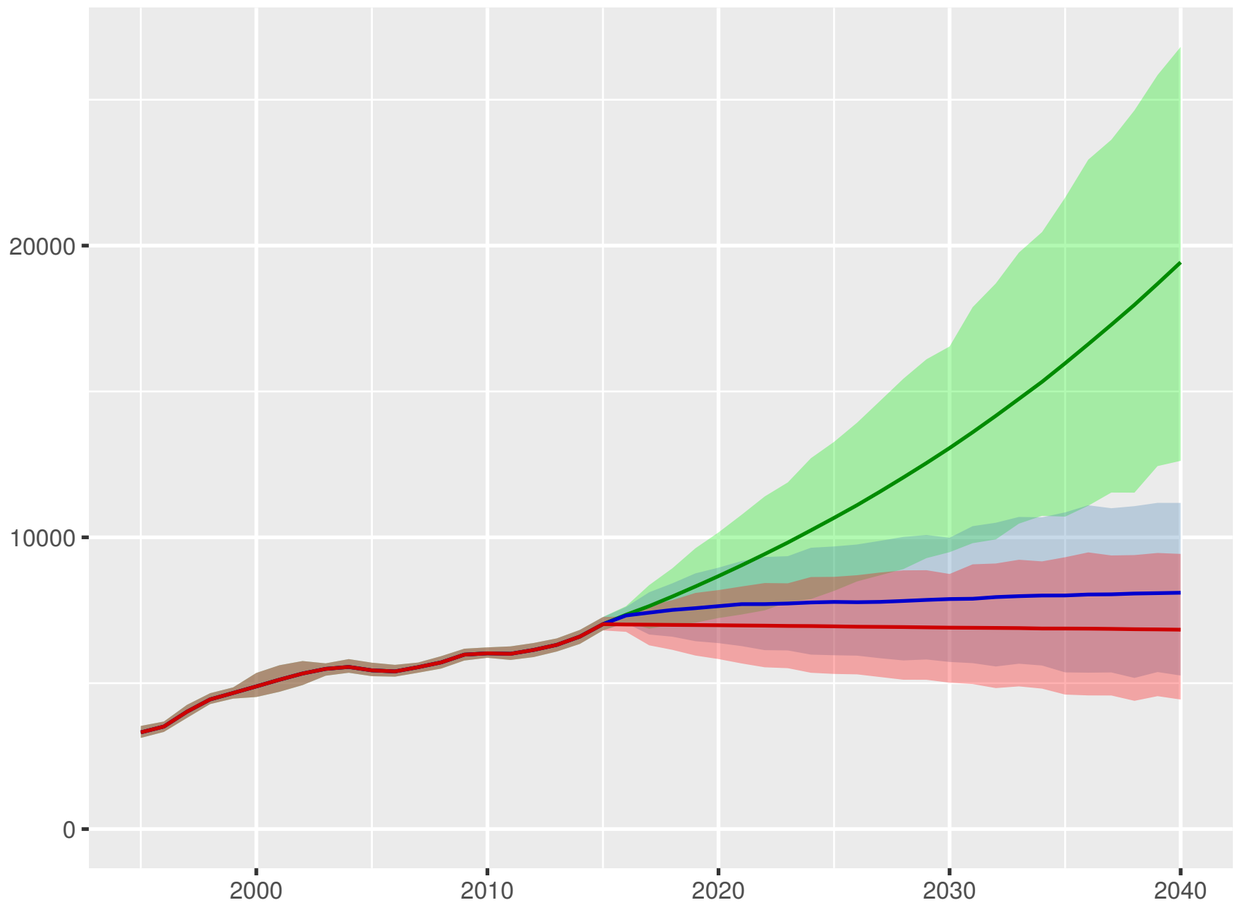
Scenario — Better — Reference — Worse

Norway

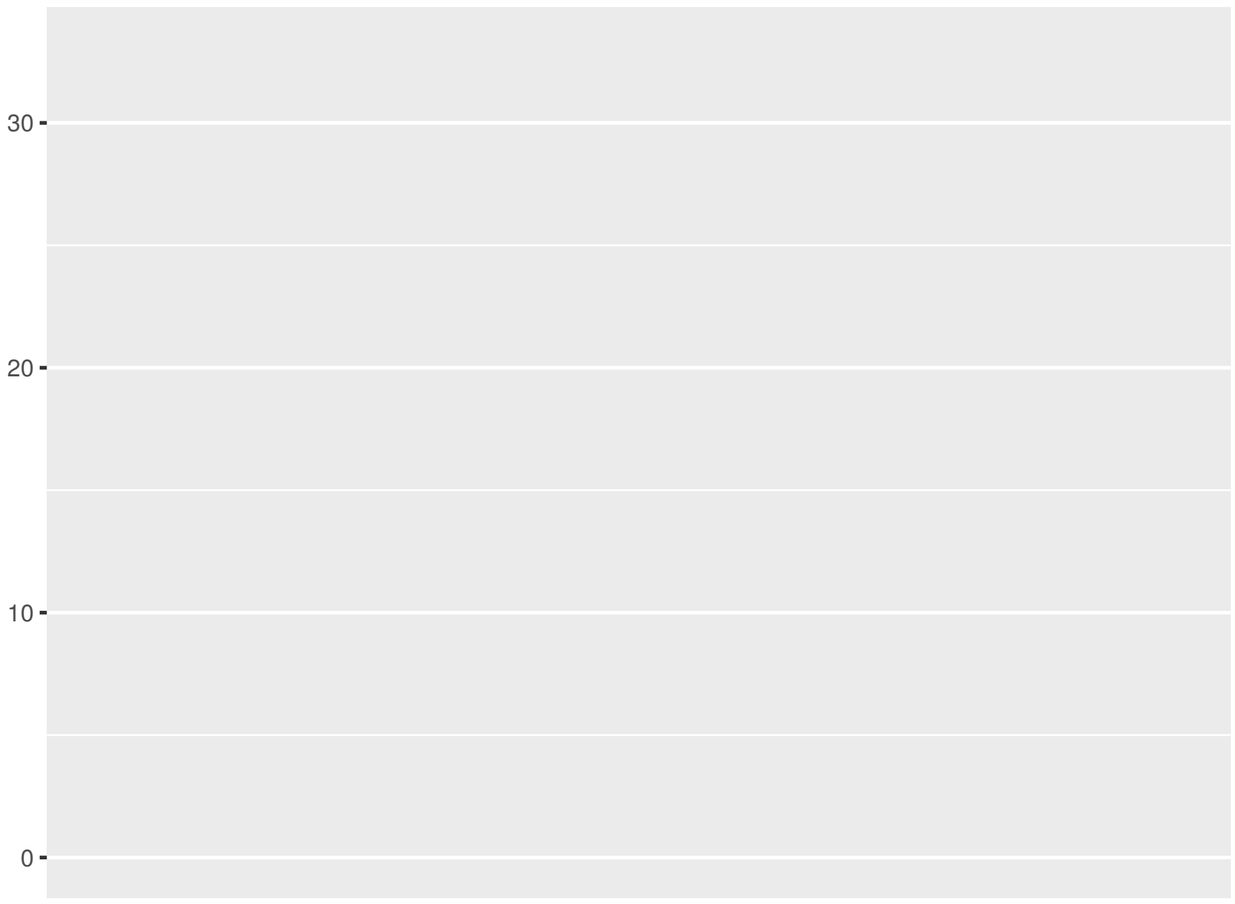
Universal health coverage index



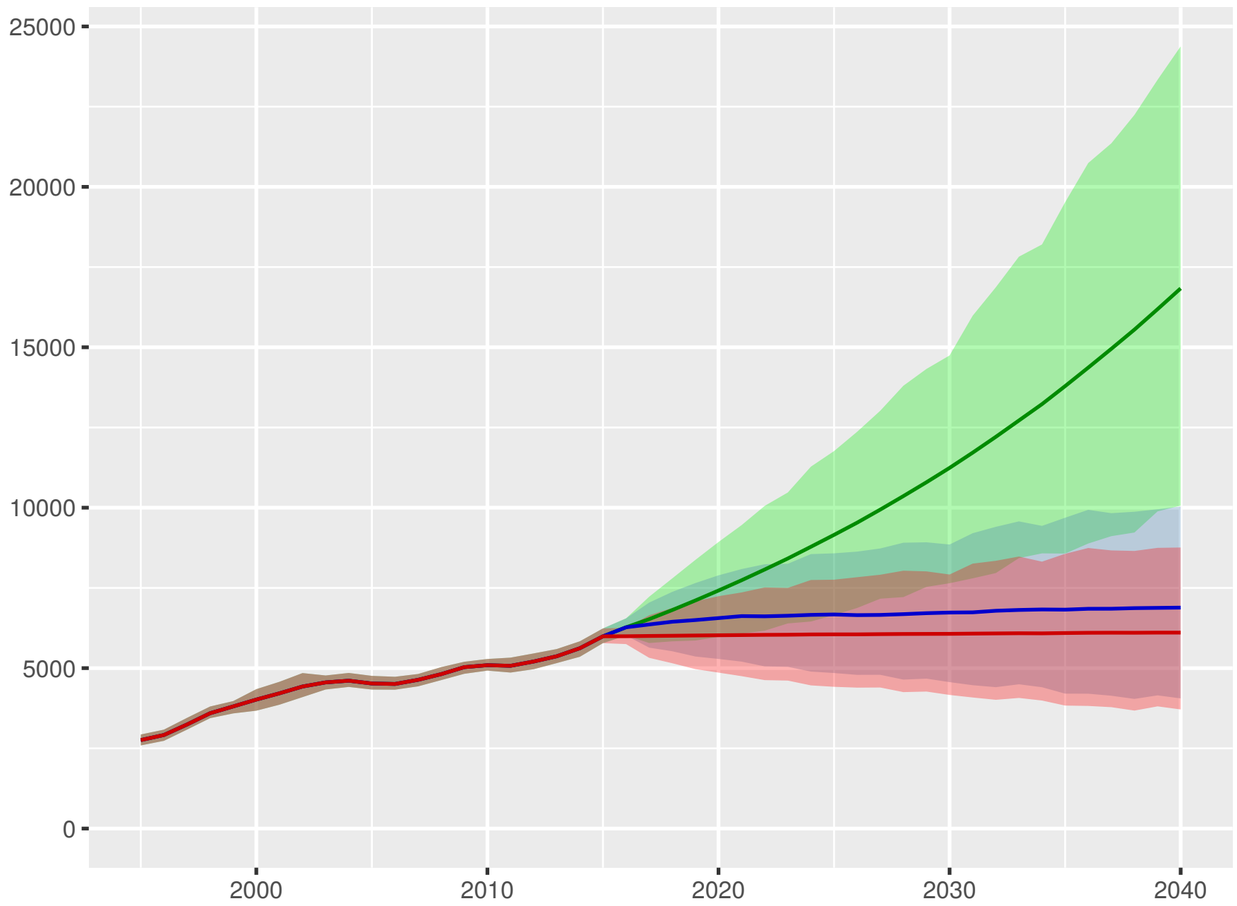
Total health spending per person



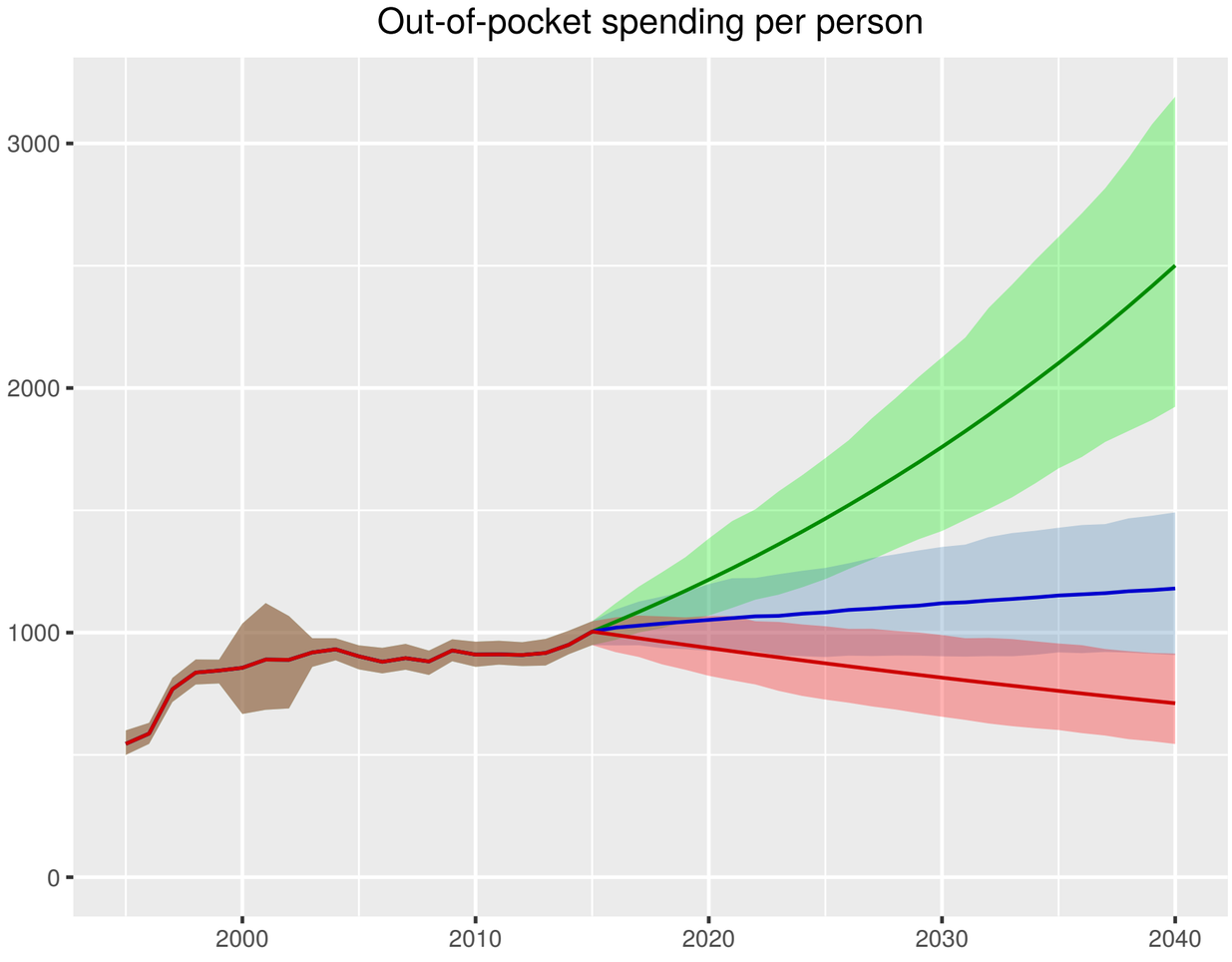
Development assistance for health received per person



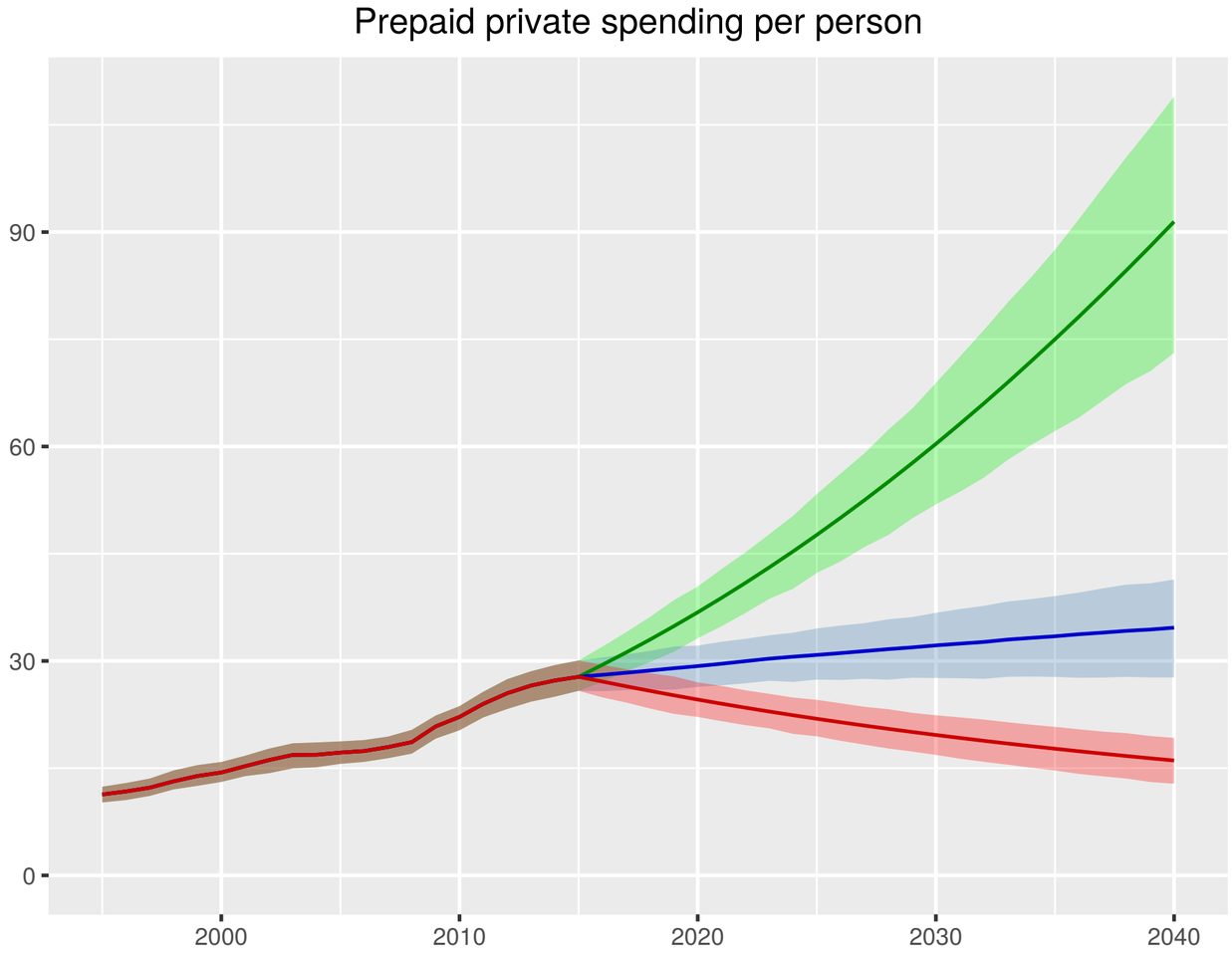
Government health spending per person



Out-of-pocket spending per person



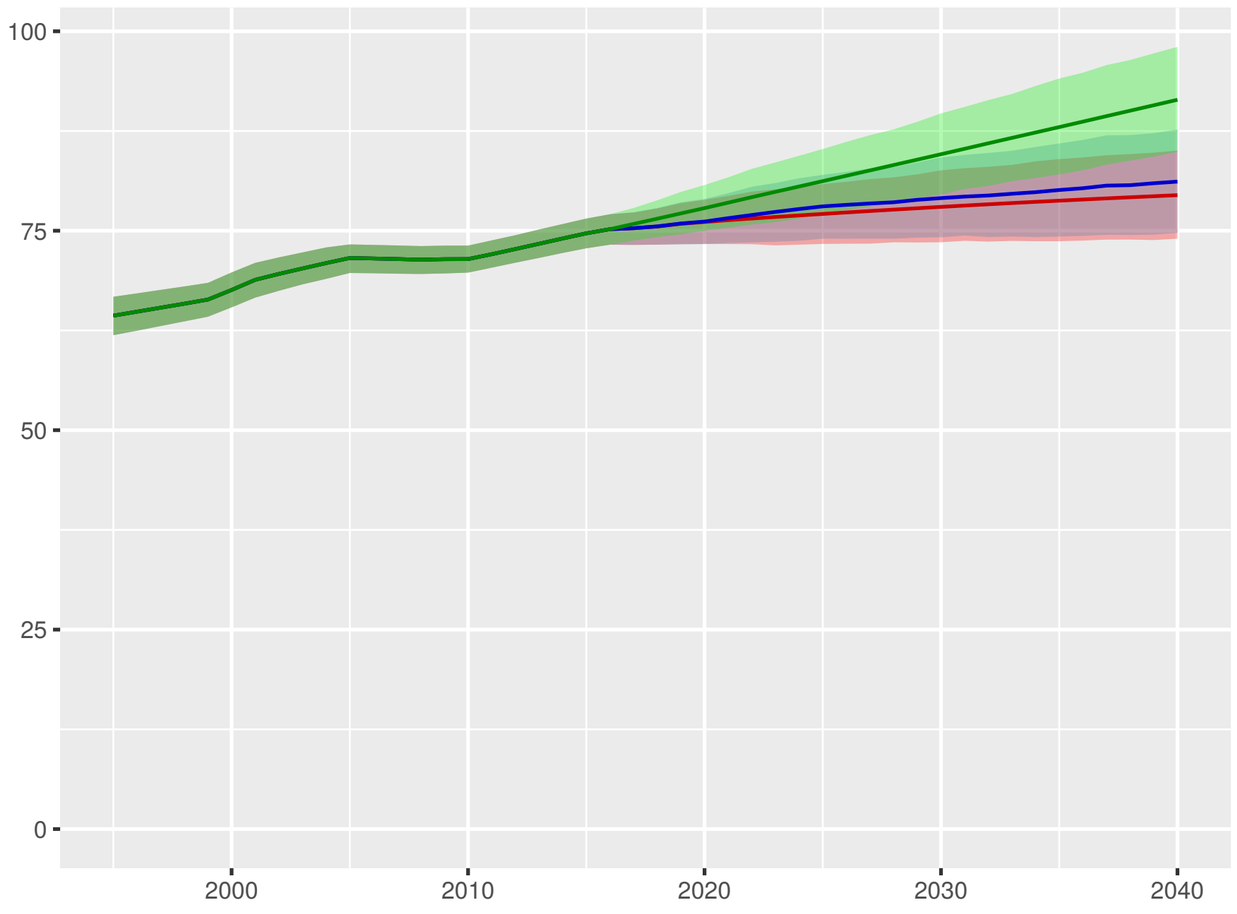
Prepaid private spending per person



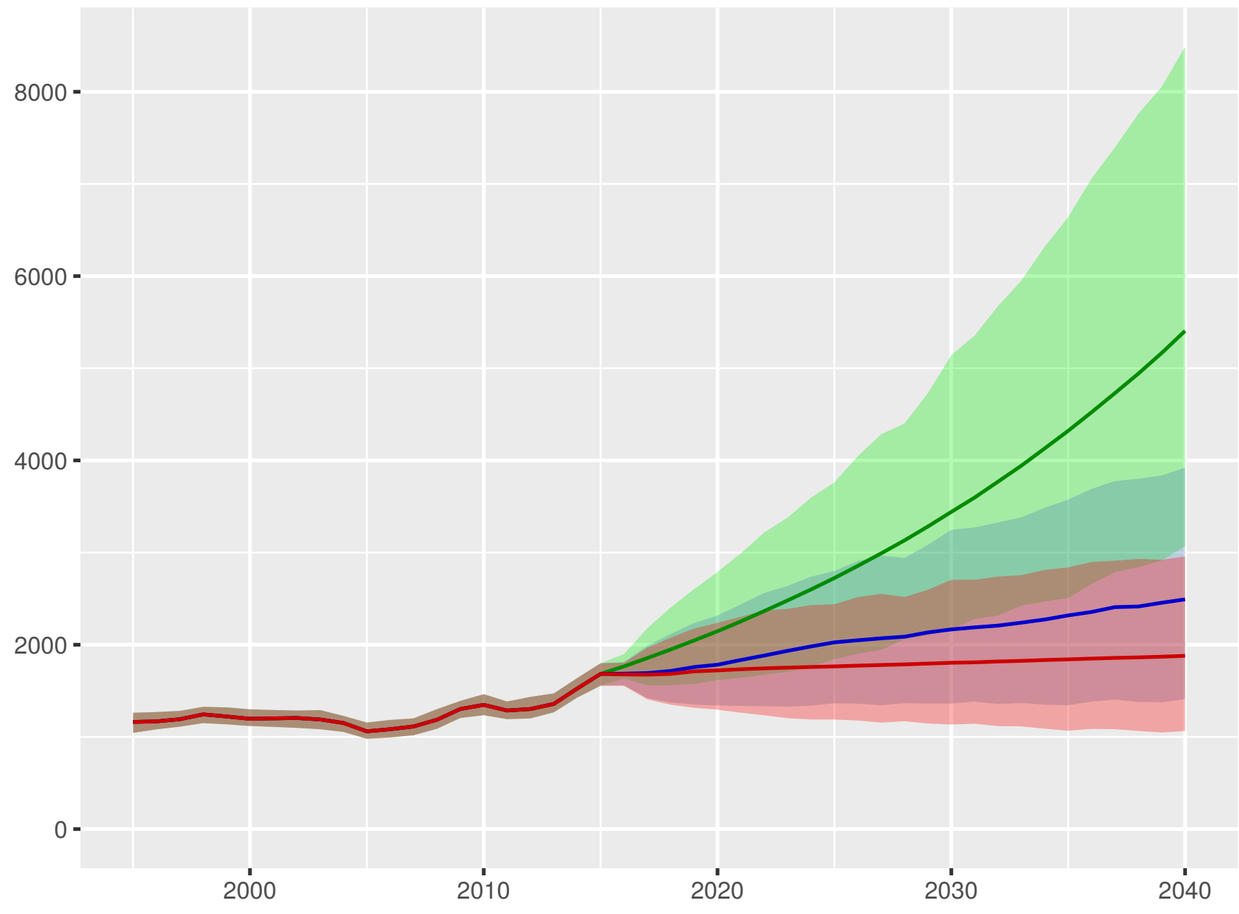
Scenario — Better — Reference — Worse

Oman

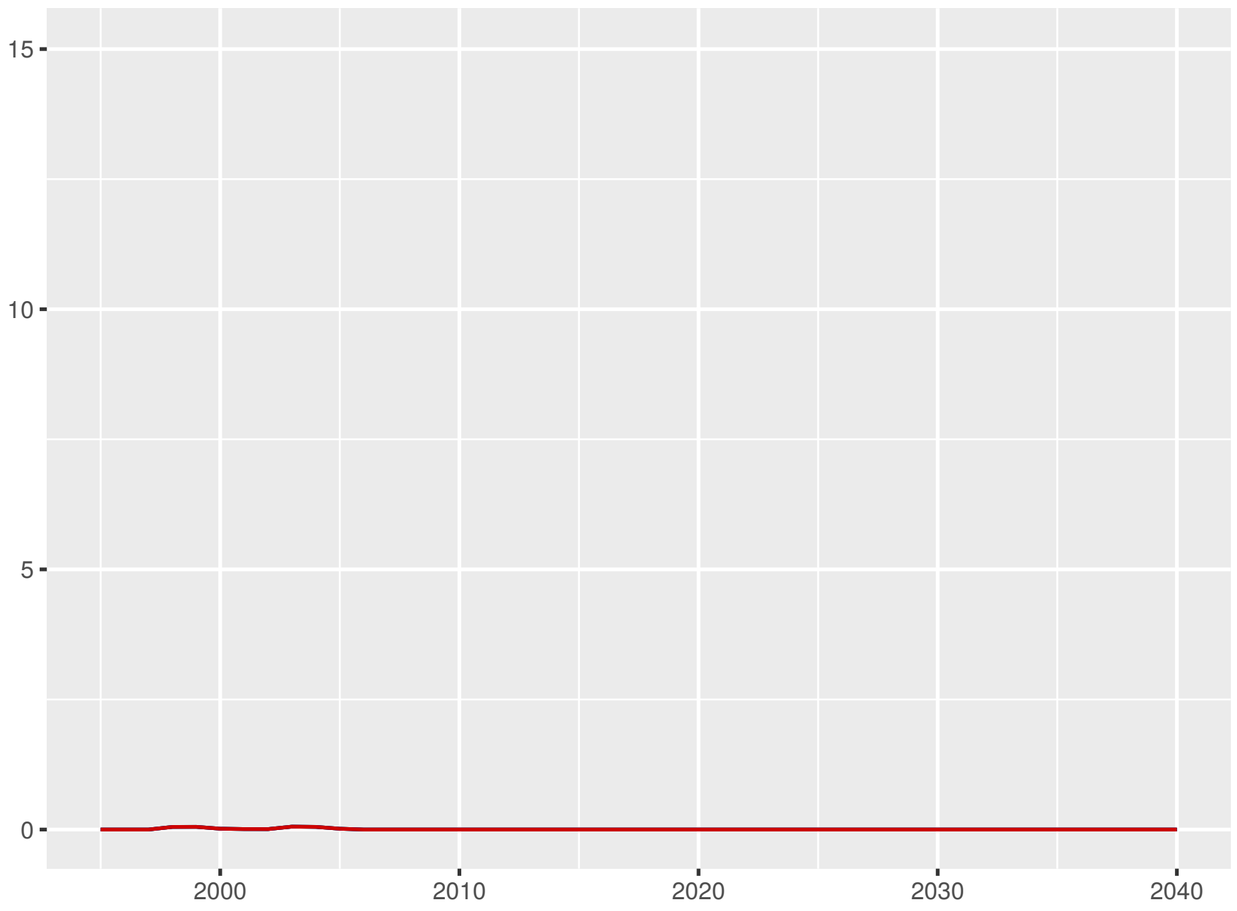
Universal health coverage index



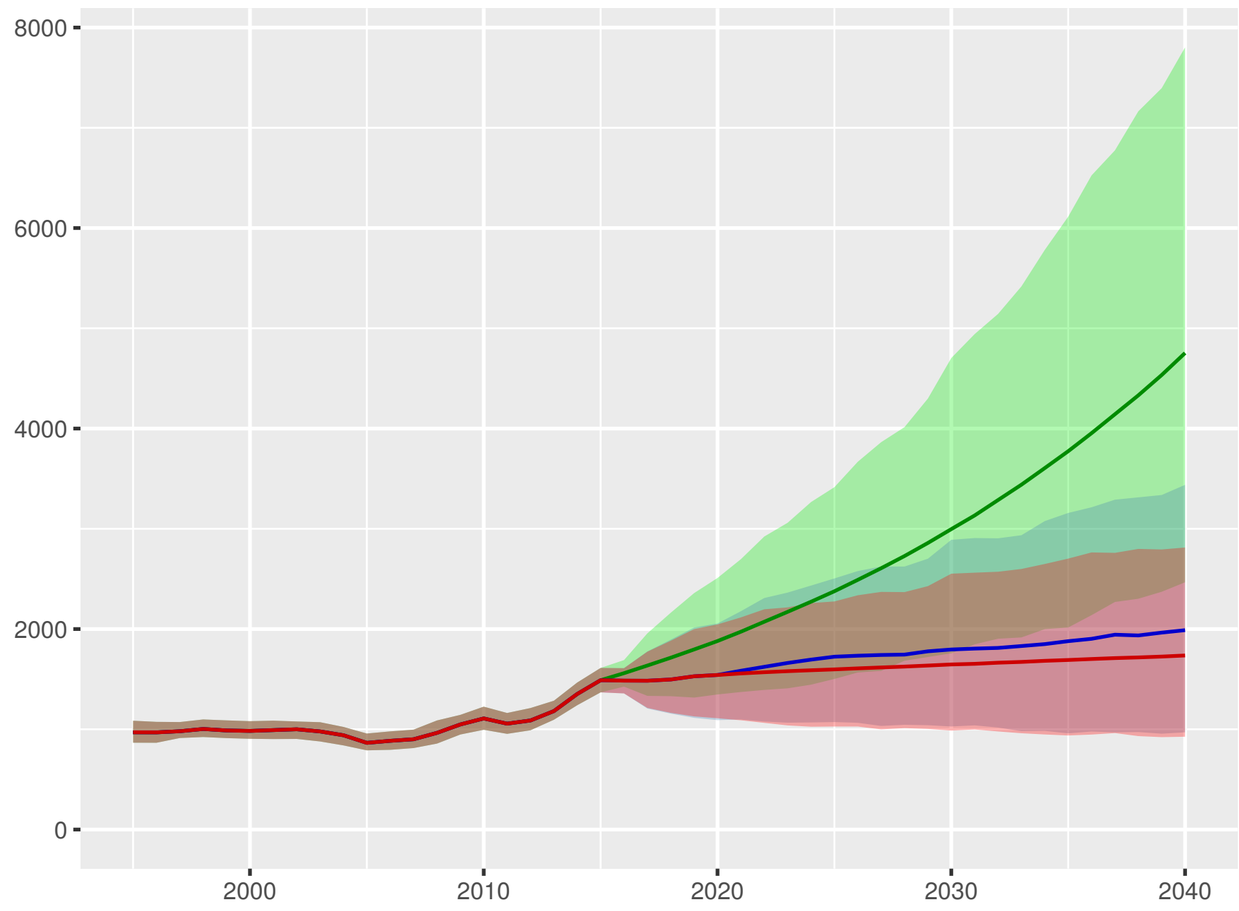
Total health spending per person



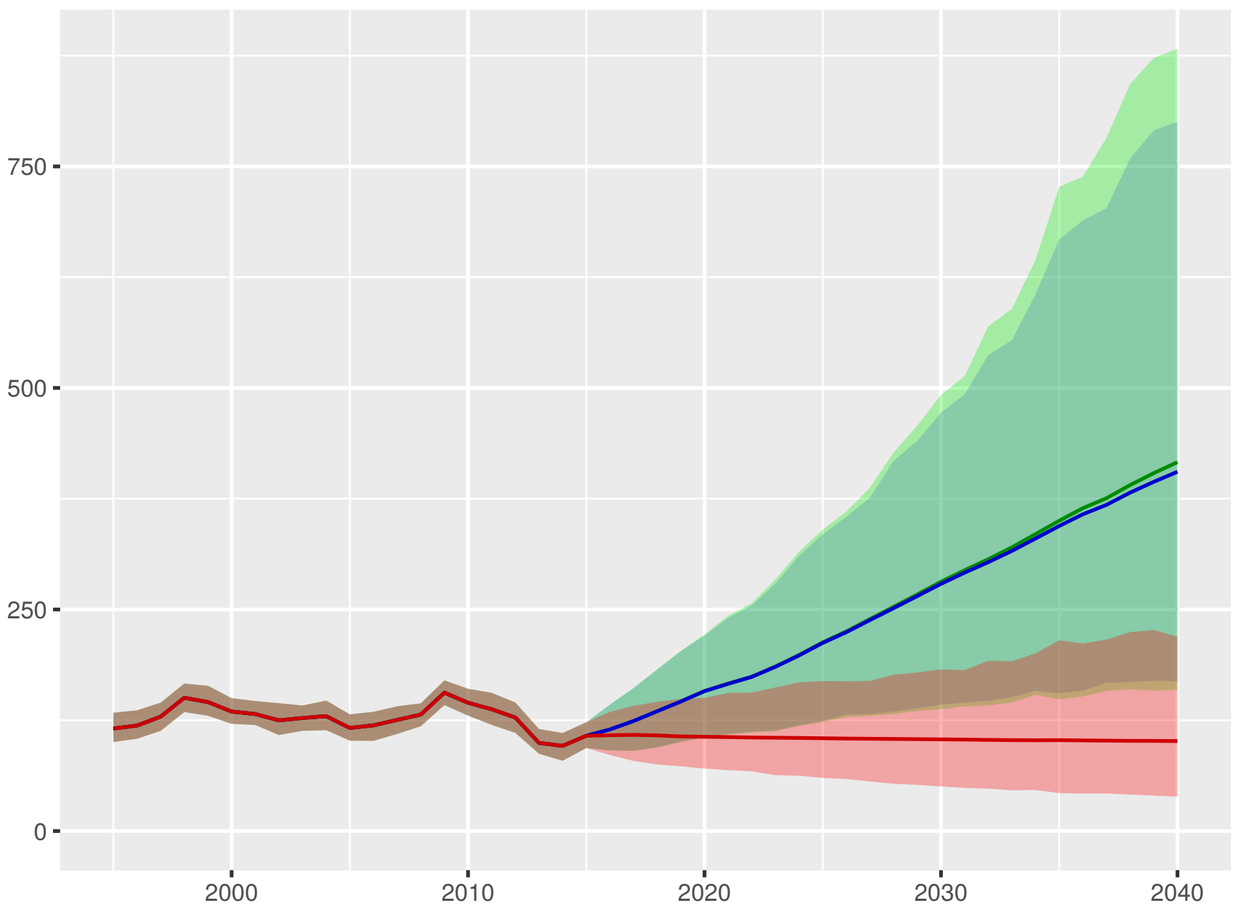
Development assistance for health received per person



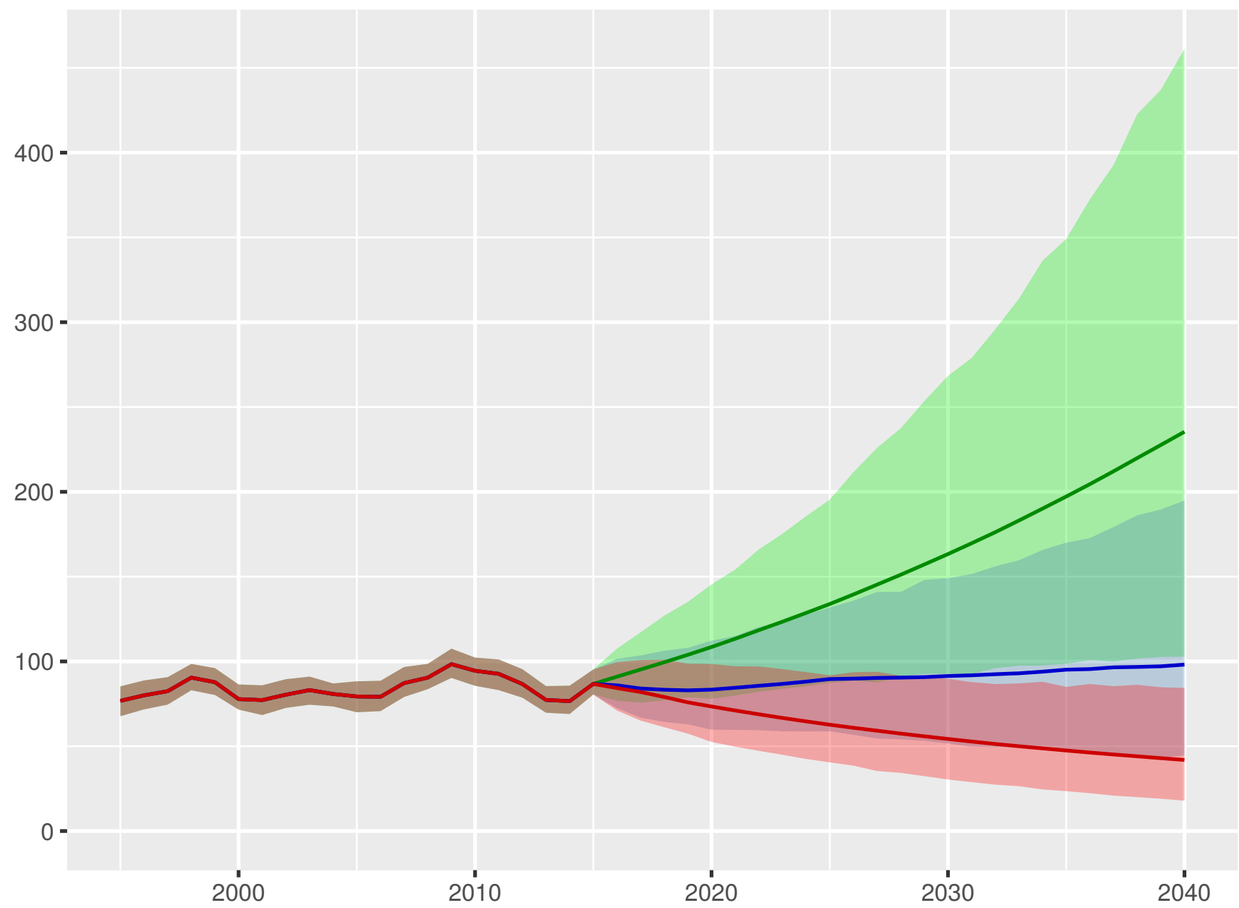
Government health spending per person



Out-of-pocket spending per person



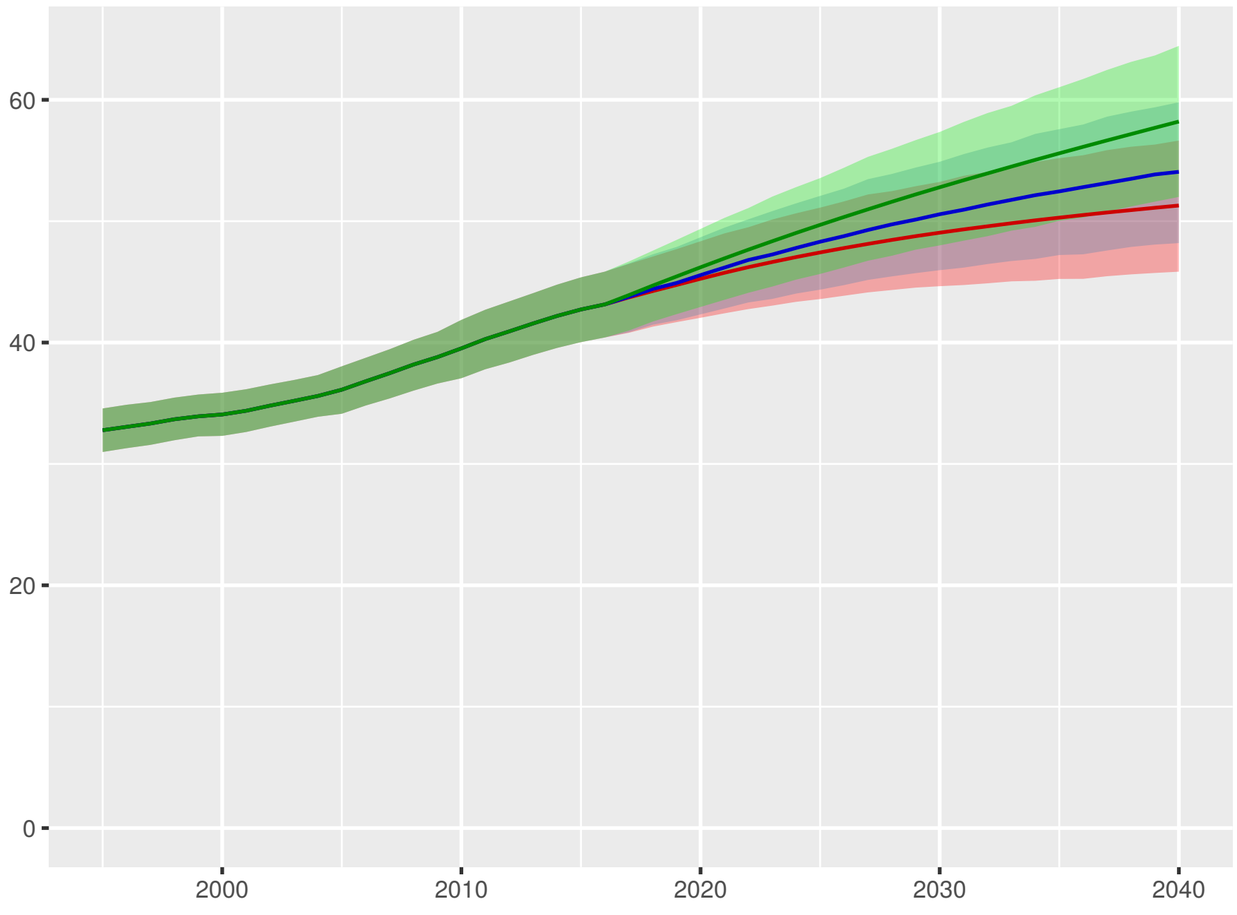
Prepaid private spending per person



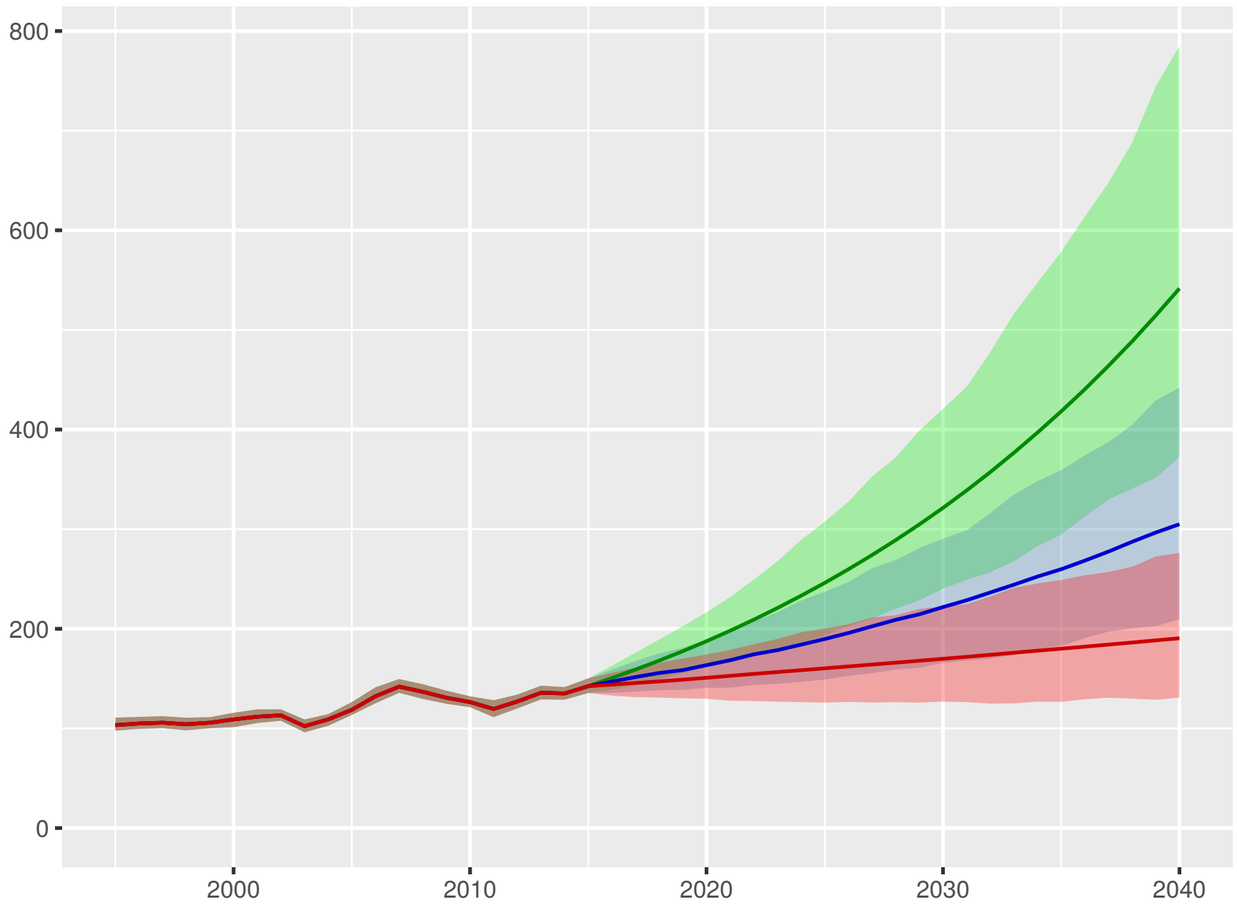
Scenario — Better — Reference — Worse

Pakistan

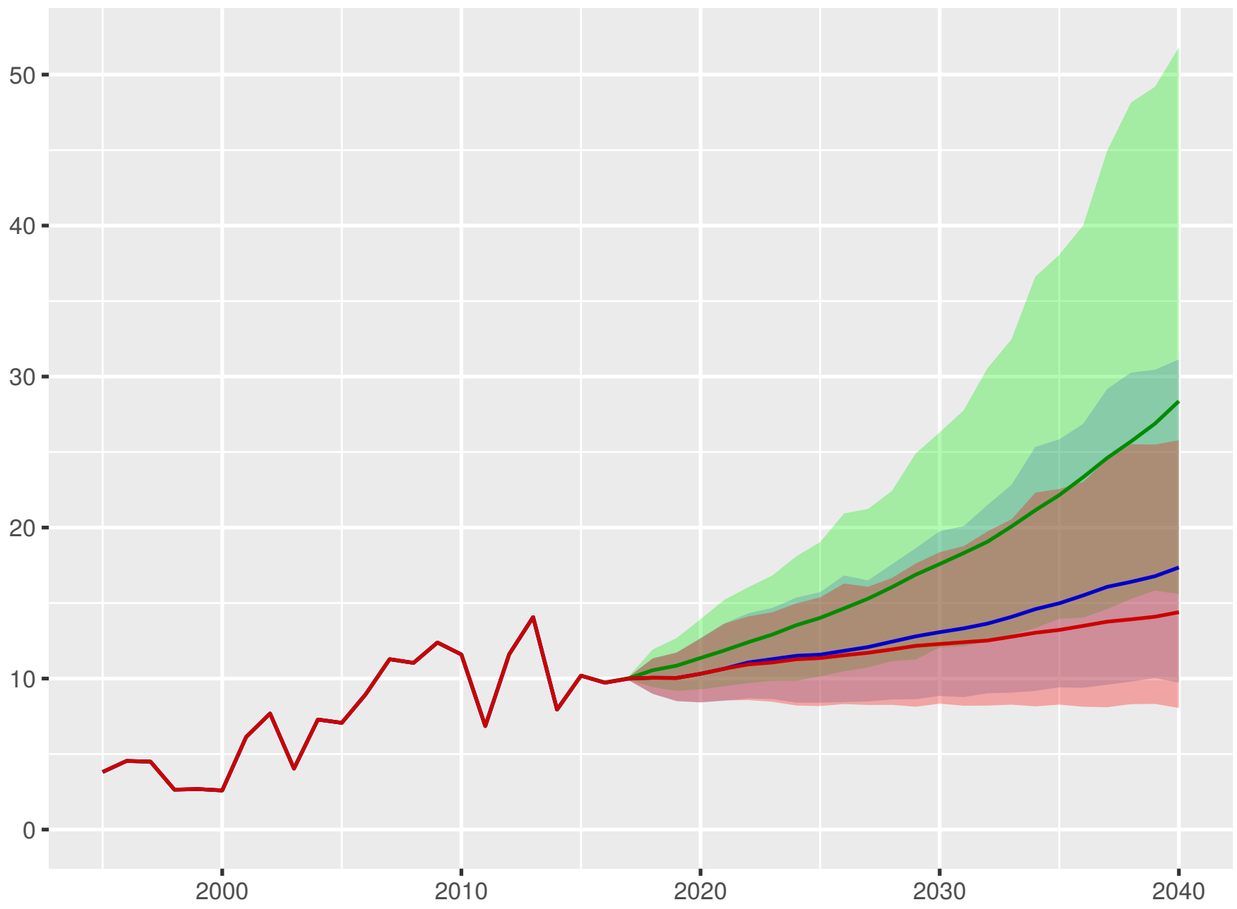
Universal health coverage index



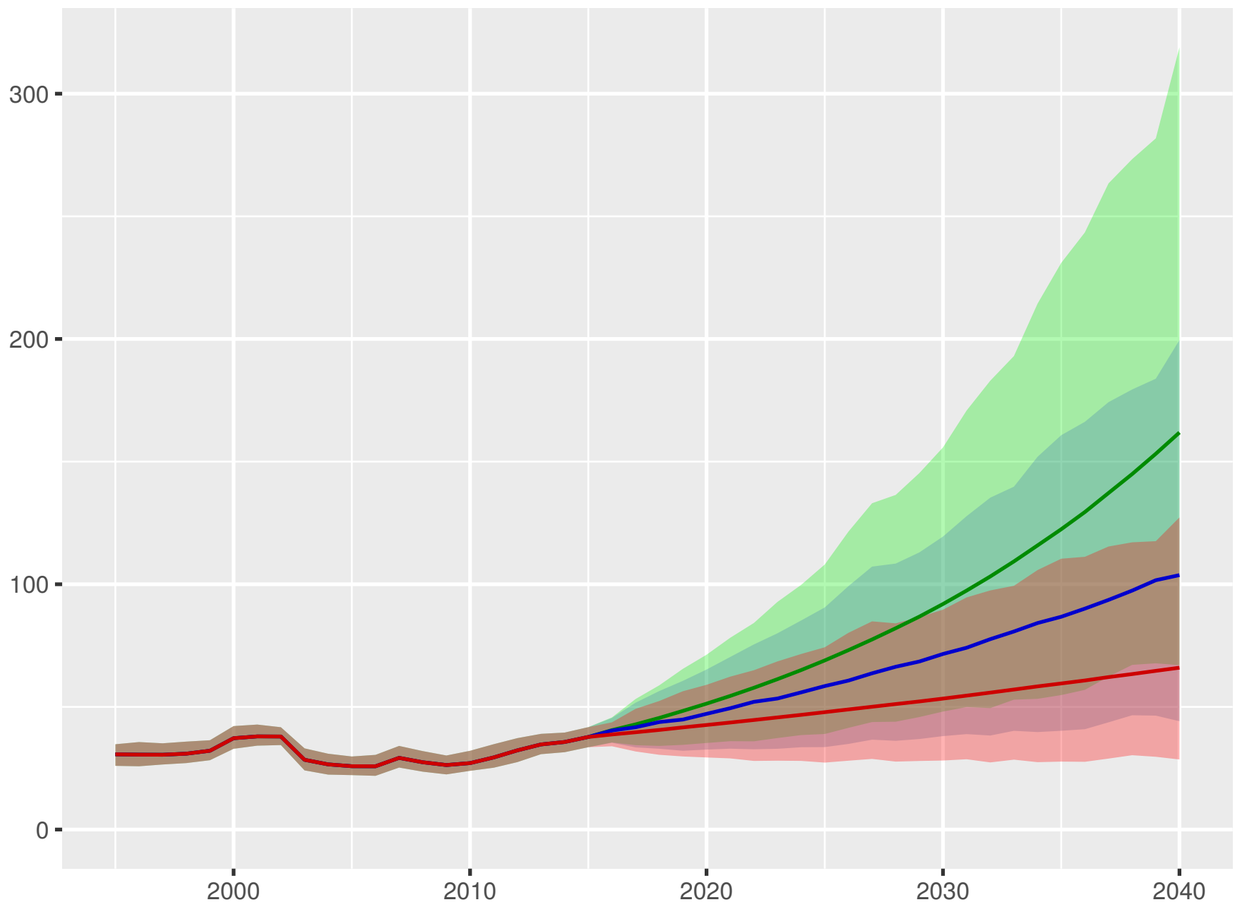
Total health spending per person



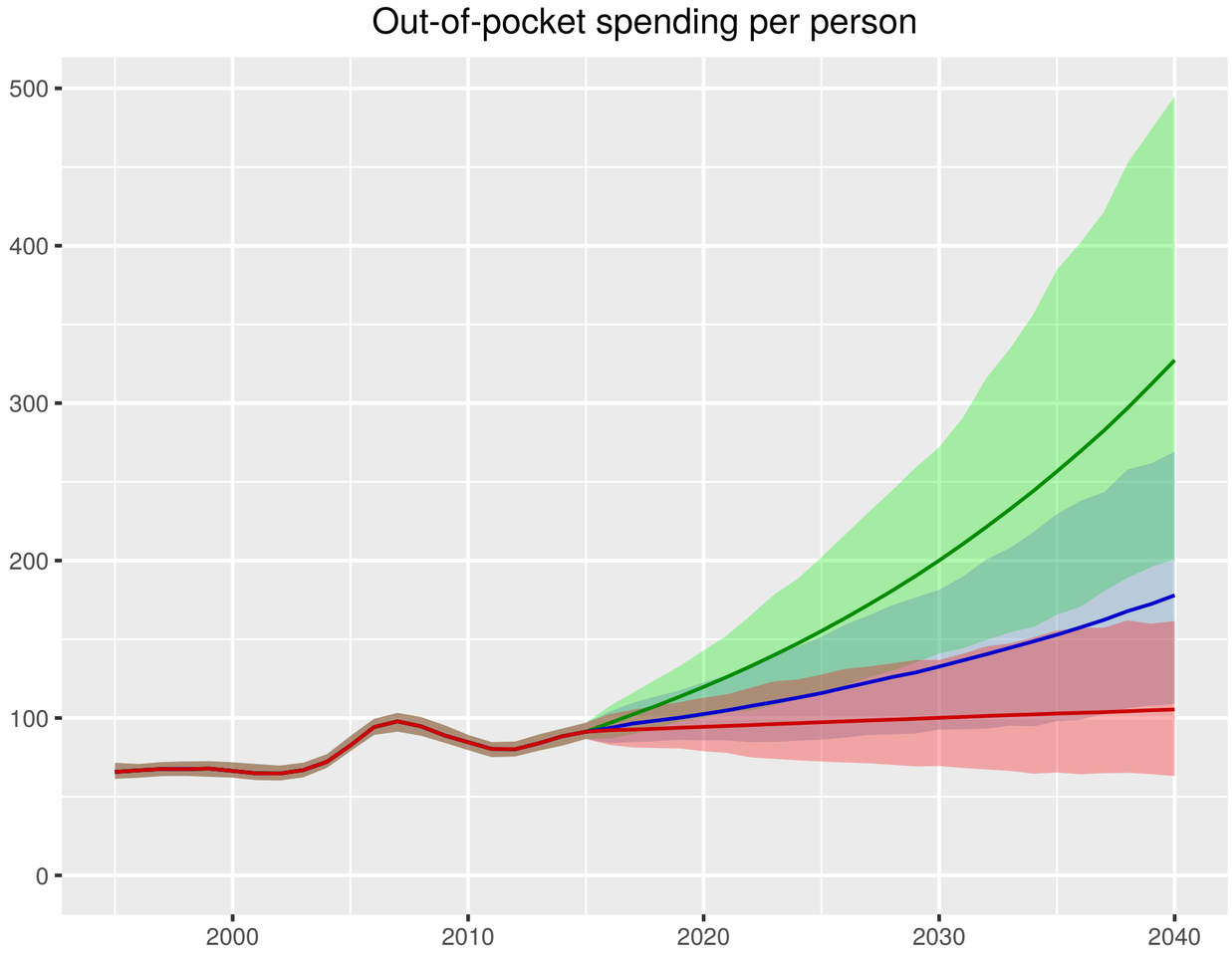
Development assistance for health received per person



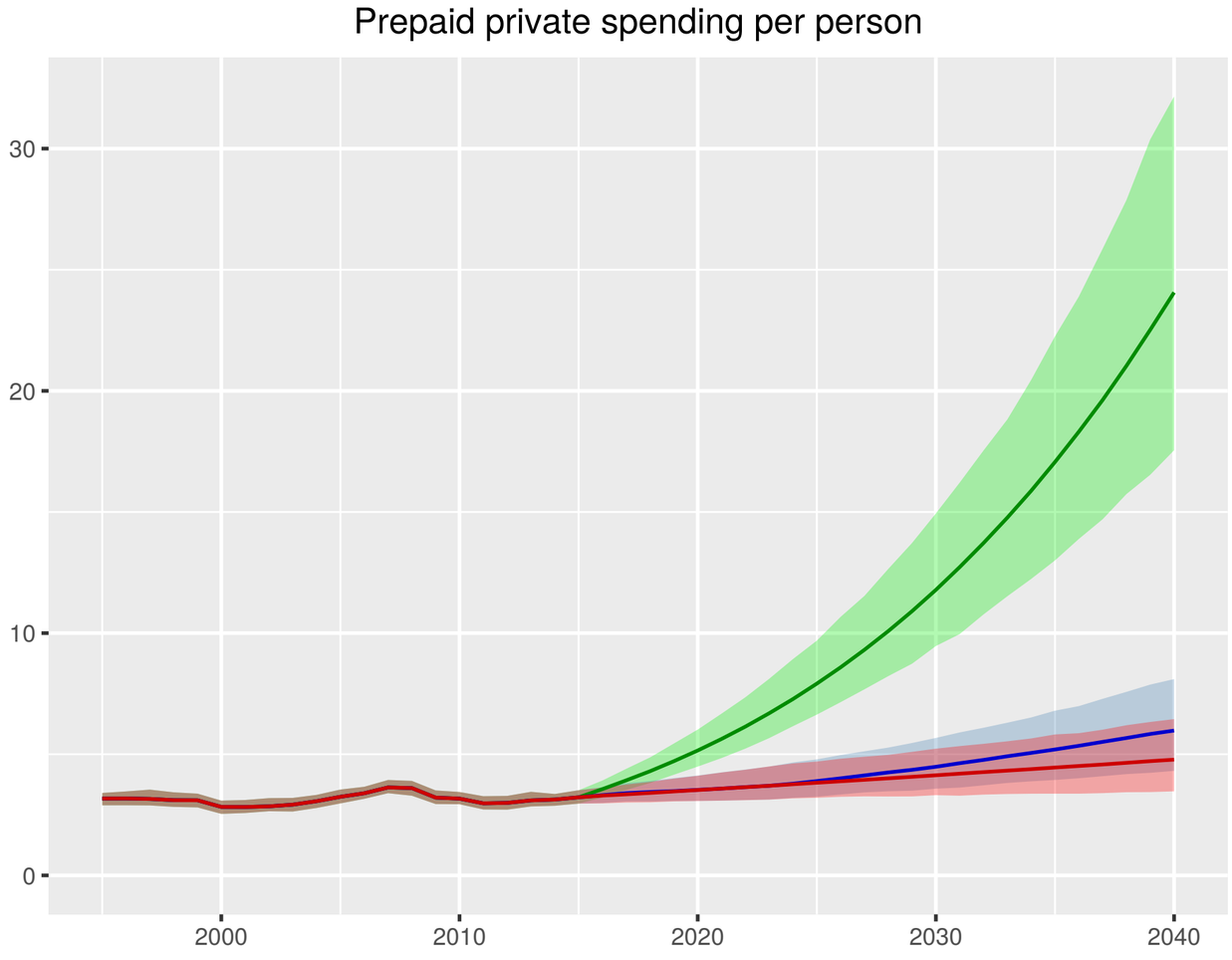
Government health spending per person



Out-of-pocket spending per person



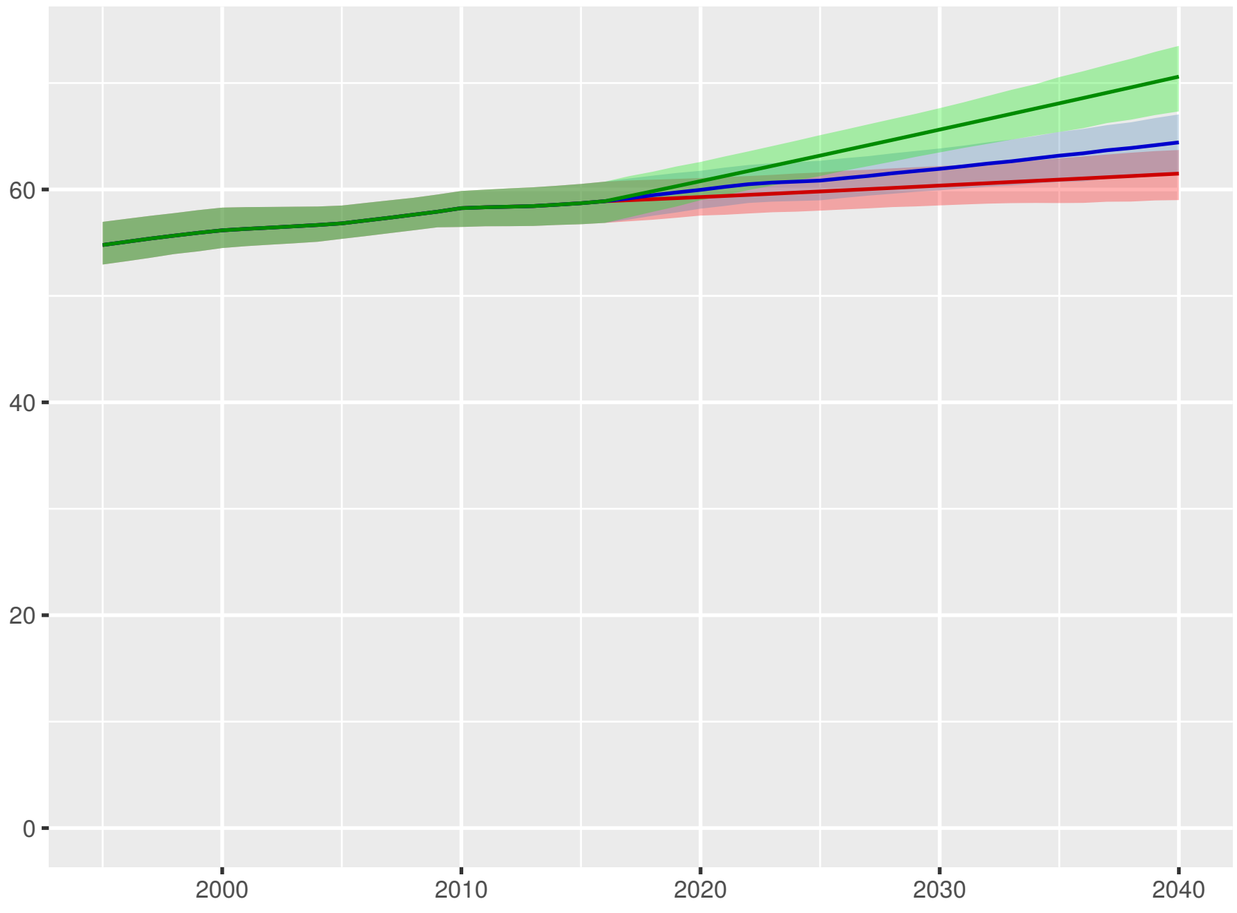
Prepaid private spending per person



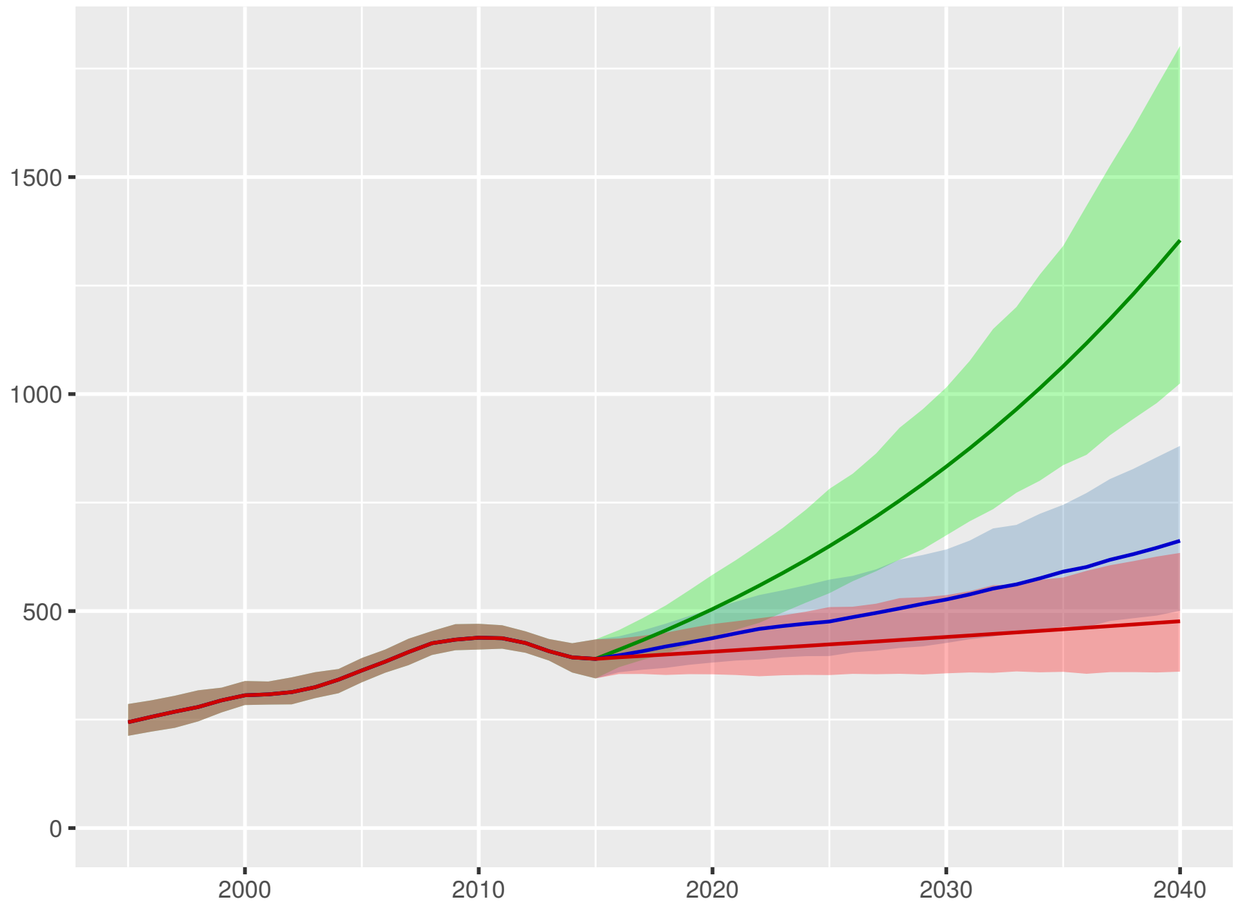
Scenario — Better — Reference — Worse

Palestine

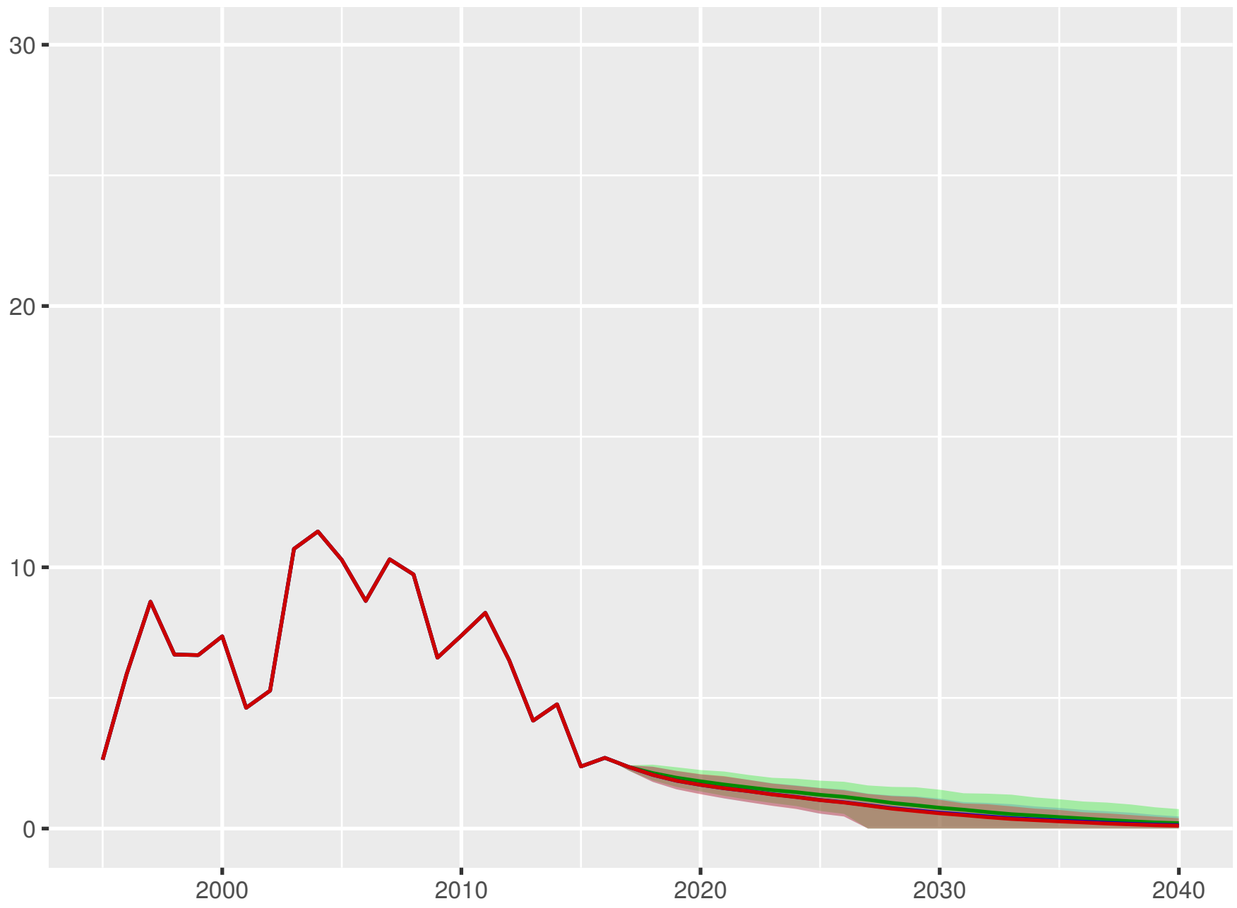
Universal health coverage index



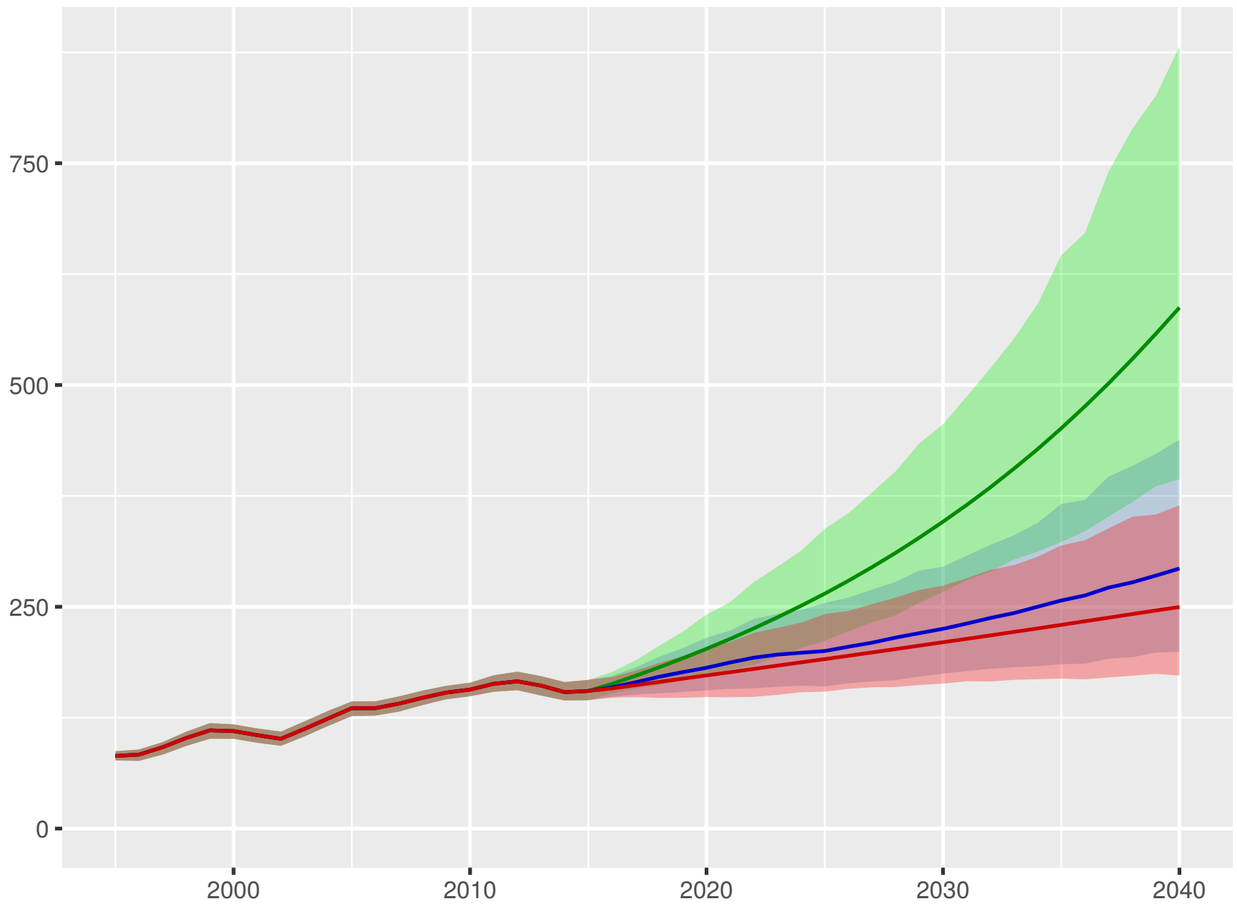
Total health spending per person



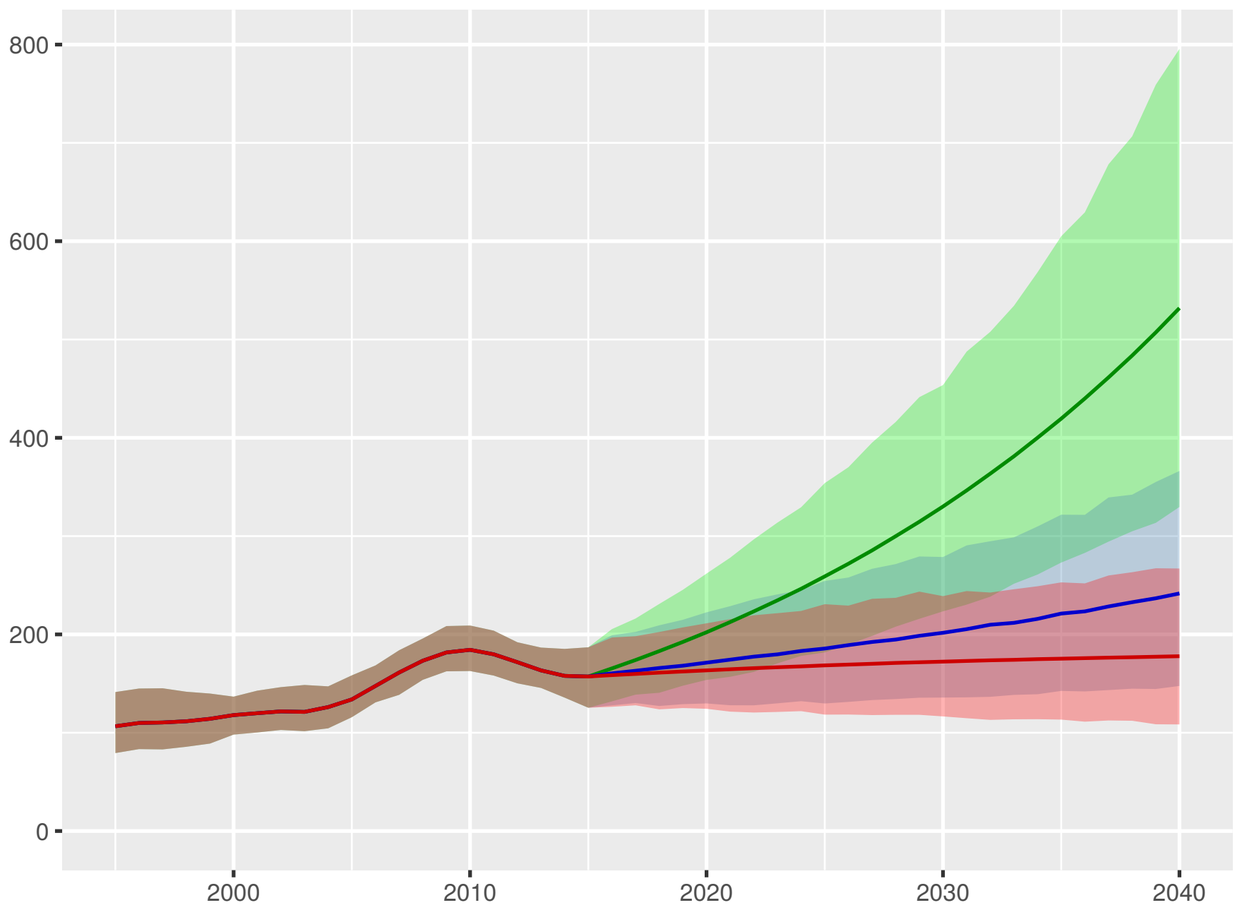
Development assistance for health received per person



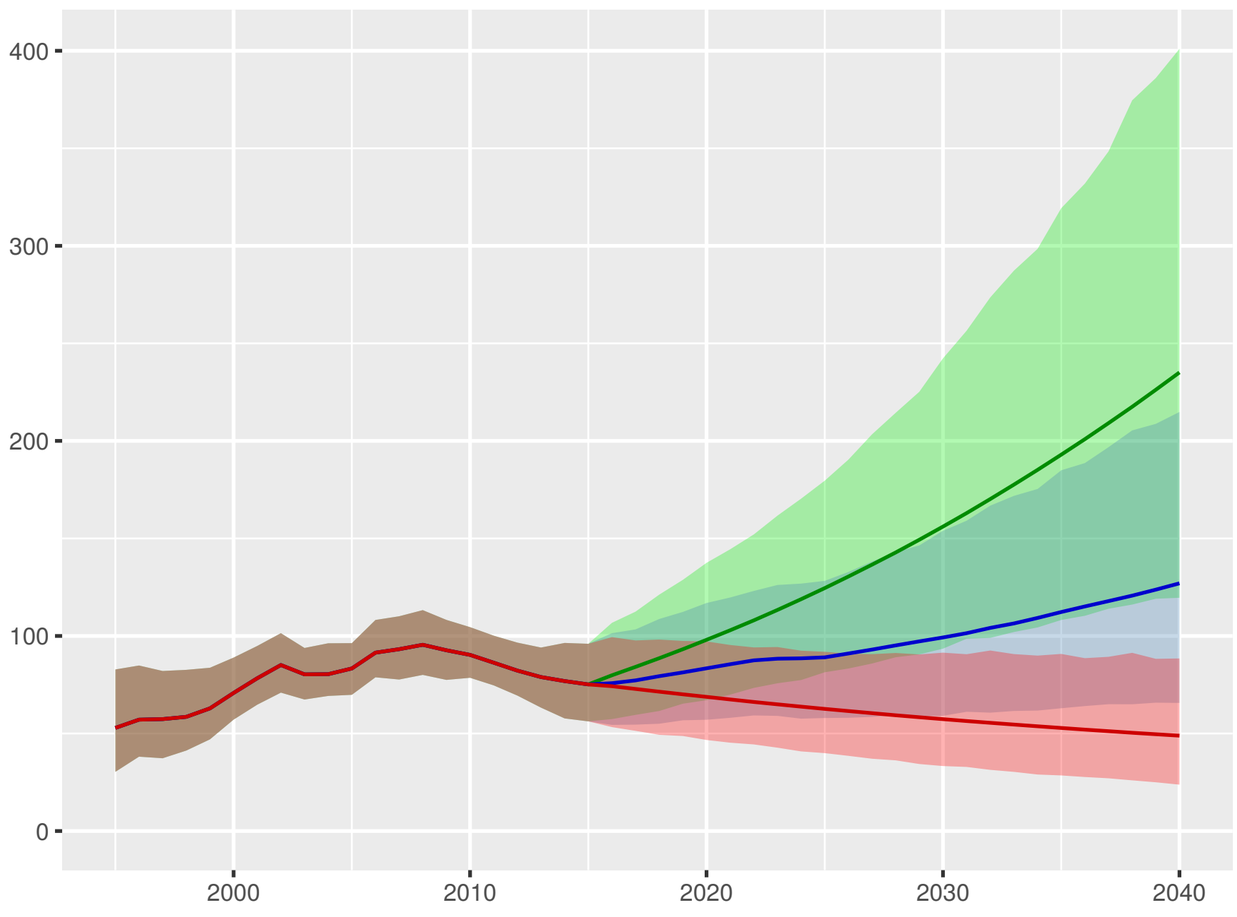
Government health spending per person



Out-of-pocket spending per person



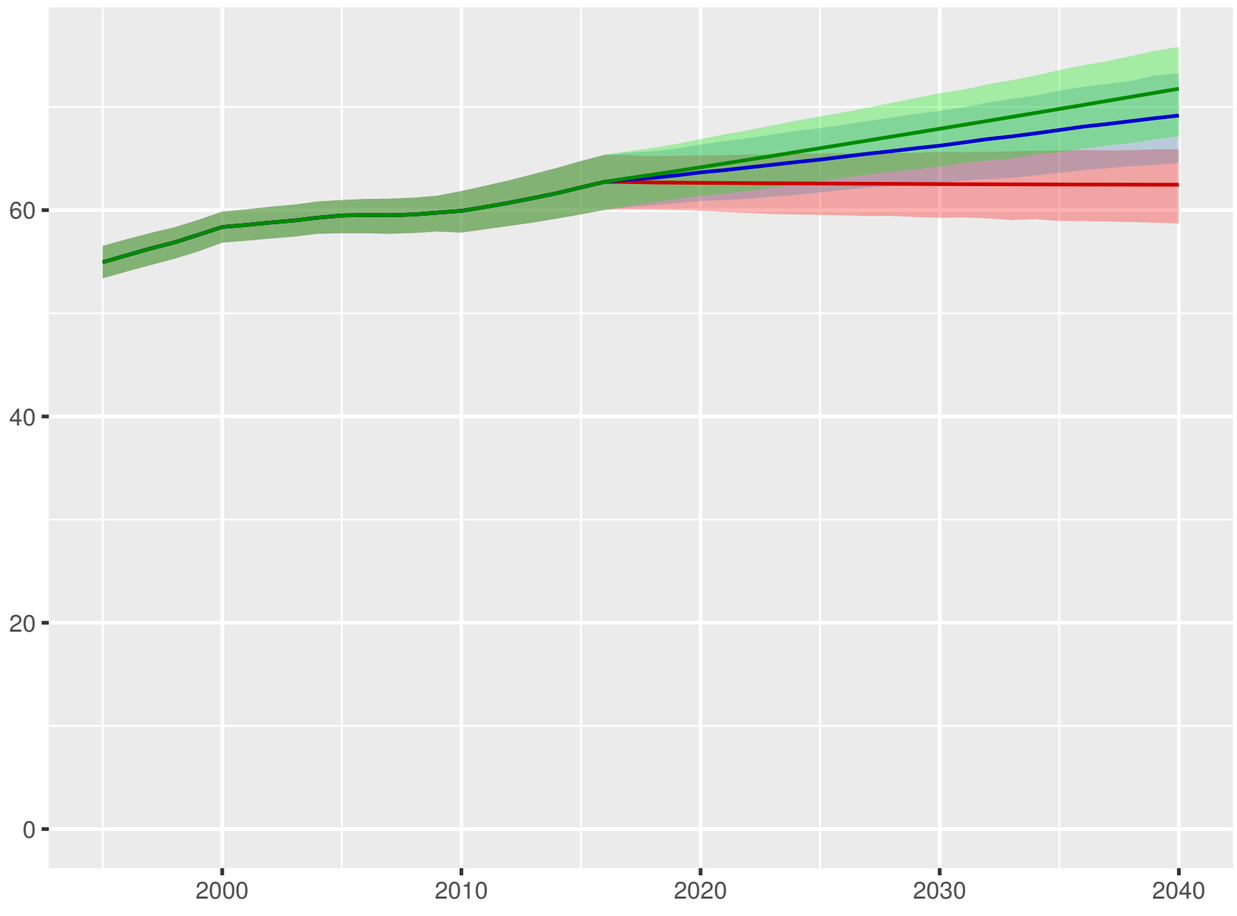
Prepaid private spending per person



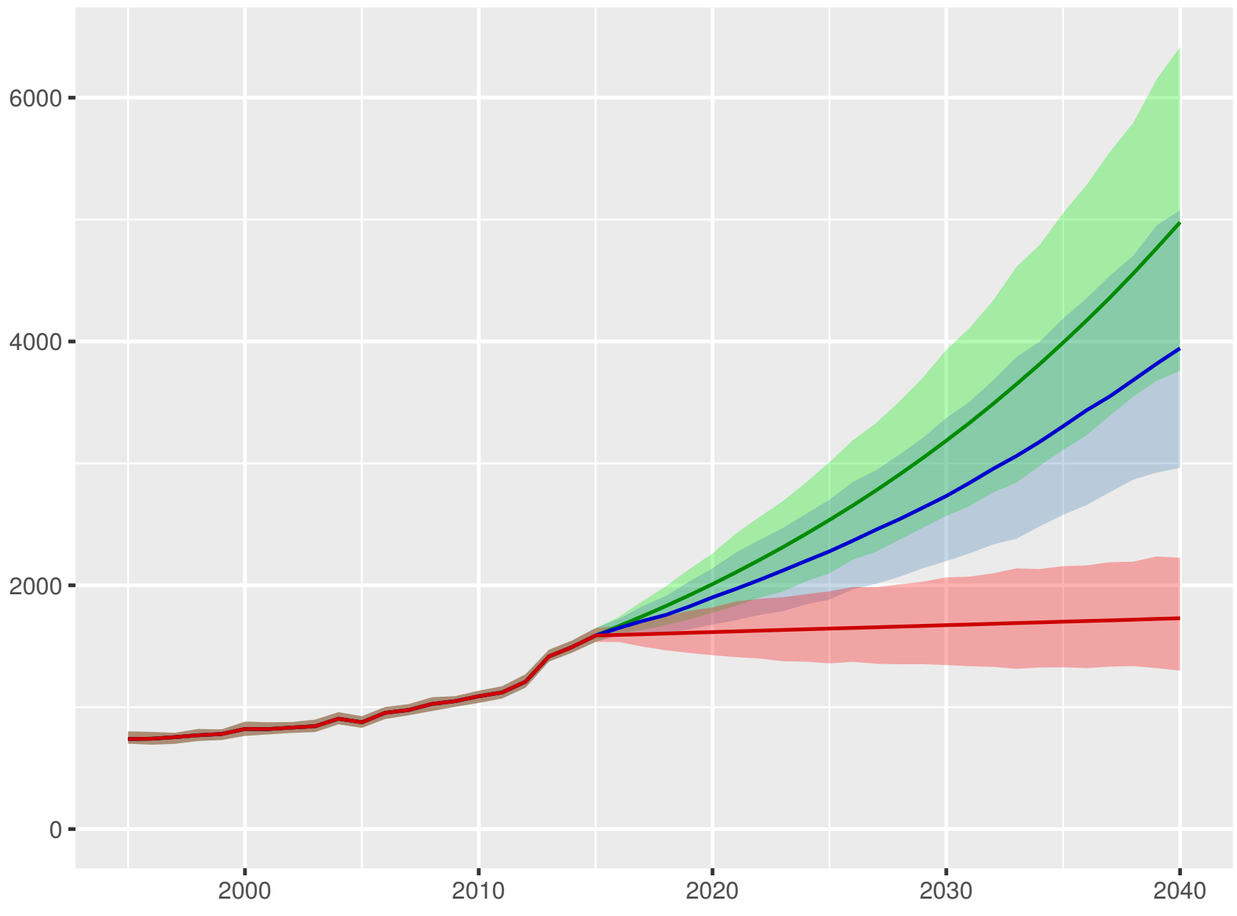
Scenario — Better — Reference — Worse

Panama

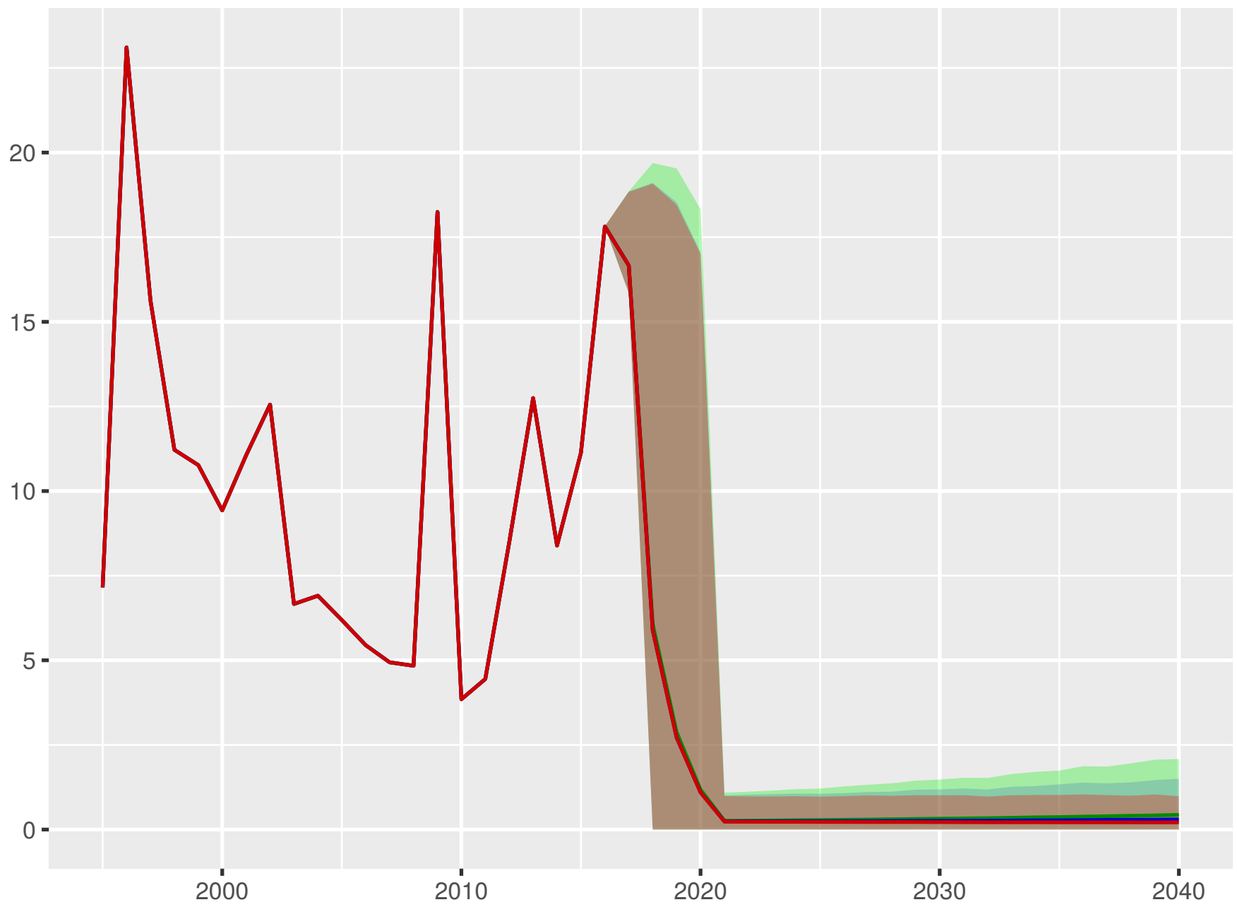
Universal health coverage index



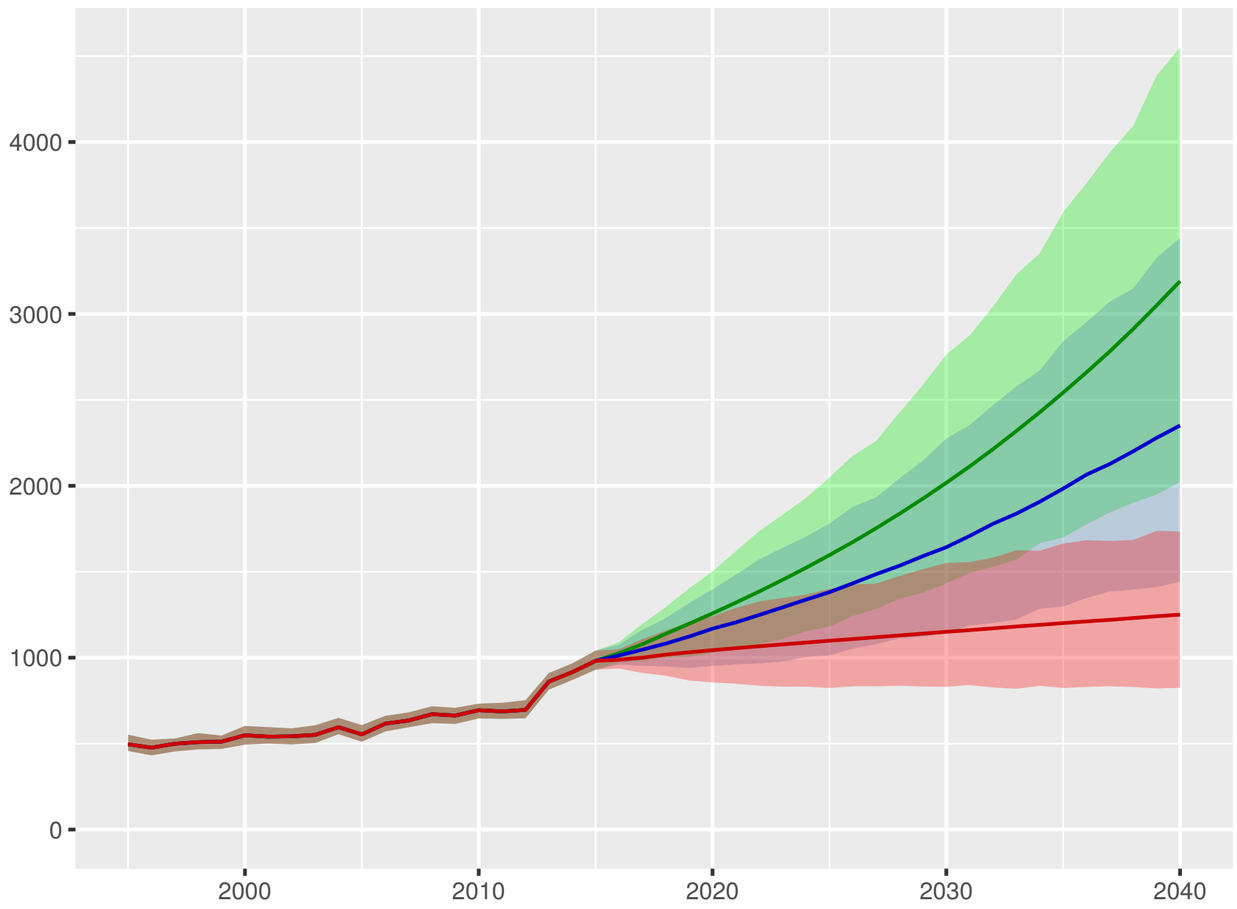
Total health spending per person



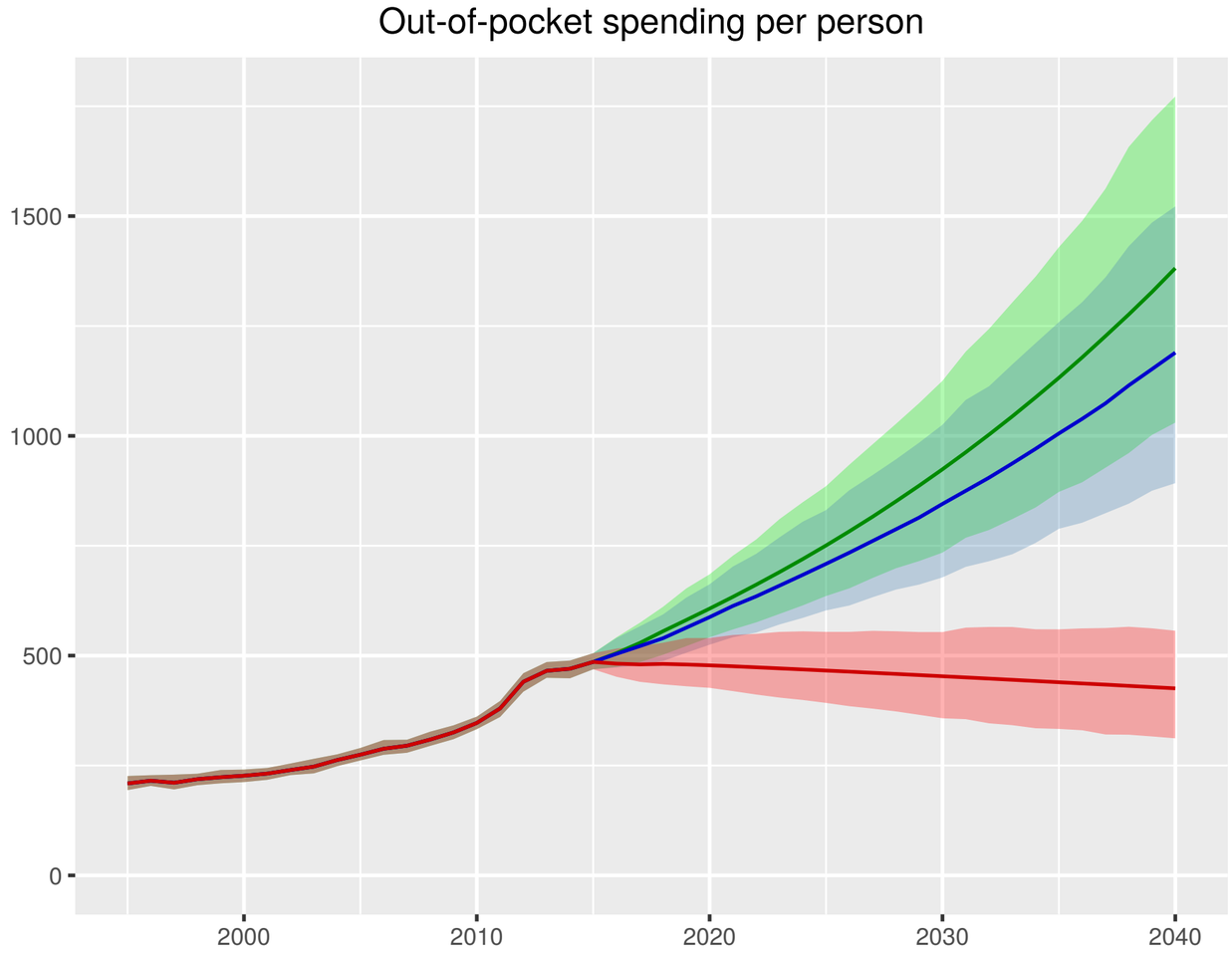
Development assistance for health received per person



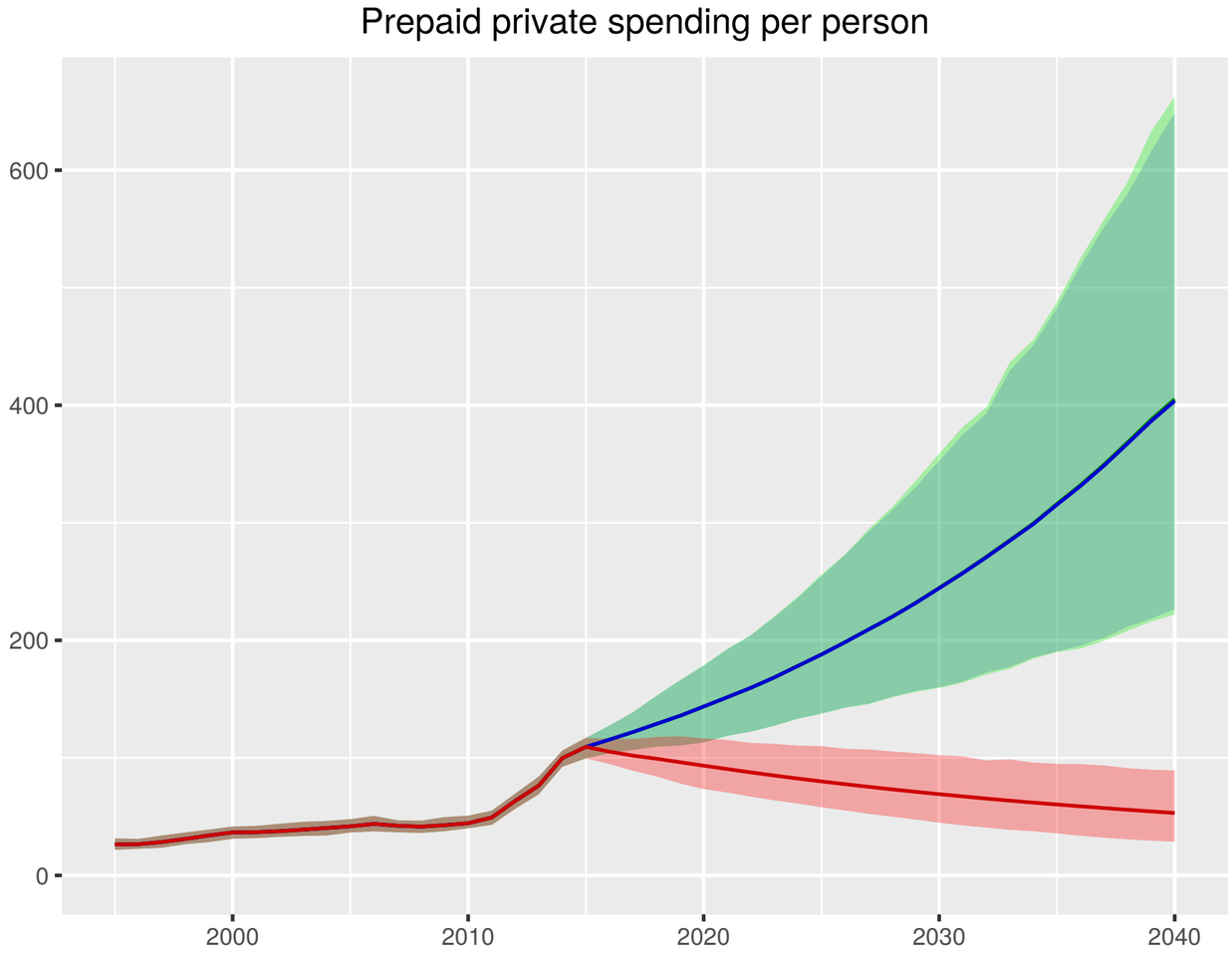
Government health spending per person



Out-of-pocket spending per person



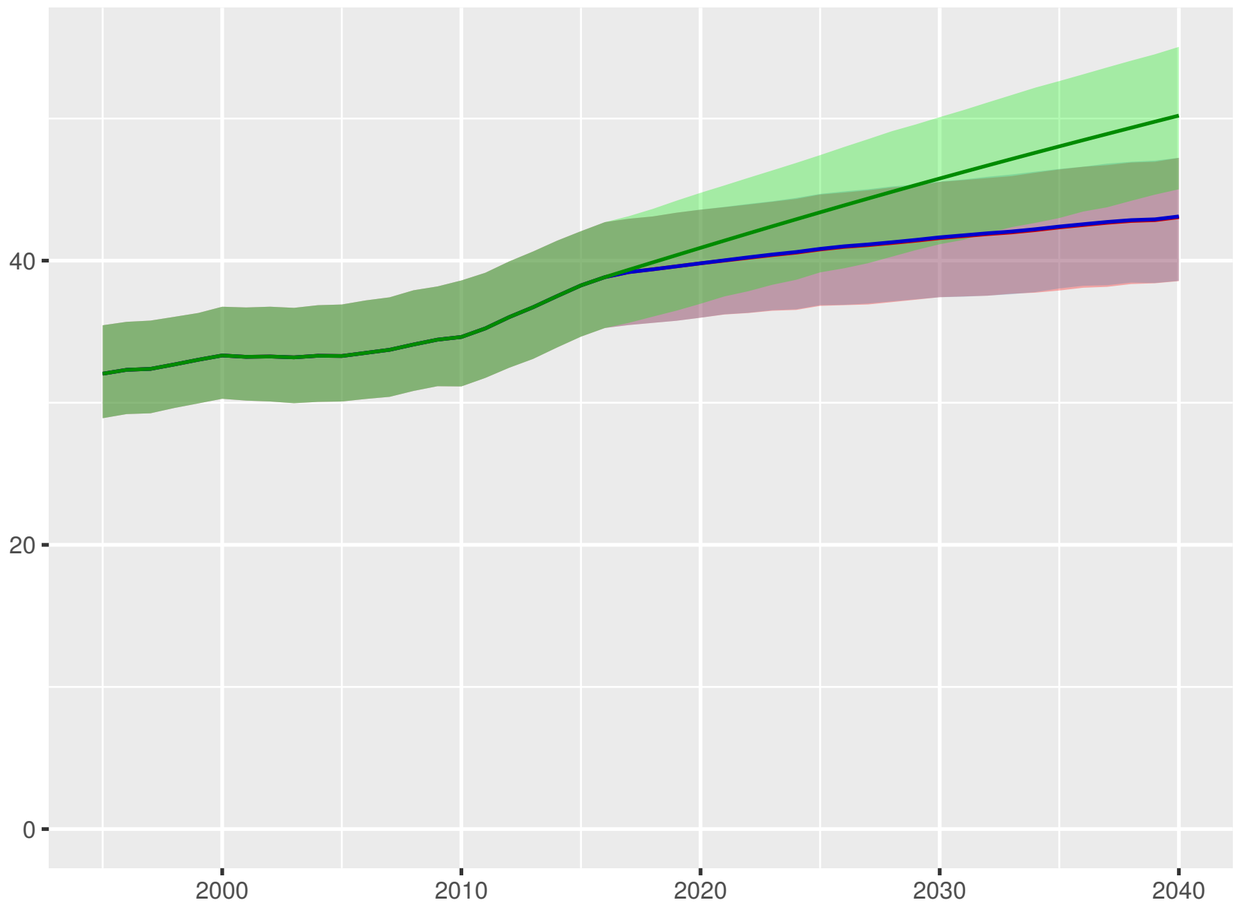
Prepaid private spending per person



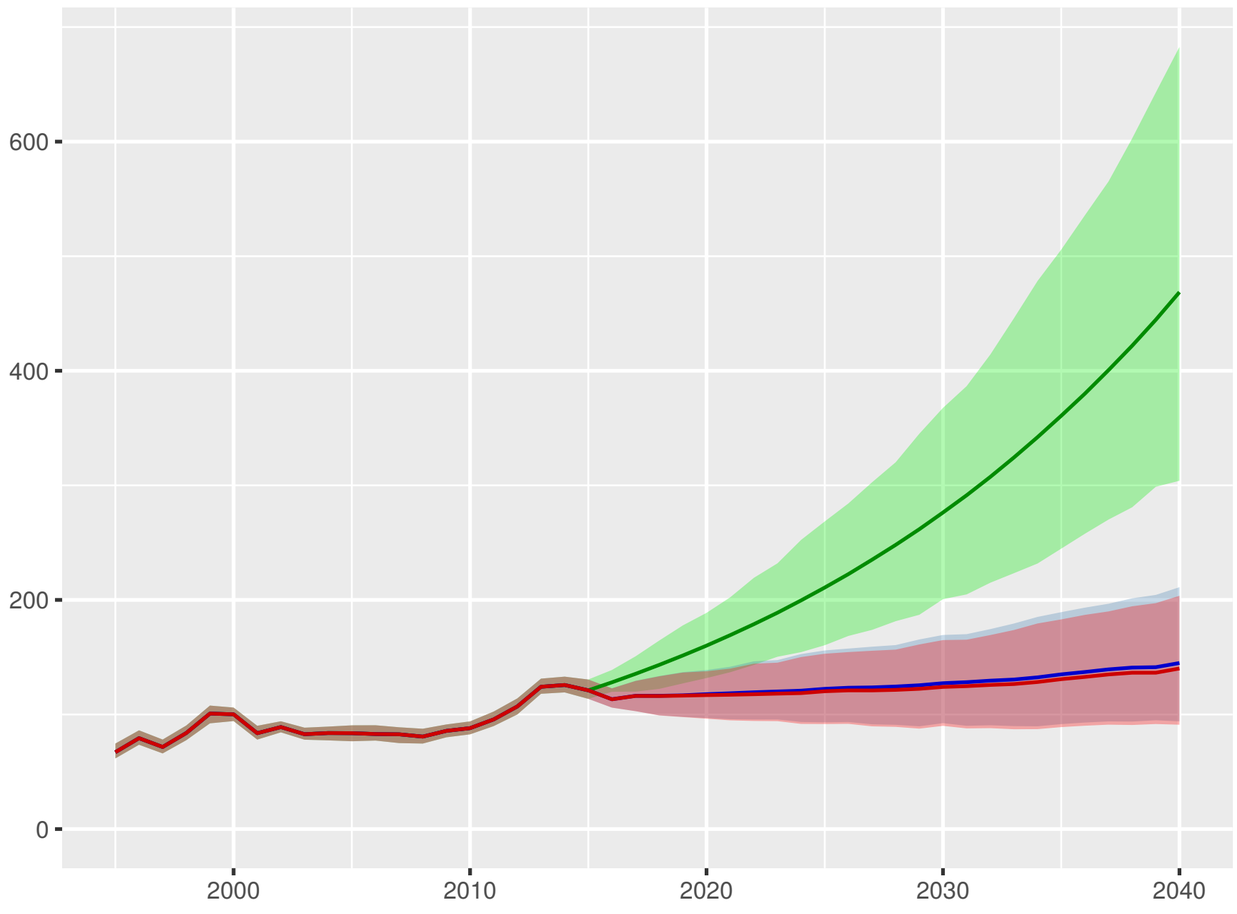
Scenario — Better — Reference — Worse

Papua New Guinea

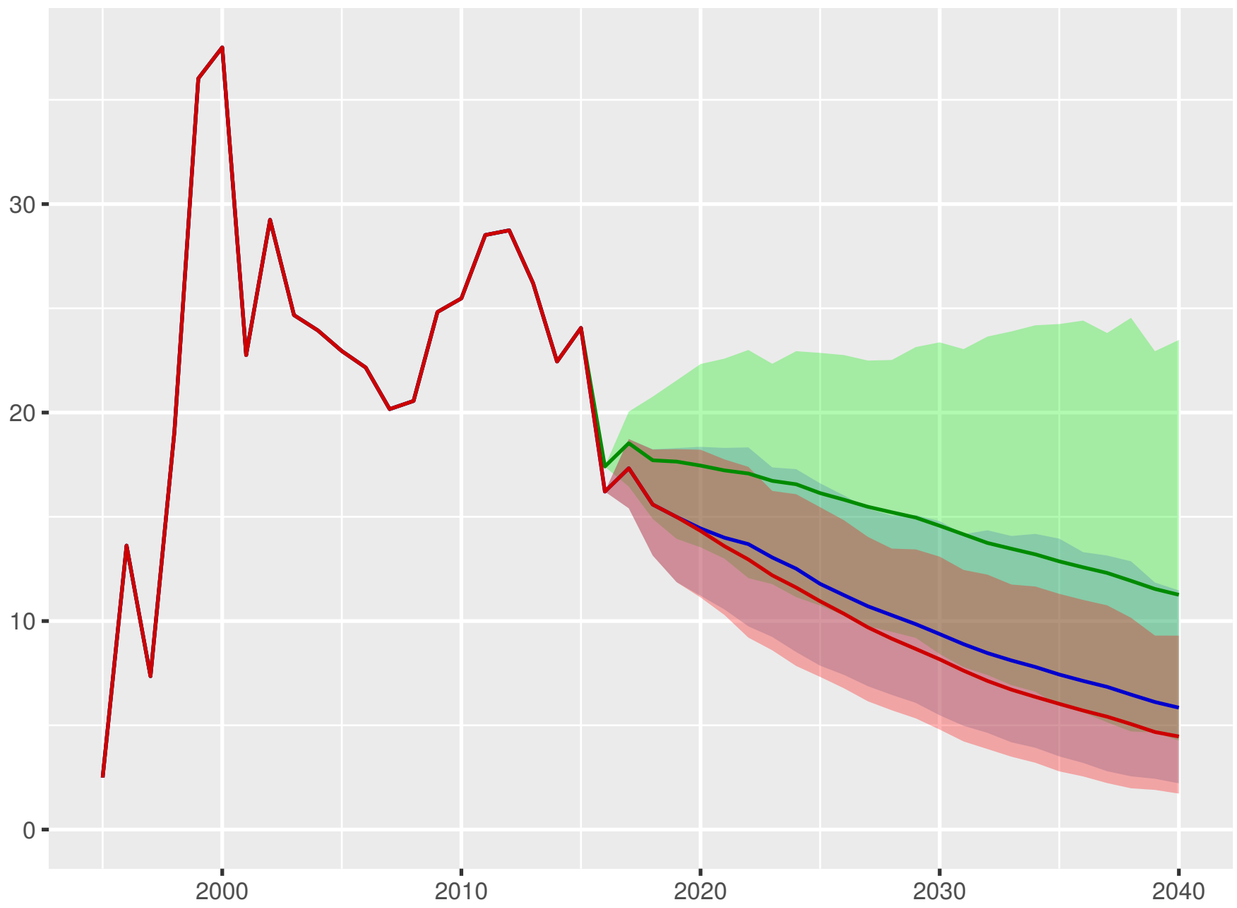
Universal health coverage index



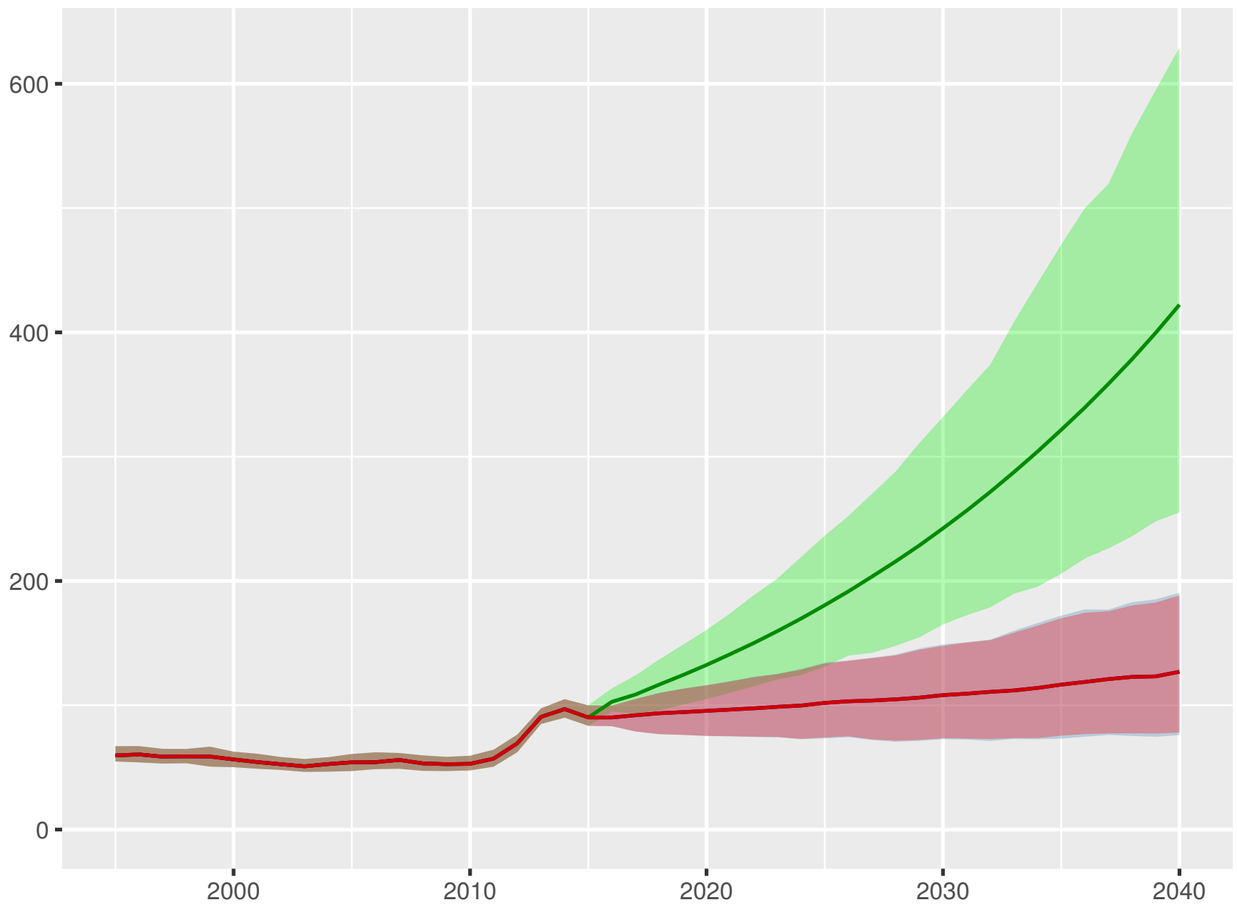
Total health spending per person



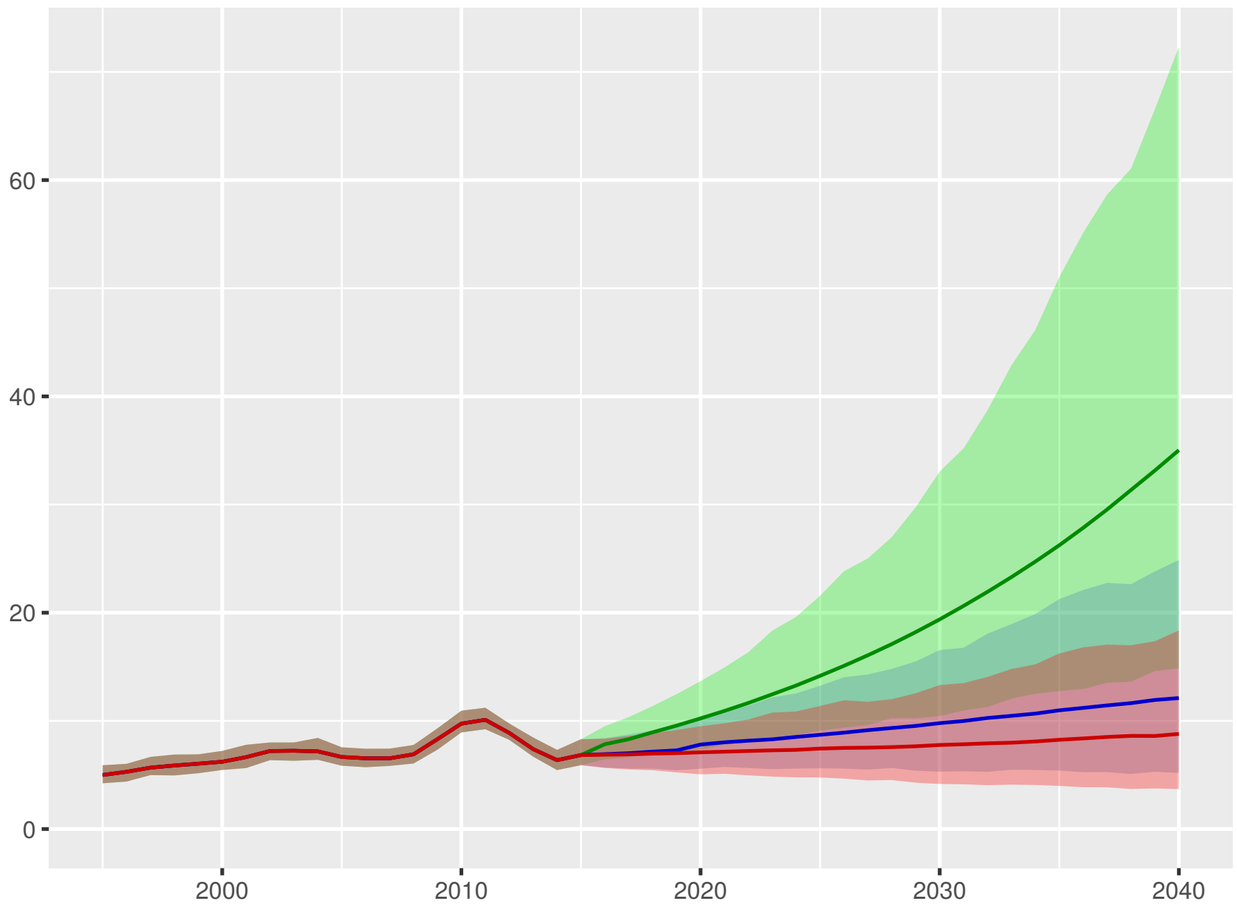
Development assistance for health received per person



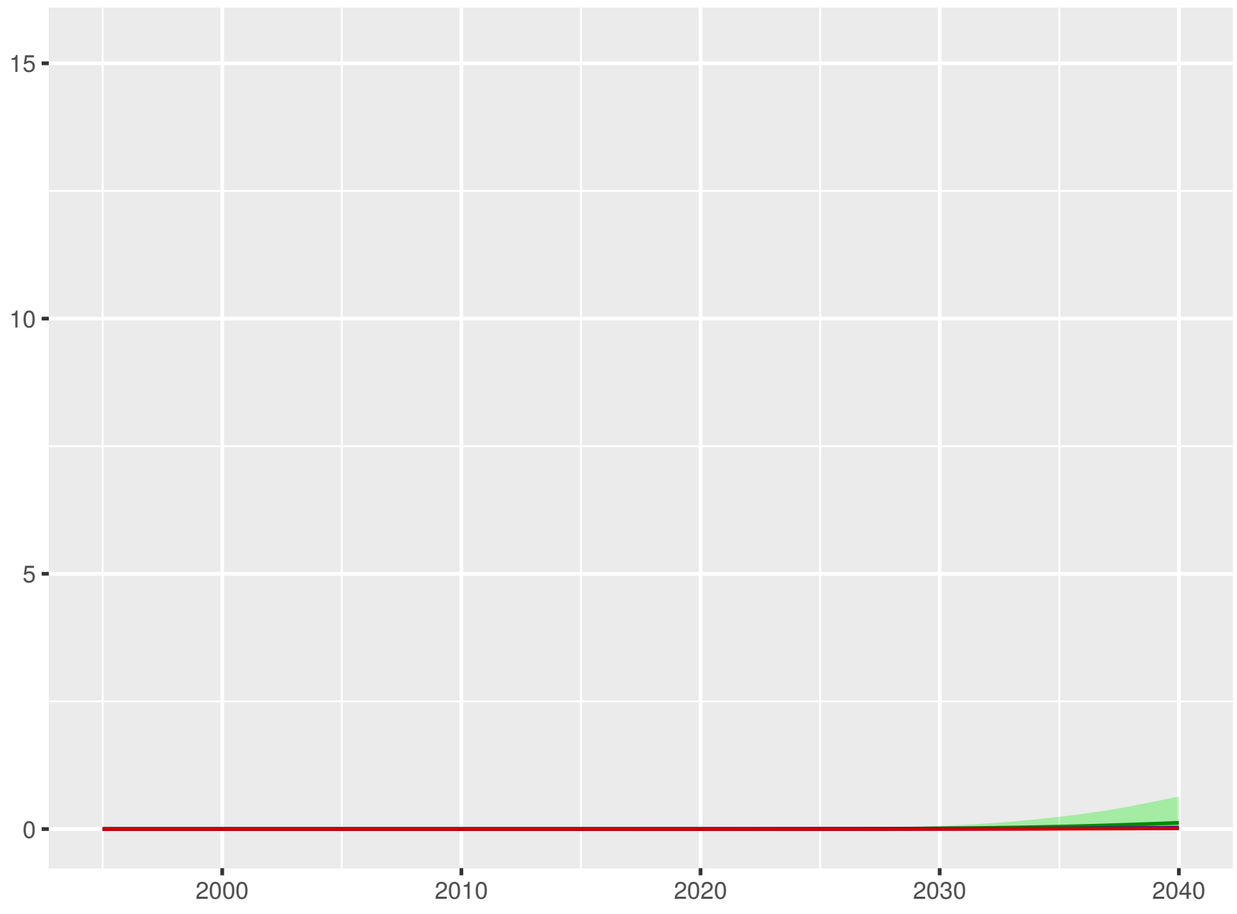
Government health spending per person



Out-of-pocket spending per person



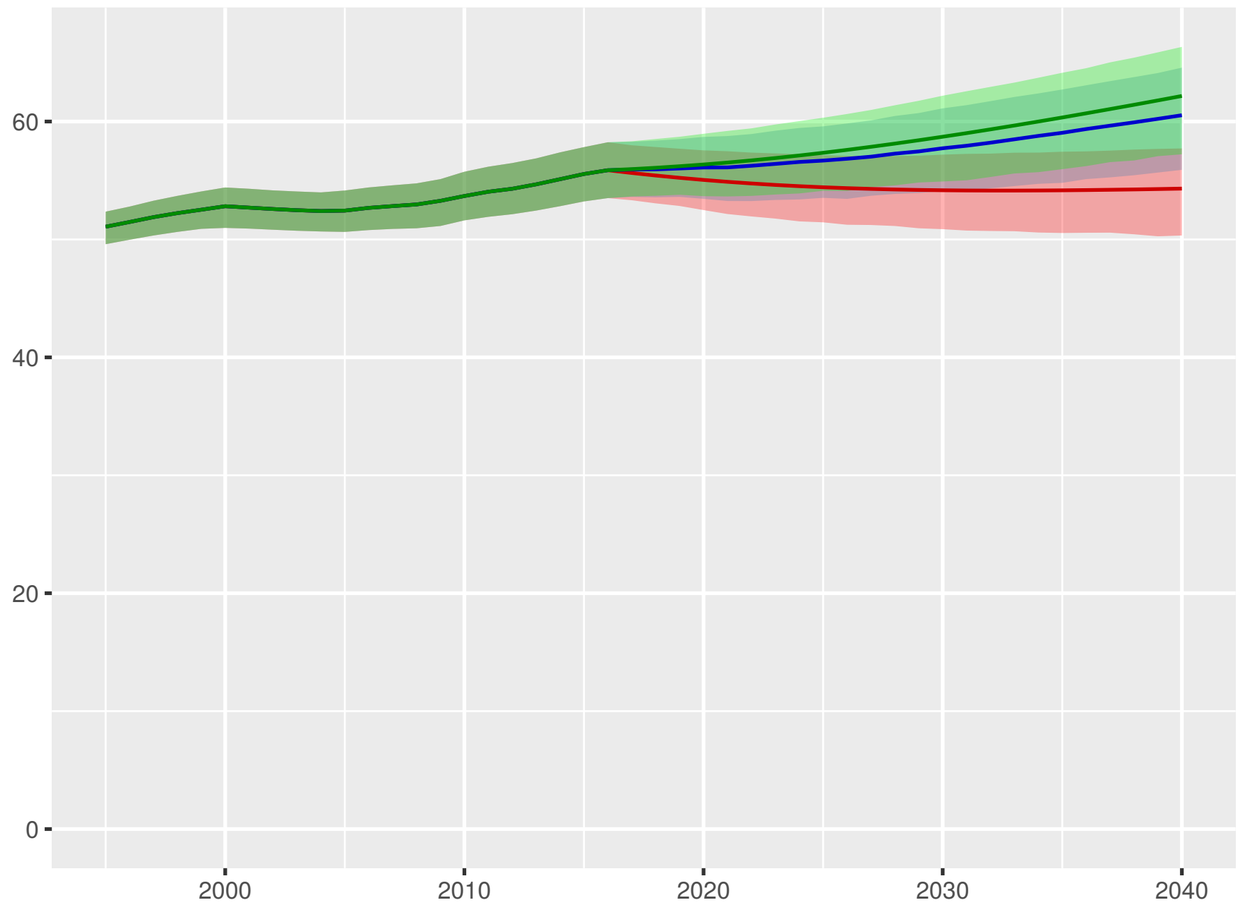
Prepaid private spending per person



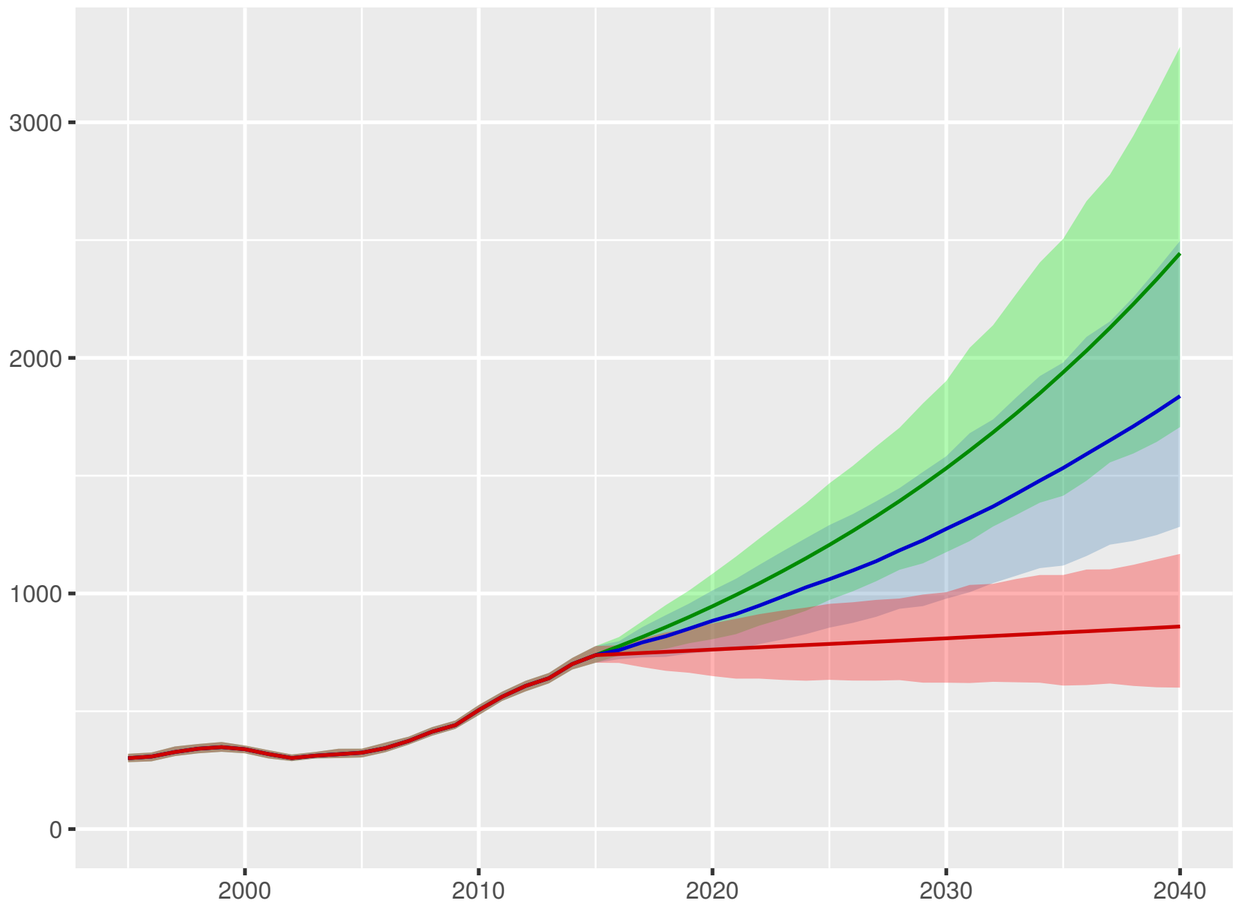
Scenario — Better — Reference — Worse

Paraguay

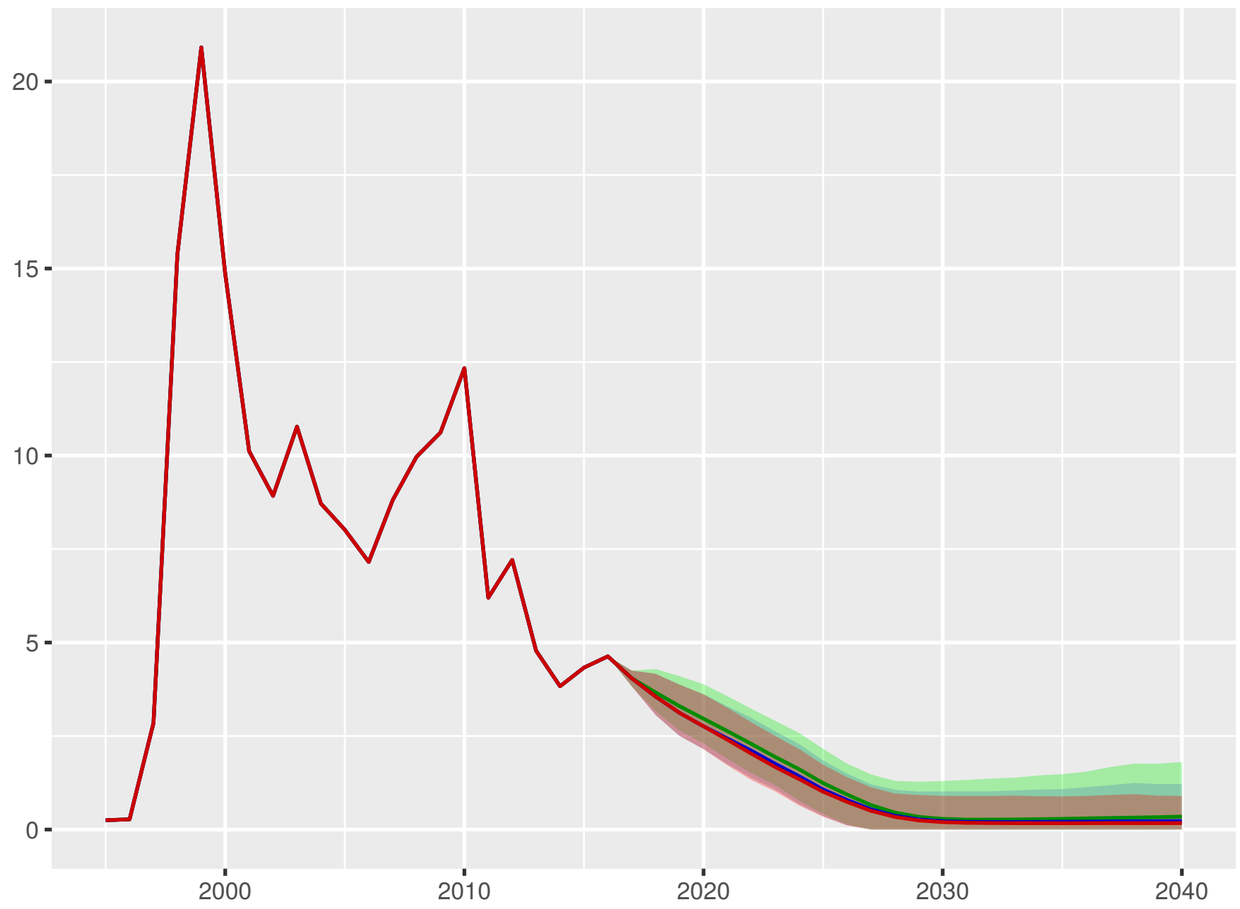
Universal health coverage index



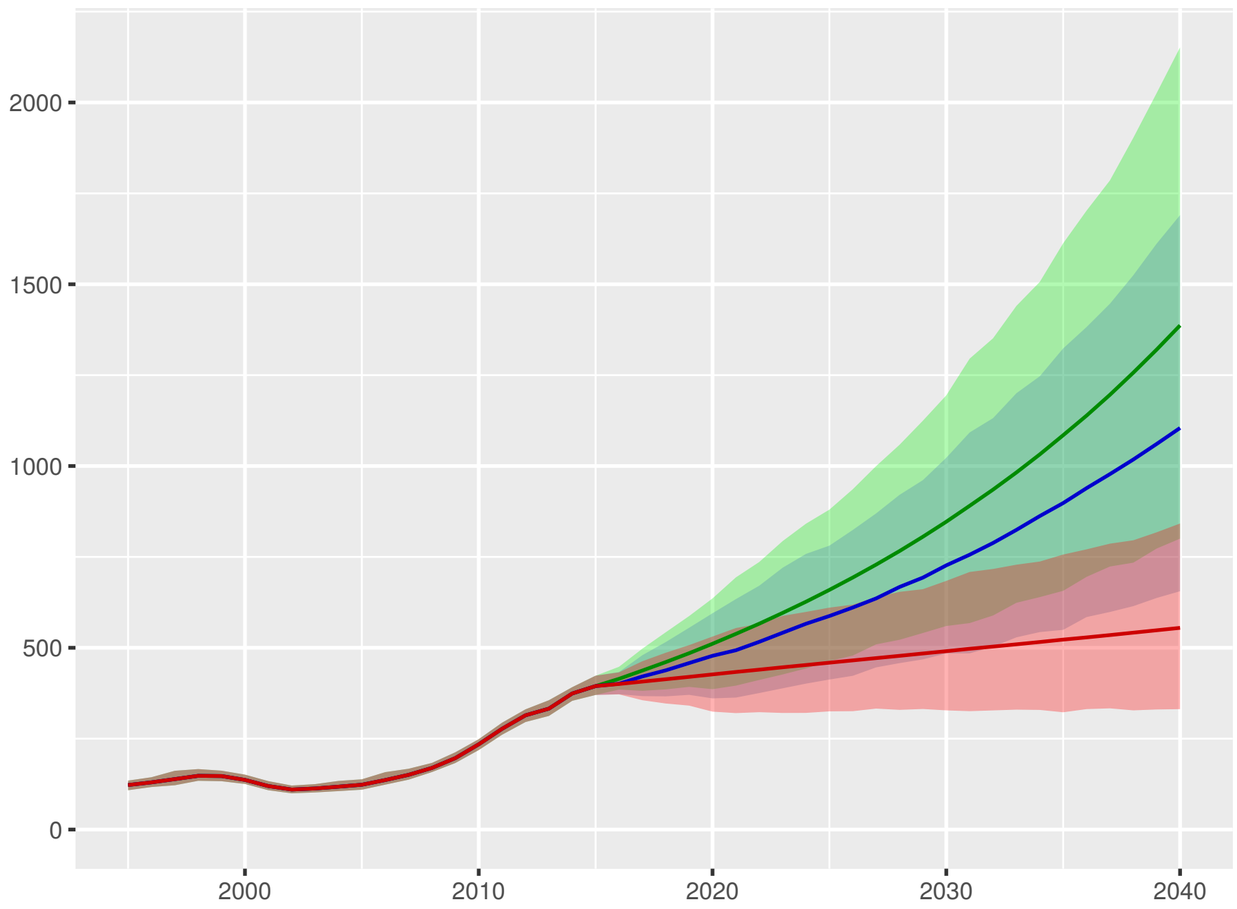
Total health spending per person



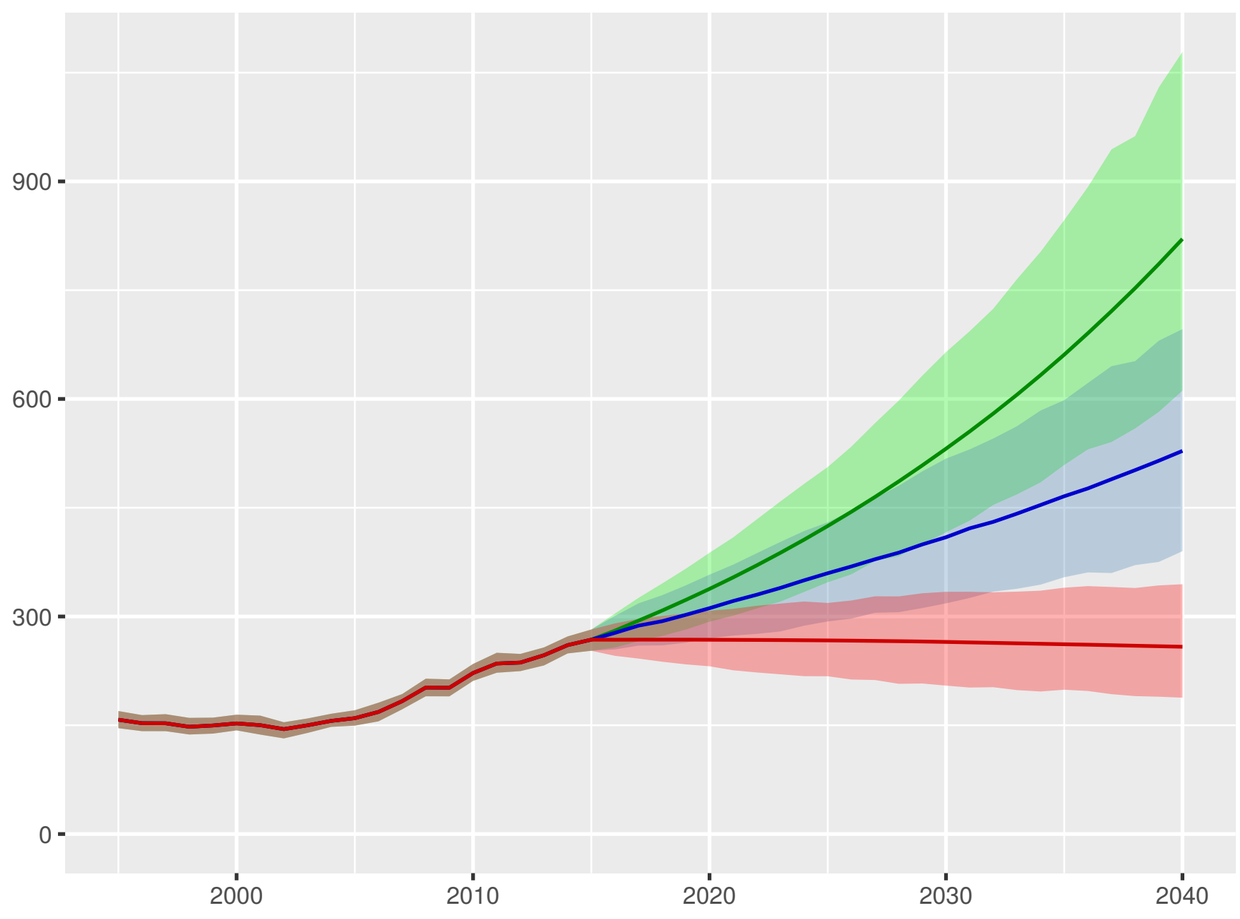
Development assistance for health received per person



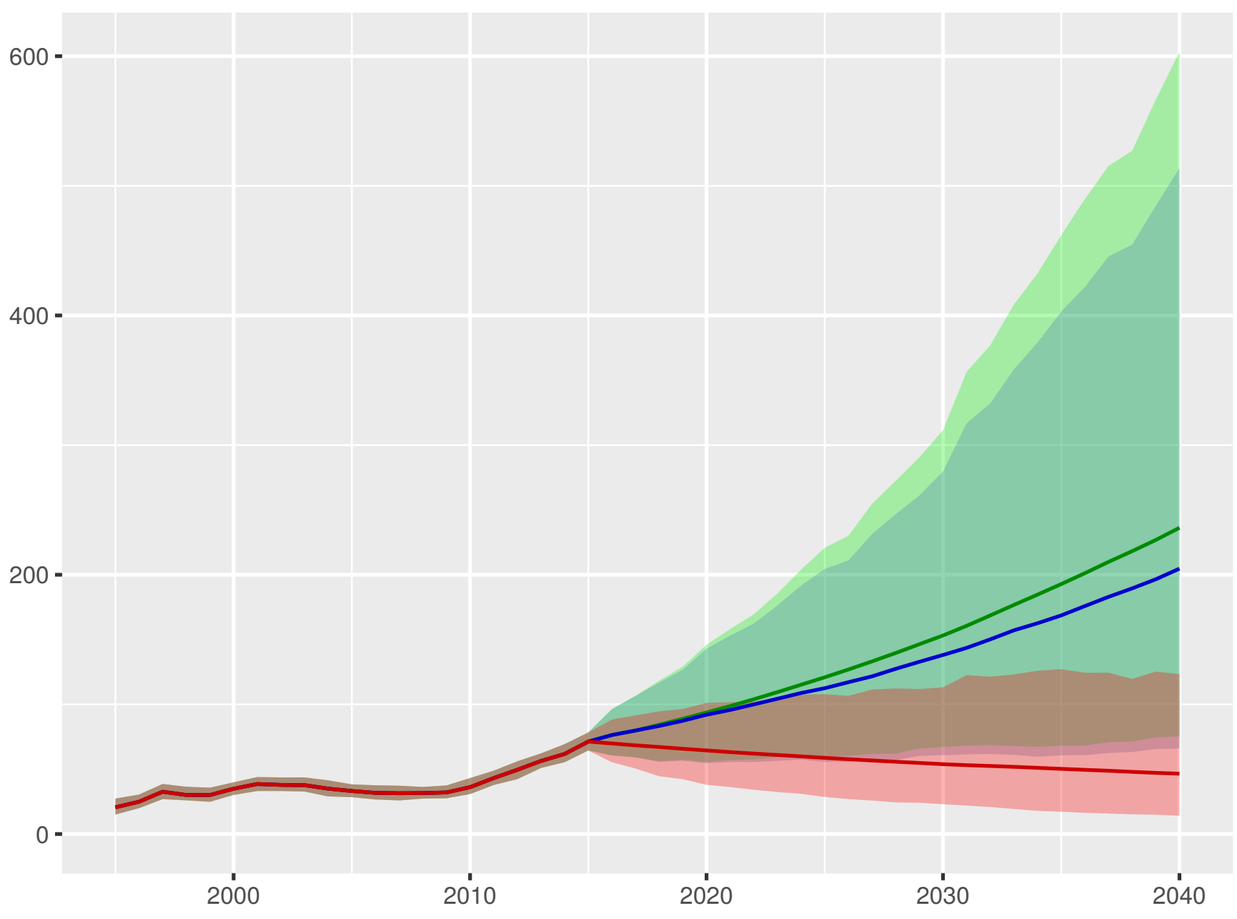
Government health spending per person



Out-of-pocket spending per person



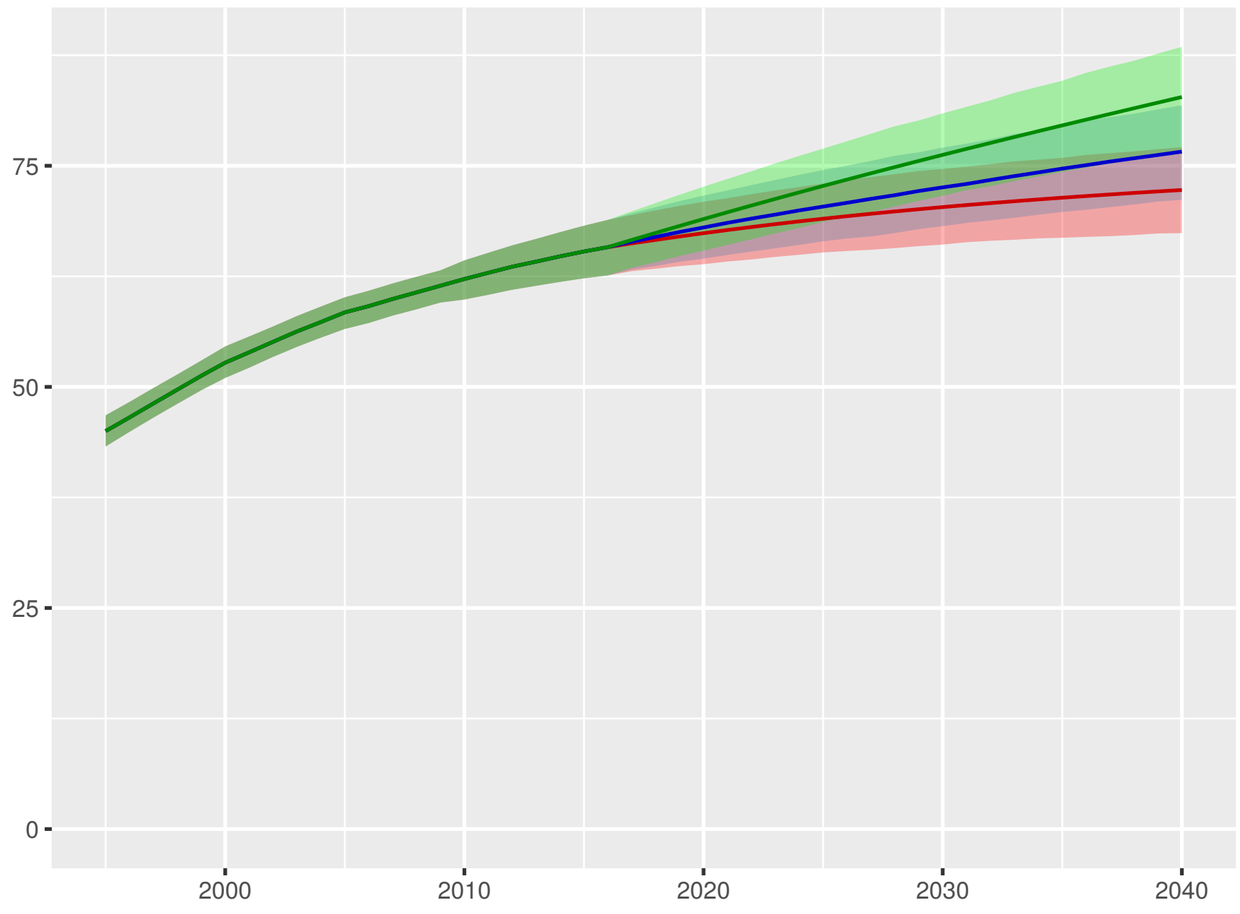
Prepaid private spending per person



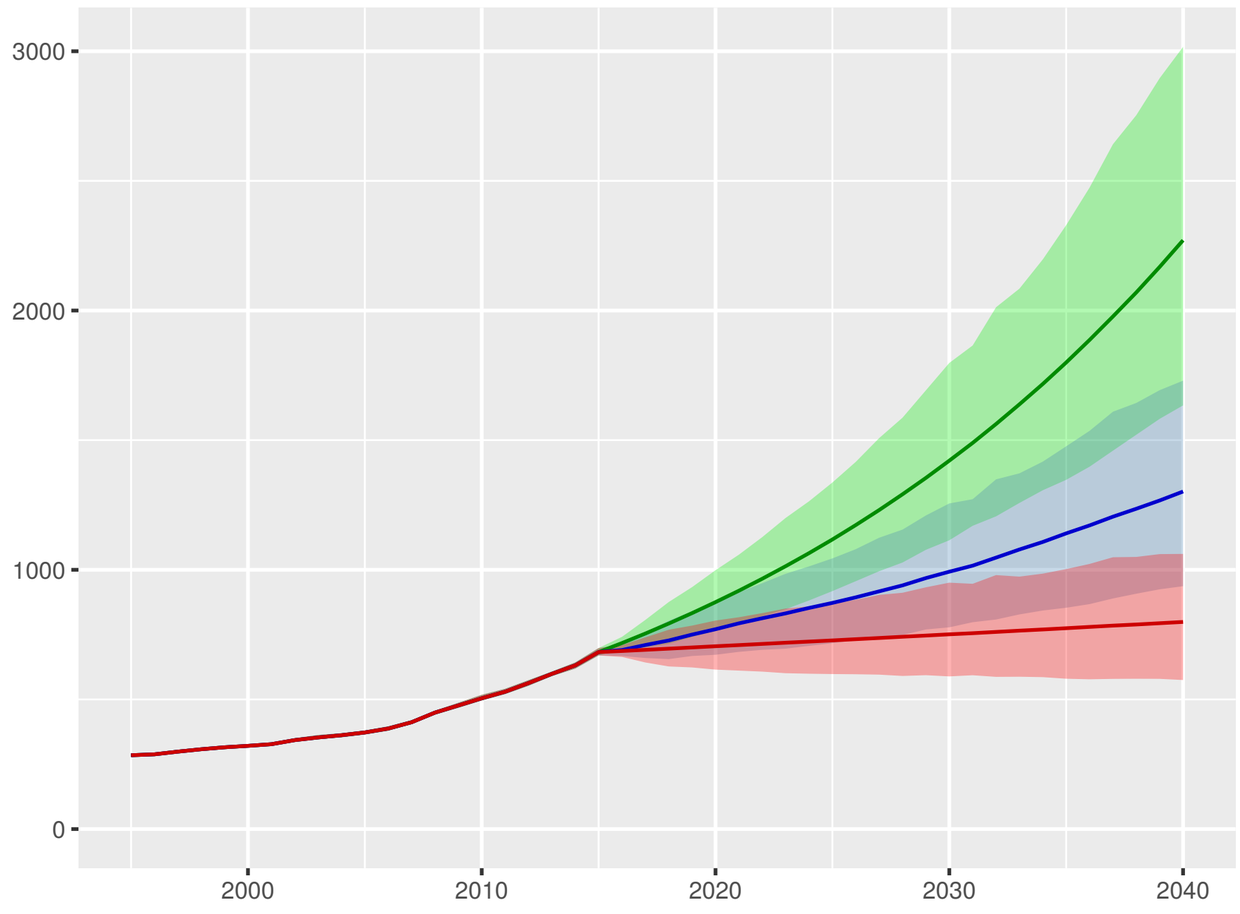
Scenario — Better — Reference — Worse

Peru

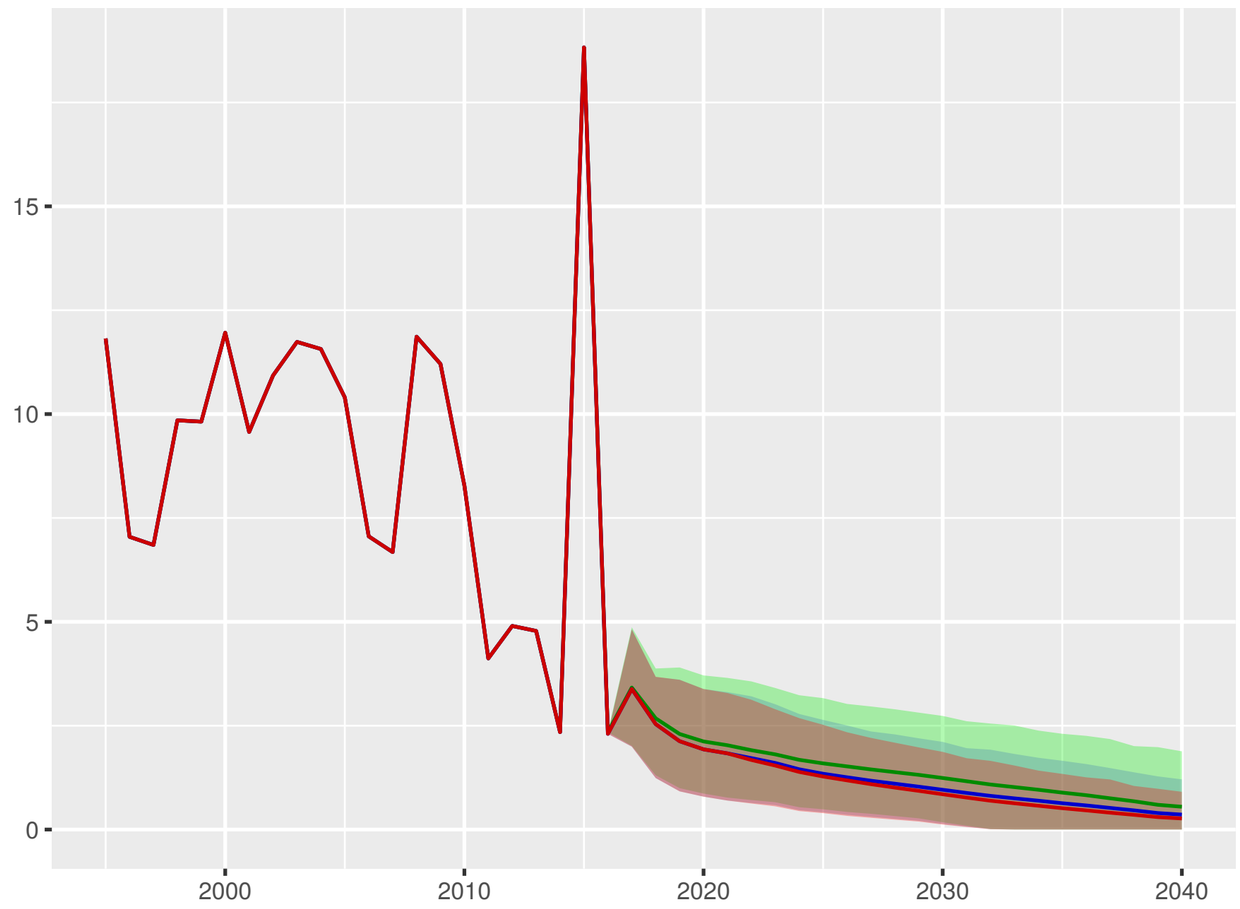
Universal health coverage index



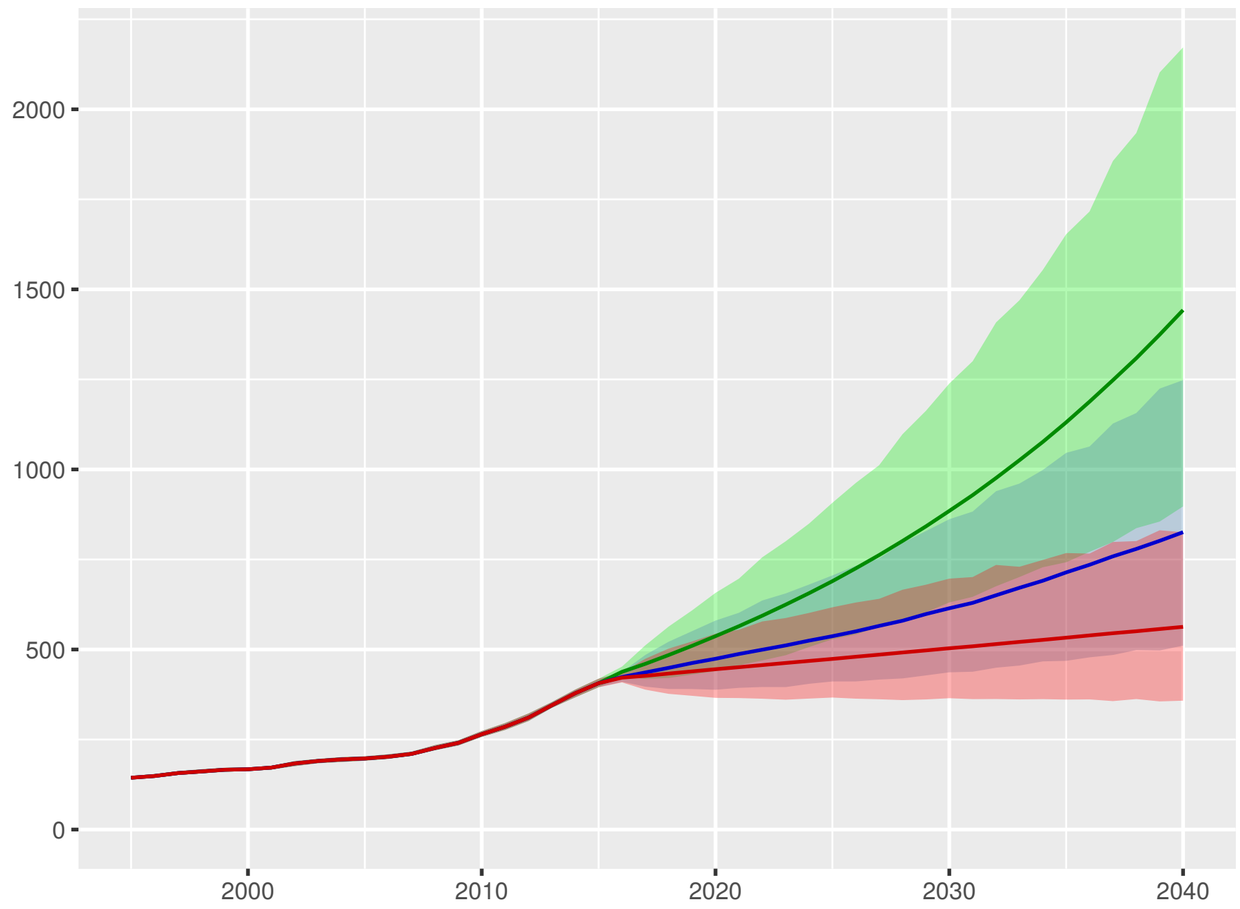
Total health spending per person



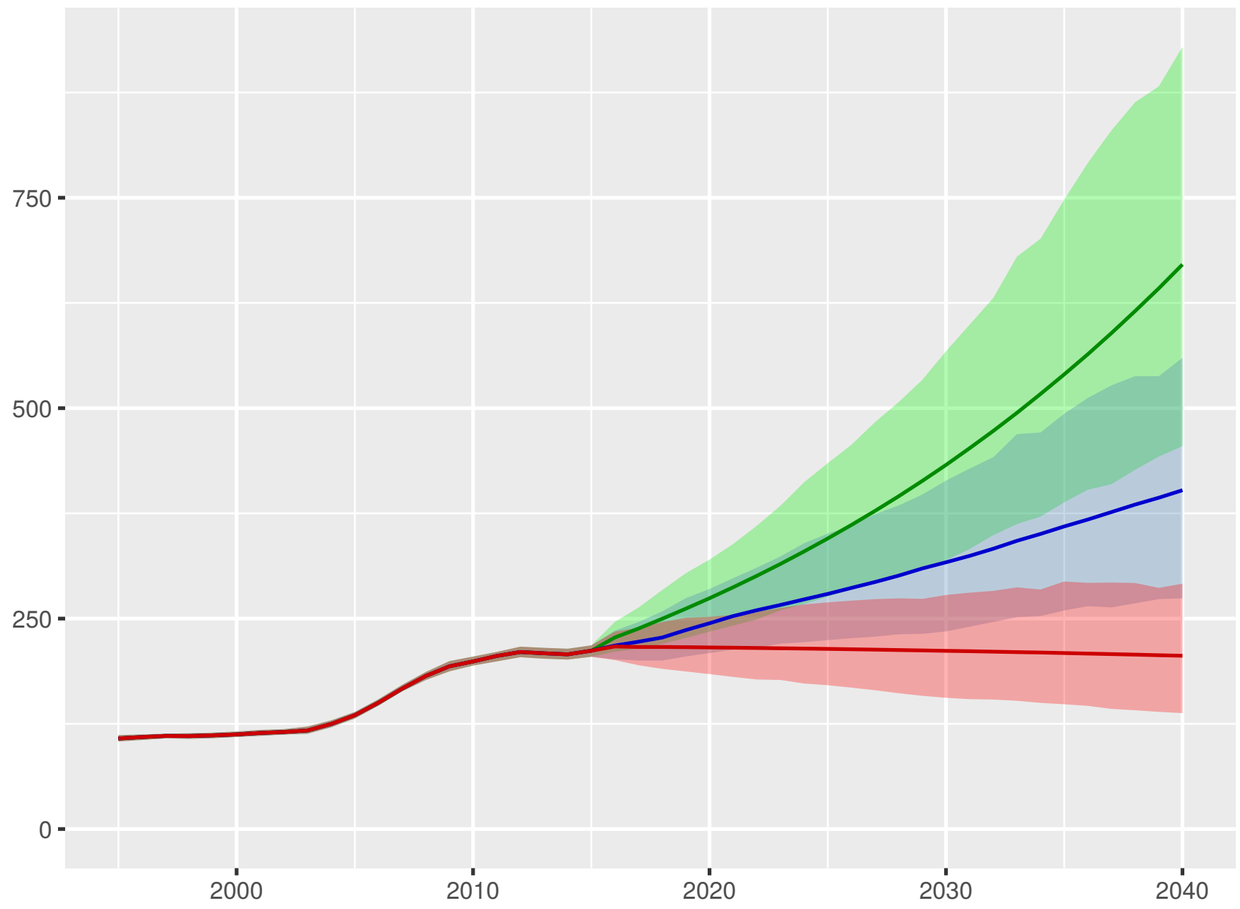
Development assistance for health received per person



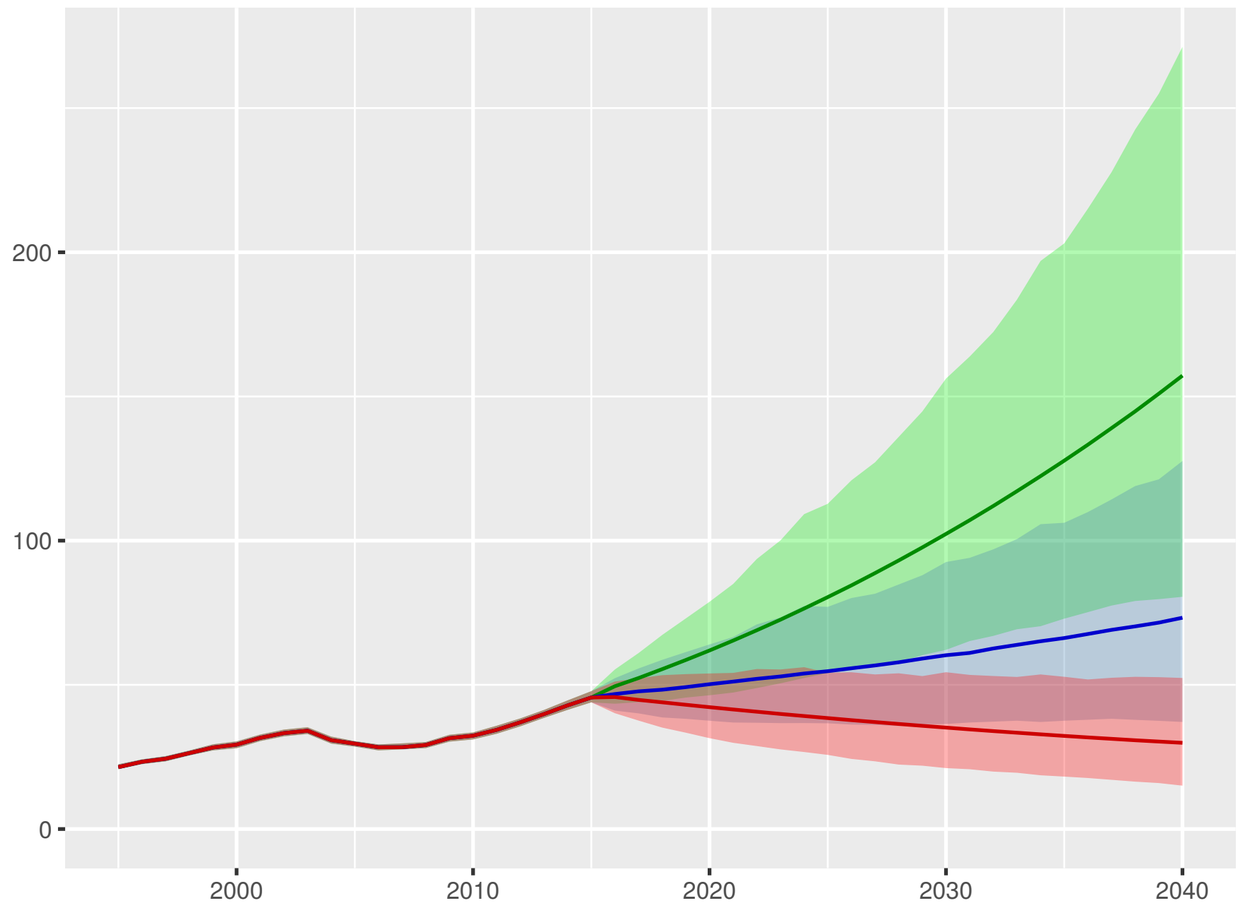
Government health spending per person



Out-of-pocket spending per person



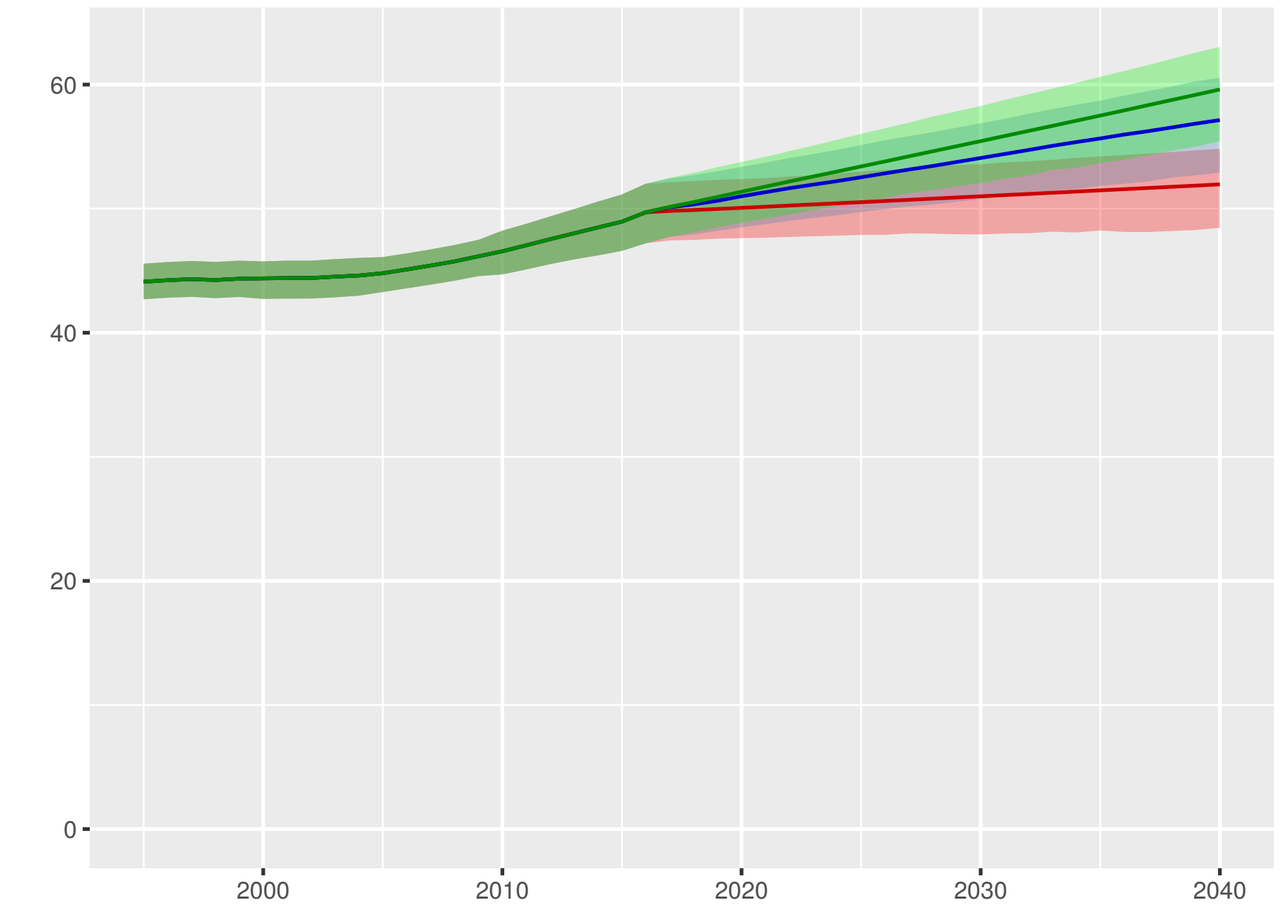
Prepaid private spending per person



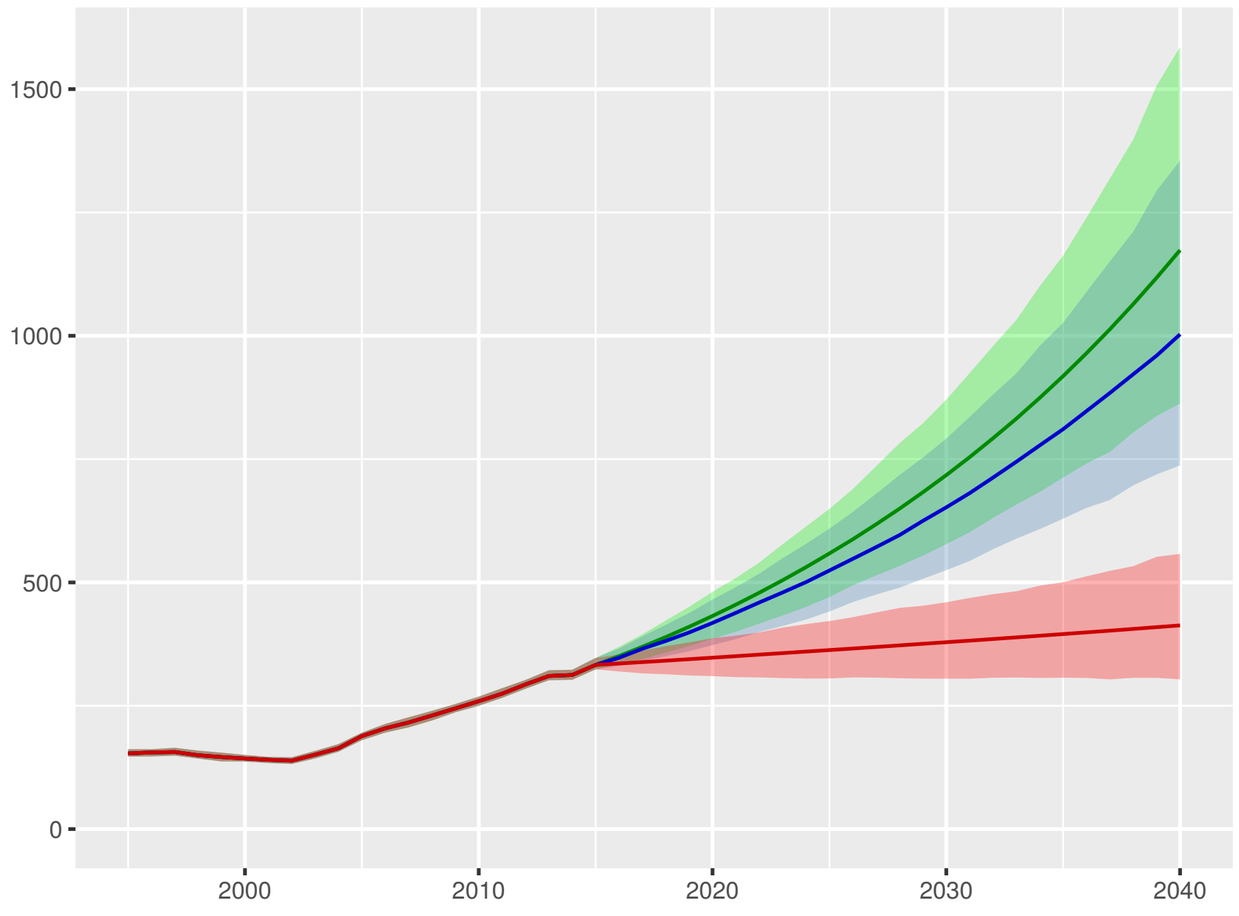
Scenario — Better — Reference — Worse

Philippines

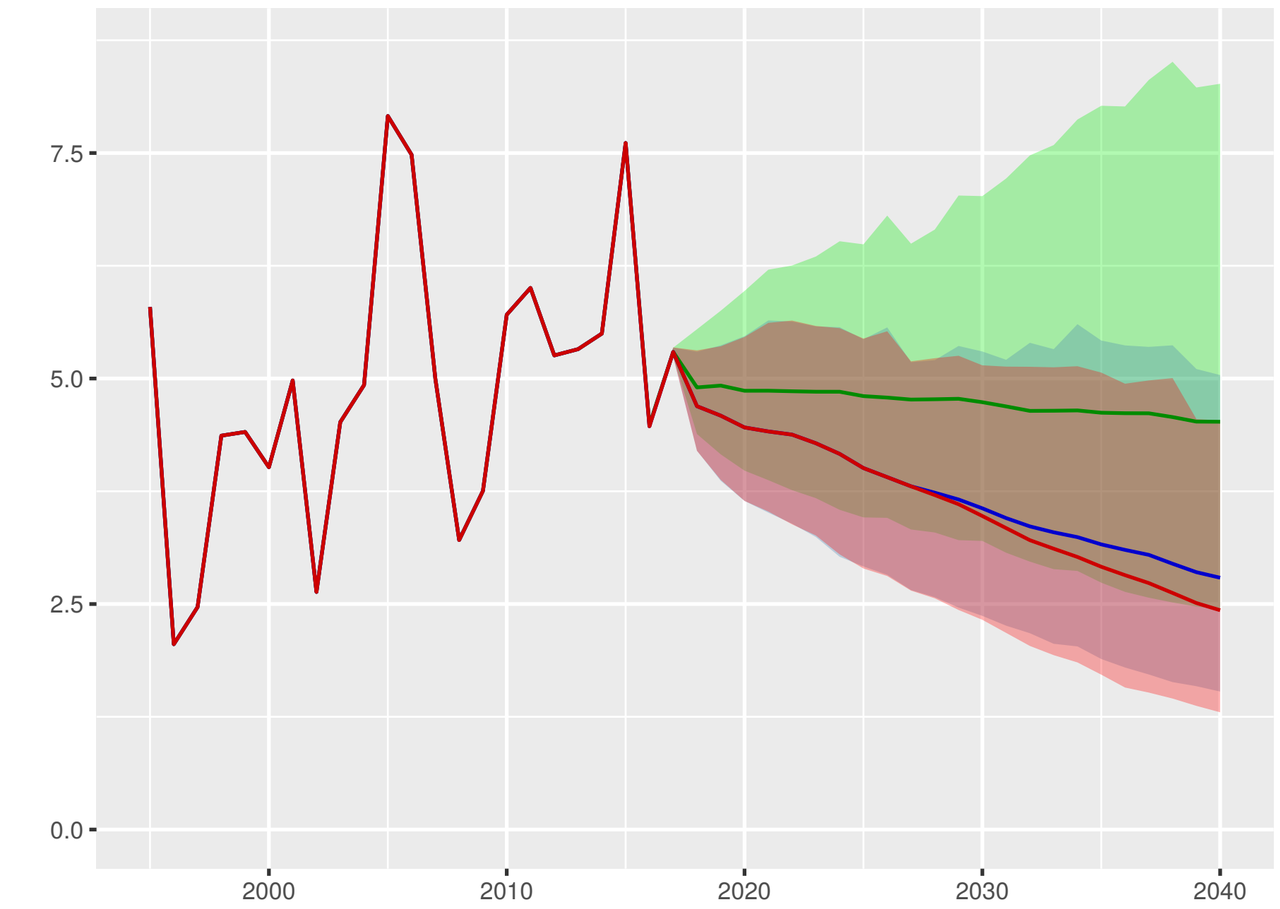
Universal health coverage index



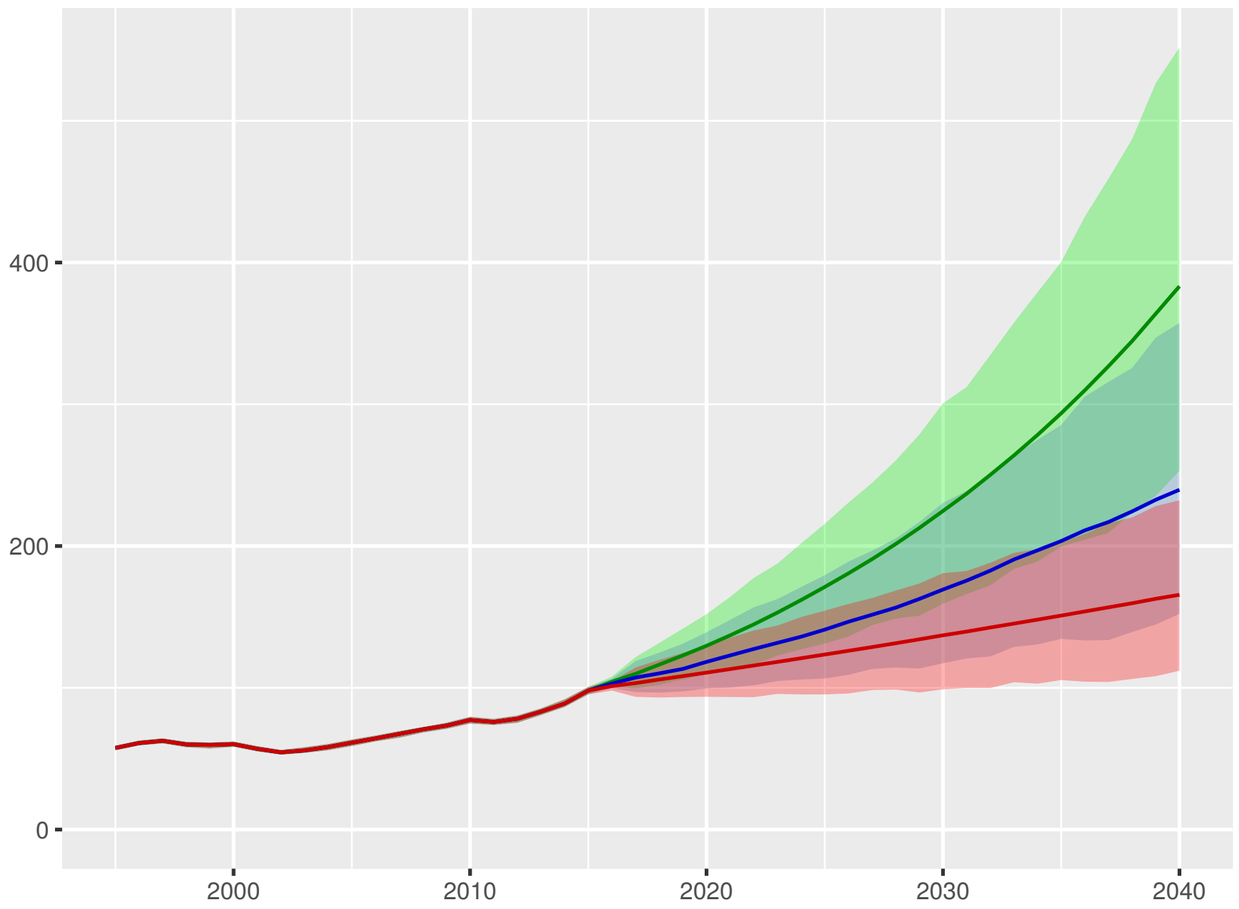
Total health spending per person



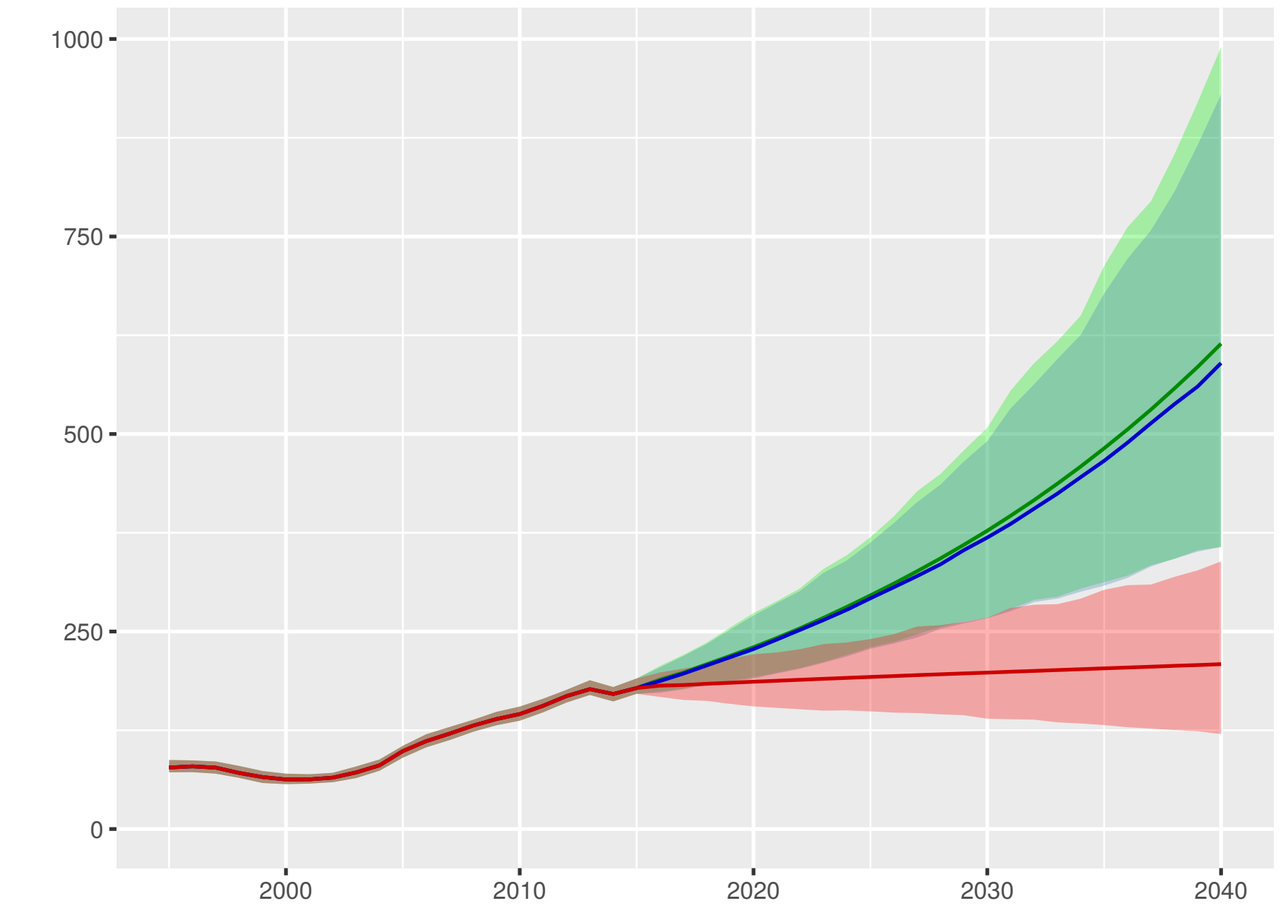
Development assistance for health received per person



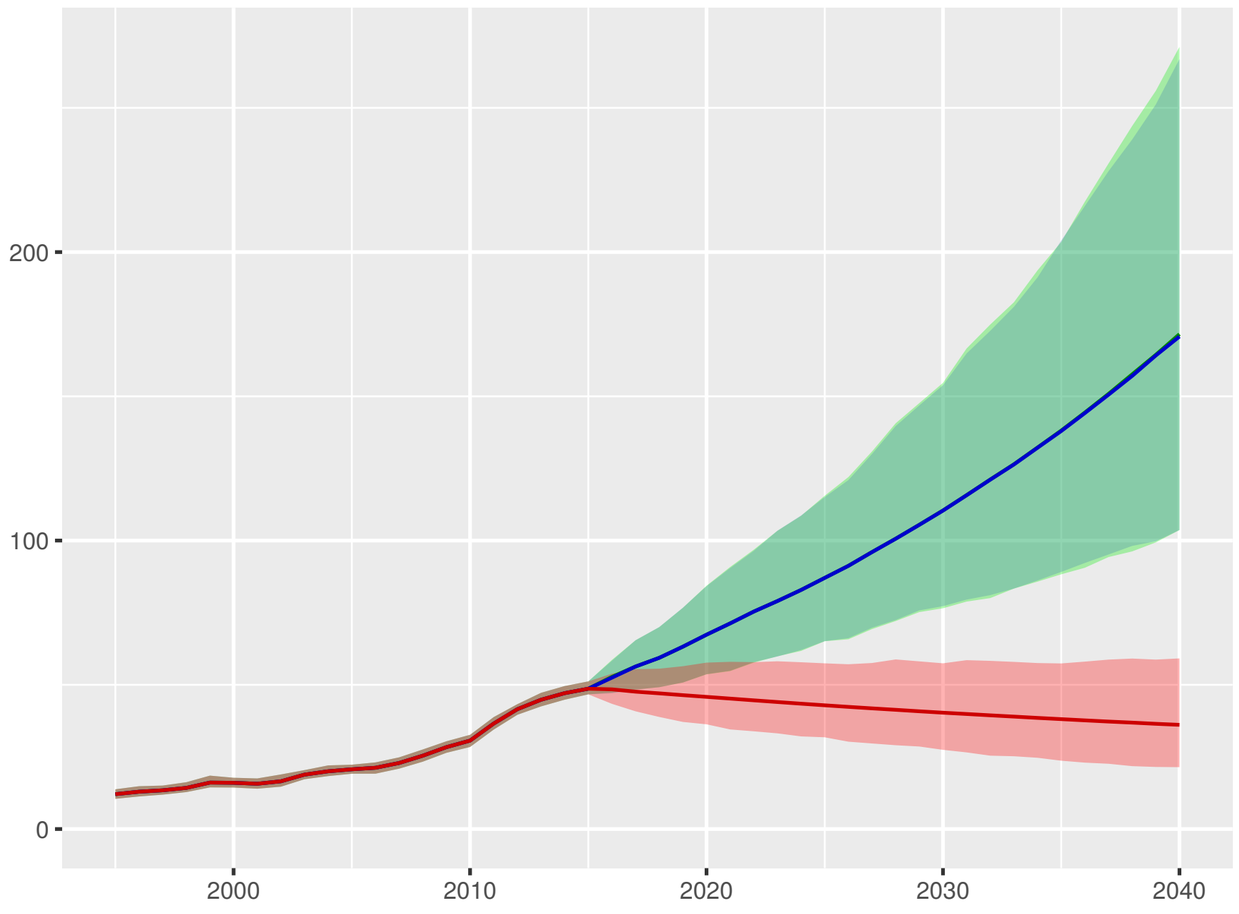
Government health spending per person



Out-of-pocket spending per person



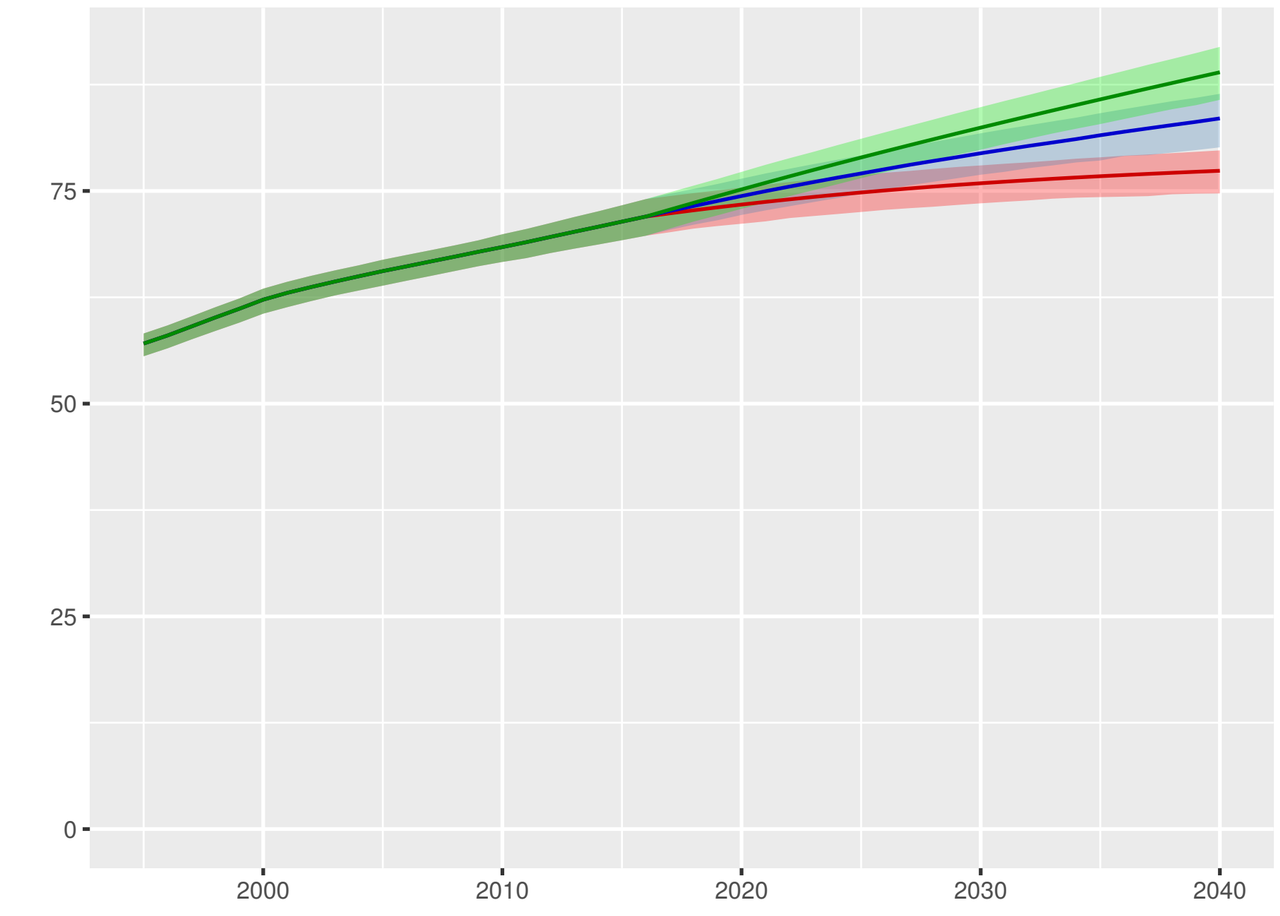
Prepaid private spending per person



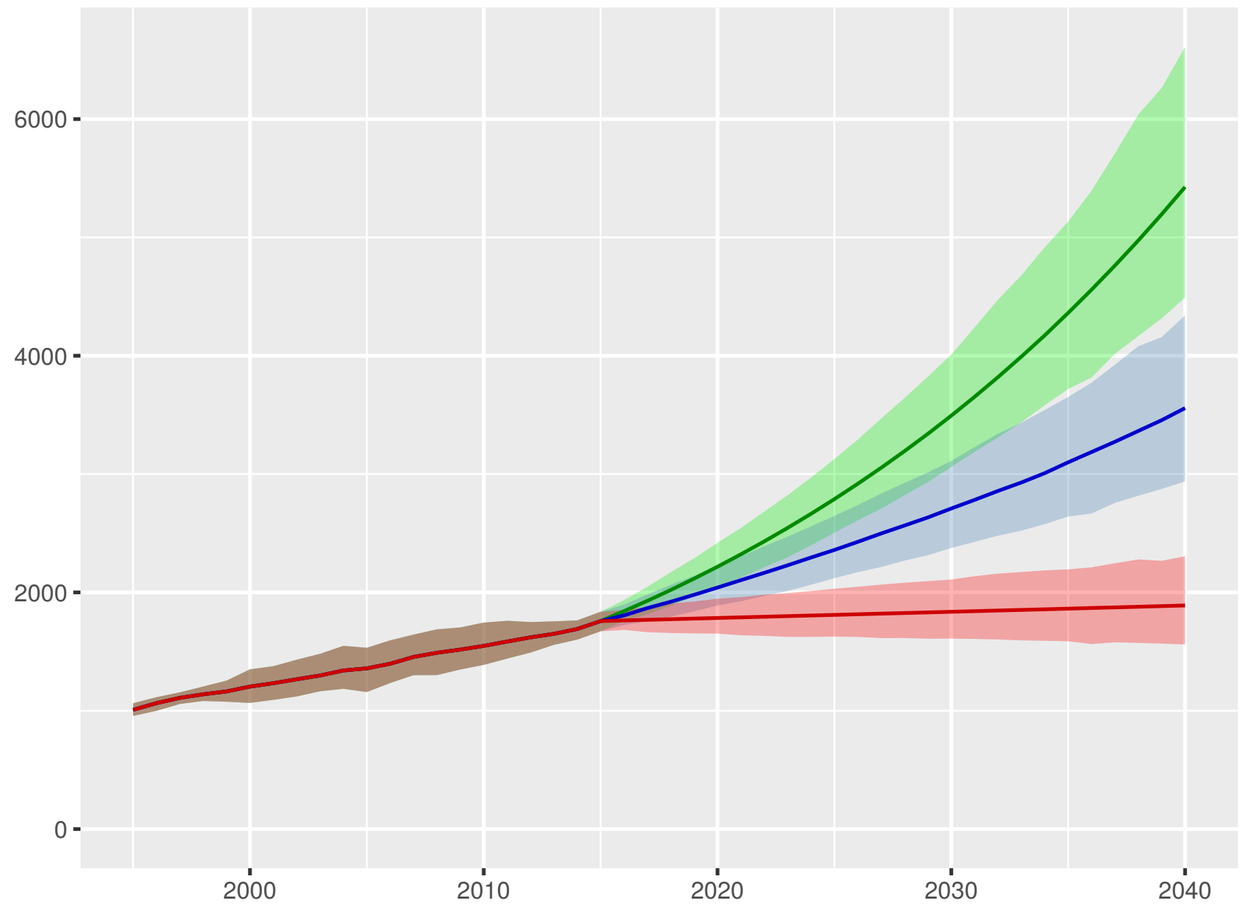
Scenario — Better — Reference — Worse

Poland

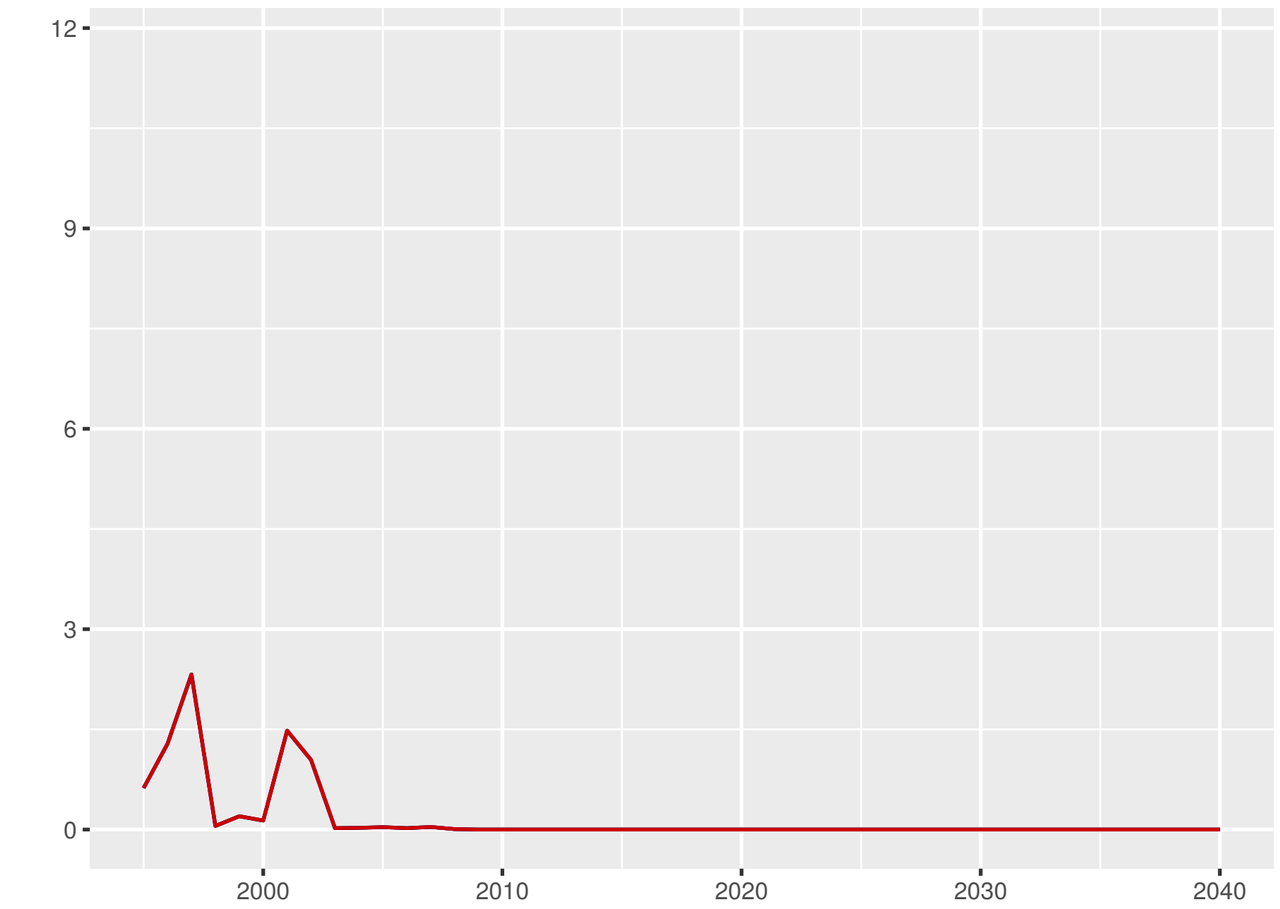
Universal health coverage index



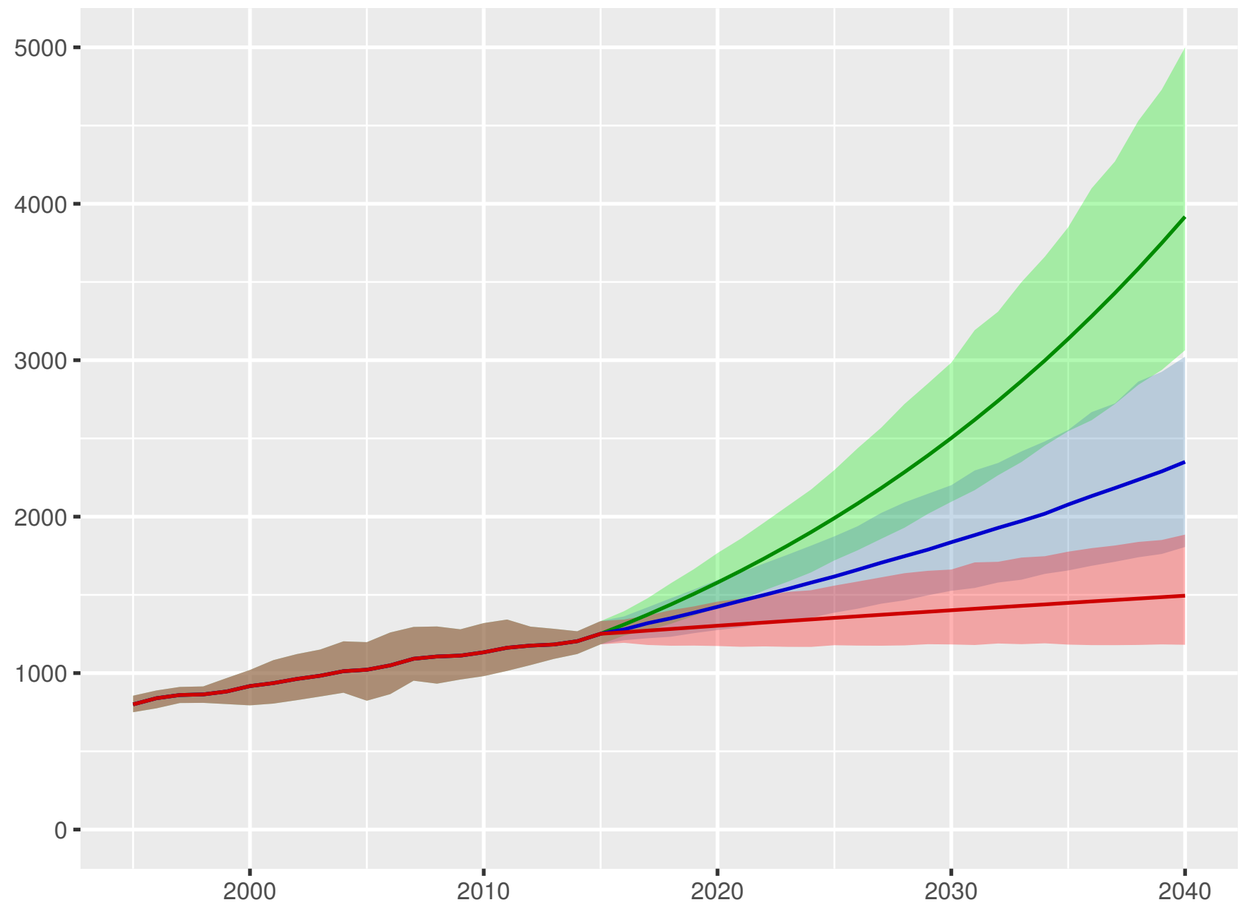
Total health spending per person



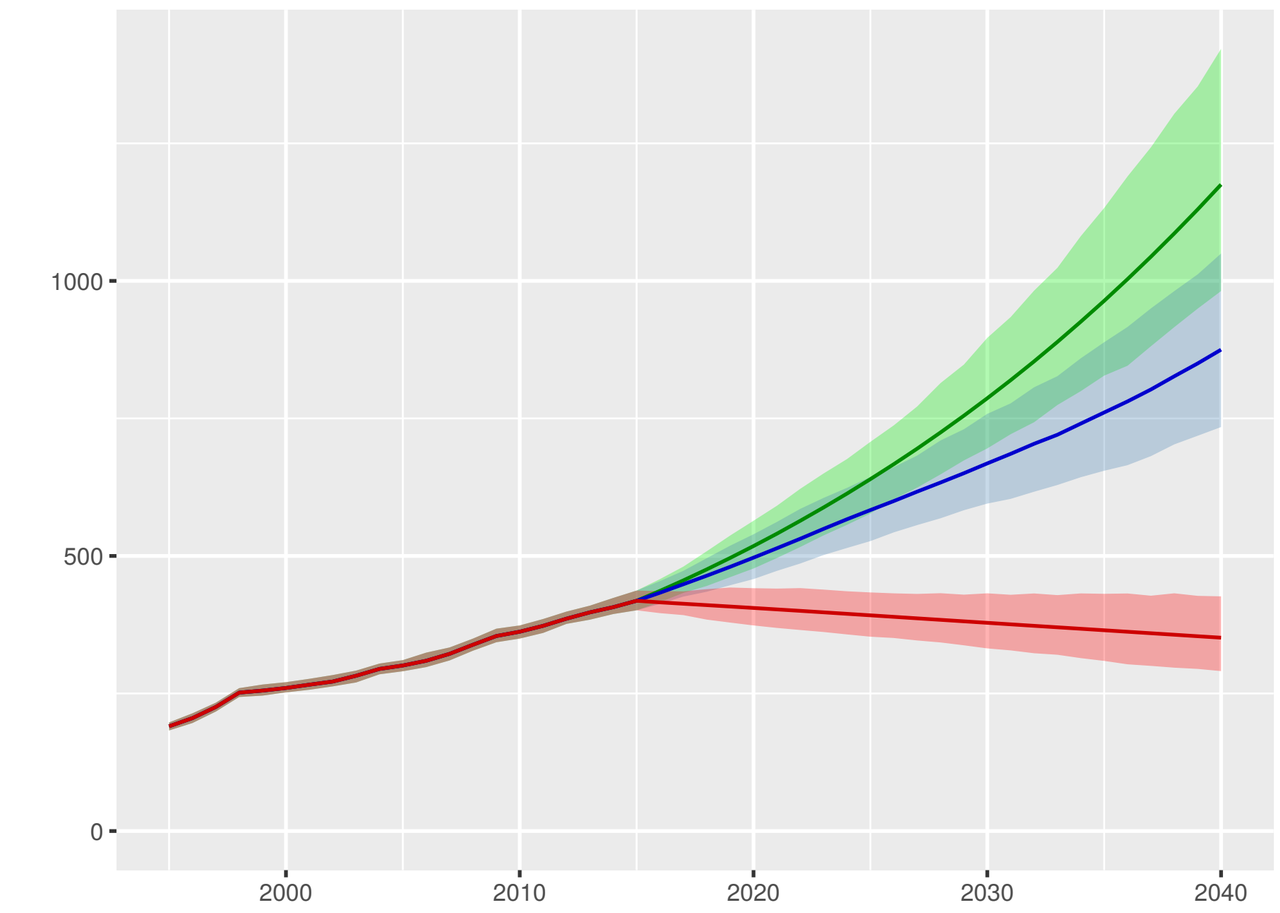
Development assistance for health received per person



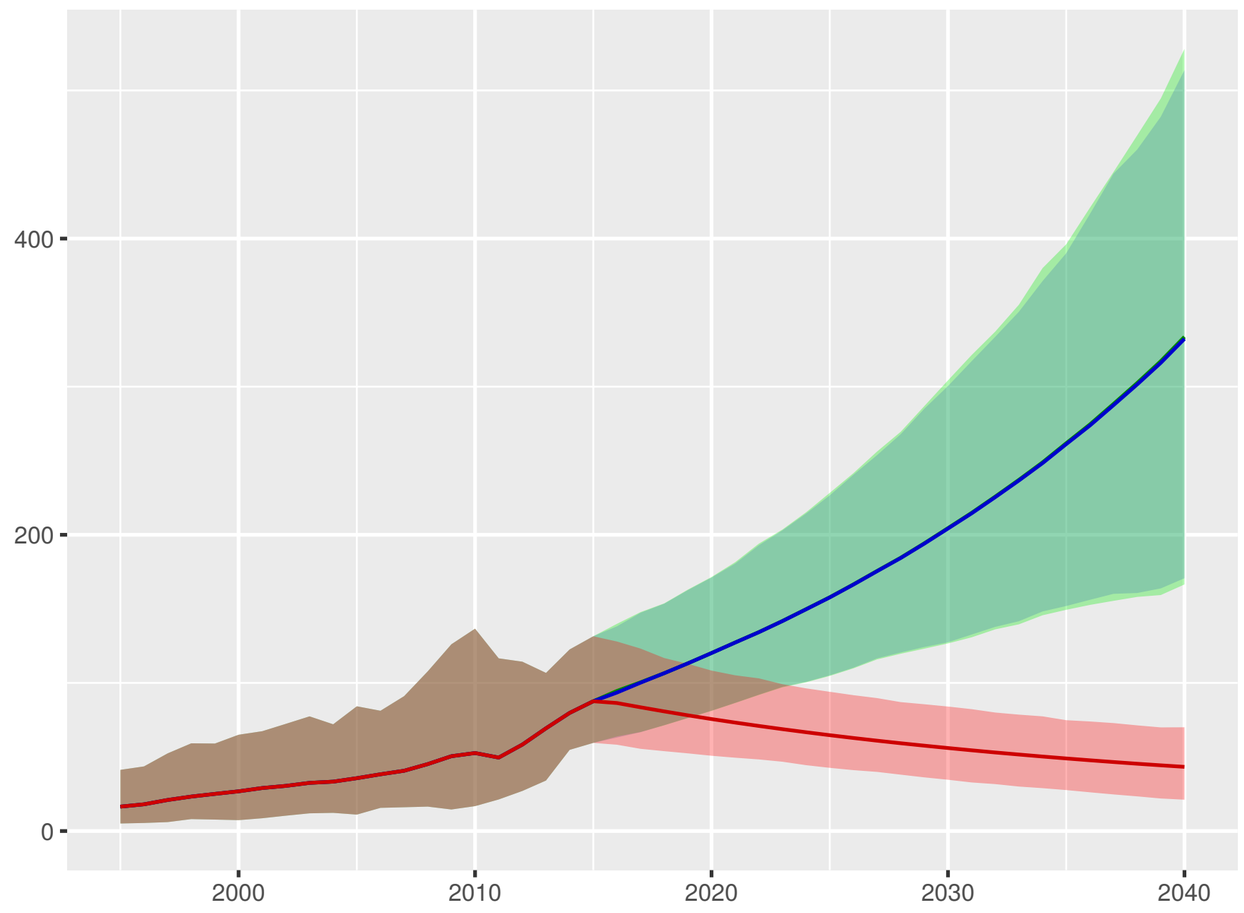
Government health spending per person



Out-of-pocket spending per person



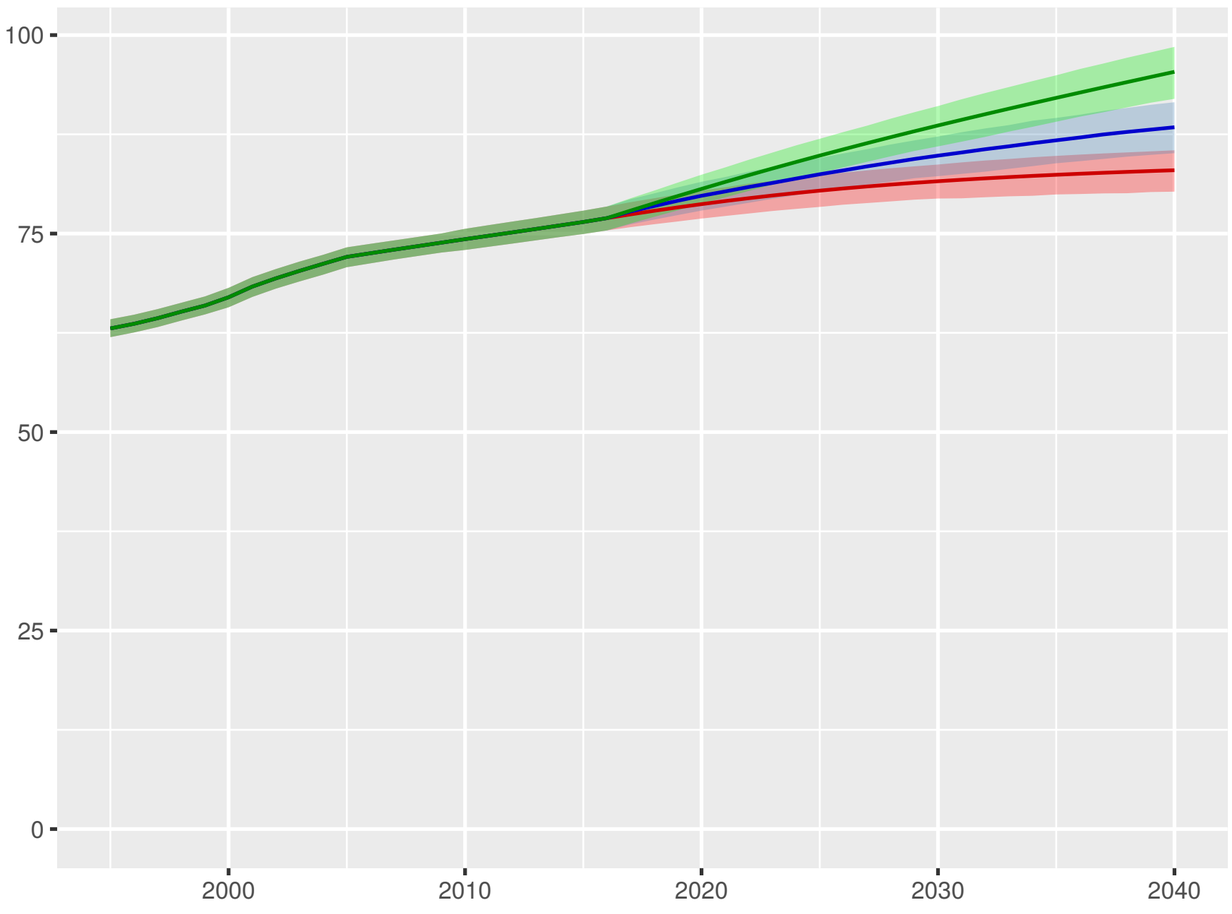
Prepaid private spending per person



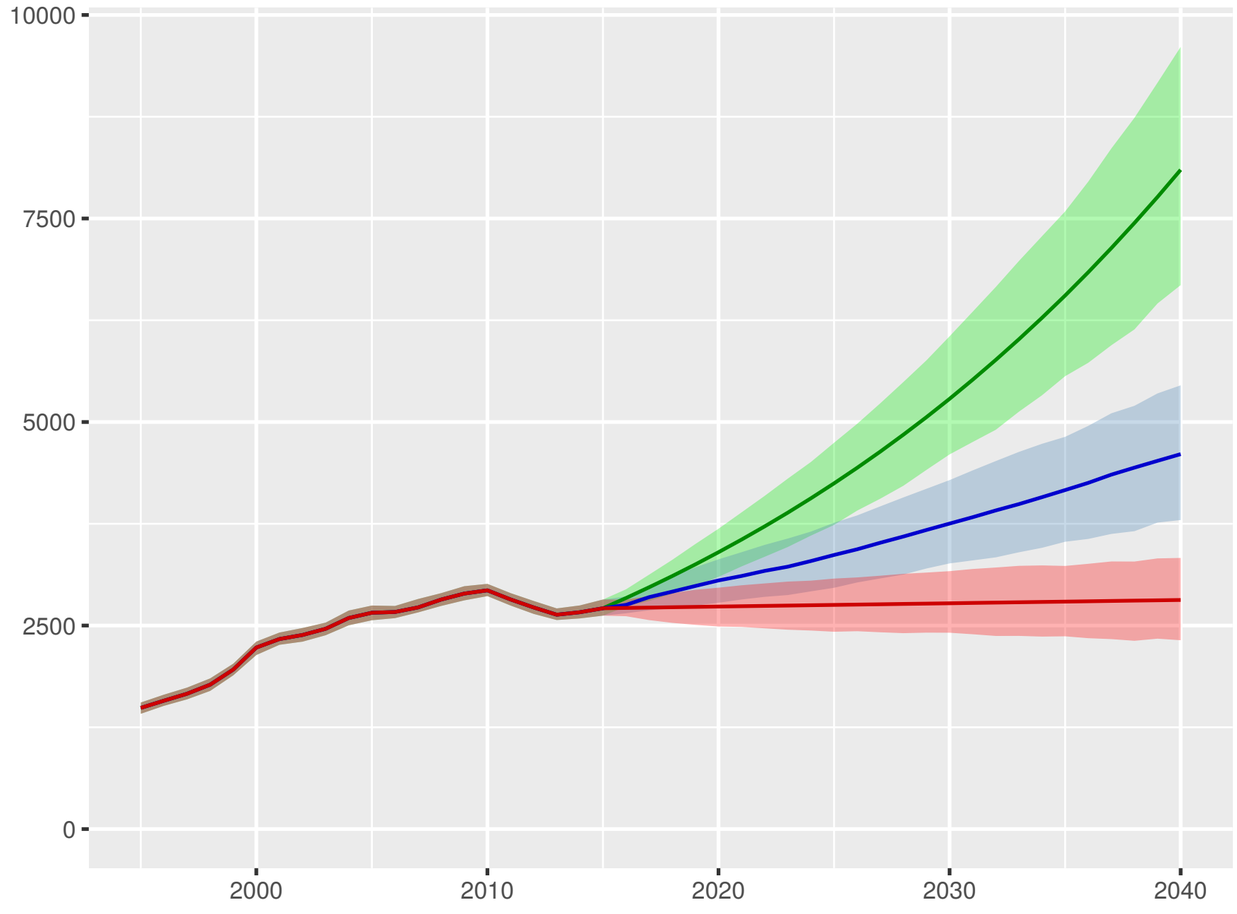
Scenario — Better — Reference — Worse

Portugal

Universal health coverage index

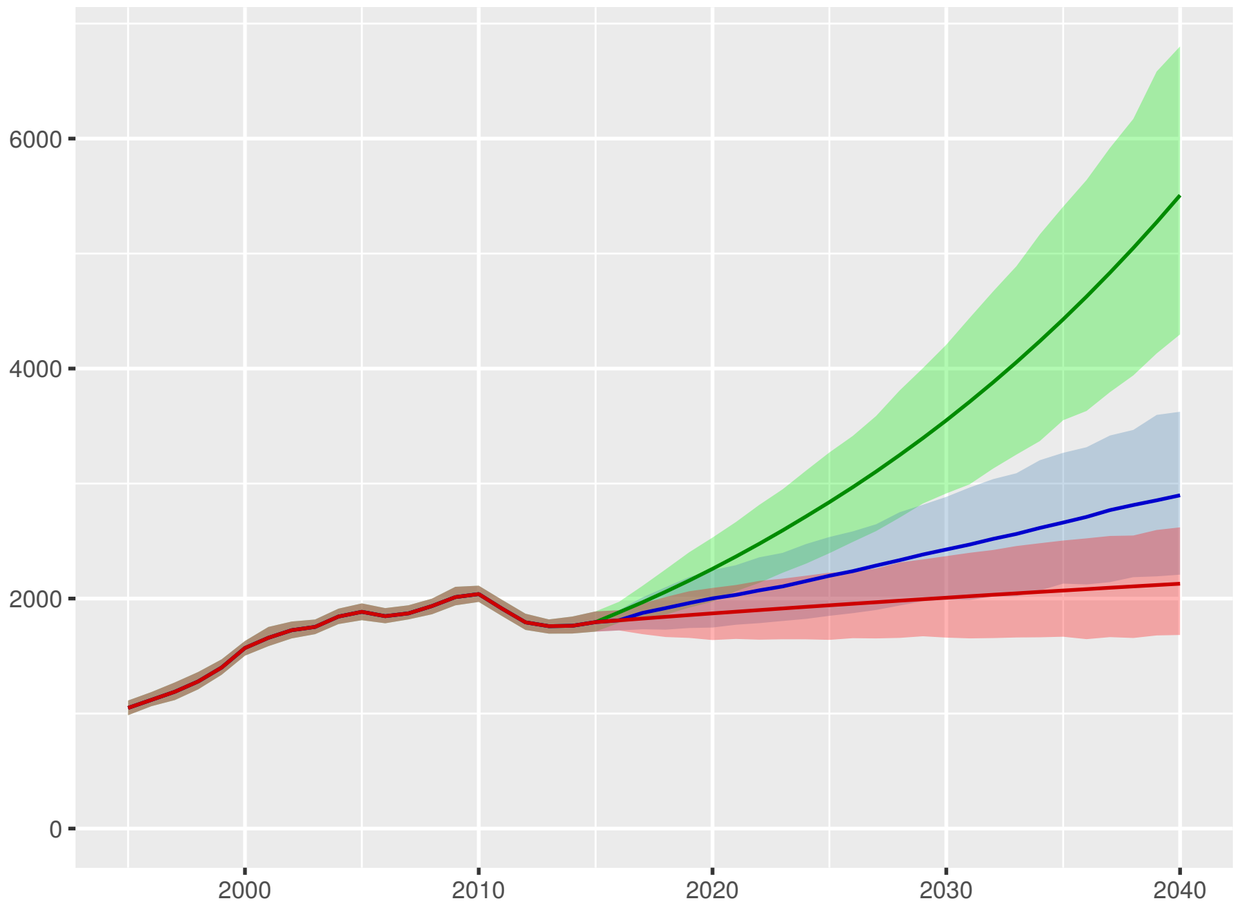


Total health spending per person

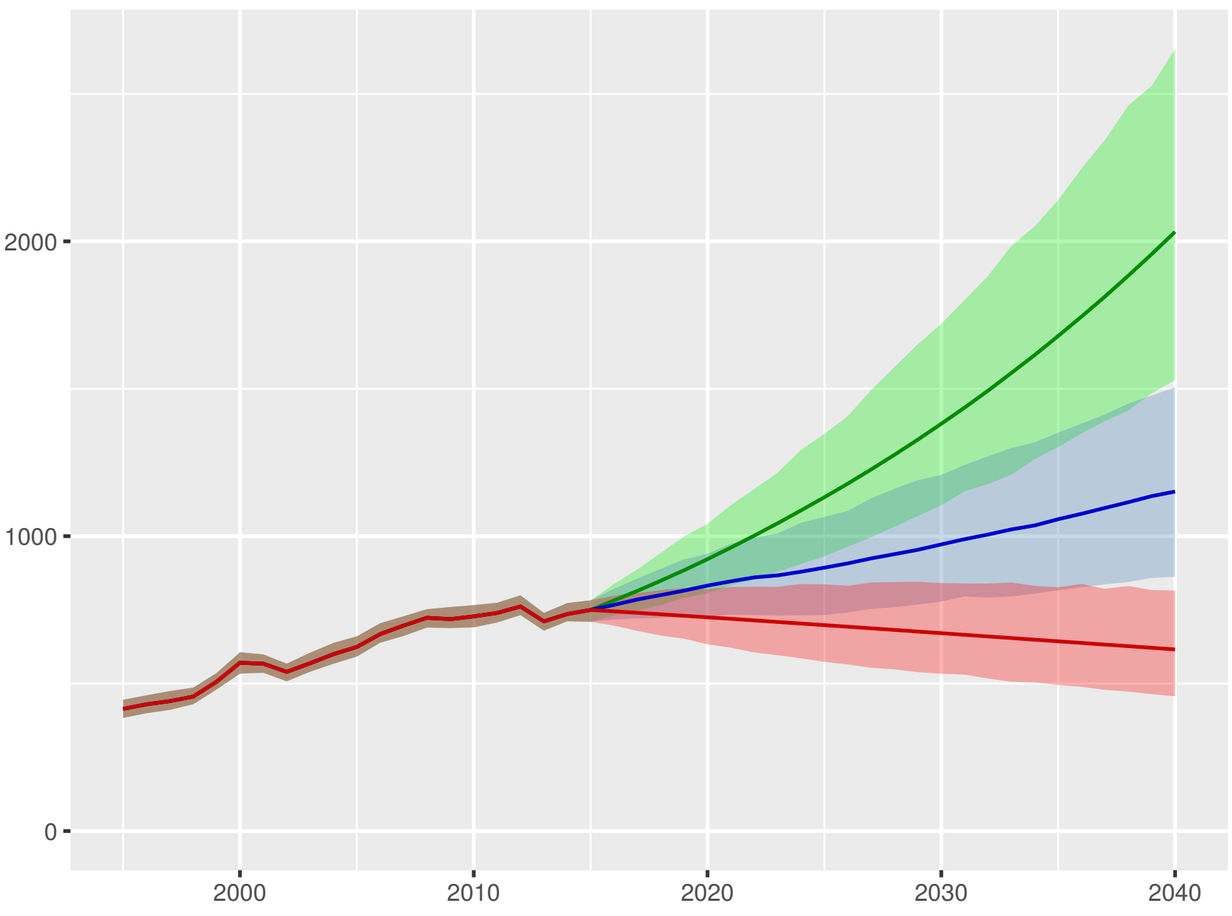


Development assistance for health received per person

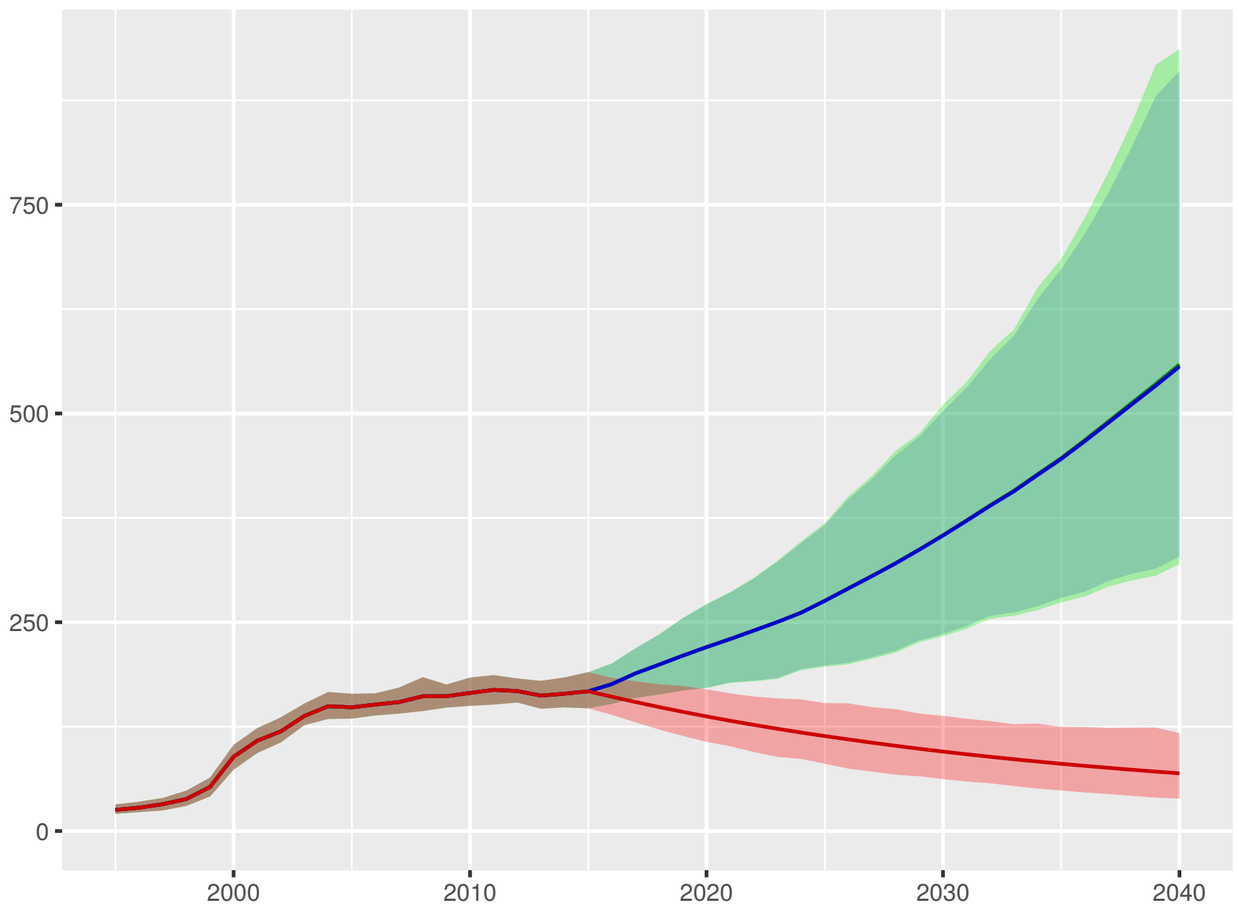
Government health spending per person



Out-of-pocket spending per person



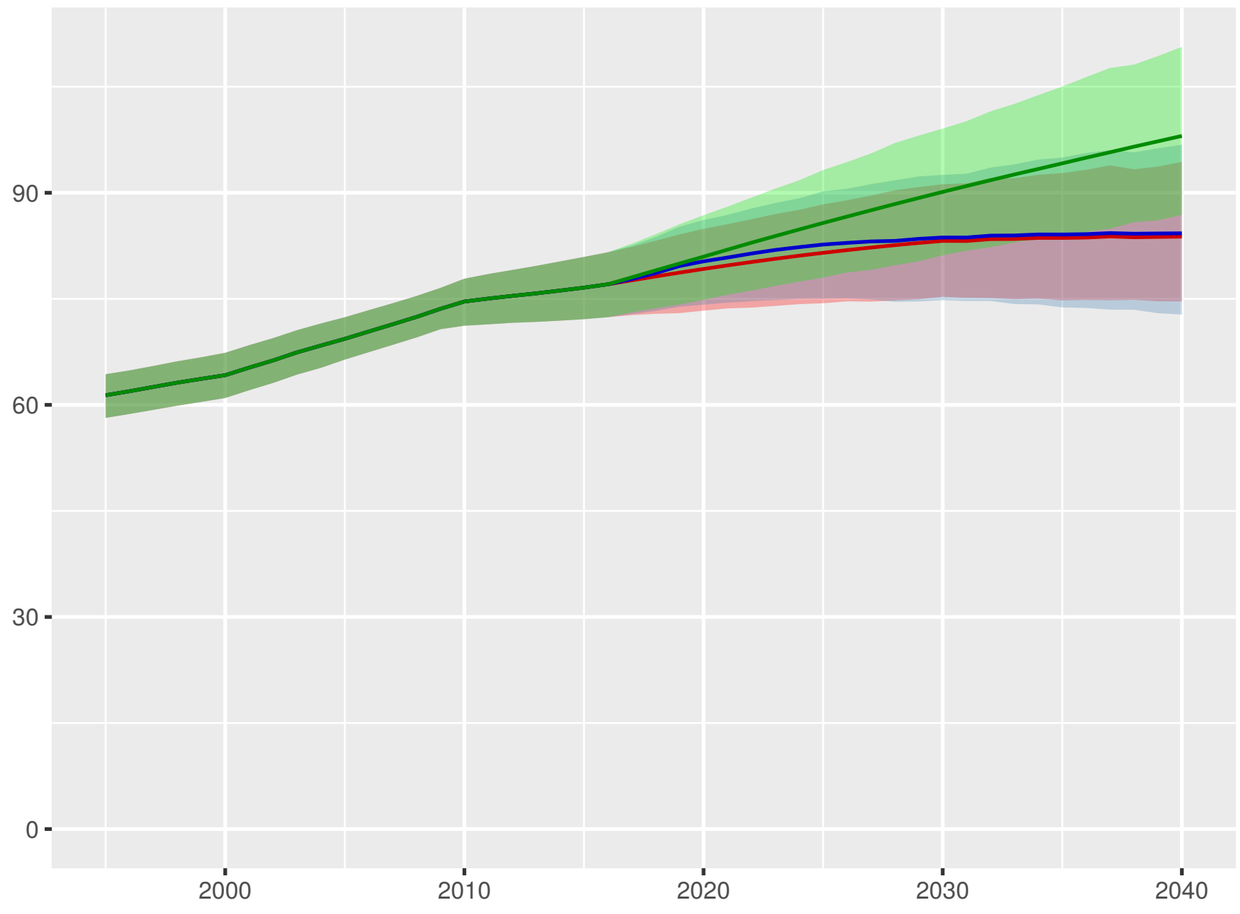
Prepaid private spending per person



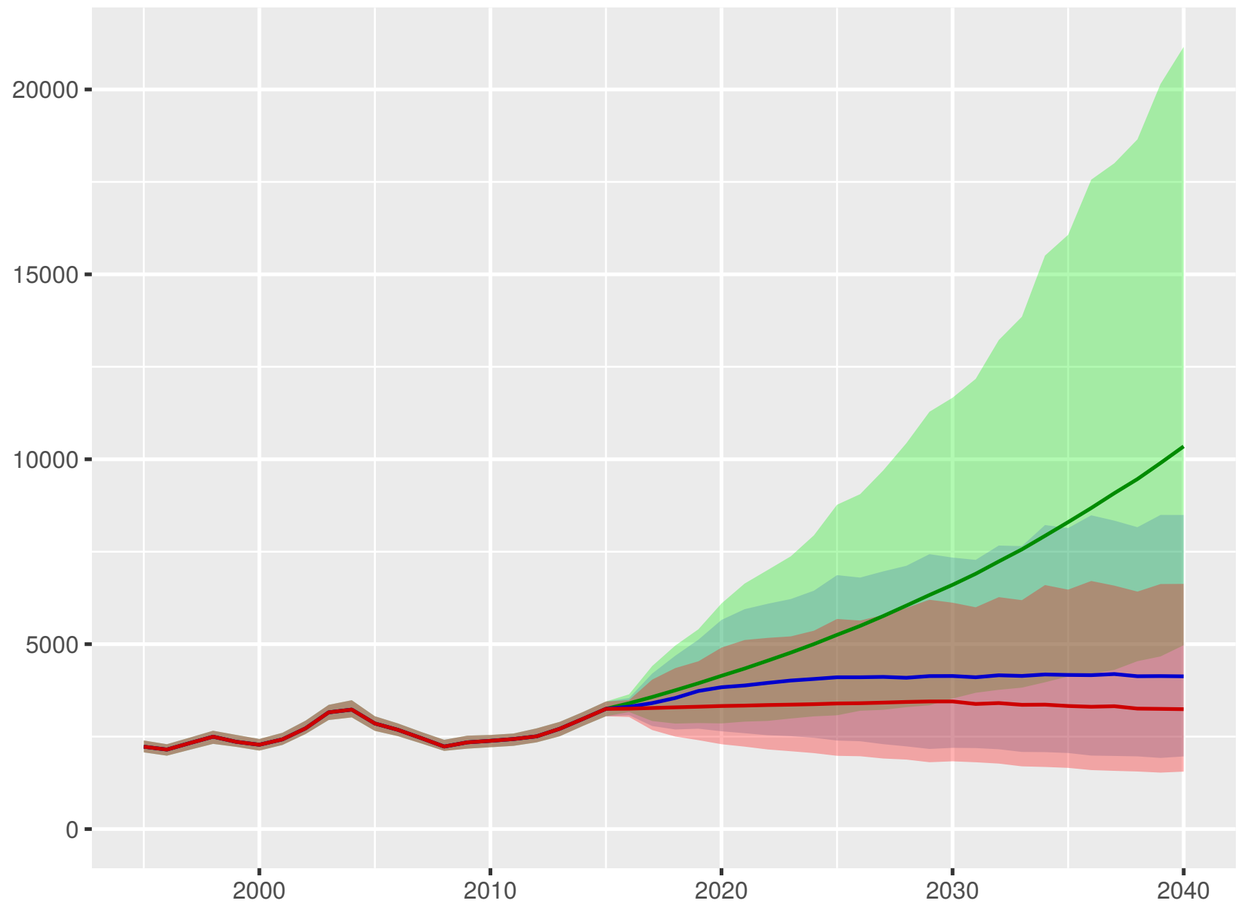
Scenario — Better — Reference — Worse

Qatar

Universal health coverage index

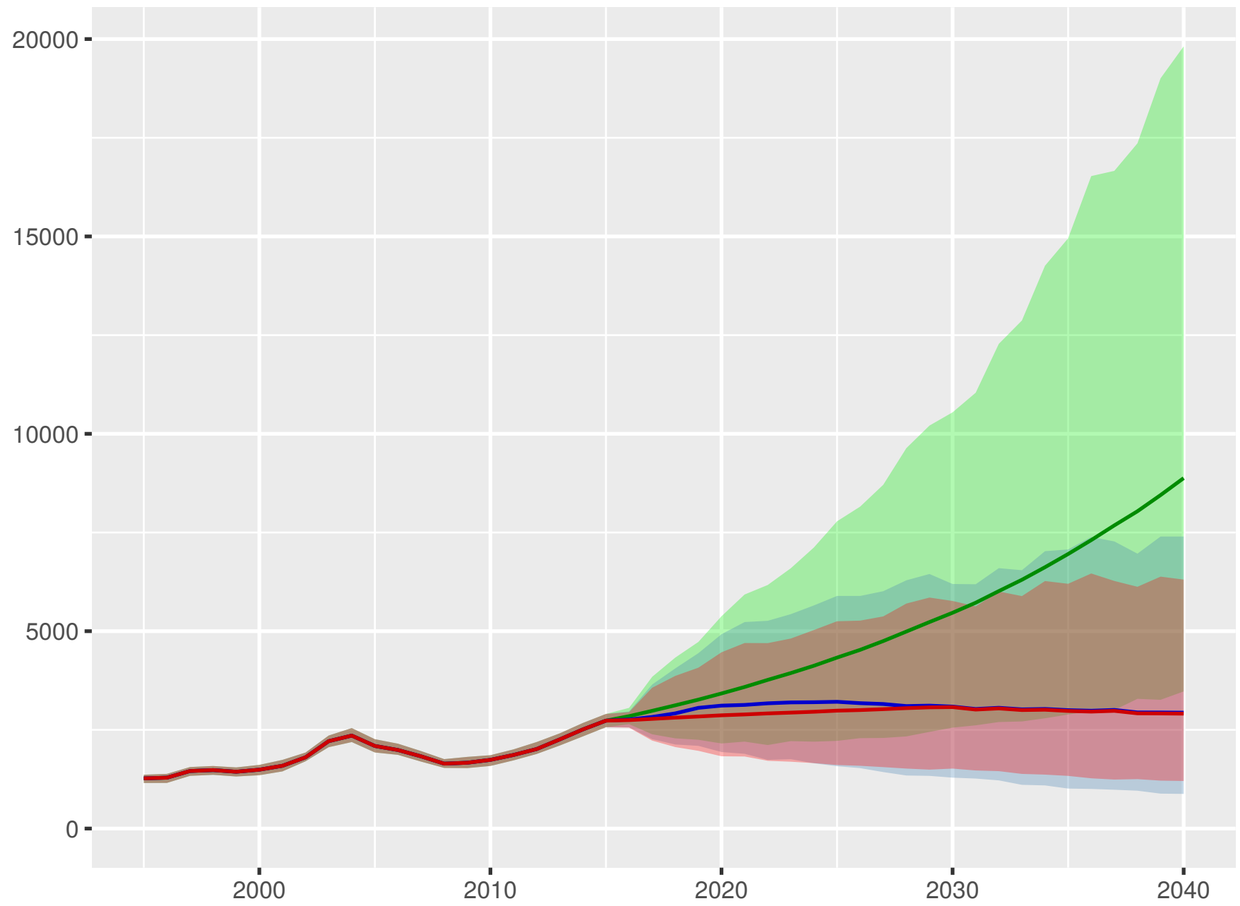


Total health spending per person

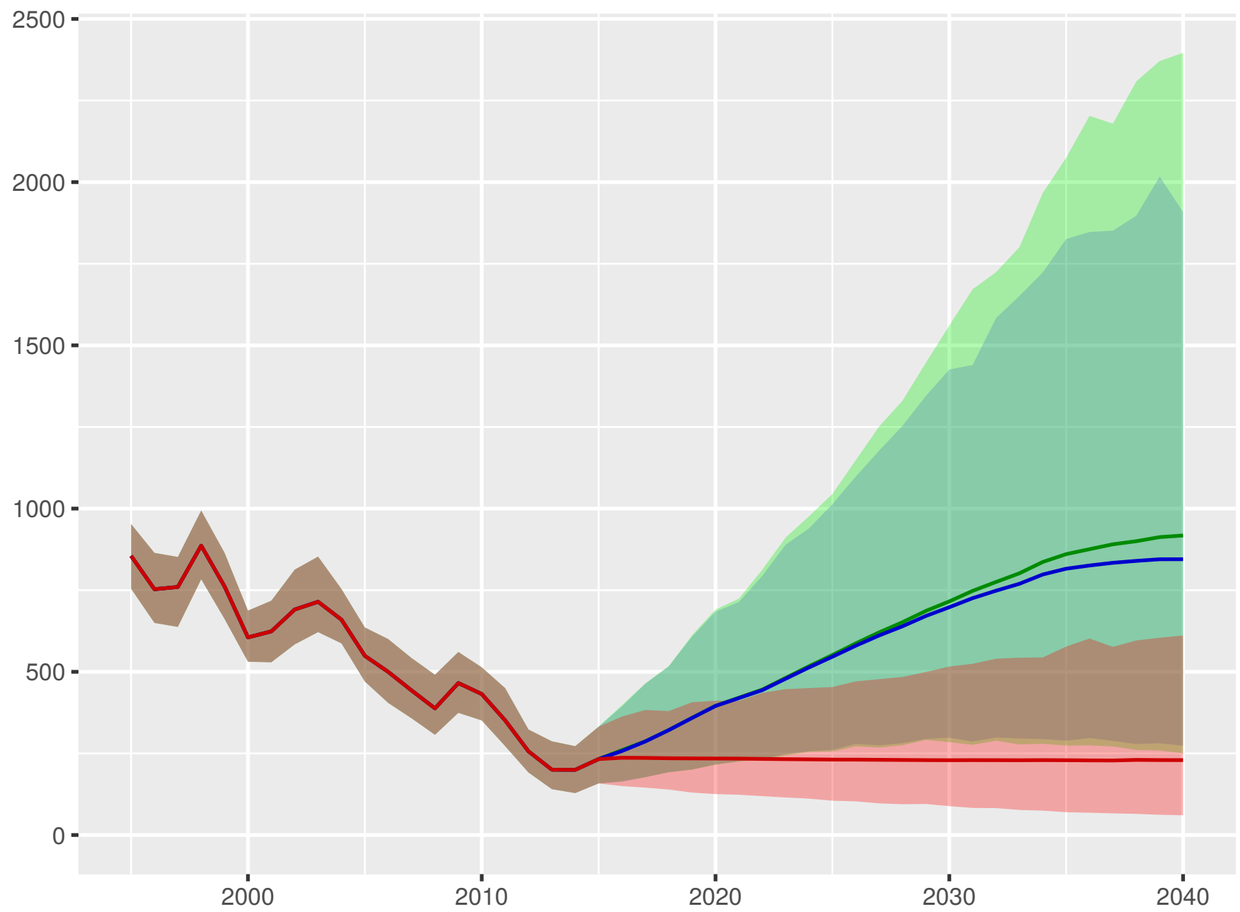


Development assistance for health received per person

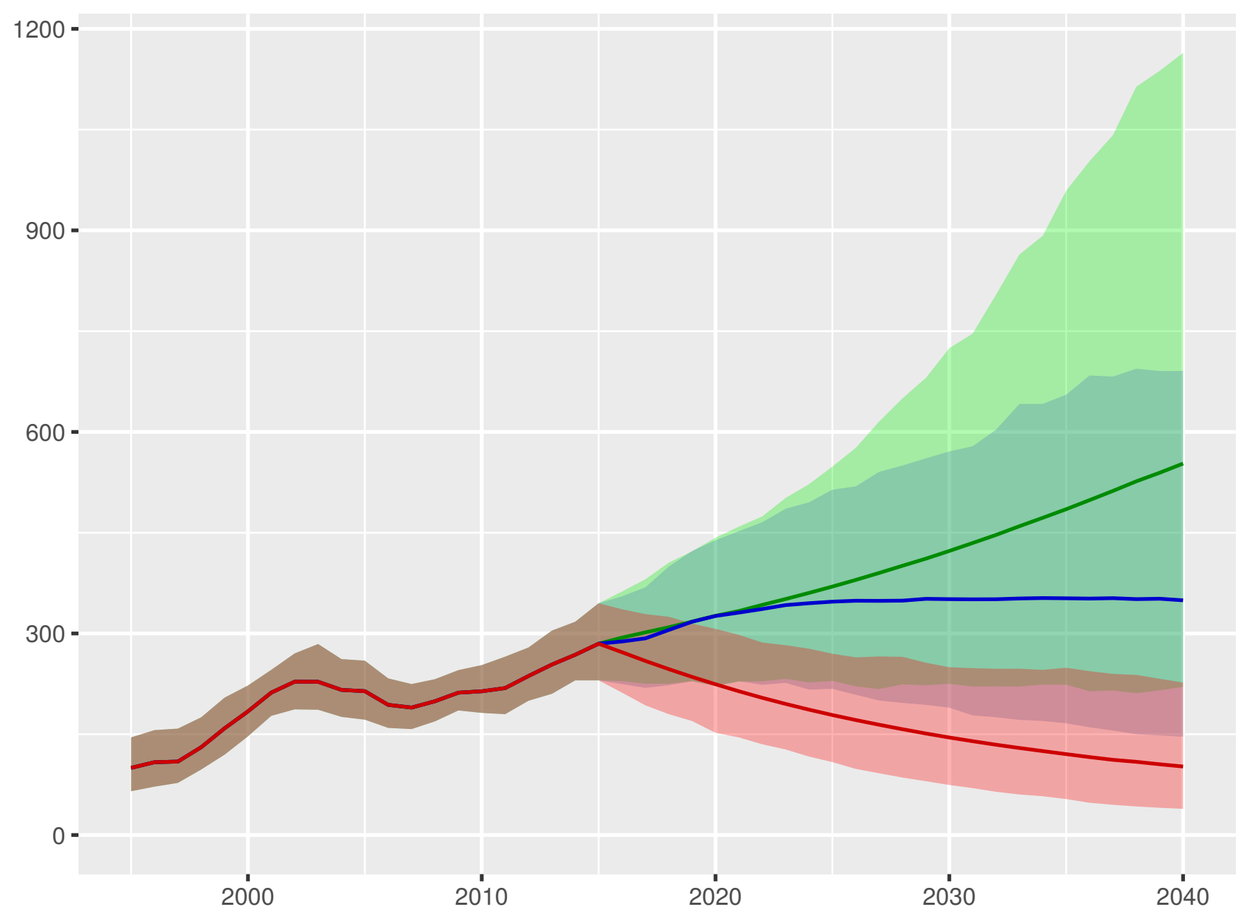
Government health spending per person



Out-of-pocket spending per person



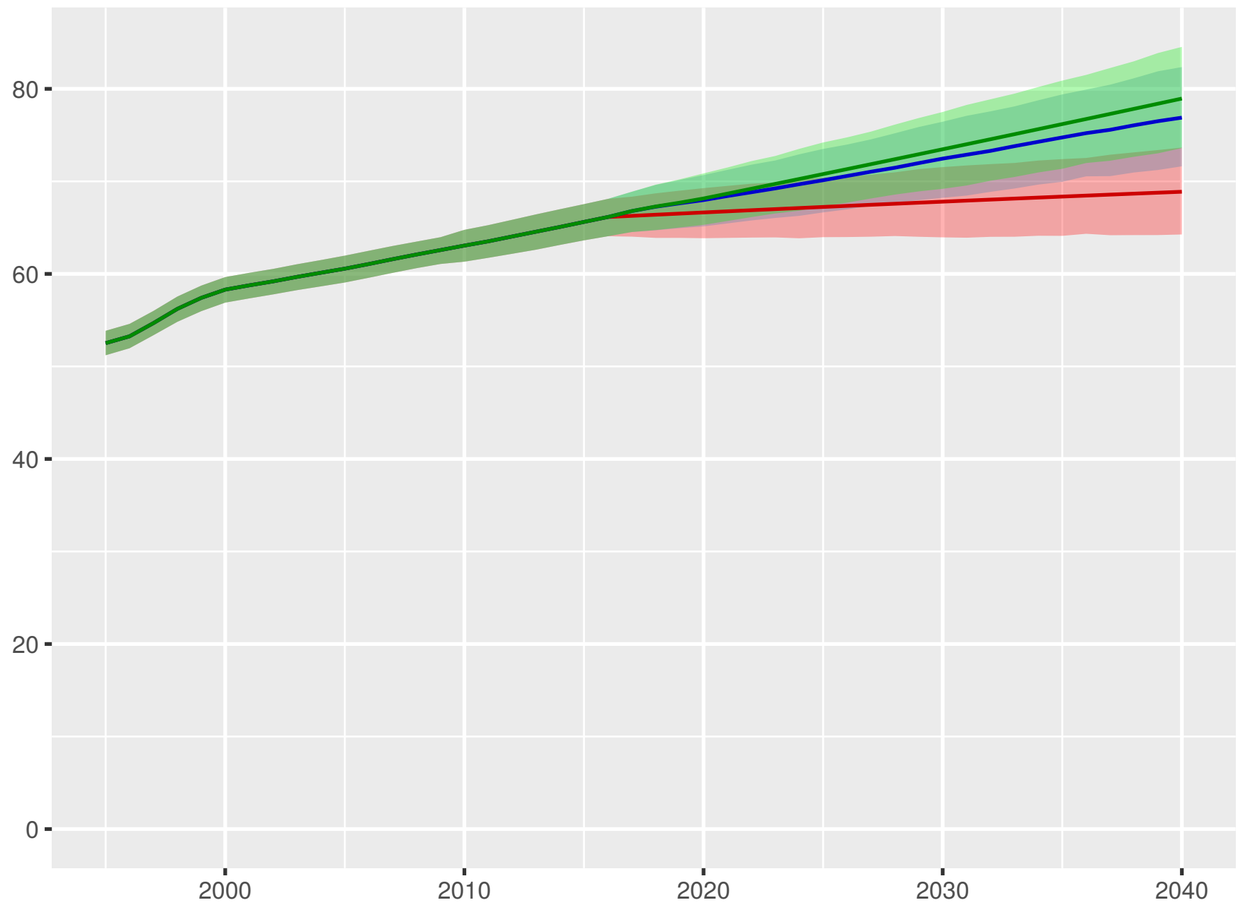
Prepaid private spending per person



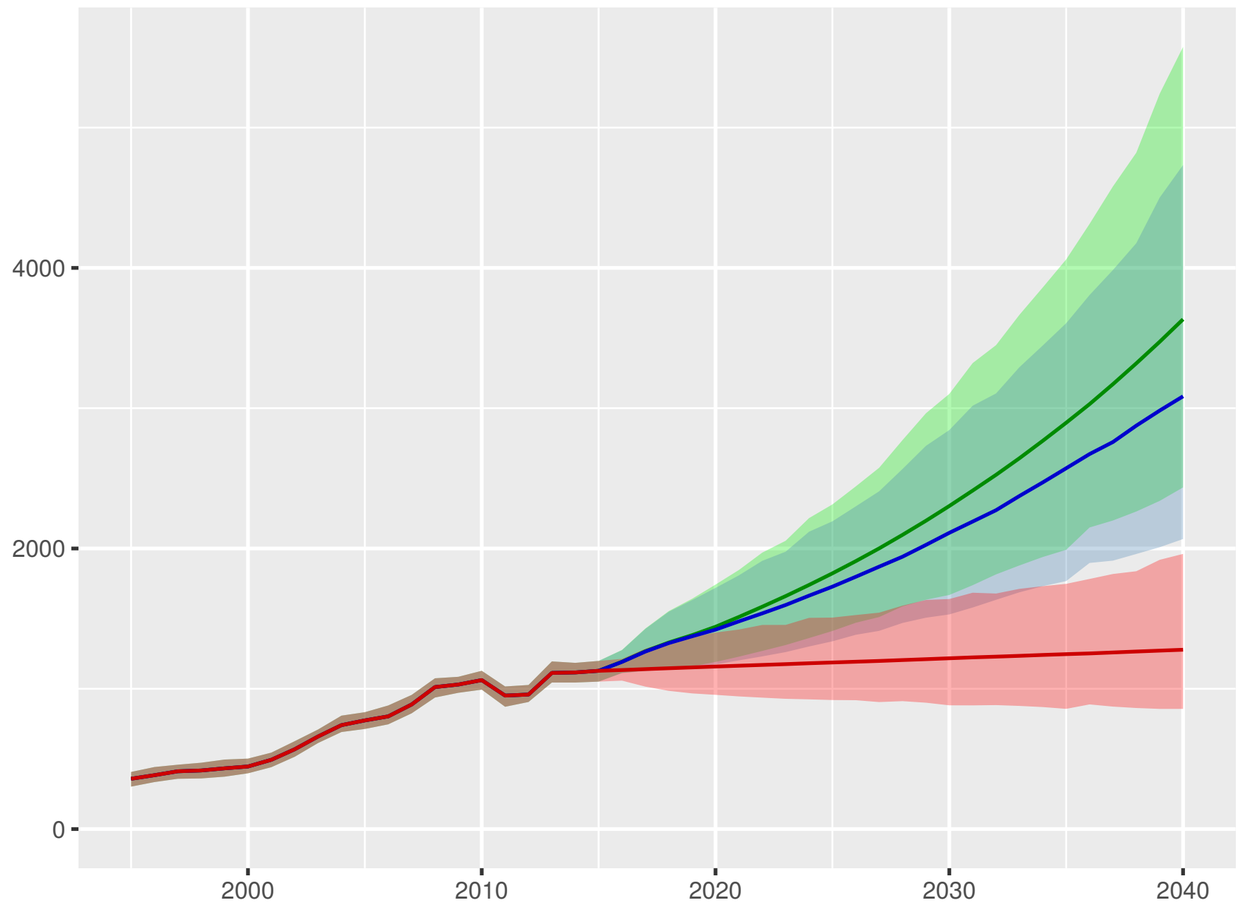
Scenario — Better — Reference — Worse

Romania

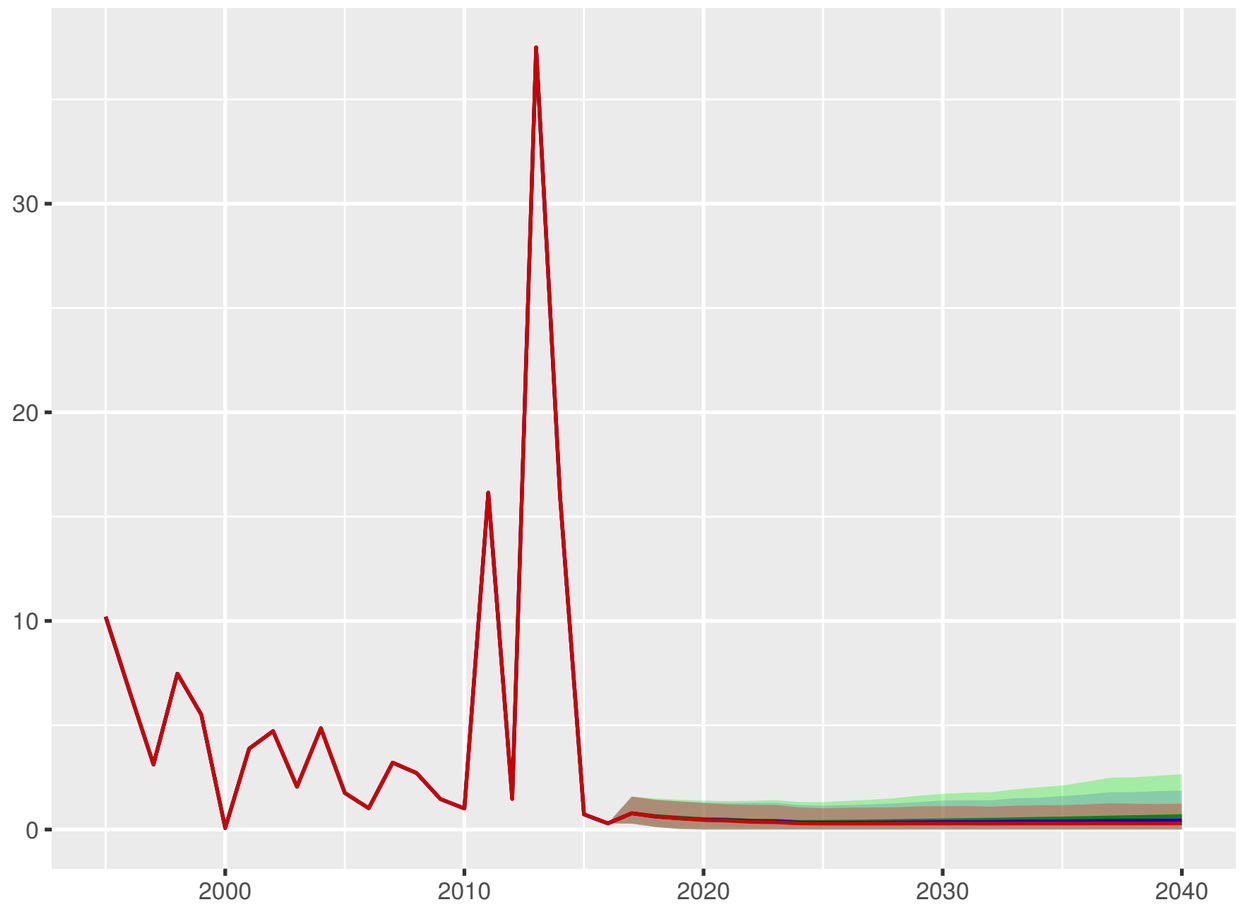
Universal health coverage index



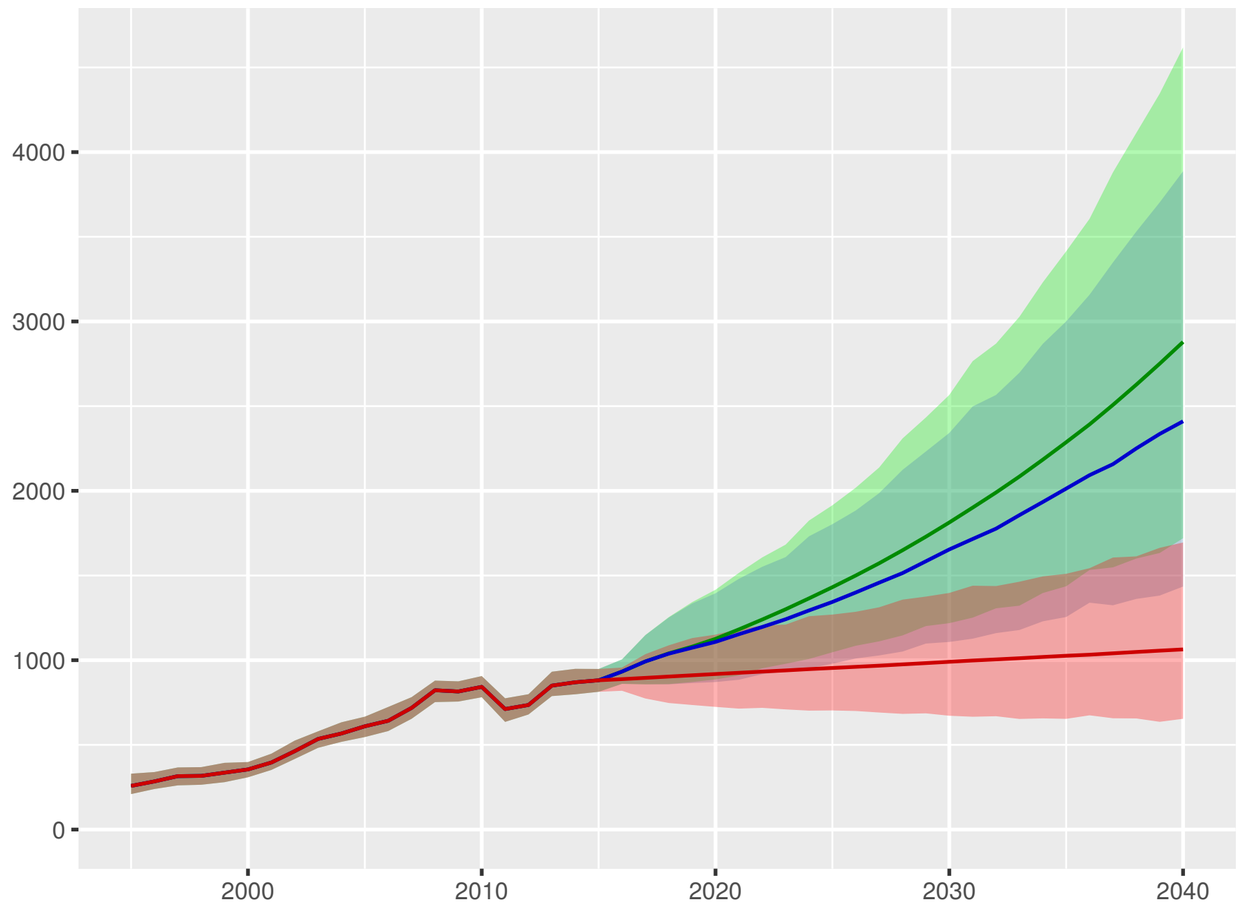
Total health spending per person



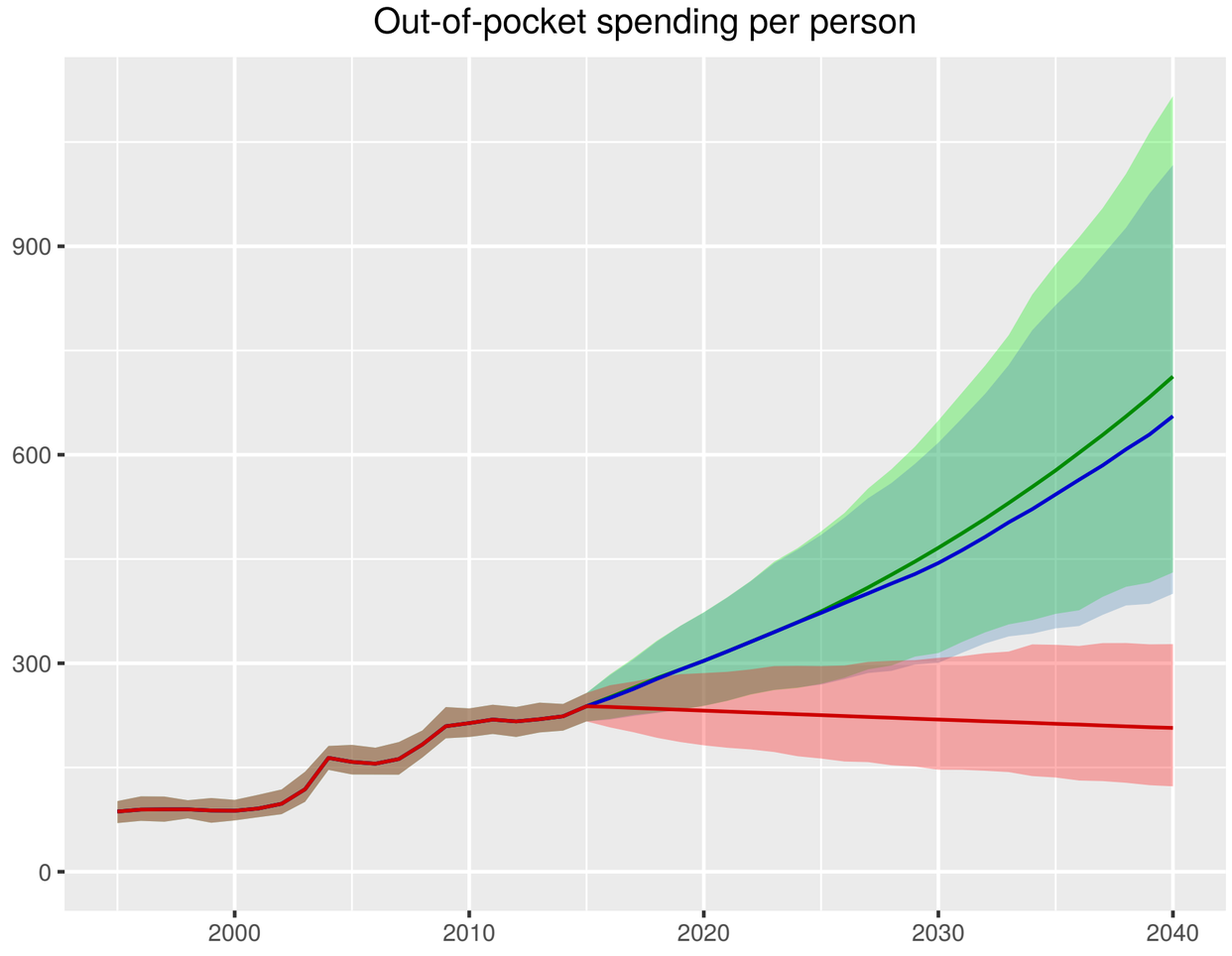
Development assistance for health received per person



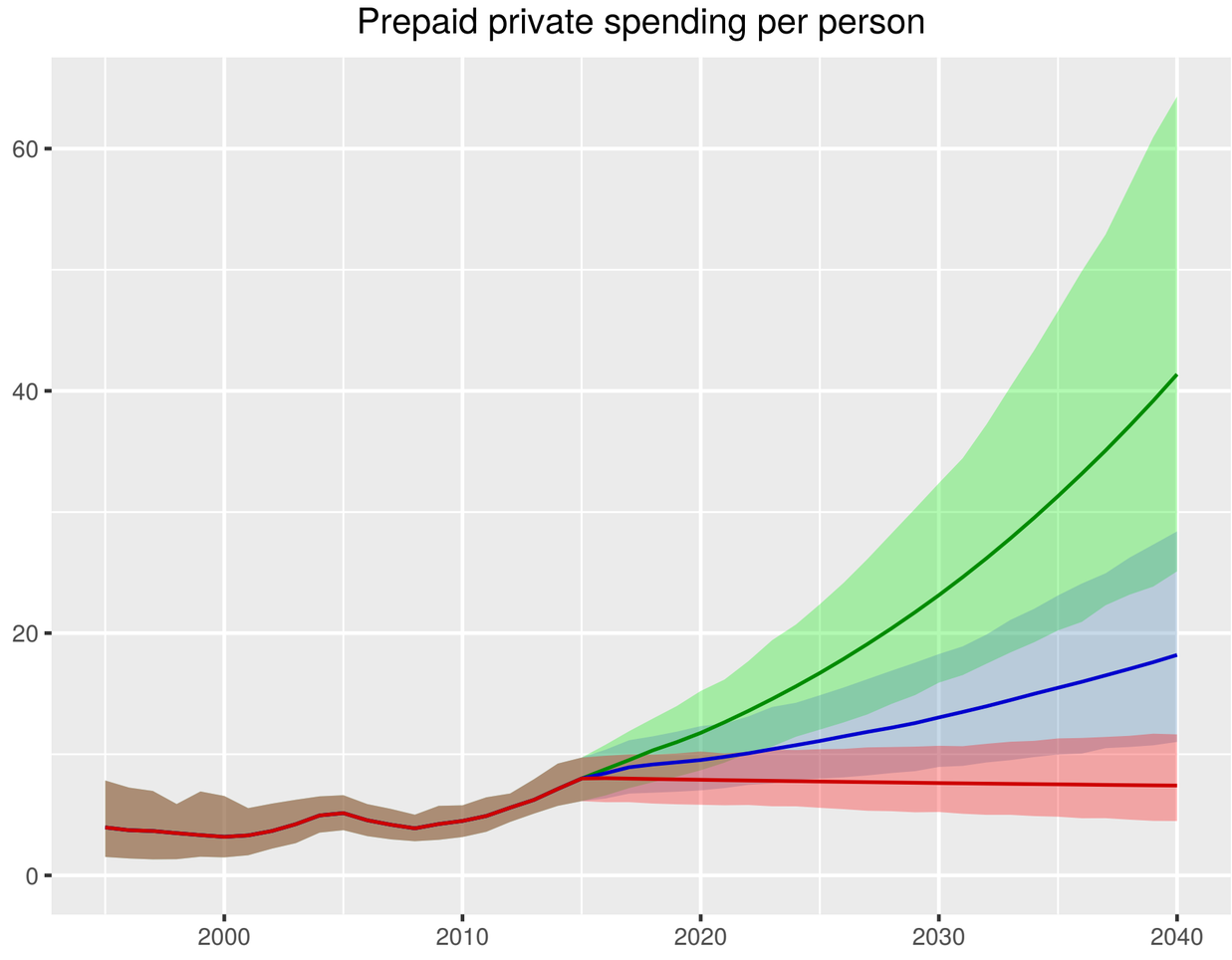
Government health spending per person



Out-of-pocket spending per person



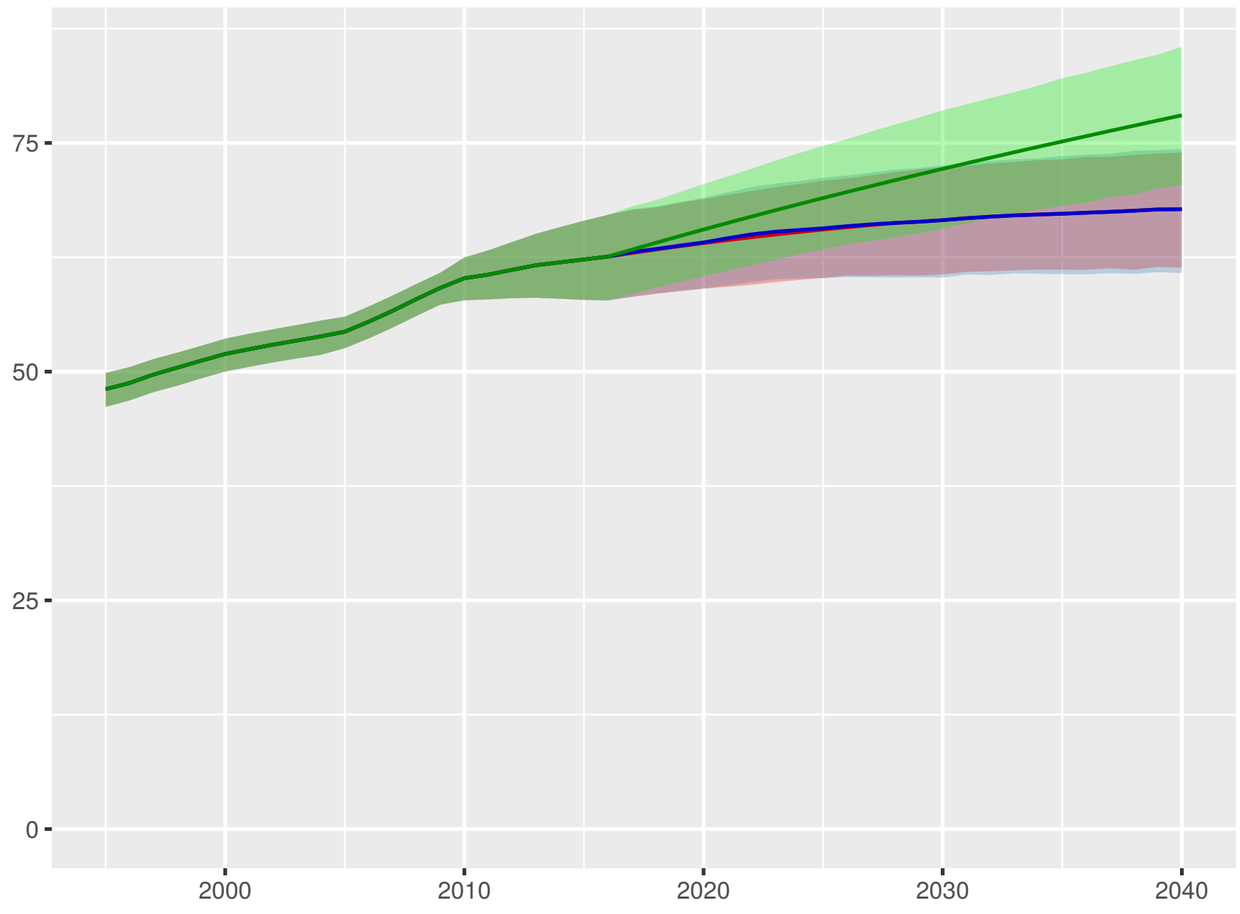
Prepaid private spending per person



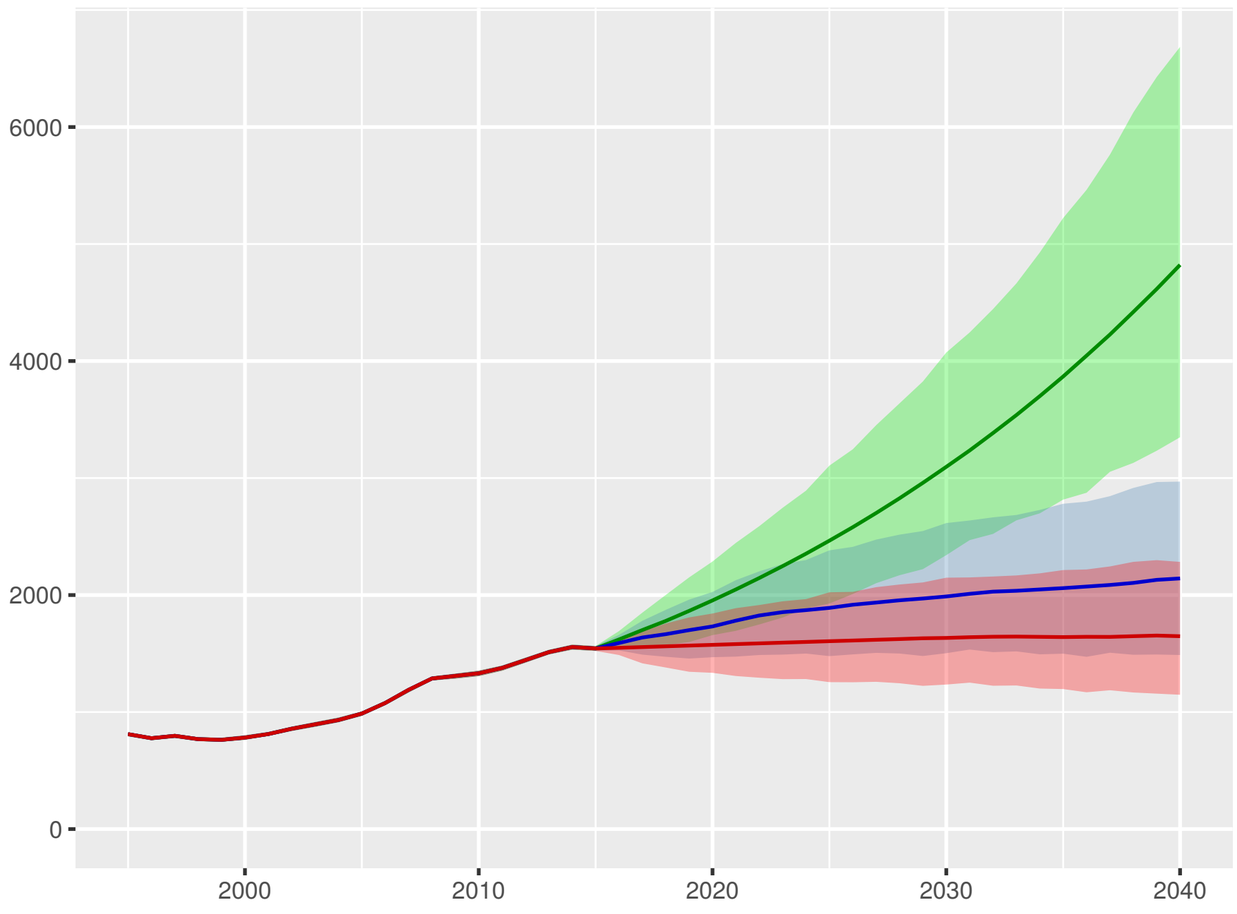
Scenario — Better — Reference — Worse

Russian Federation

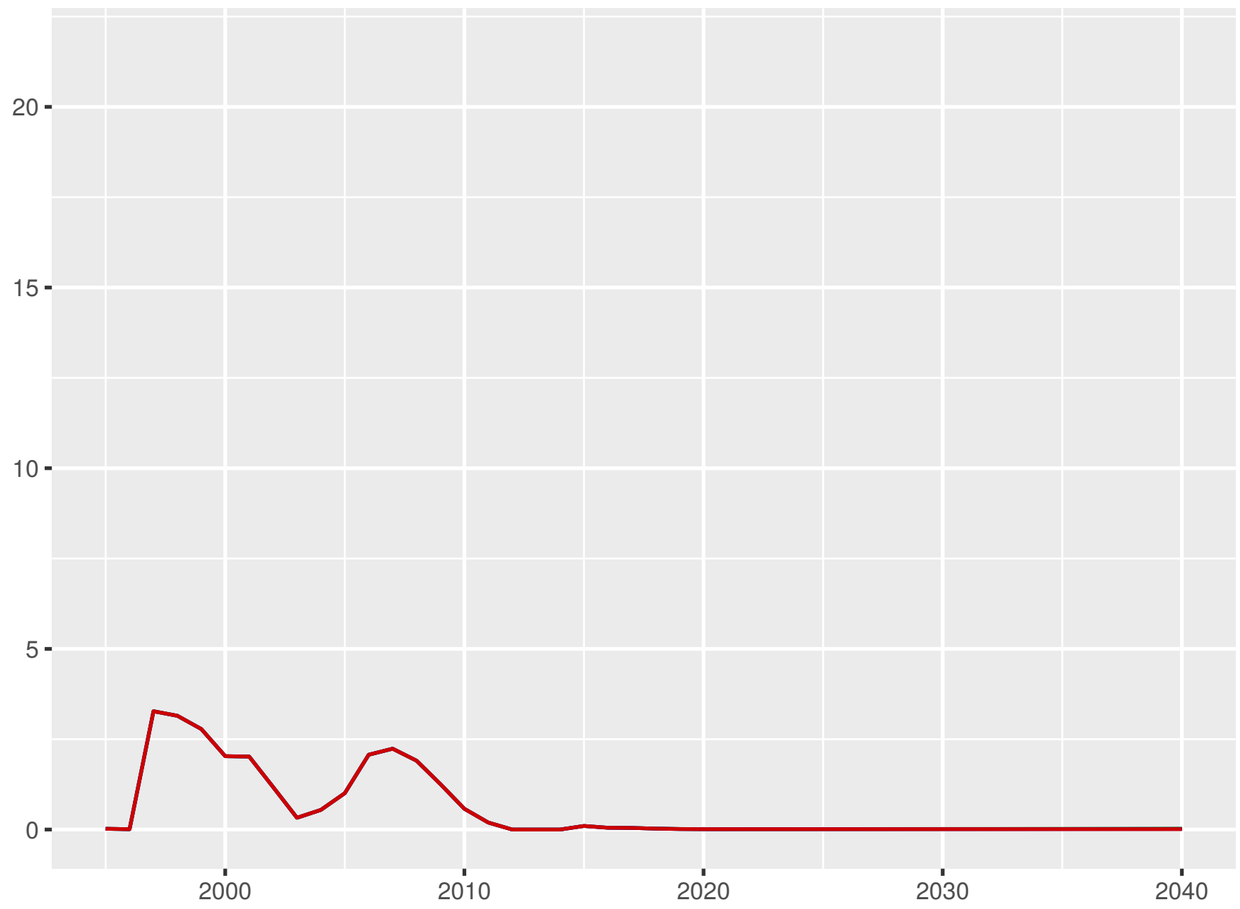
Universal health coverage index



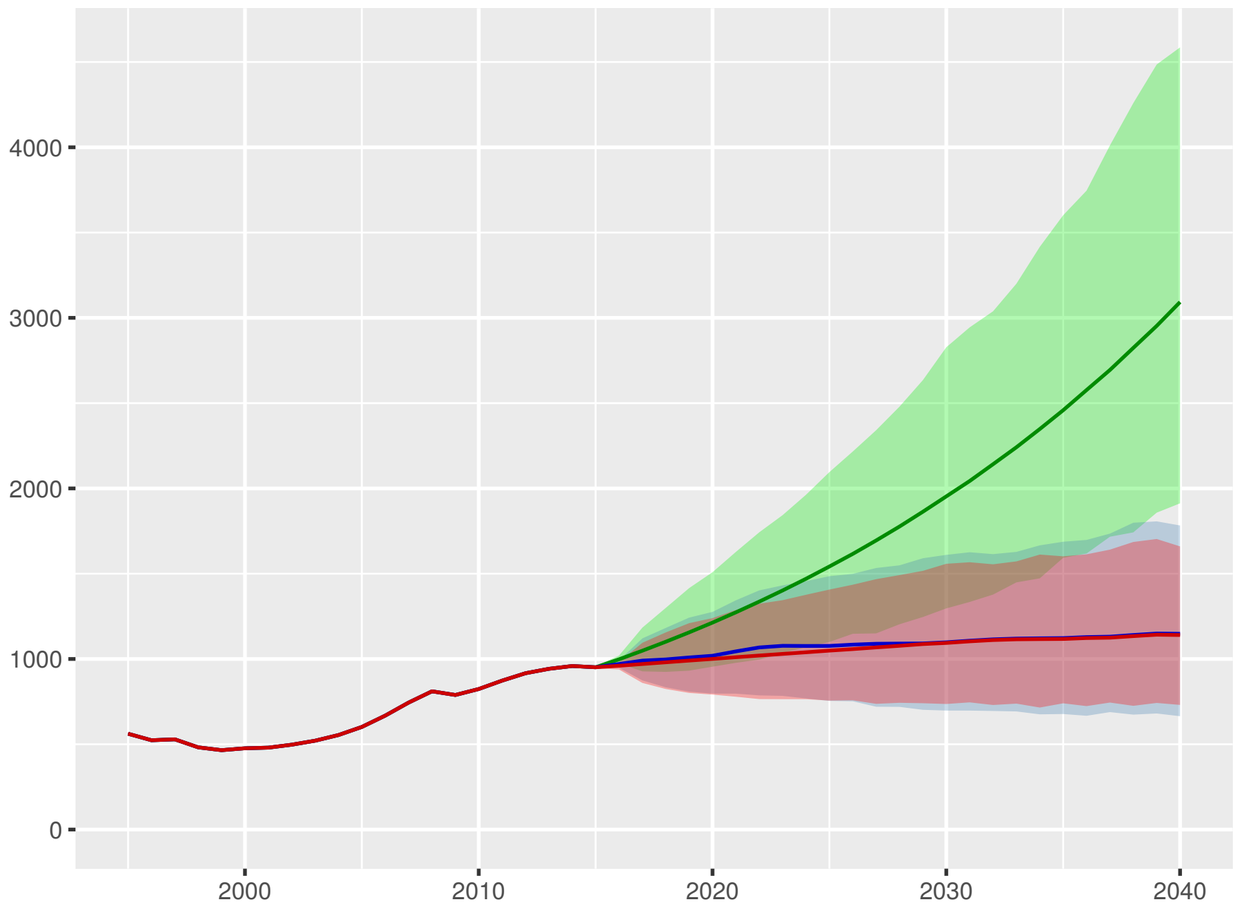
Total health spending per person



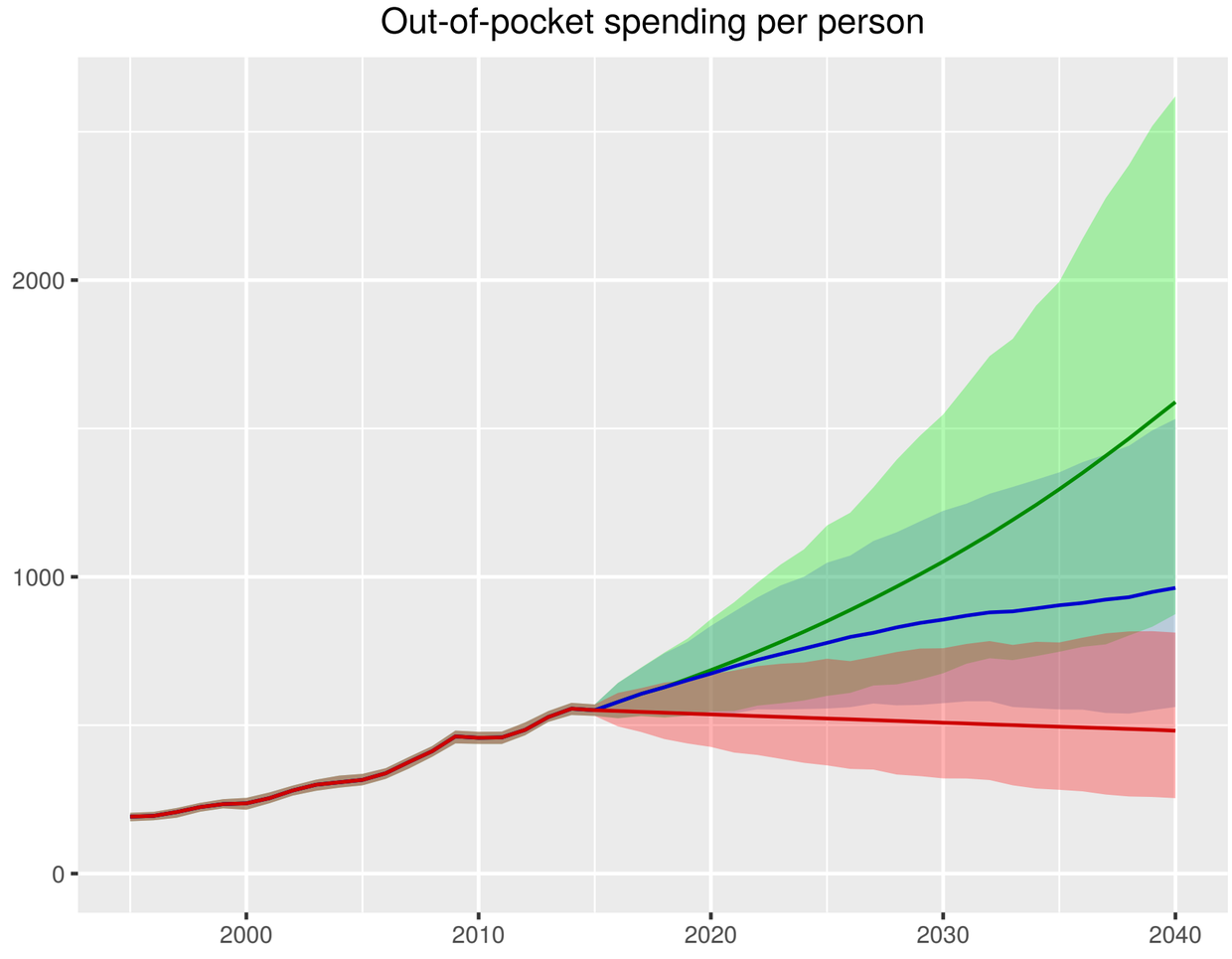
Development assistance for health received per person



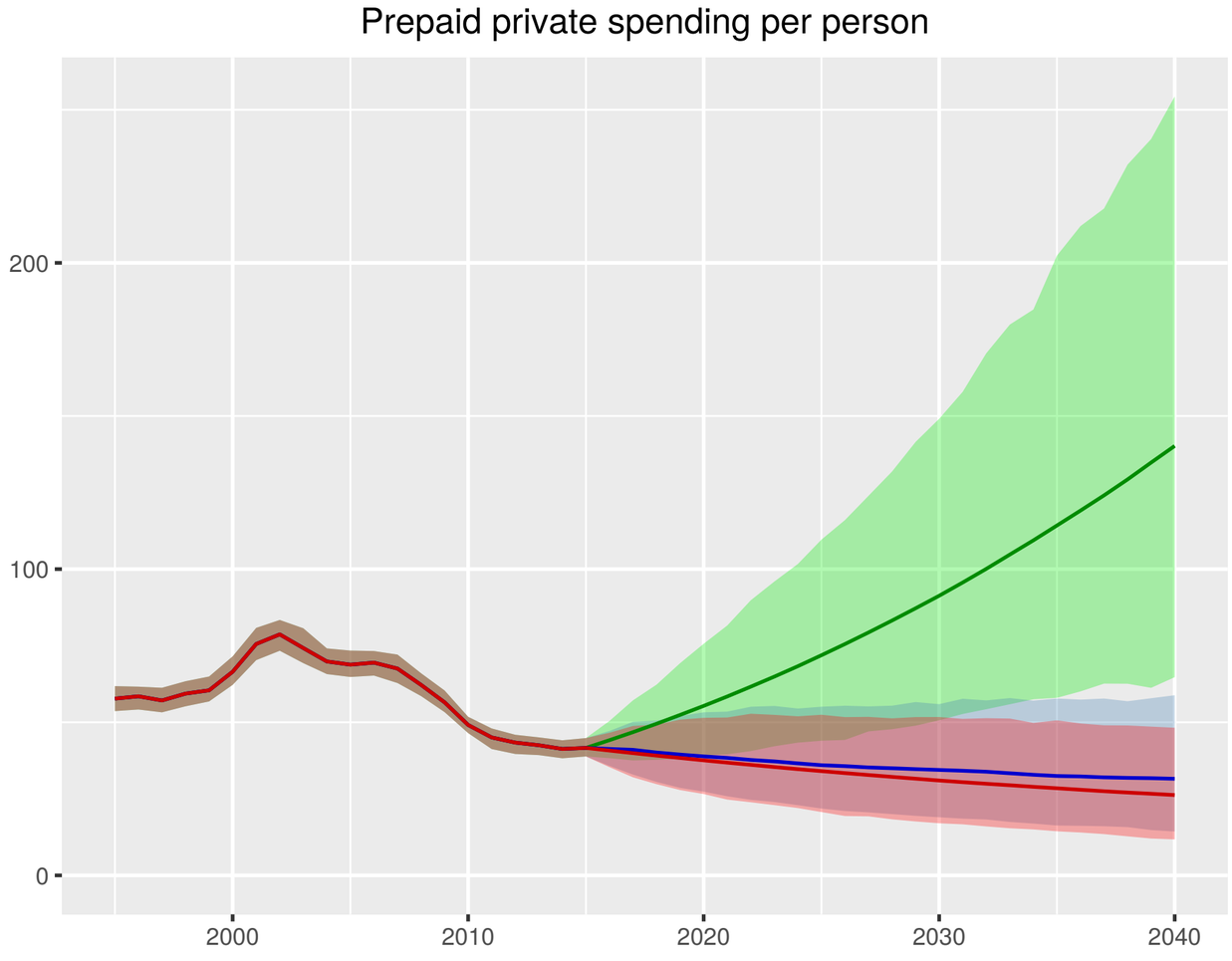
Government health spending per person



Out-of-pocket spending per person



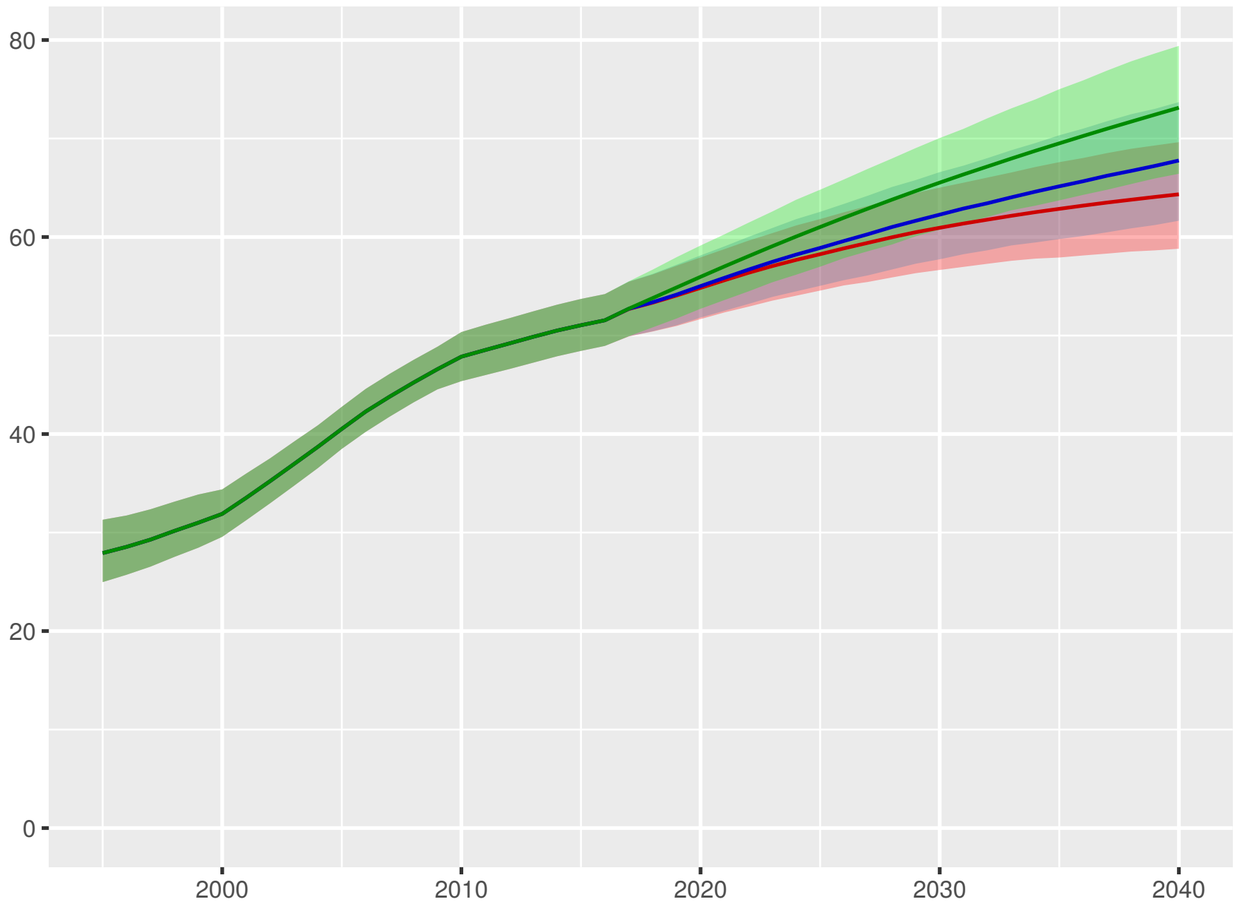
Prepaid private spending per person



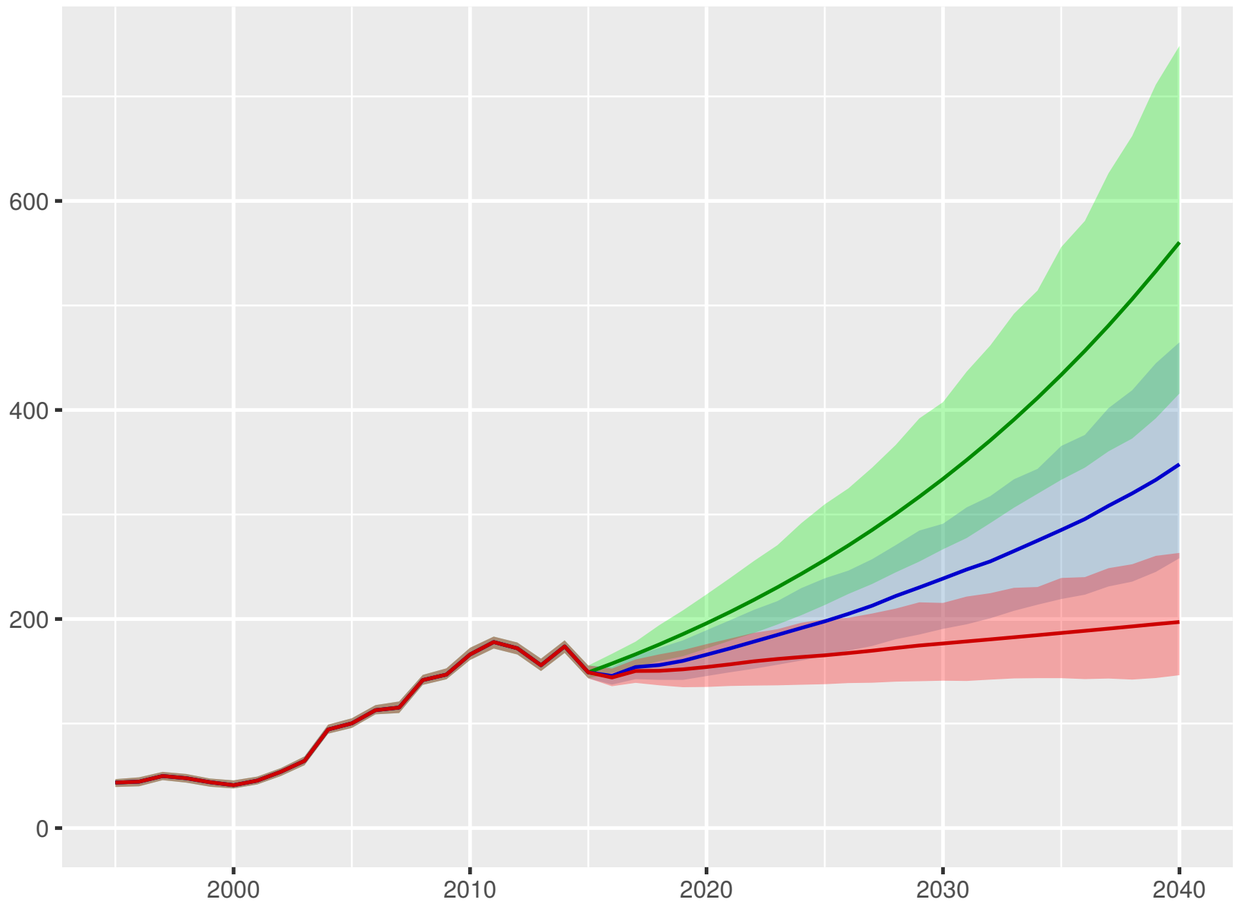
Scenario — Better — Reference — Worse

Rwanda

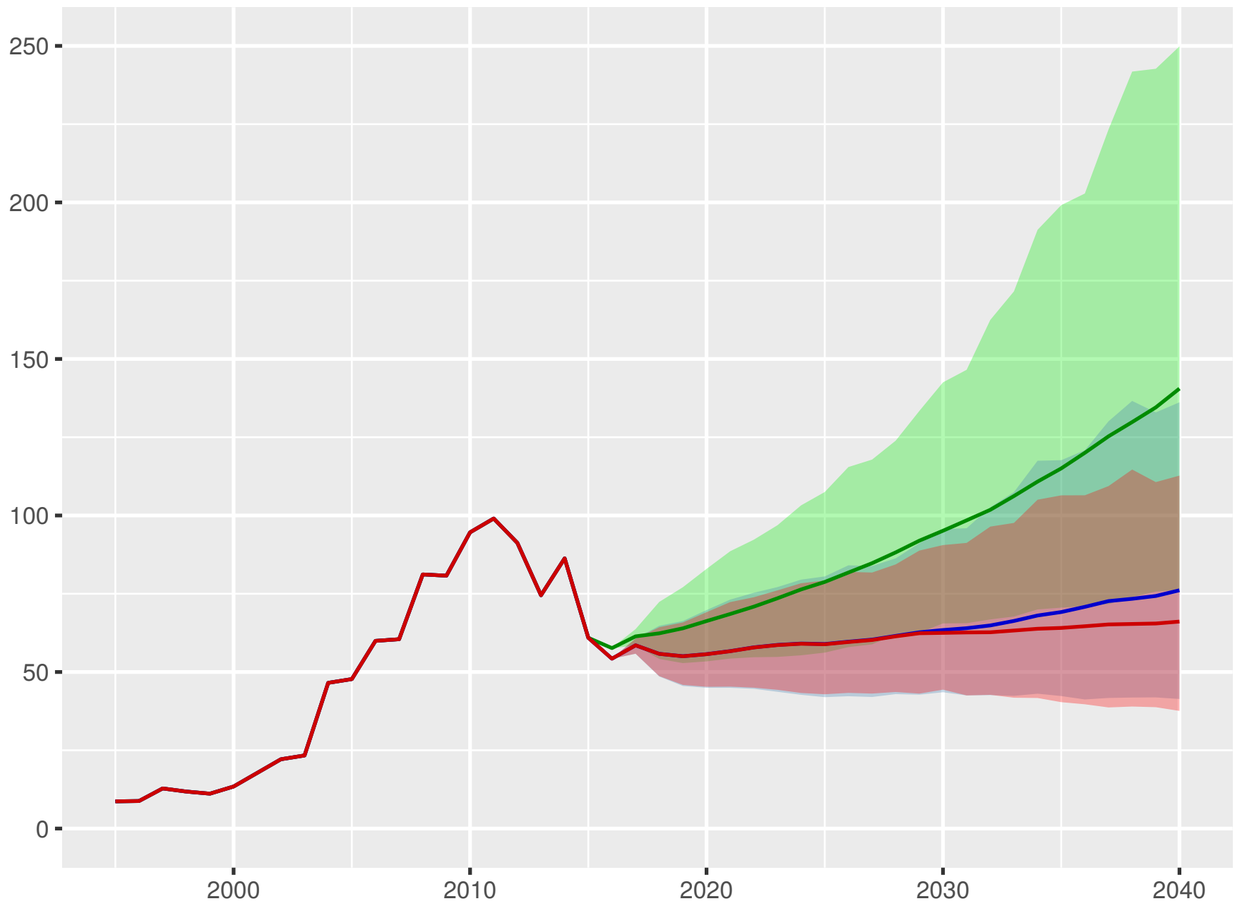
Universal health coverage index



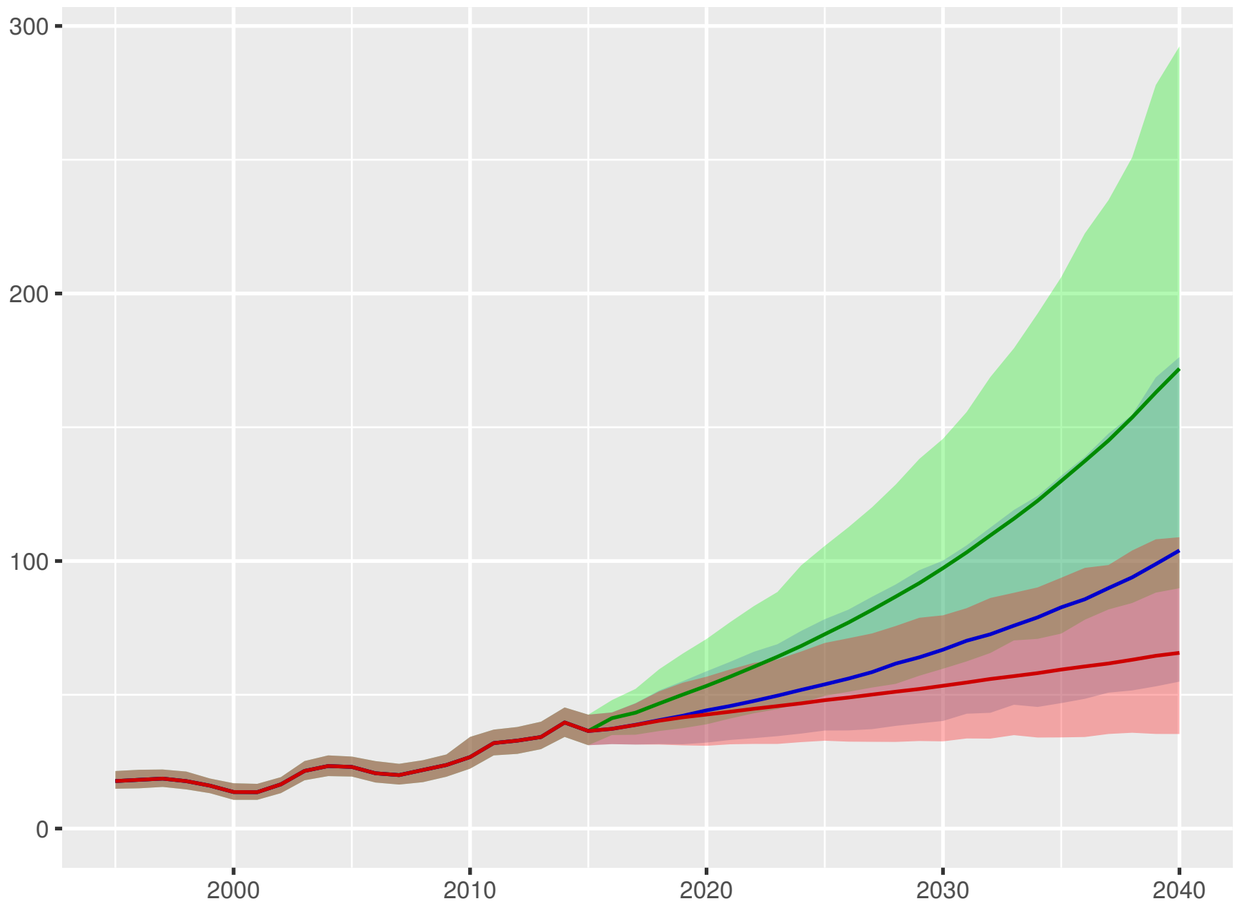
Total health spending per person



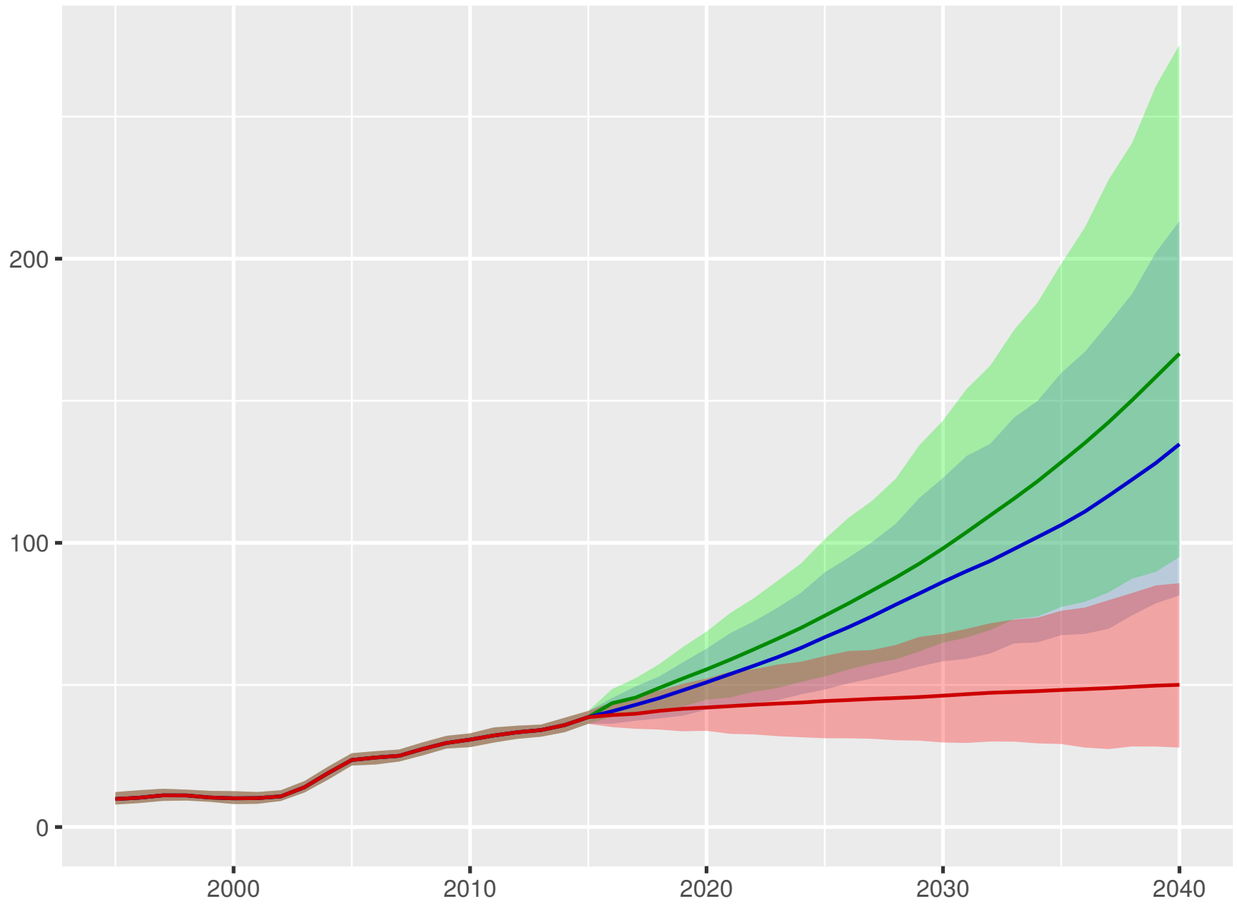
Development assistance for health received per person



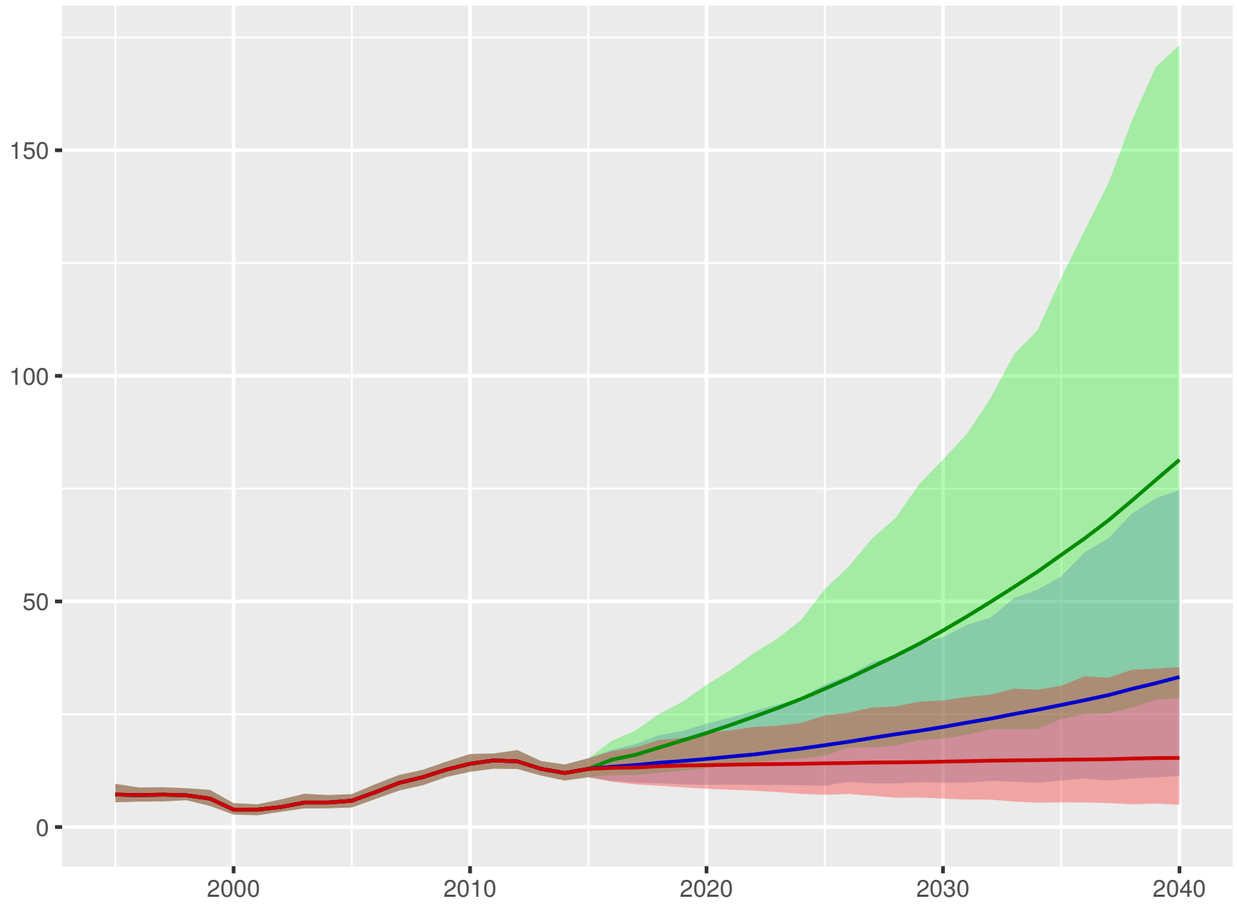
Government health spending per person



Out-of-pocket spending per person



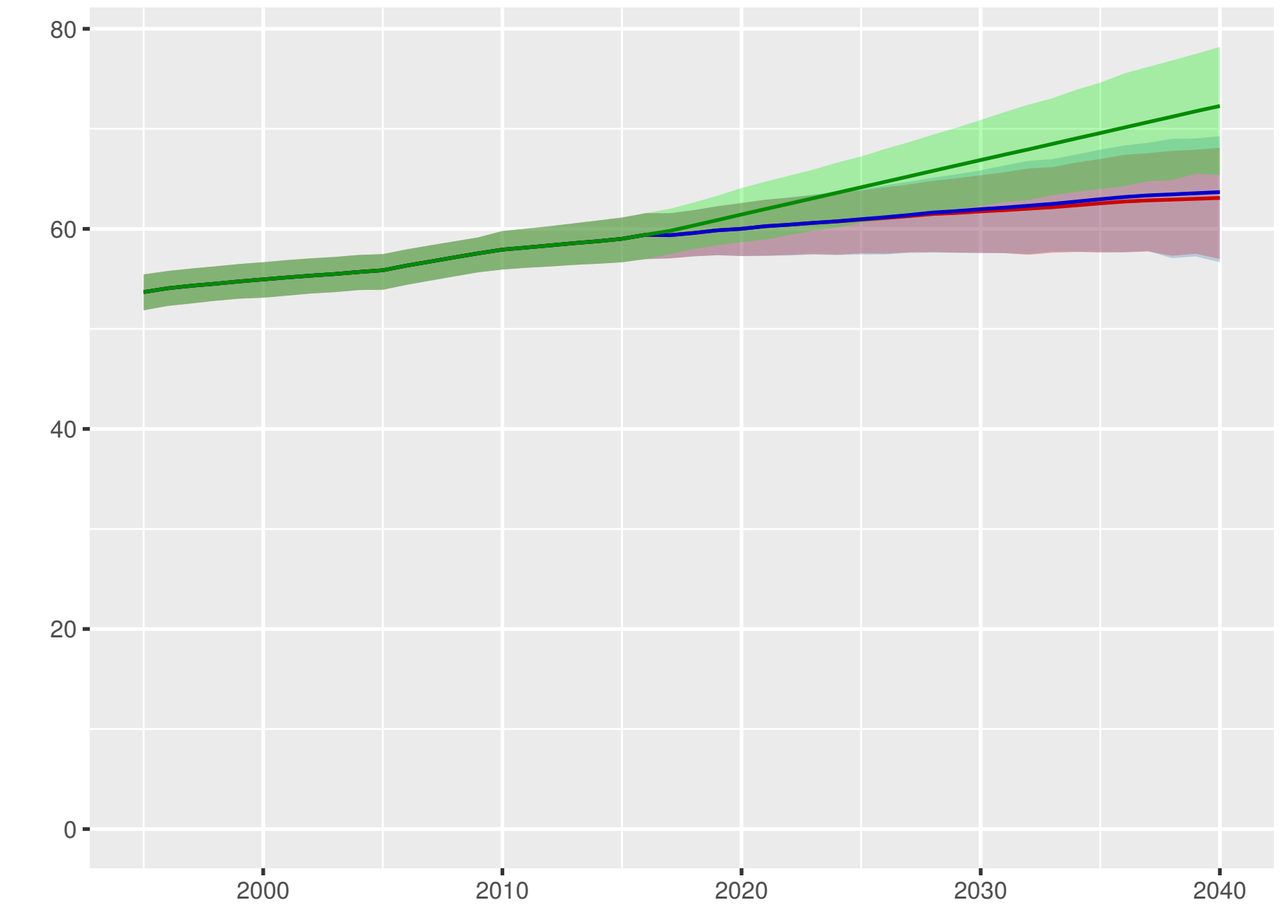
Prepaid private spending per person



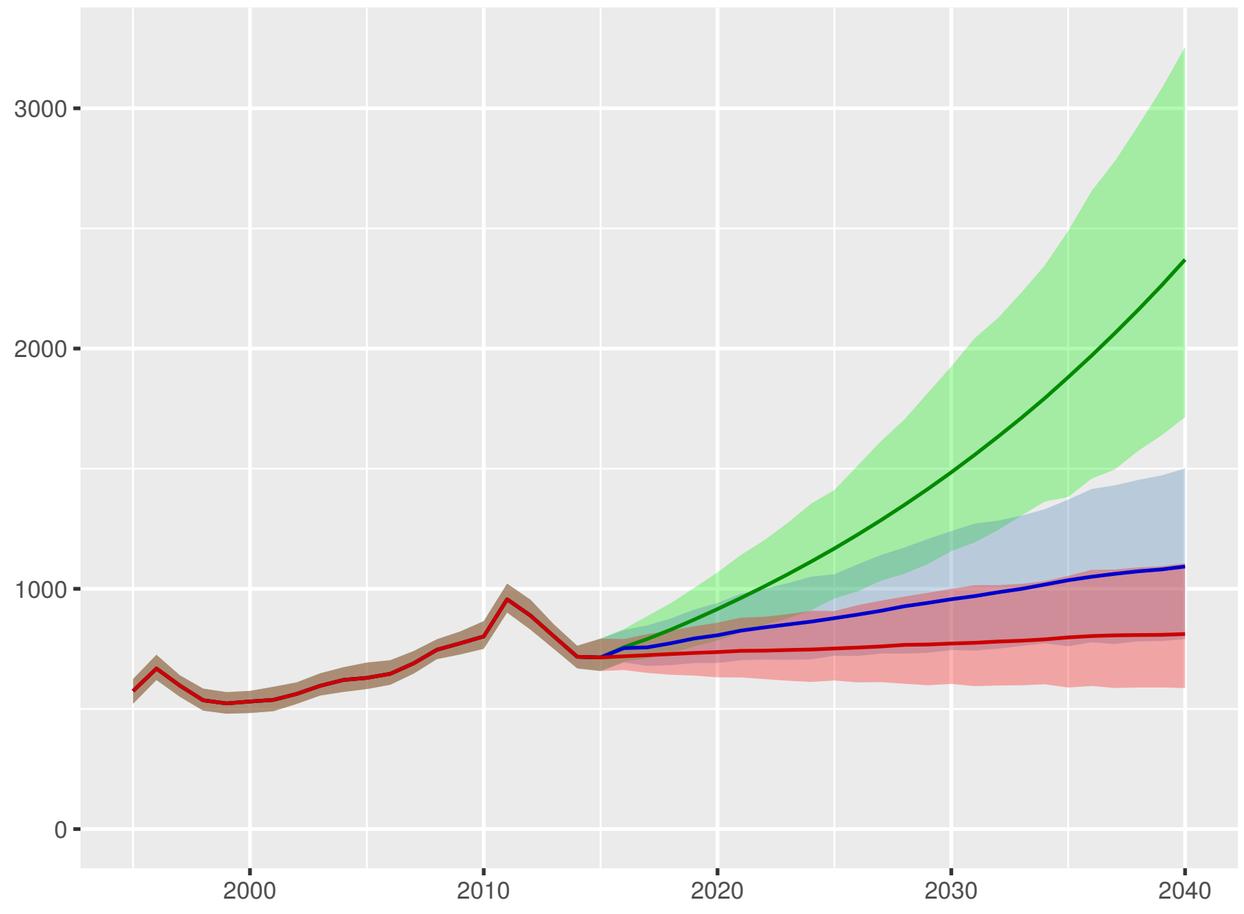
Scenario — Better — Reference — Worse

Saint Lucia

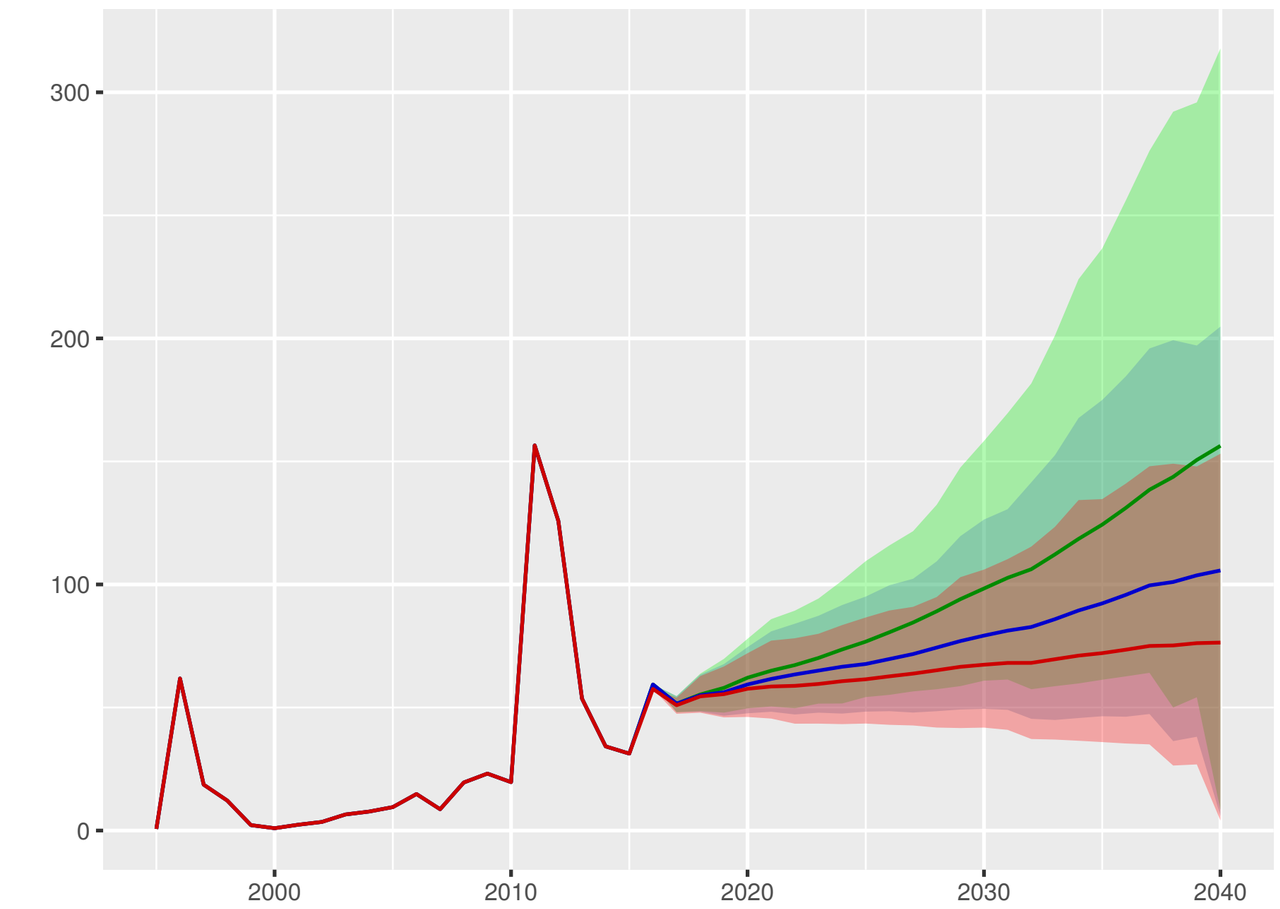
Universal health coverage index



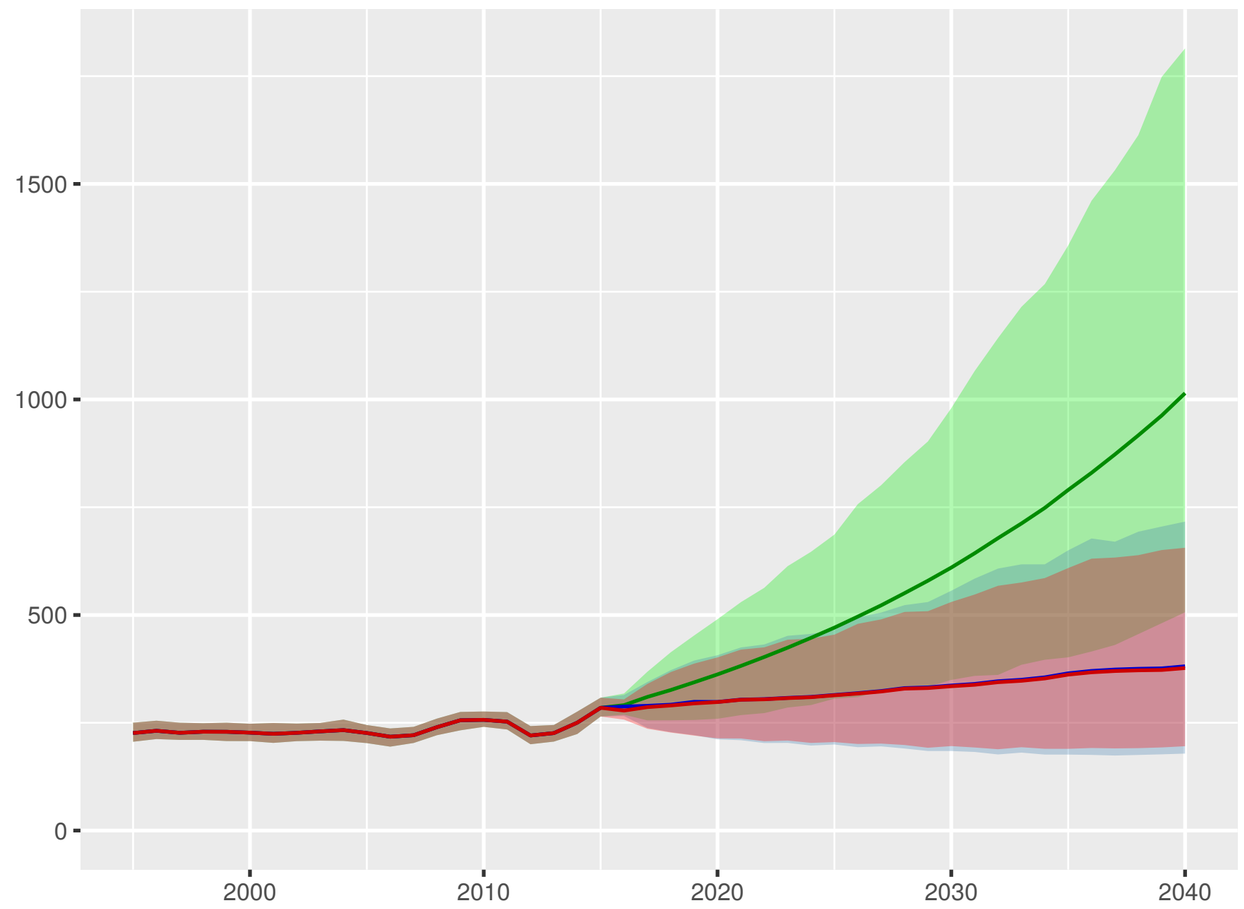
Total health spending per person



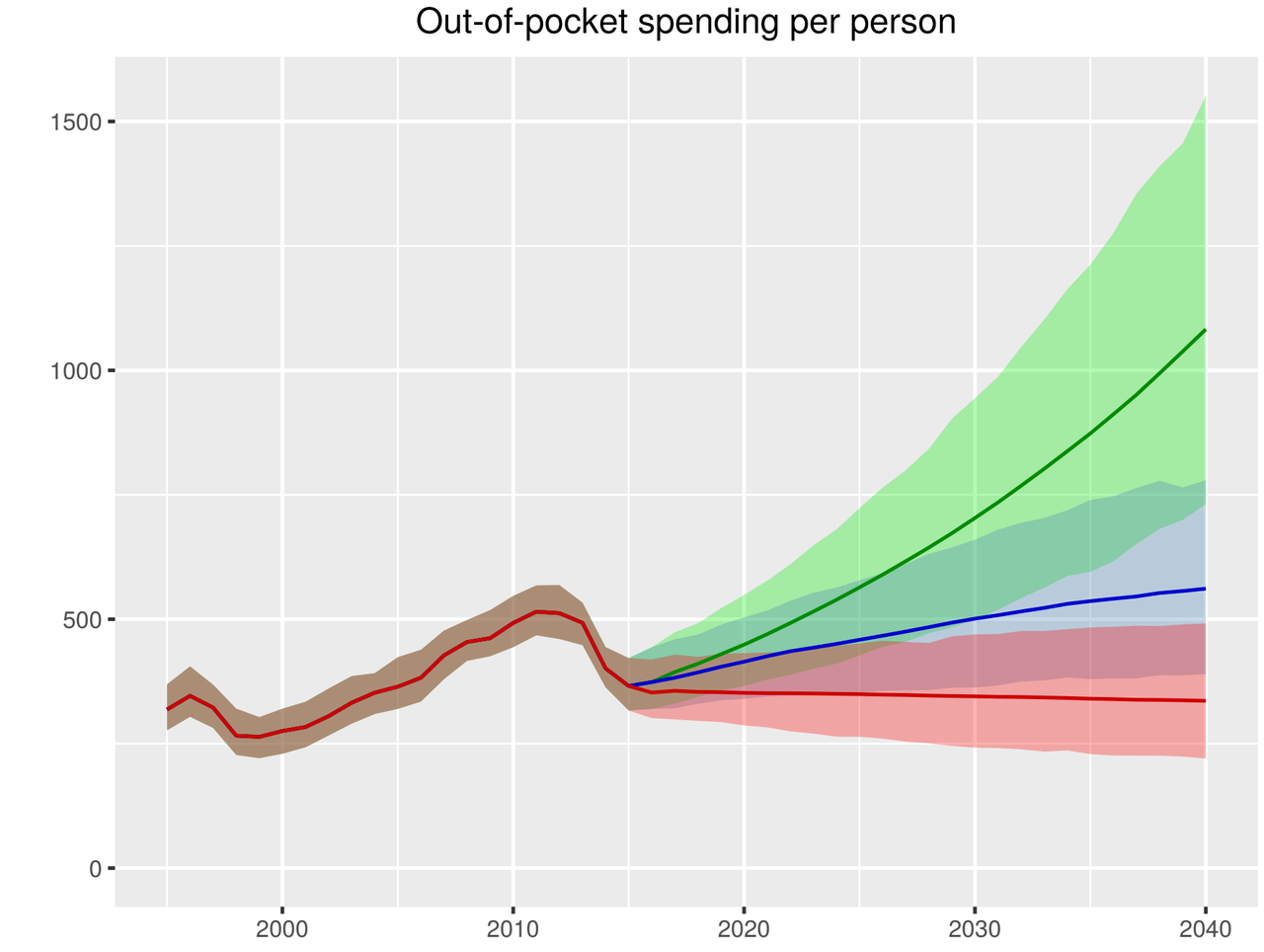
Development assistance for health received per person



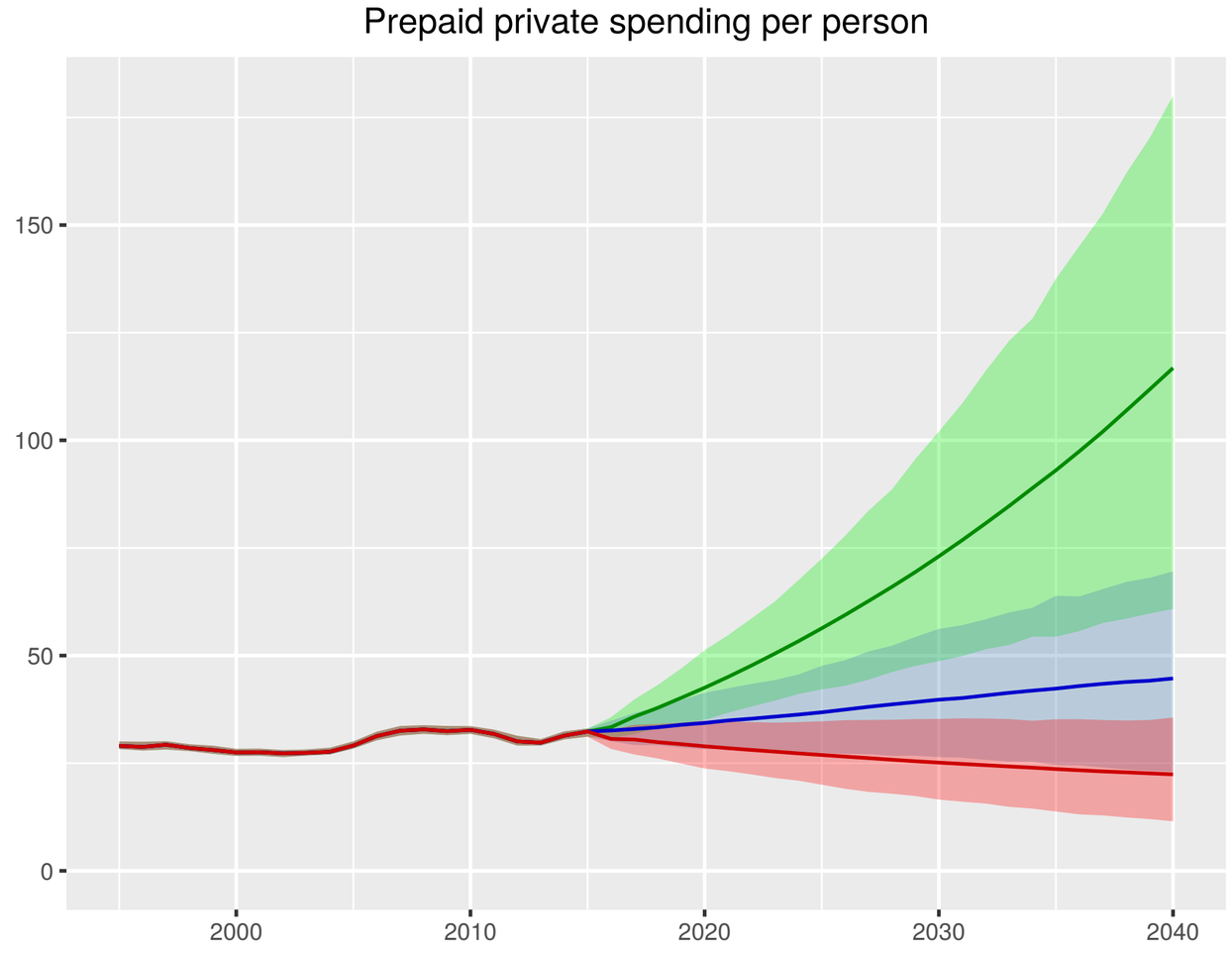
Government health spending per person



Out-of-pocket spending per person



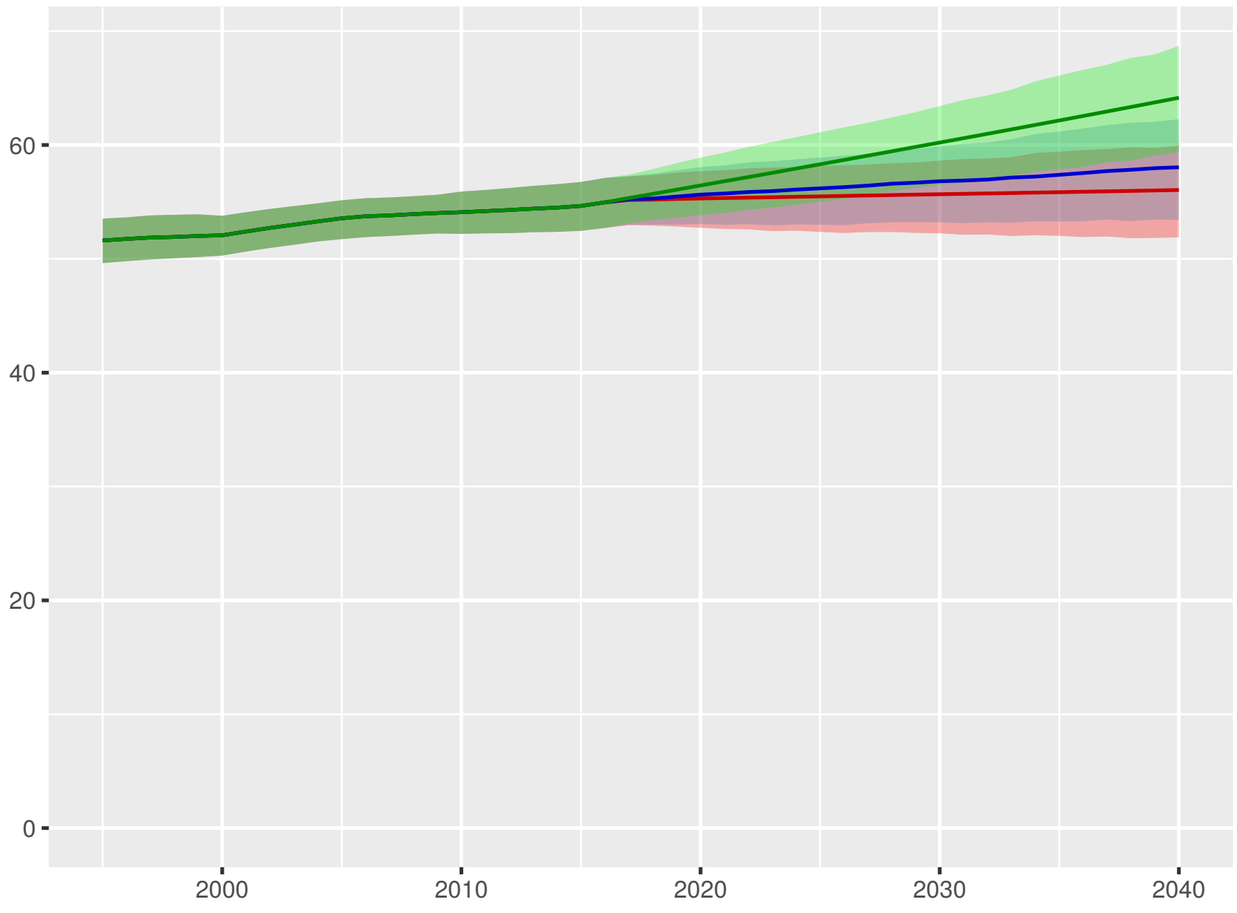
Prepaid private spending per person



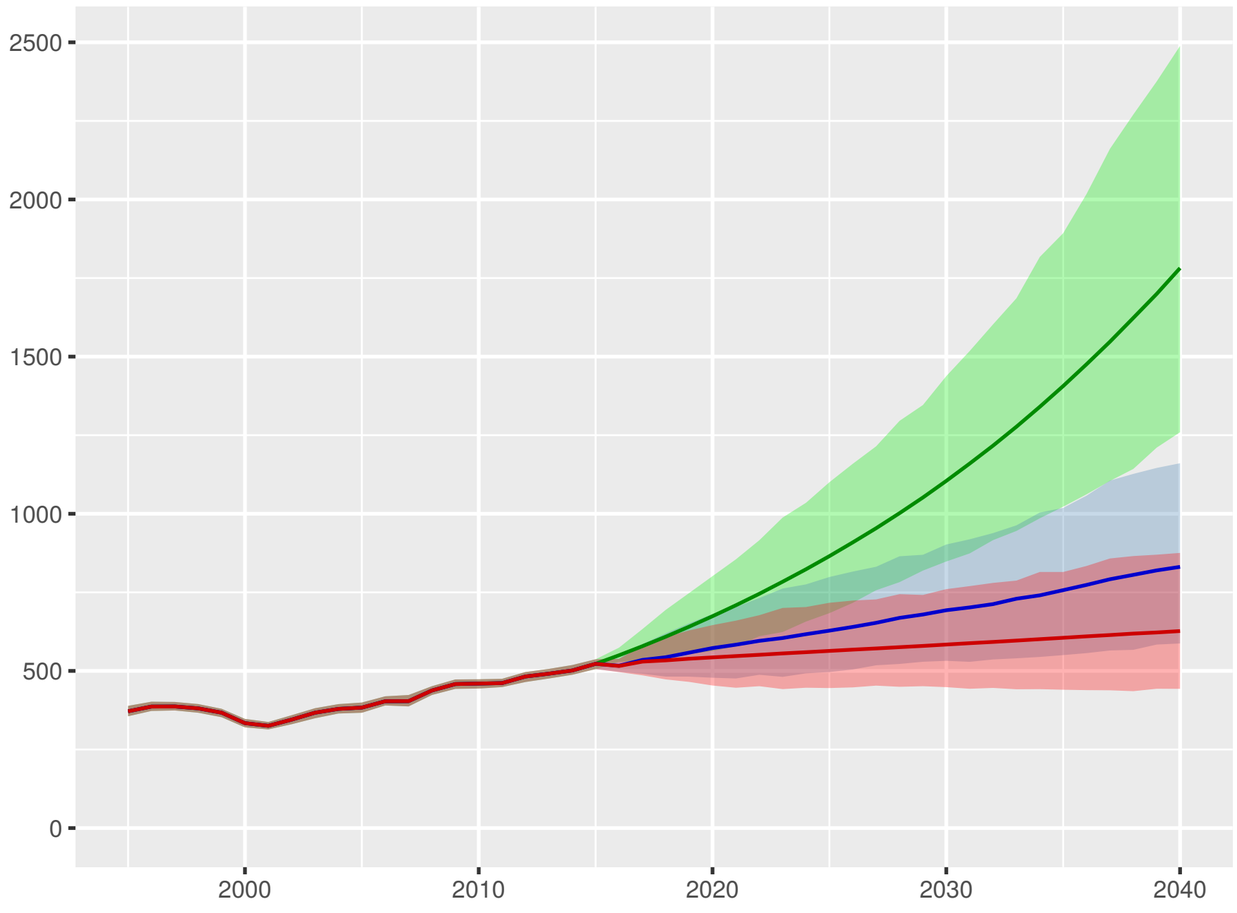
Scenario — Better — Reference — Worse

Saint Vincent and the Grenadines

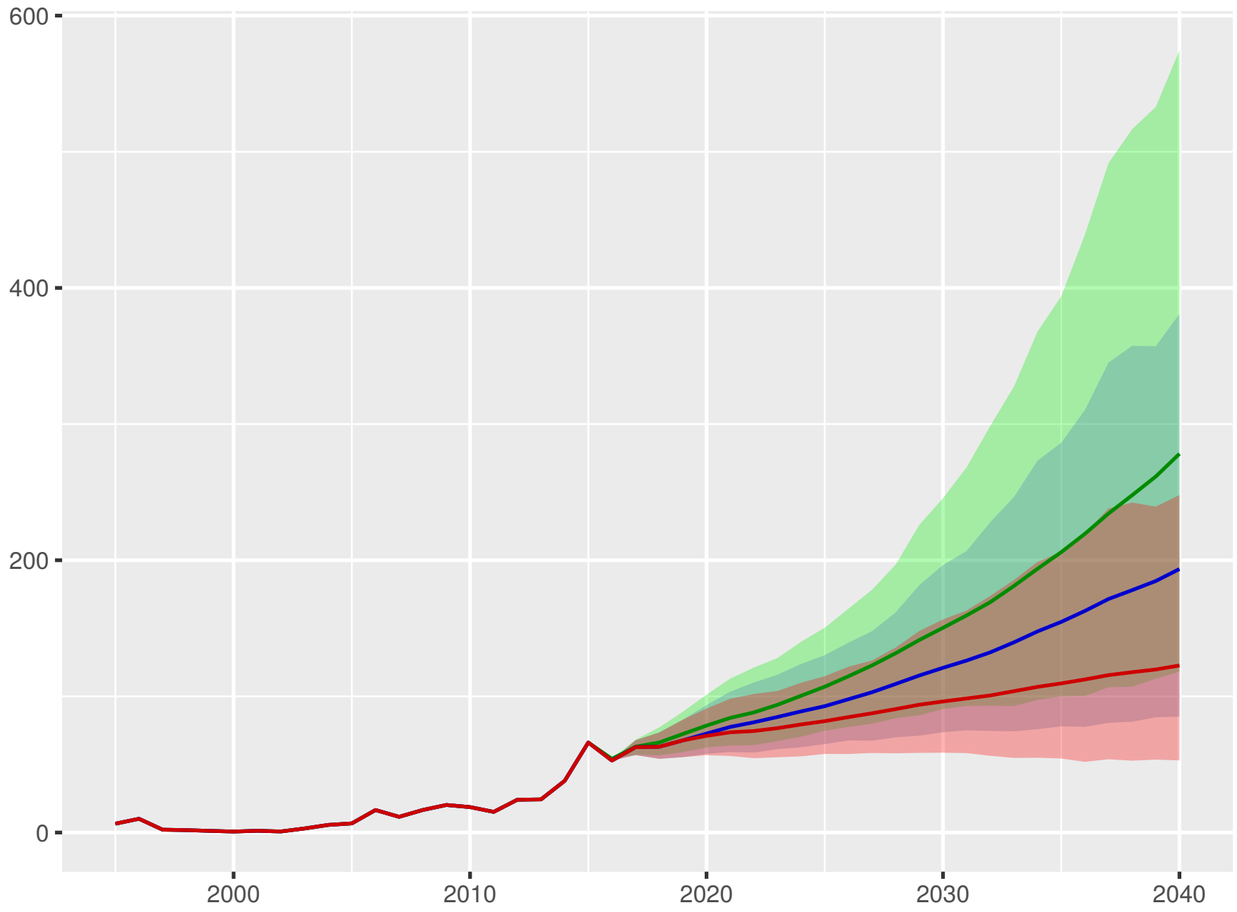
Universal health coverage index



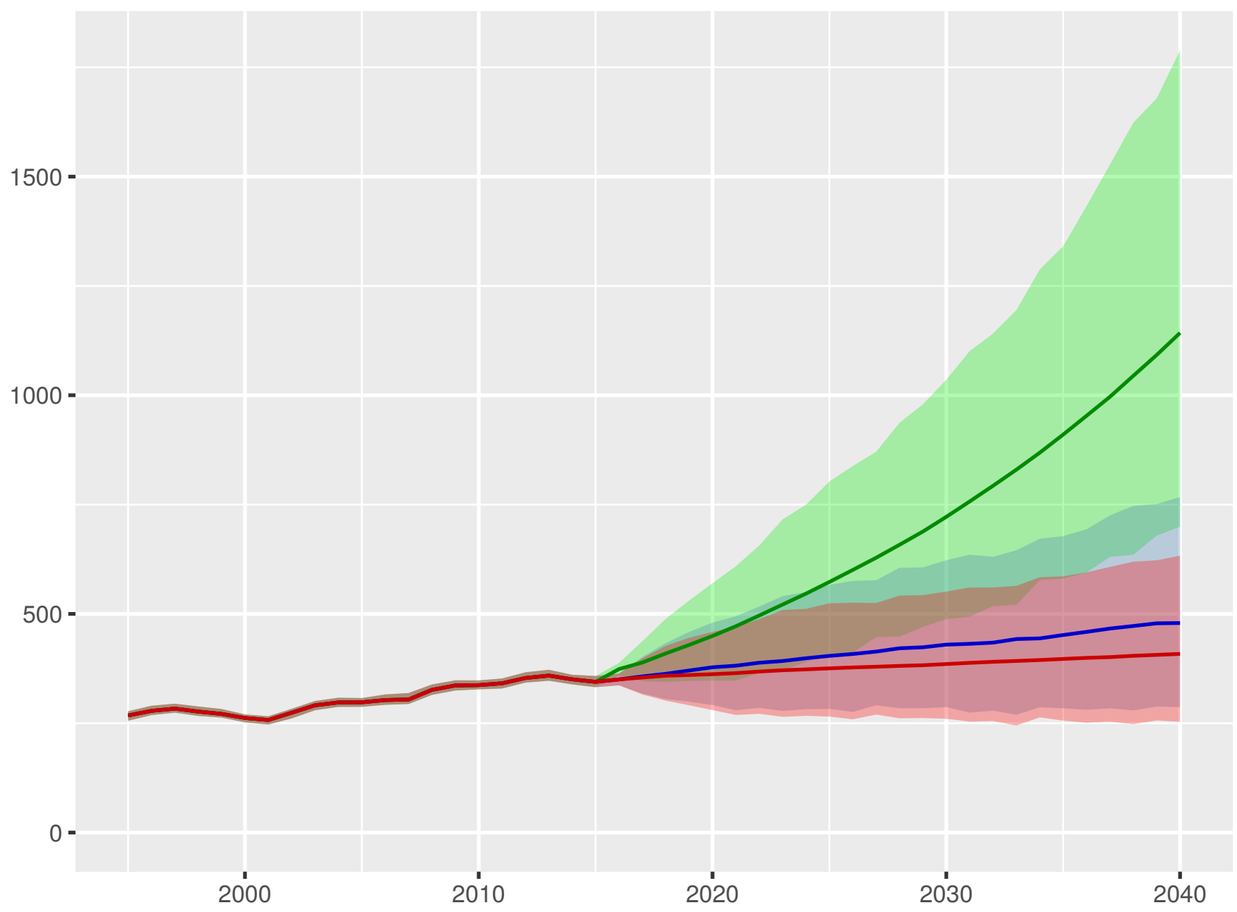
Total health spending per person



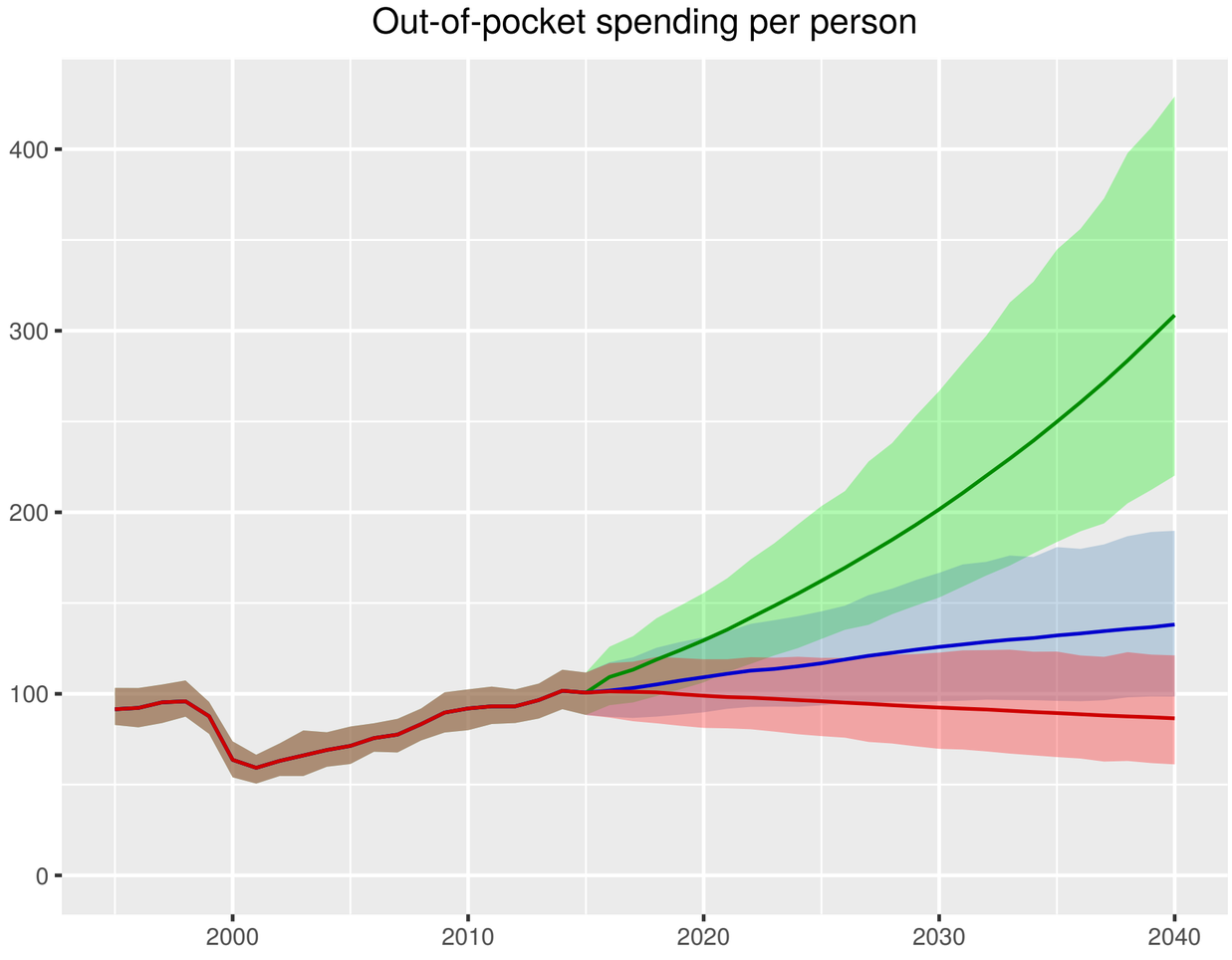
Development assistance for health received per person



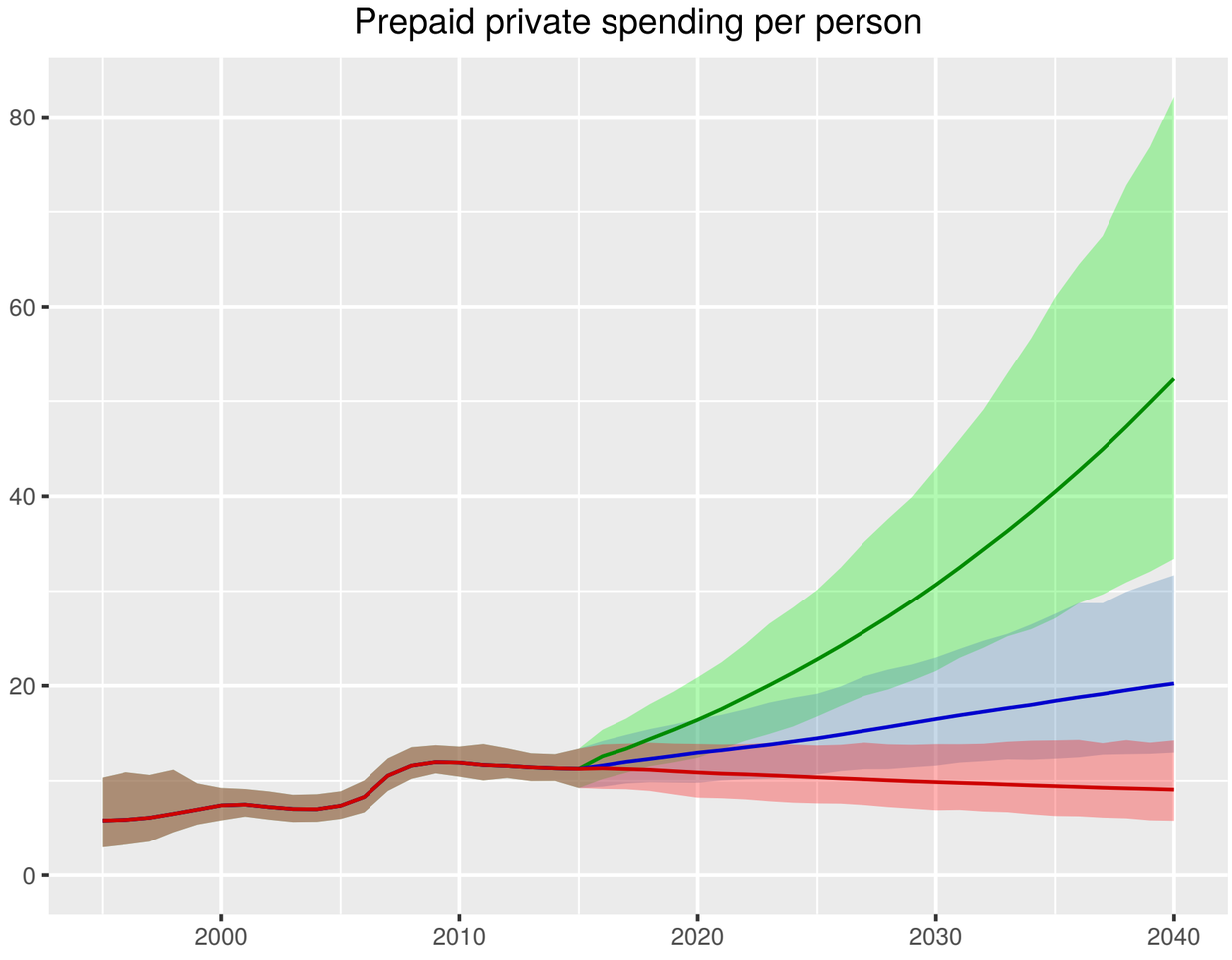
Government health spending per person



Out-of-pocket spending per person



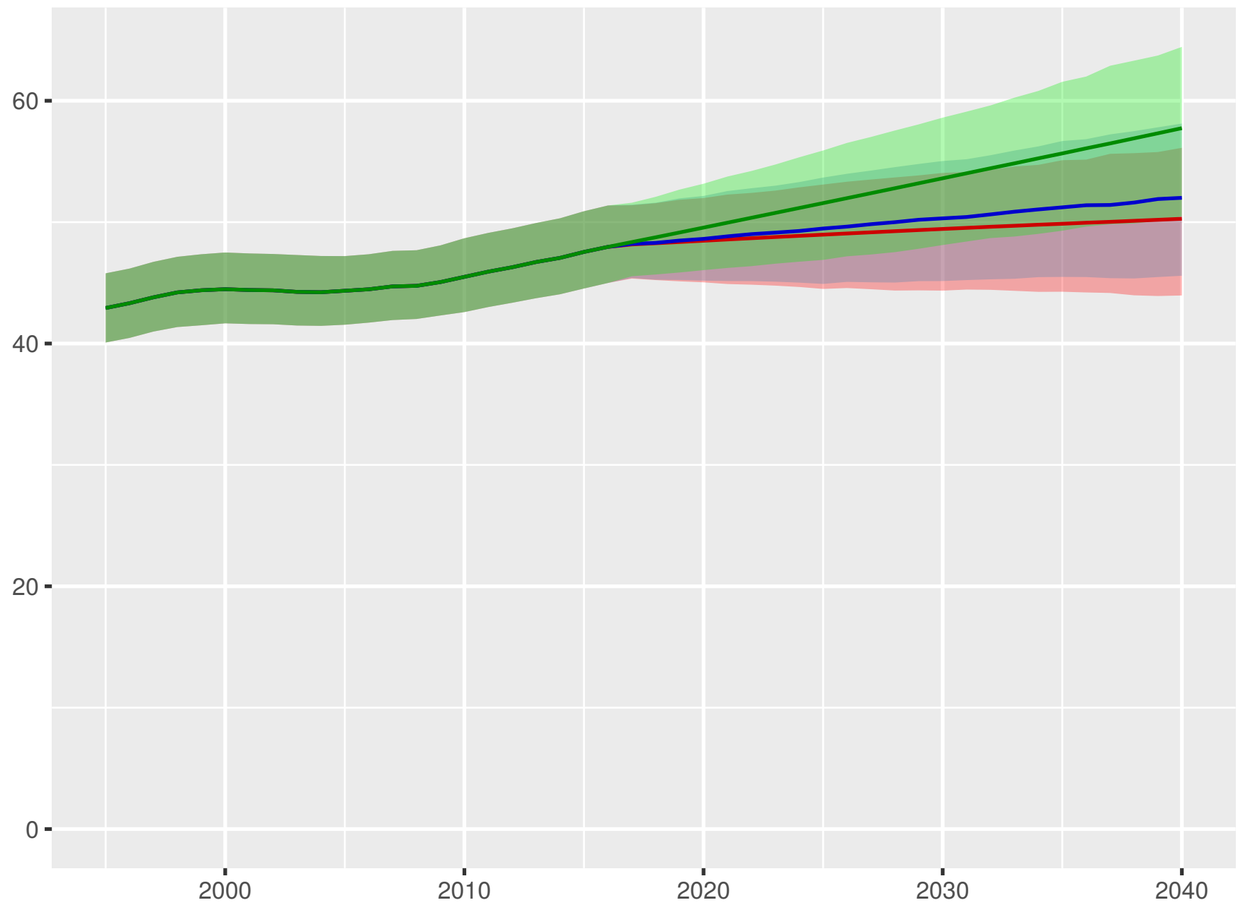
Prepaid private spending per person



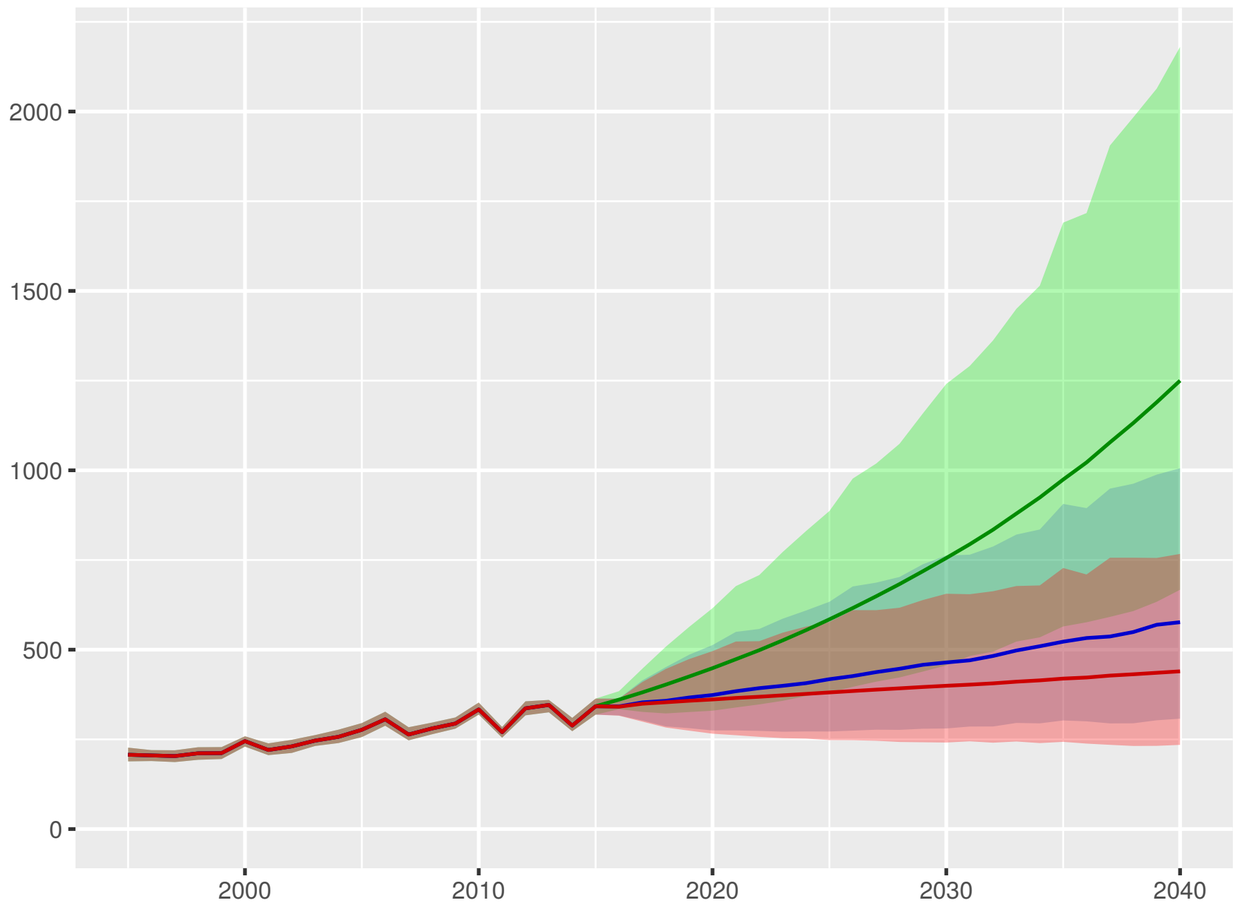
Scenario — Better — Reference — Worse

Samoa

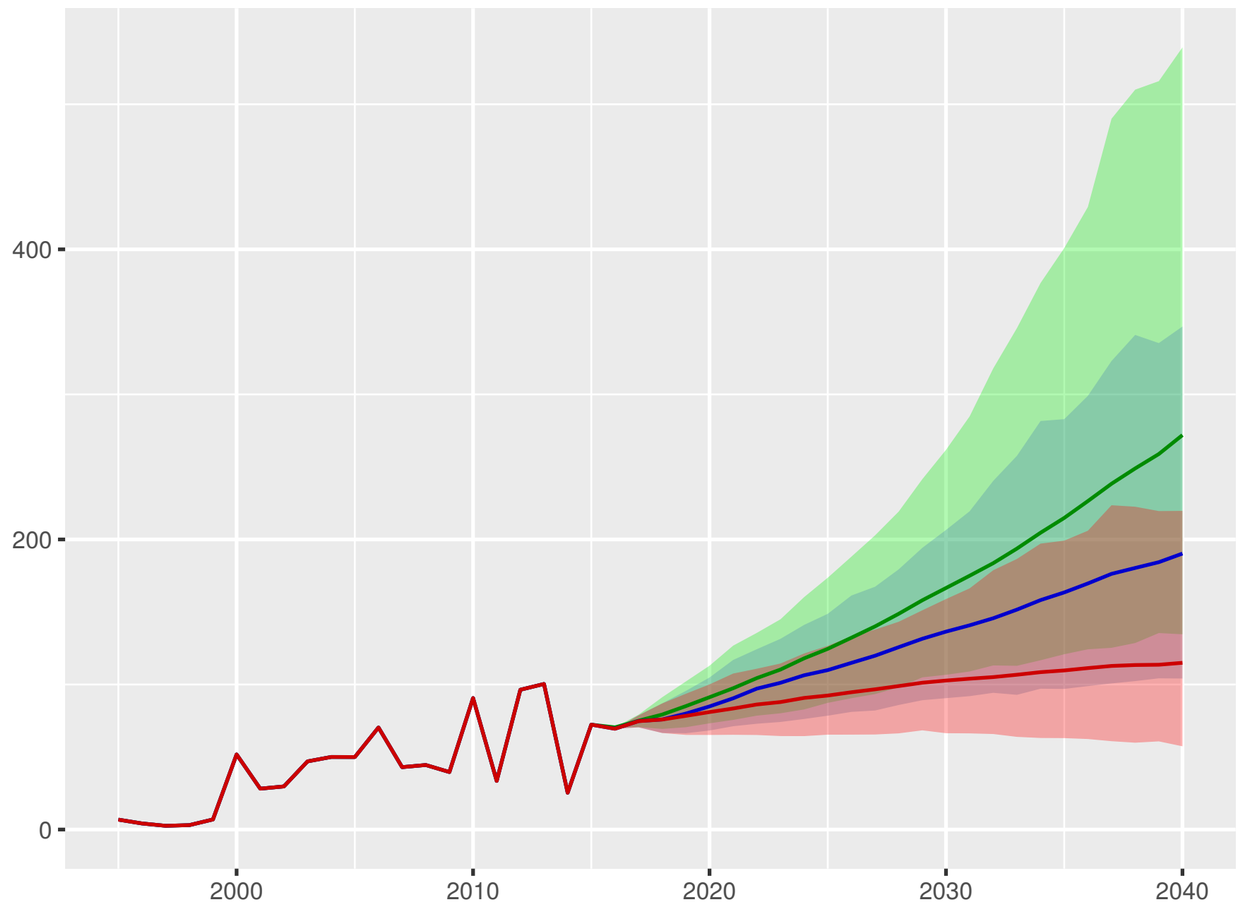
Universal health coverage index



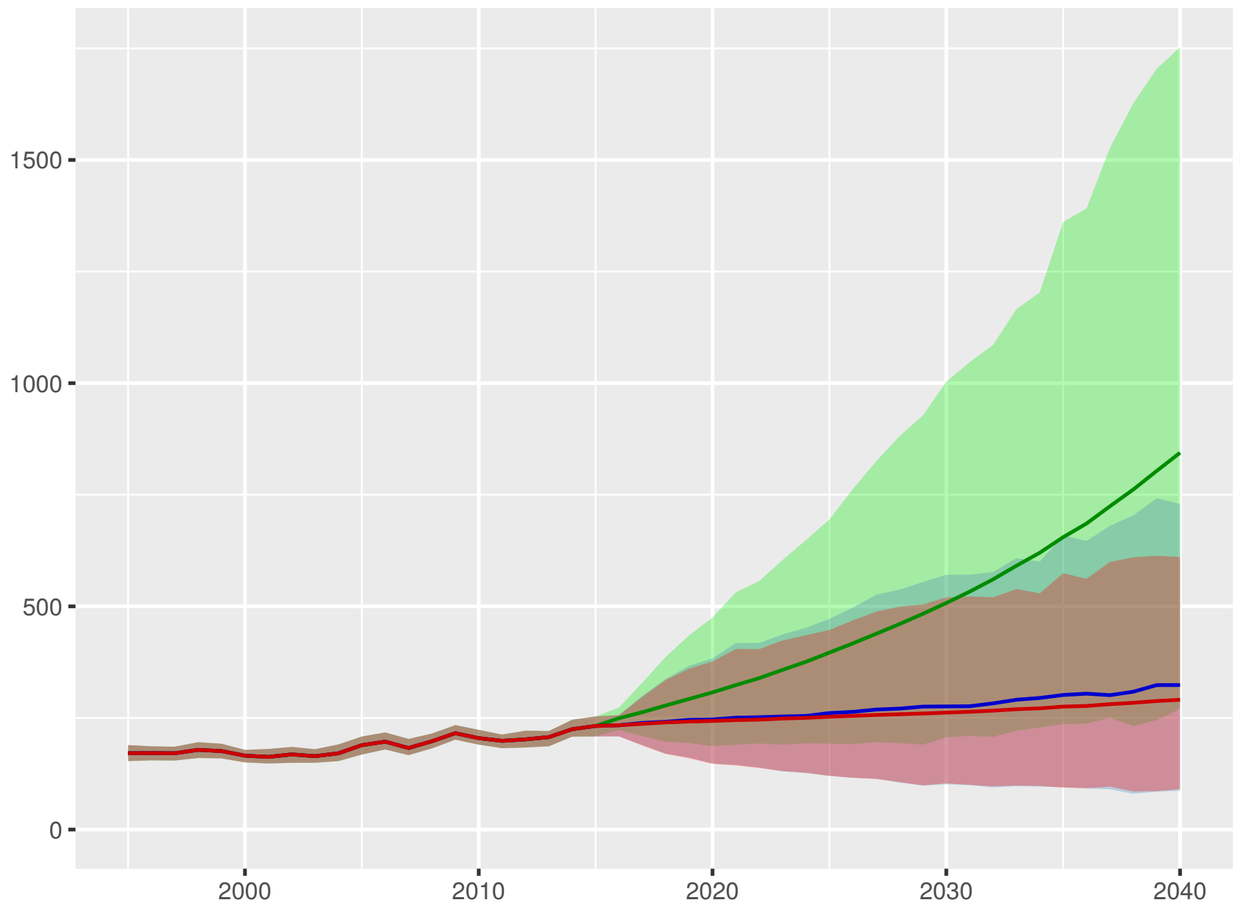
Total health spending per person



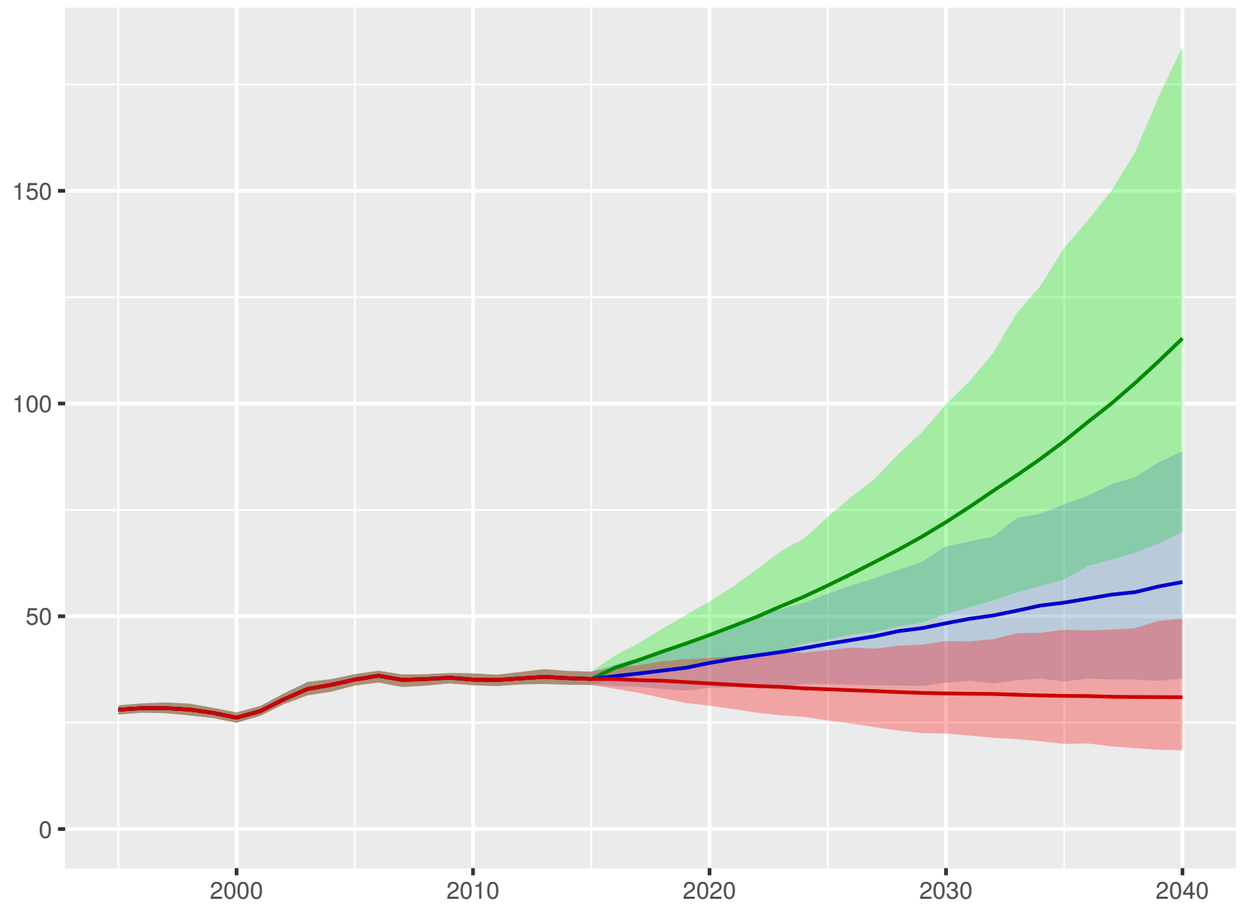
Development assistance for health received per person



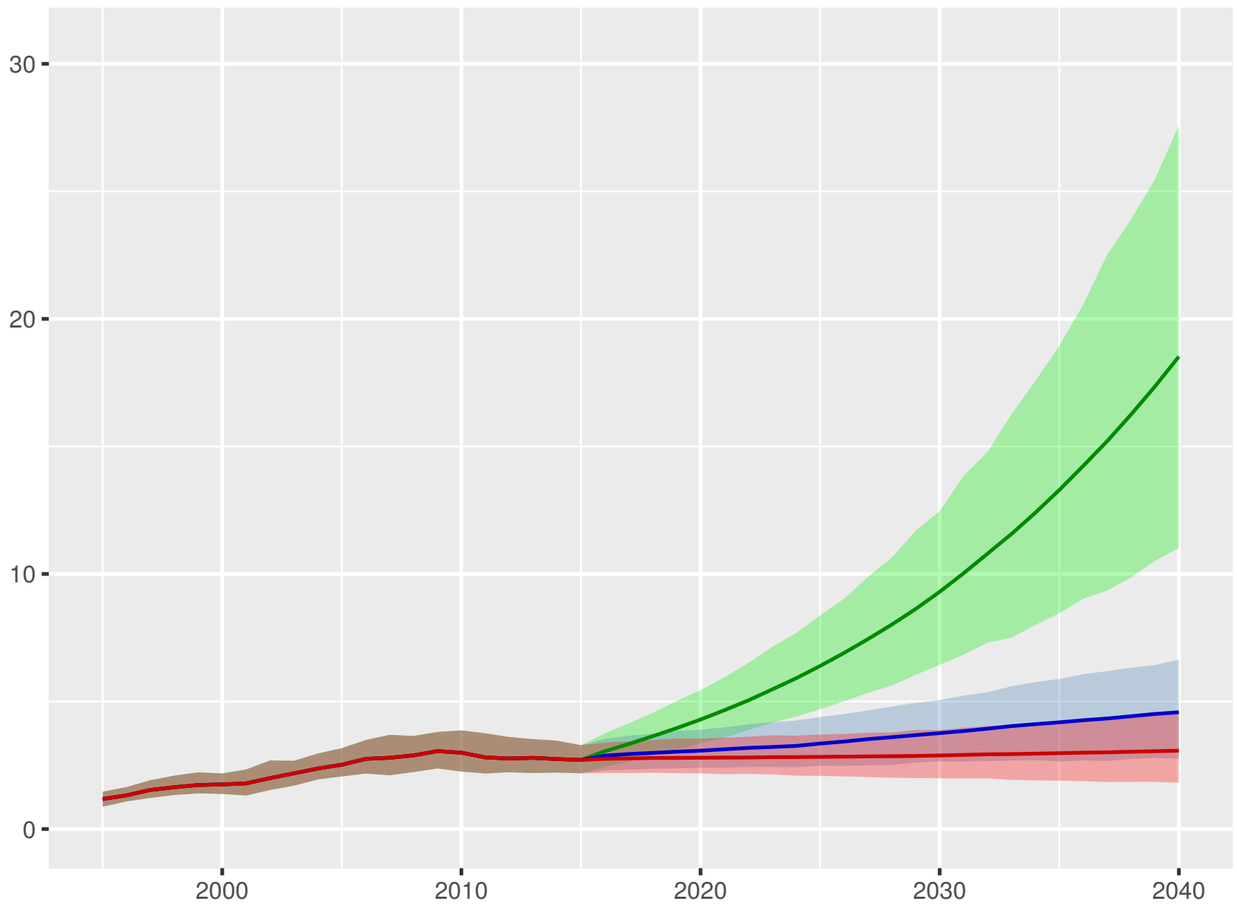
Government health spending per person



Out-of-pocket spending per person



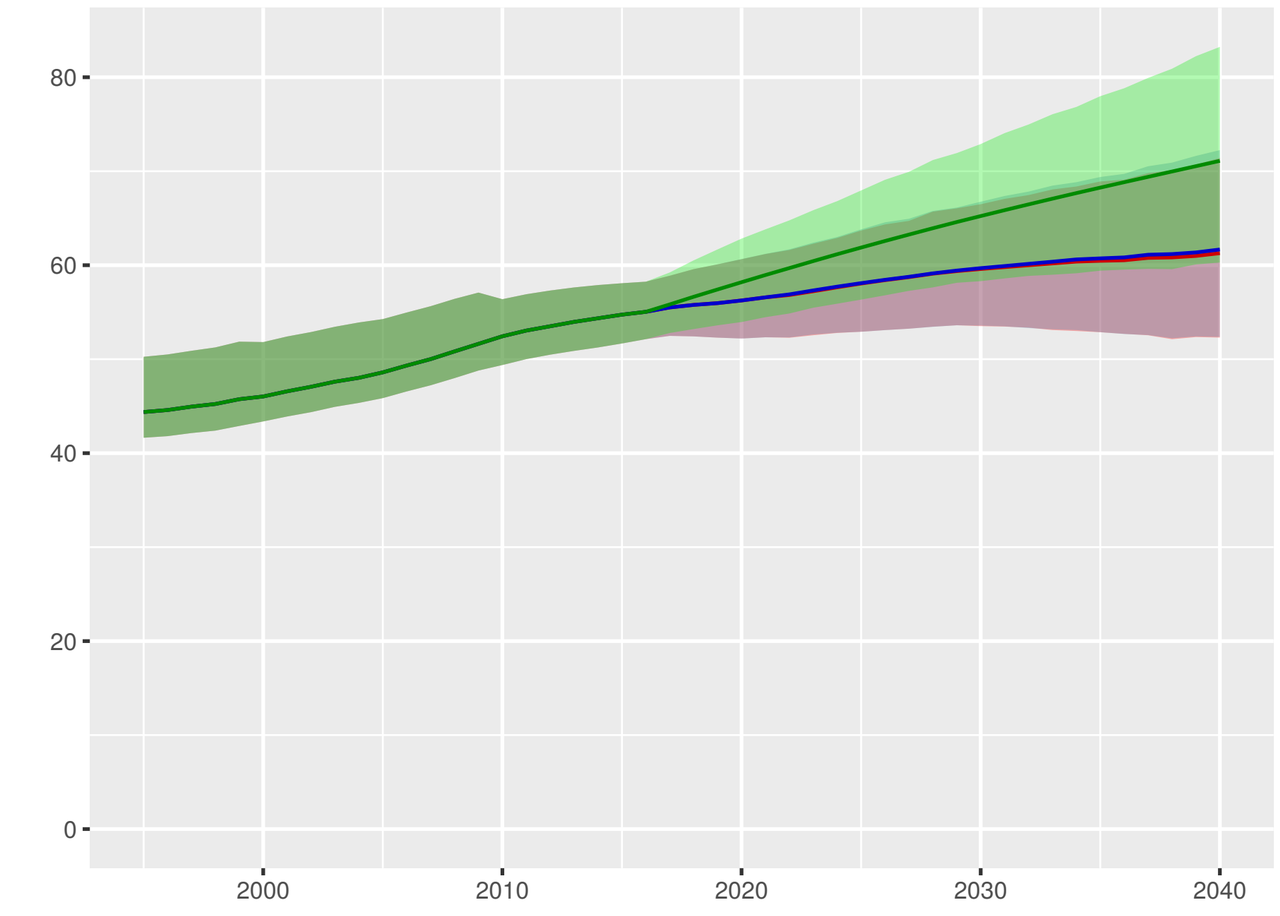
Prepaid private spending per person



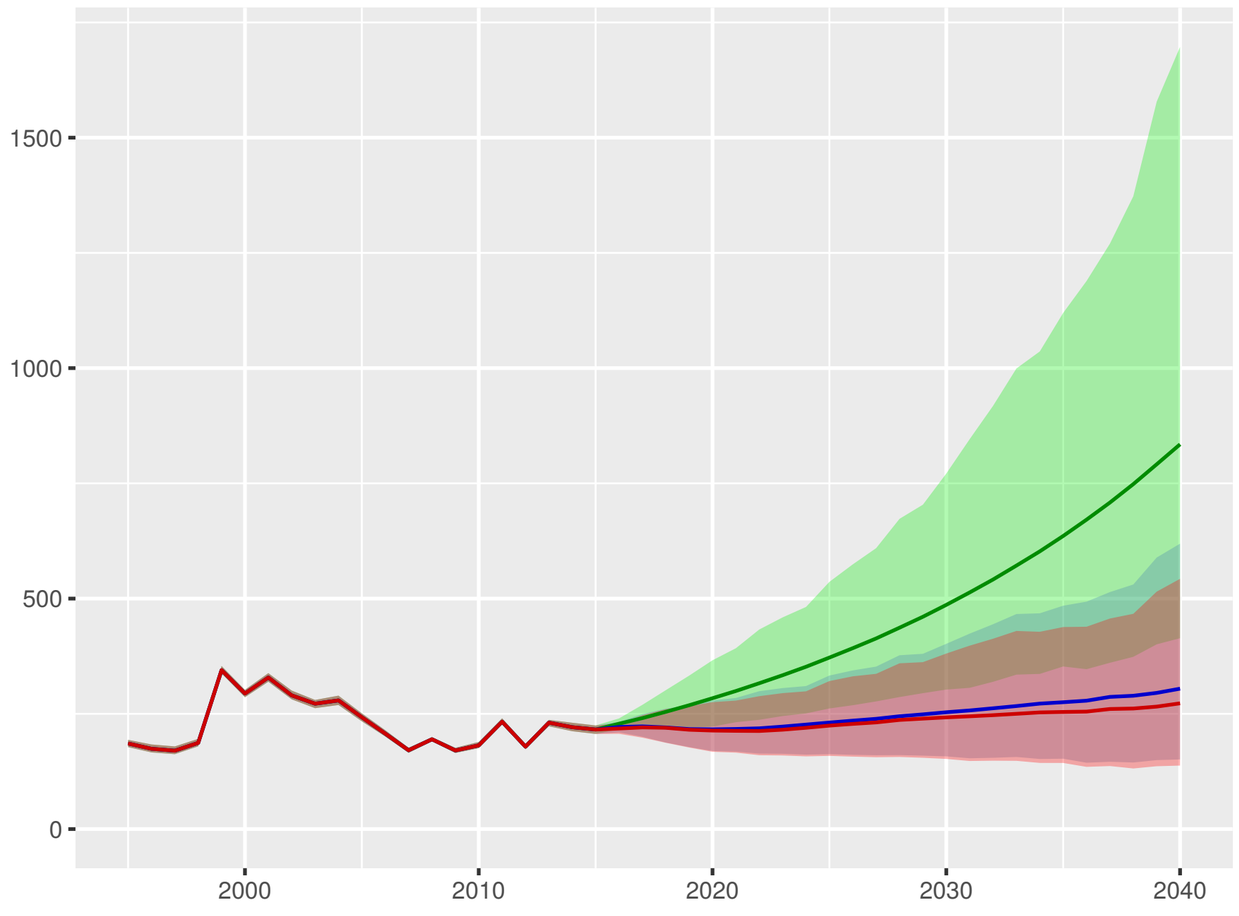
Scenario — Better — Reference — Worse

Sao Tome and Principe

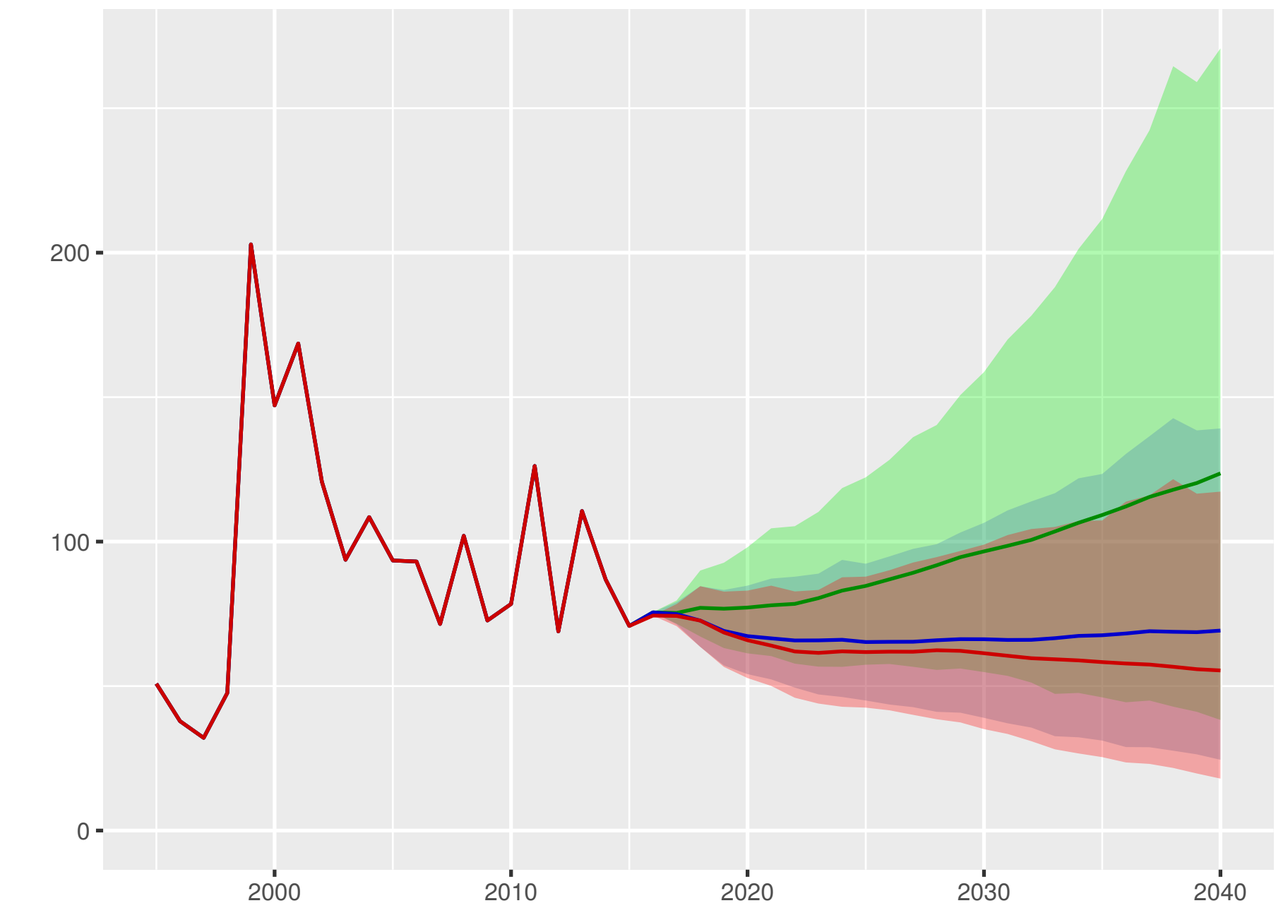
Universal health coverage index



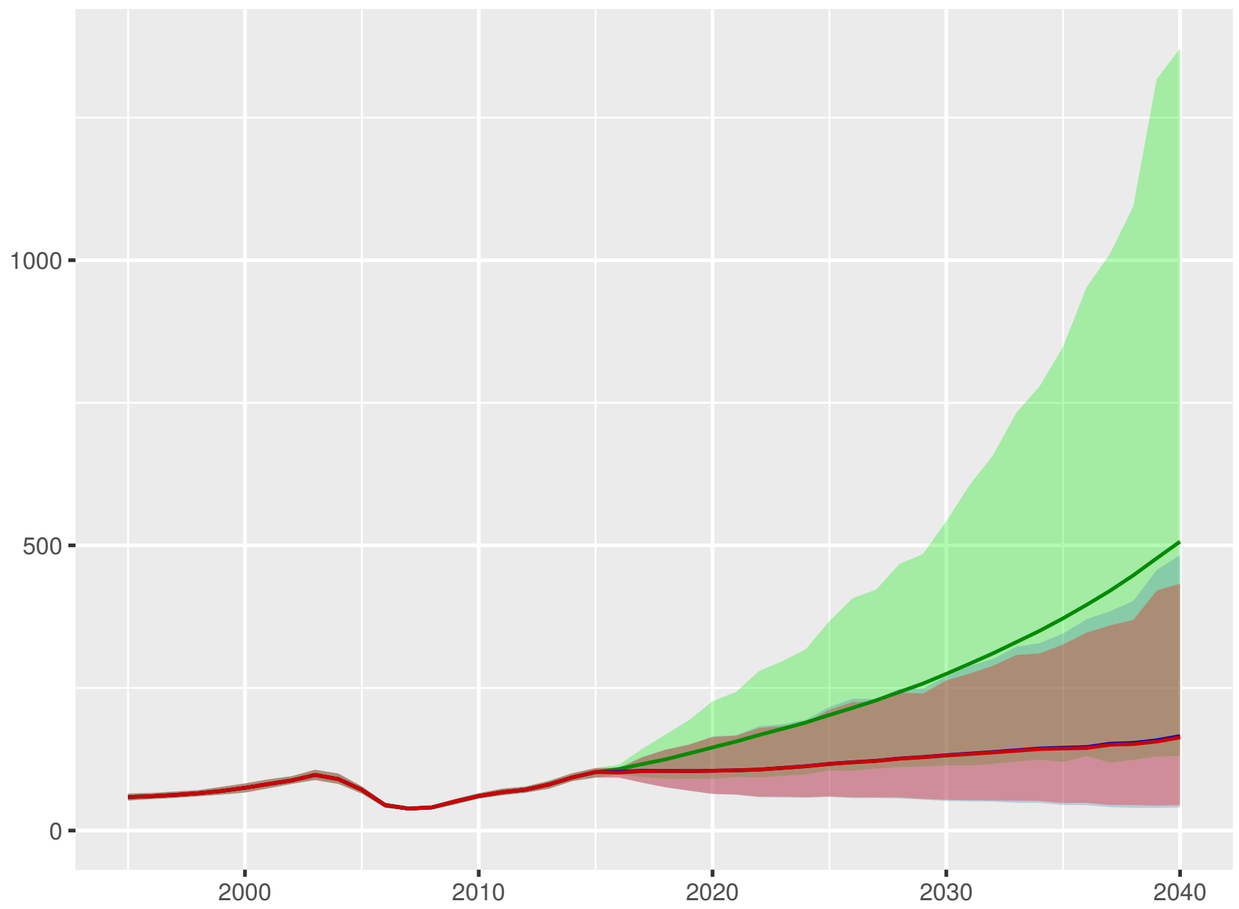
Total health spending per person



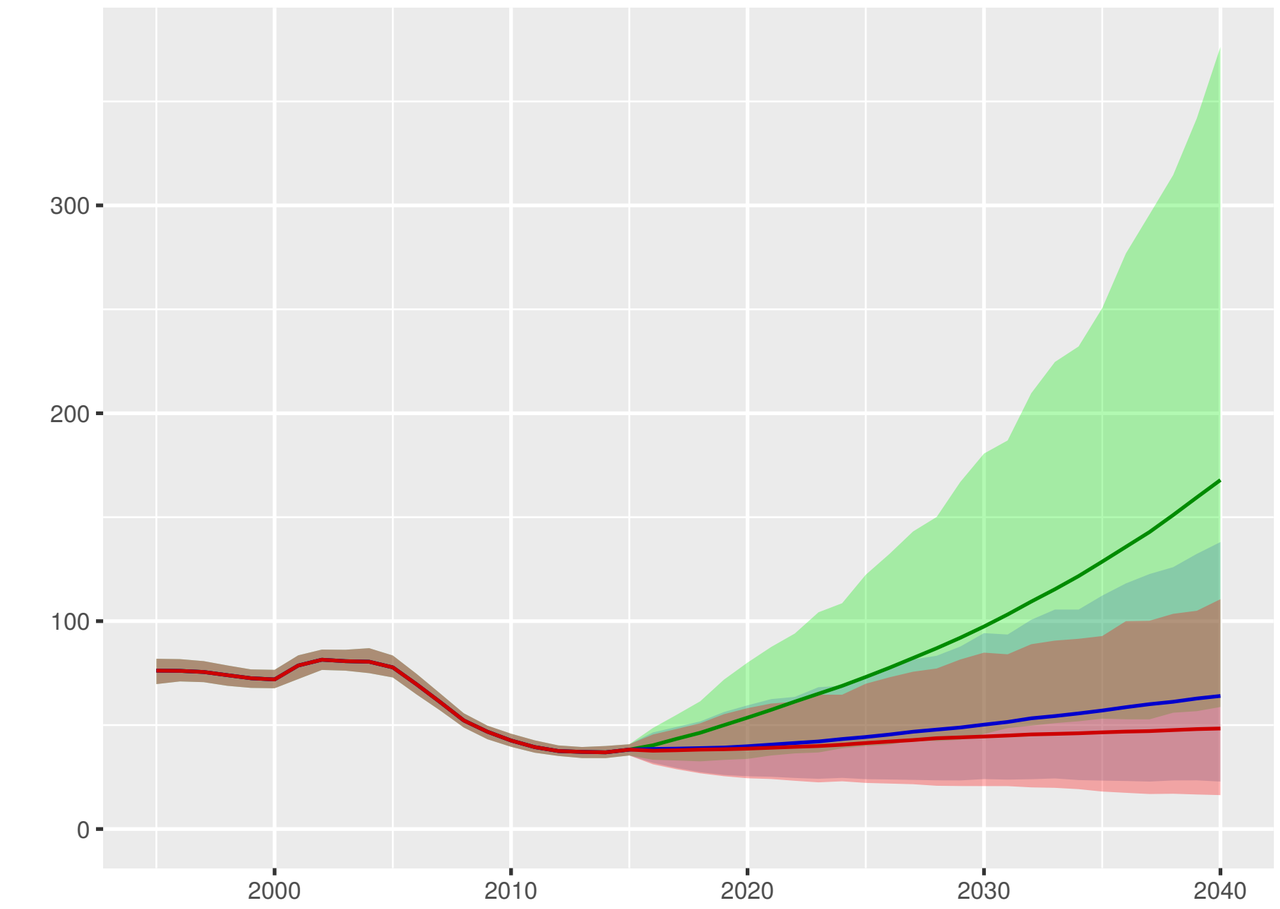
Development assistance for health received per person



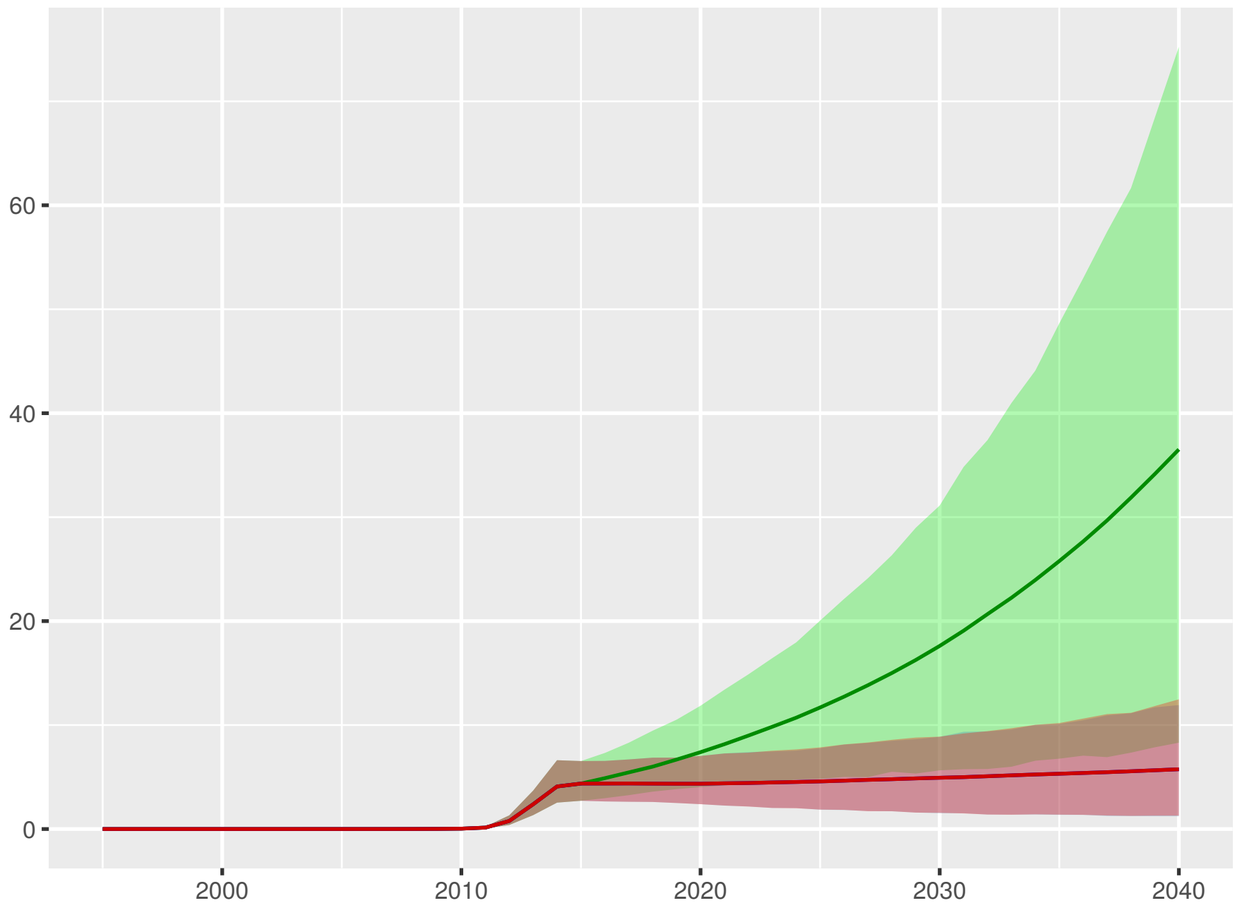
Government health spending per person



Out-of-pocket spending per person



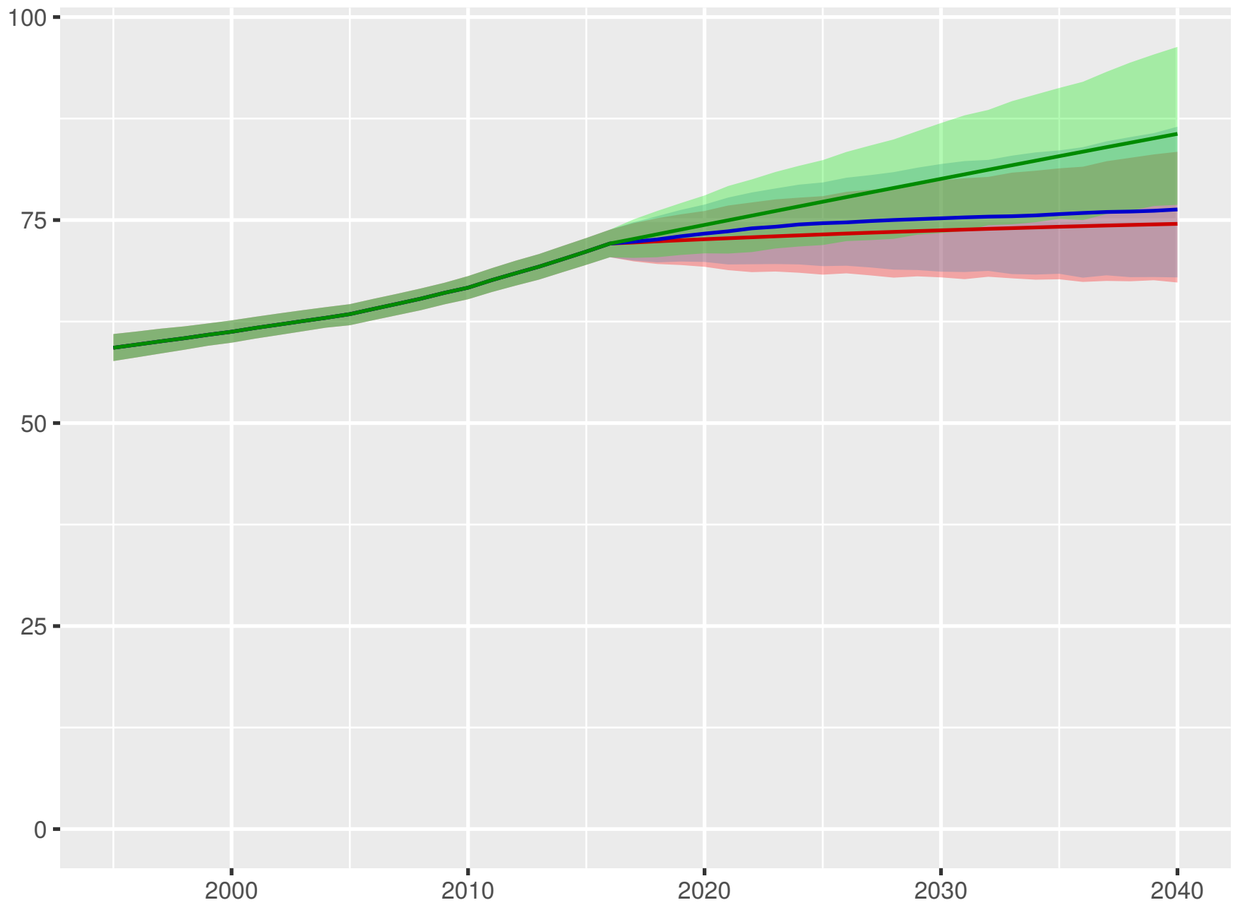
Prepaid private spending per person



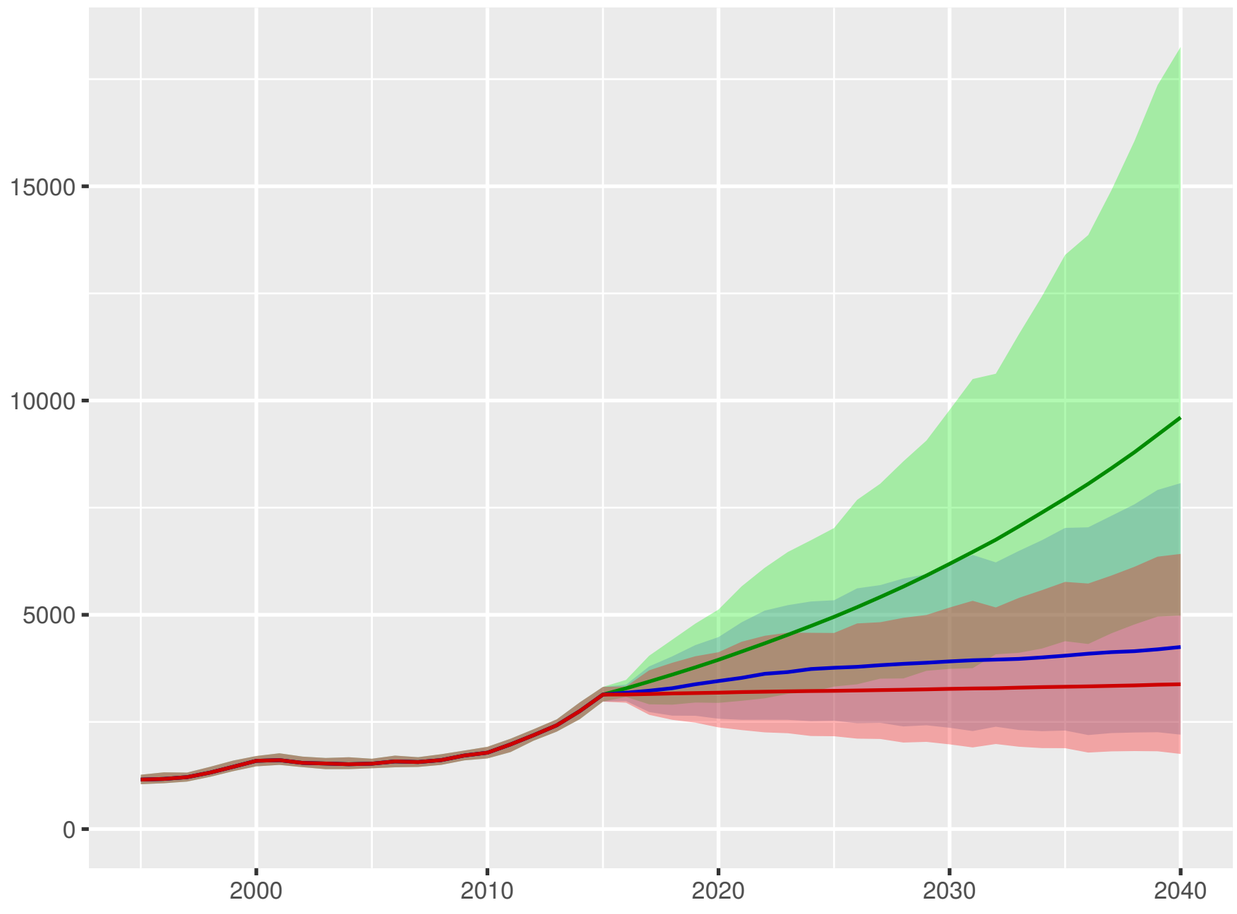
Scenario — Better — Reference — Worse

Saudi Arabia

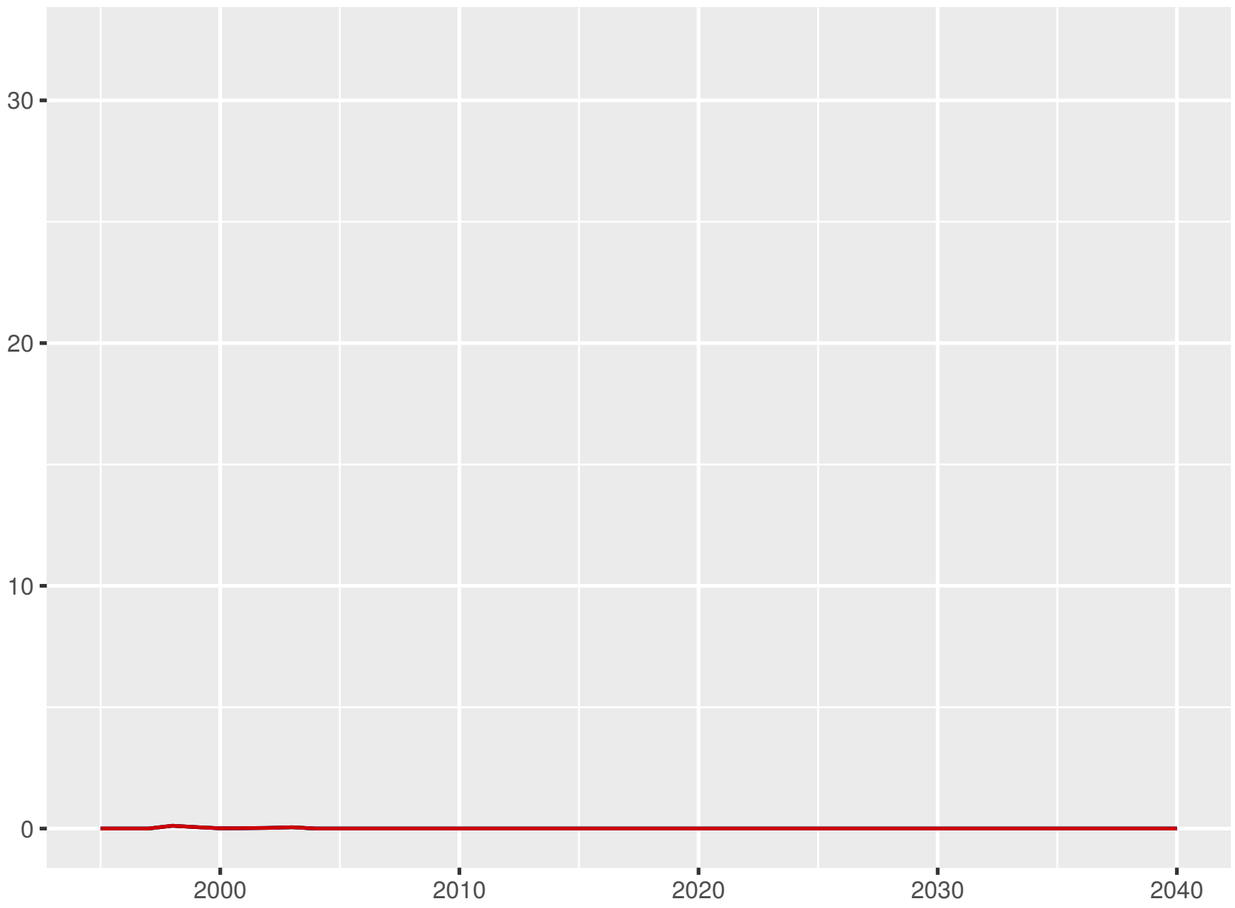
Universal health coverage index



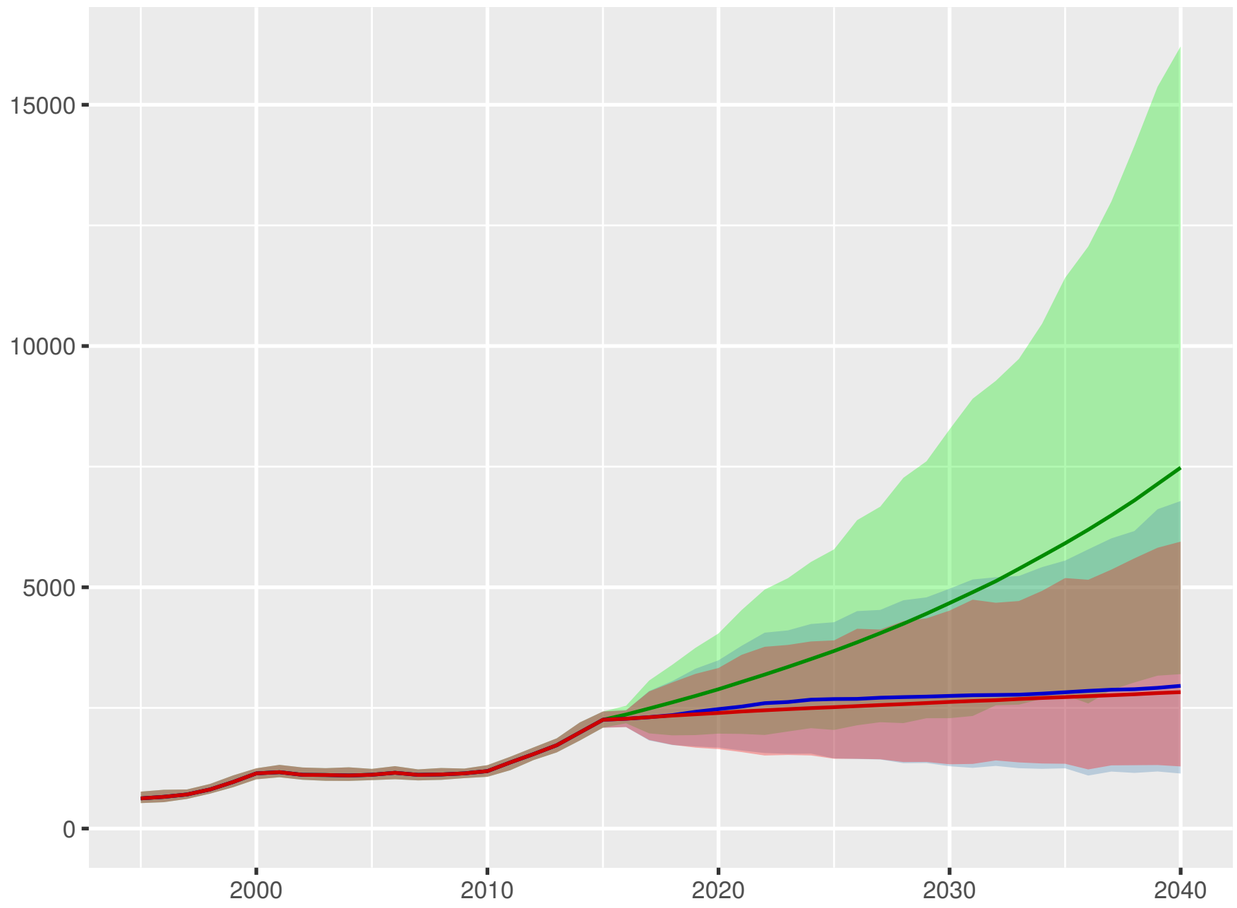
Total health spending per person



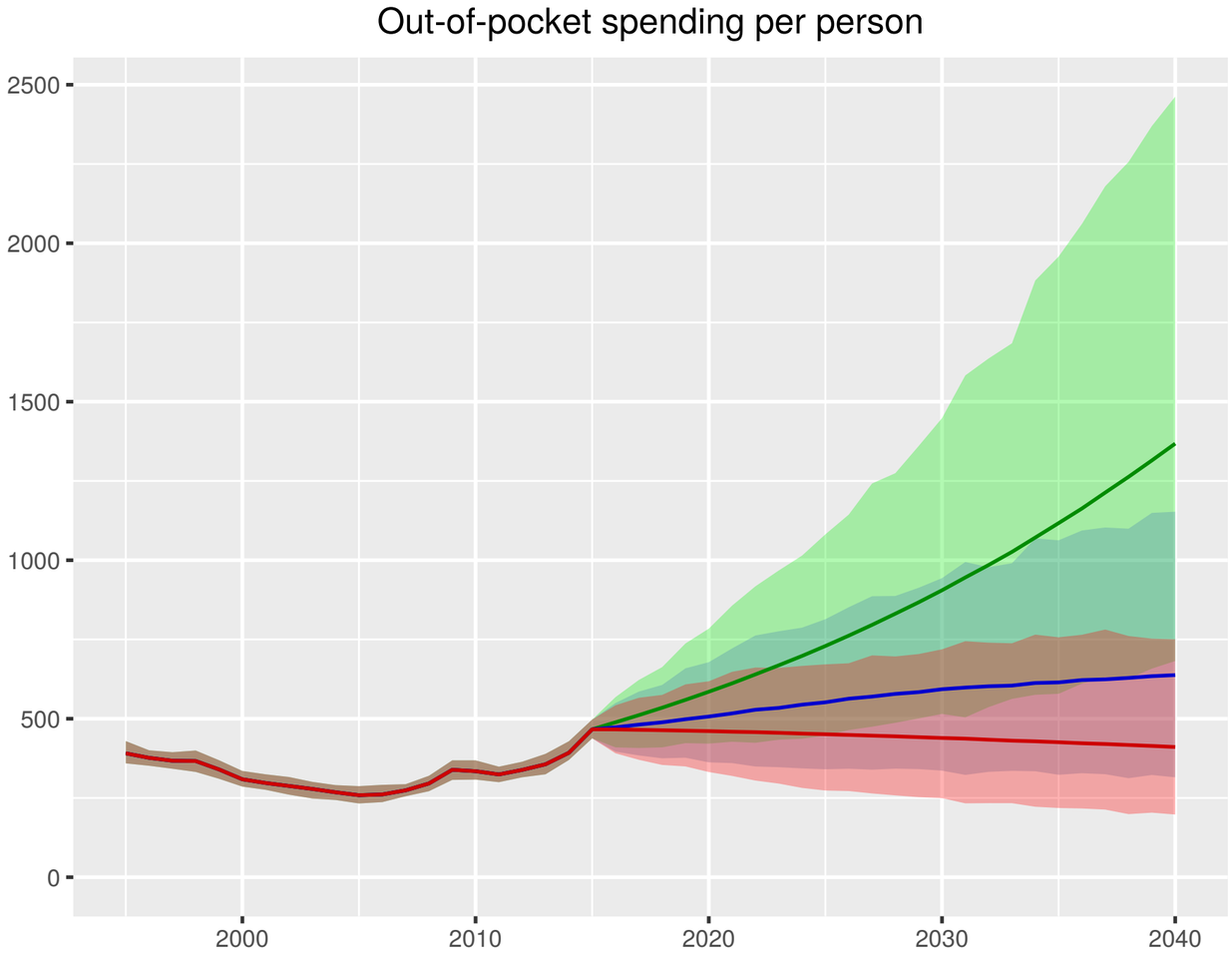
Development assistance for health received per person



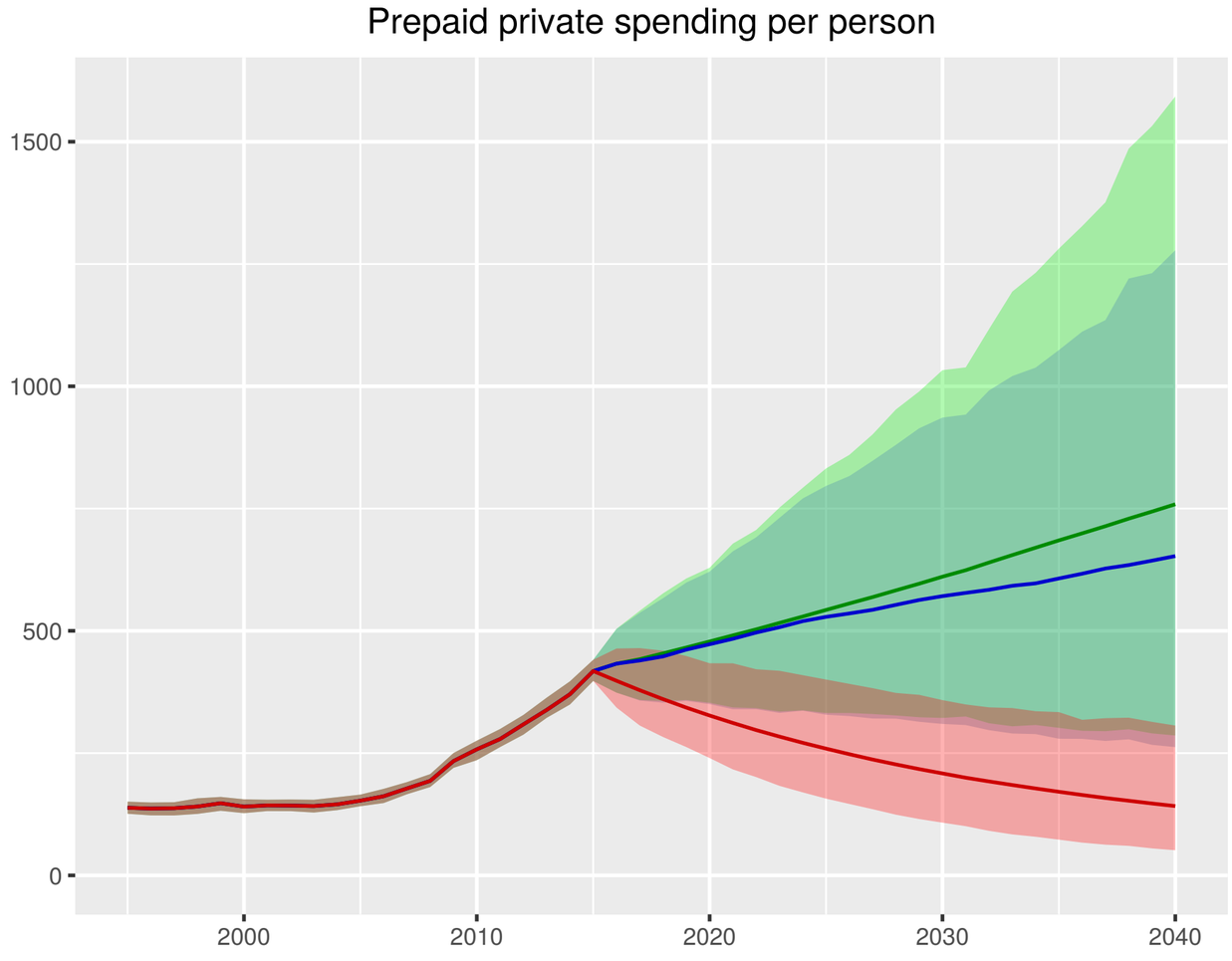
Government health spending per person



Out-of-pocket spending per person



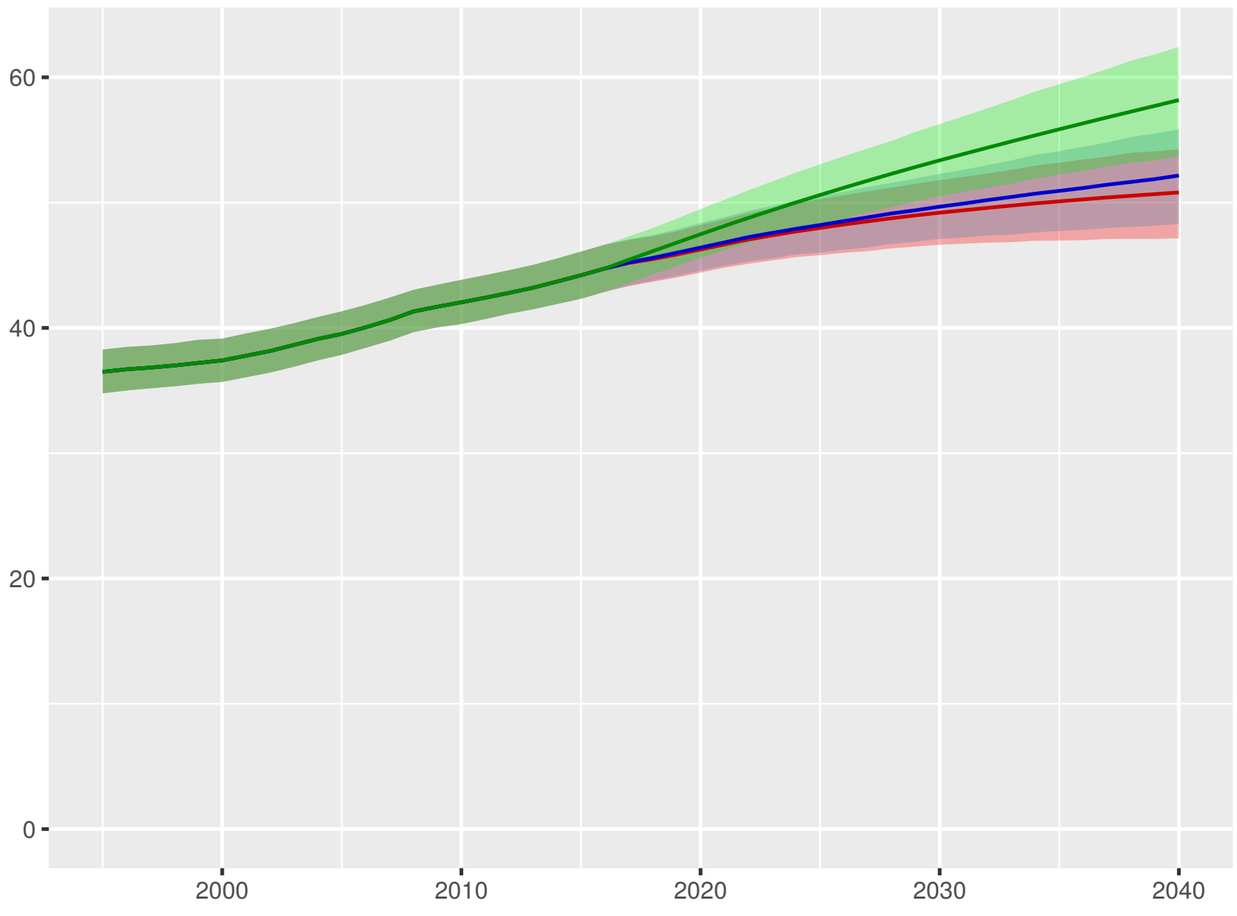
Prepaid private spending per person



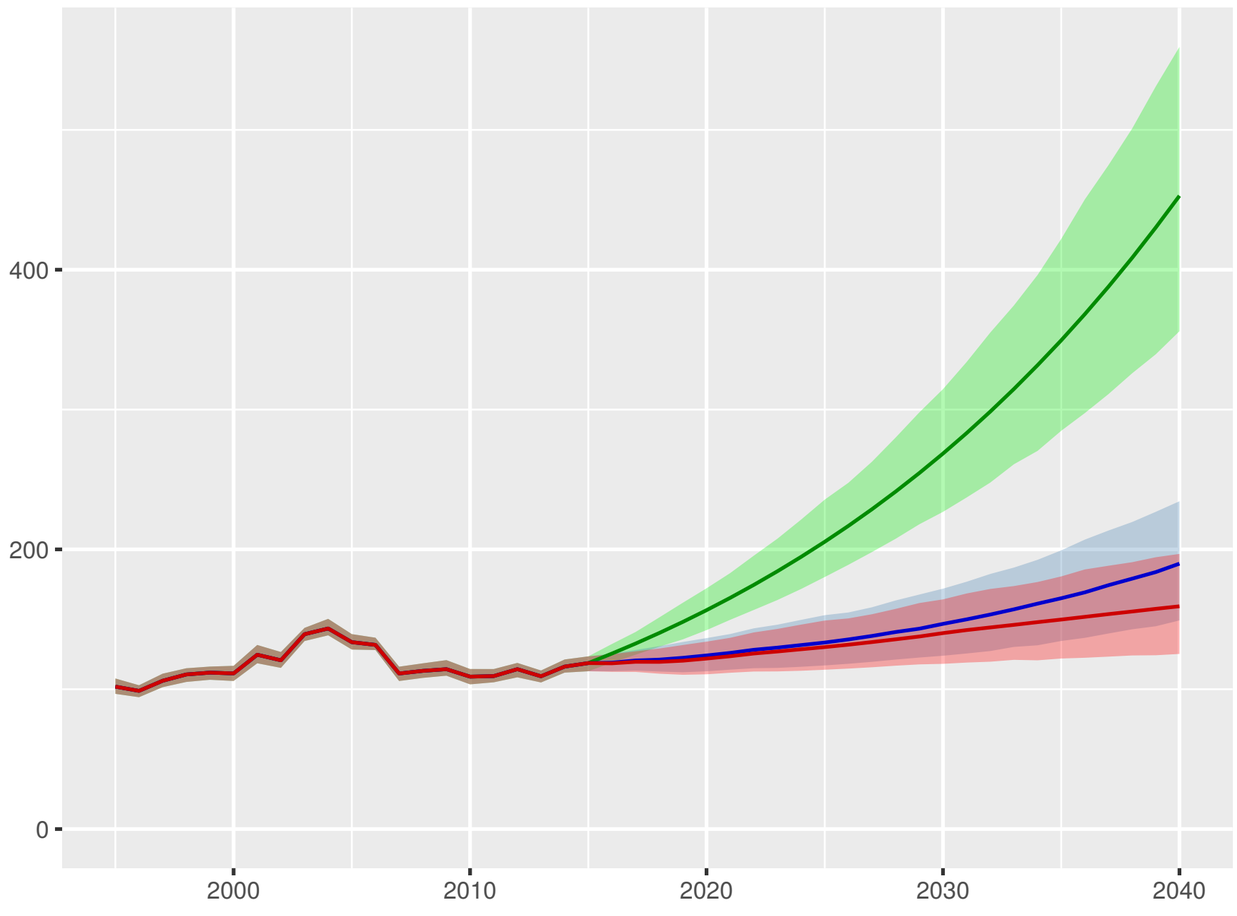
Scenario — Better — Reference — Worse

Senegal

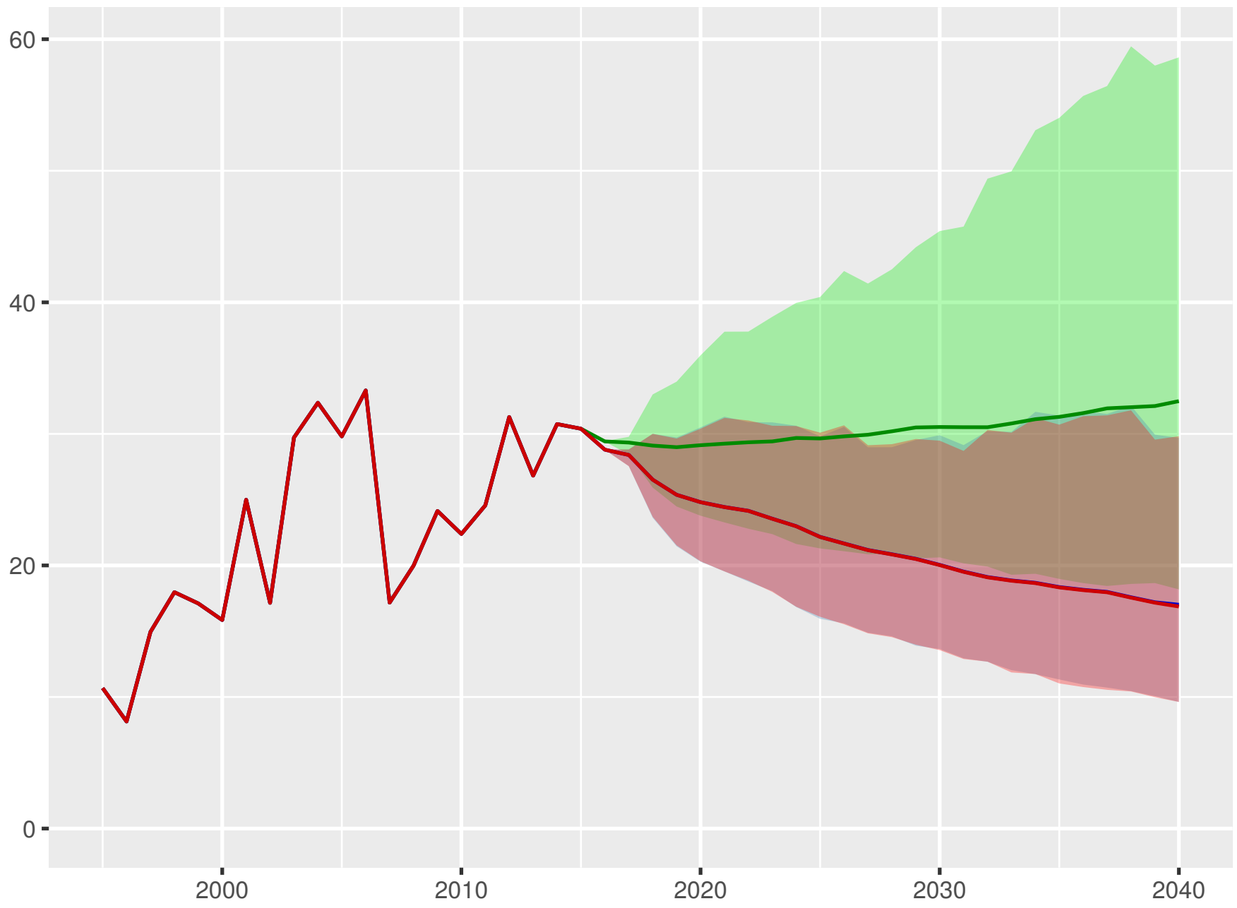
Universal health coverage index



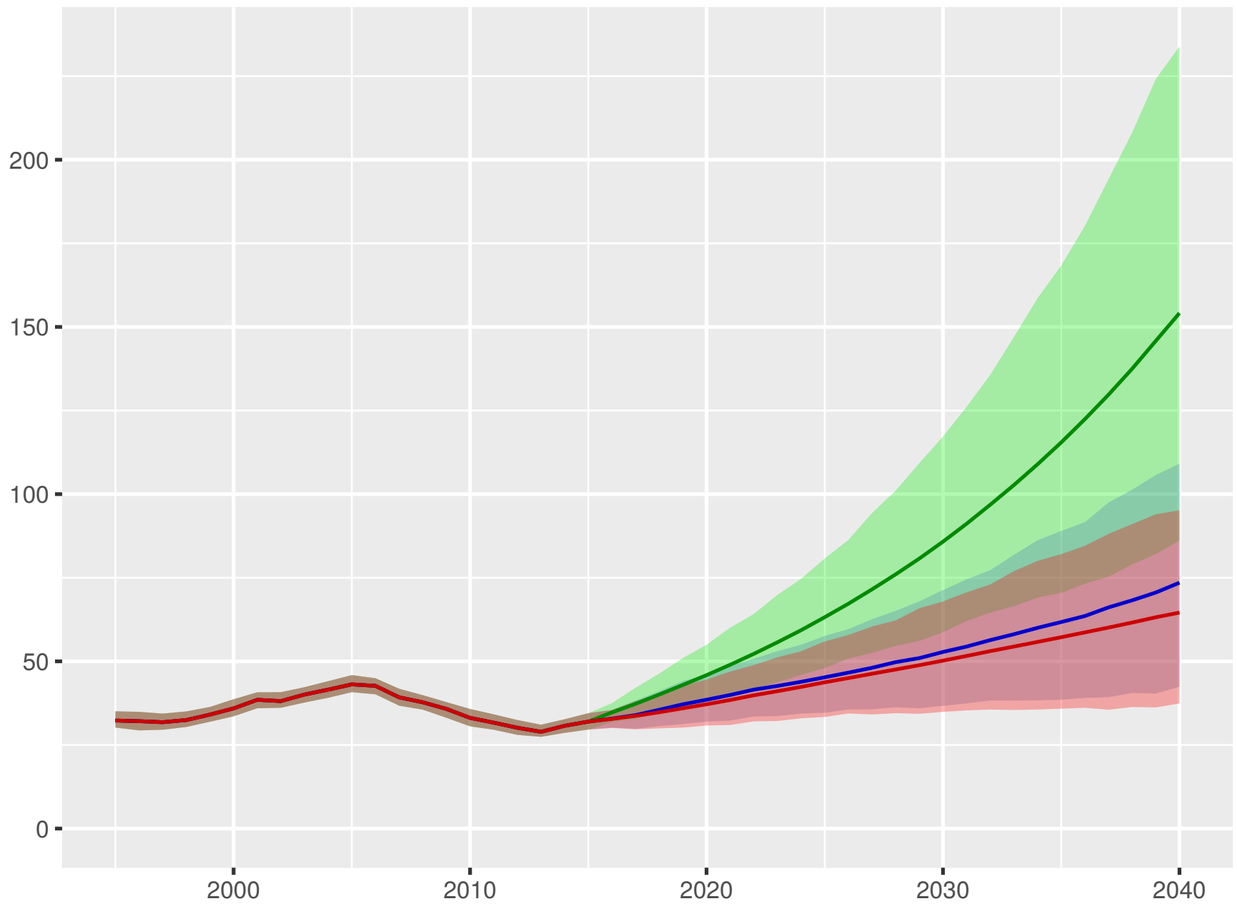
Total health spending per person



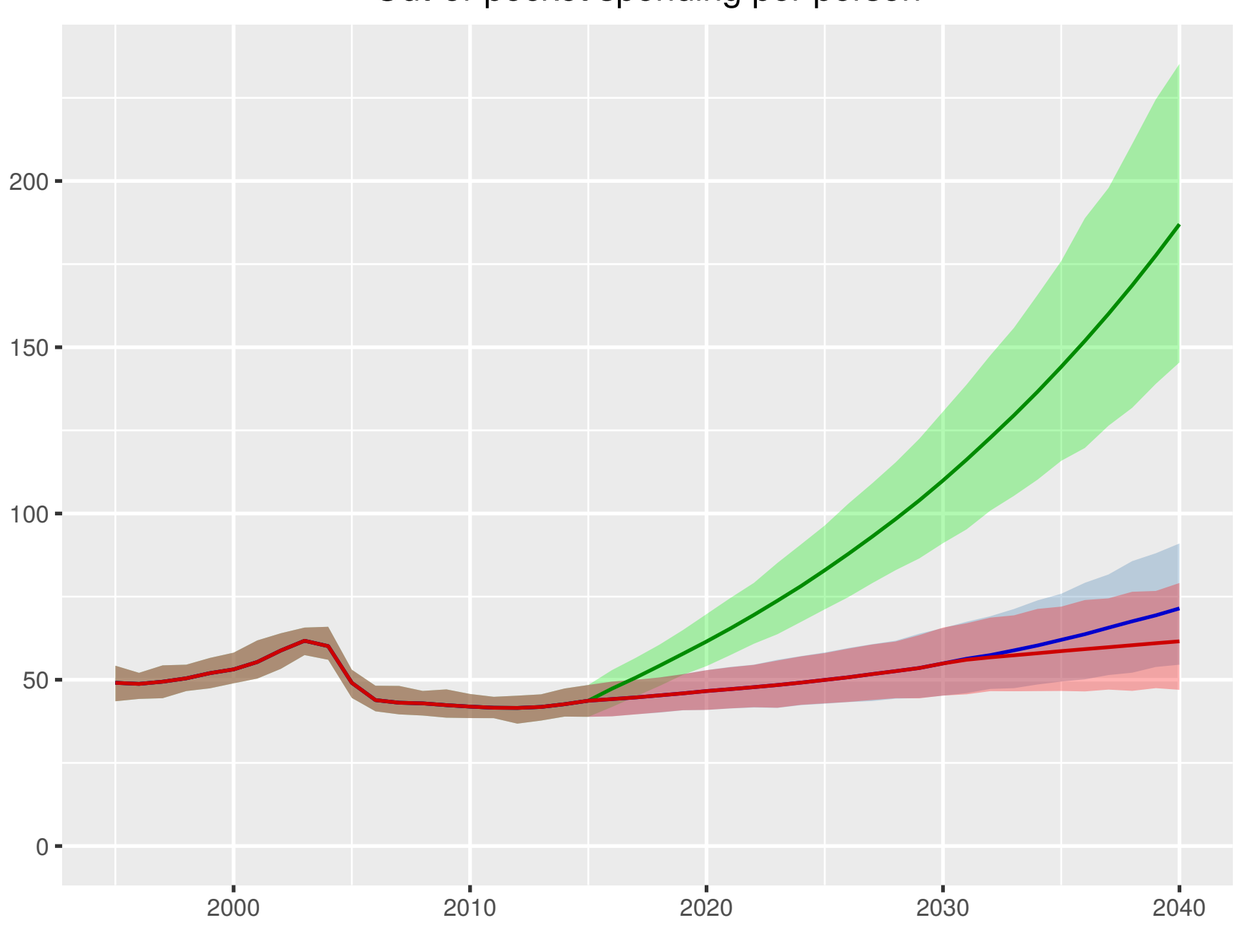
Development assistance for health received per person



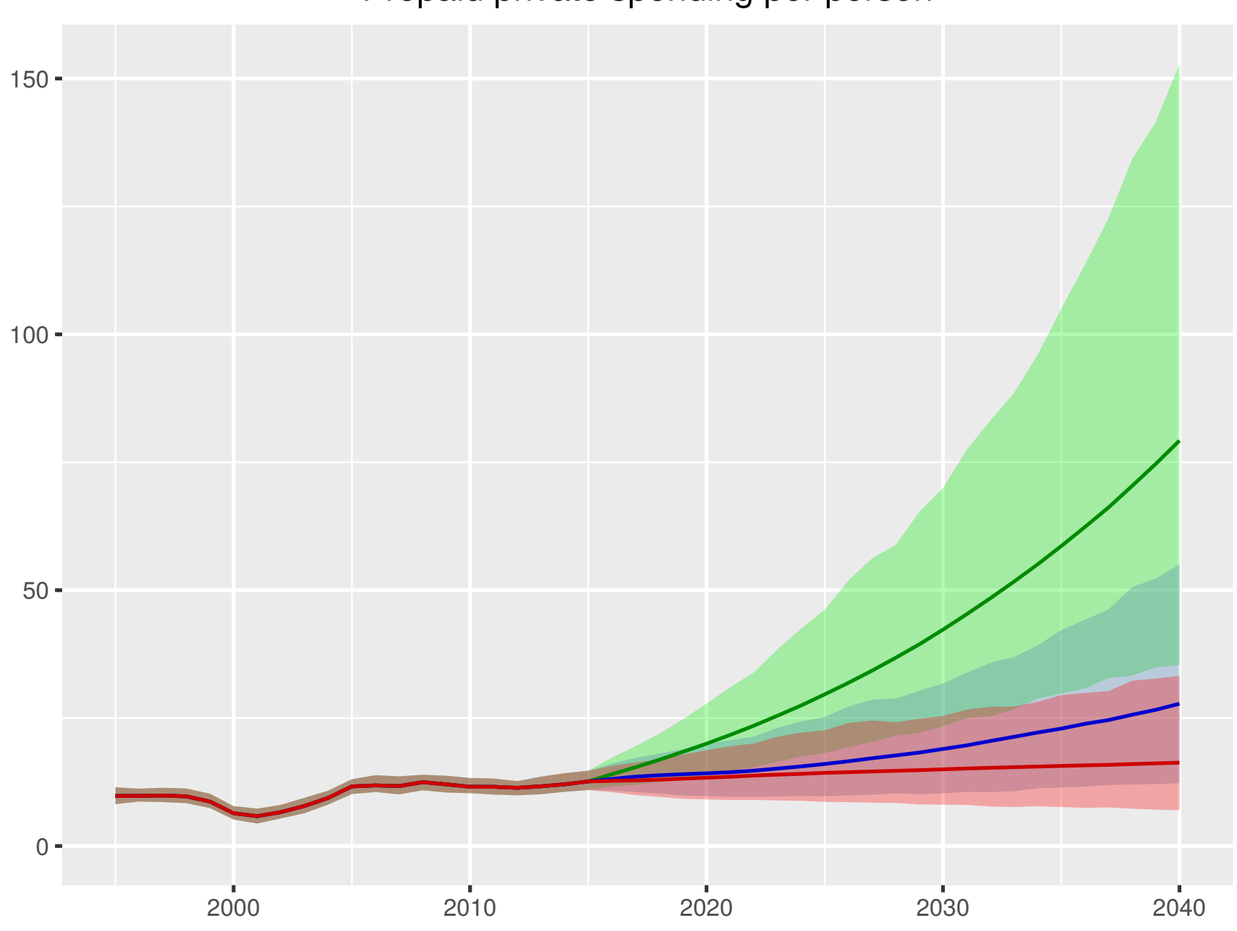
Government health spending per person



Out-of-pocket spending per person



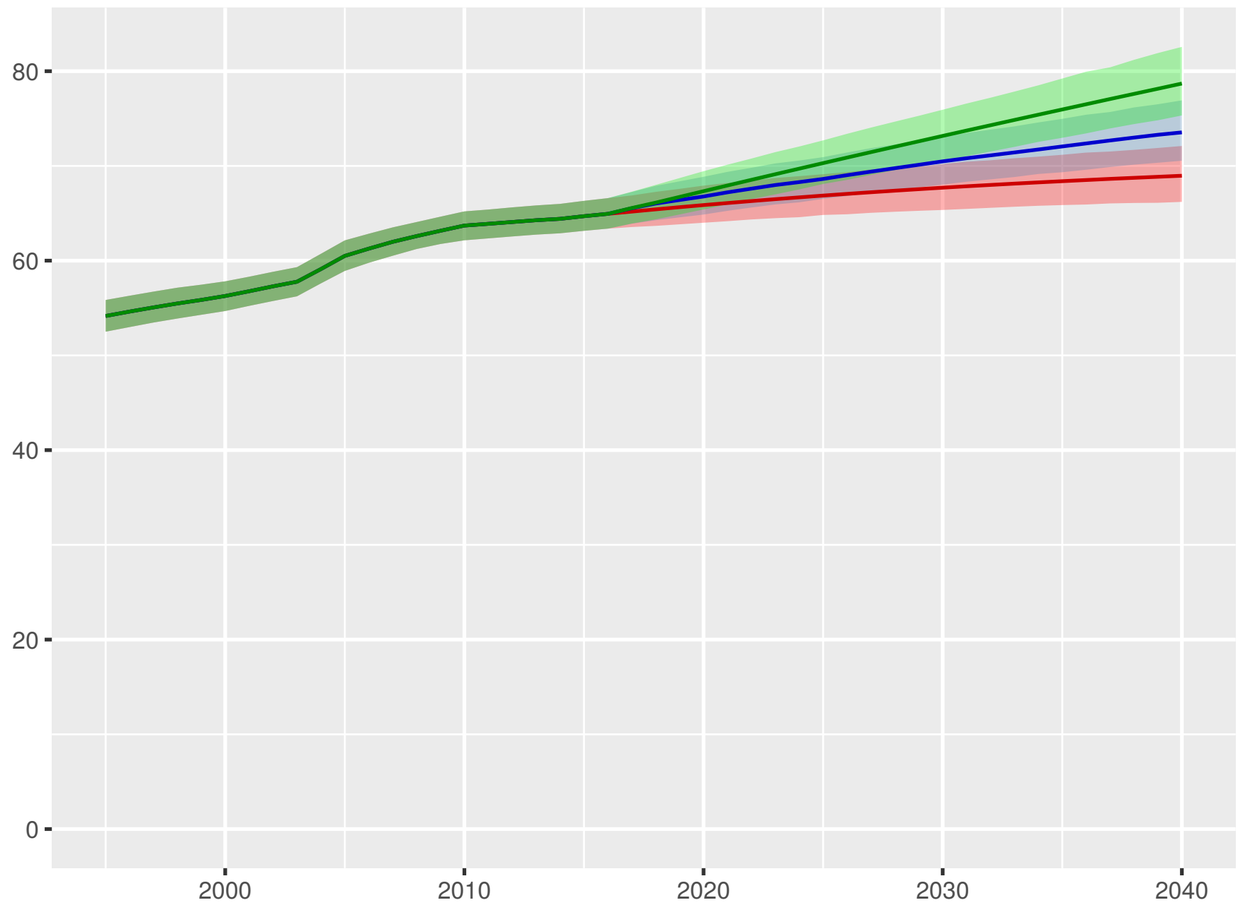
Prepaid private spending per person



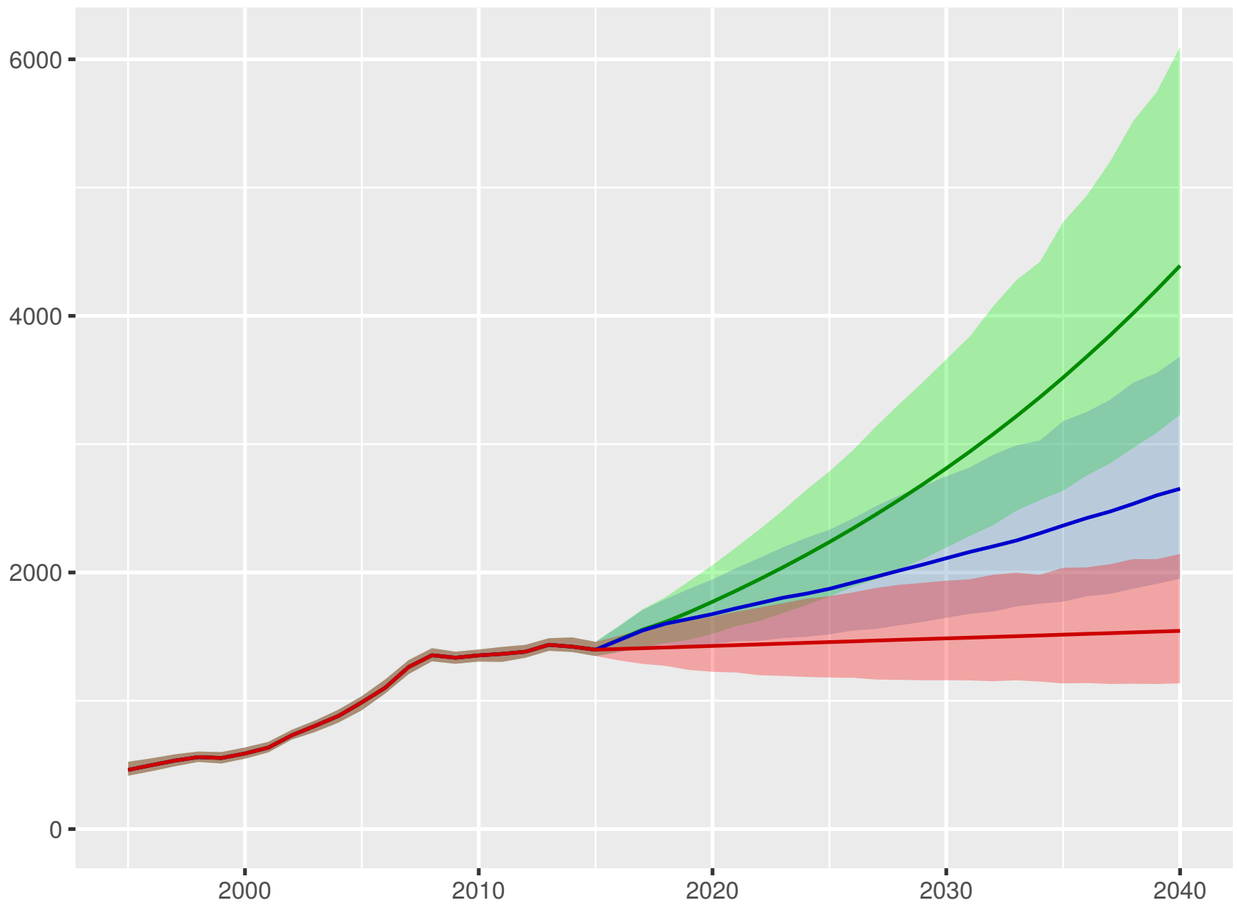
Scenario — Better — Reference — Worse

Serbia

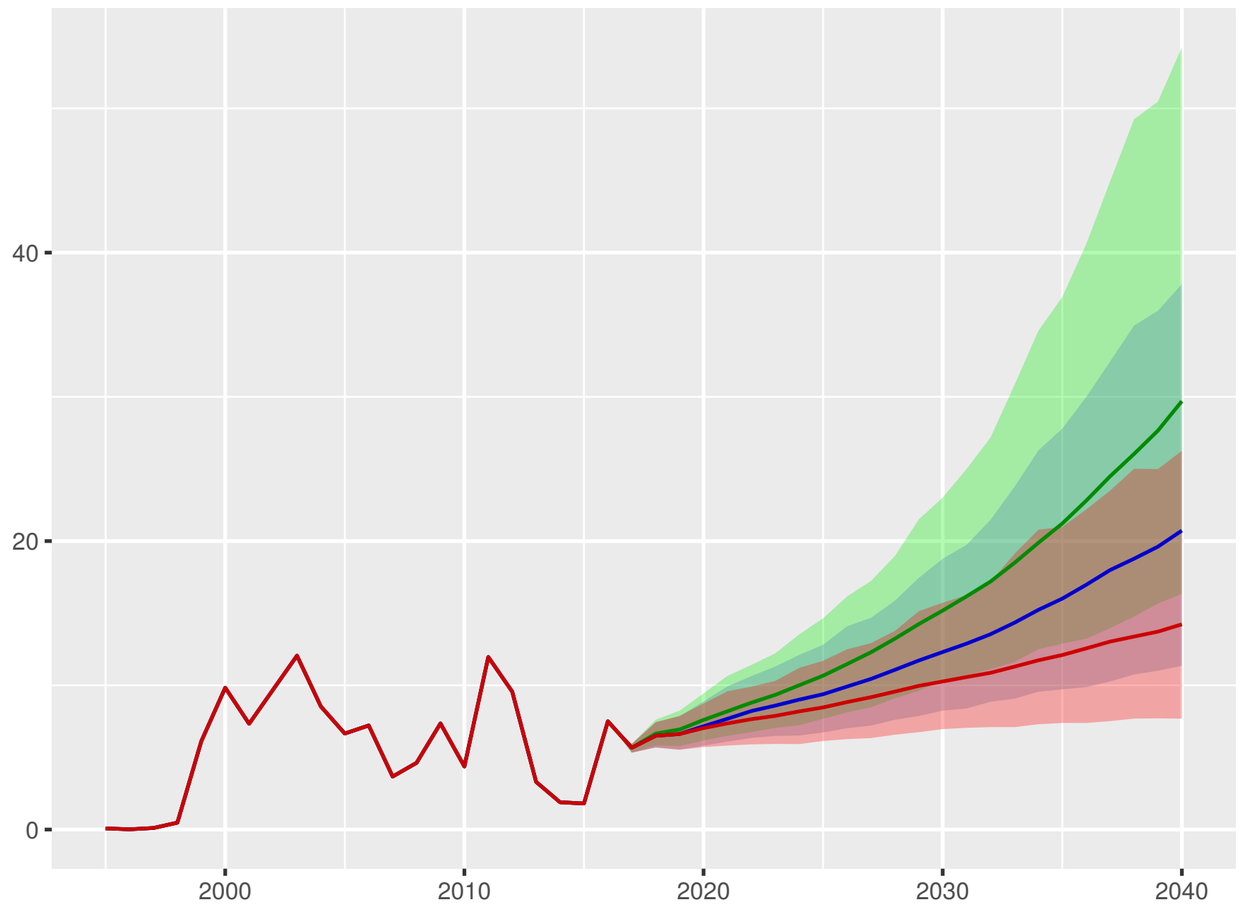
Universal health coverage index



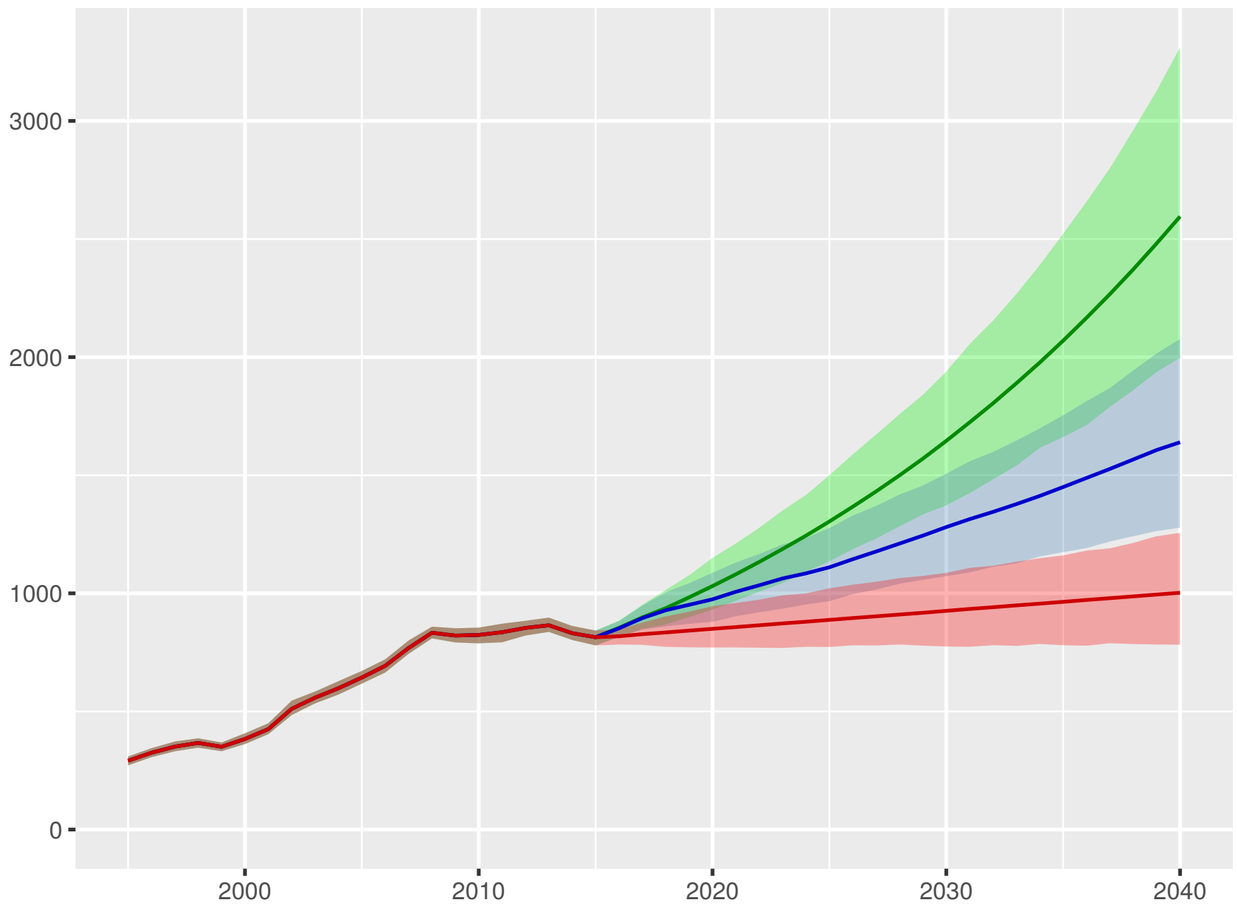
Total health spending per person



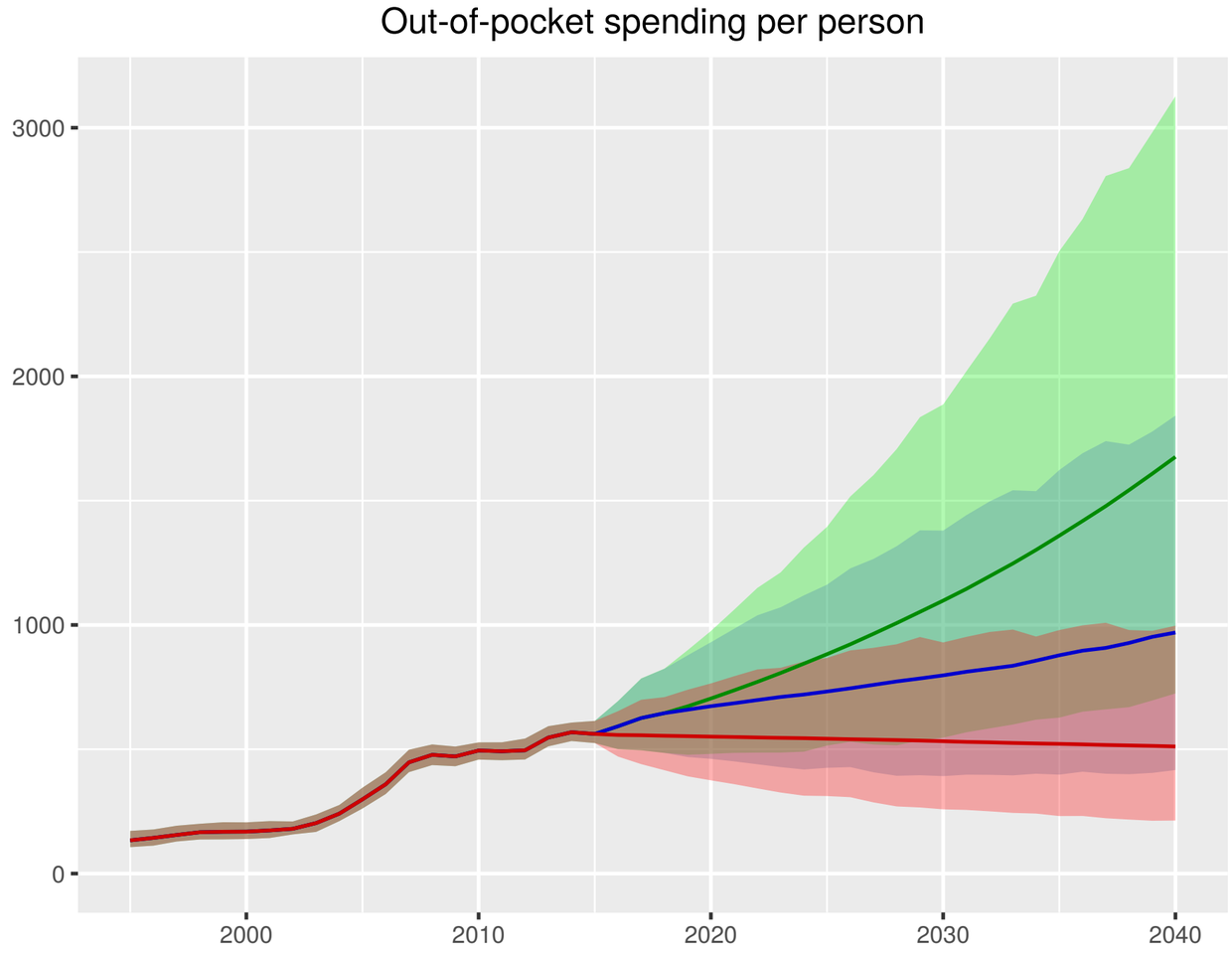
Development assistance for health received per person



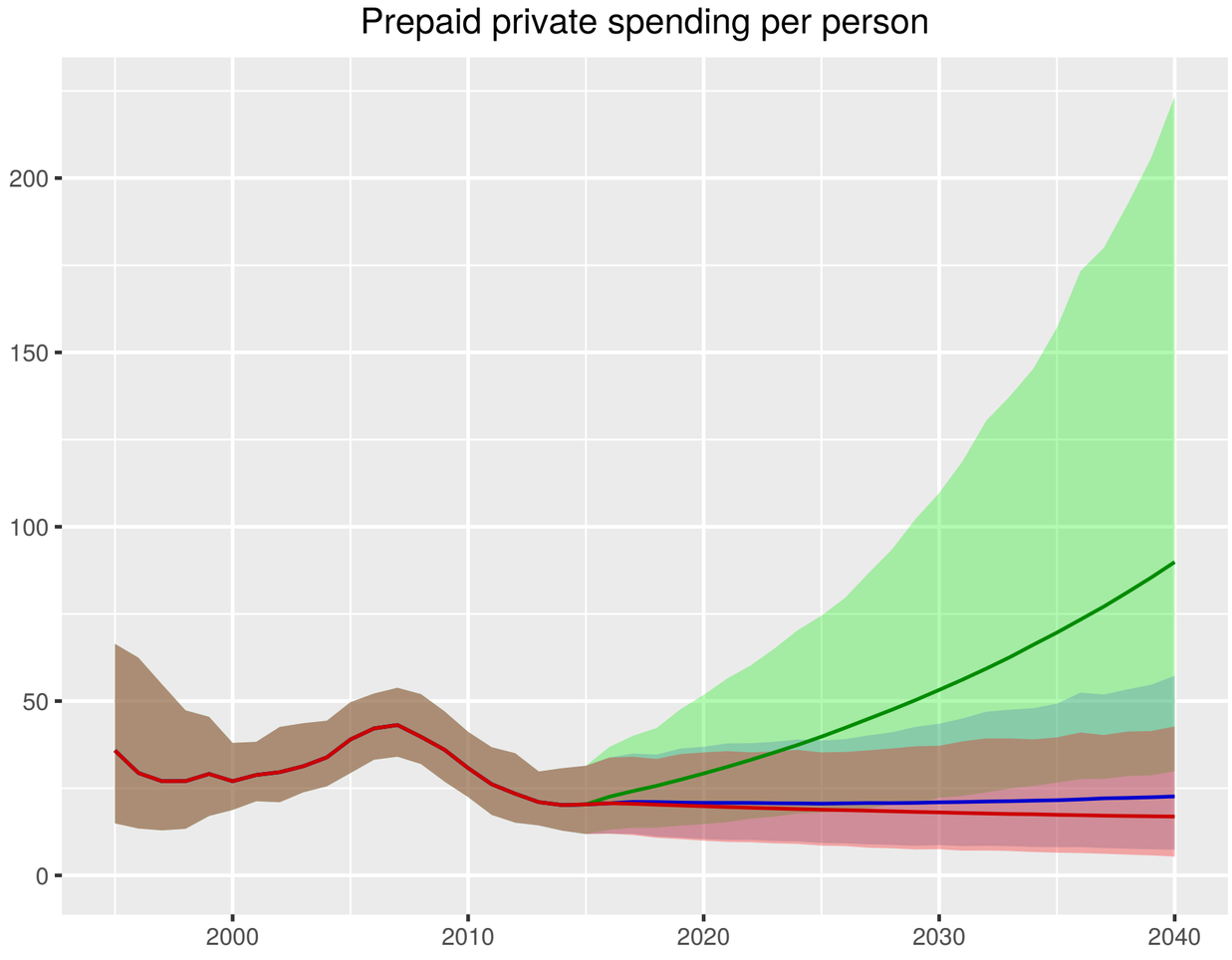
Government health spending per person



Out-of-pocket spending per person



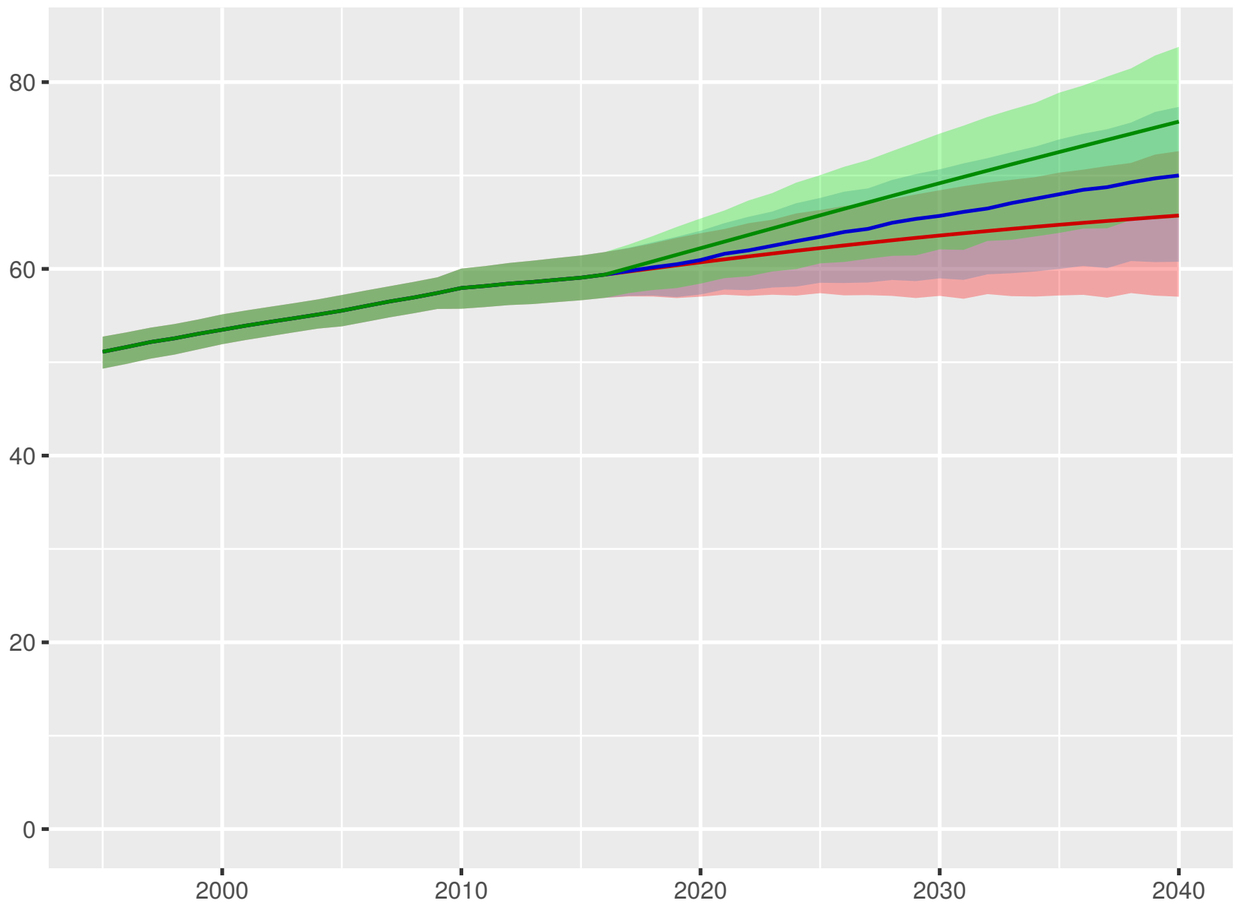
Prepaid private spending per person



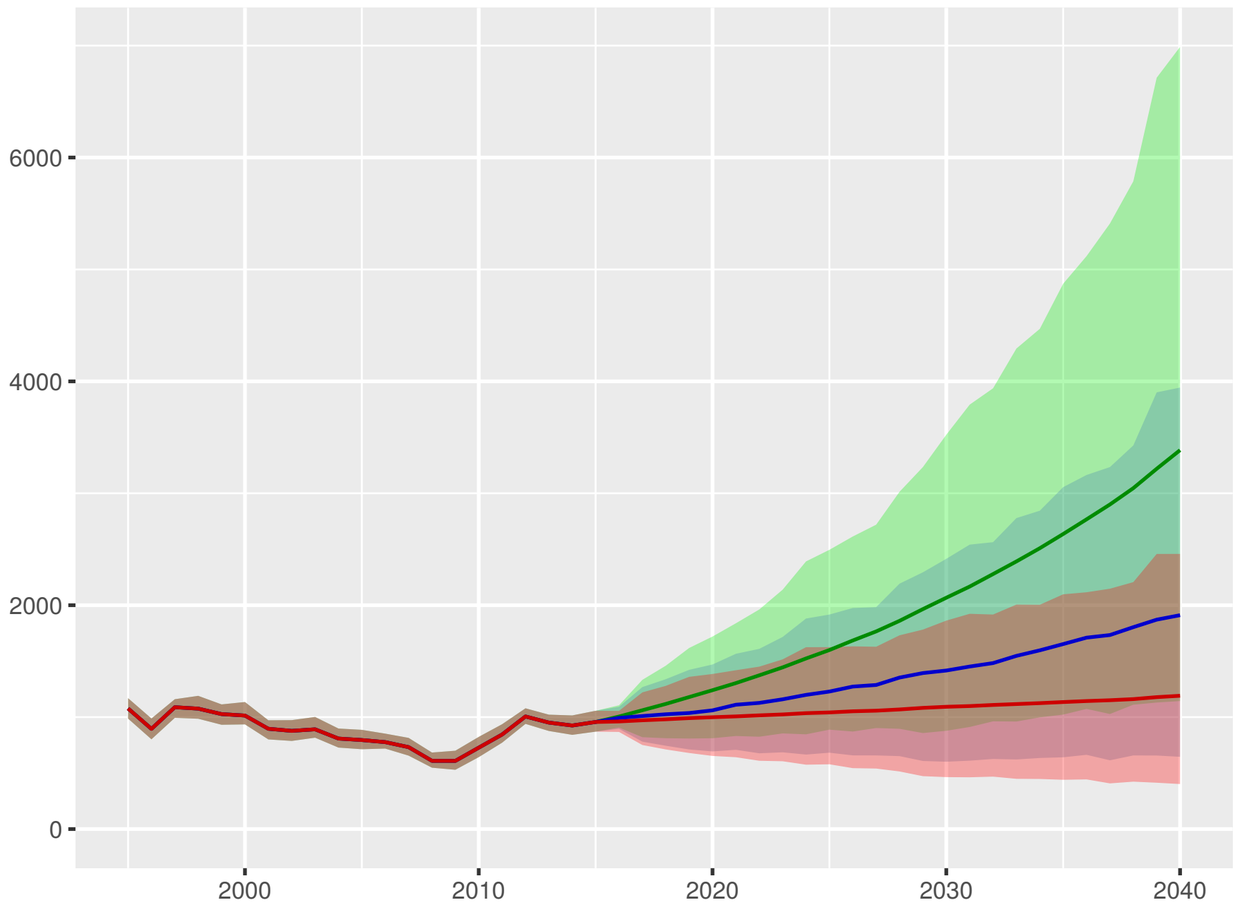
Scenario — Better — Reference — Worse

Seychelles

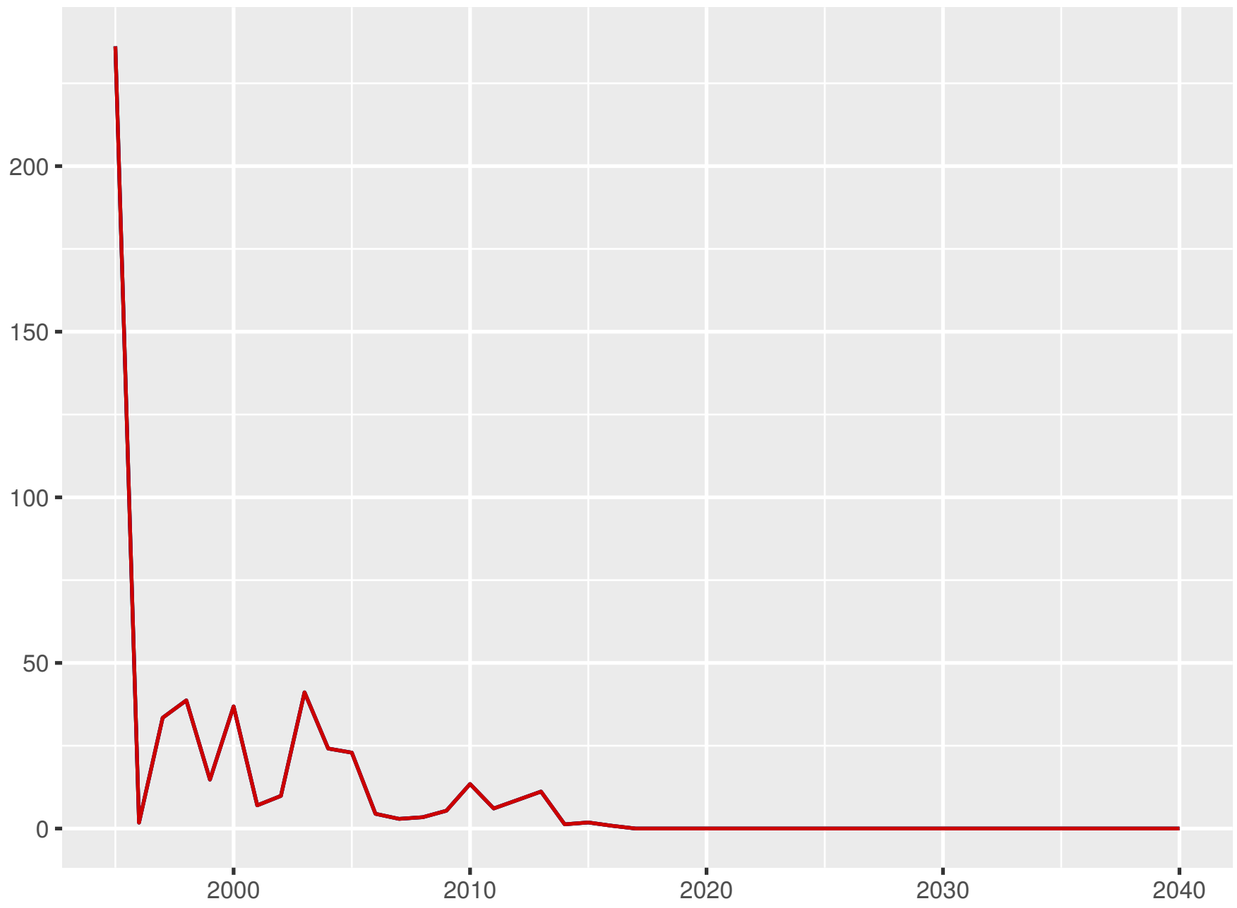
Universal health coverage index



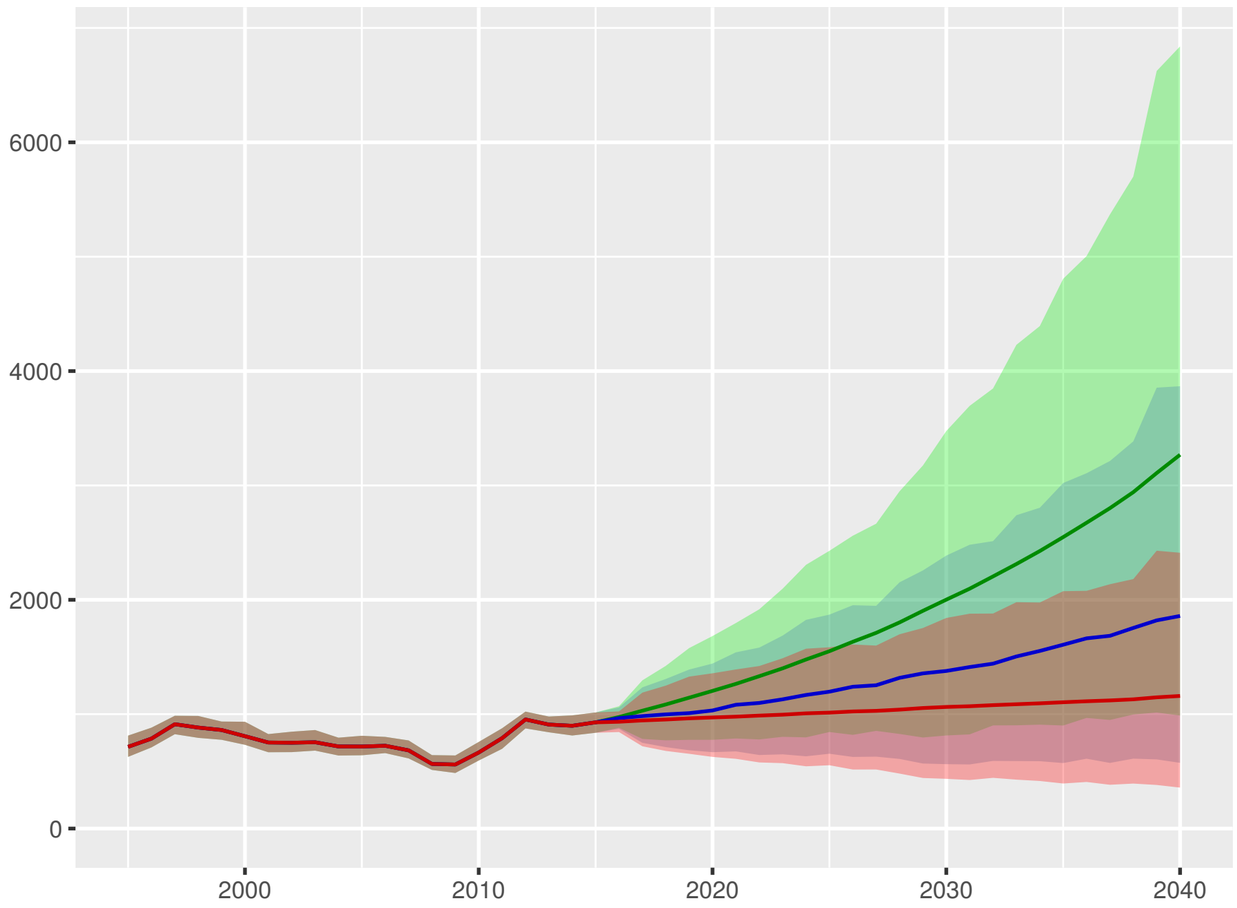
Total health spending per person



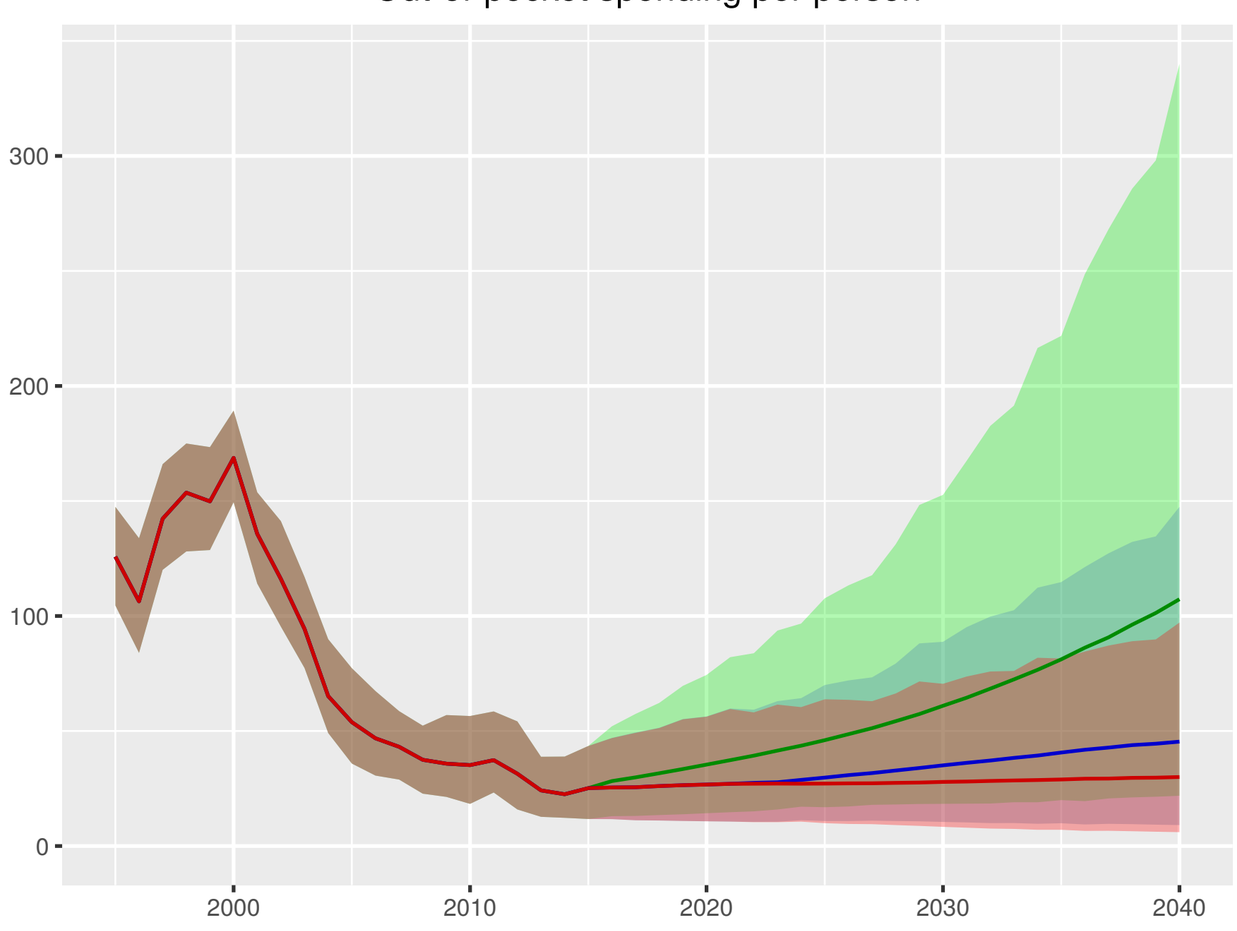
Development assistance for health received per person



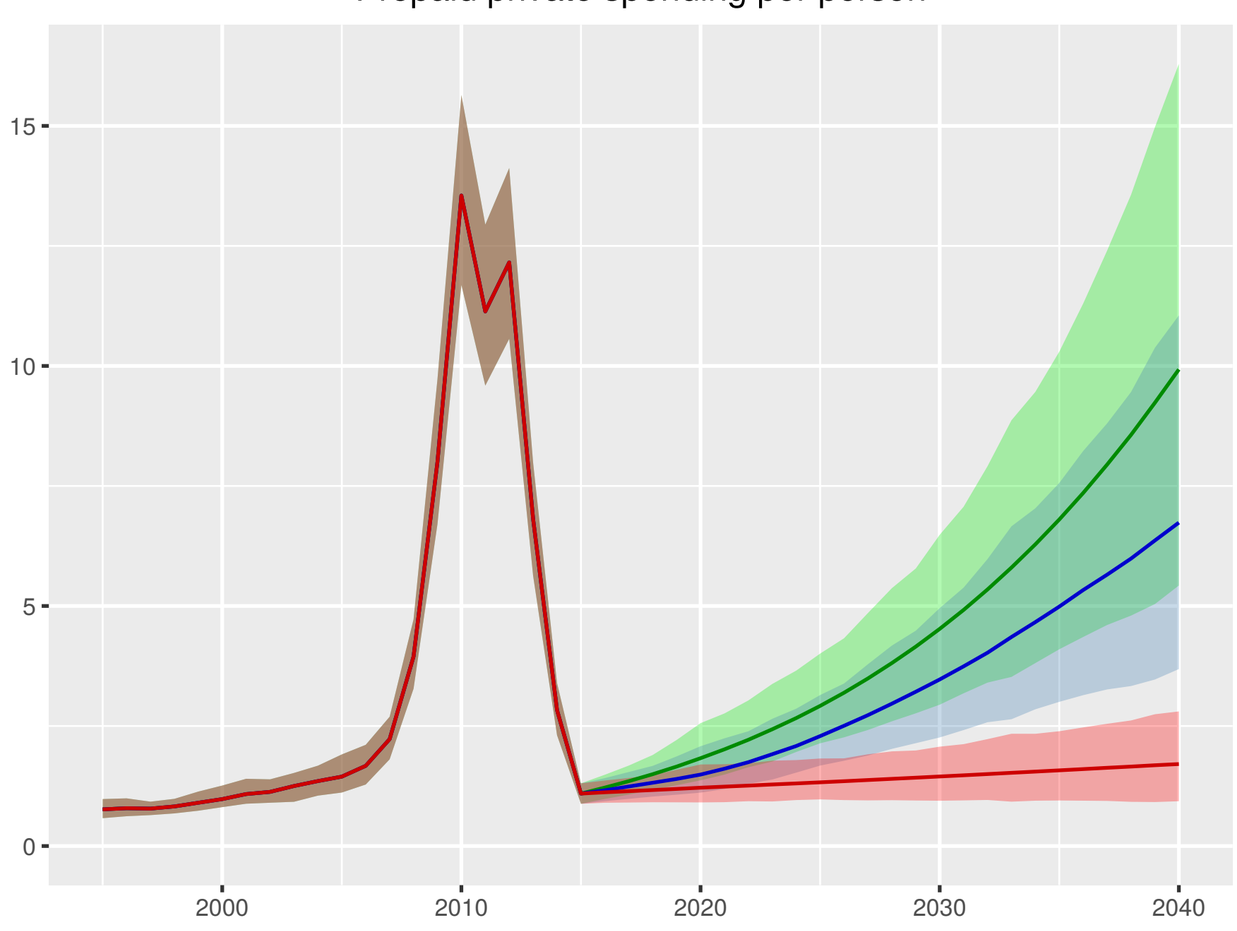
Government health spending per person



Out-of-pocket spending per person



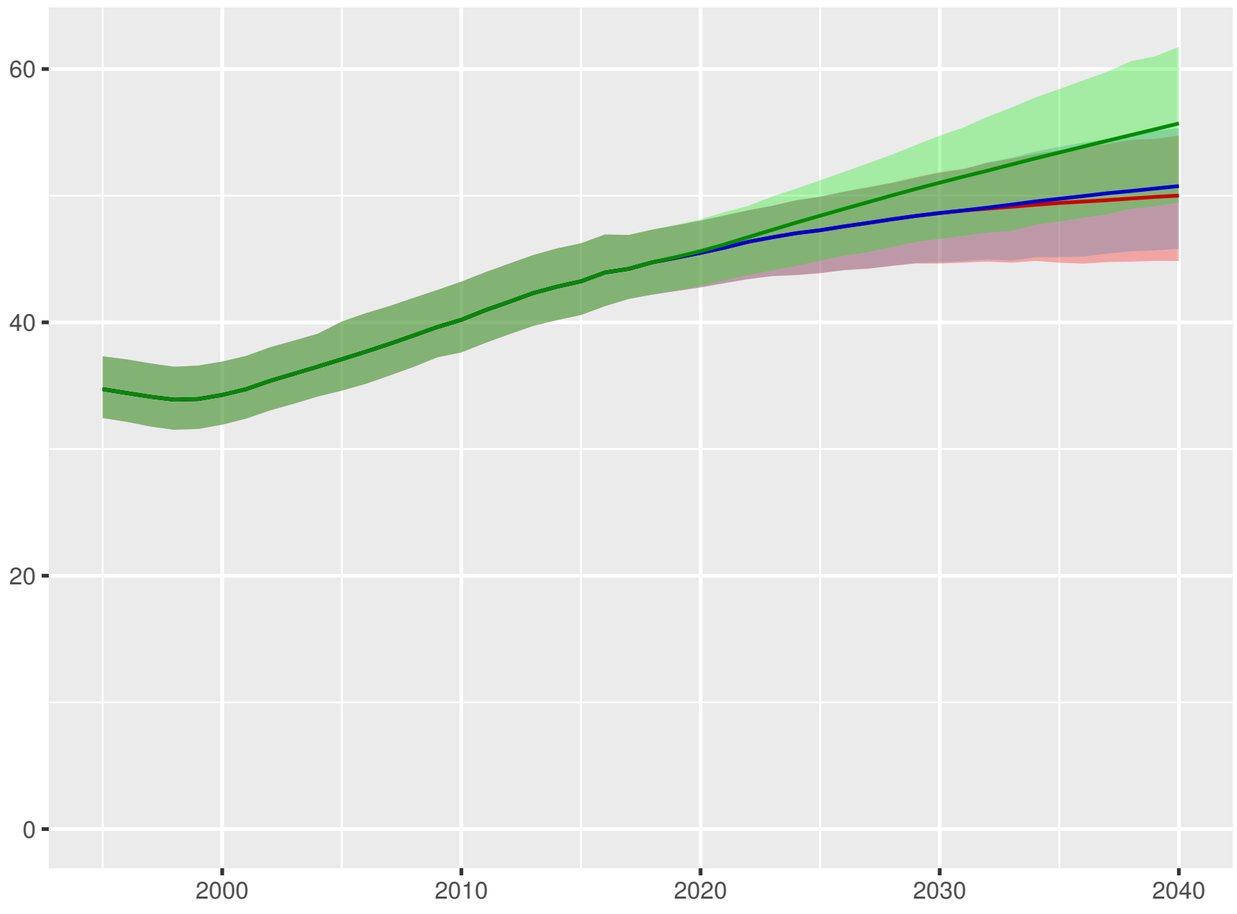
Prepaid private spending per person



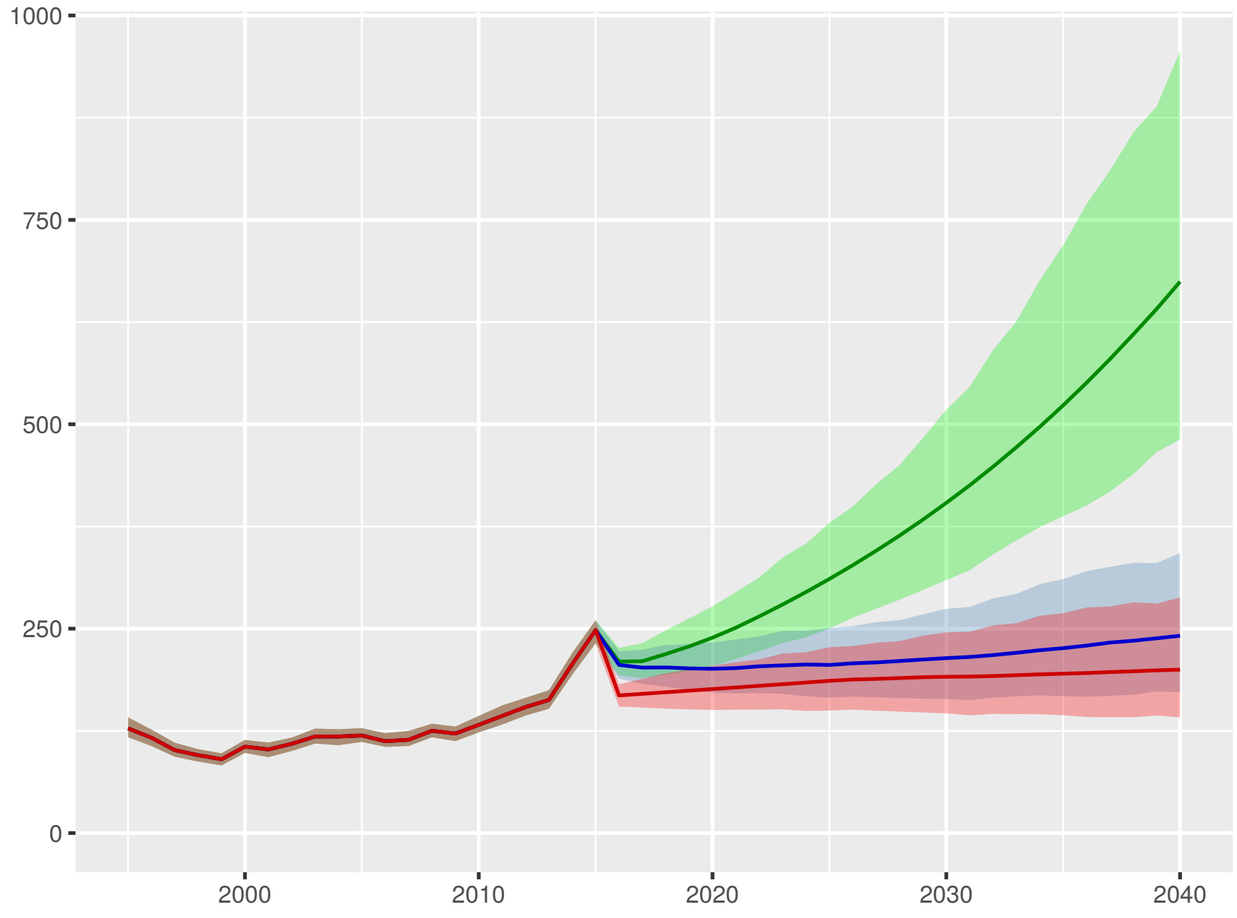
Scenario — Better — Reference — Worse

Sierra Leone

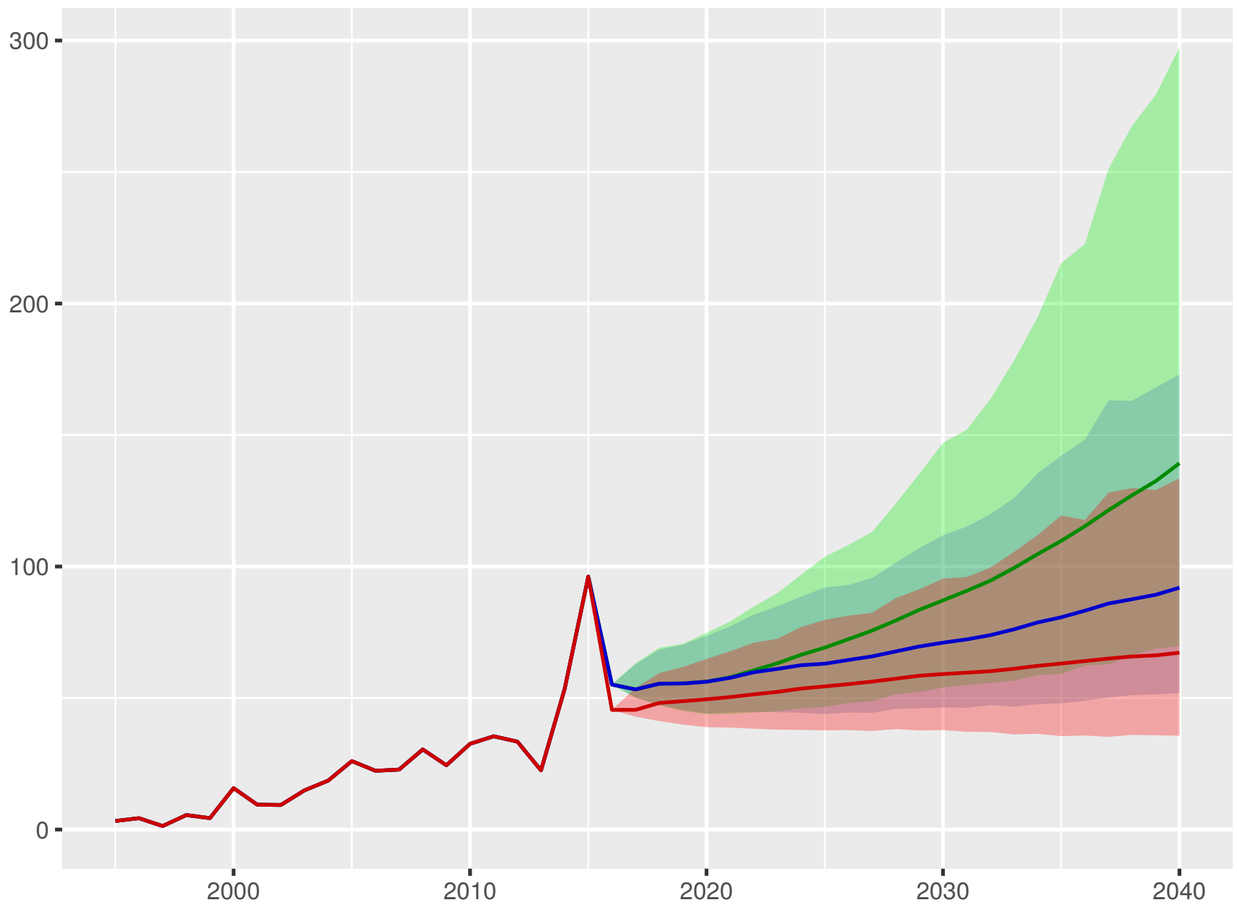
Universal health coverage index



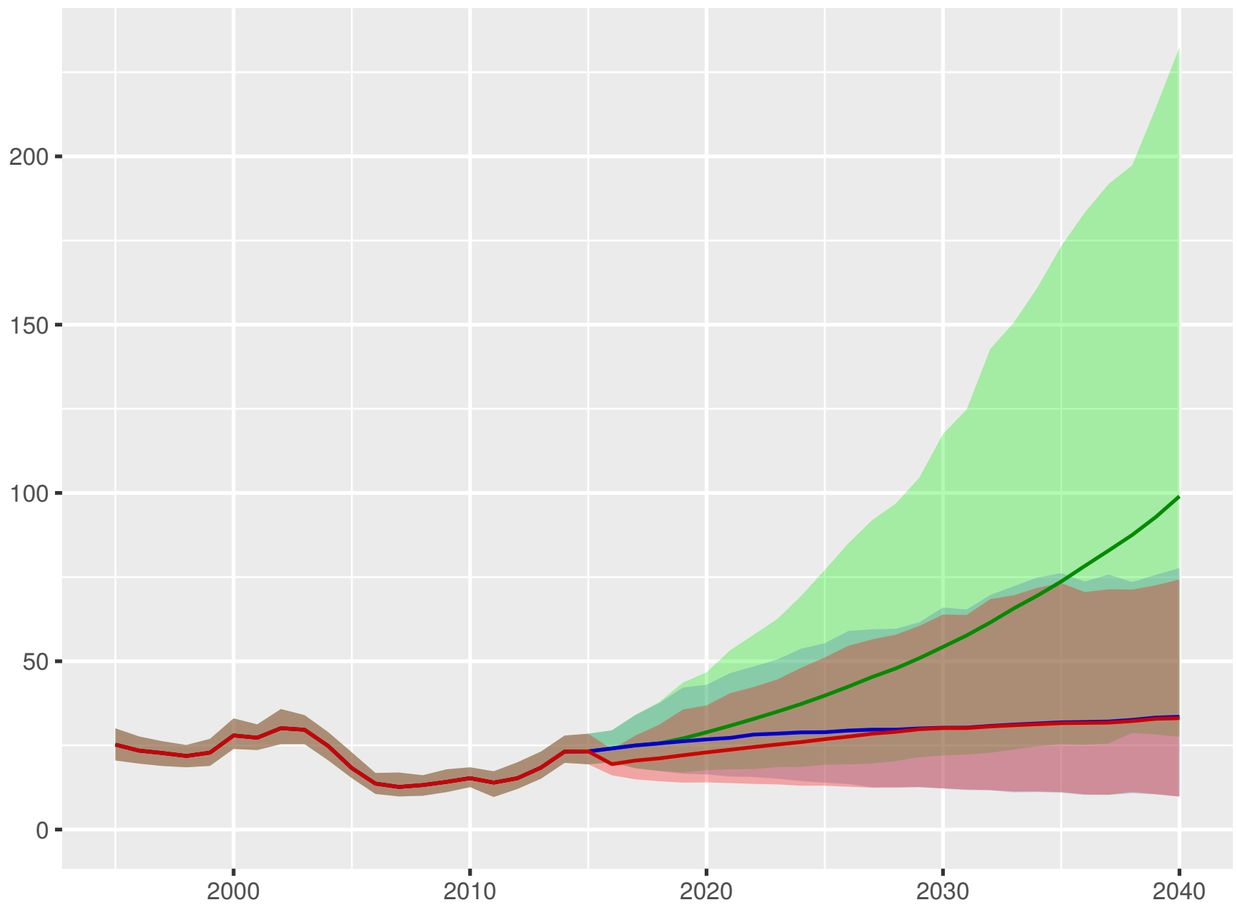
Total health spending per person



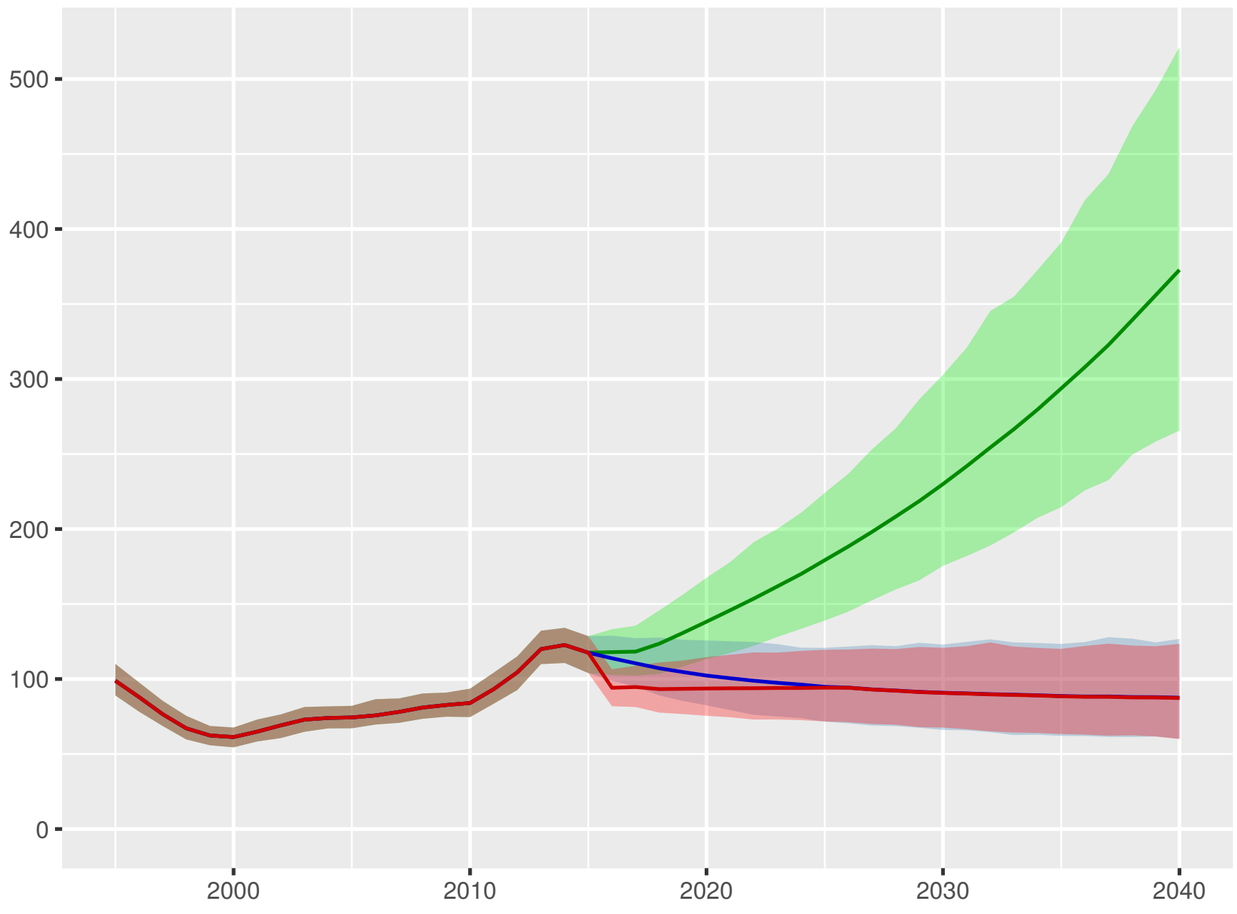
Development assistance for health received per person



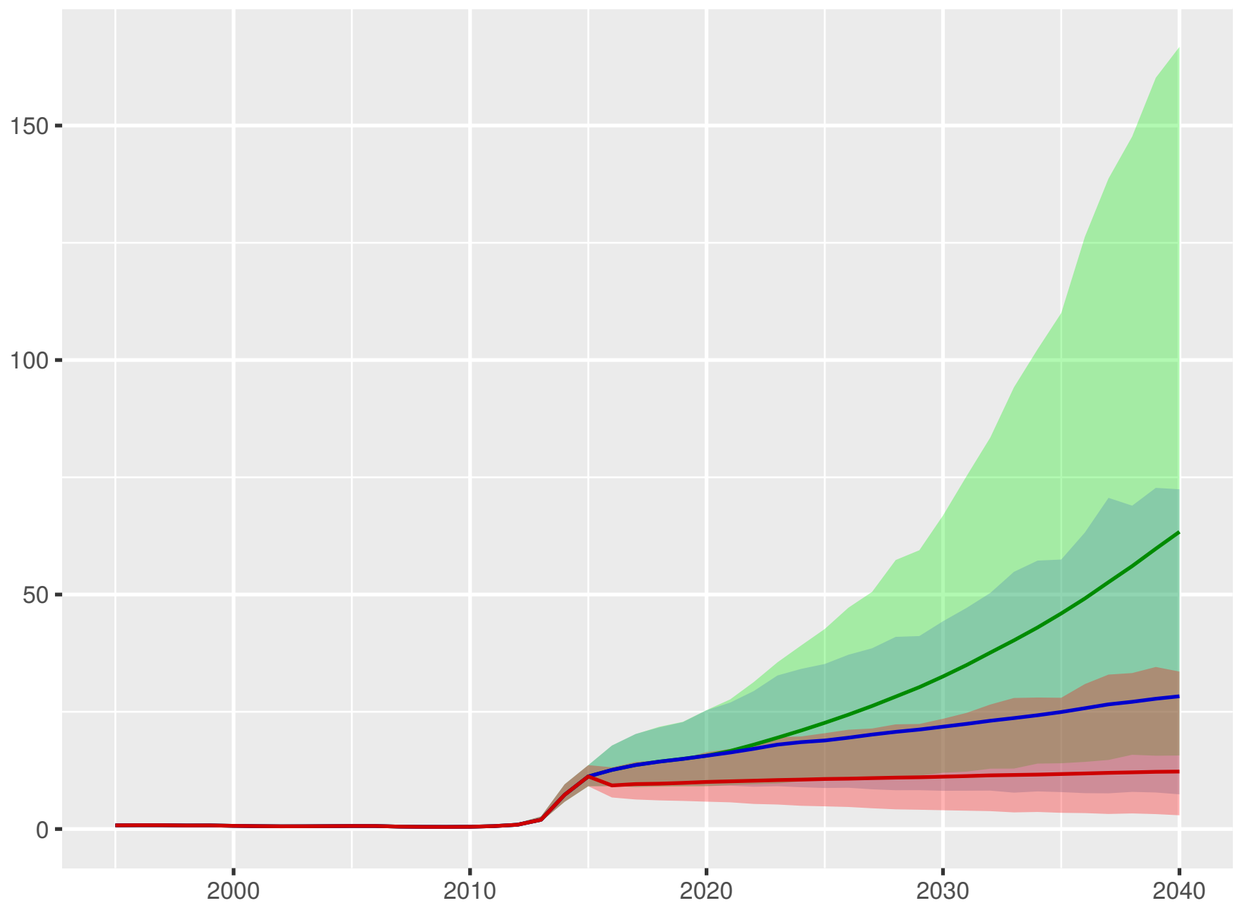
Government health spending per person



Out-of-pocket spending per person



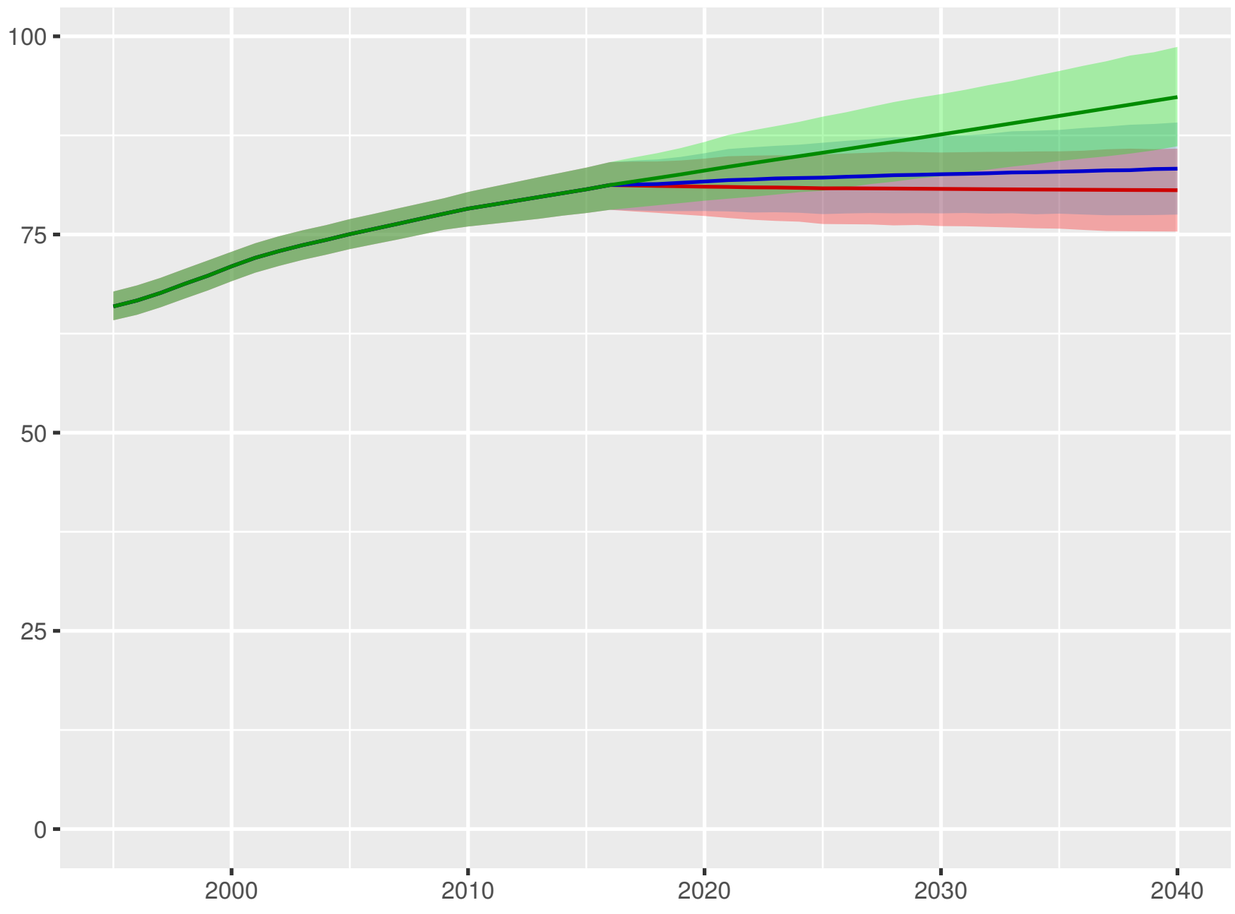
Prepaid private spending per person



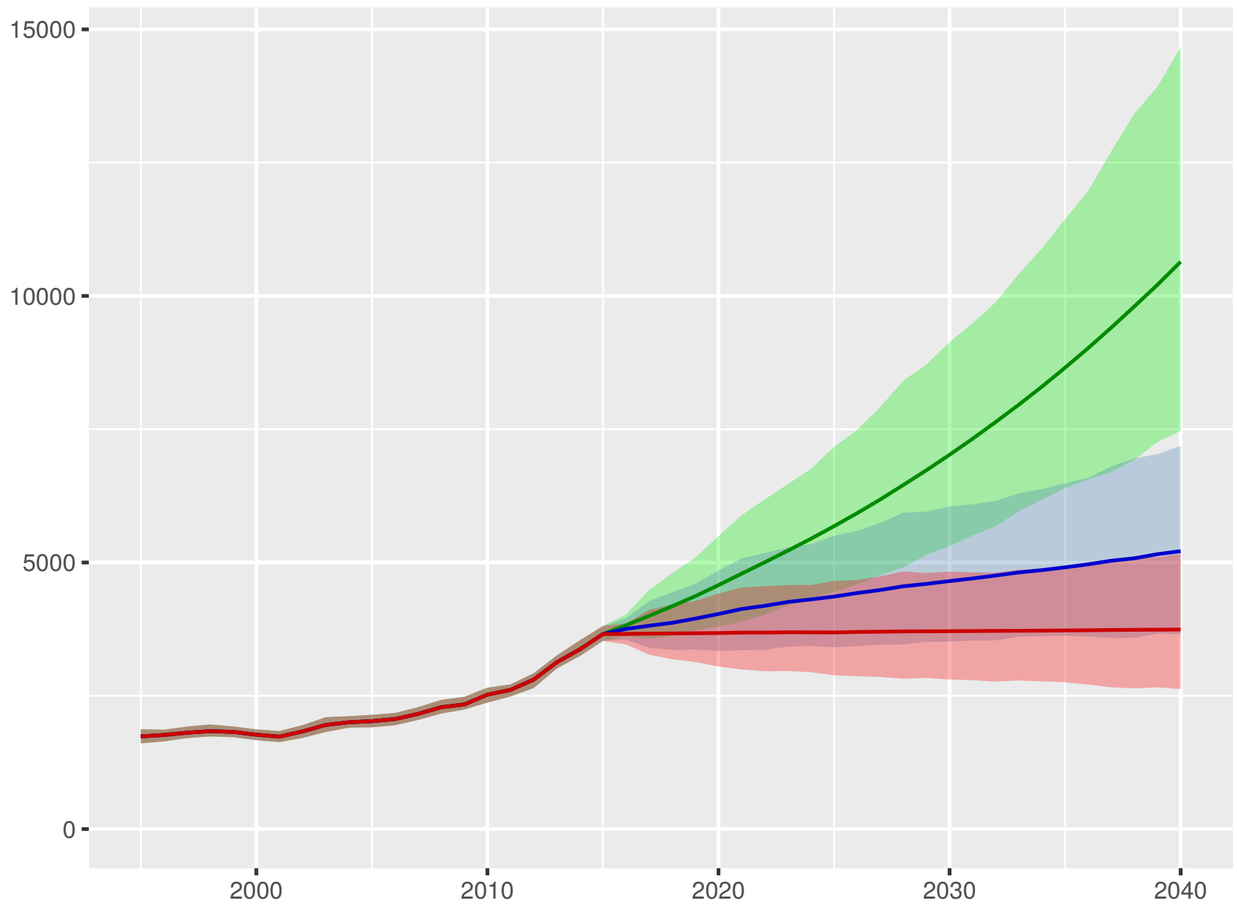
Scenario — Better — Reference — Worse

Singapore

Universal health coverage index

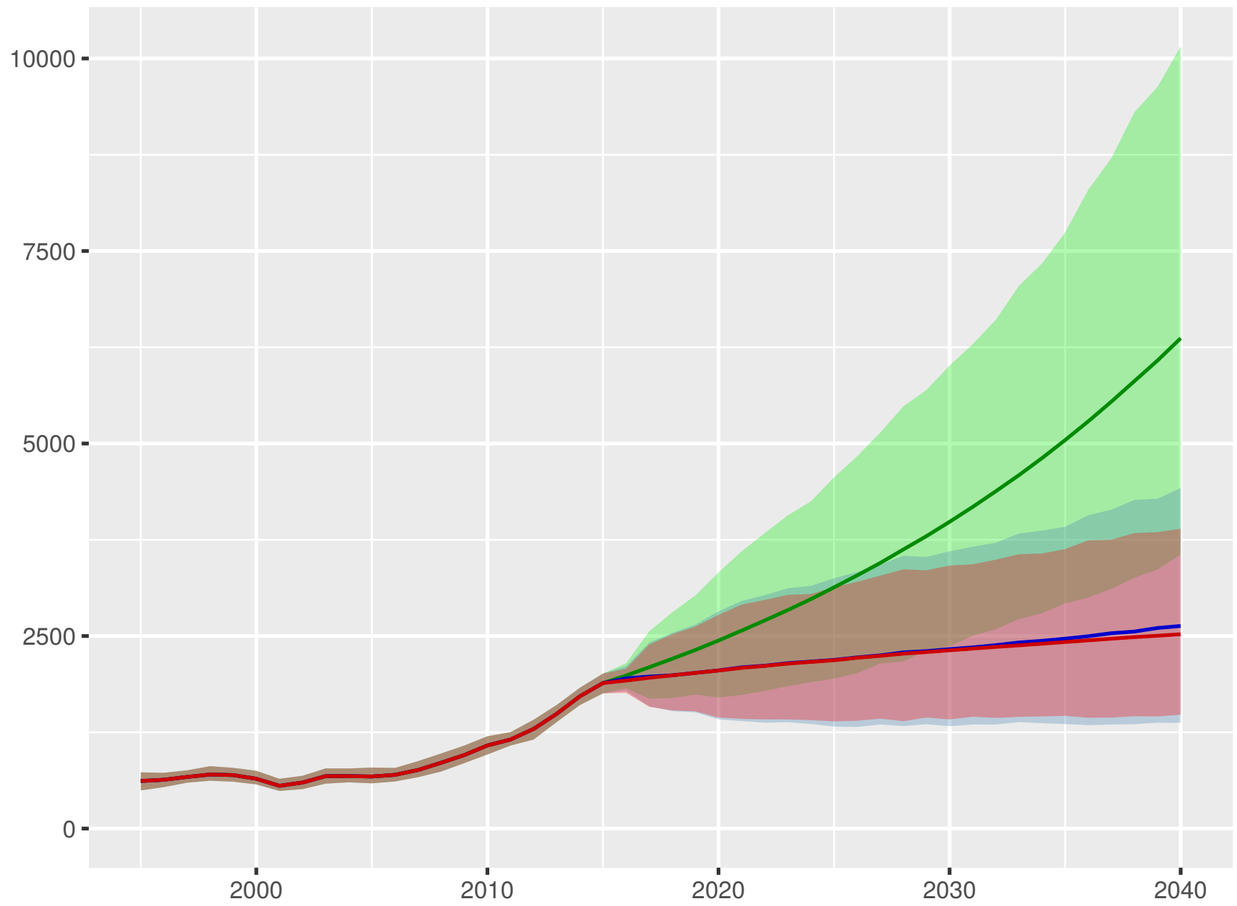


Total health spending per person

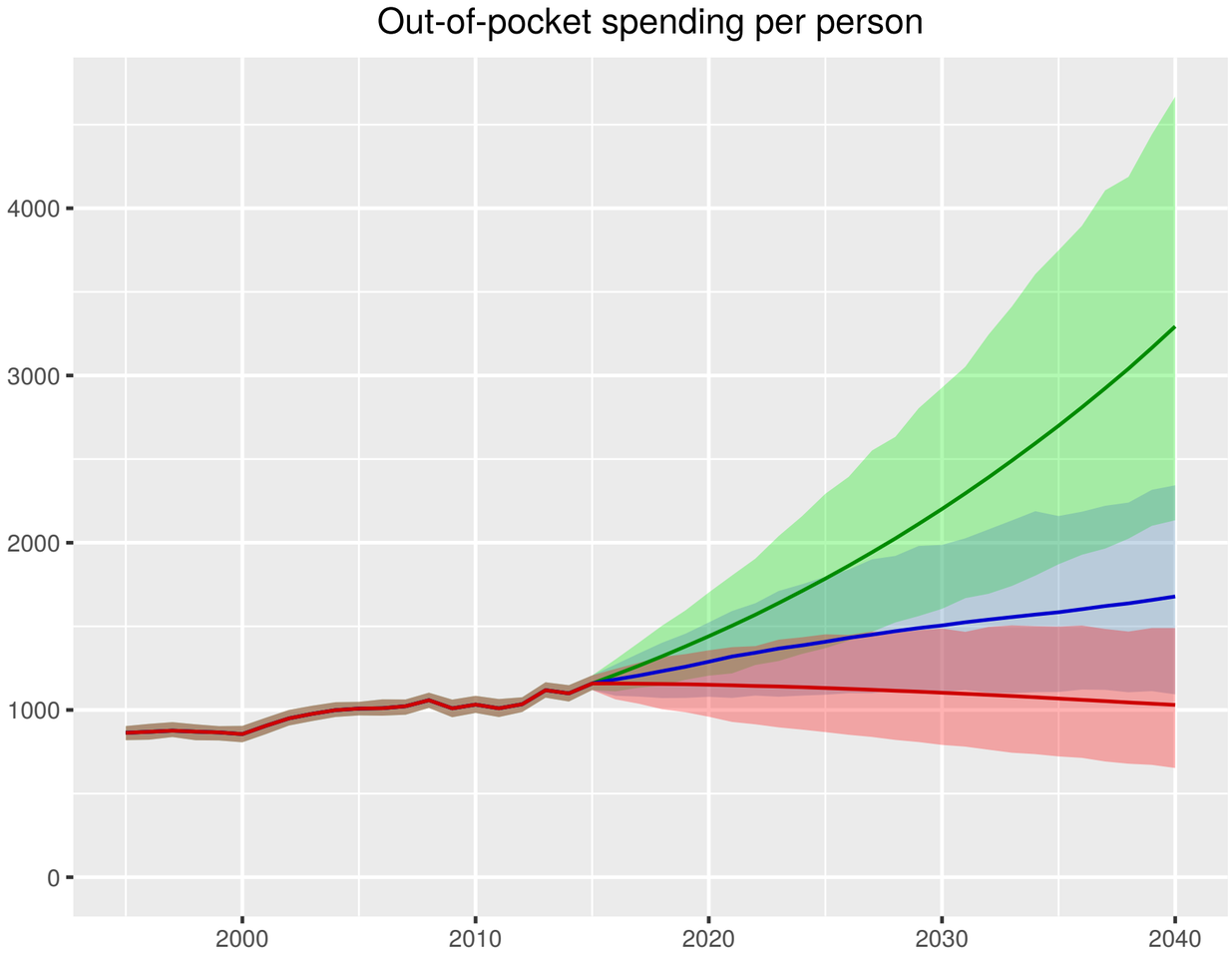


Development assistance for health received per person

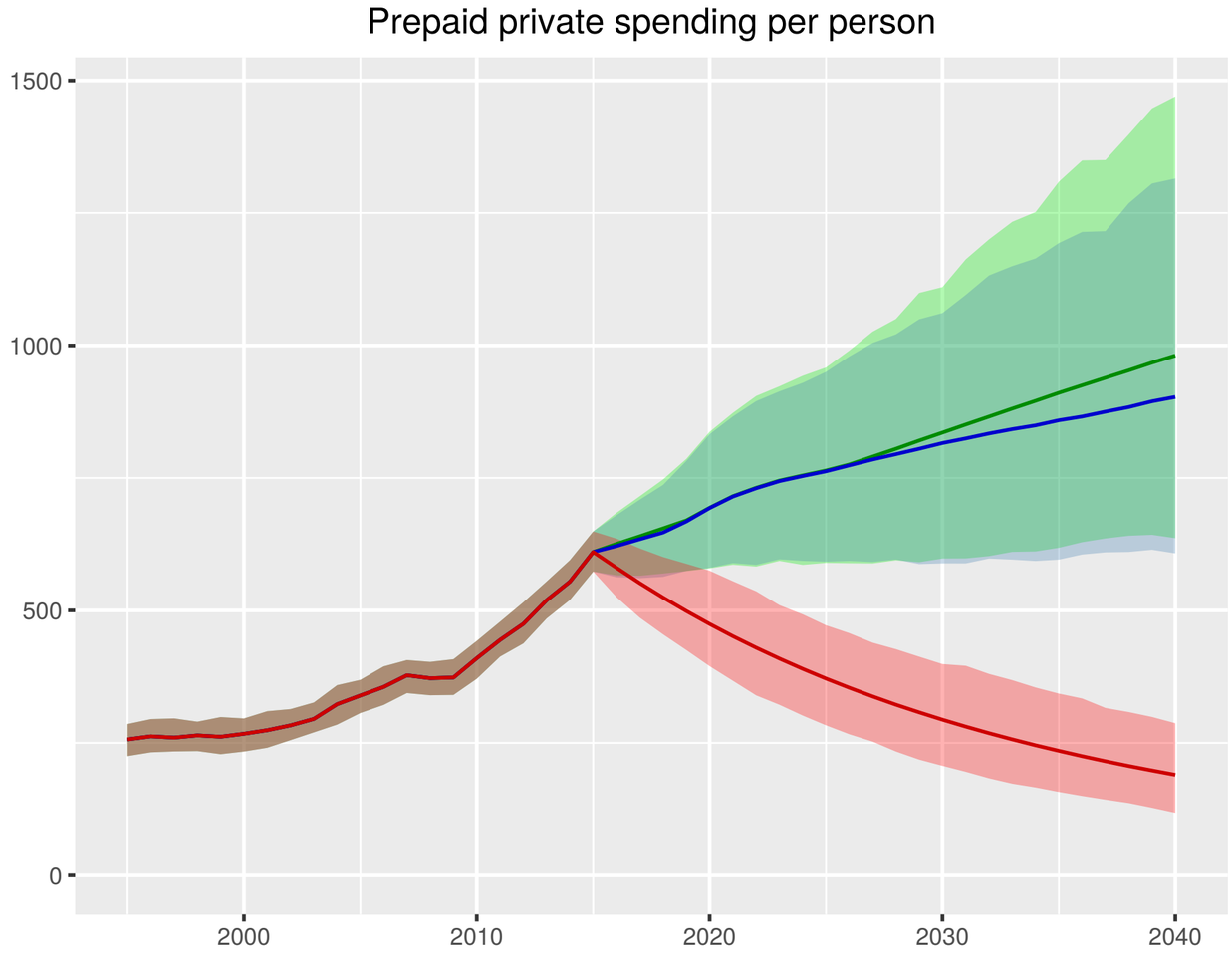
Government health spending per person



Out-of-pocket spending per person



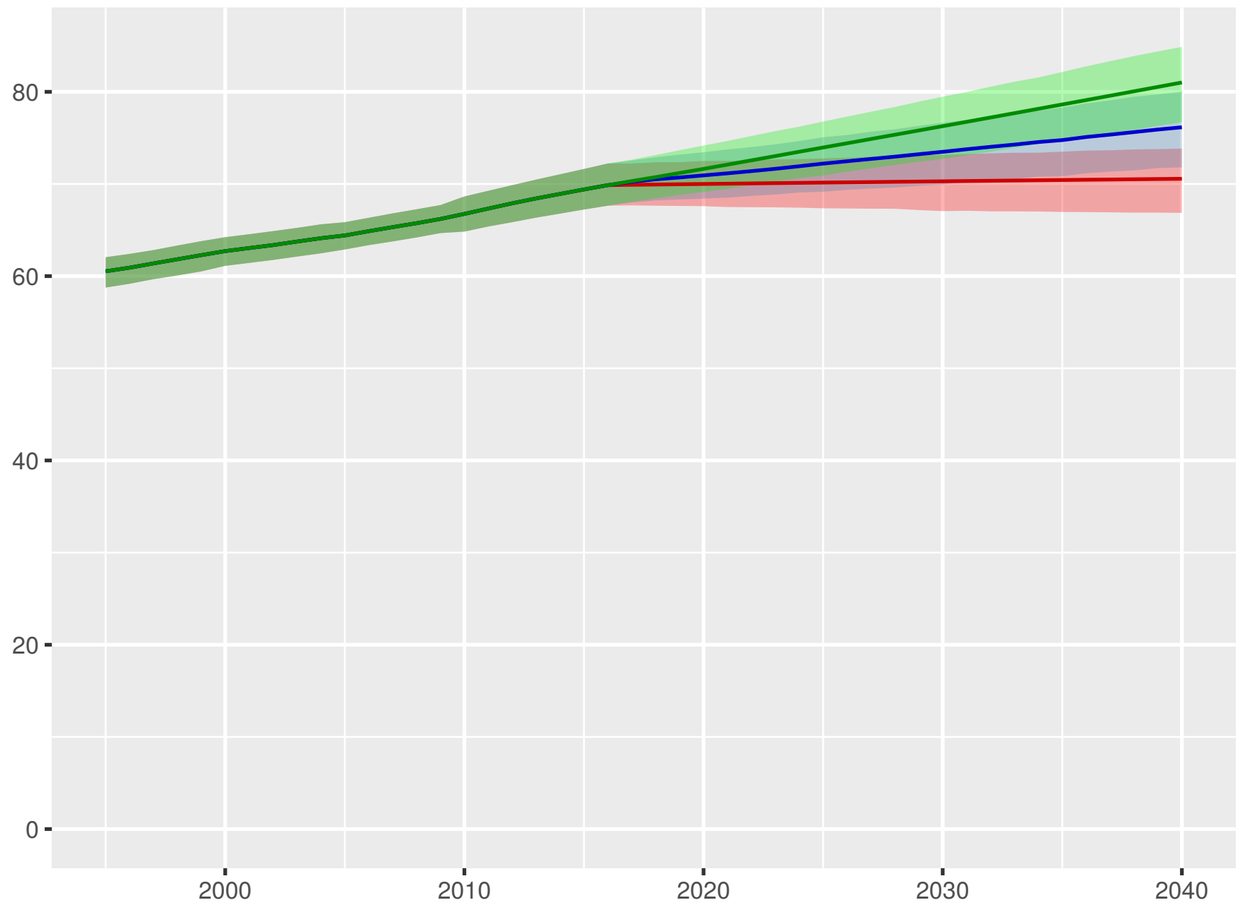
Prepaid private spending per person



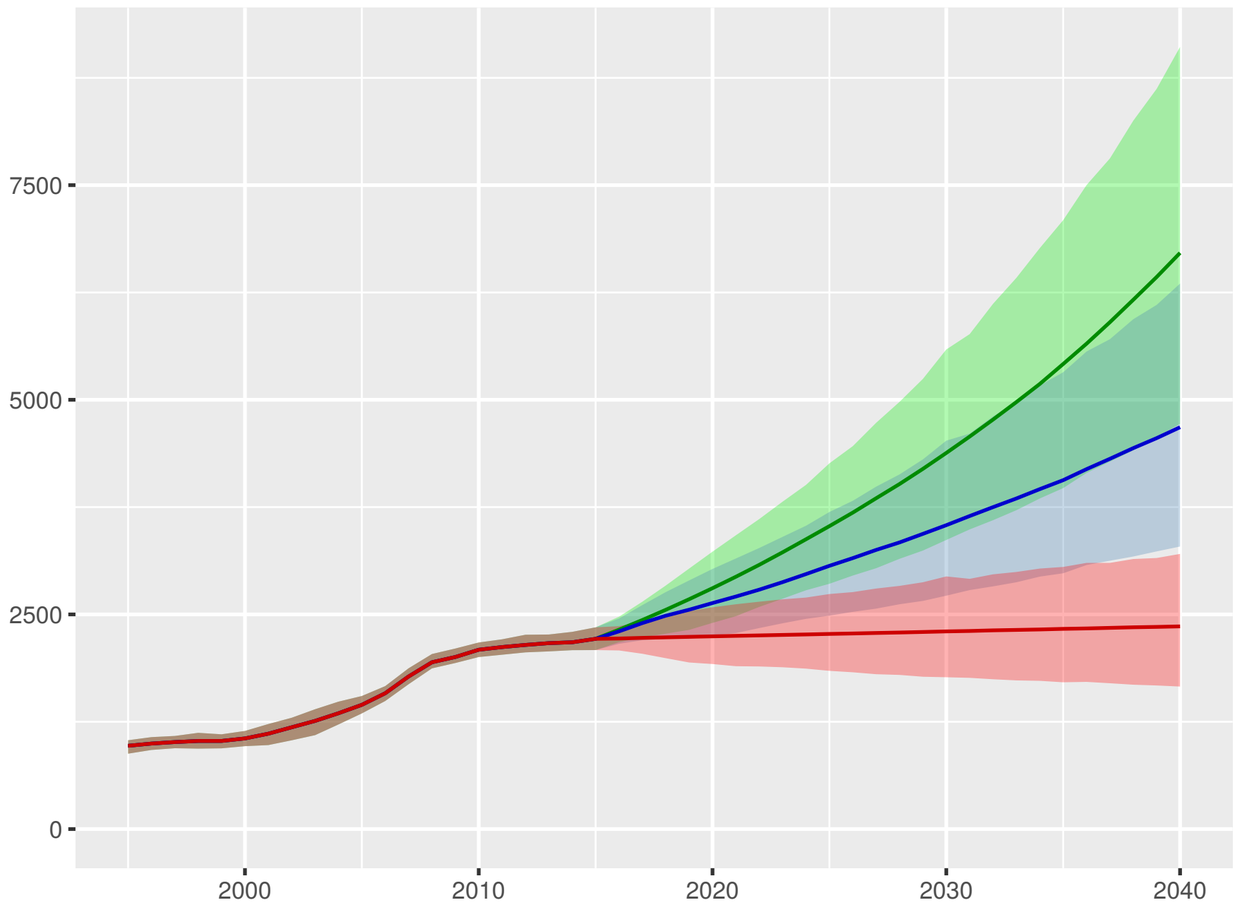
Scenario — Better — Reference — Worse

Slovakia

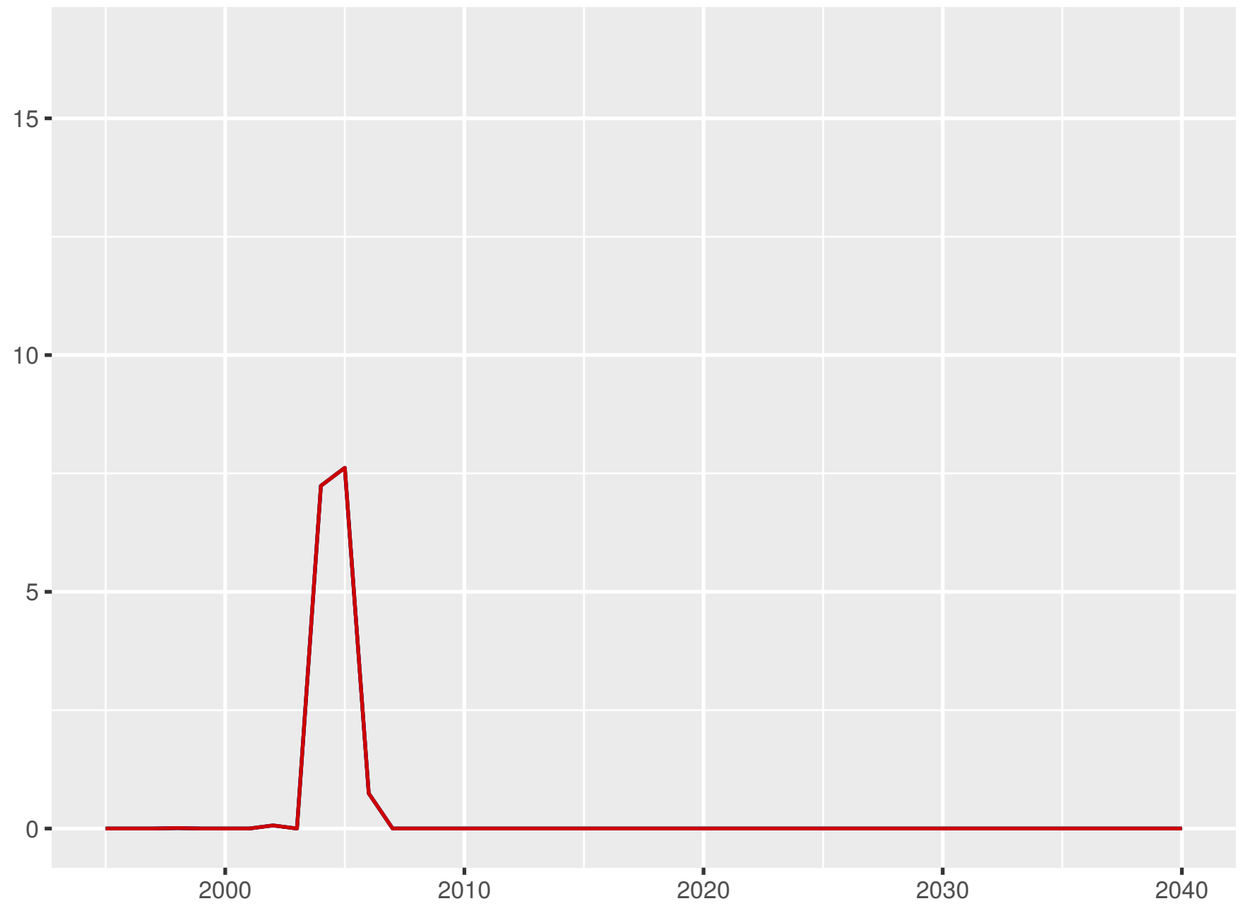
Universal health coverage index



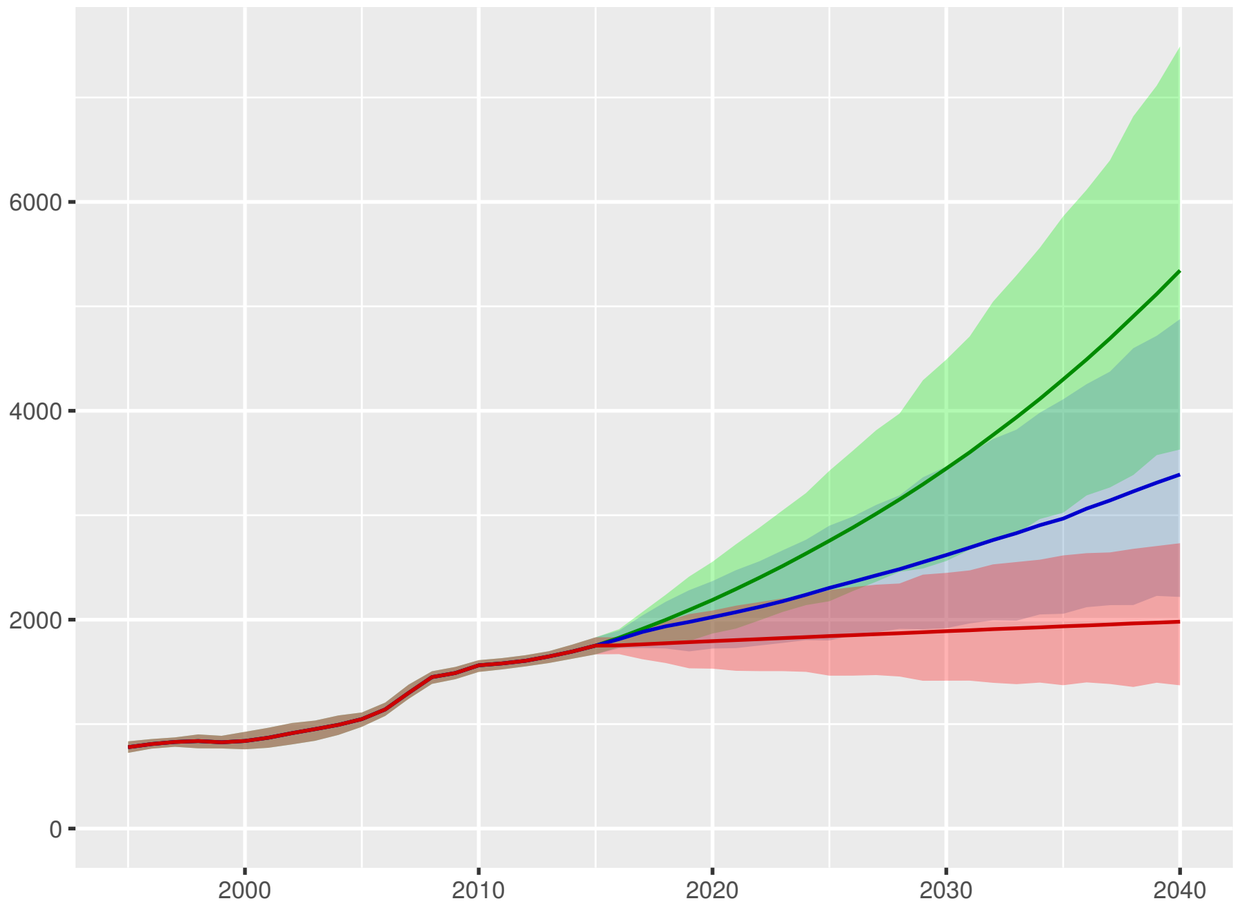
Total health spending per person



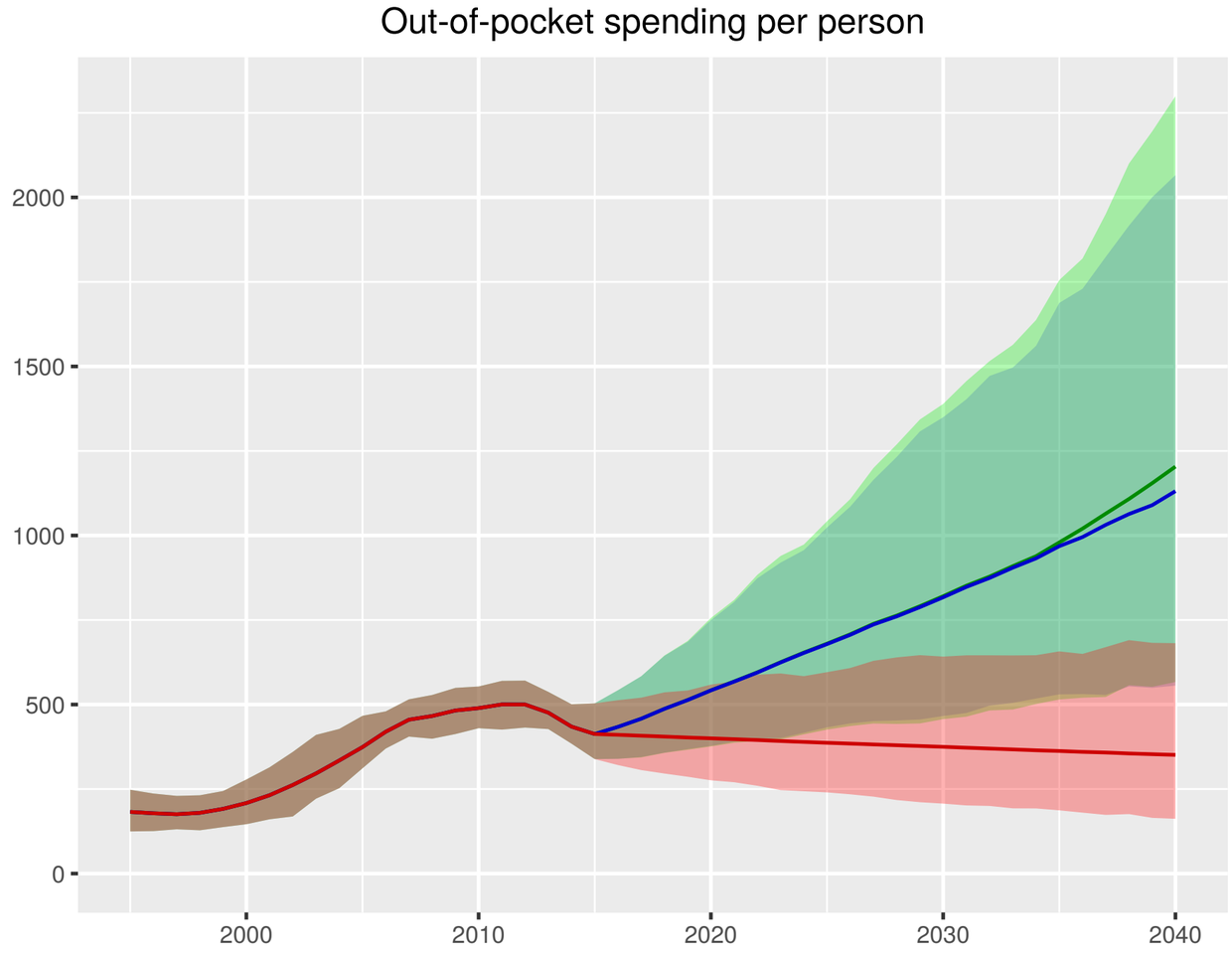
Development assistance for health received per person



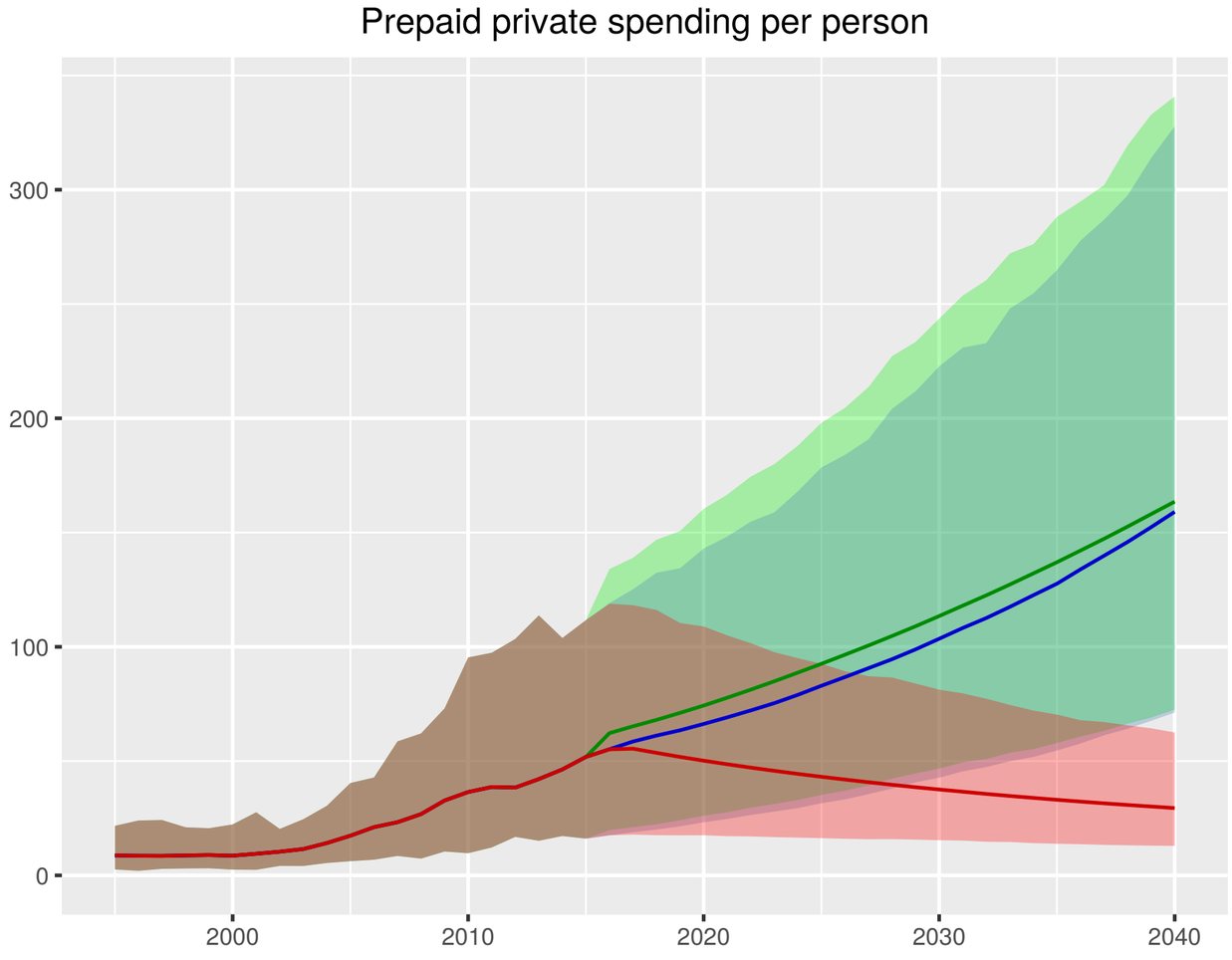
Government health spending per person



Out-of-pocket spending per person



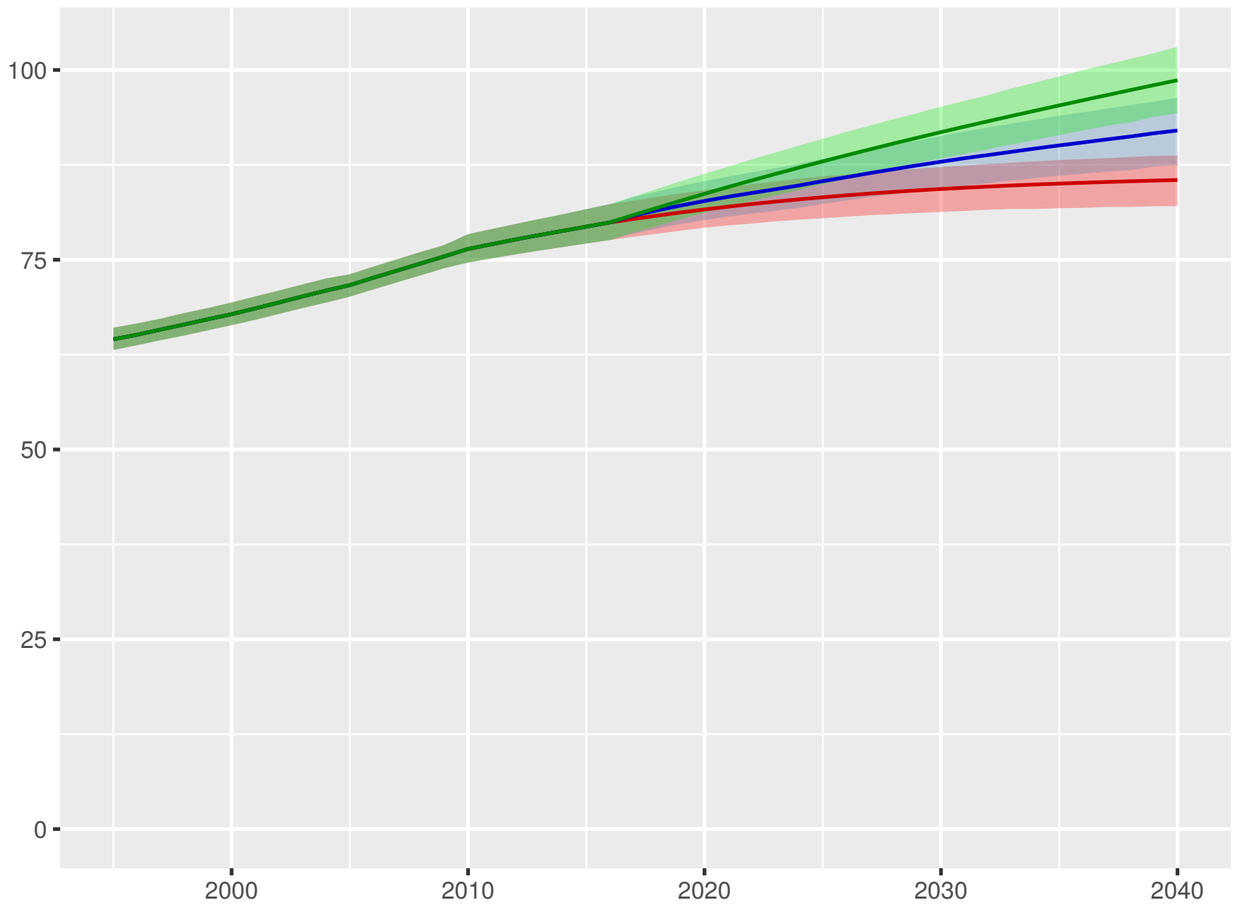
Prepaid private spending per person



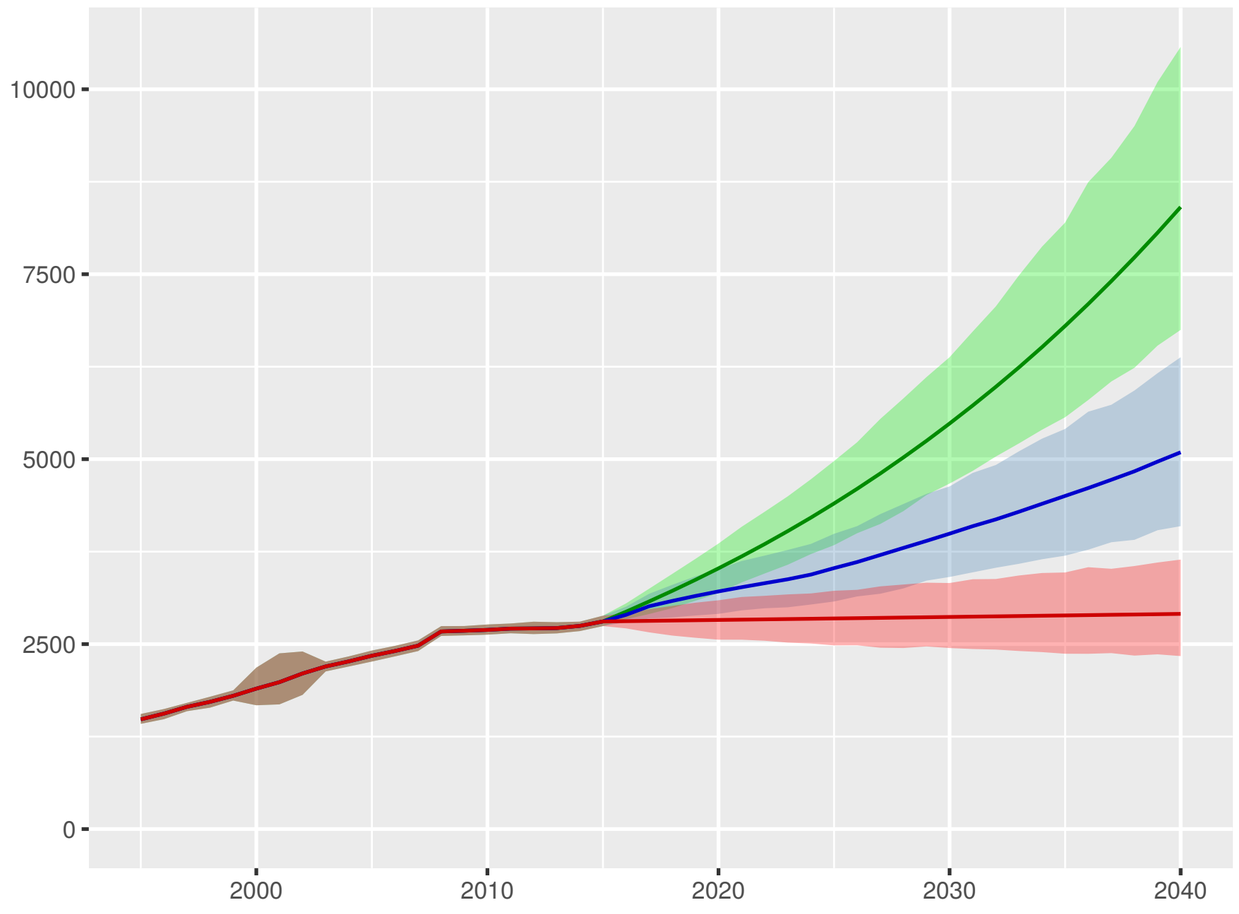
Scenario — Better — Reference — Worse

Slovenia

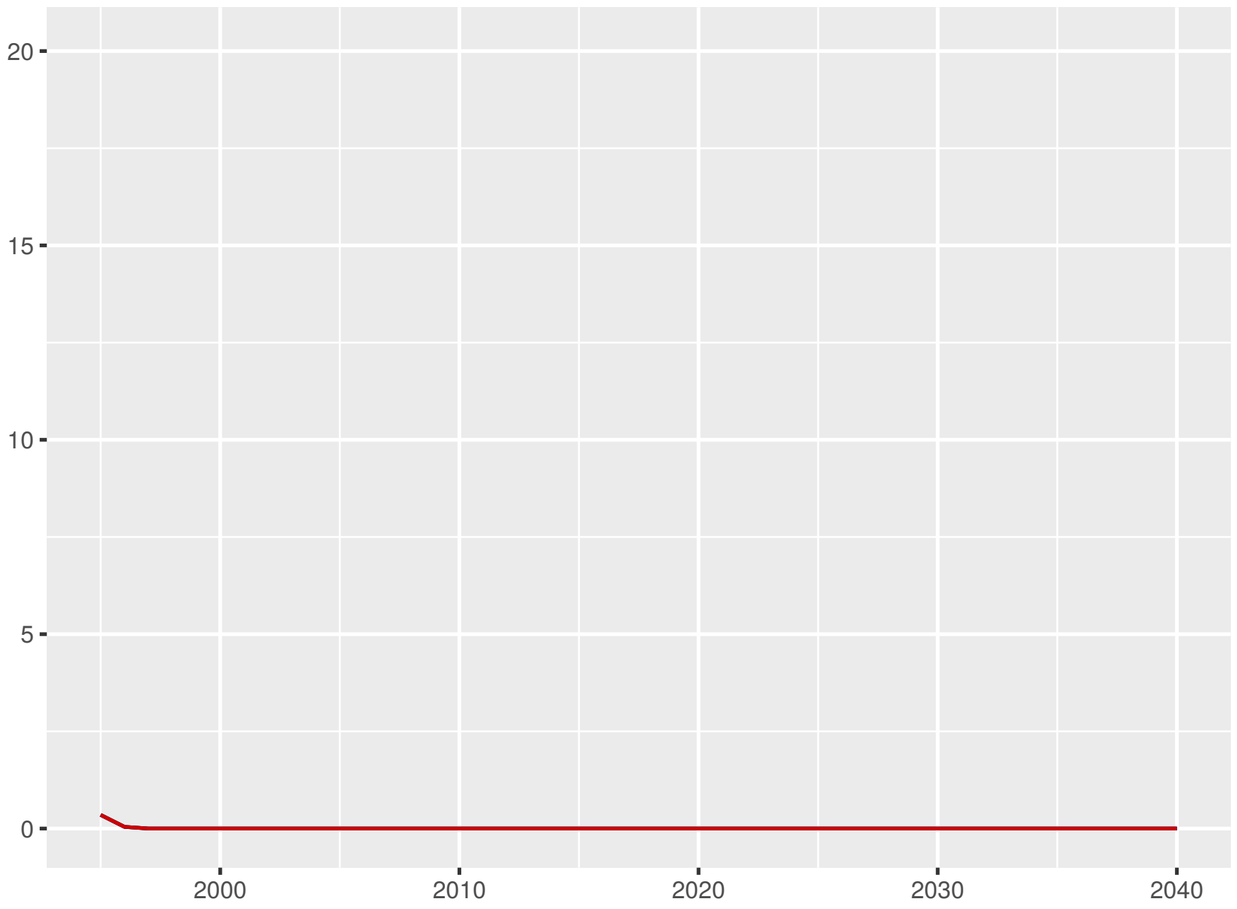
Universal health coverage index



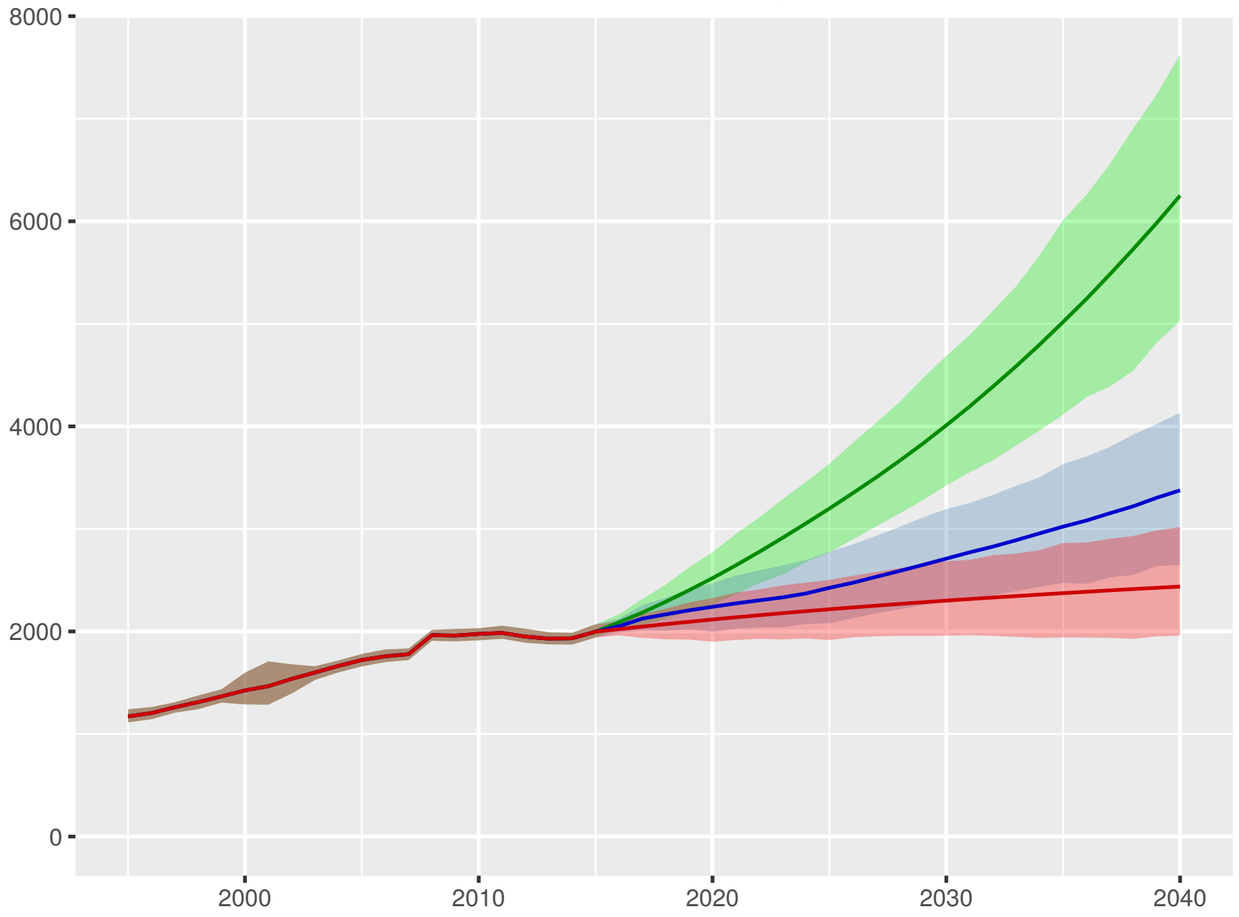
Total health spending per person



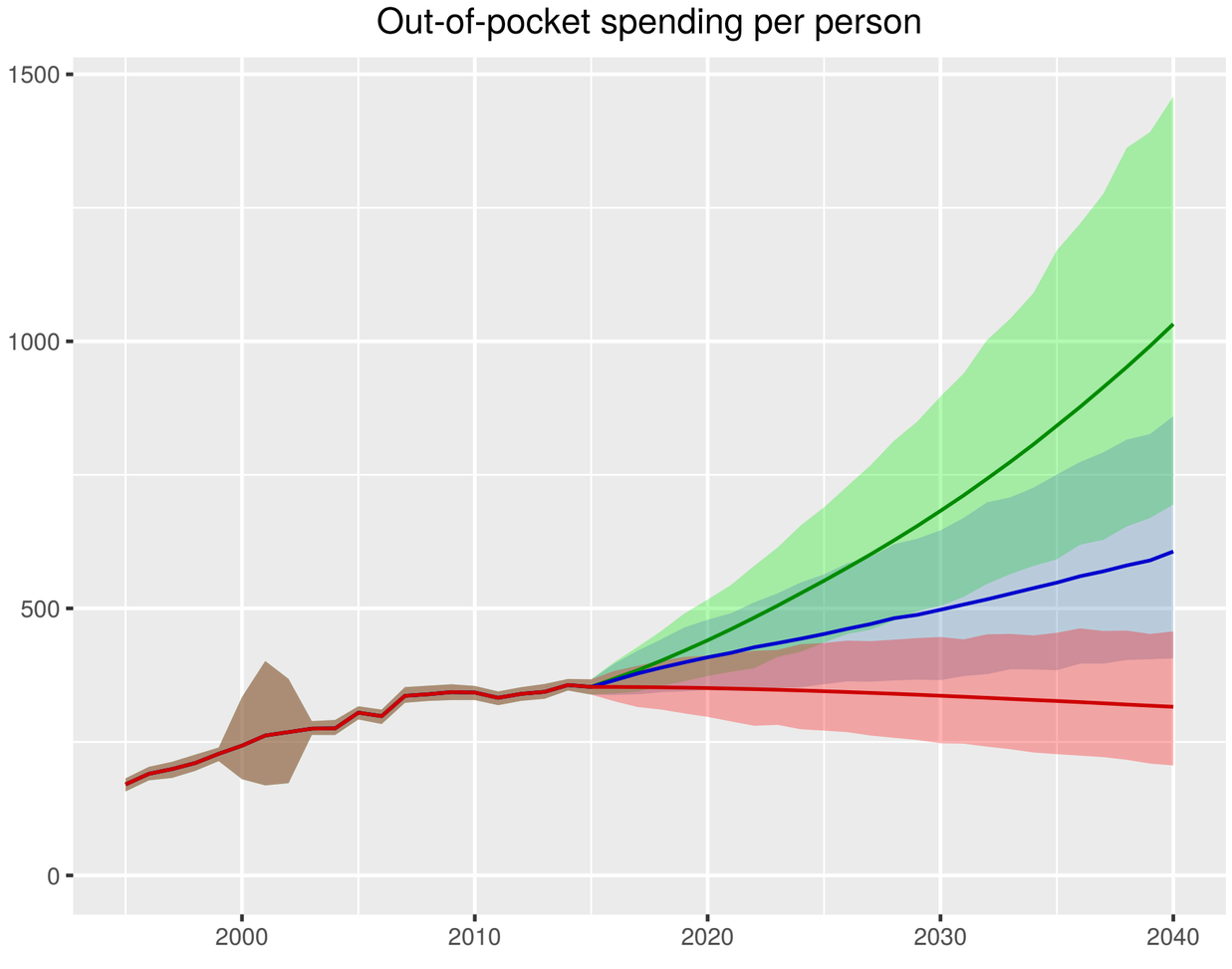
Development assistance for health received per person



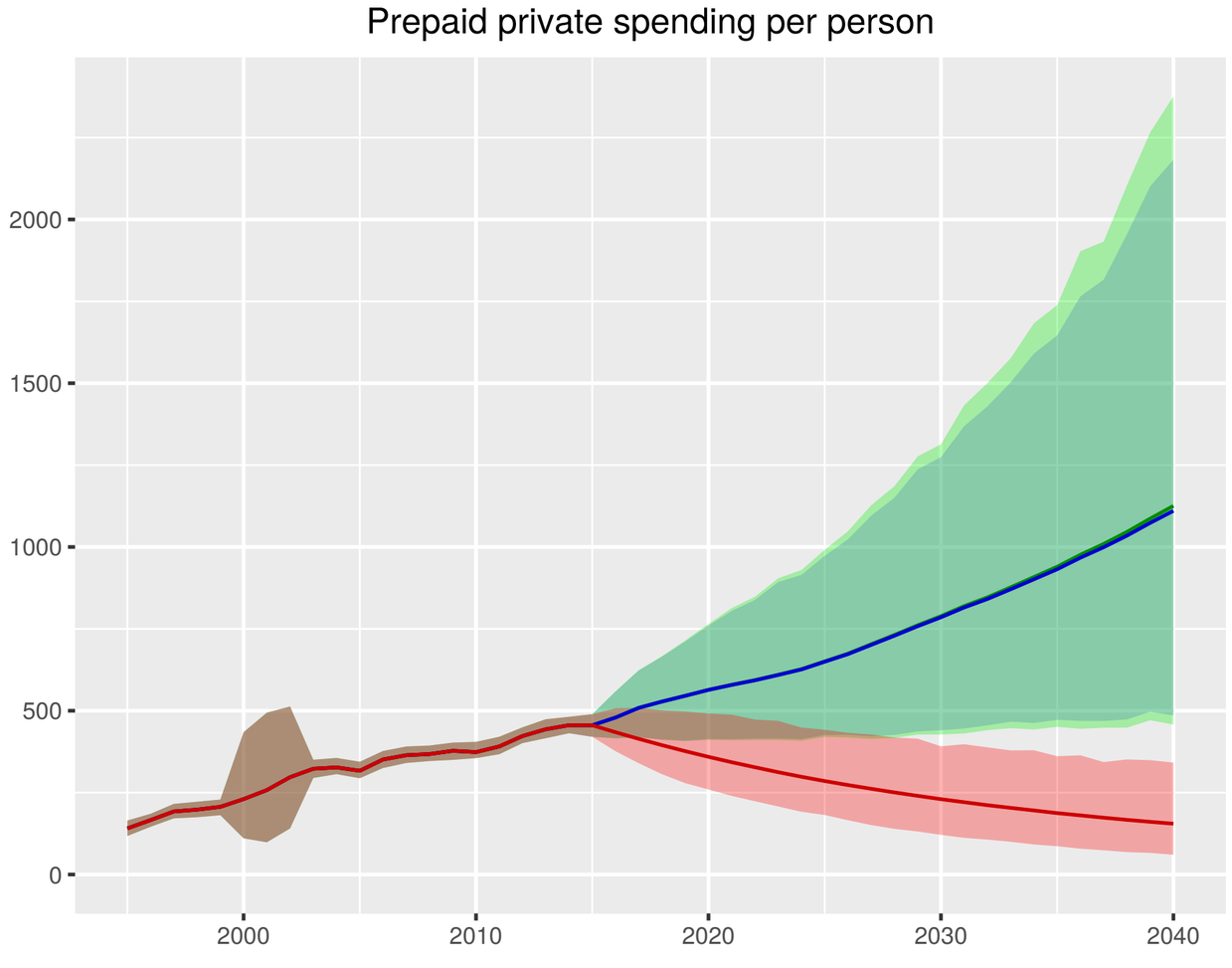
Government health spending per person



Out-of-pocket spending per person



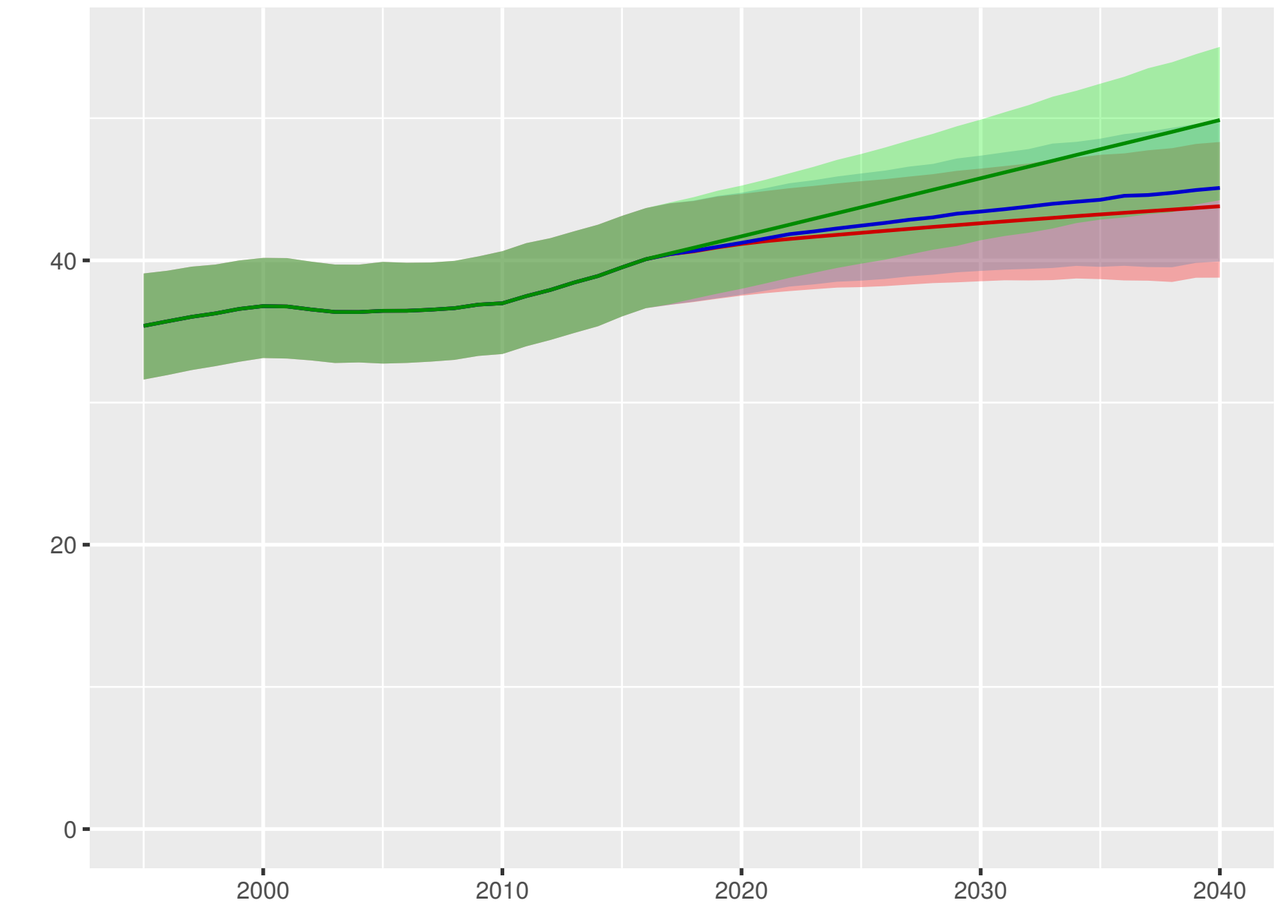
Prepaid private spending per person



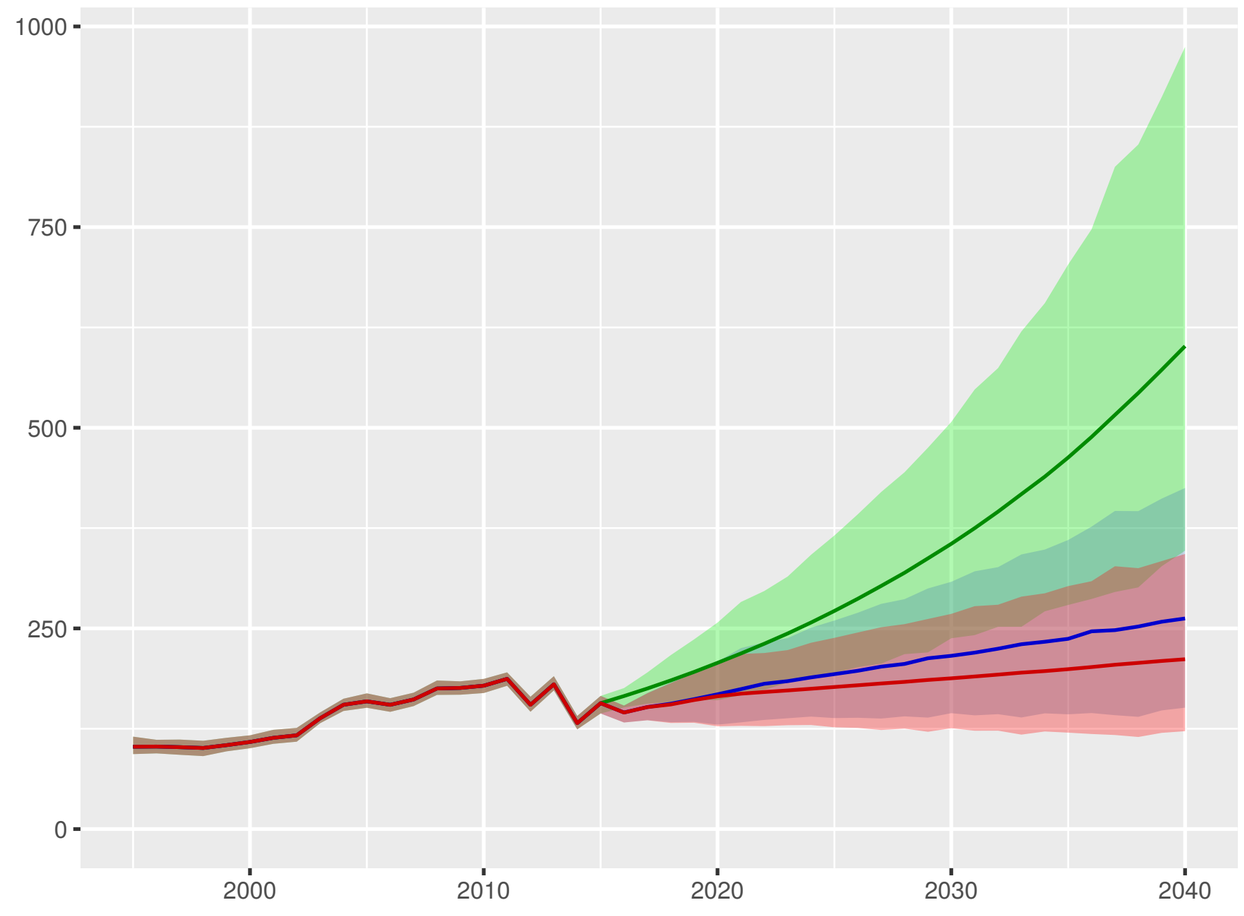
Scenario — Better — Reference — Worse

Solomon Islands

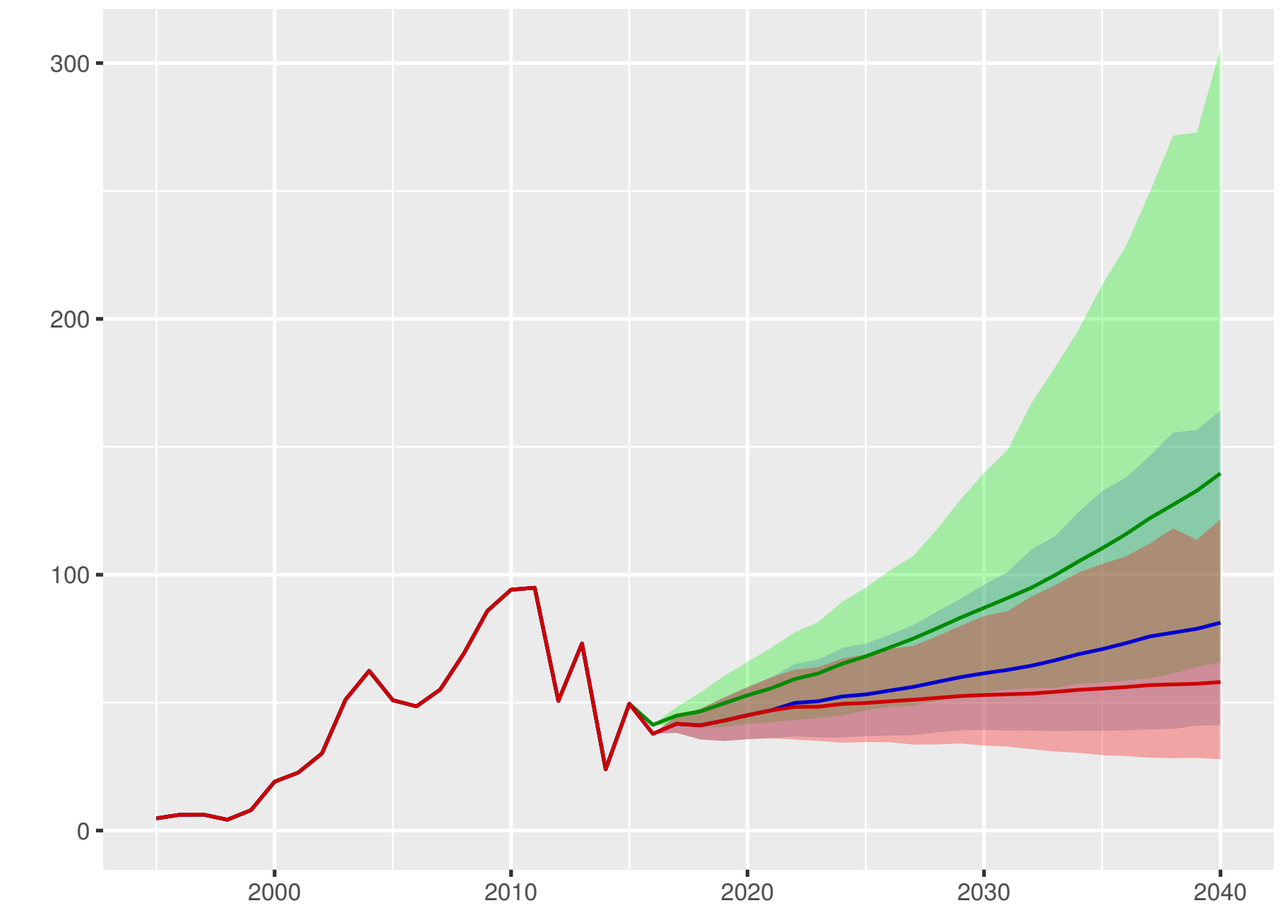
Universal health coverage index



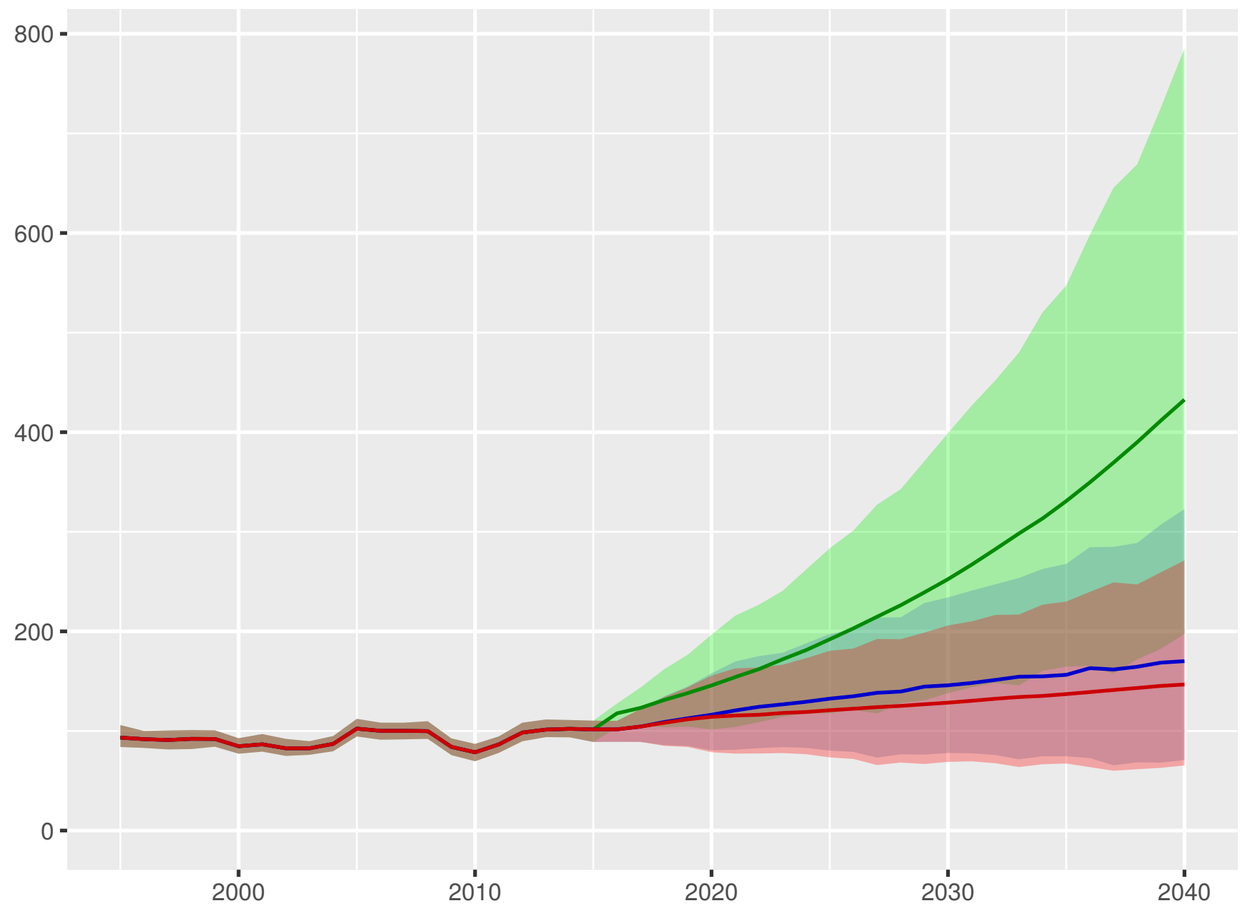
Total health spending per person



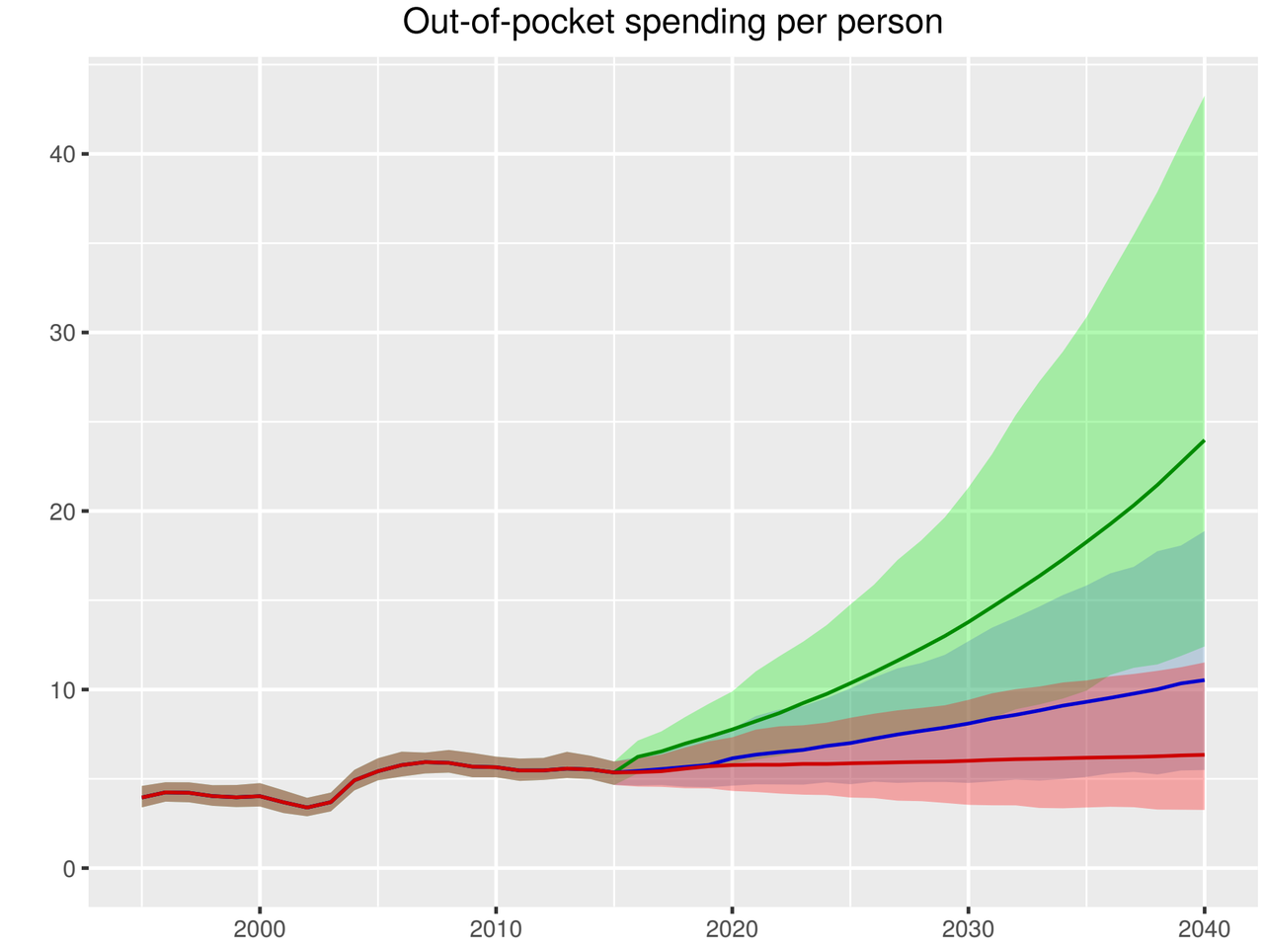
Development assistance for health received per person



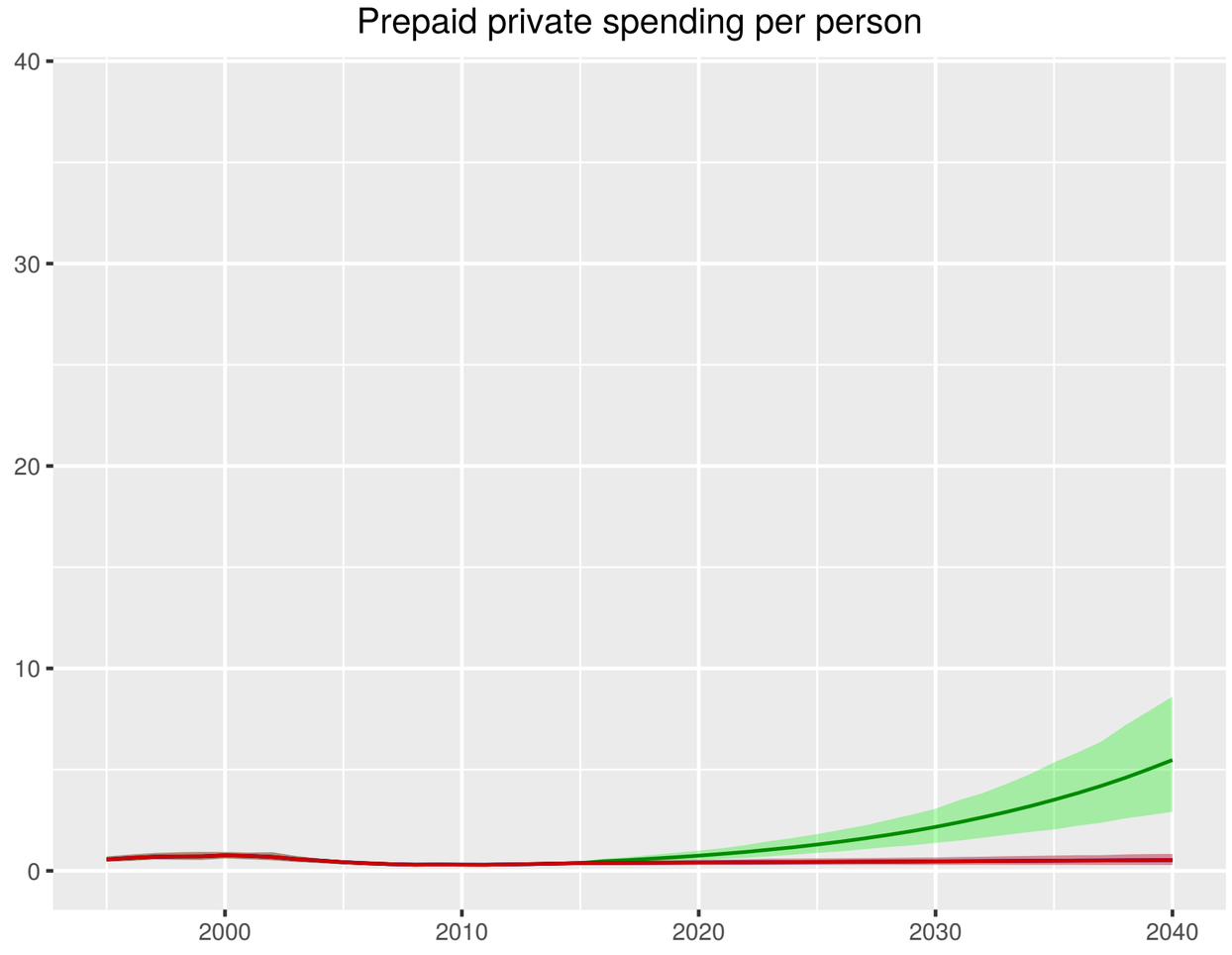
Government health spending per person



Out-of-pocket spending per person



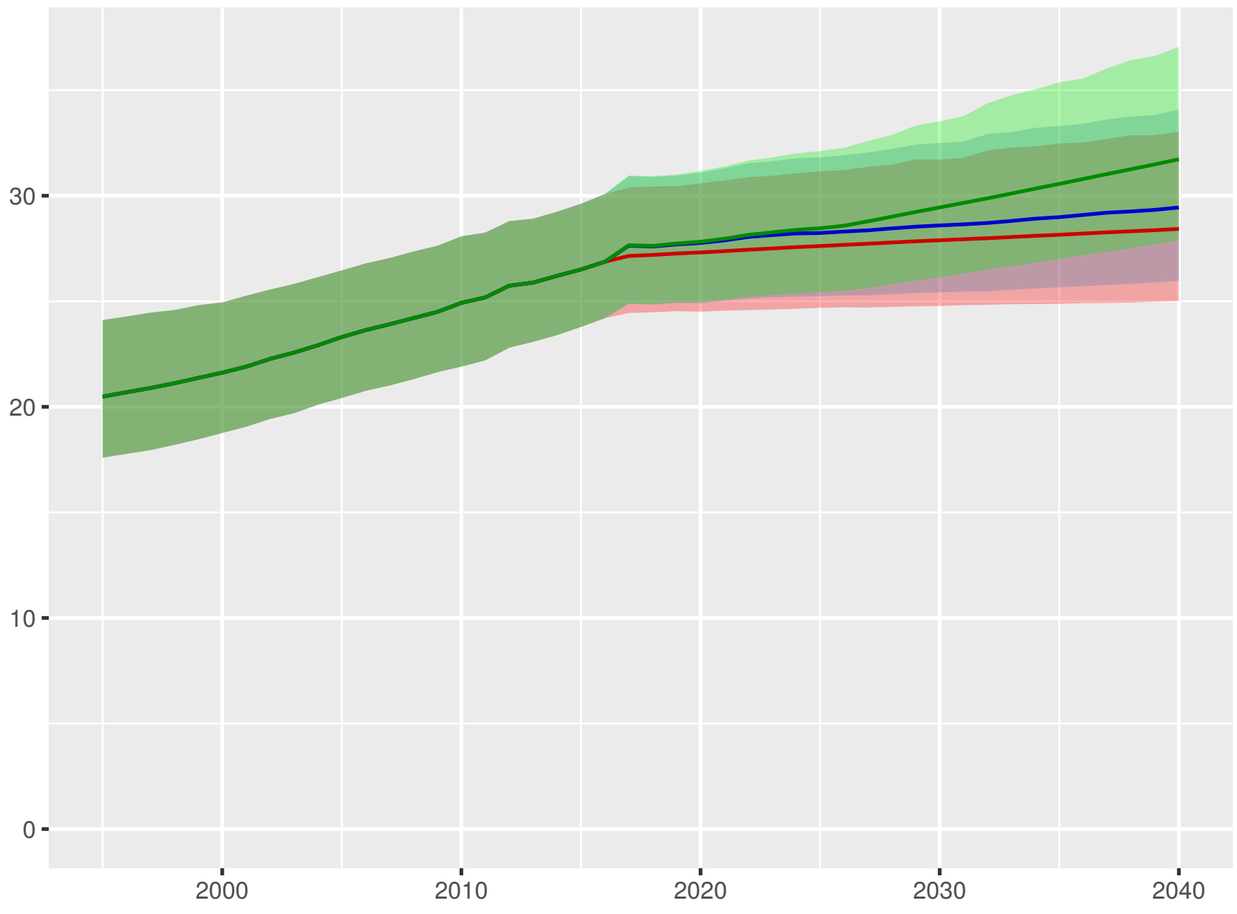
Prepaid private spending per person



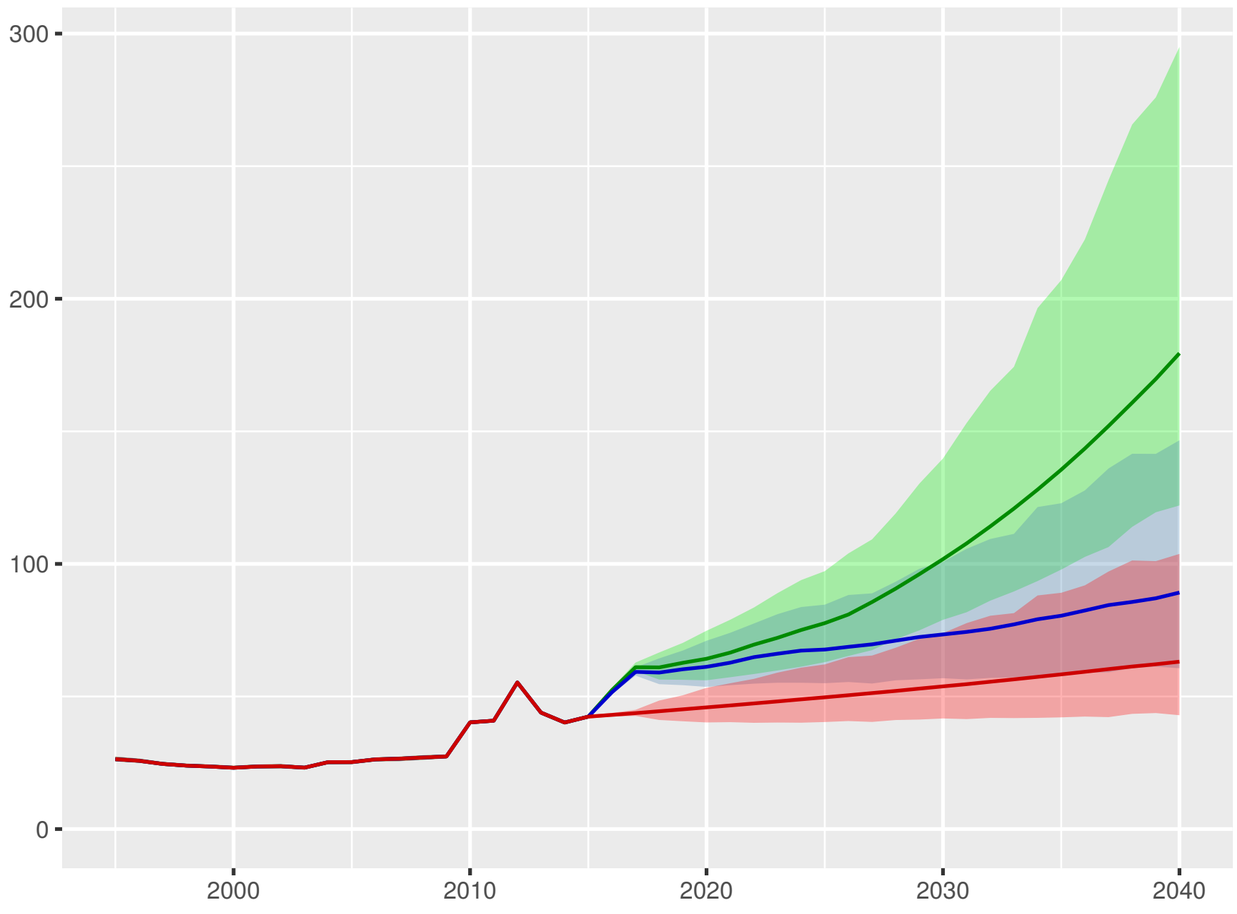
Scenario — Better — Reference — Worse

Somalia

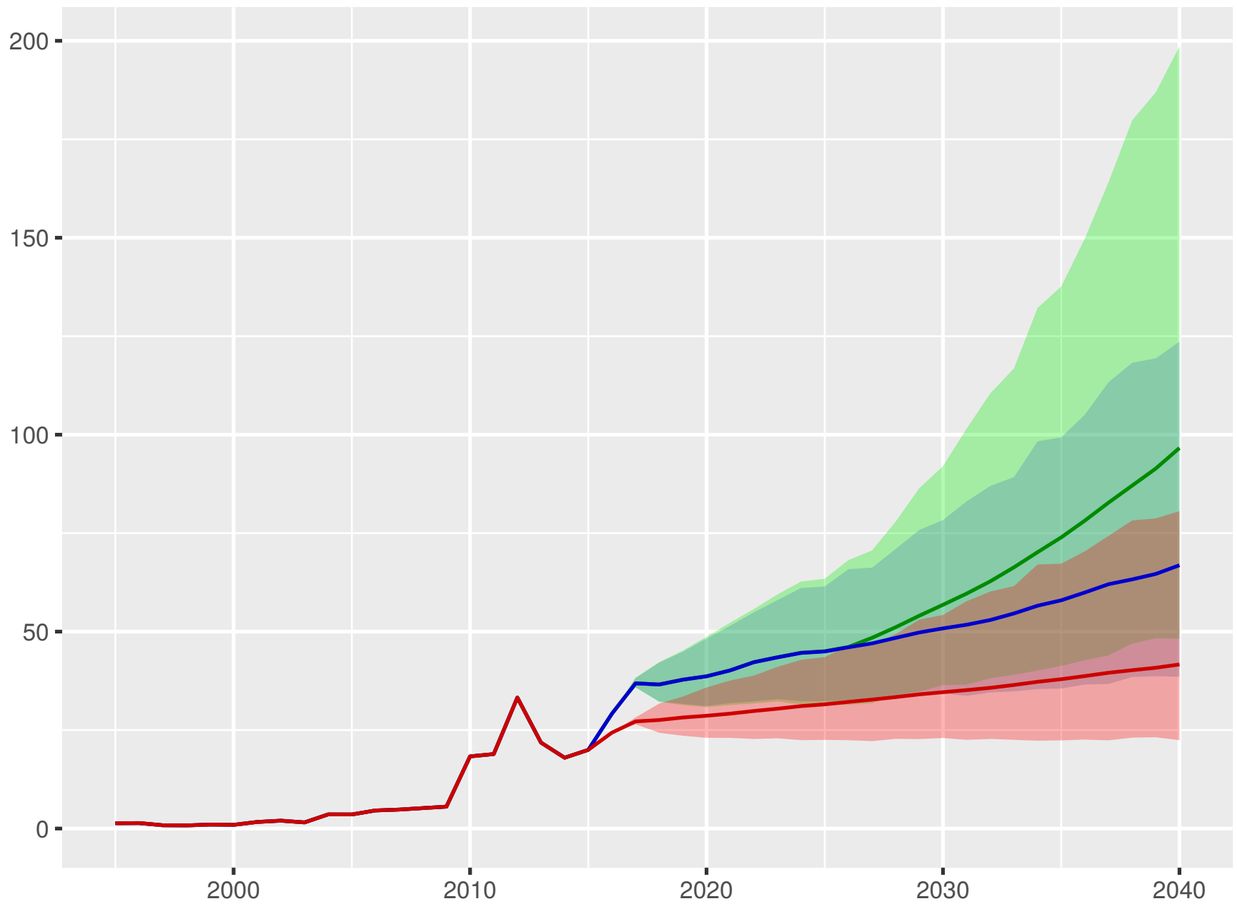
Universal health coverage index



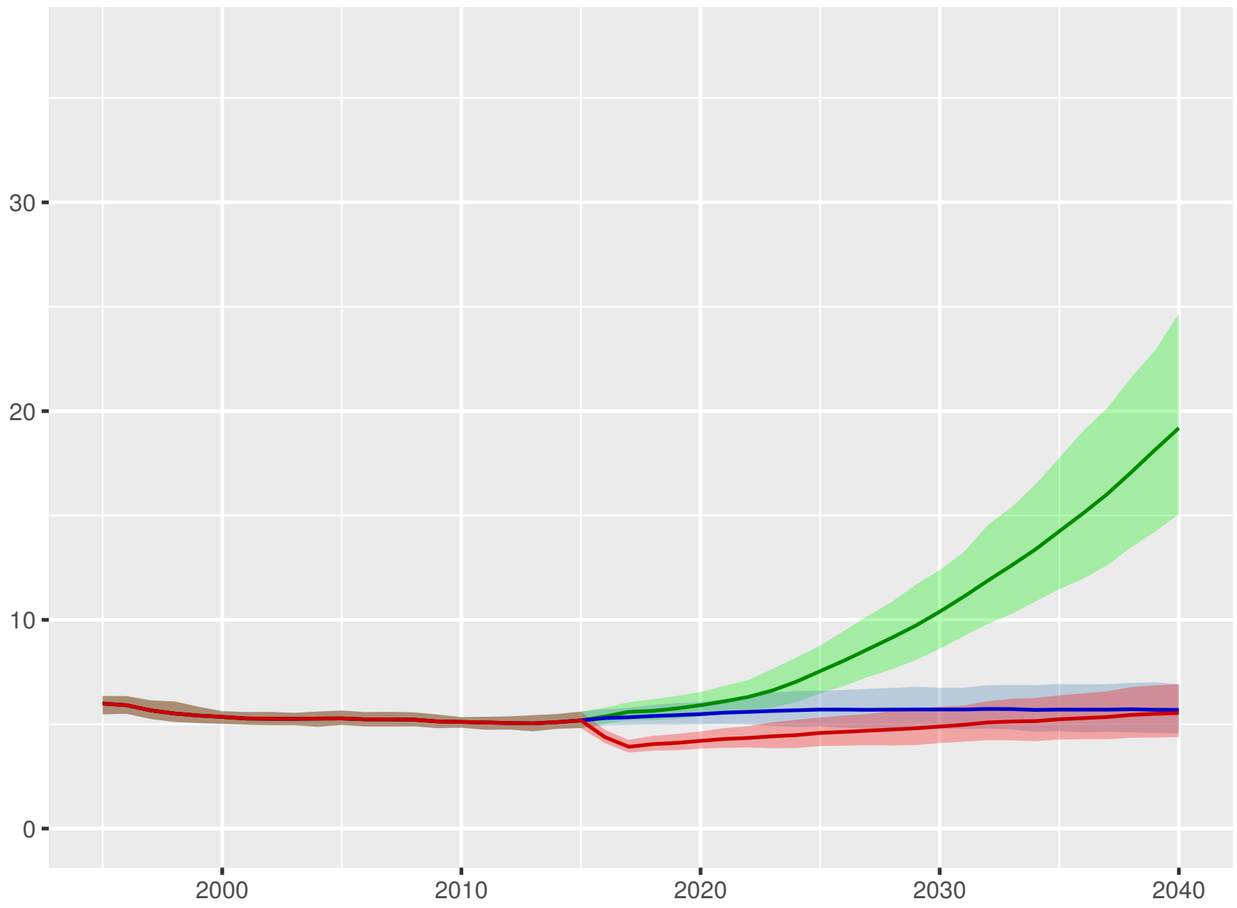
Total health spending per person



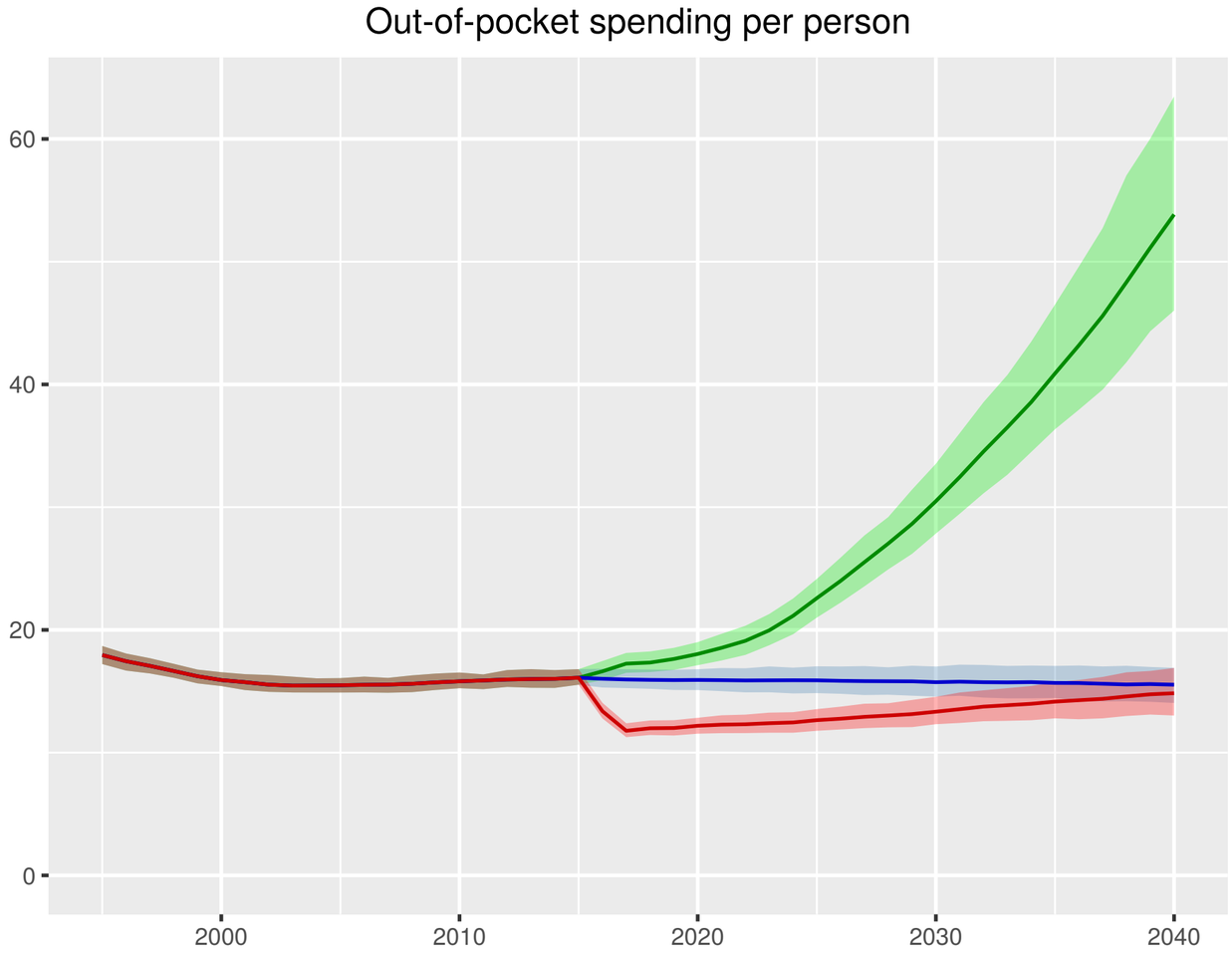
Development assistance for health received per person



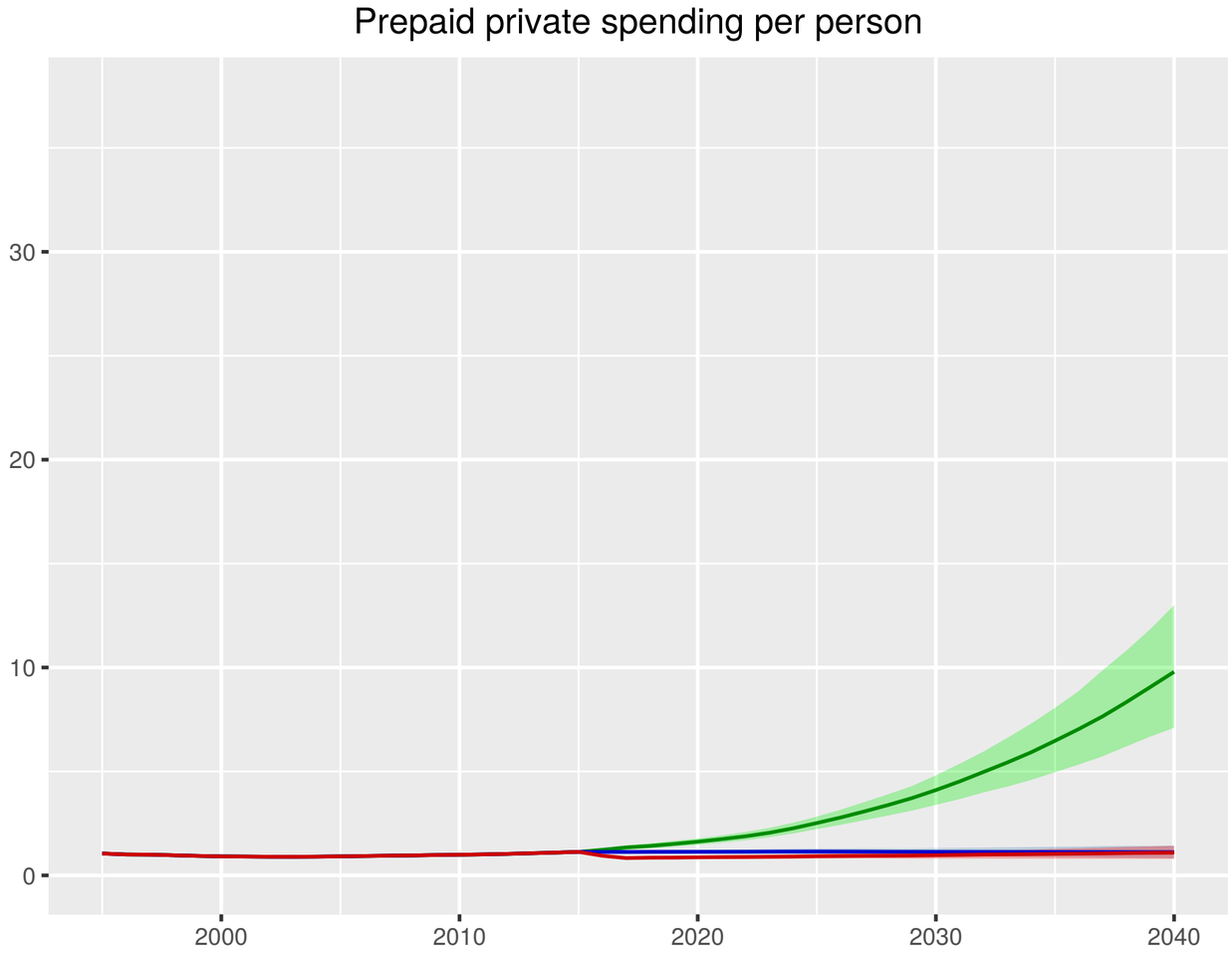
Government health spending per person



Out-of-pocket spending per person



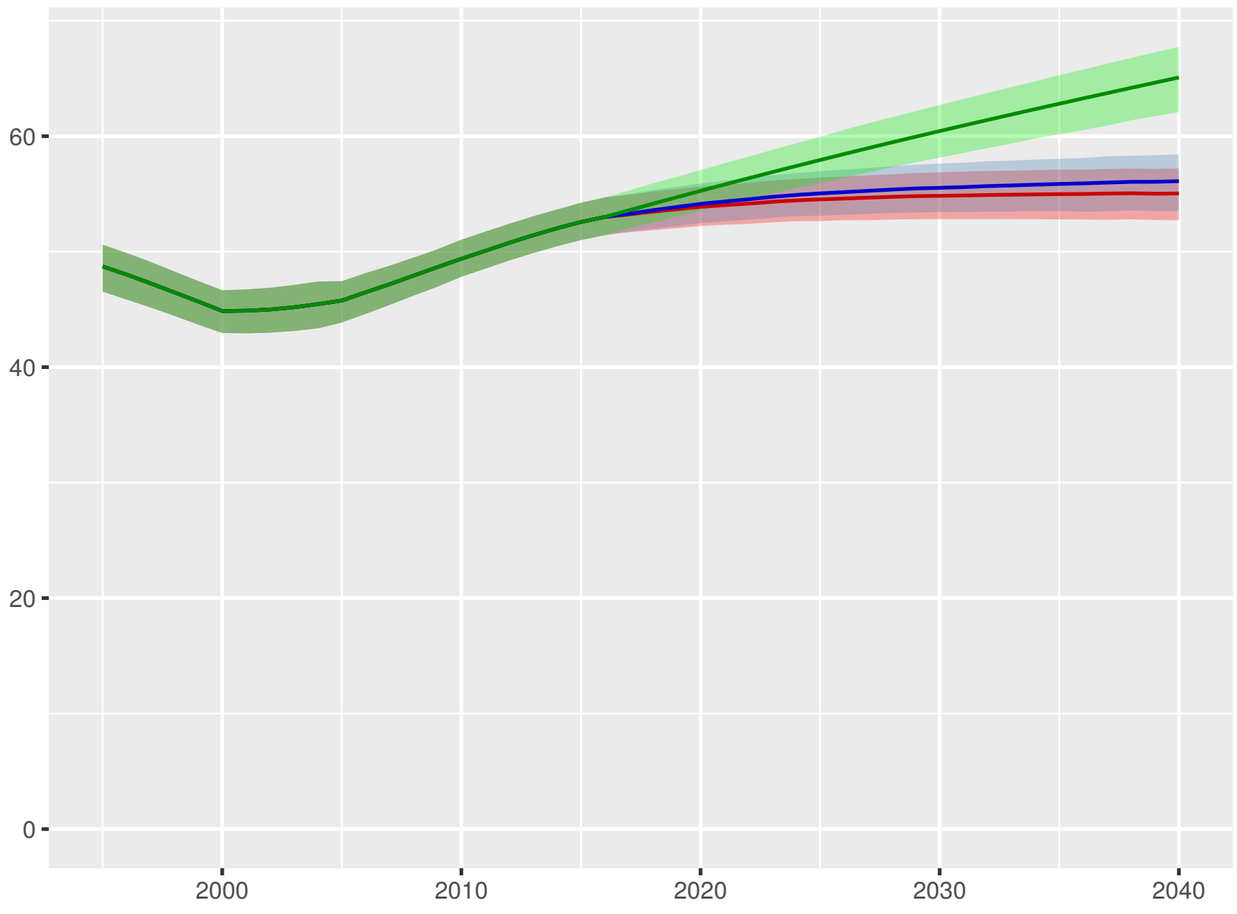
Prepaid private spending per person



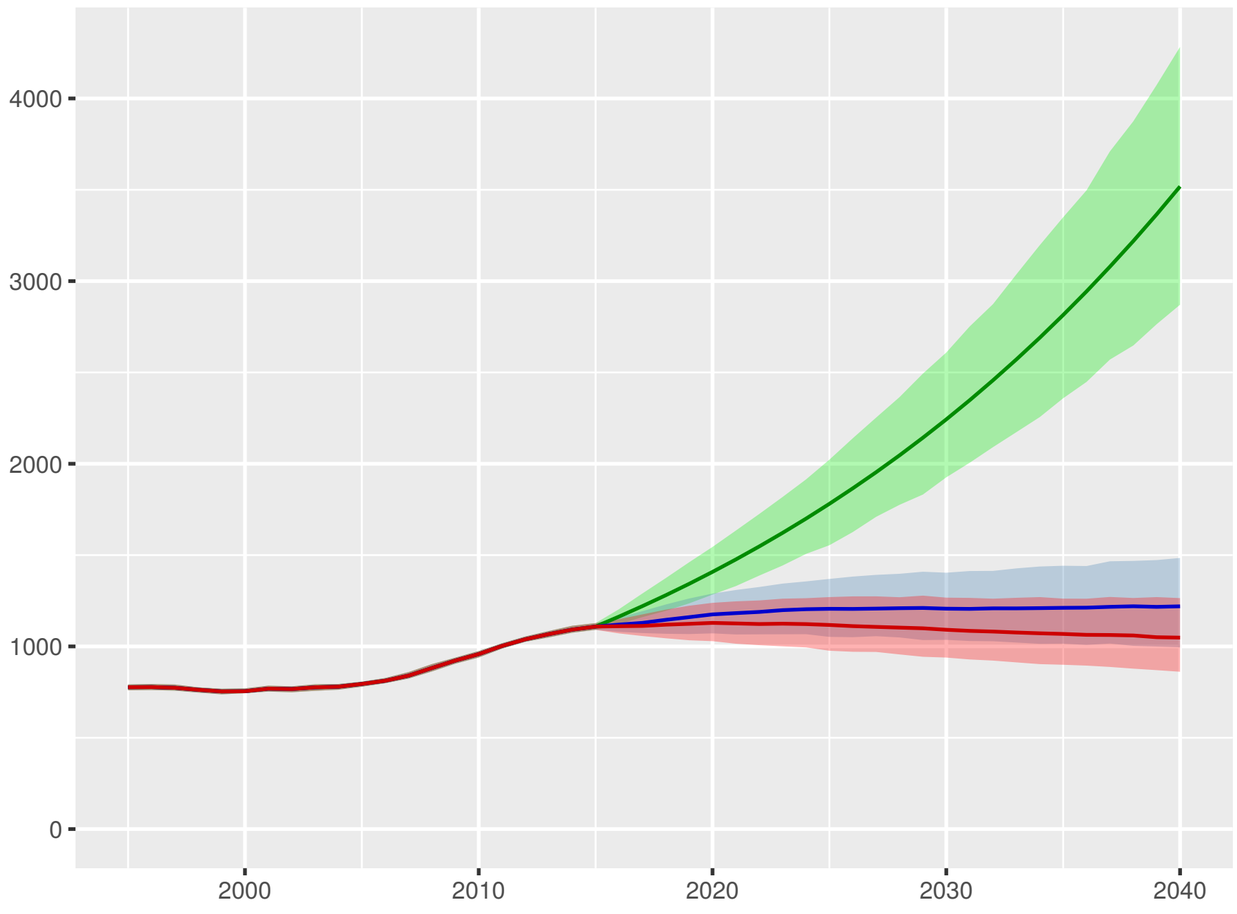
Scenario — Better — Reference — Worse

South Africa

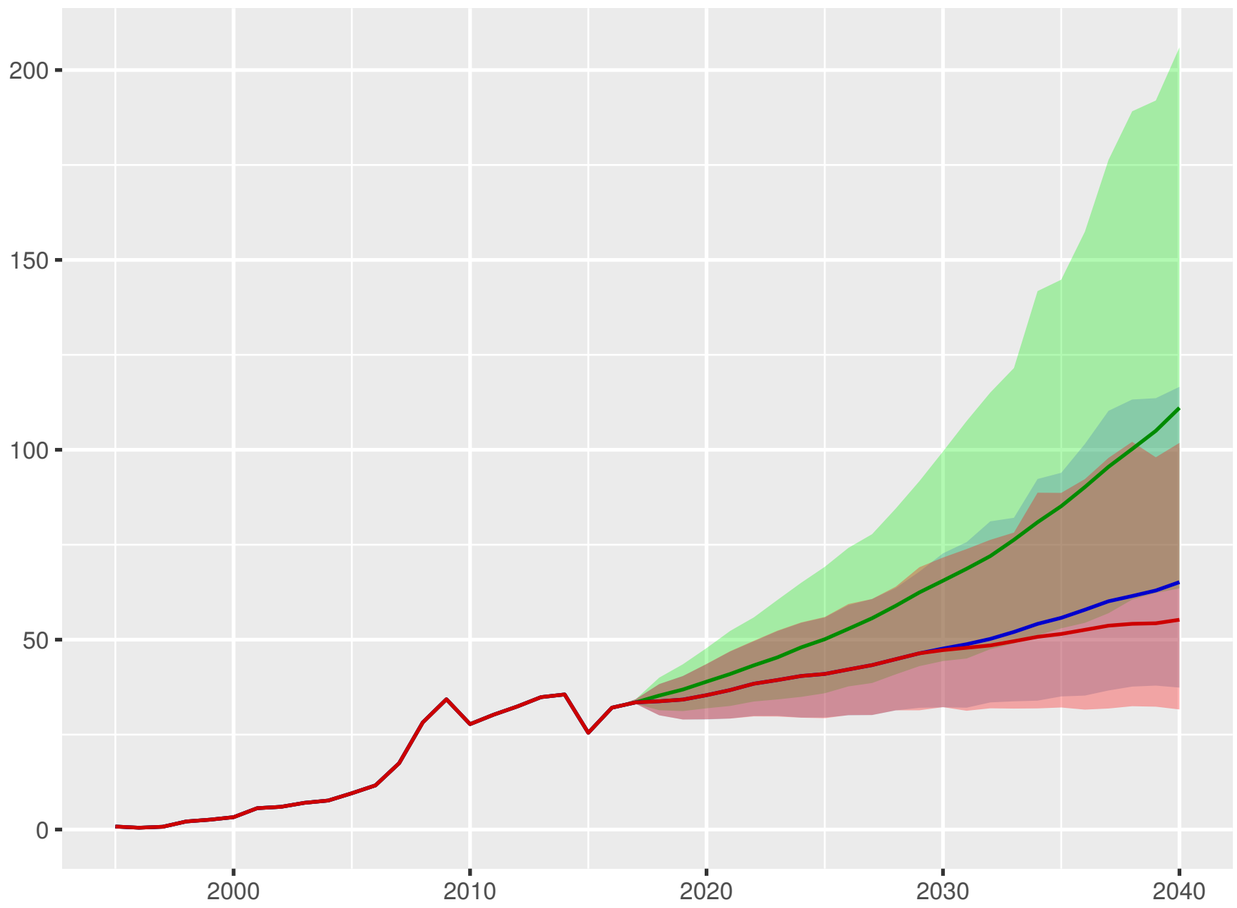
Universal health coverage index



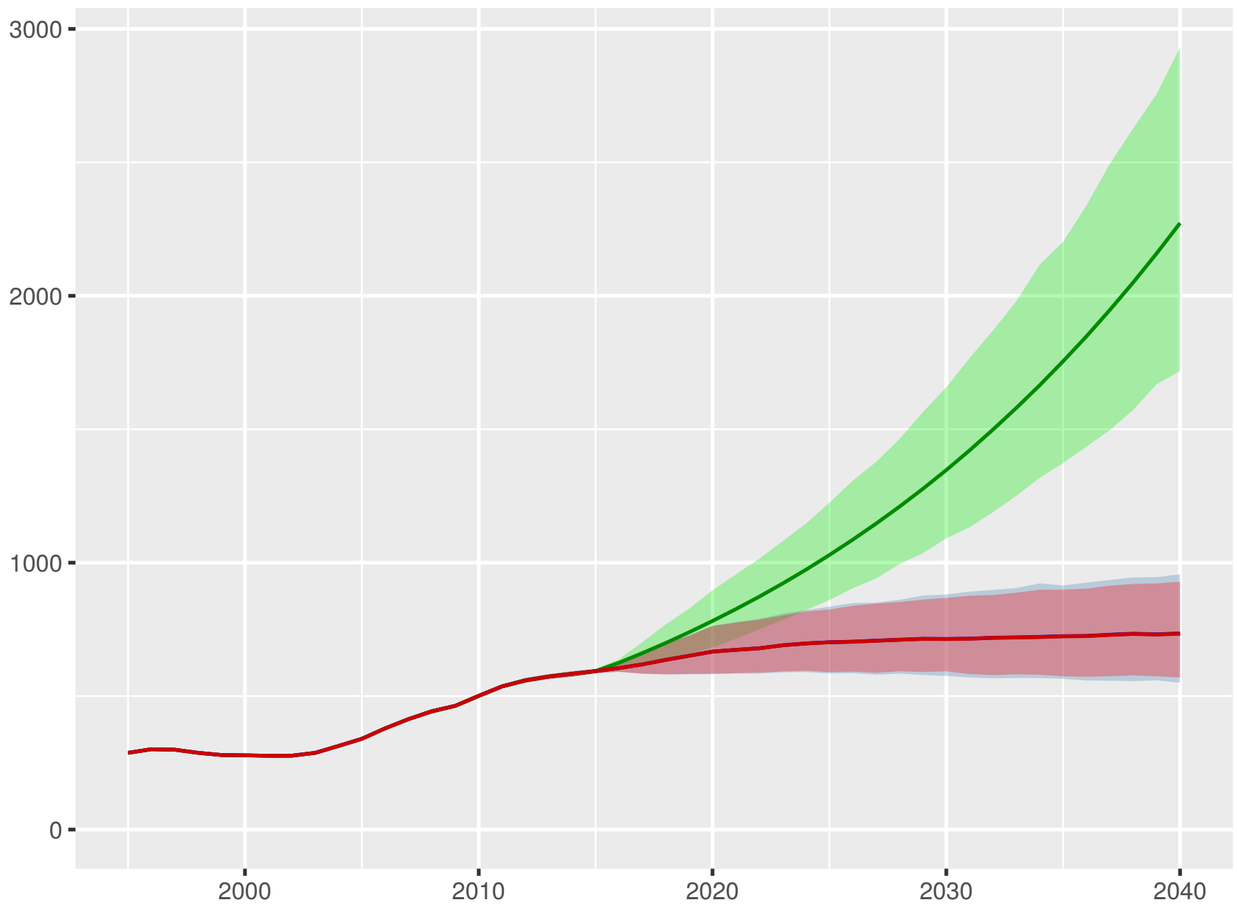
Total health spending per person



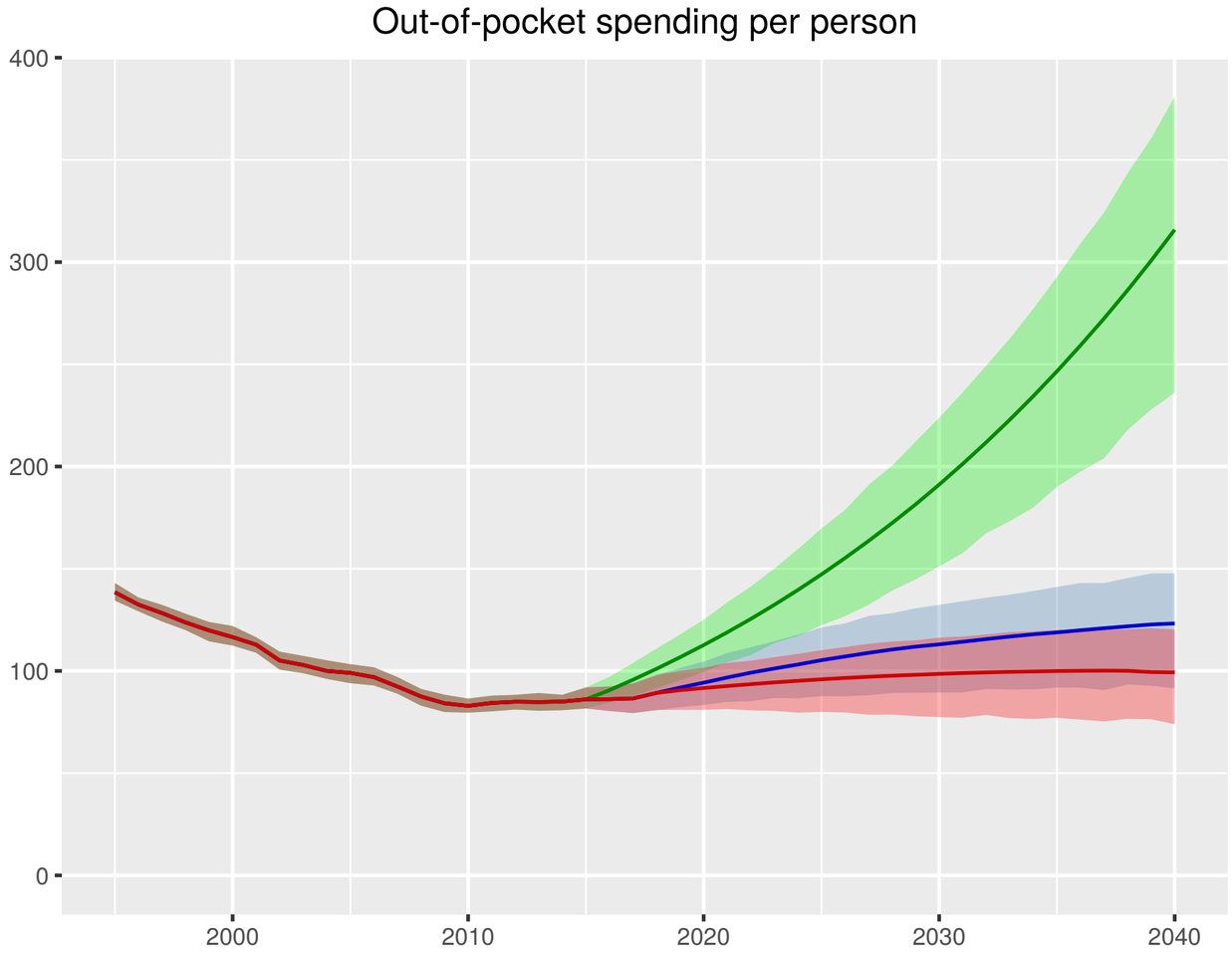
Development assistance for health received per person



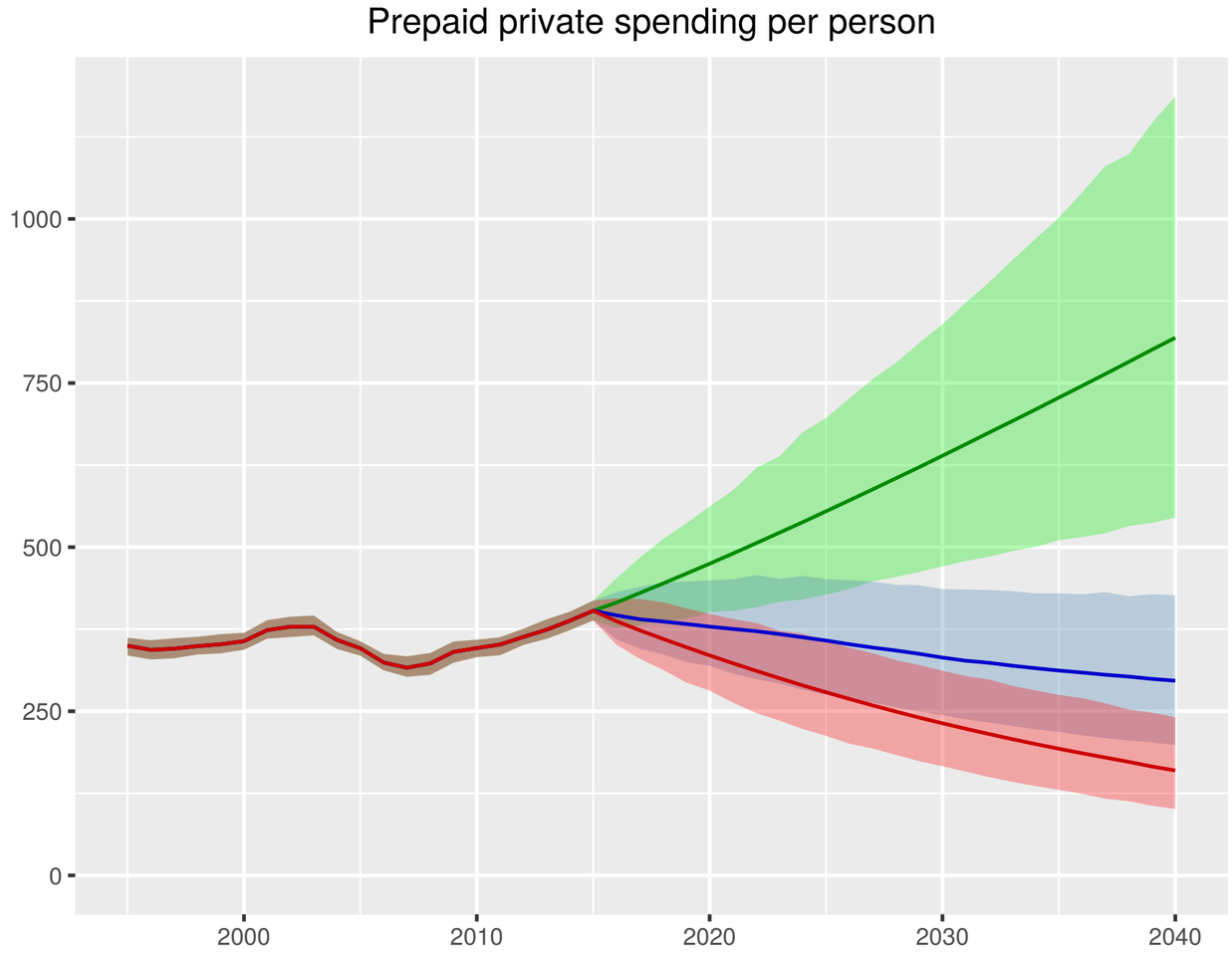
Government health spending per person



Out-of-pocket spending per person



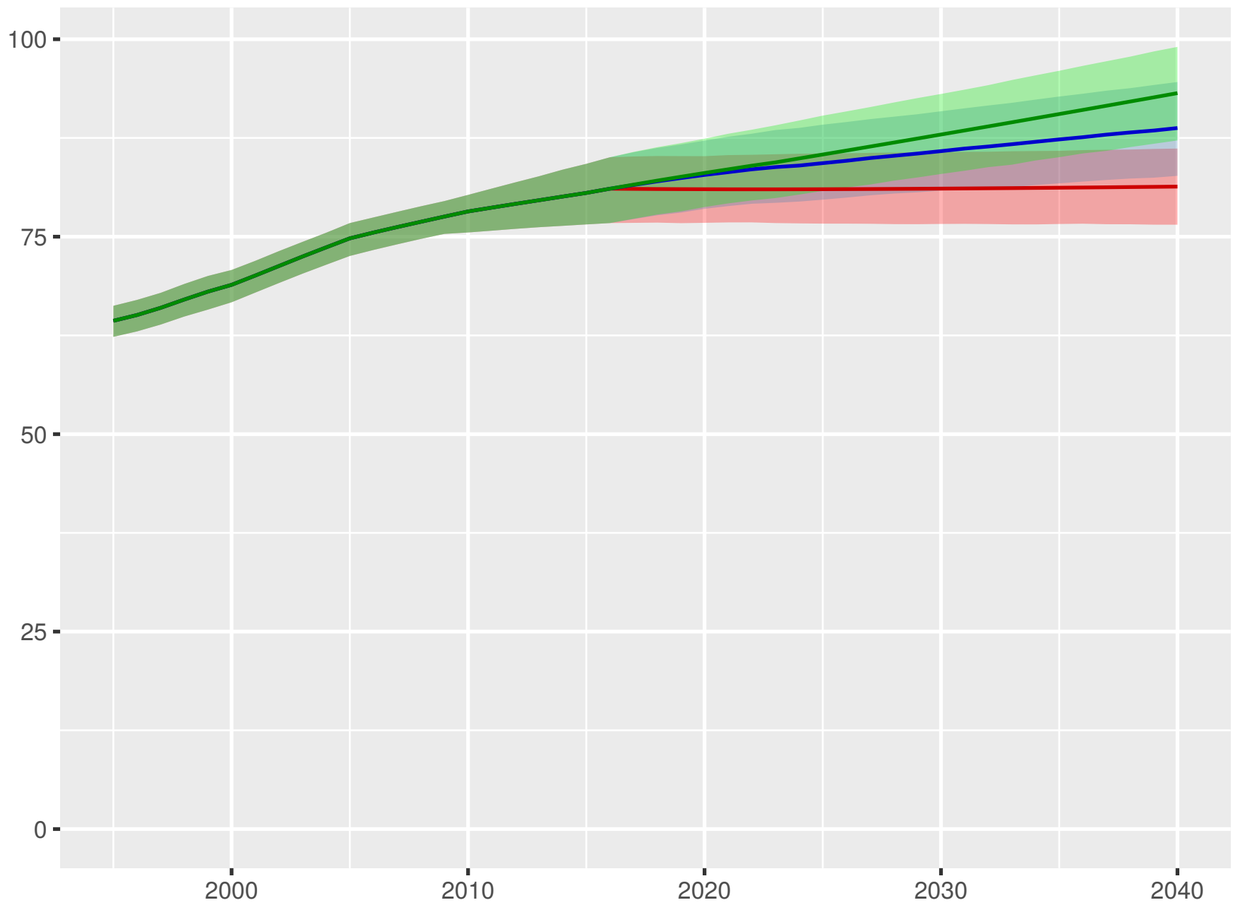
Prepaid private spending per person



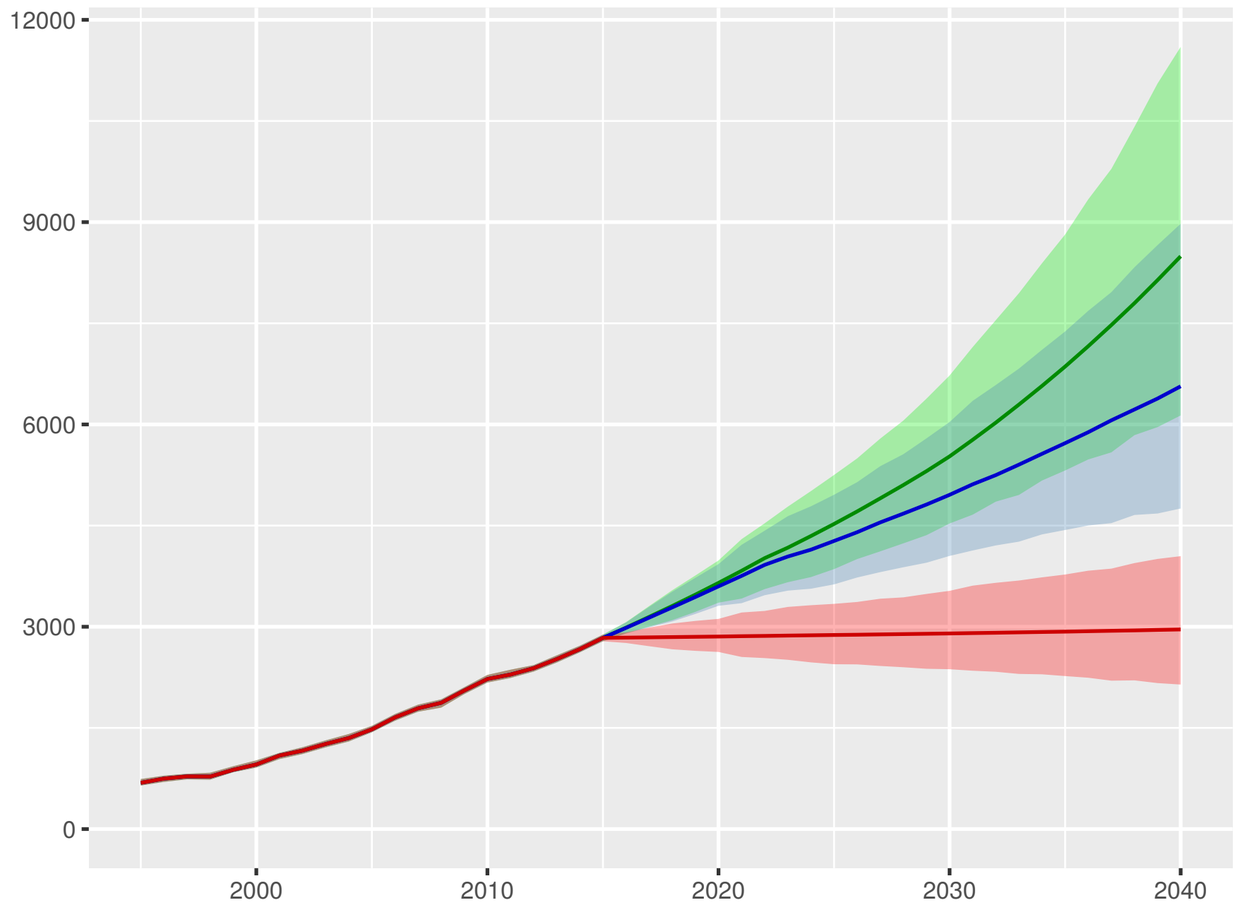
Scenario — Better — Reference — Worse

South Korea

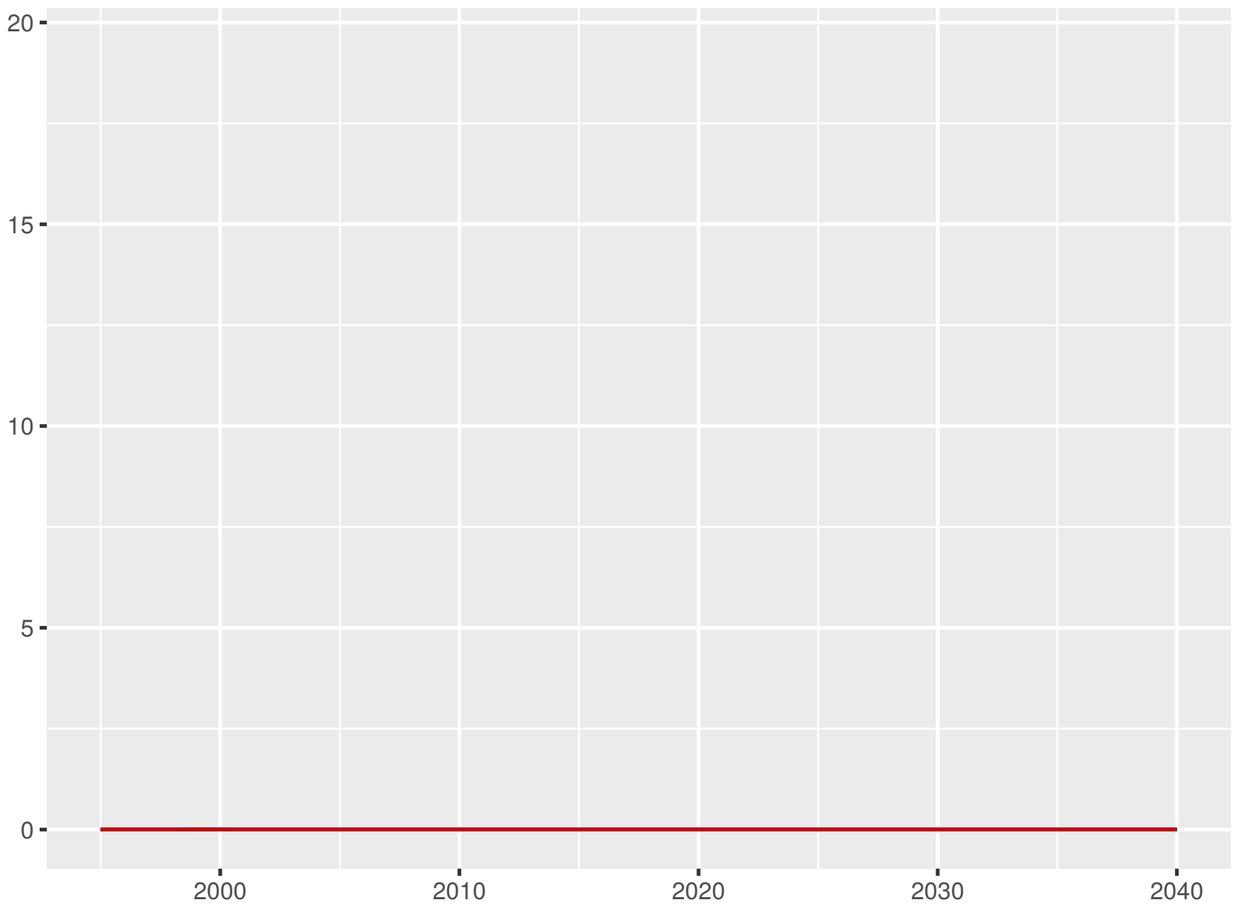
Universal health coverage index



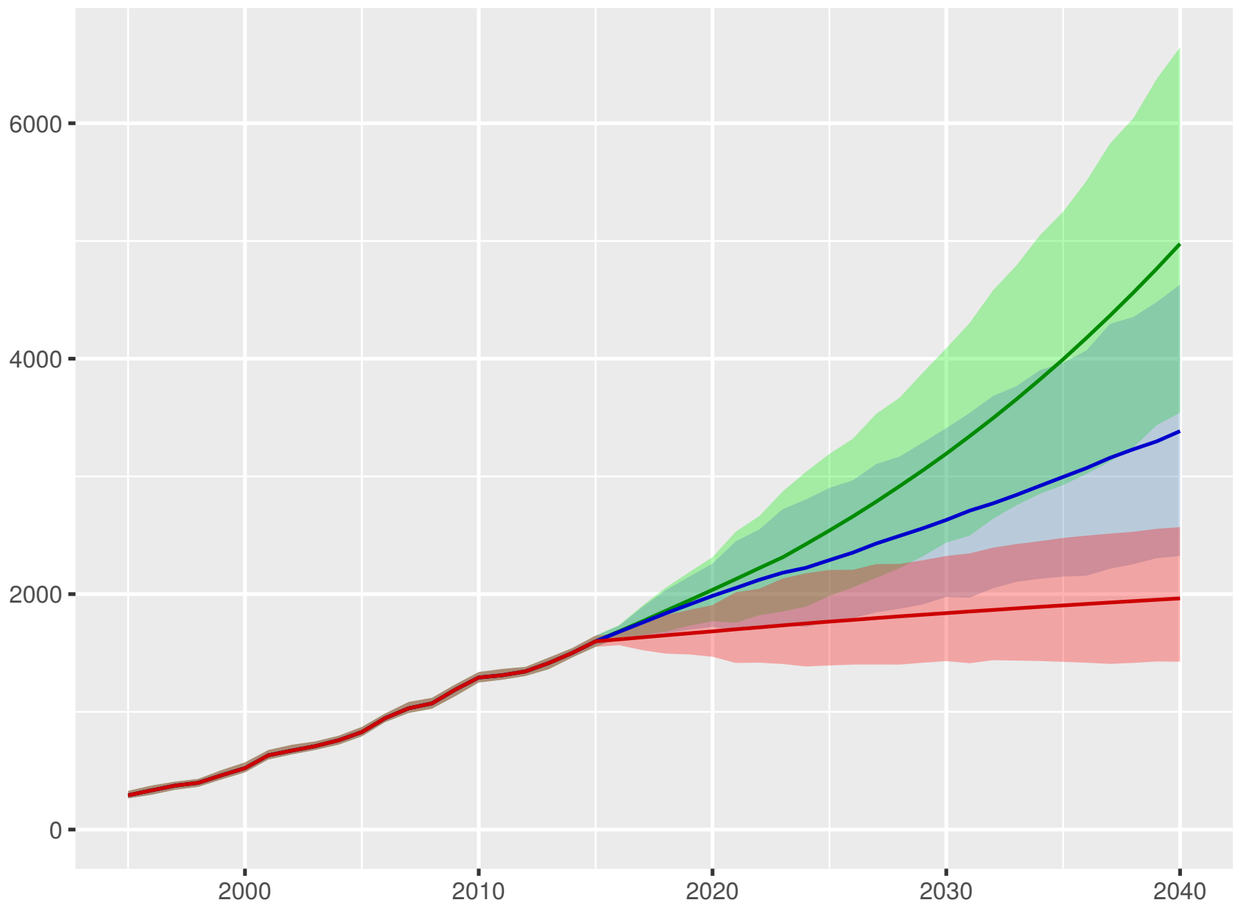
Total health spending per person



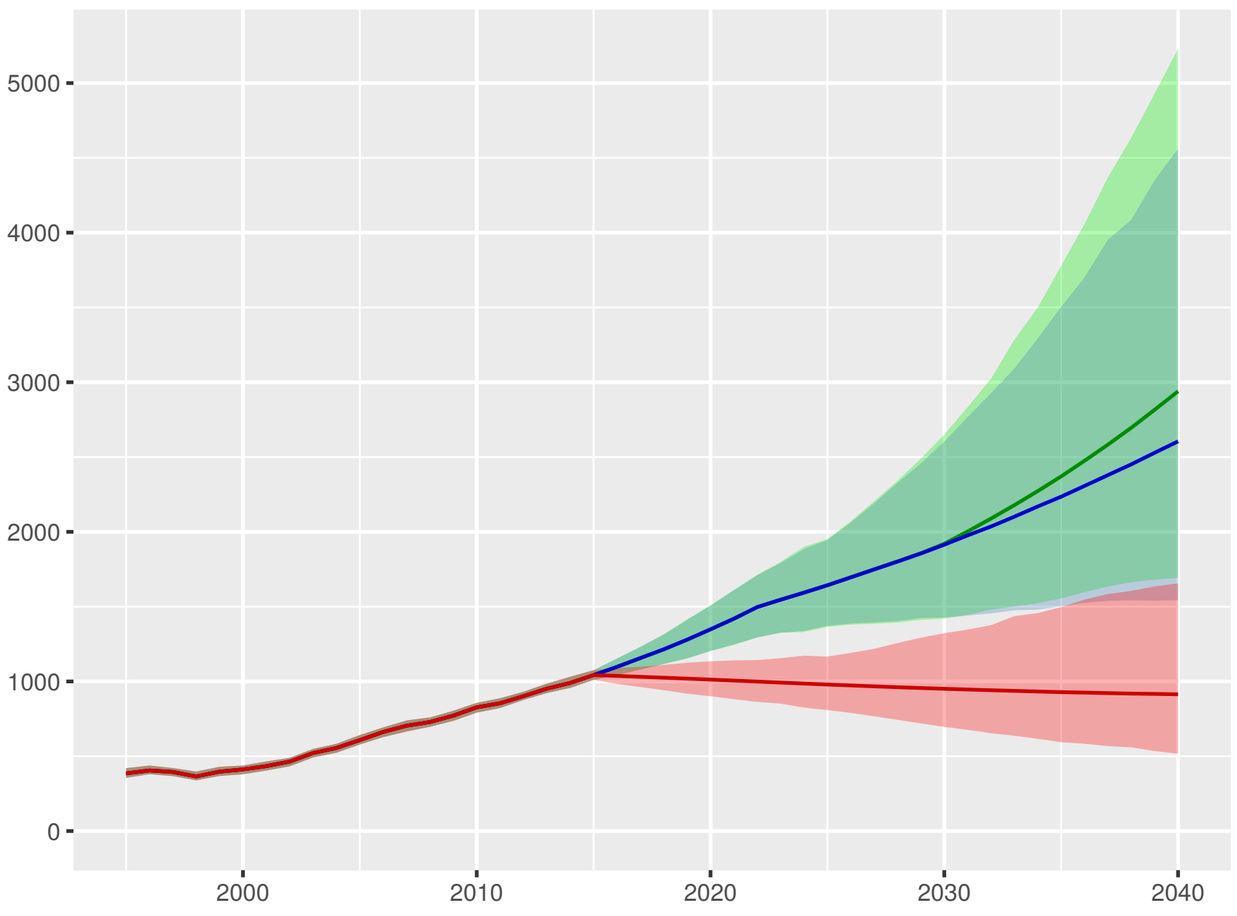
Development assistance for health received per person



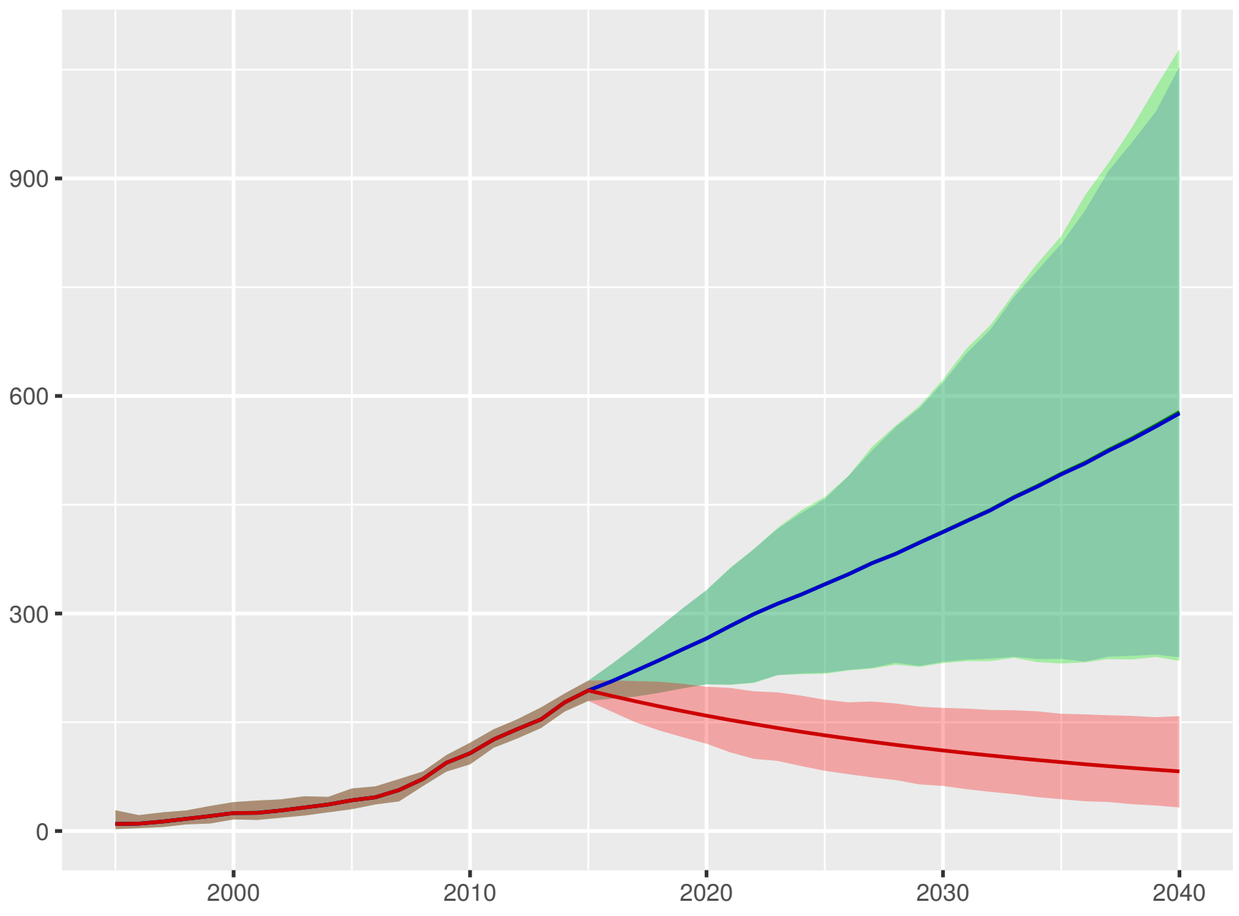
Government health spending per person



Out-of-pocket spending per person



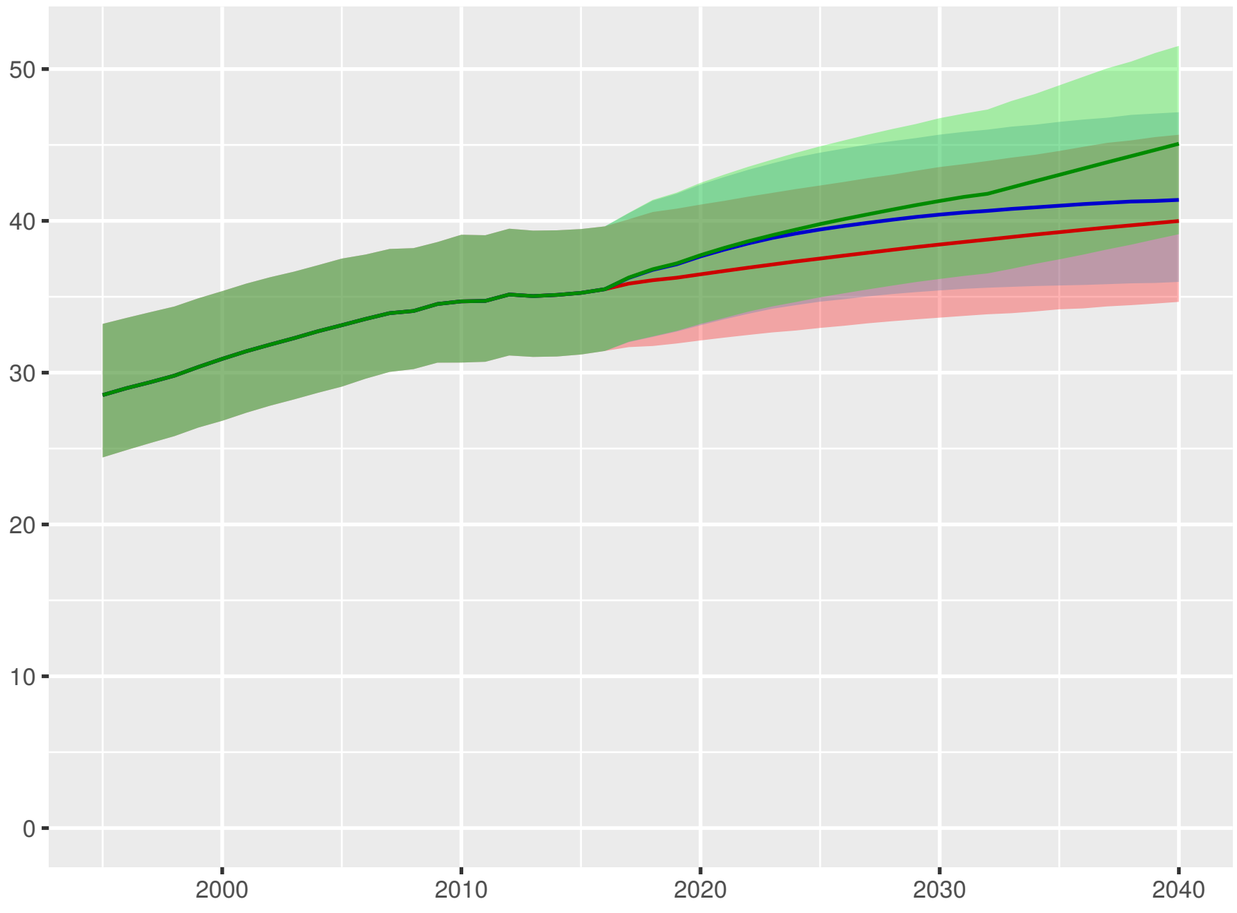
Prepaid private spending per person



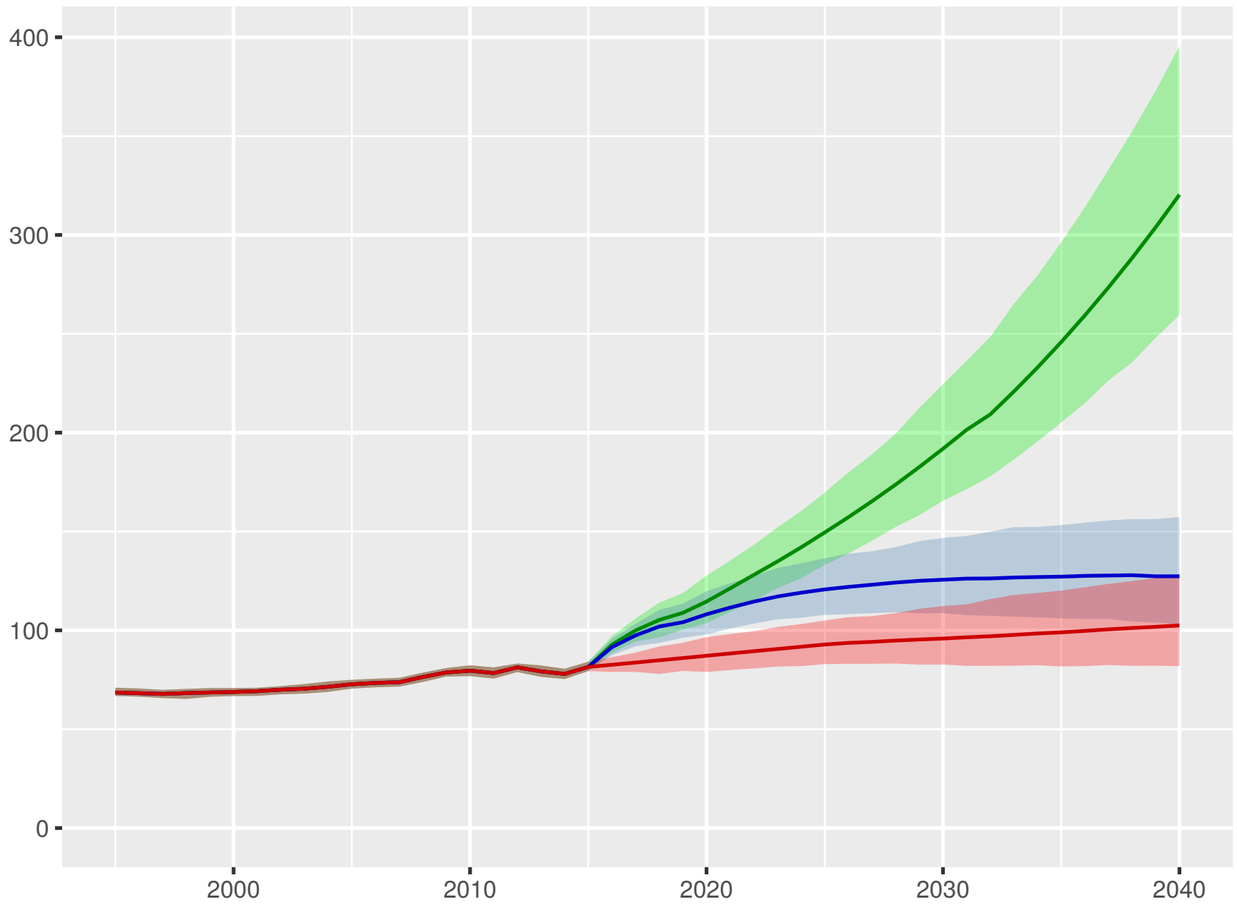
Scenario — Better — Reference — Worse

South Sudan

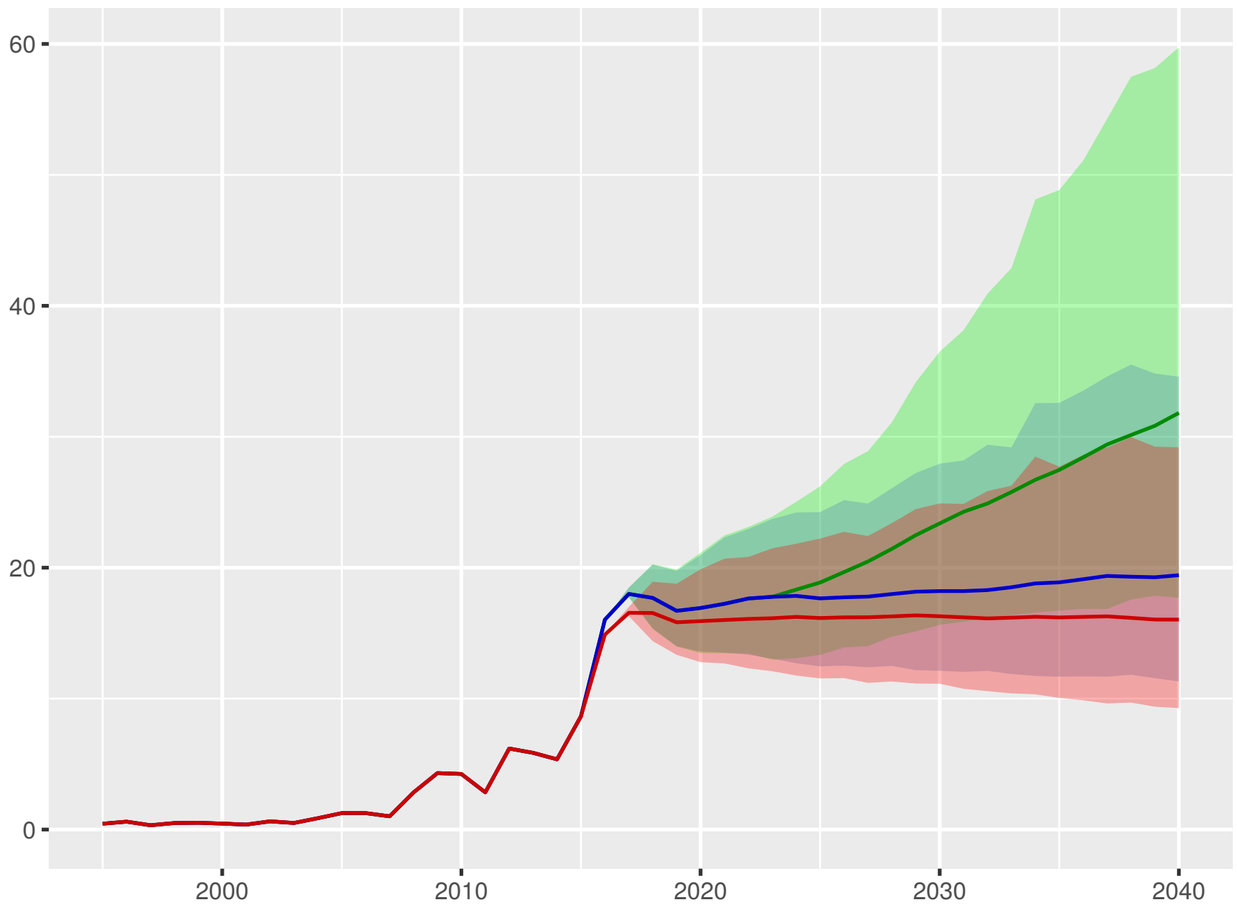
Universal health coverage index



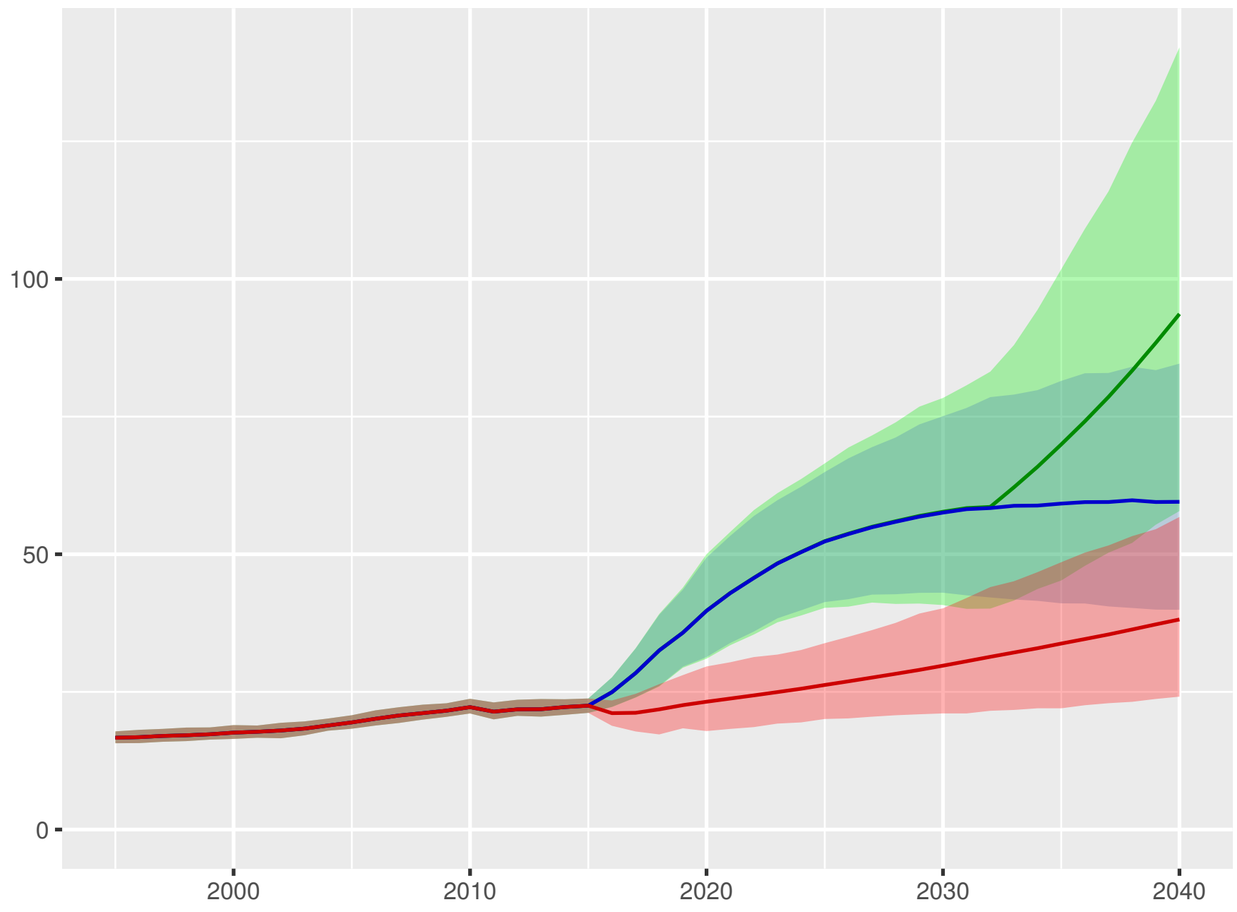
Total health spending per person



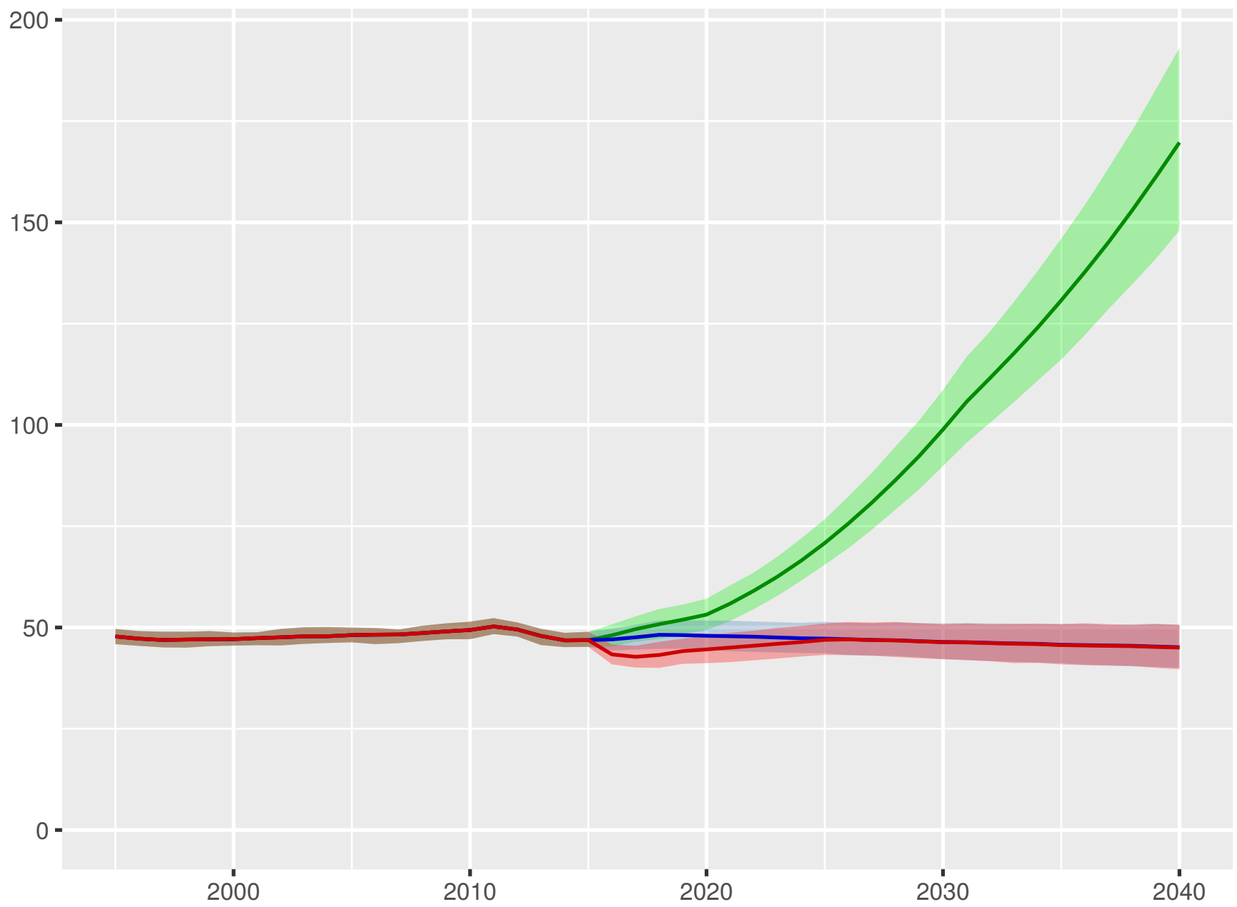
Development assistance for health received per person



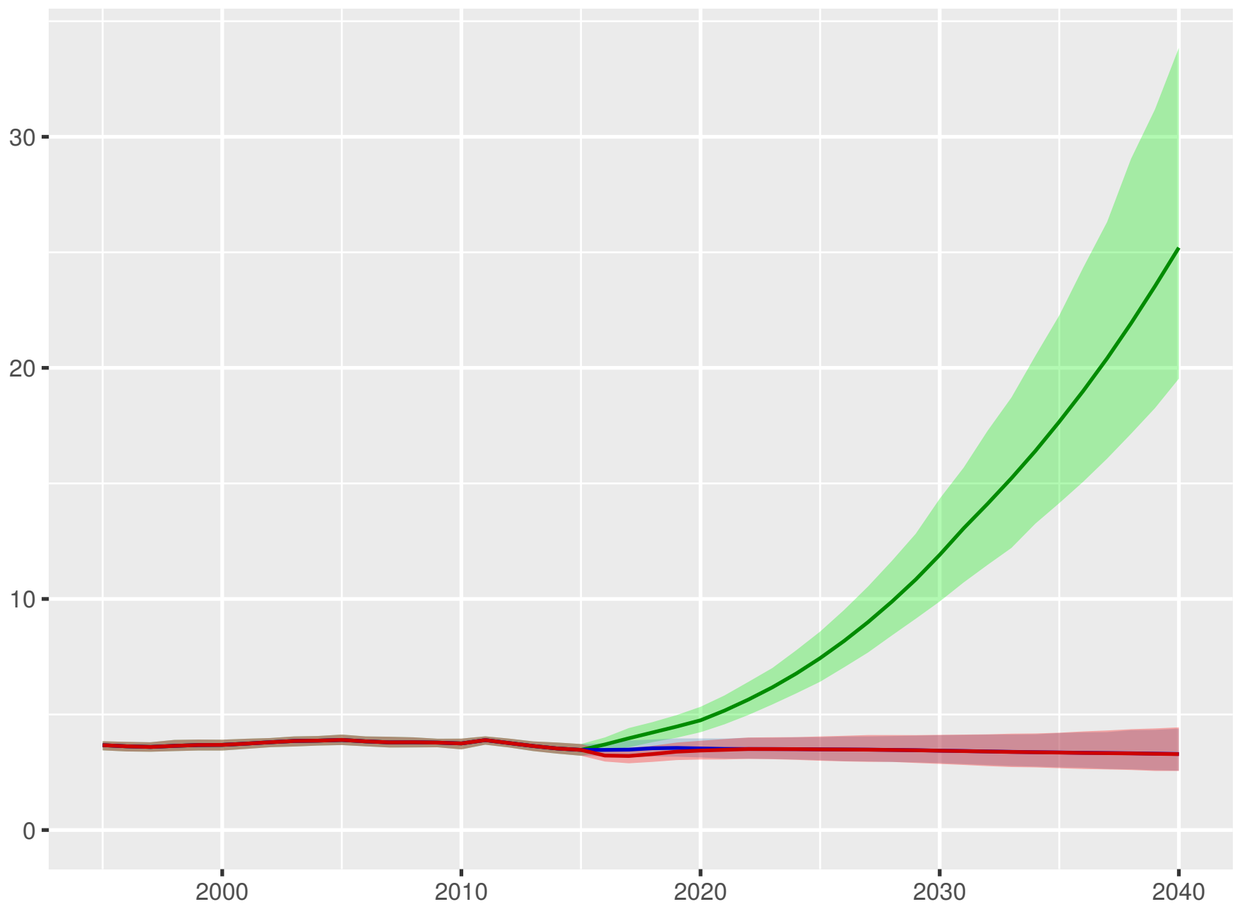
Government health spending per person



Out-of-pocket spending per person



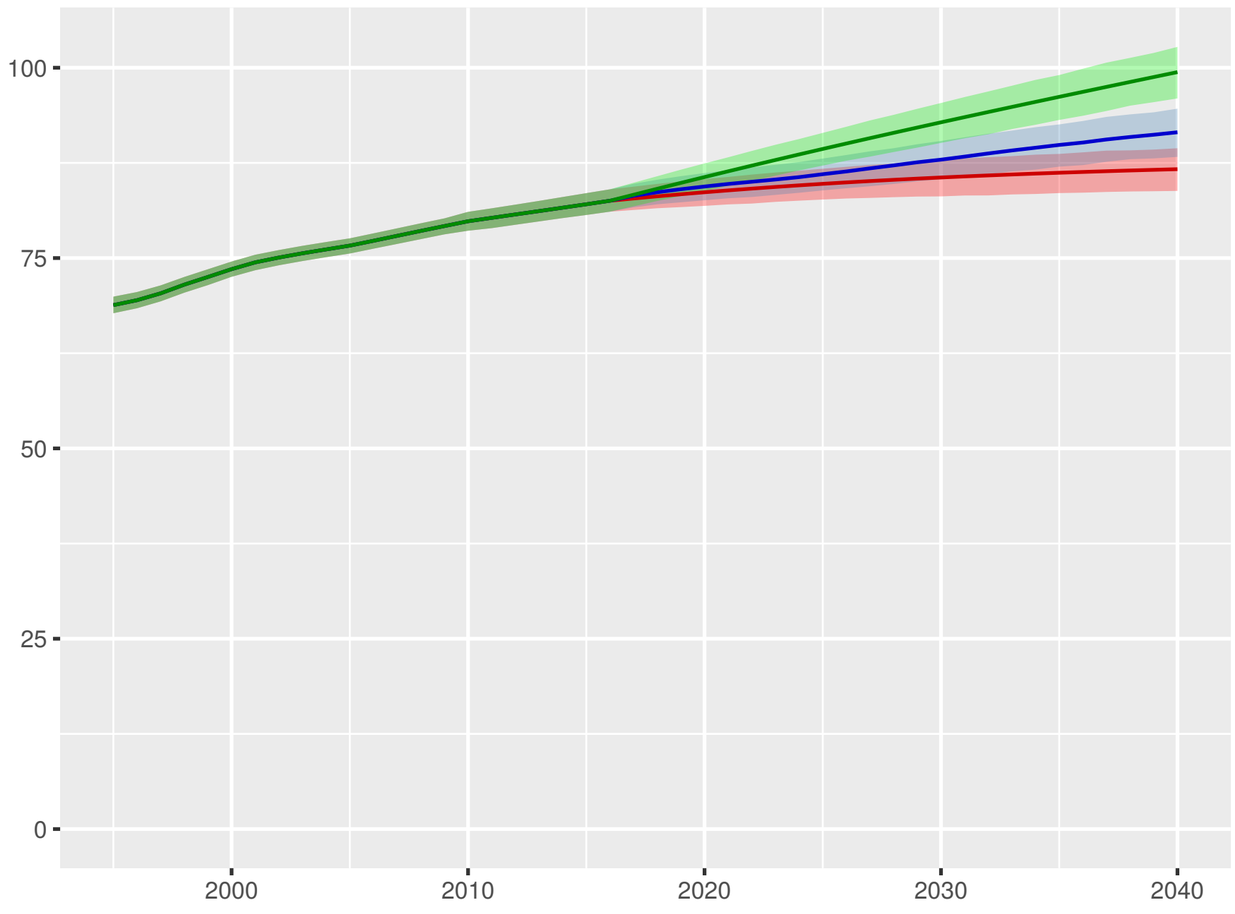
Prepaid private spending per person



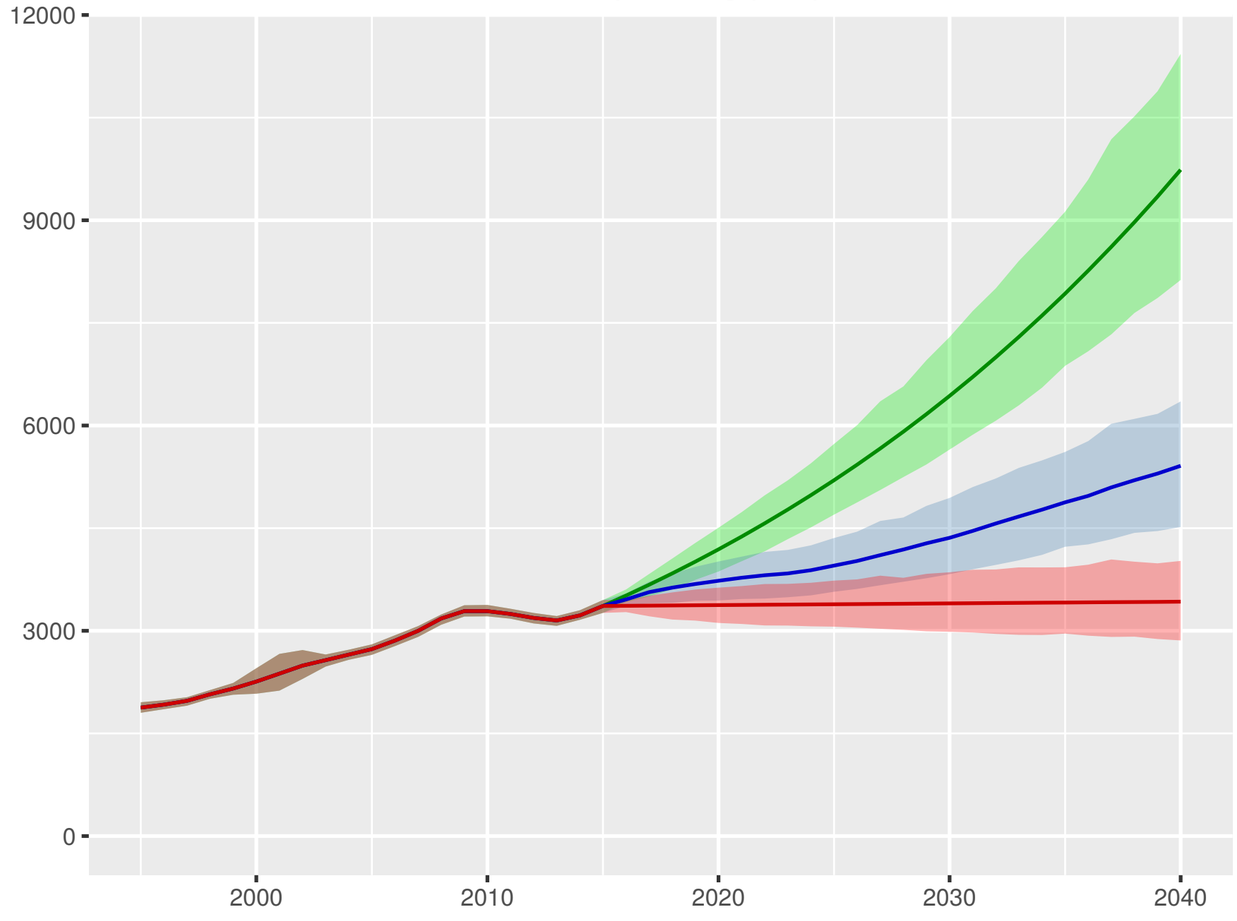
Scenario — Better — Reference — Worse

Spain

Universal health coverage index

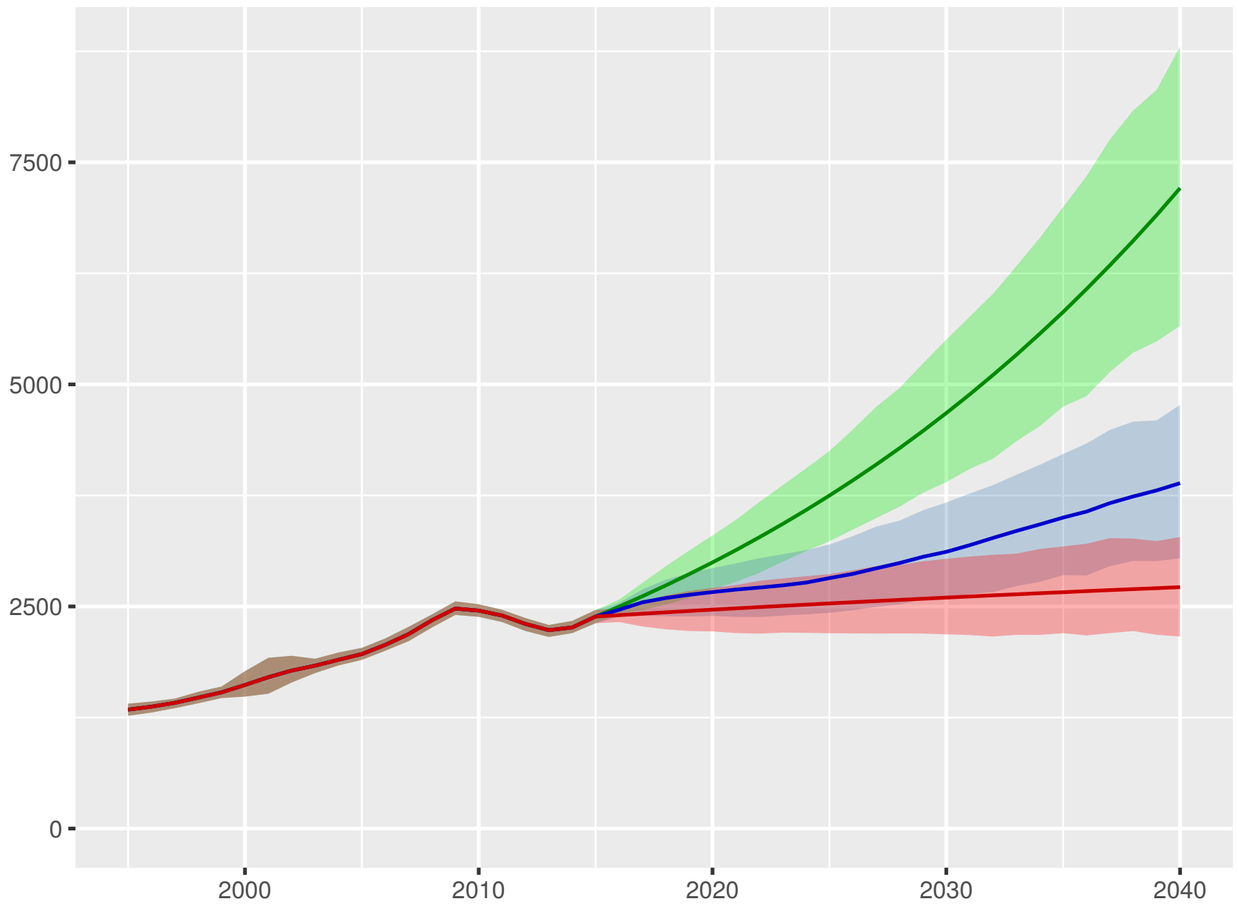


Total health spending per person

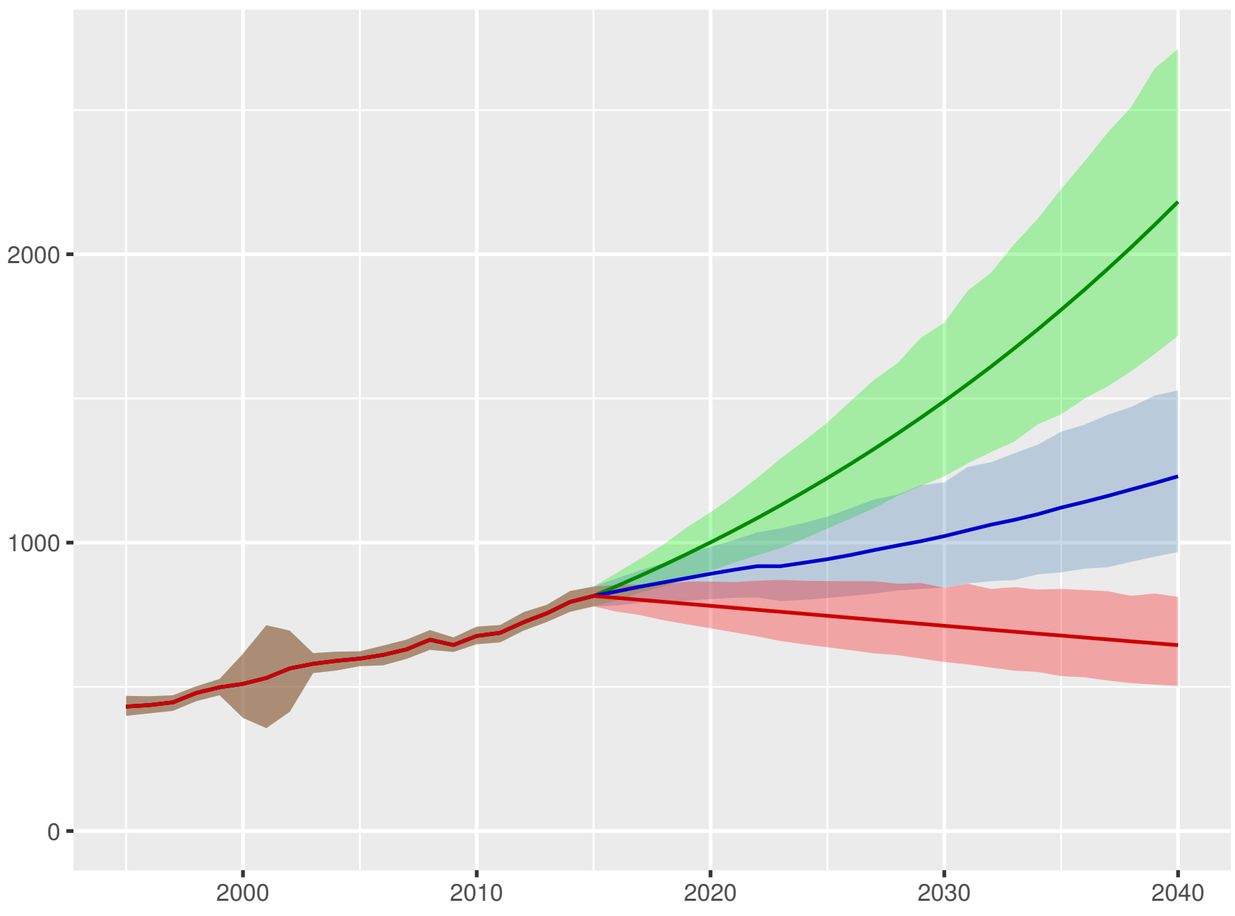


Development assistance for health received per person

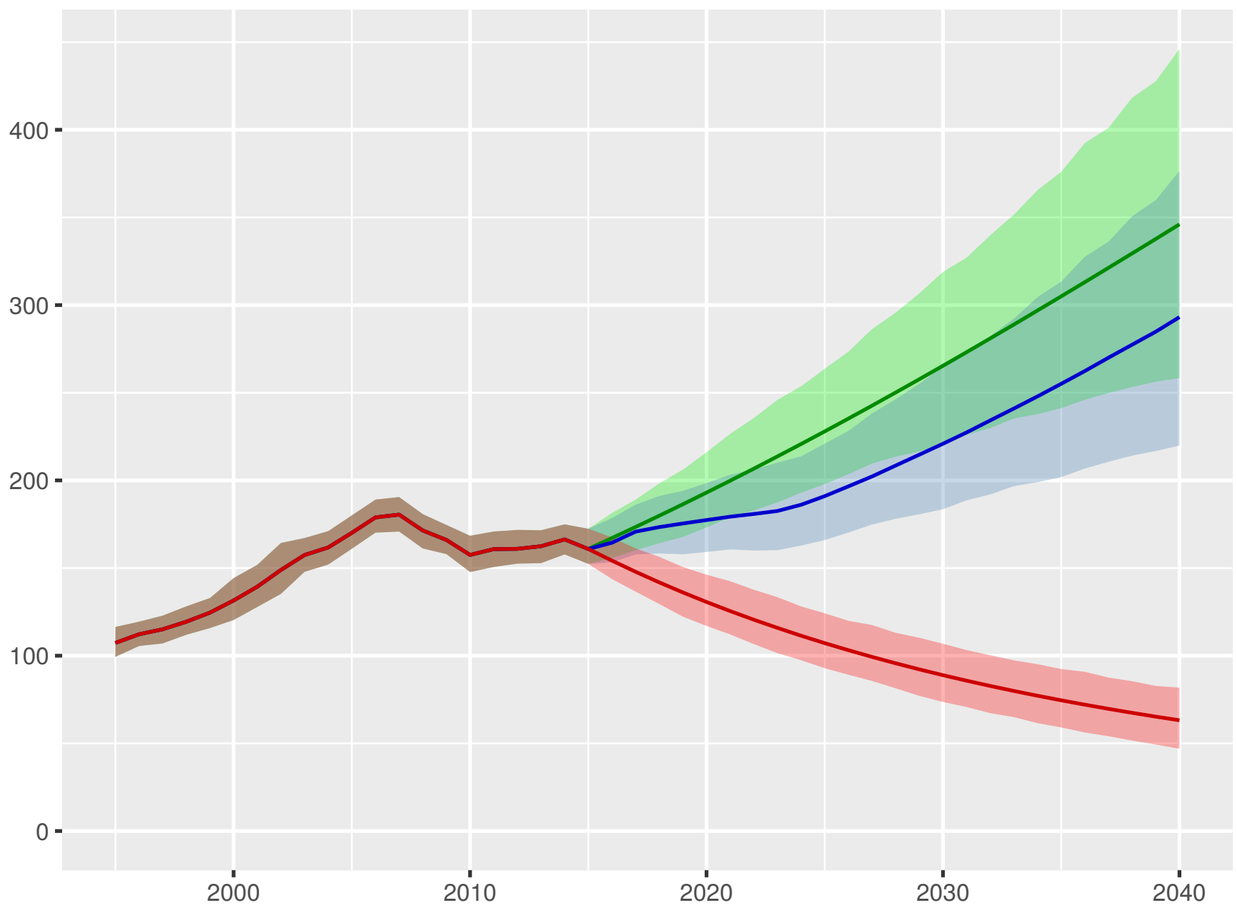
Government health spending per person



Out-of-pocket spending per person



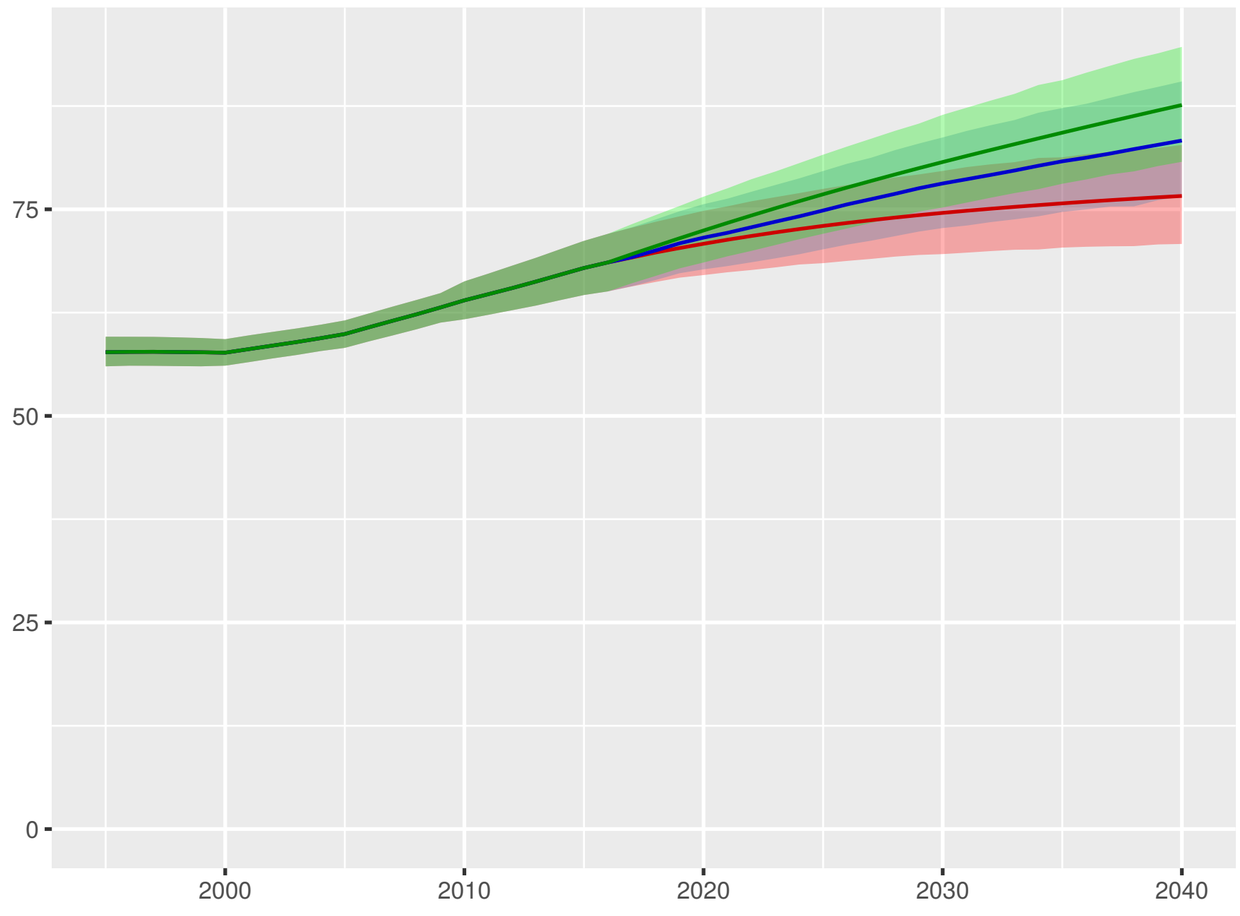
Prepaid private spending per person



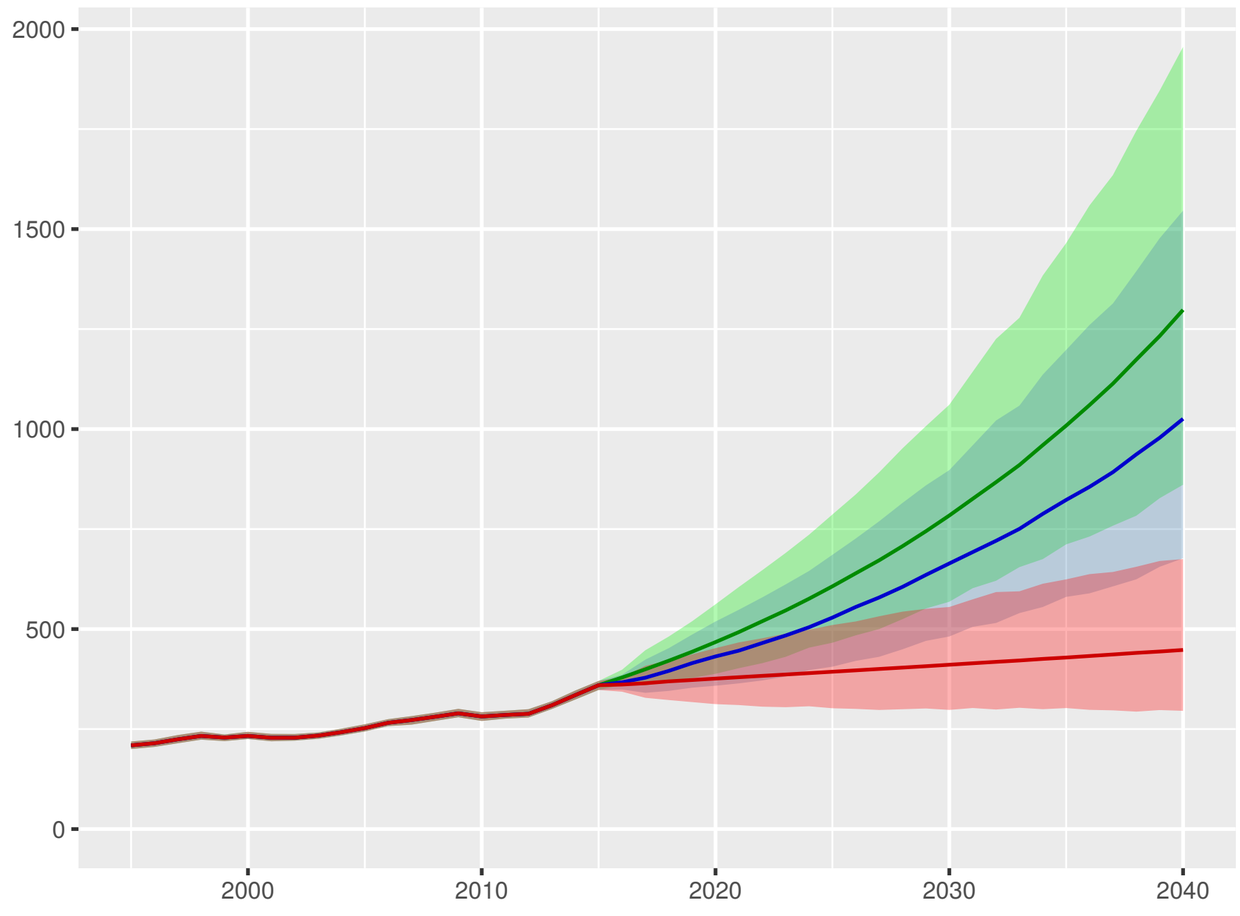
Scenario — Better — Reference — Worse

Sri Lanka

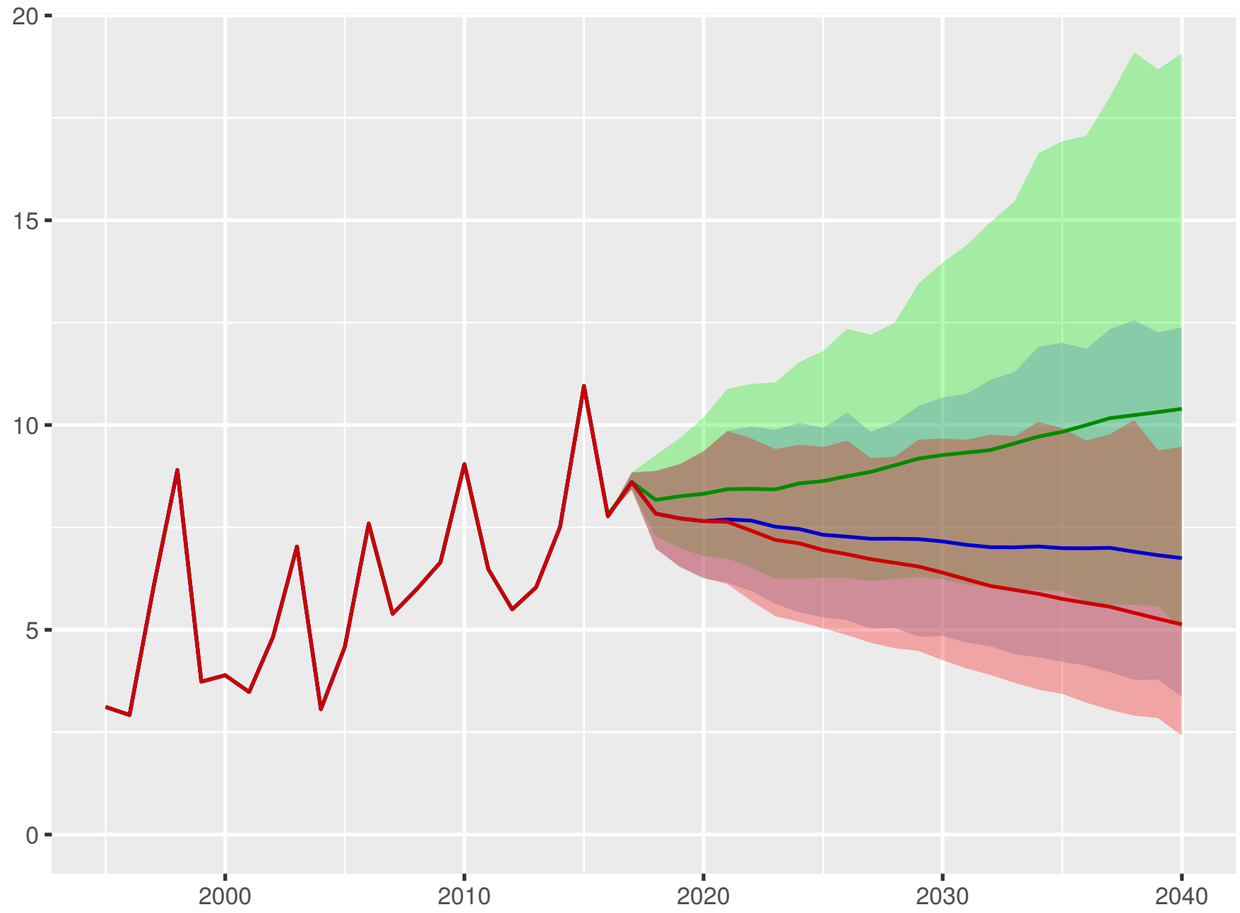
Universal health coverage index



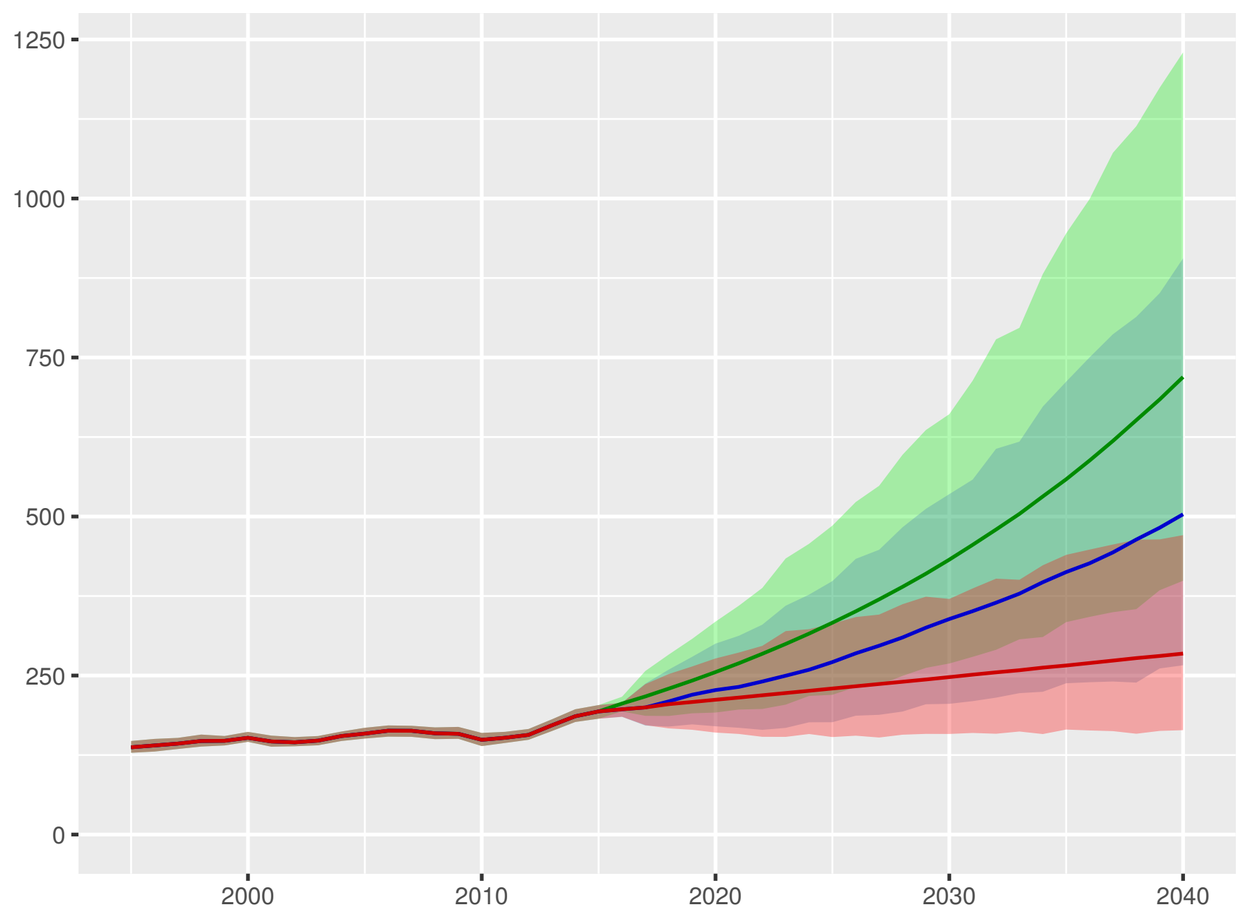
Total health spending per person



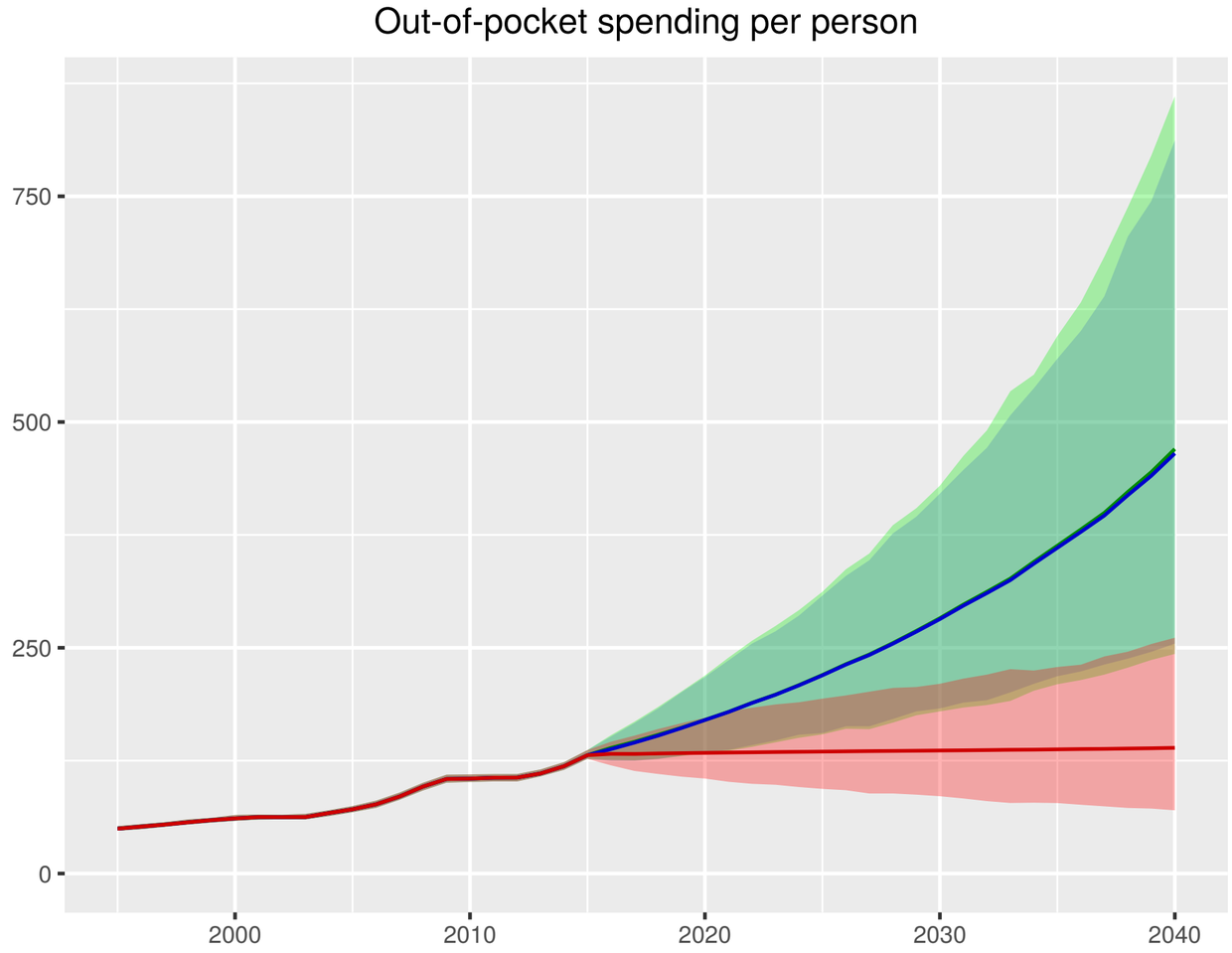
Development assistance for health received per person



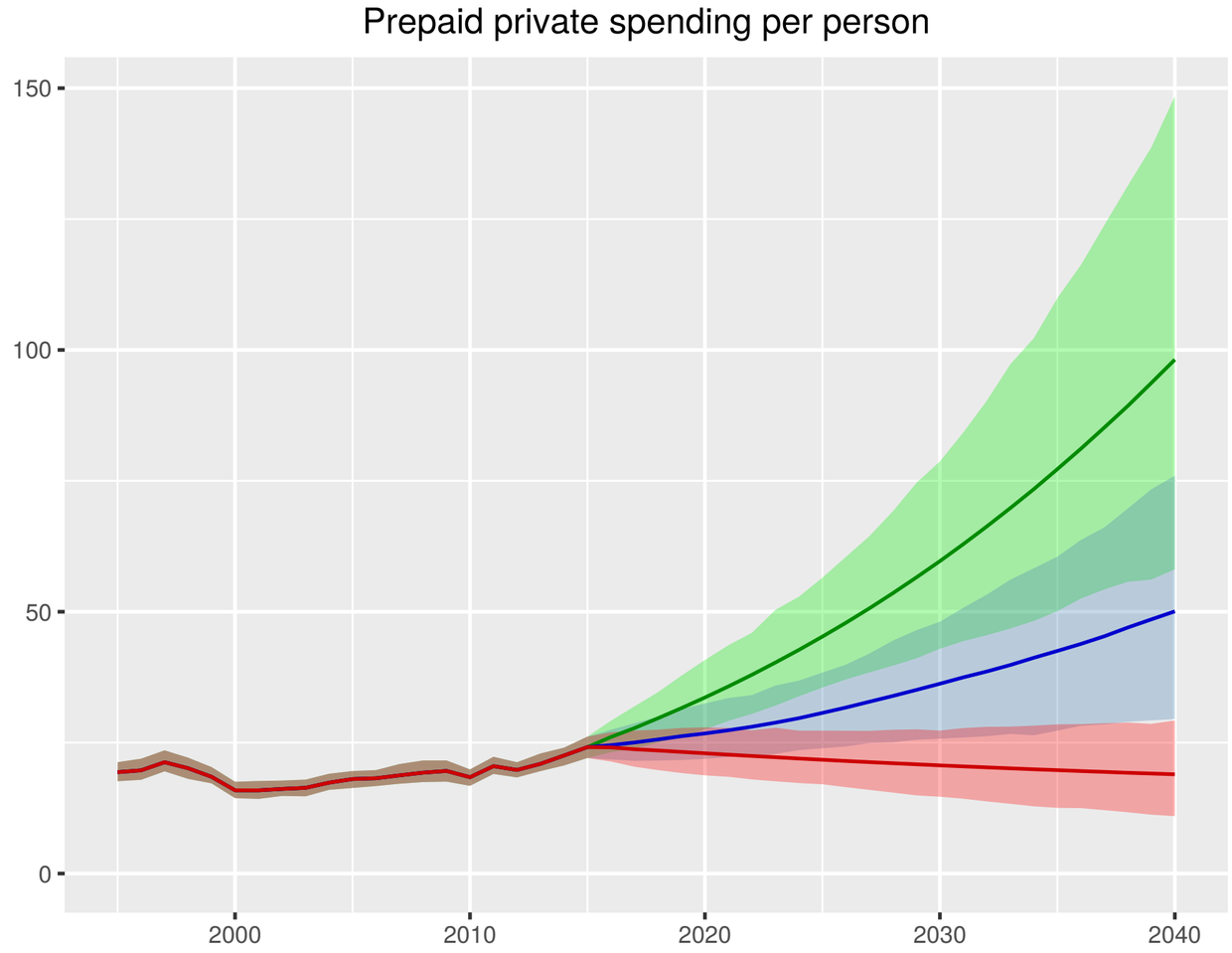
Government health spending per person



Out-of-pocket spending per person



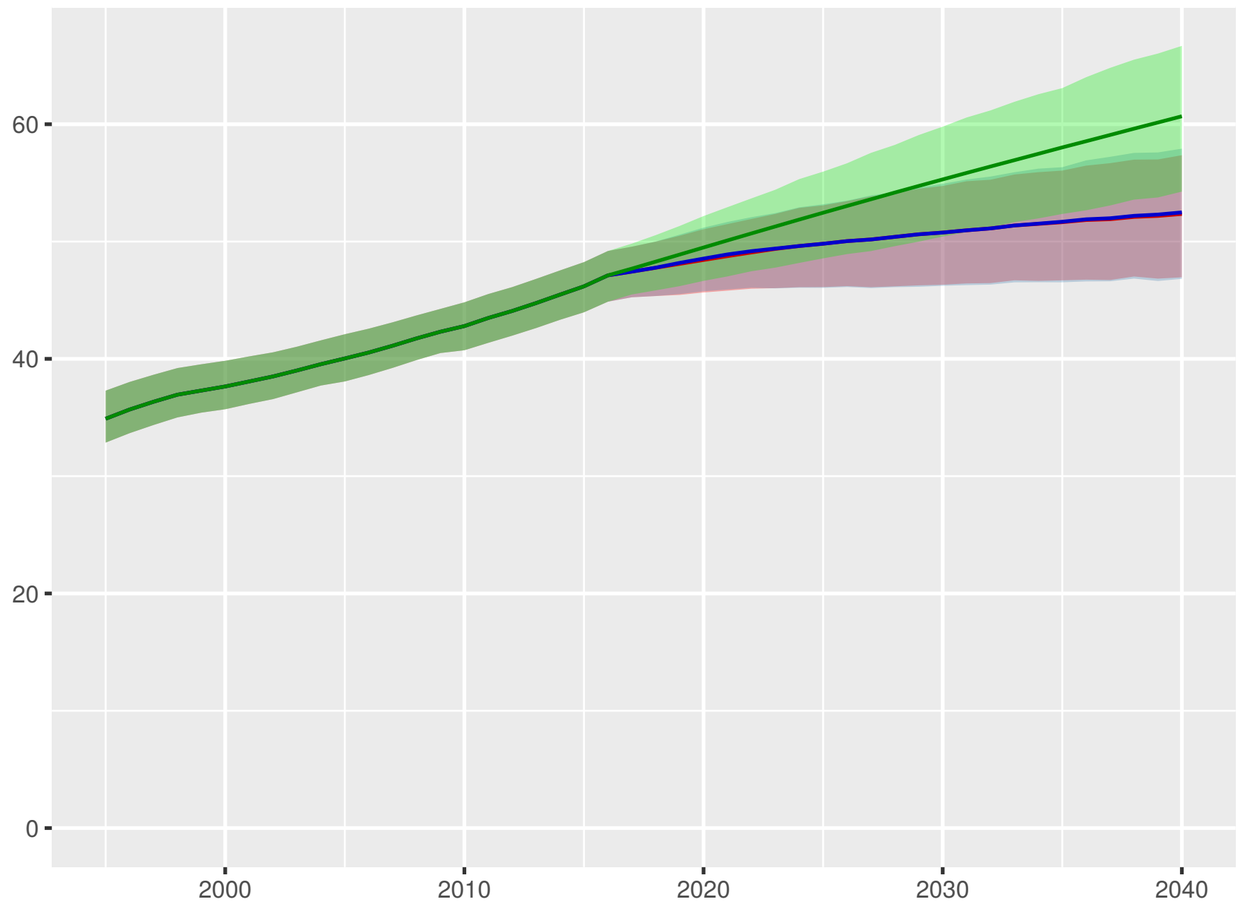
Prepaid private spending per person



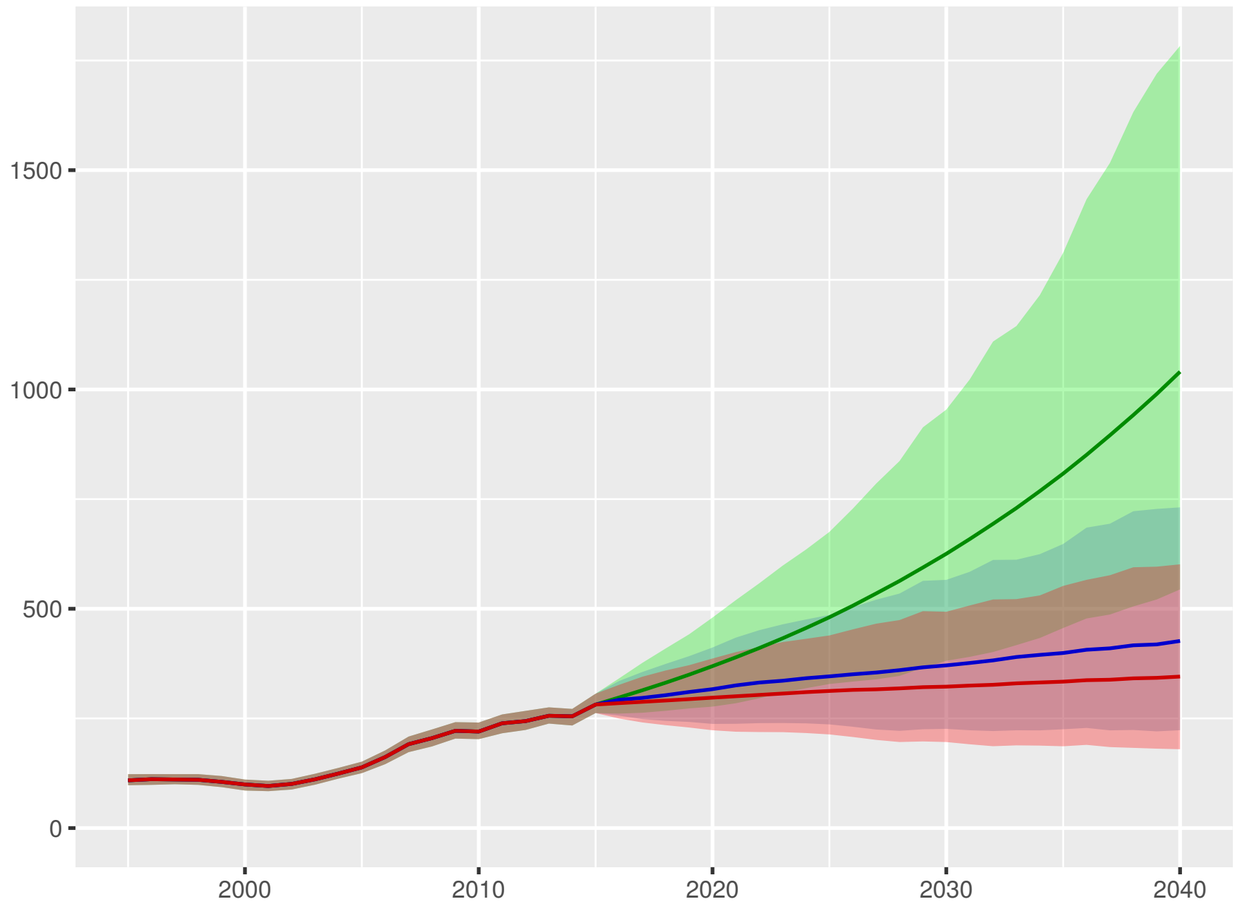
Scenario — Better — Reference — Worse

Sudan

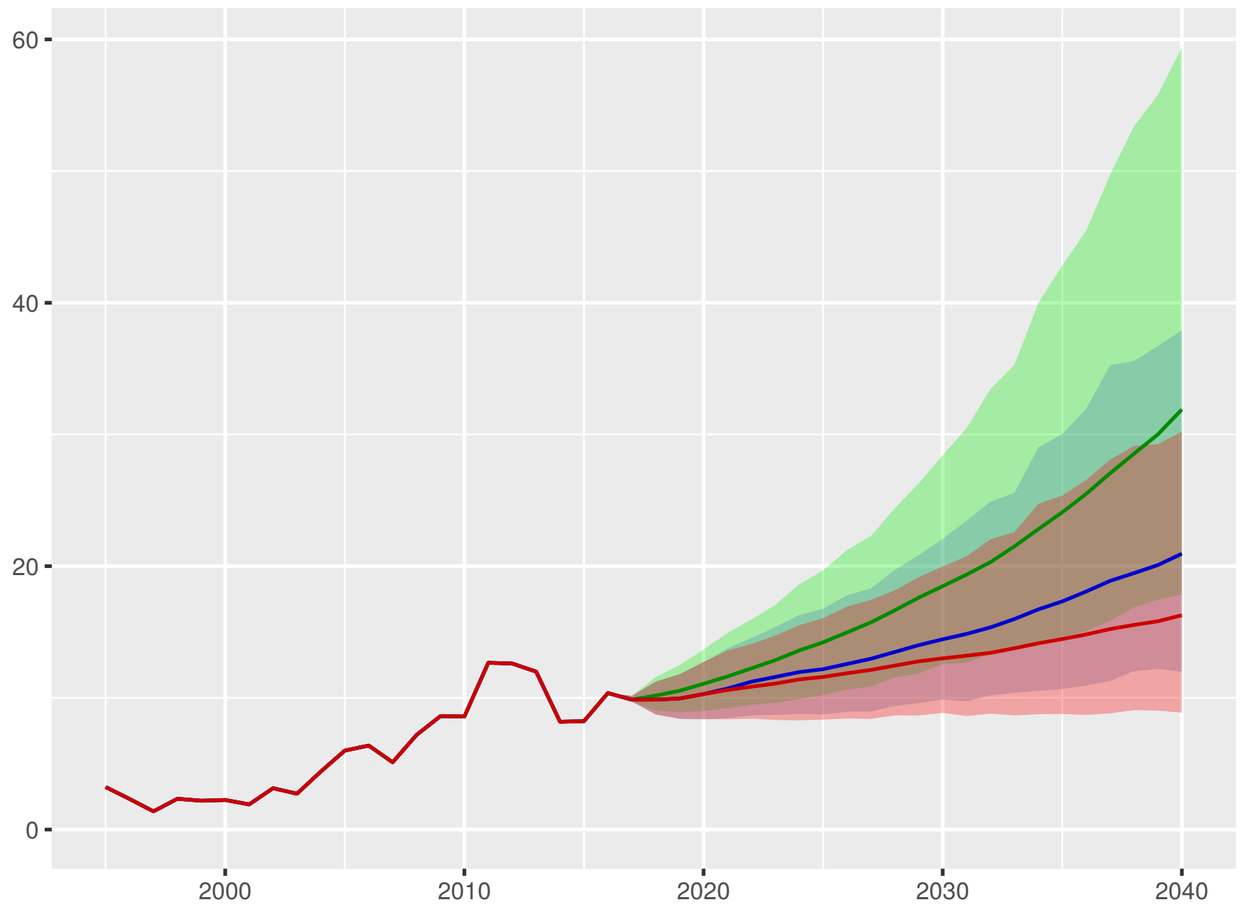
Universal health coverage index



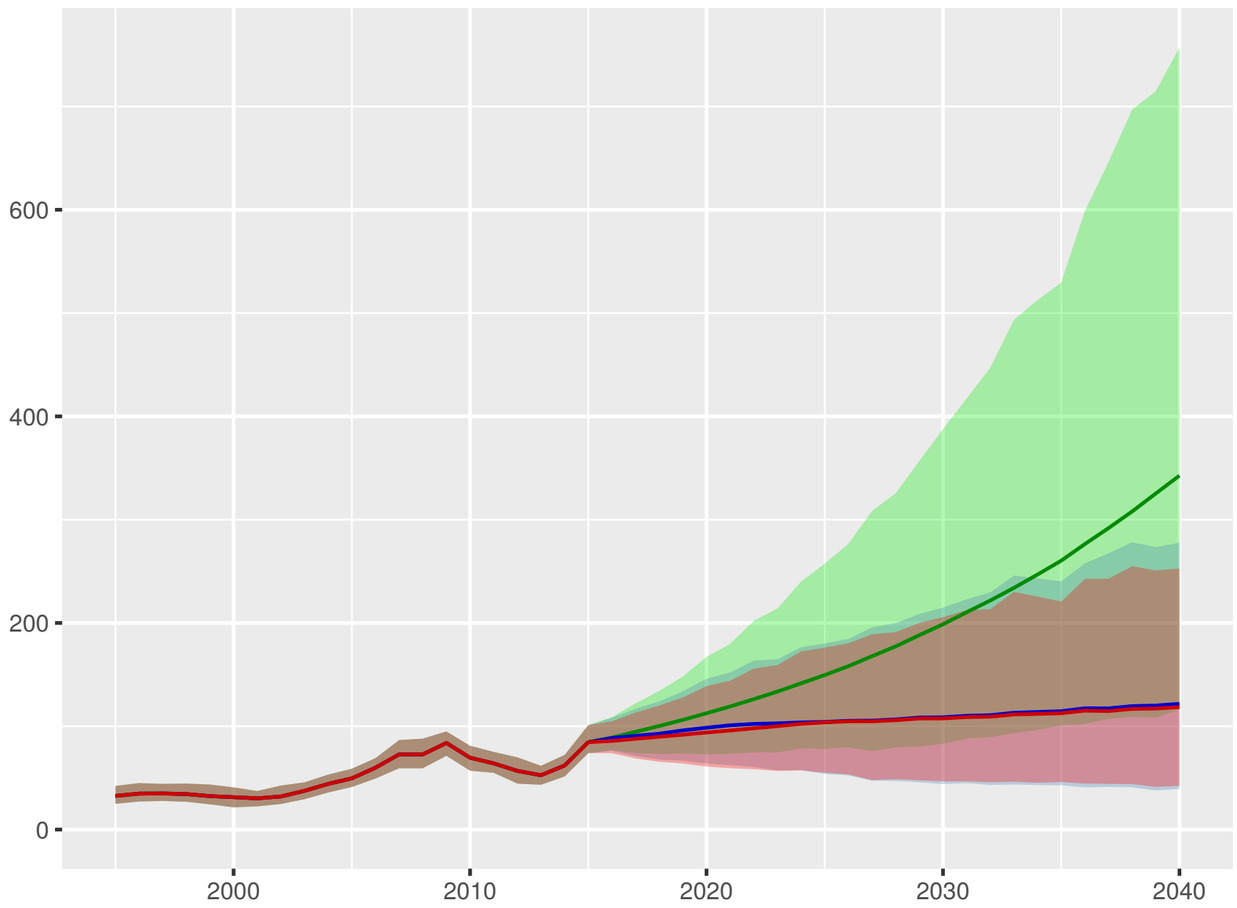
Total health spending per person



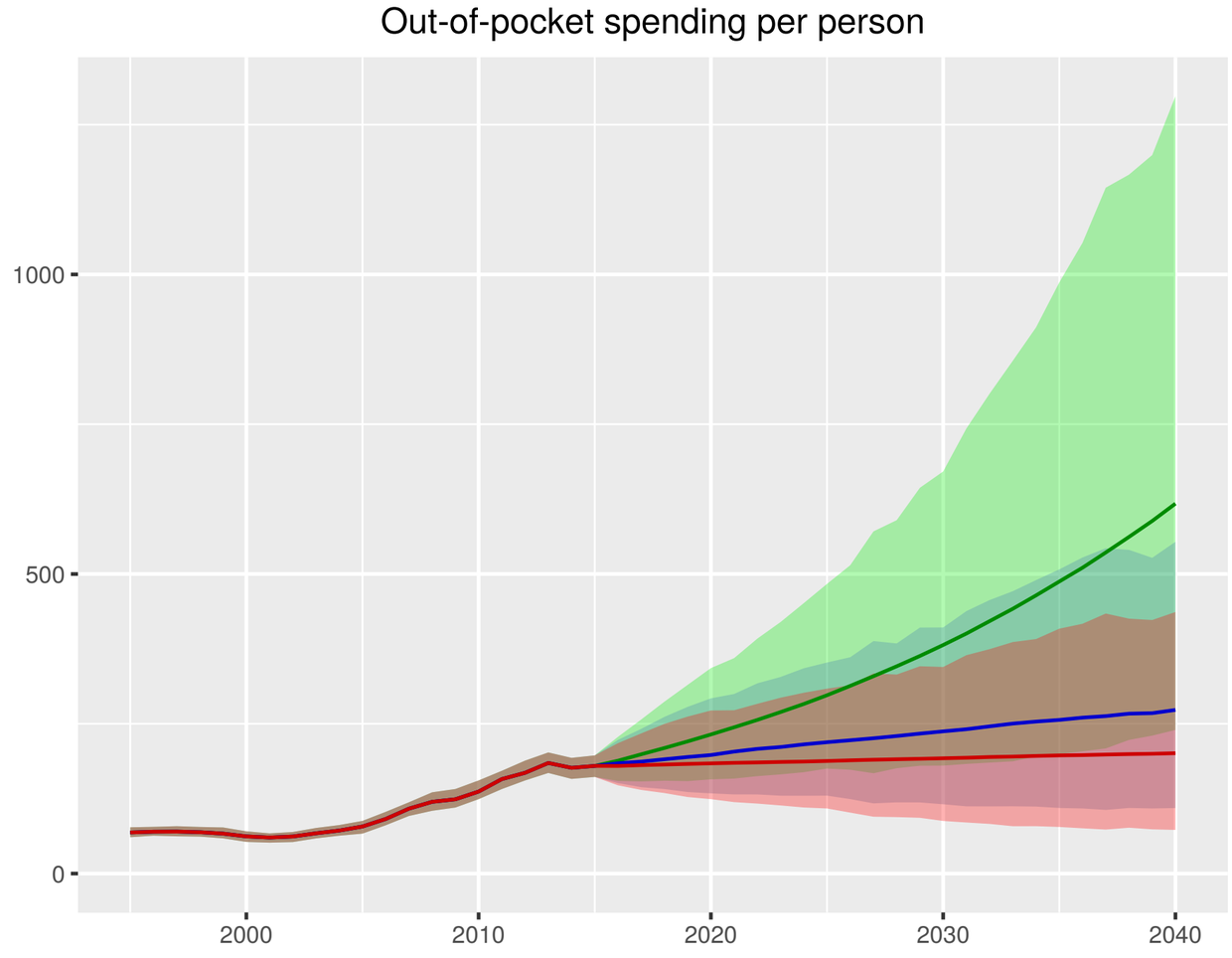
Development assistance for health received per person



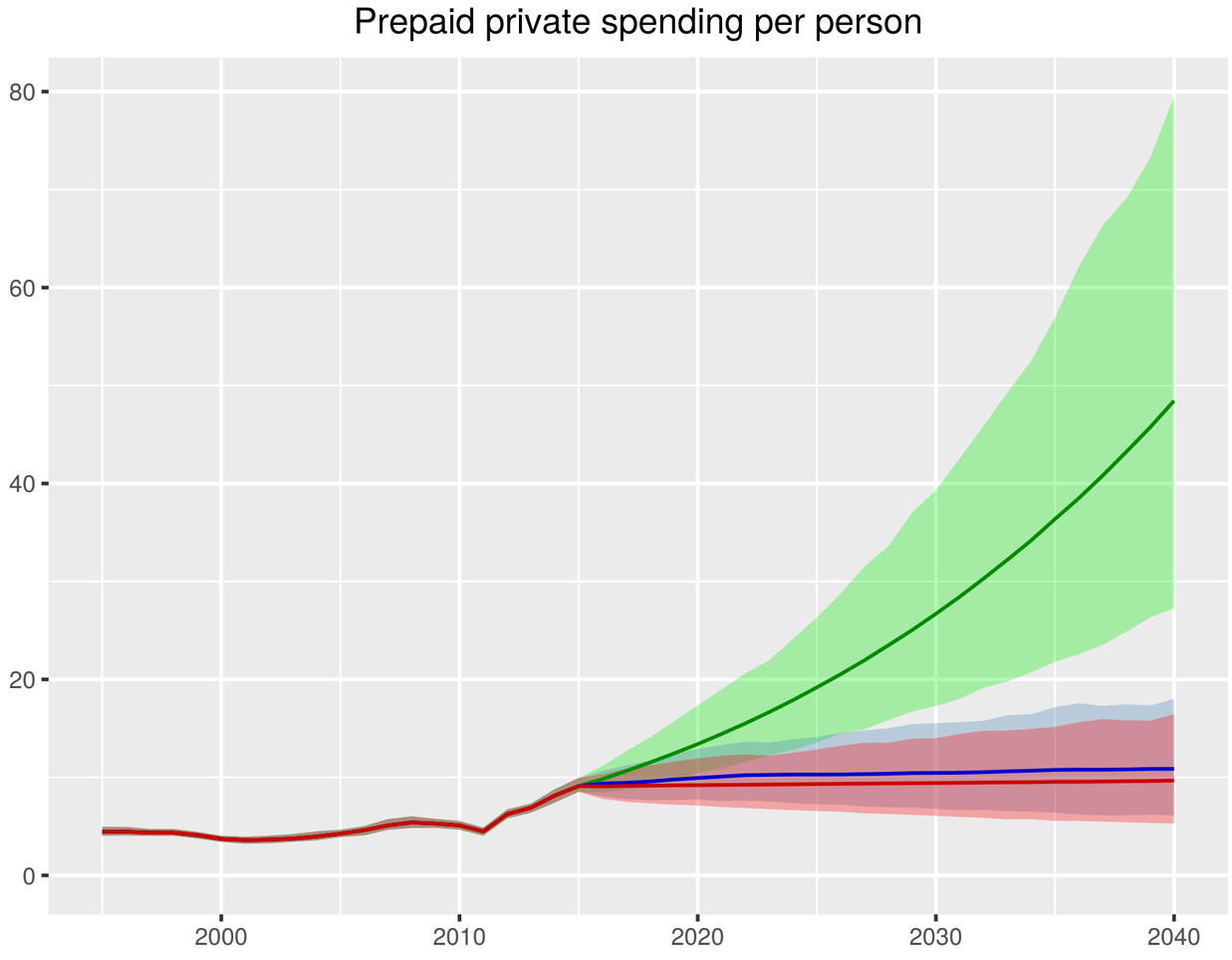
Government health spending per person



Out-of-pocket spending per person



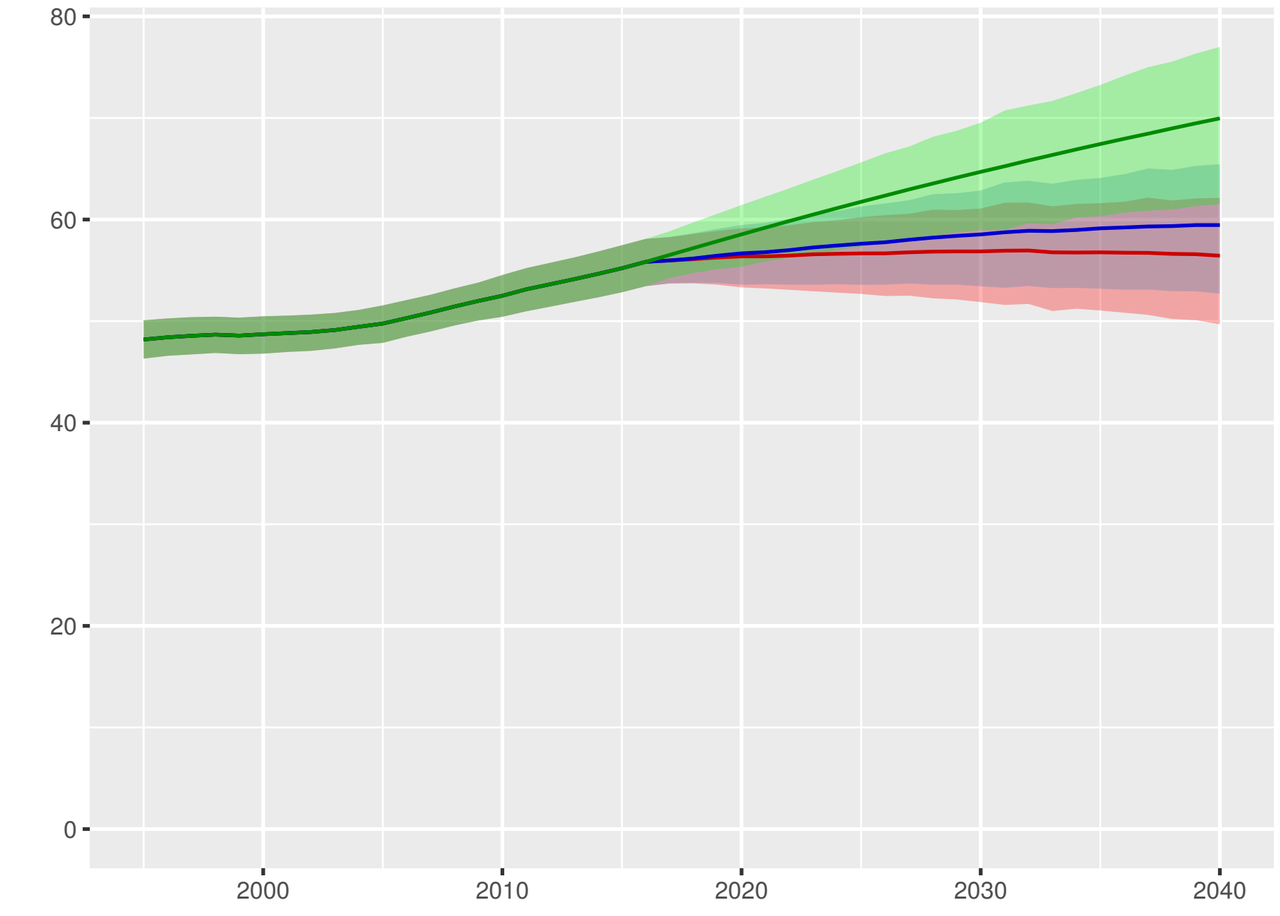
Prepaid private spending per person



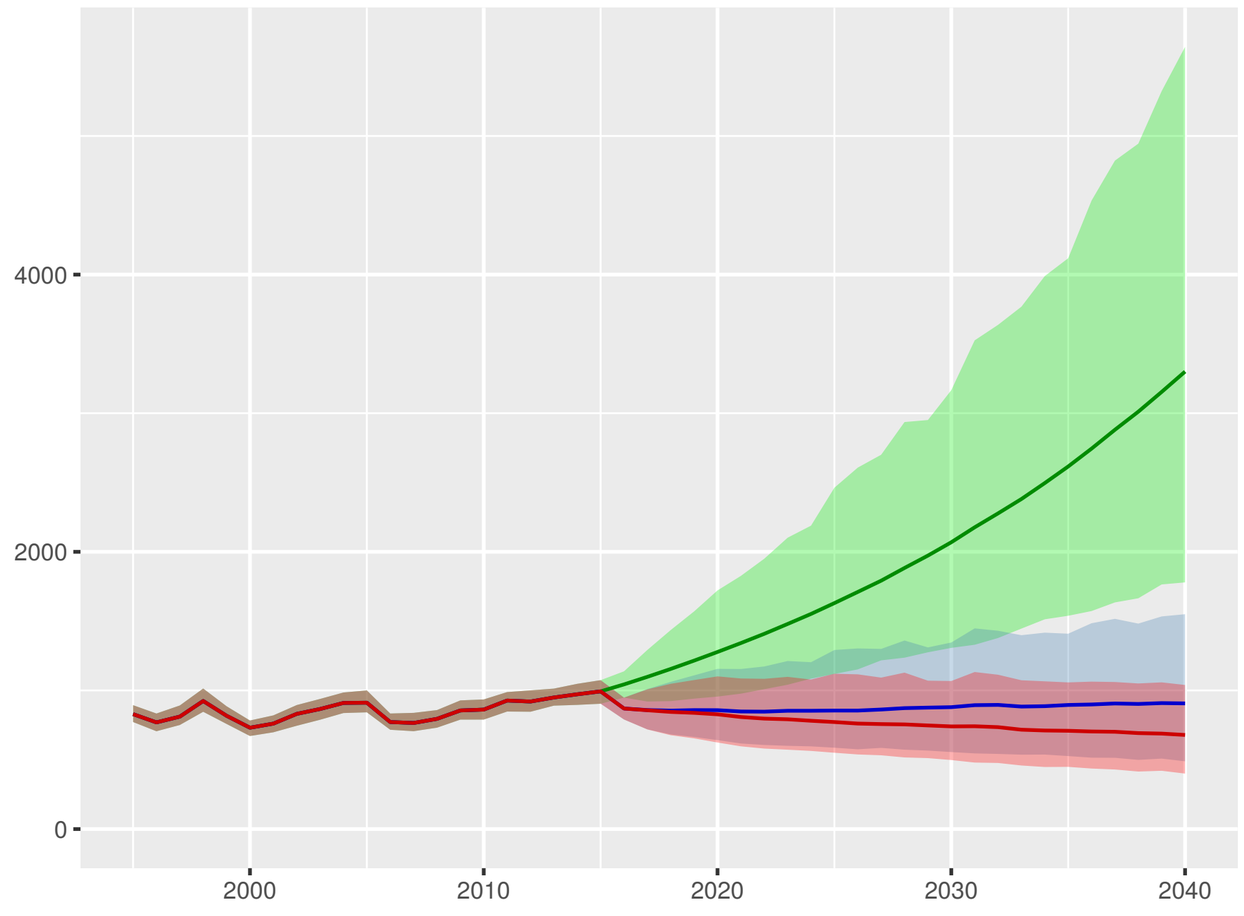
Scenario — Better — Reference — Worse

Suriname

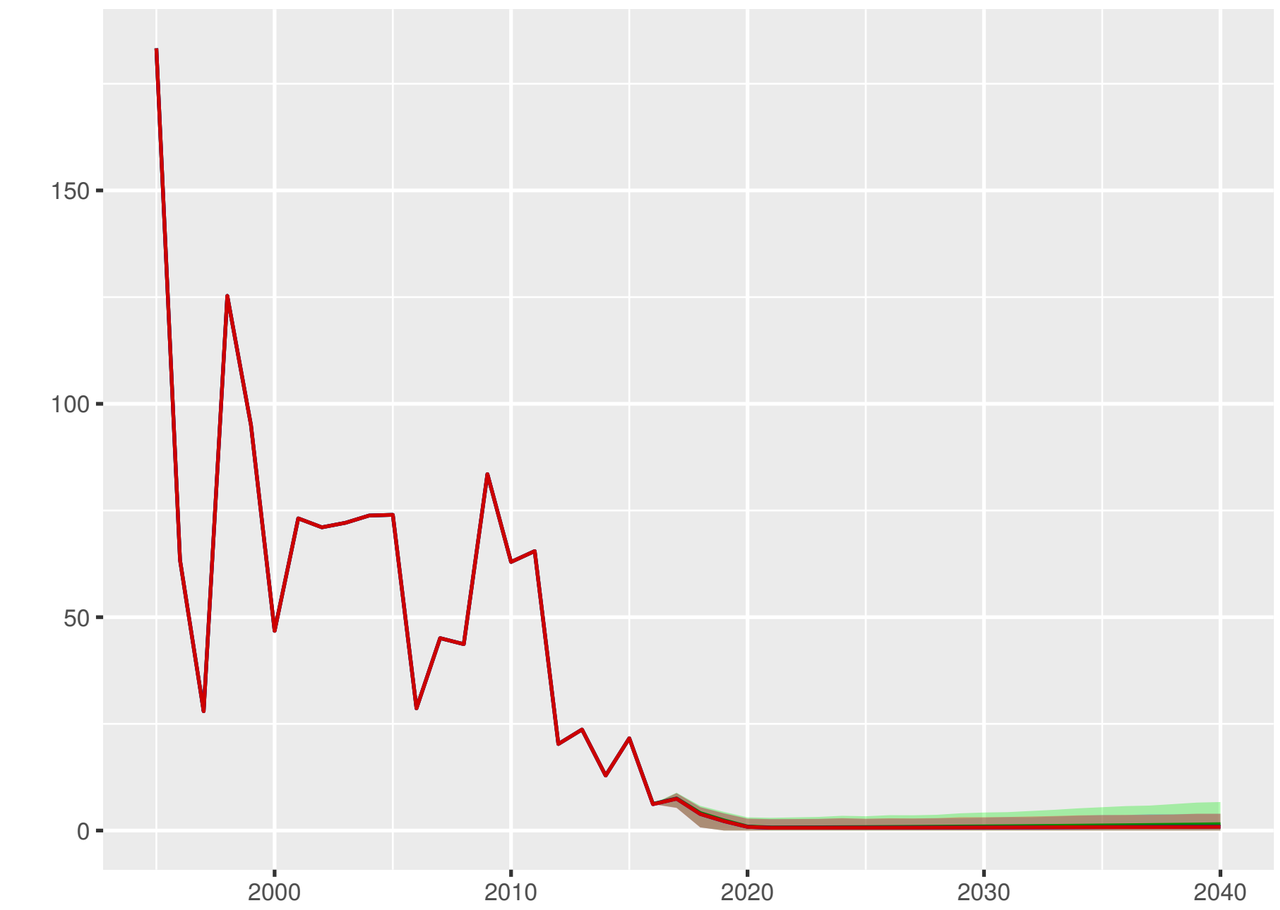
Universal health coverage index



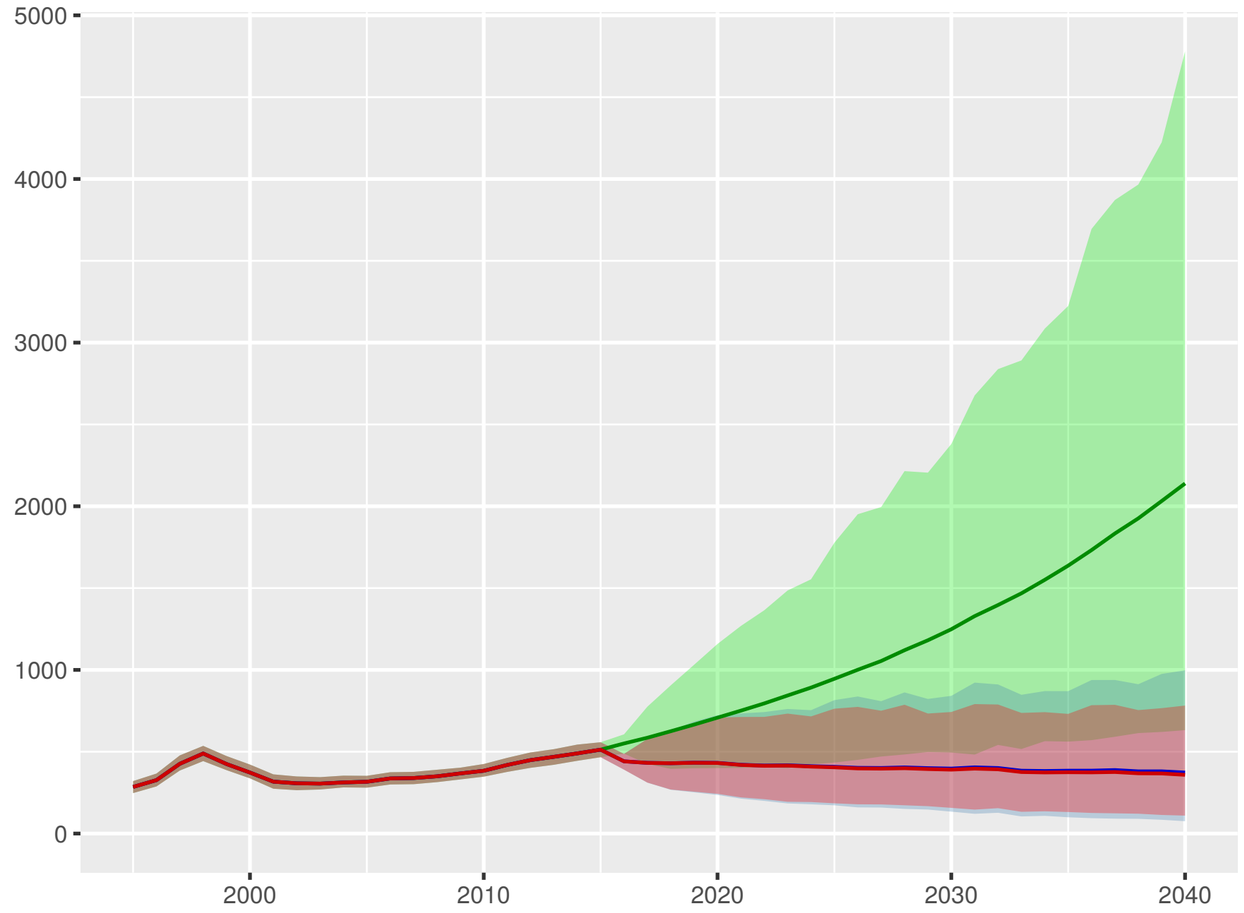
Total health spending per person



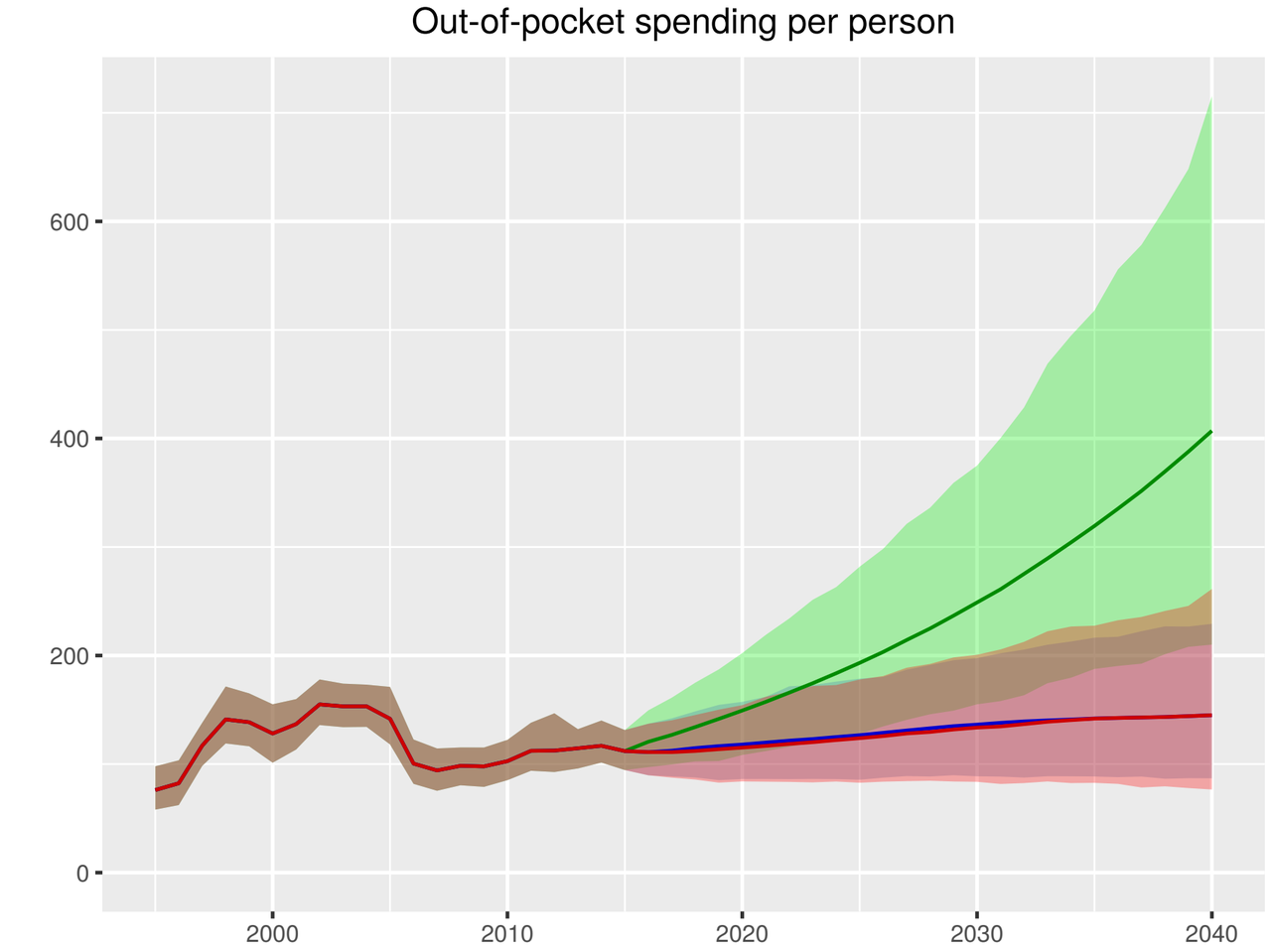
Development assistance for health received per person



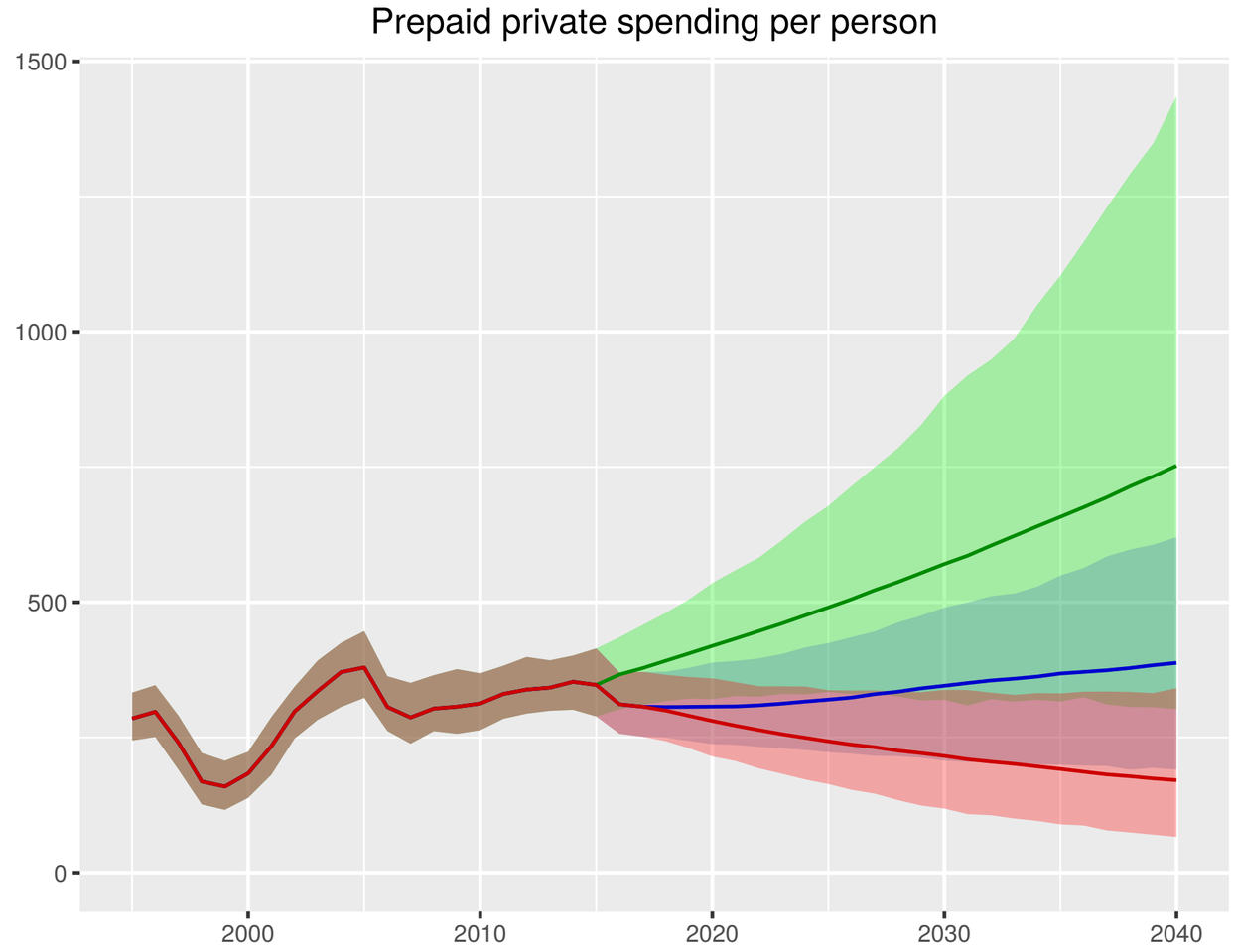
Government health spending per person



Out-of-pocket spending per person



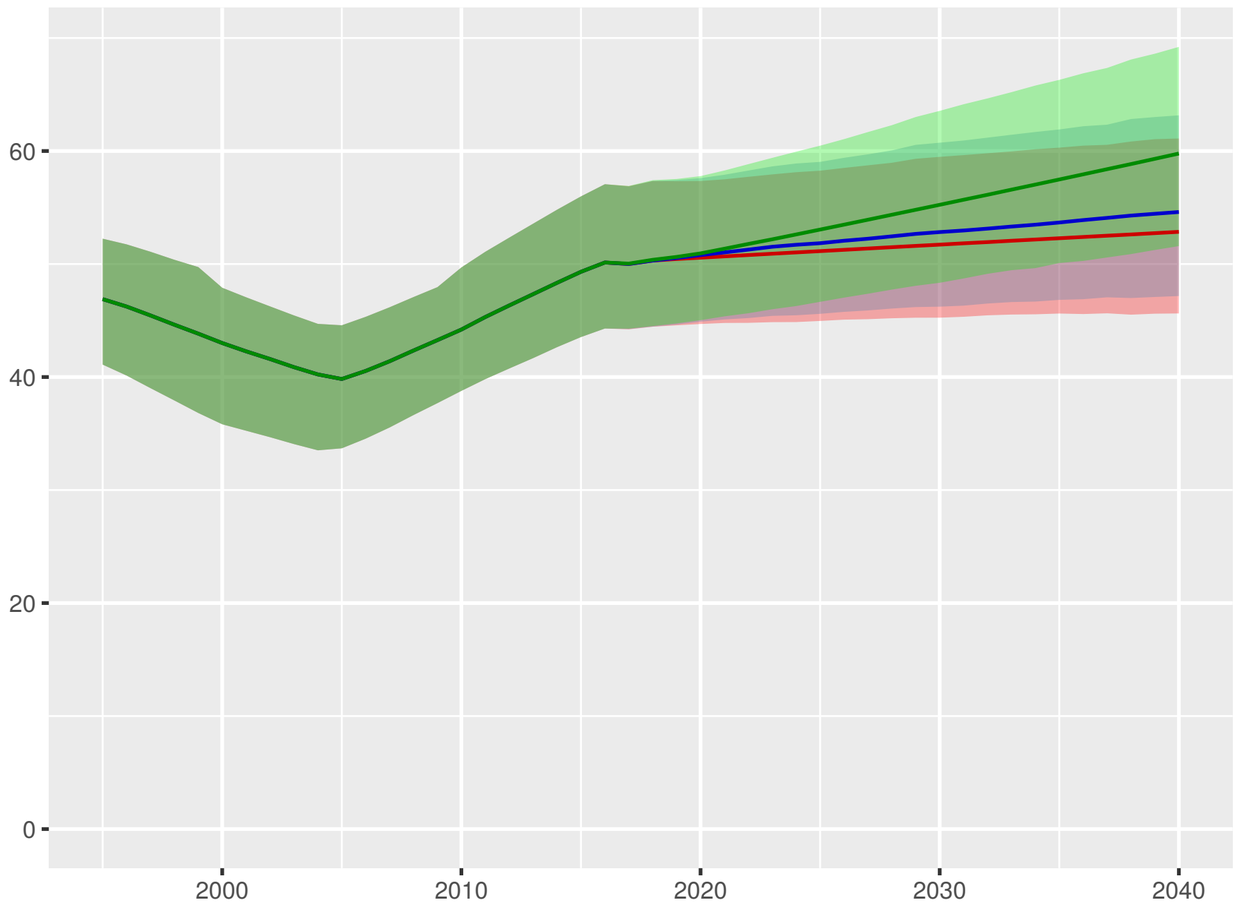
Prepaid private spending per person



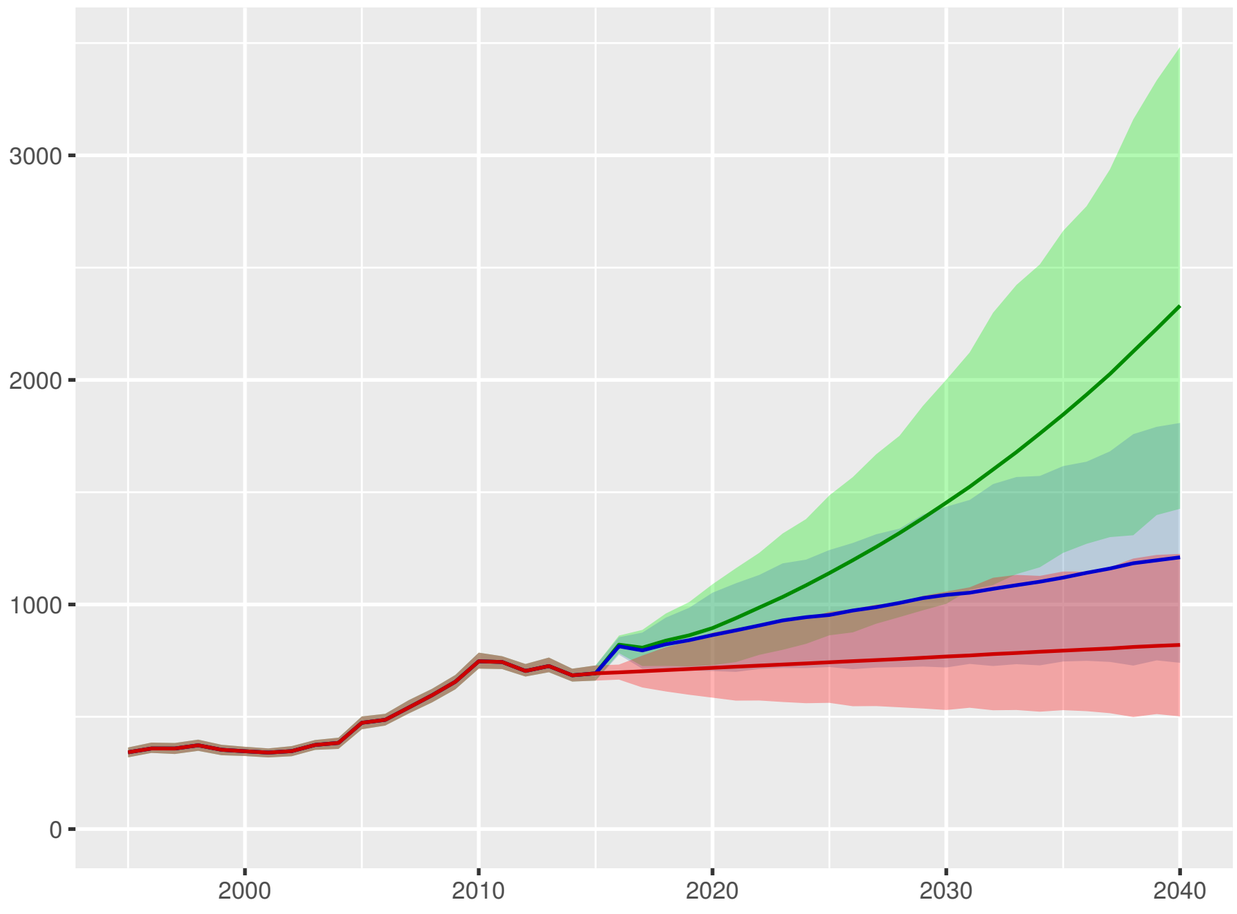
Scenario — Better — Reference — Worse

Swaziland

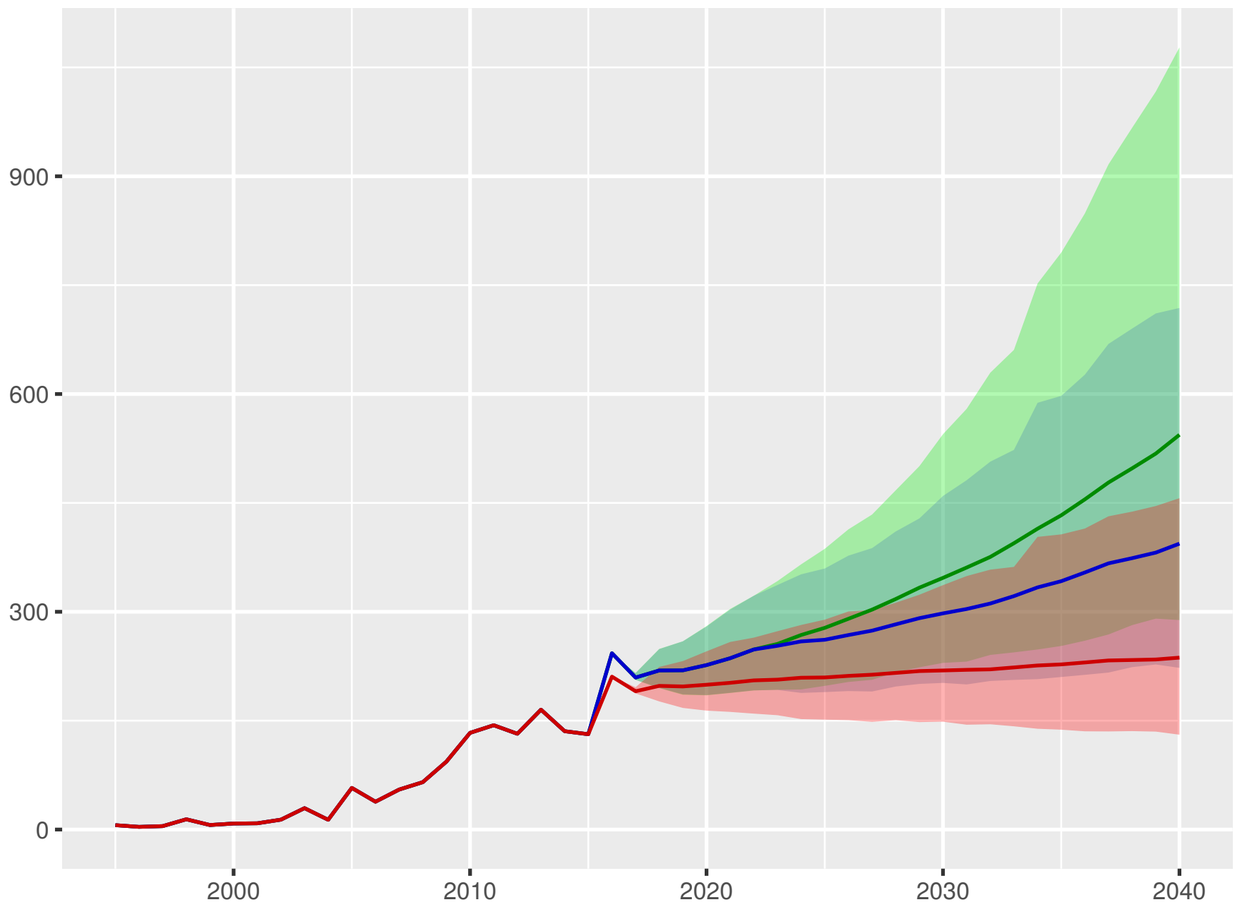
Universal health coverage index



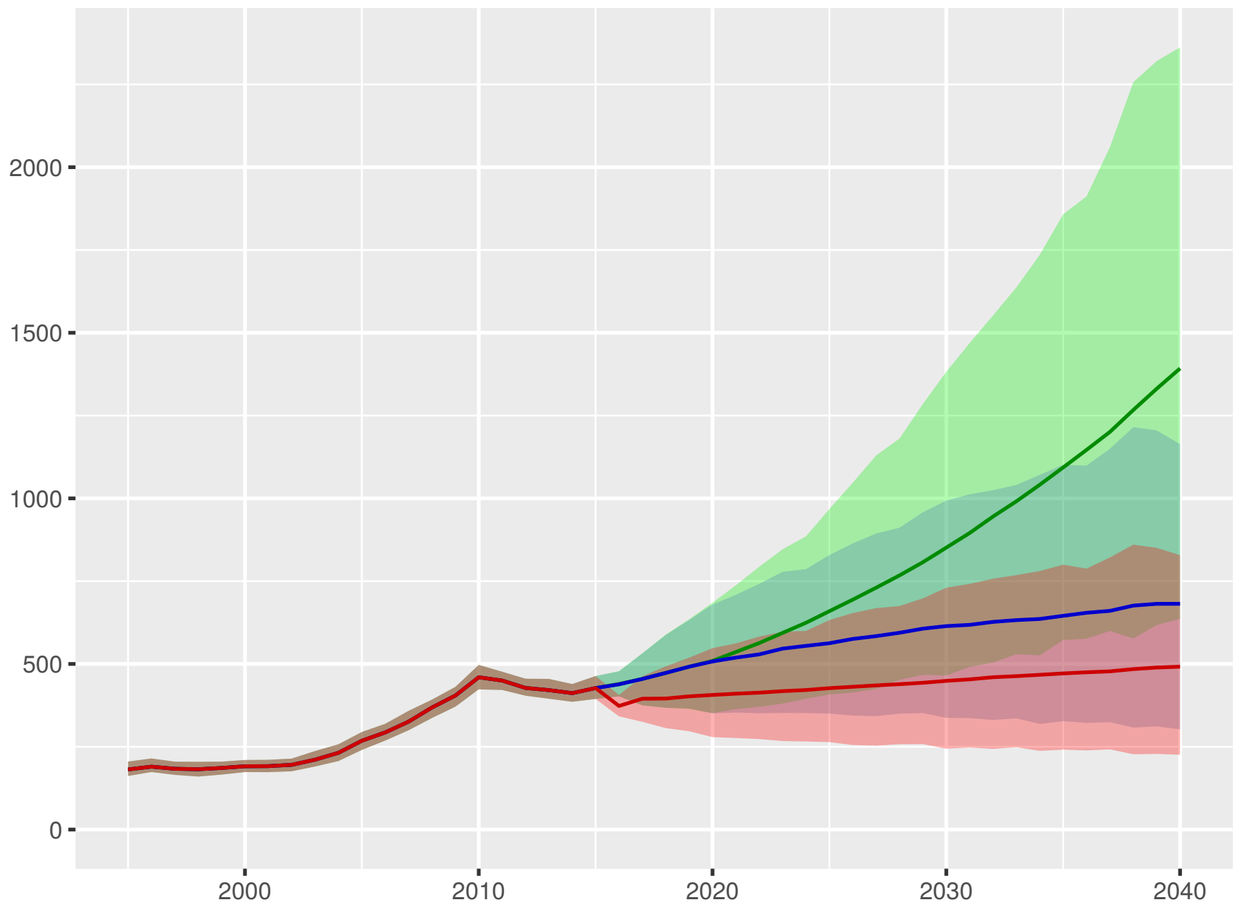
Total health spending per person



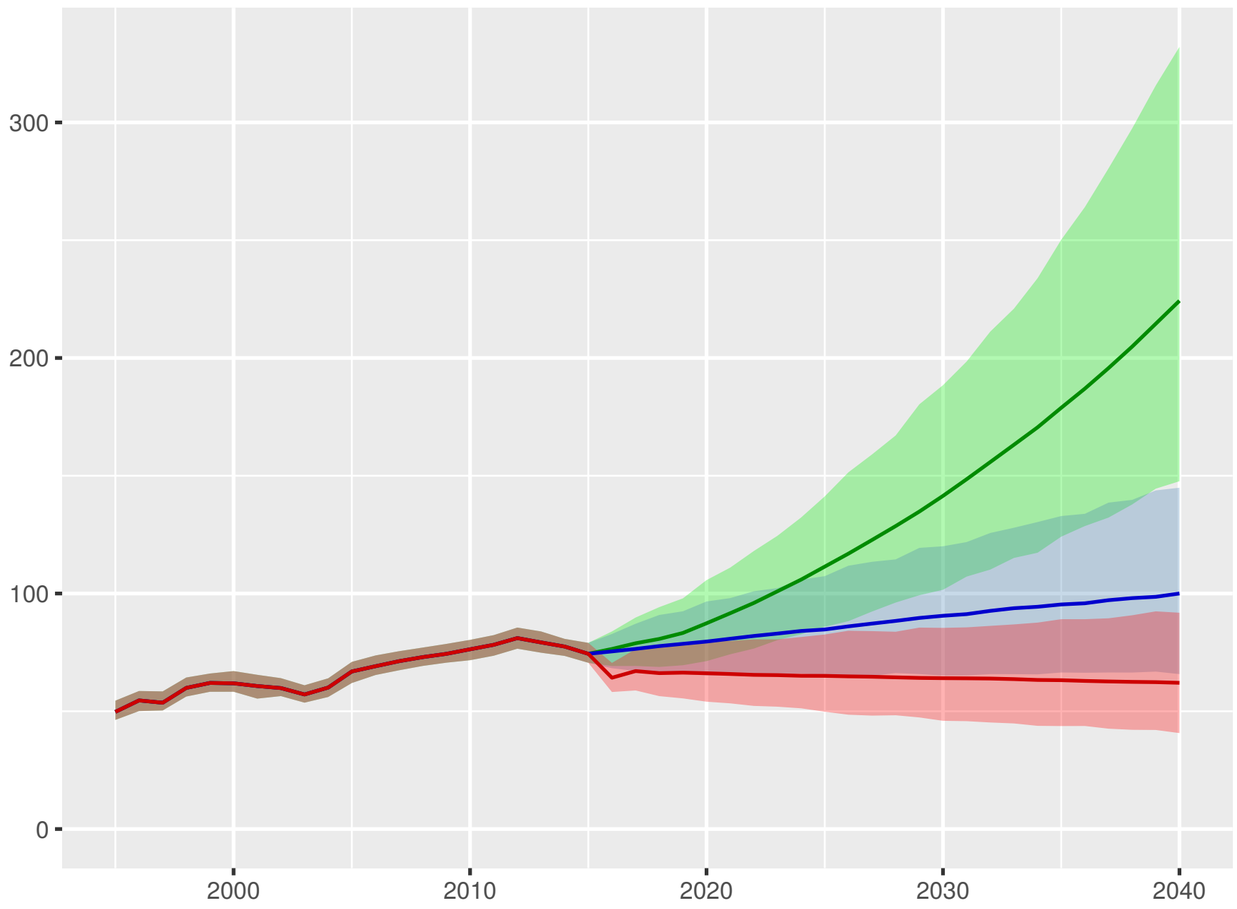
Development assistance for health received per person



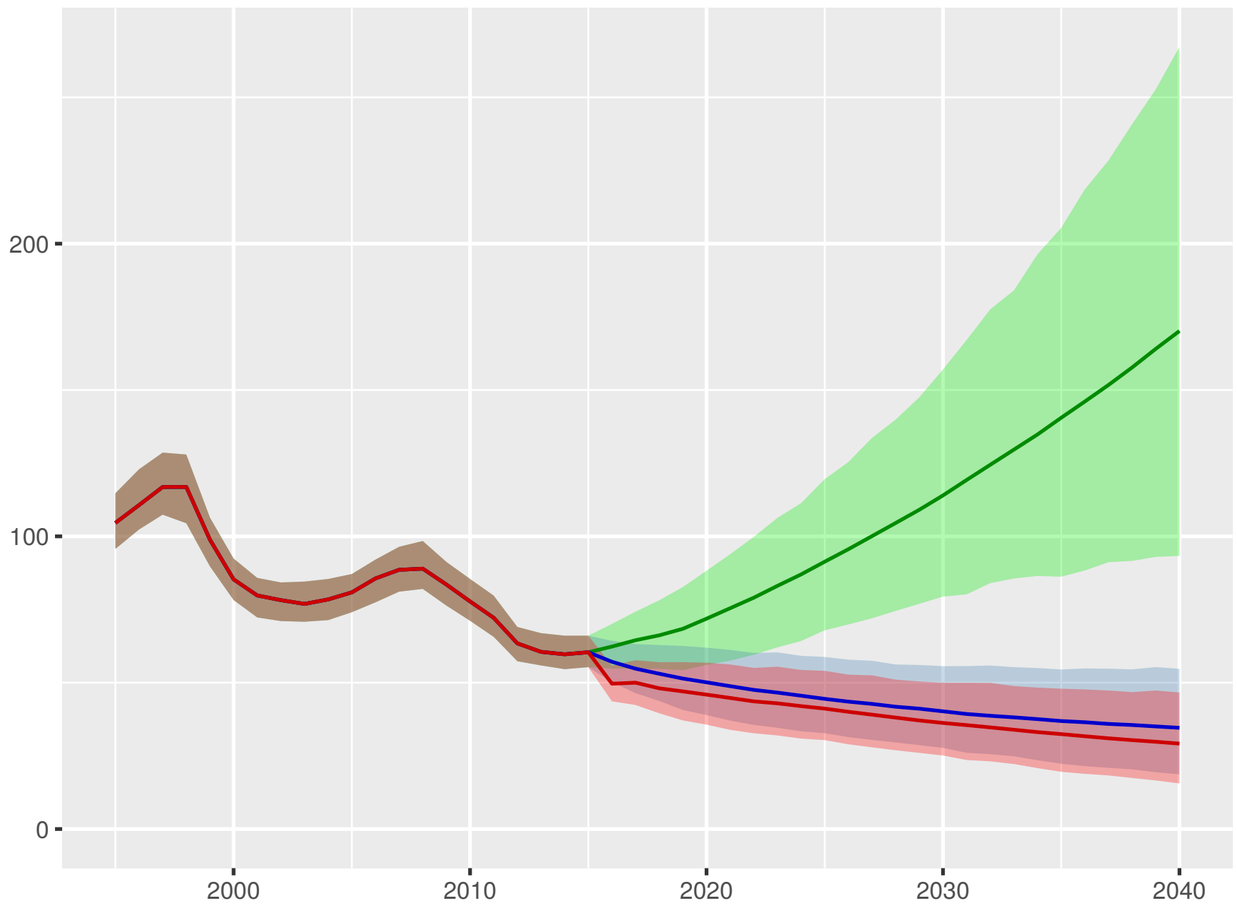
Government health spending per person



Out-of-pocket spending per person



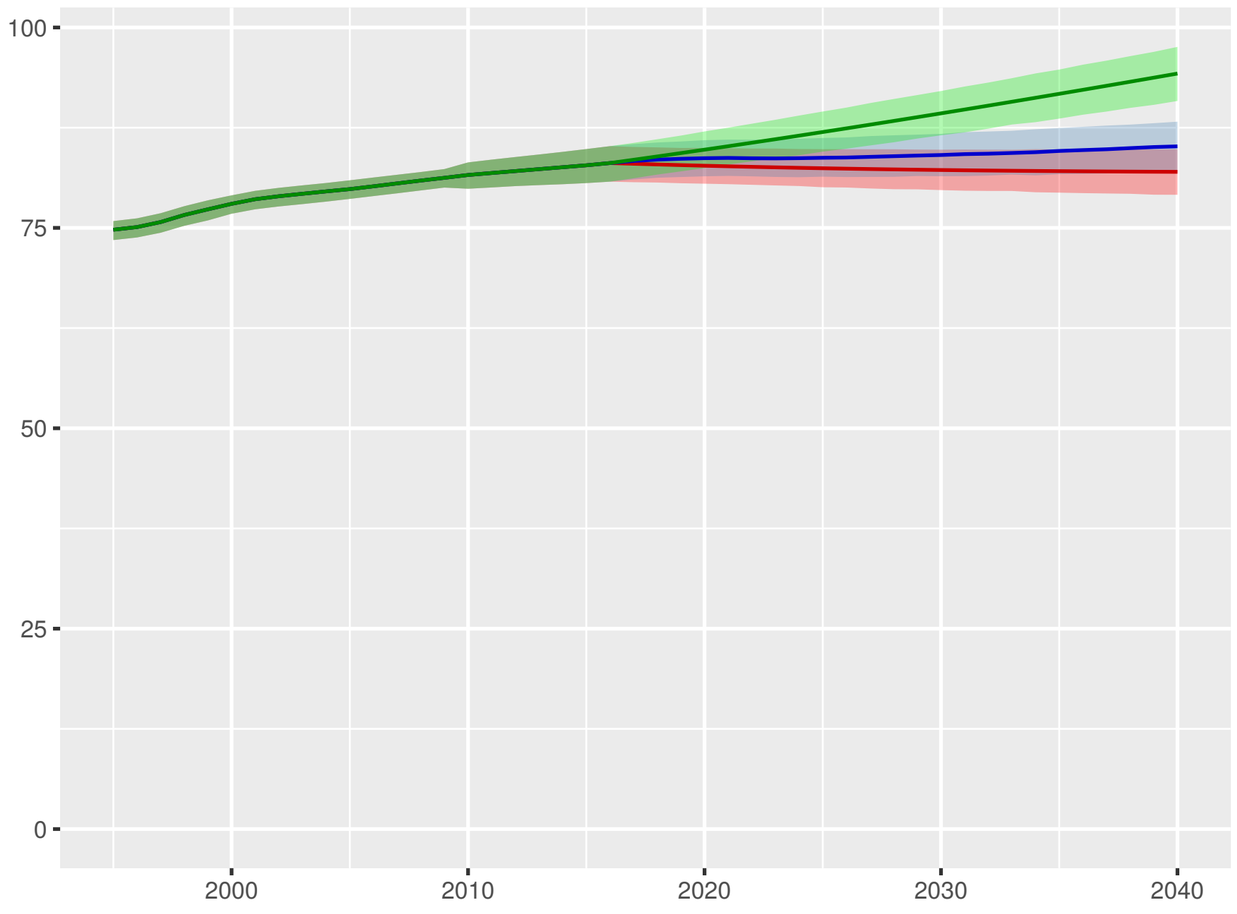
Prepaid private spending per person



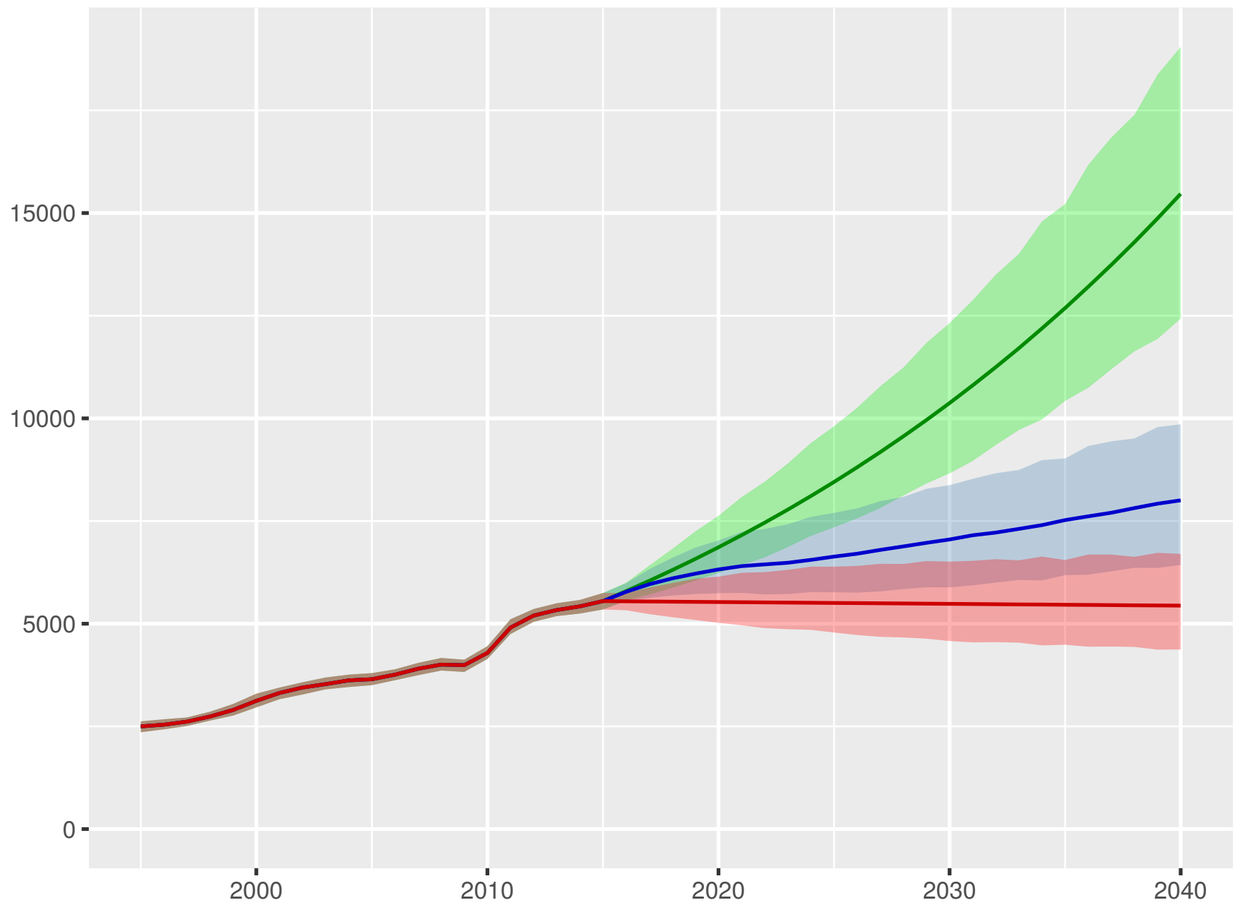
Scenario — Better — Reference — Worse

Sweden

Universal health coverage index

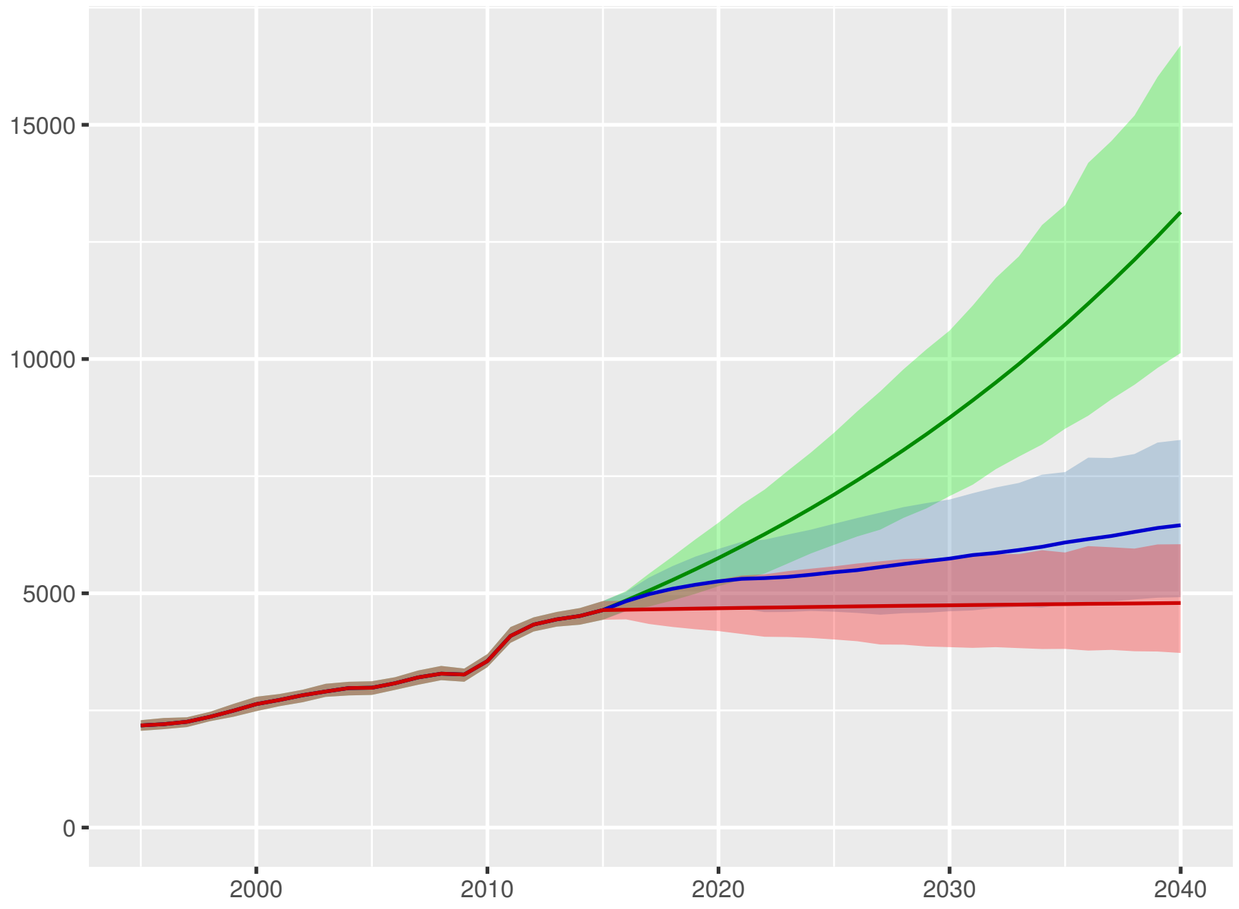


Total health spending per person

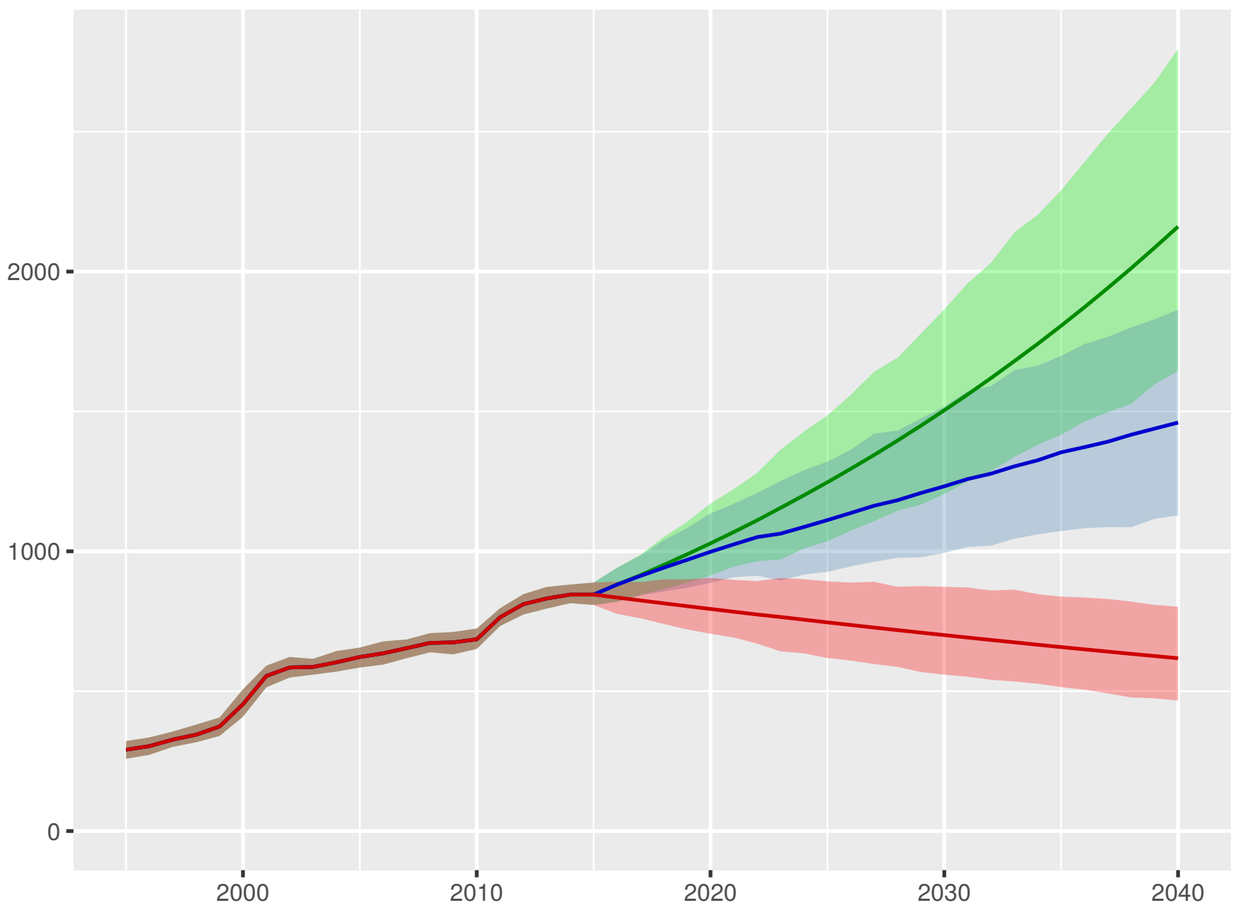


Development assistance for health received per person

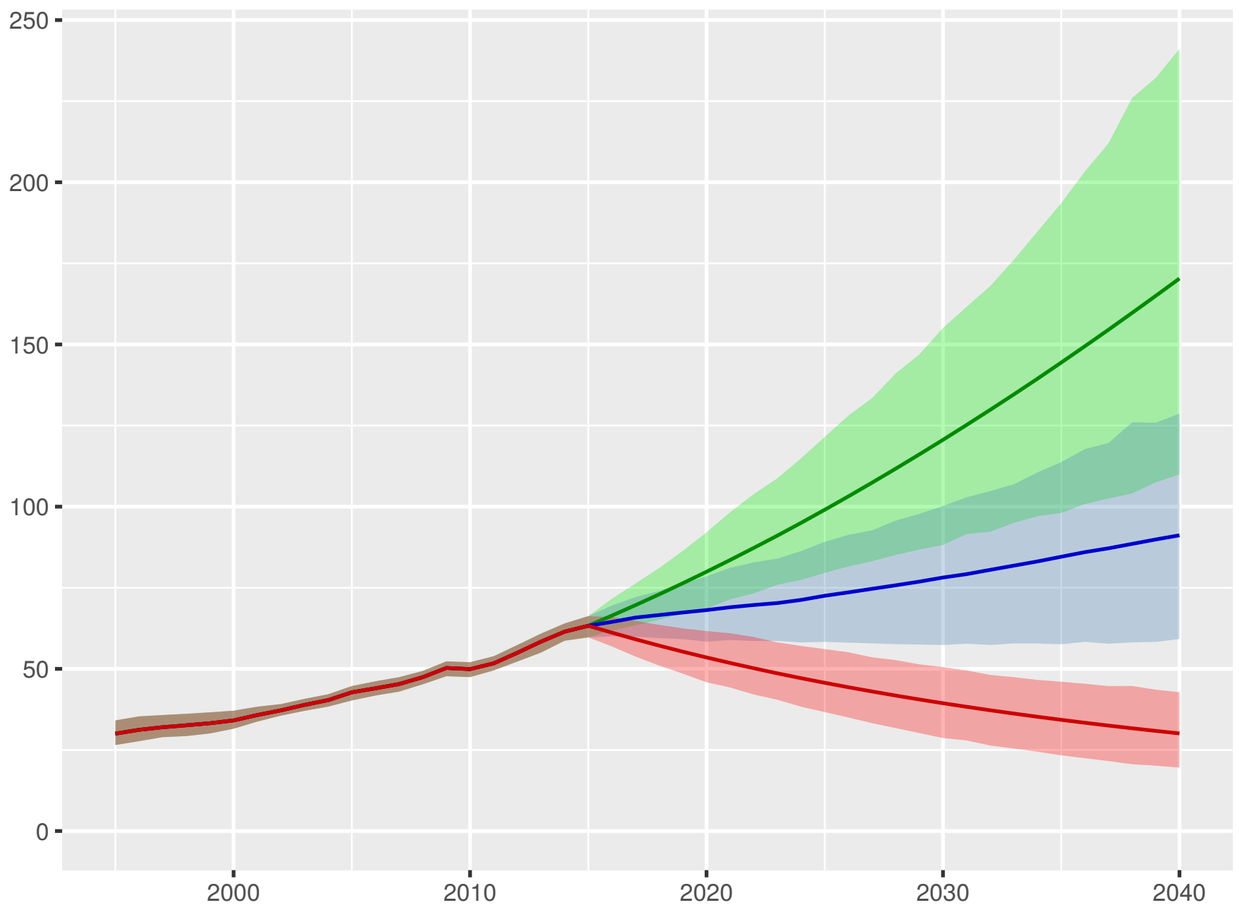
Government health spending per person



Out-of-pocket spending per person



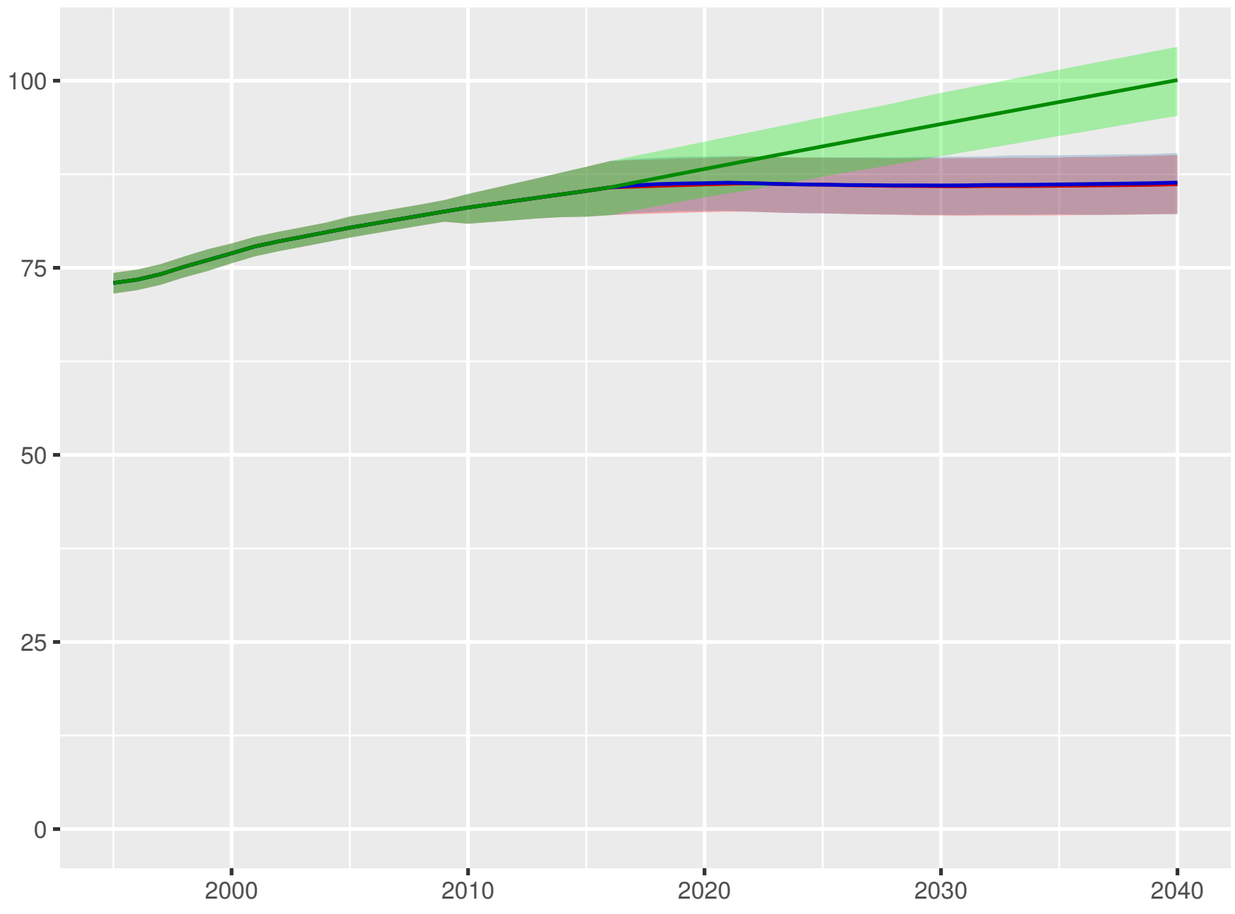
Prepaid private spending per person



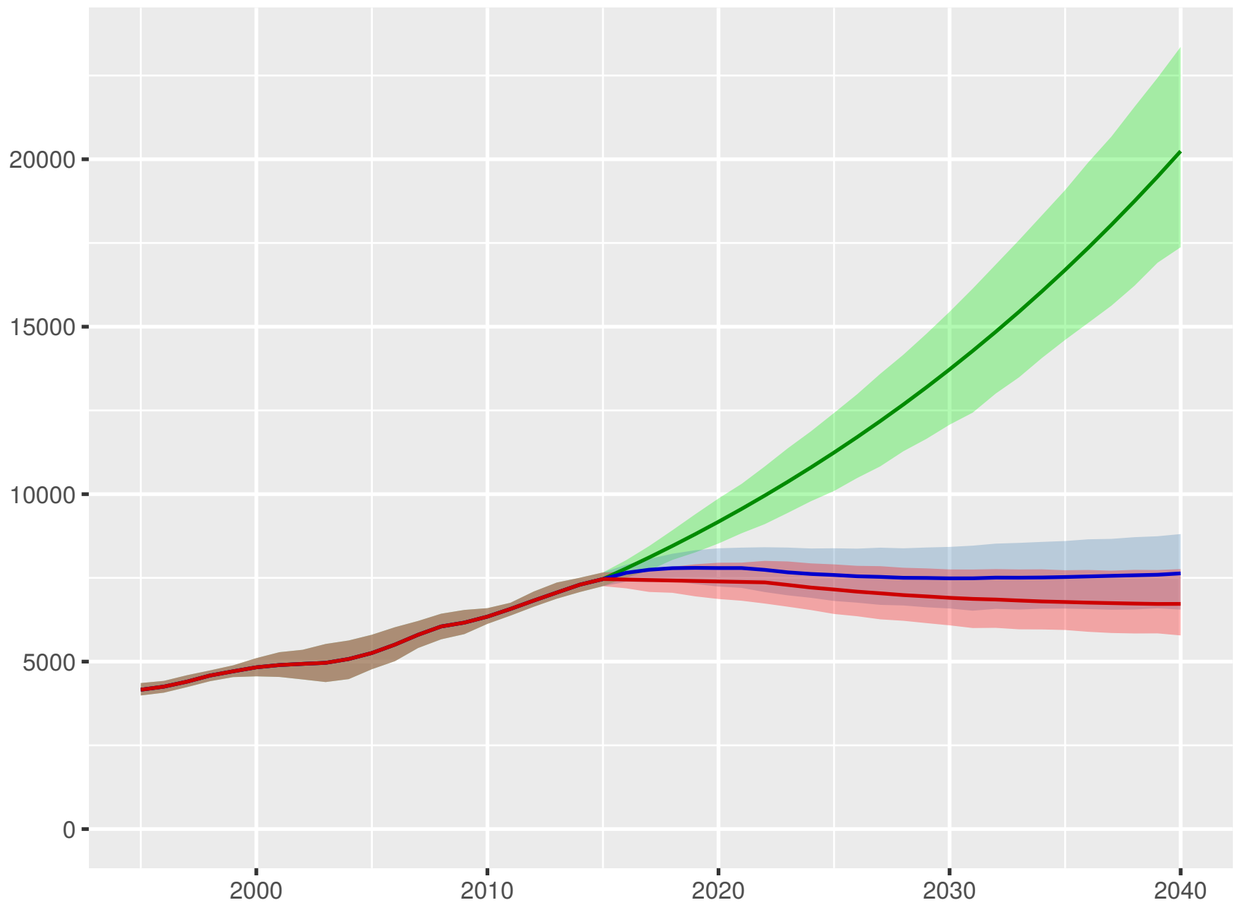
Scenario — Better — Reference — Worse

Switzerland

Universal health coverage index

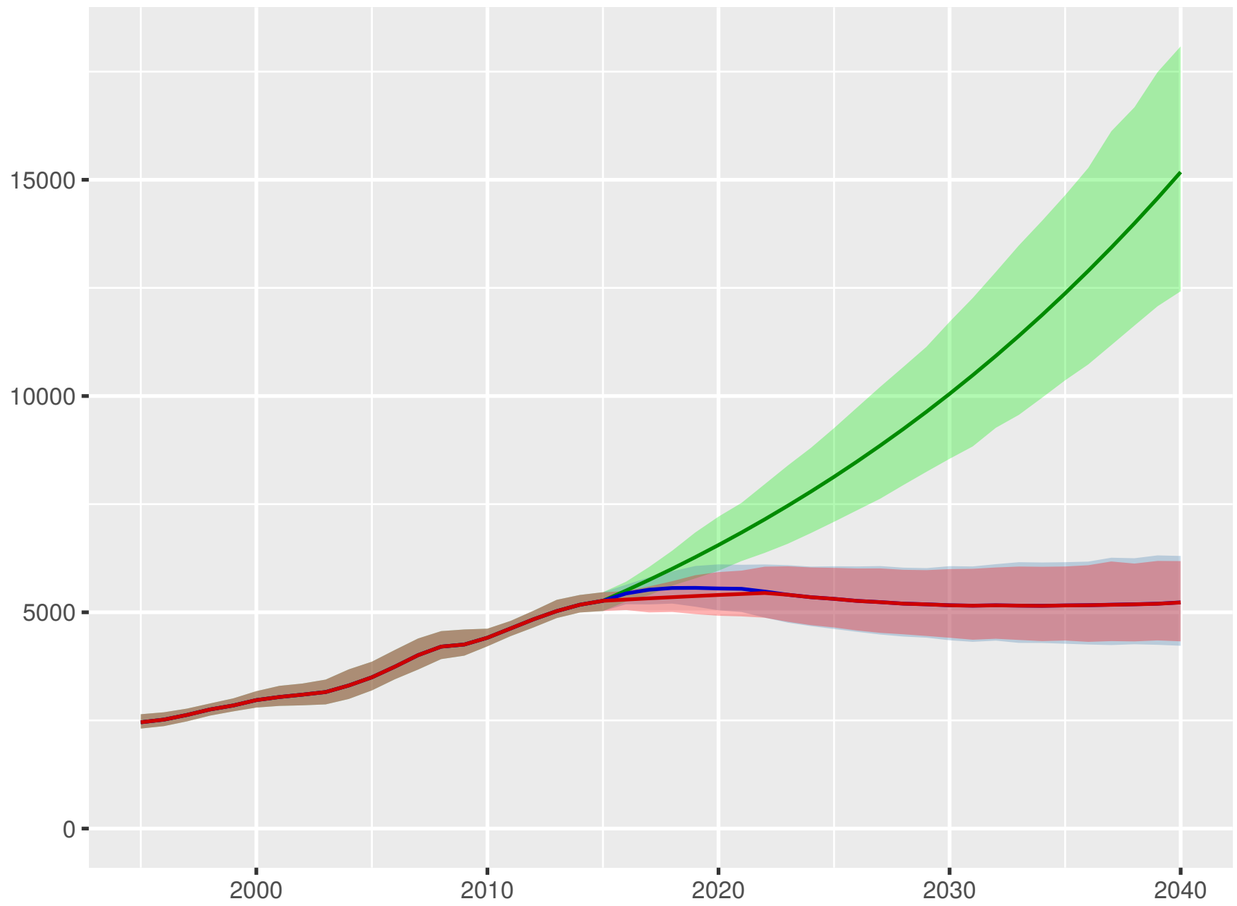


Total health spending per person

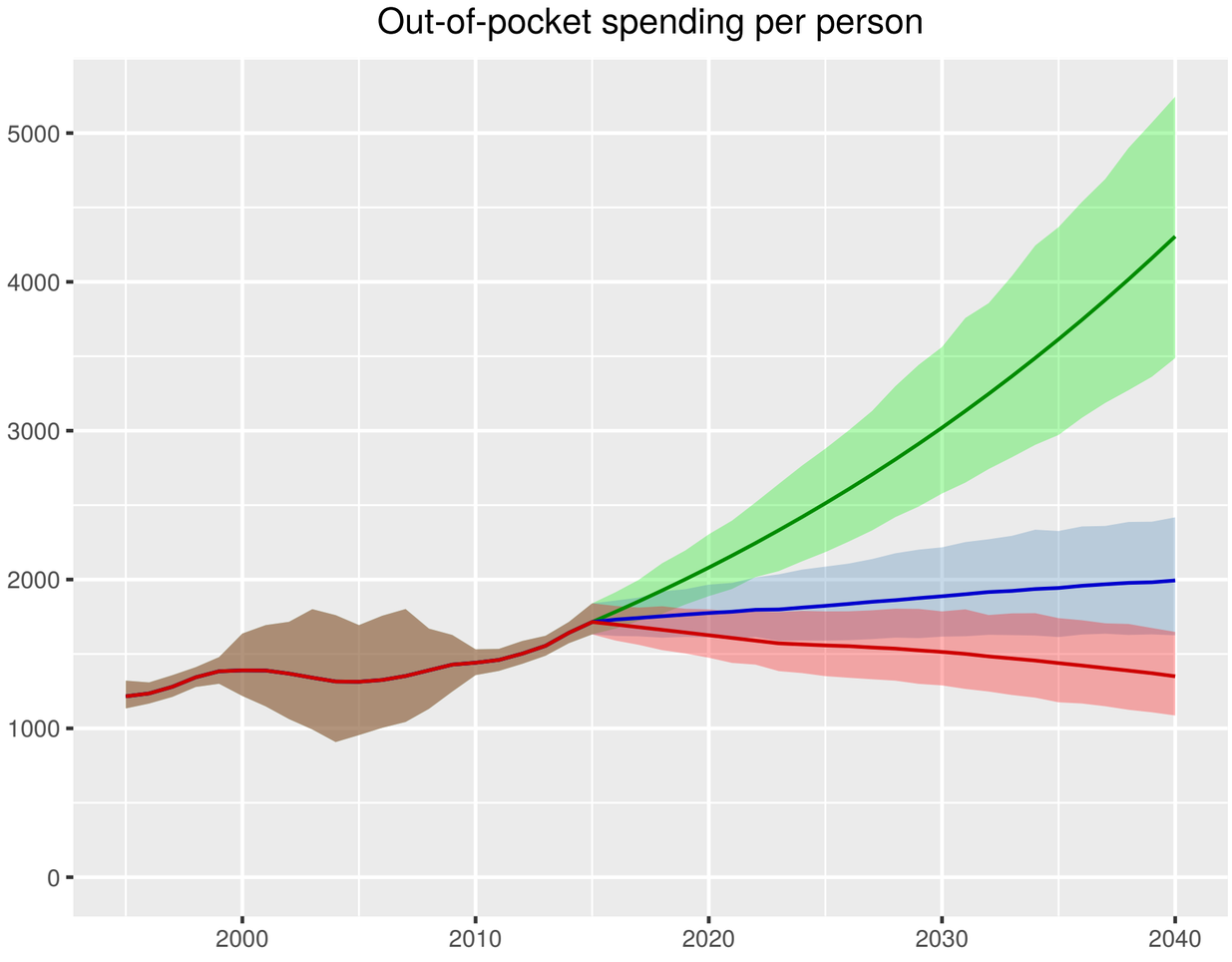


Development assistance for health received per person

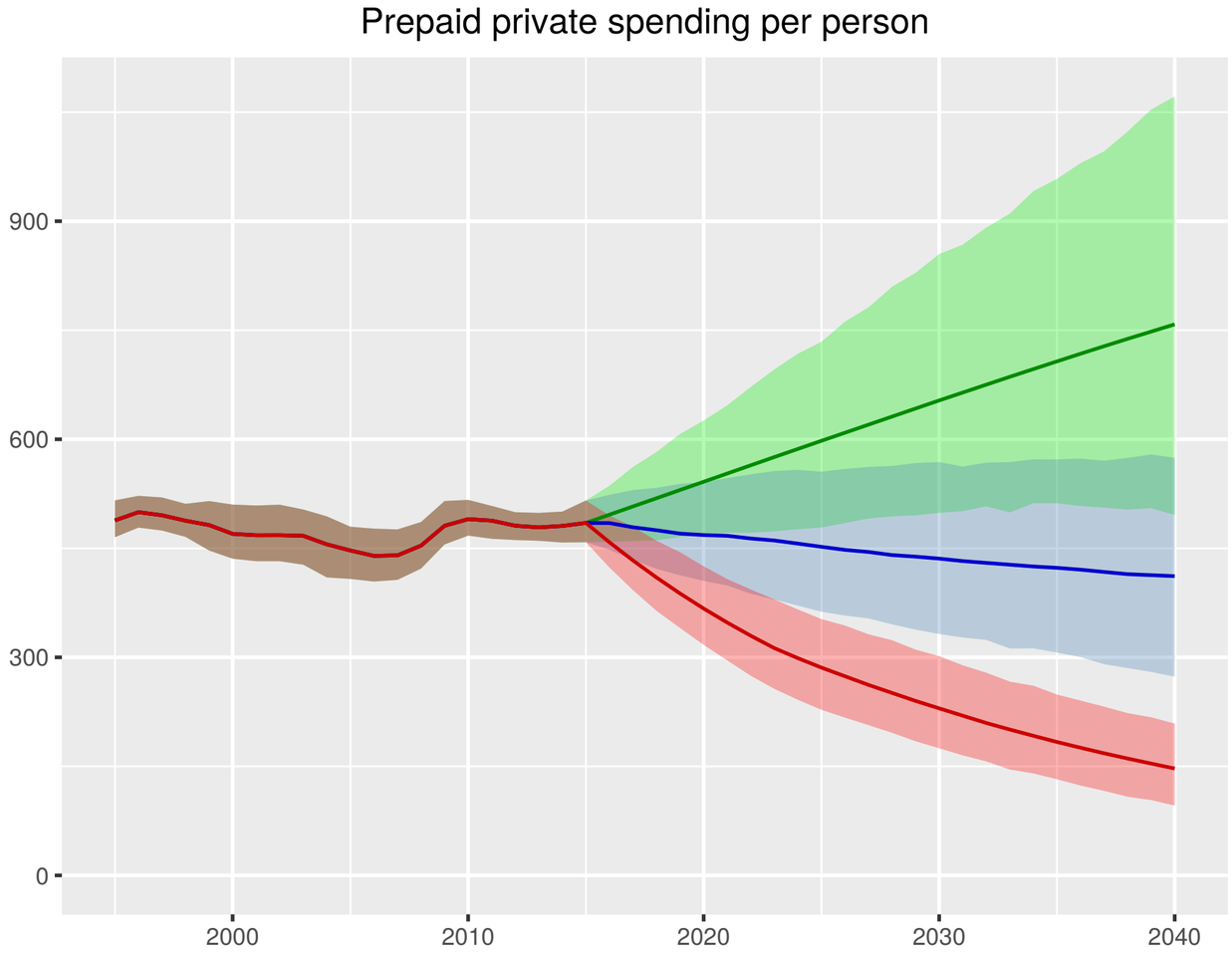
Government health spending per person



Out-of-pocket spending per person



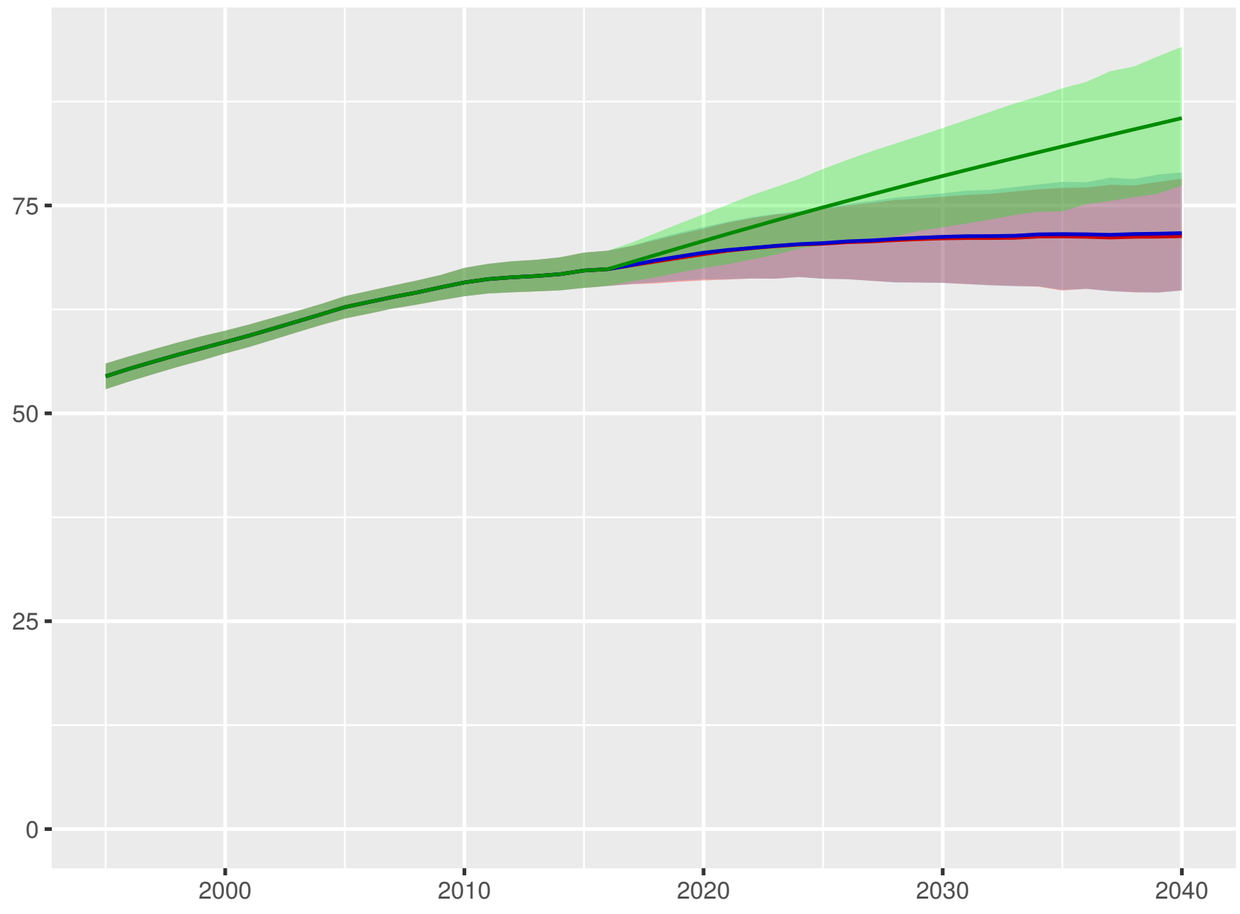
Prepaid private spending per person



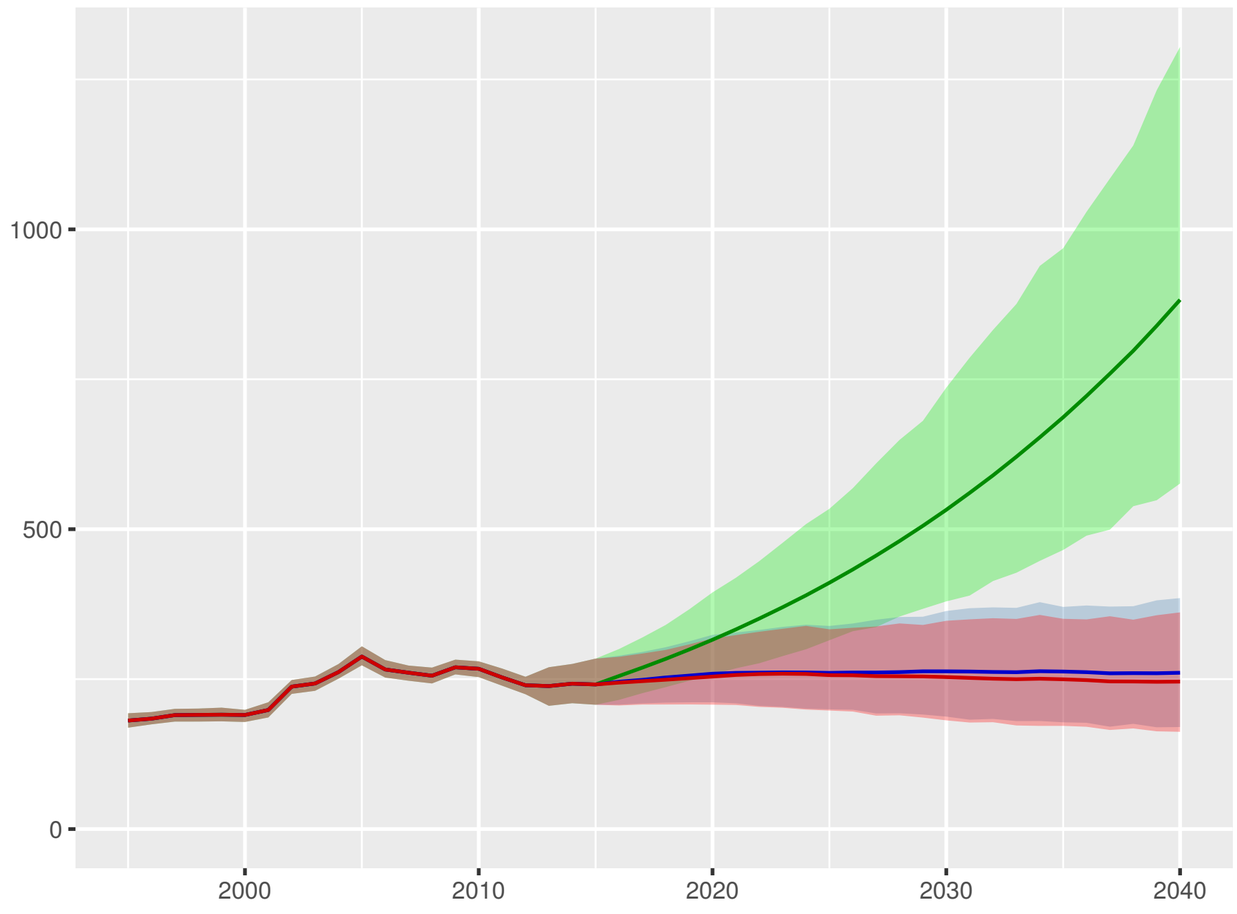
Scenario — Better — Reference — Worse

Syria

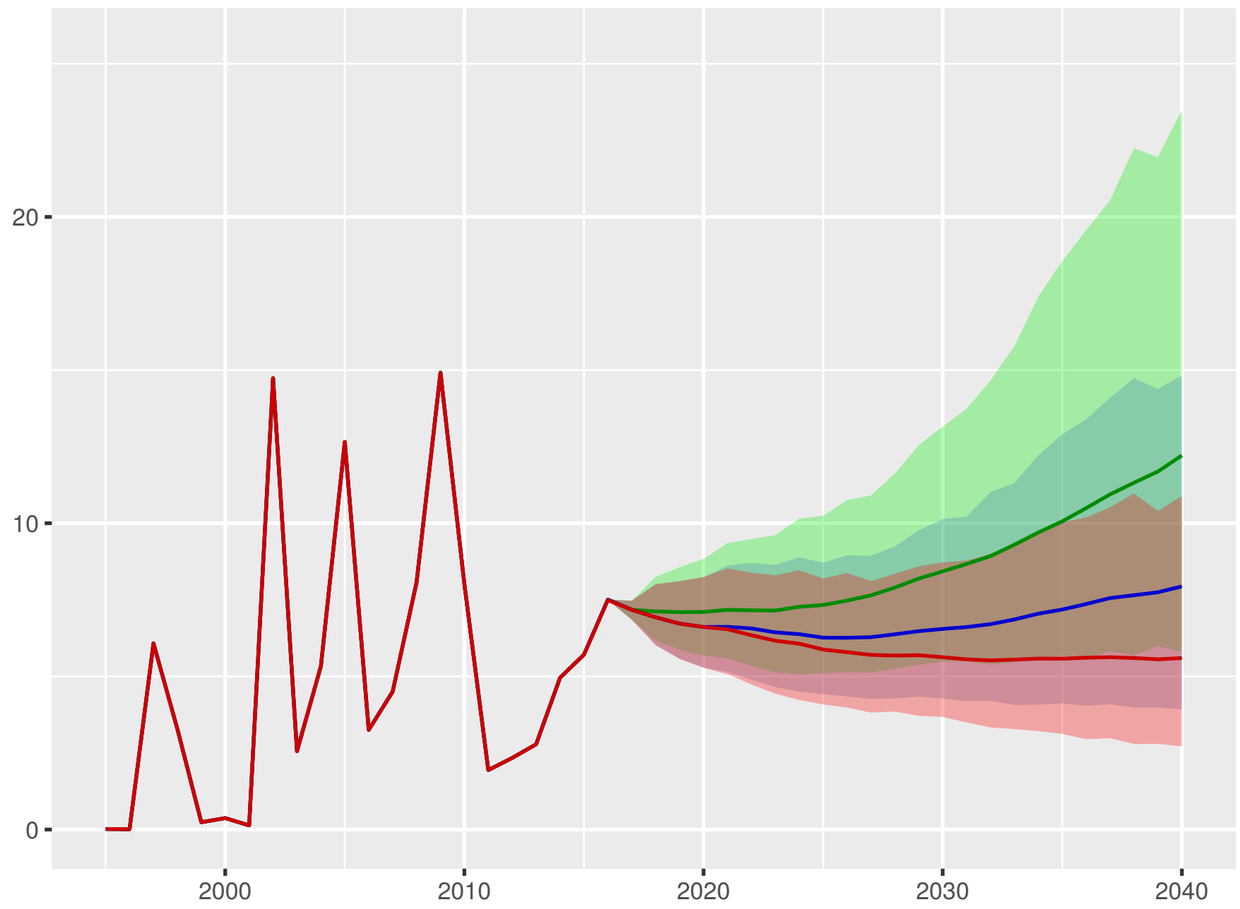
Universal health coverage index



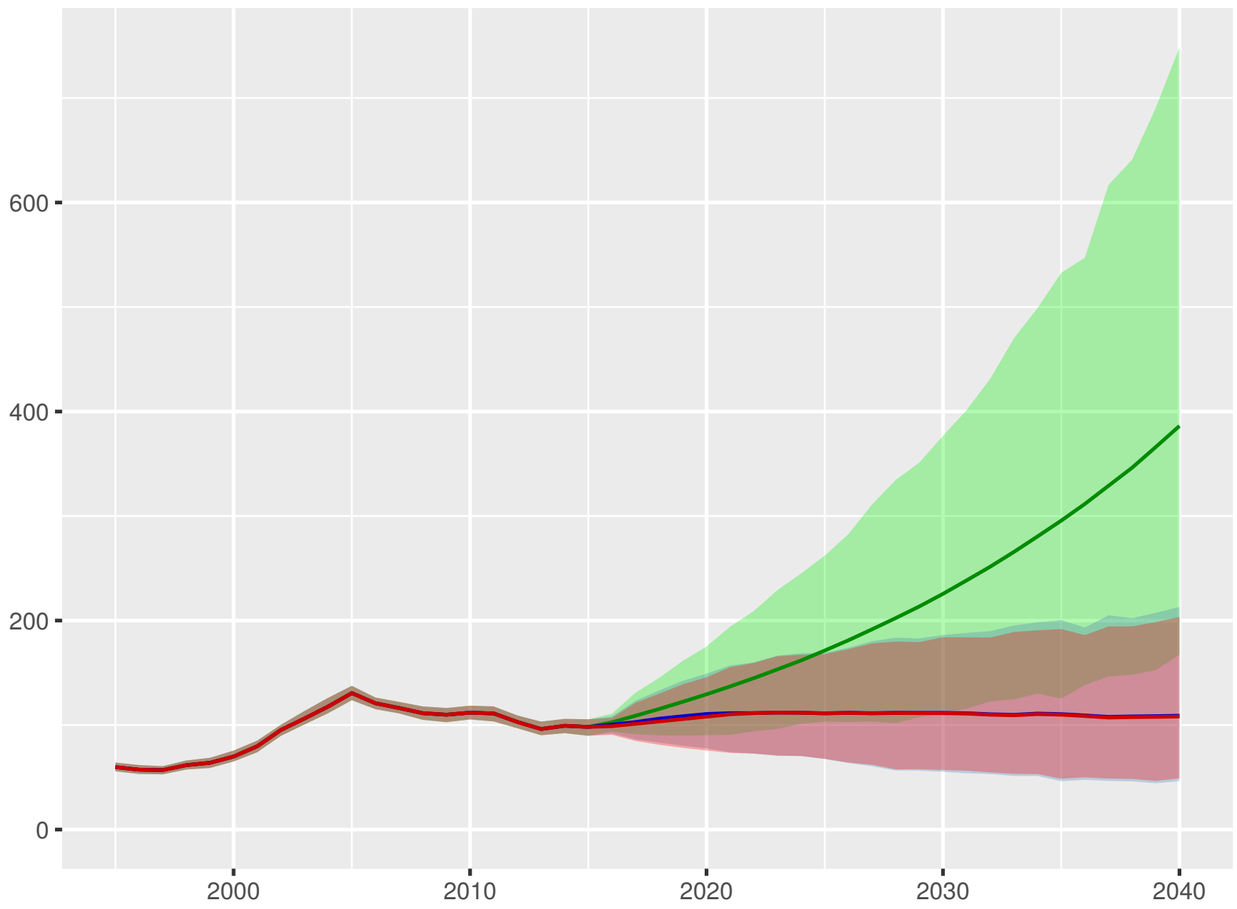
Total health spending per person



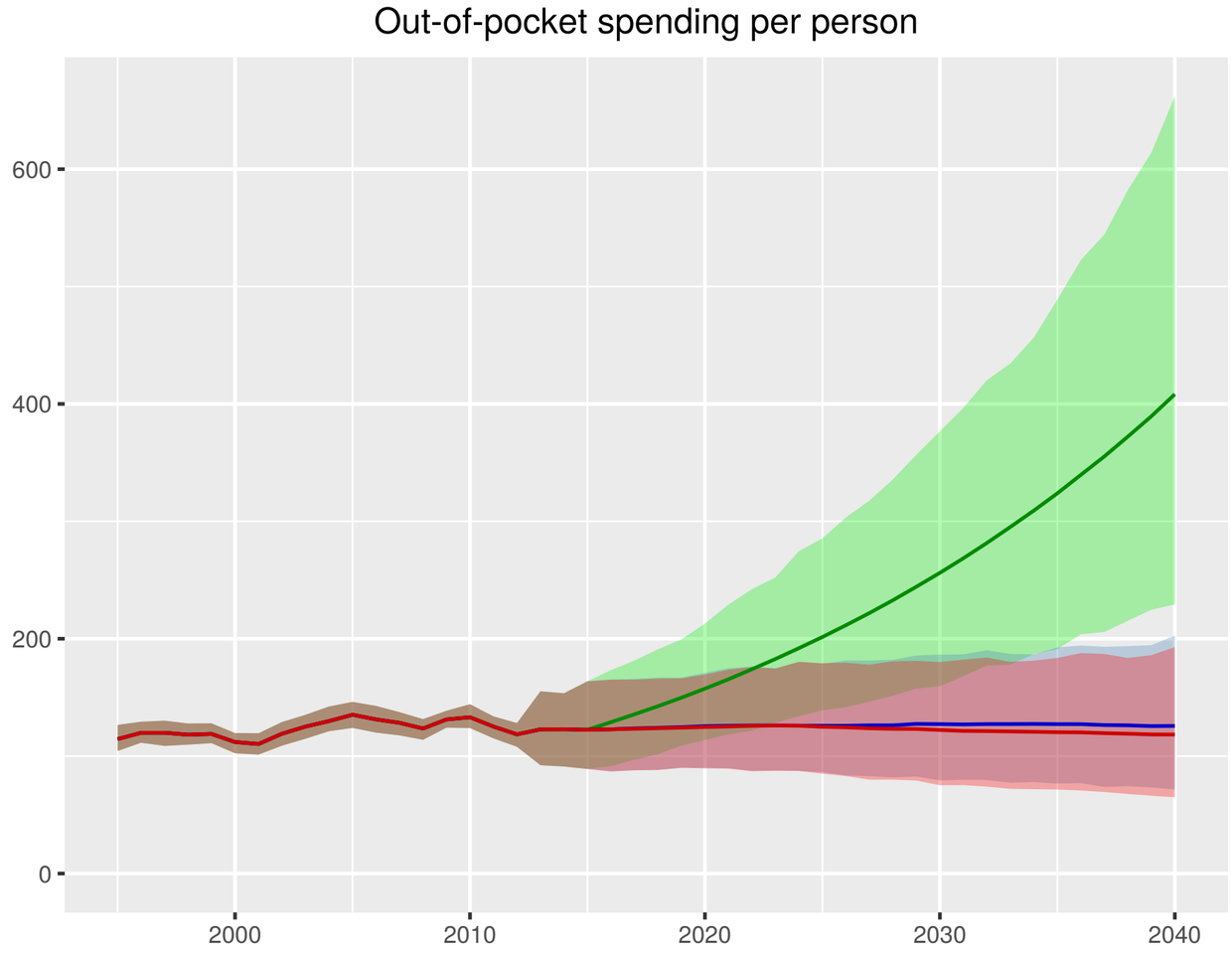
Development assistance for health received per person



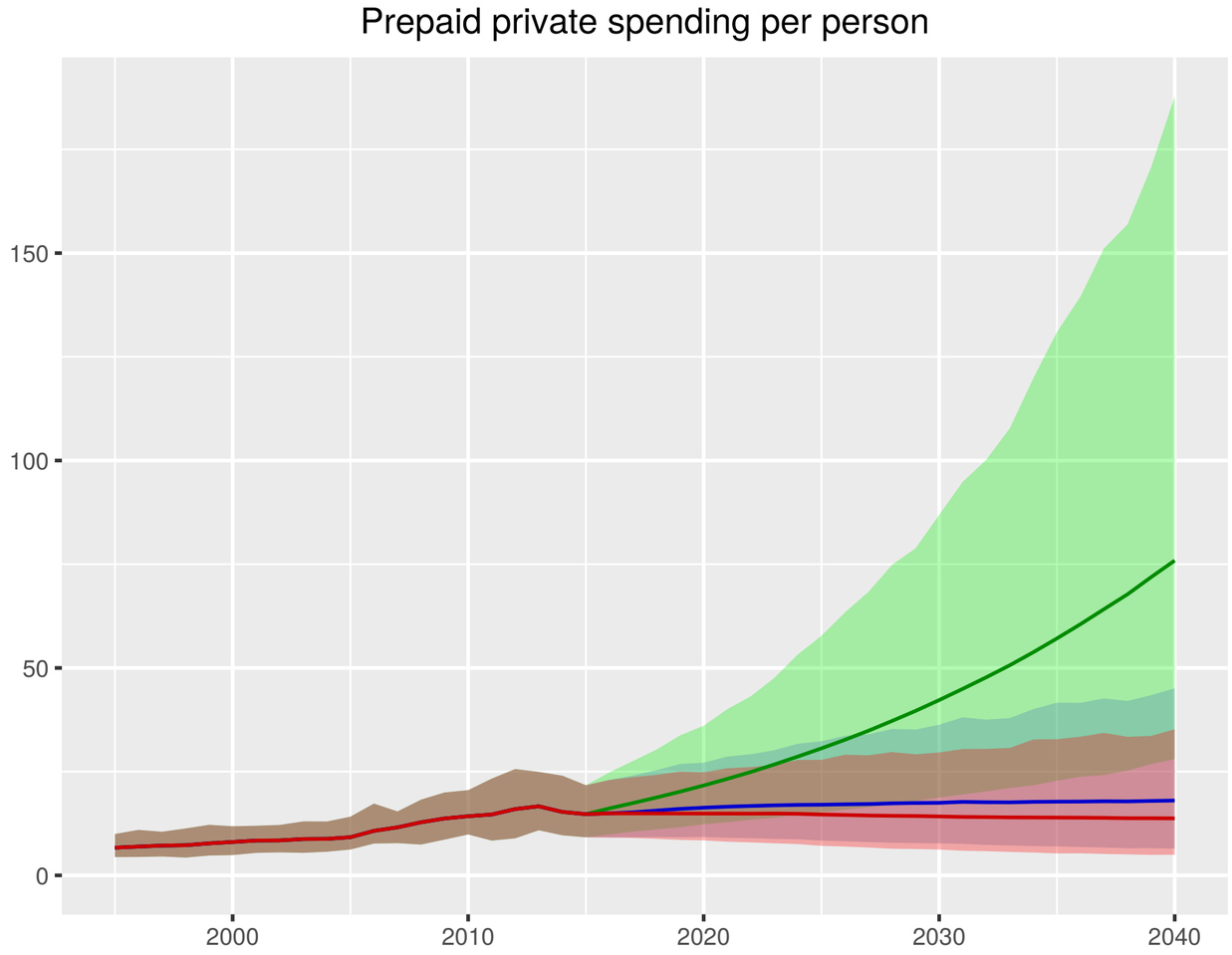
Government health spending per person



Out-of-pocket spending per person



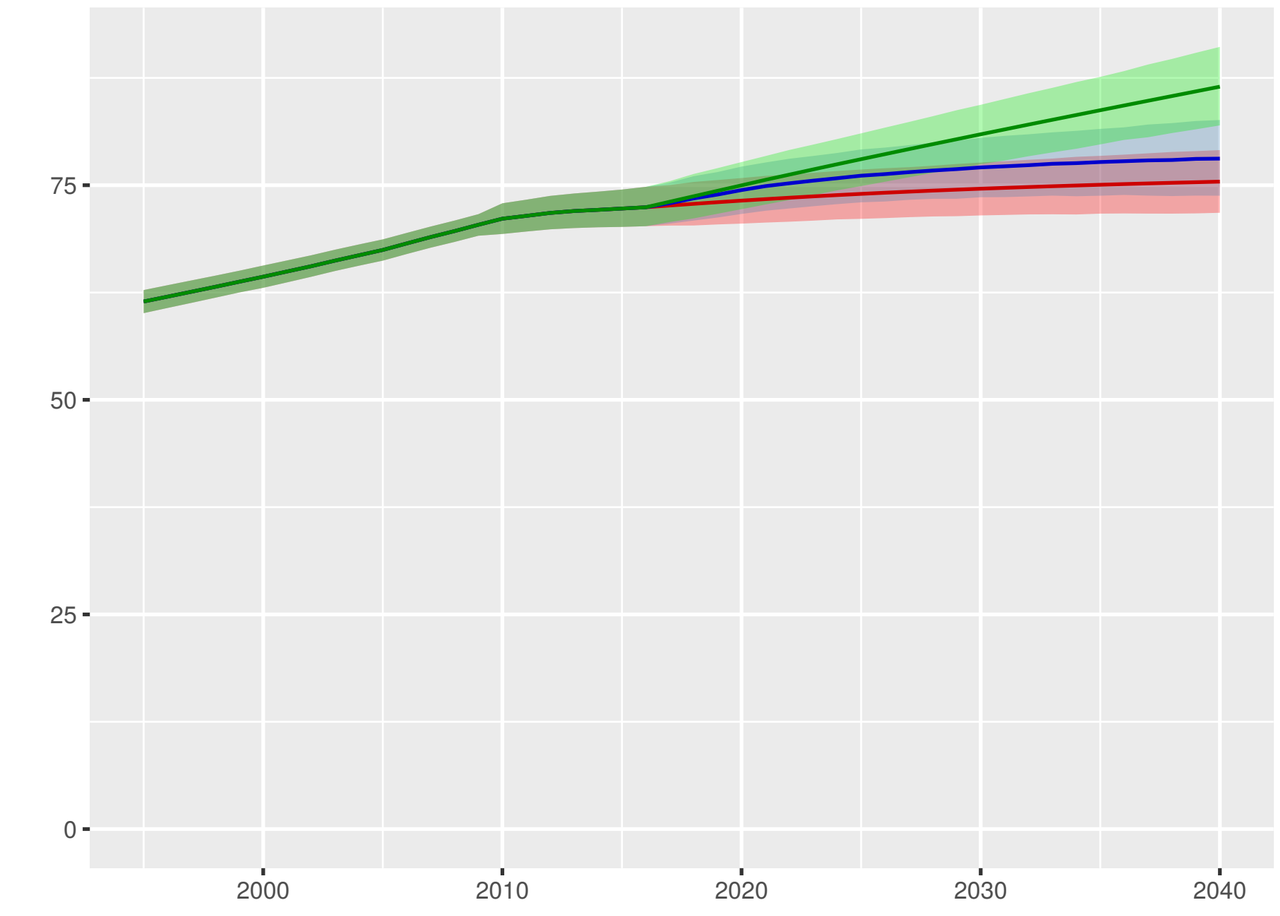
Prepaid private spending per person



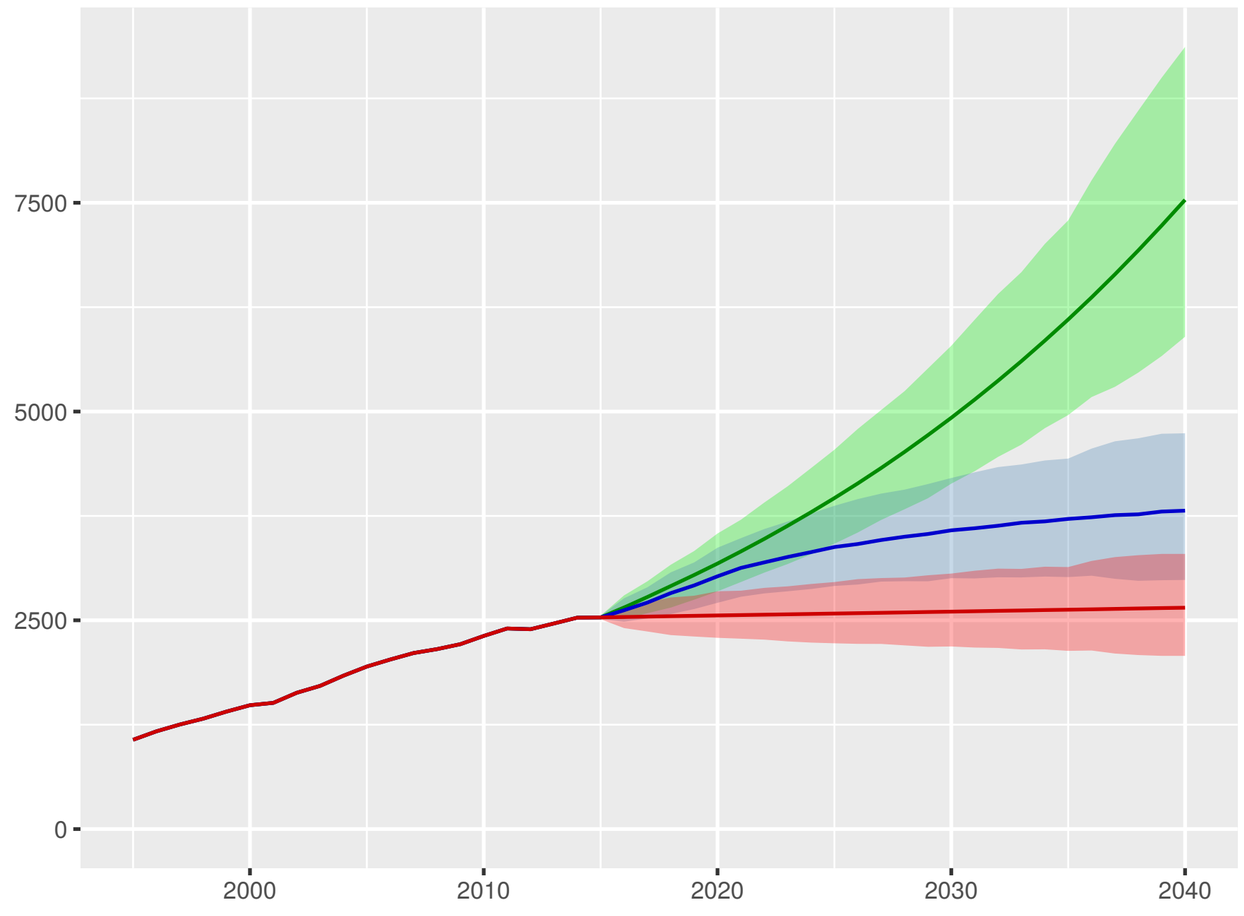
Scenario — Better — Reference — Worse

Taiwan

Universal health coverage index

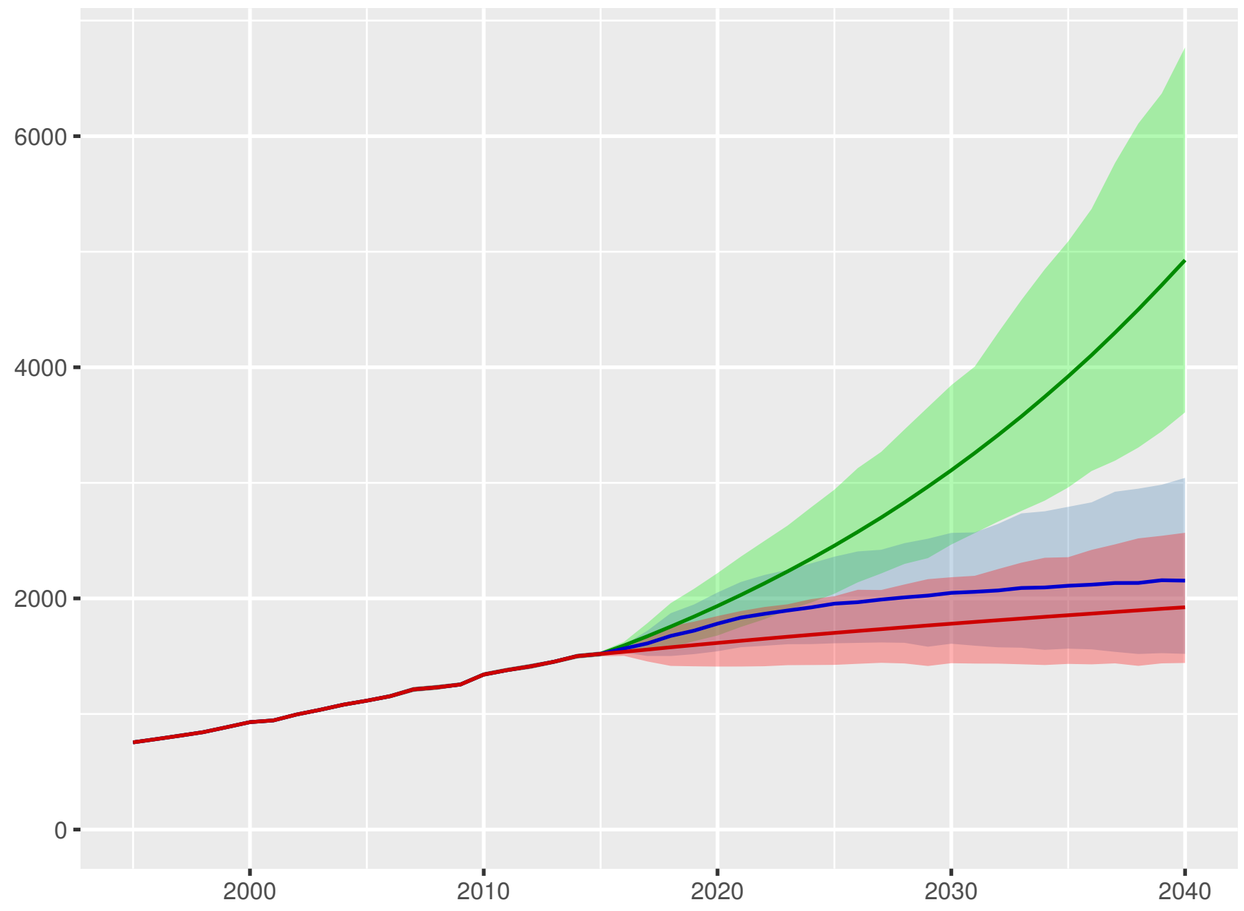


Total health spending per person

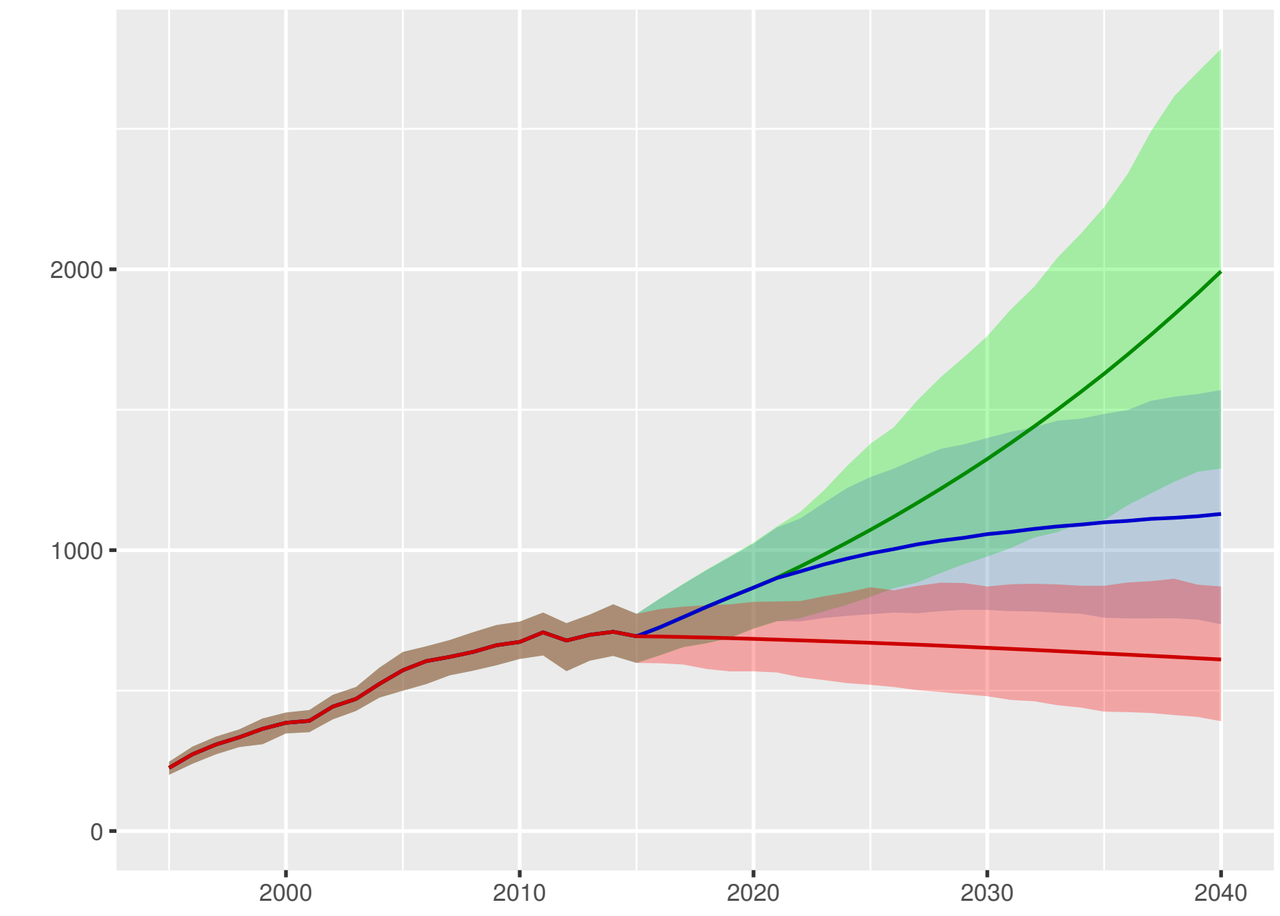


Development assistance for health received per person

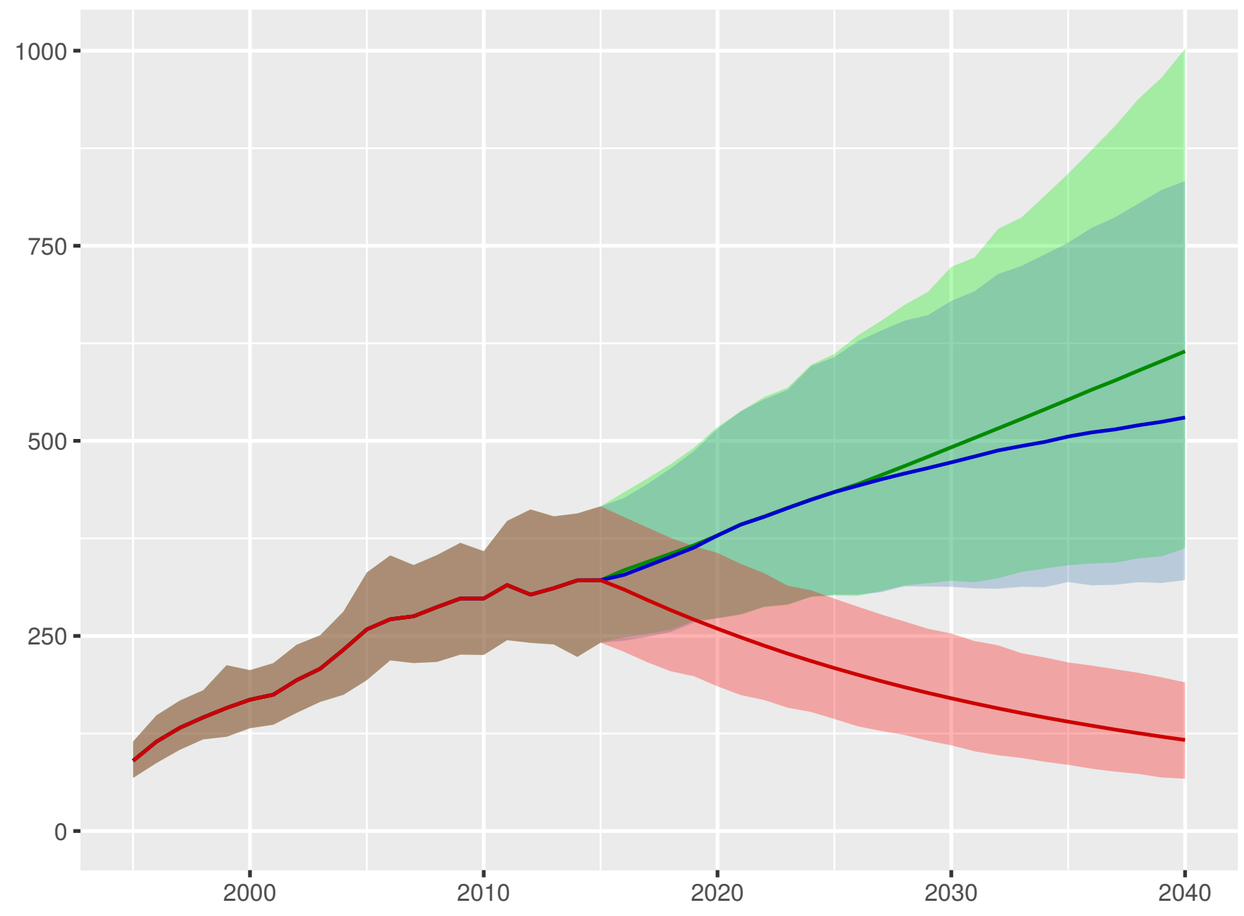
Government health spending per person



Out-of-pocket spending per person



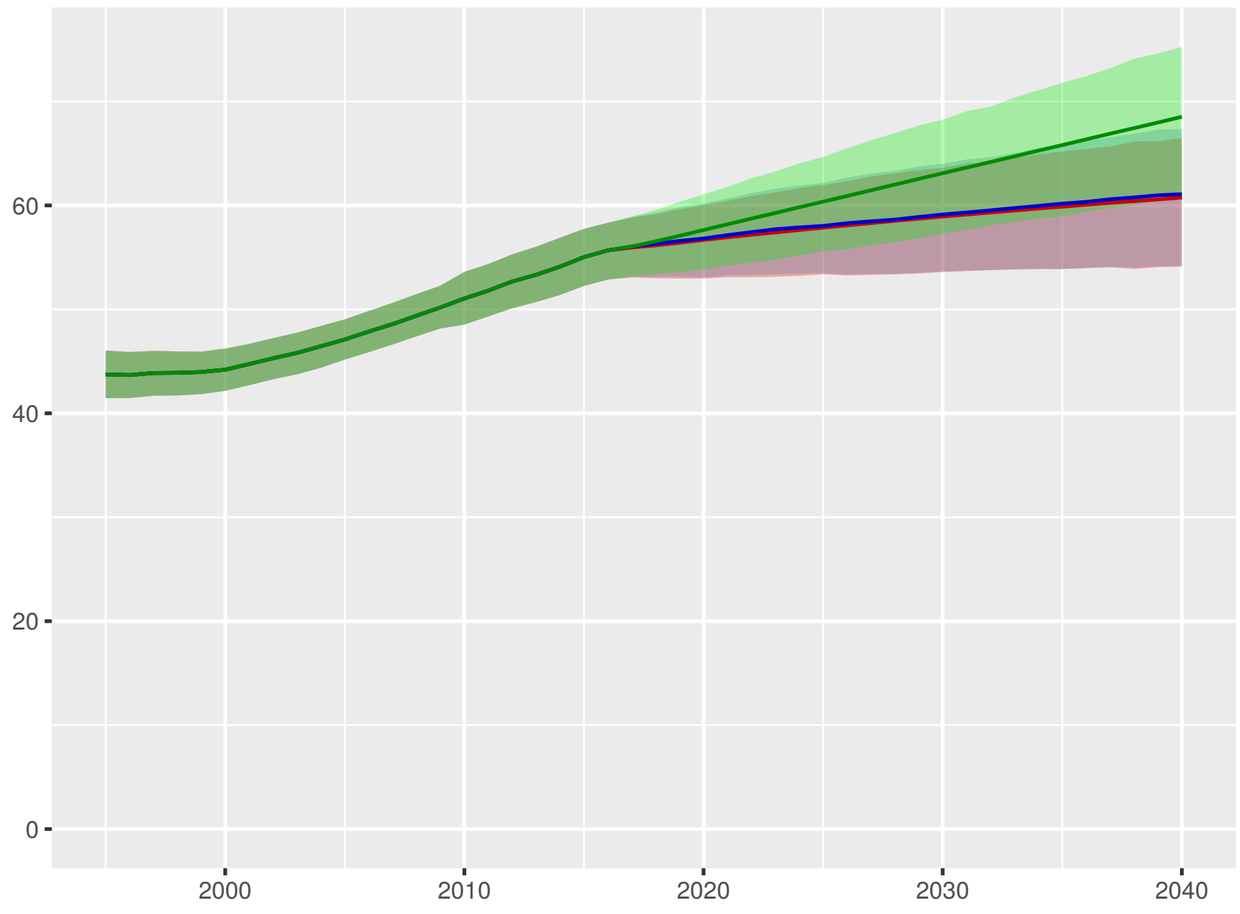
Prepaid private spending per person



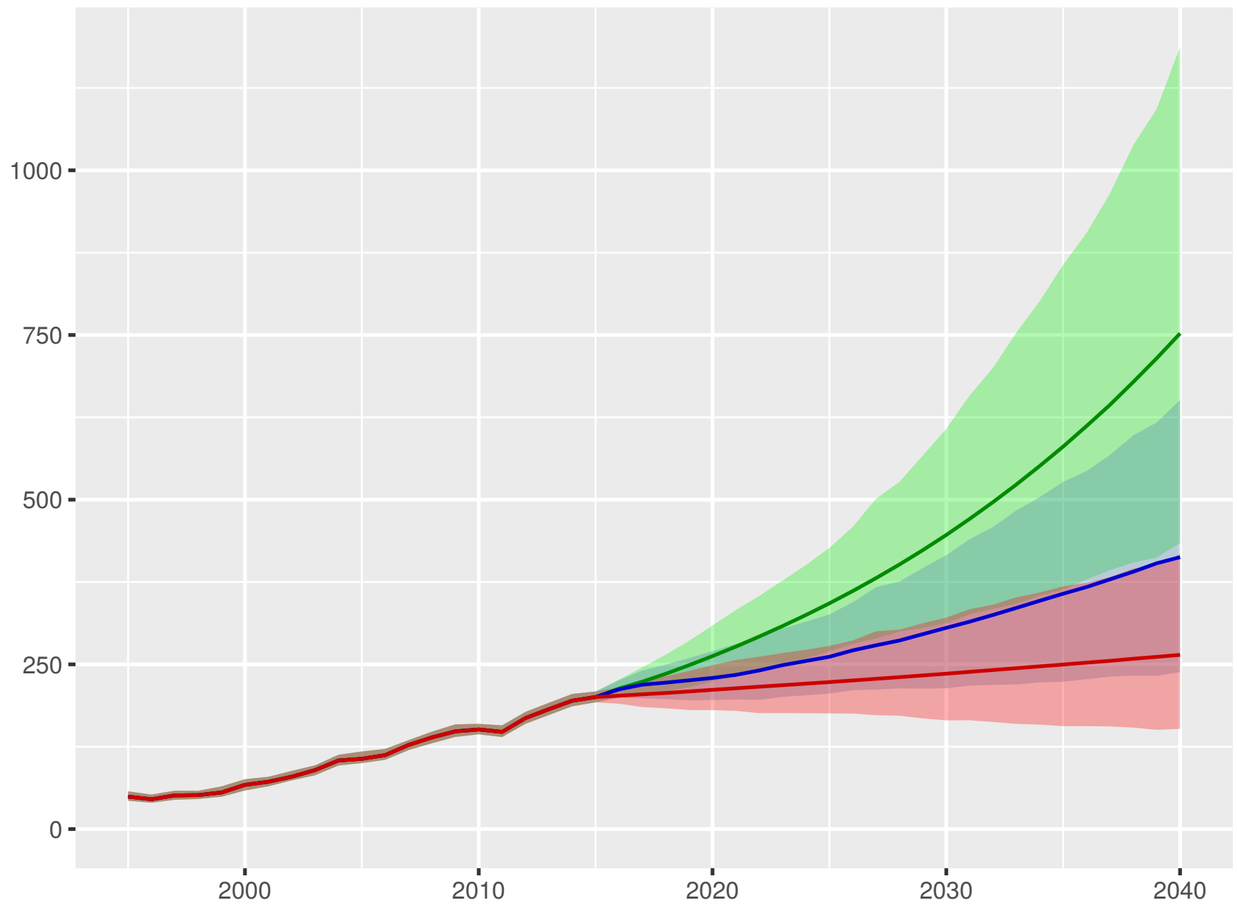
Scenario — Better — Reference — Worse

Tajikistan

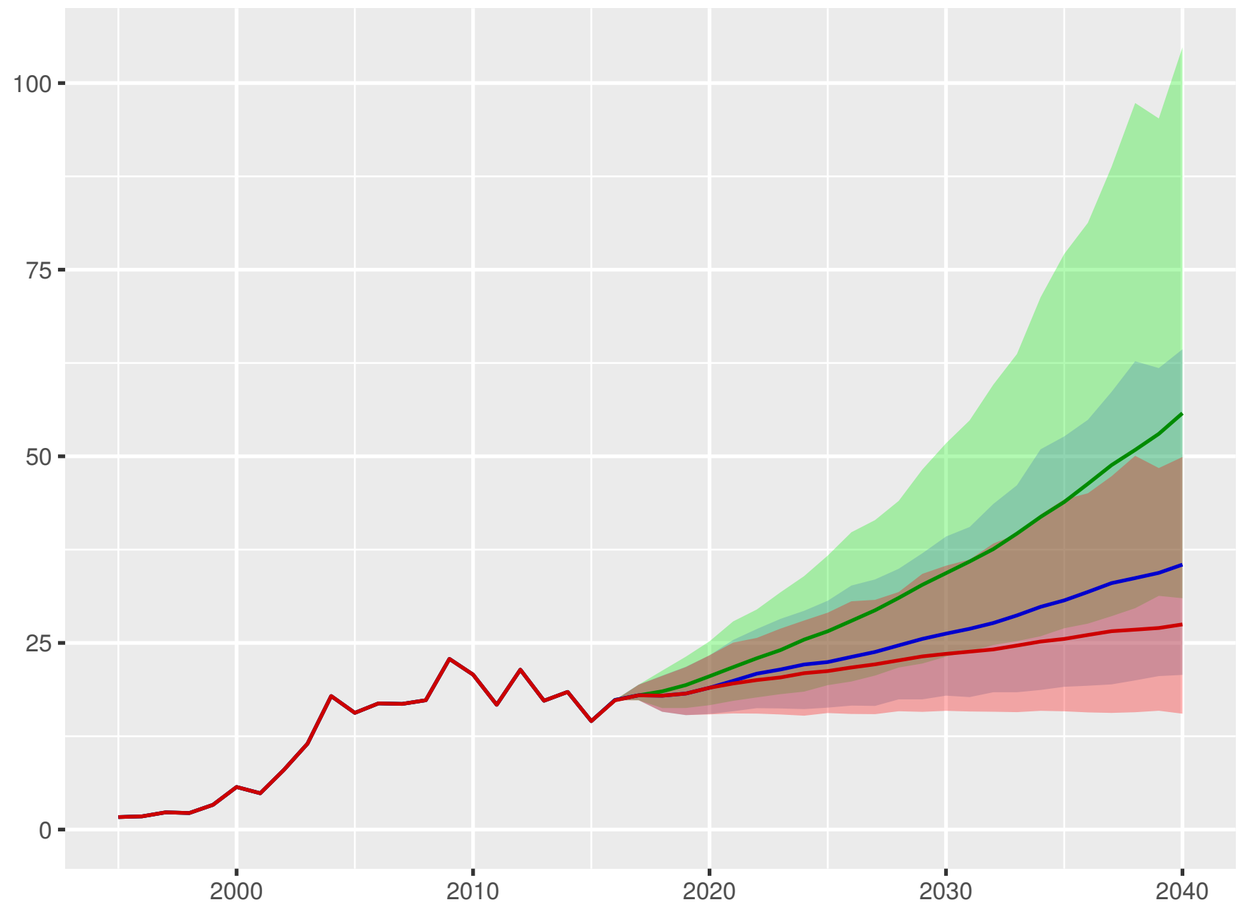
Universal health coverage index



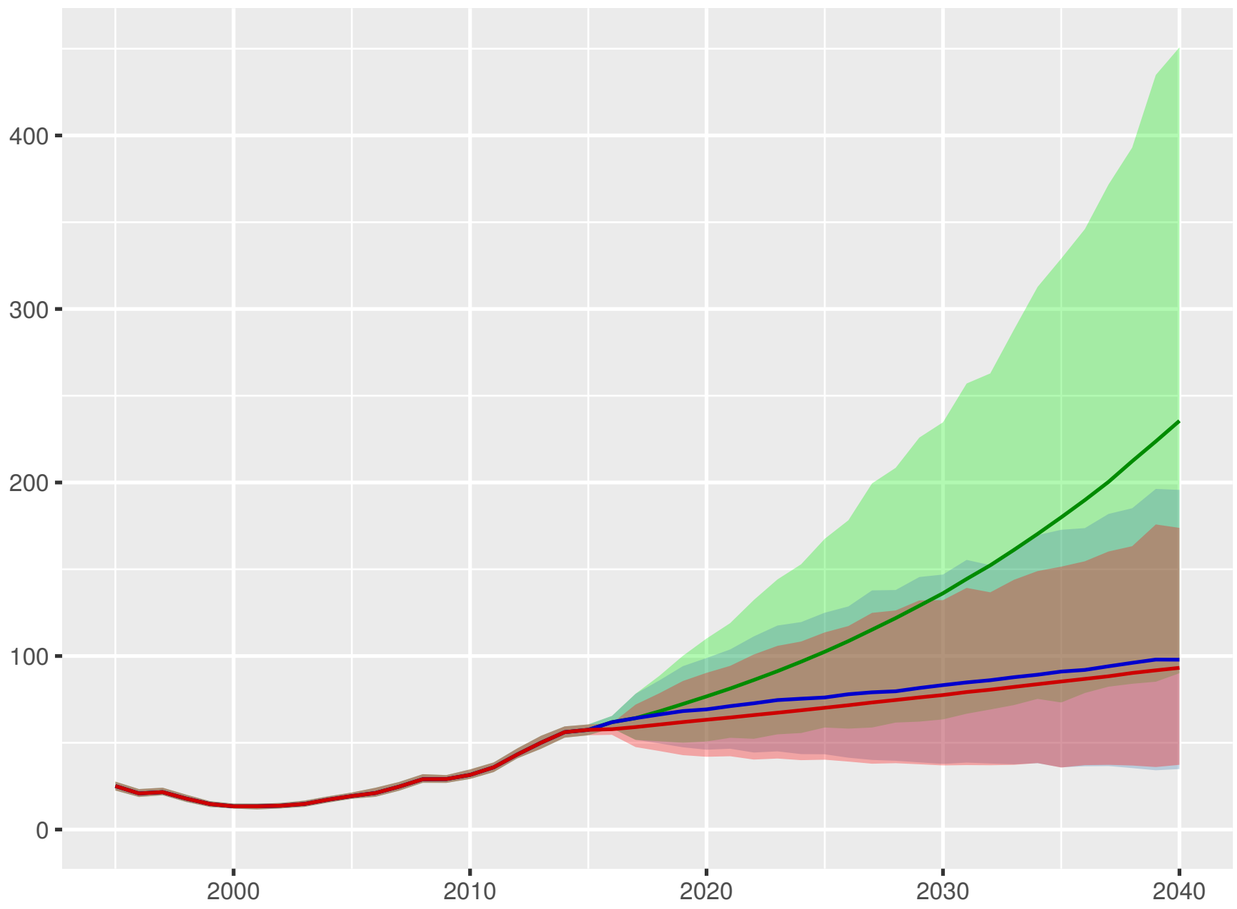
Total health spending per person



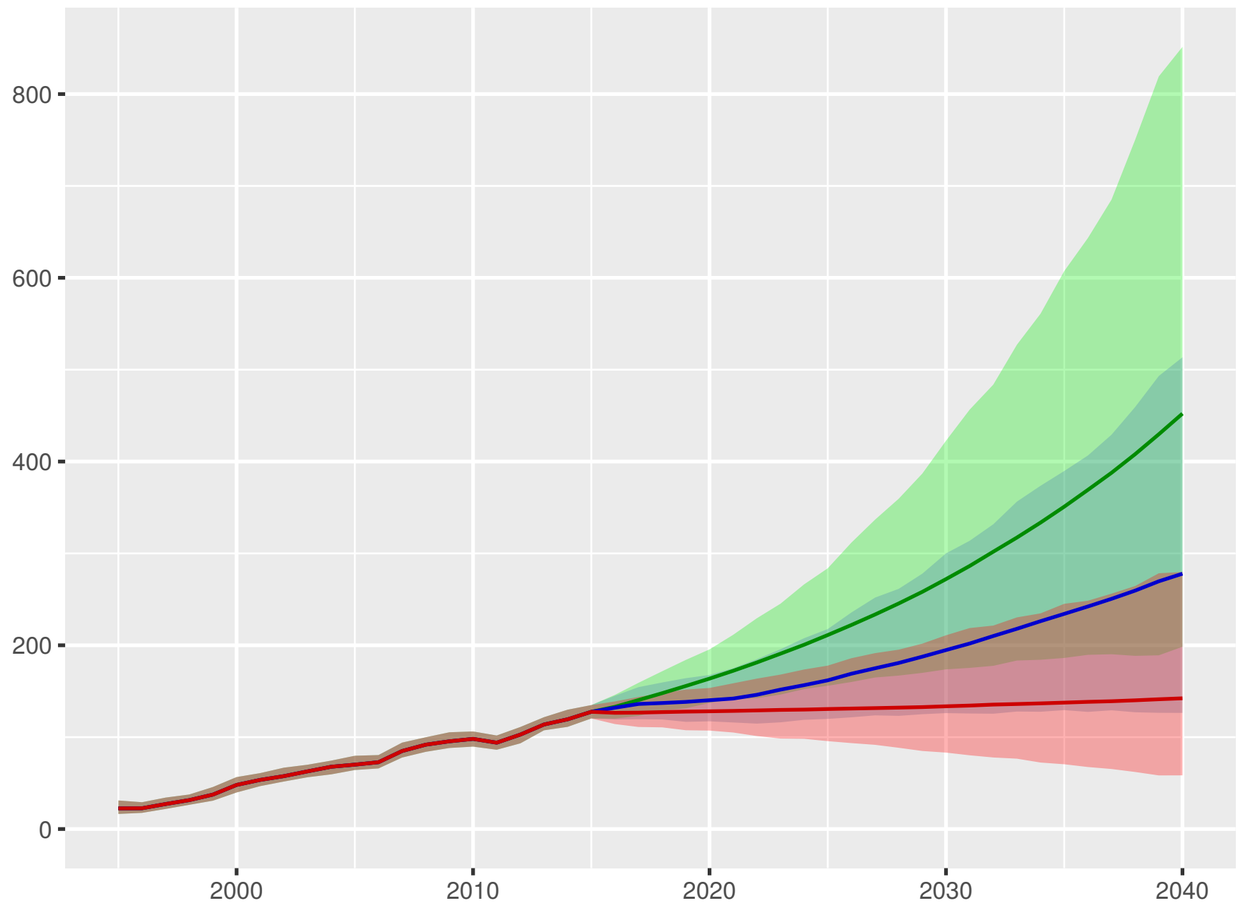
Development assistance for health received per person



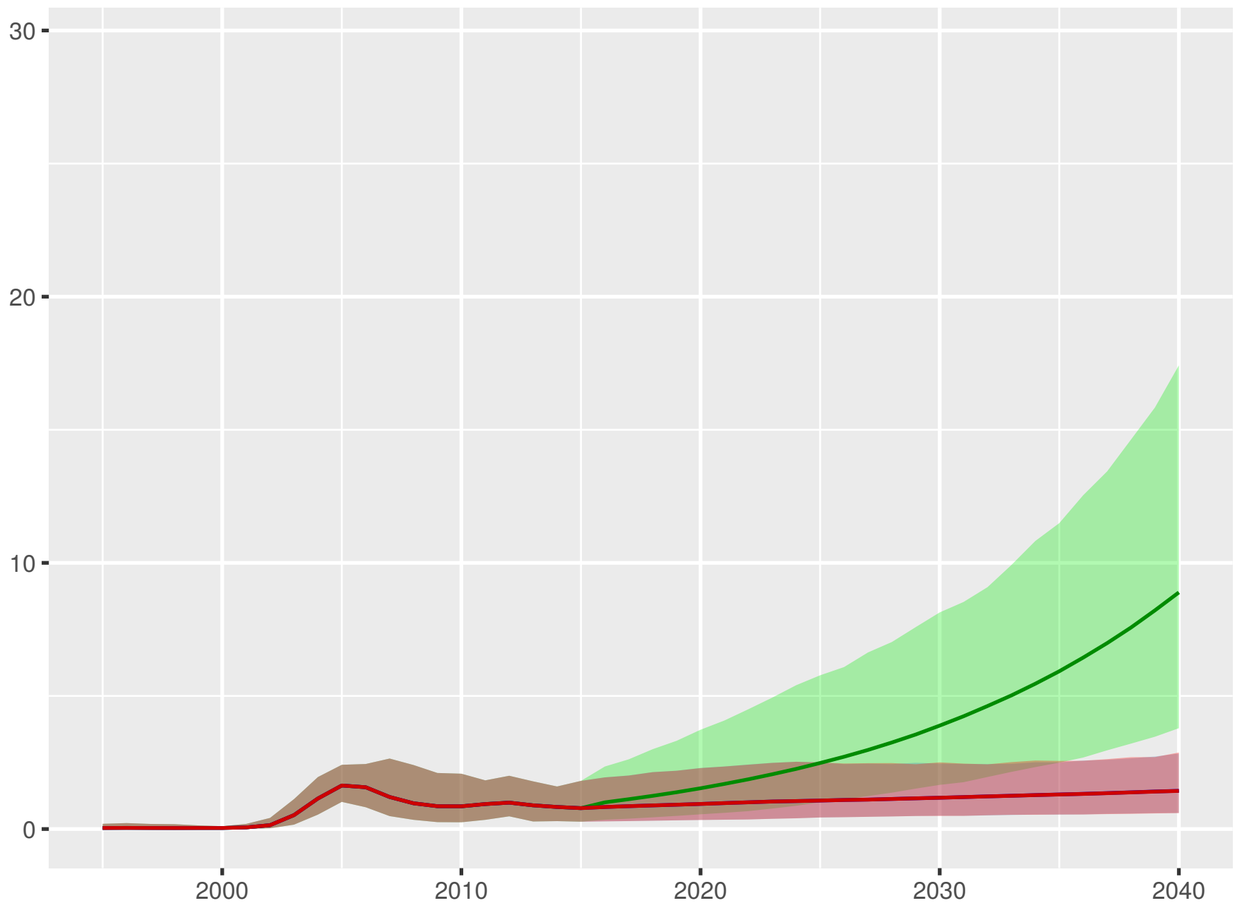
Government health spending per person



Out-of-pocket spending per person



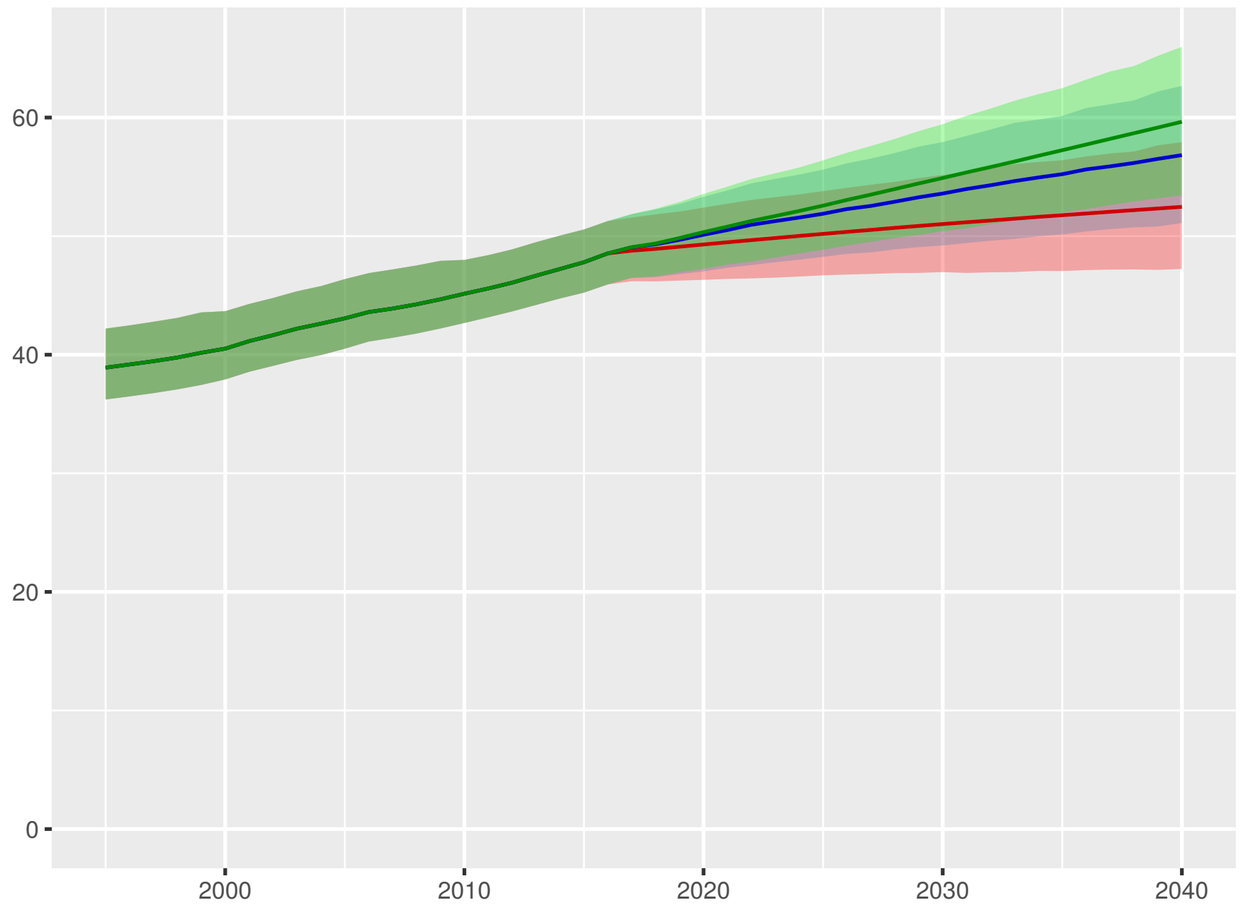
Prepaid private spending per person



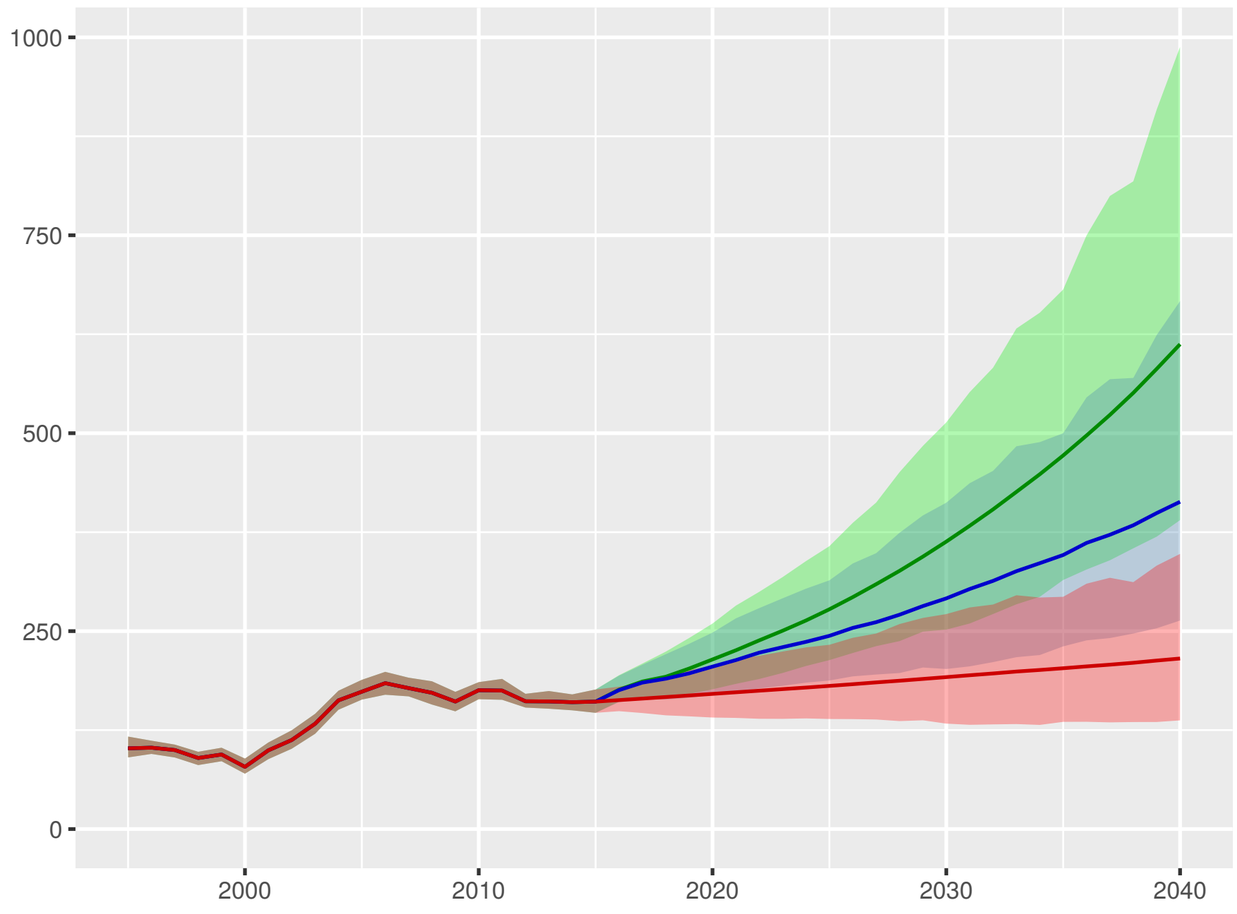
Scenario — Better — Reference — Worse

Tanzania

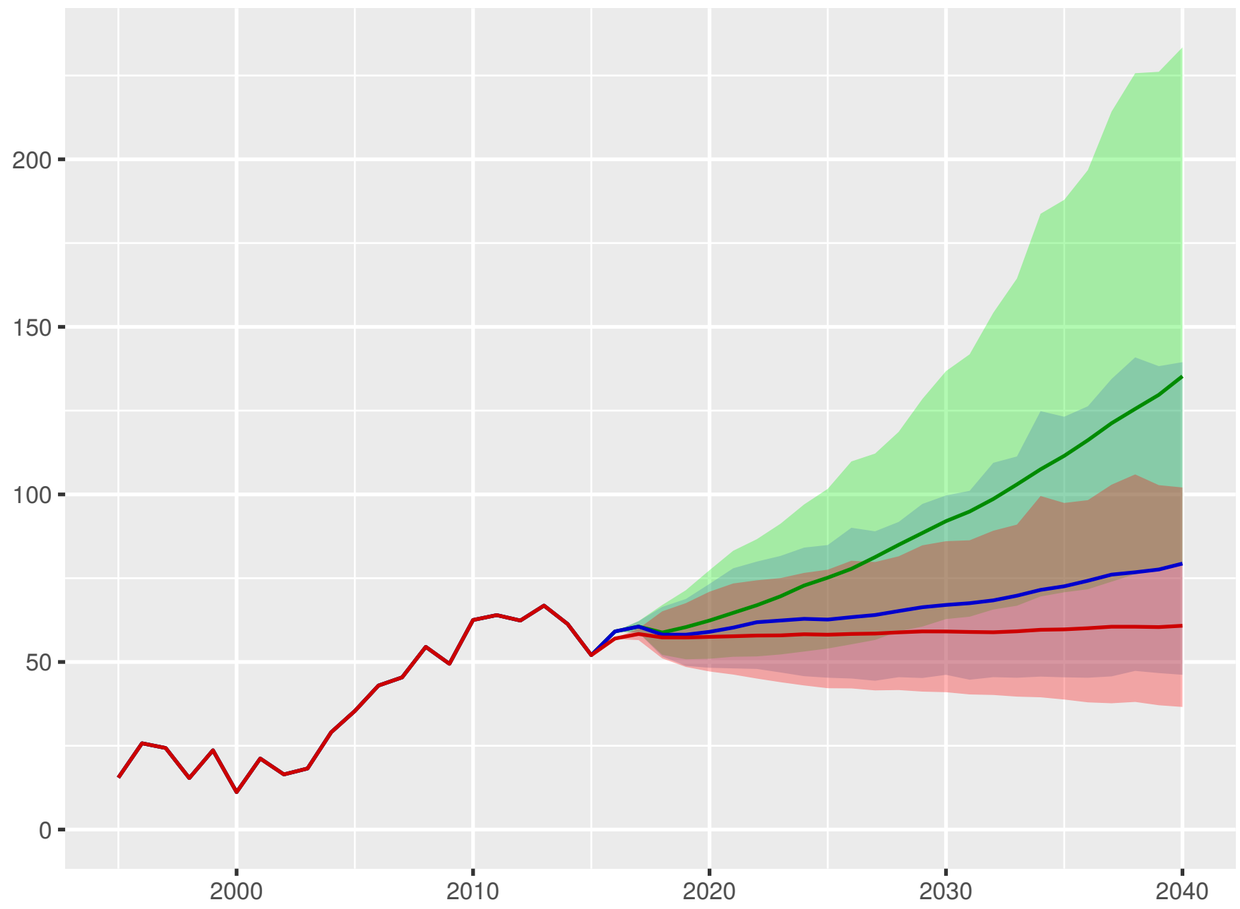
Universal health coverage index



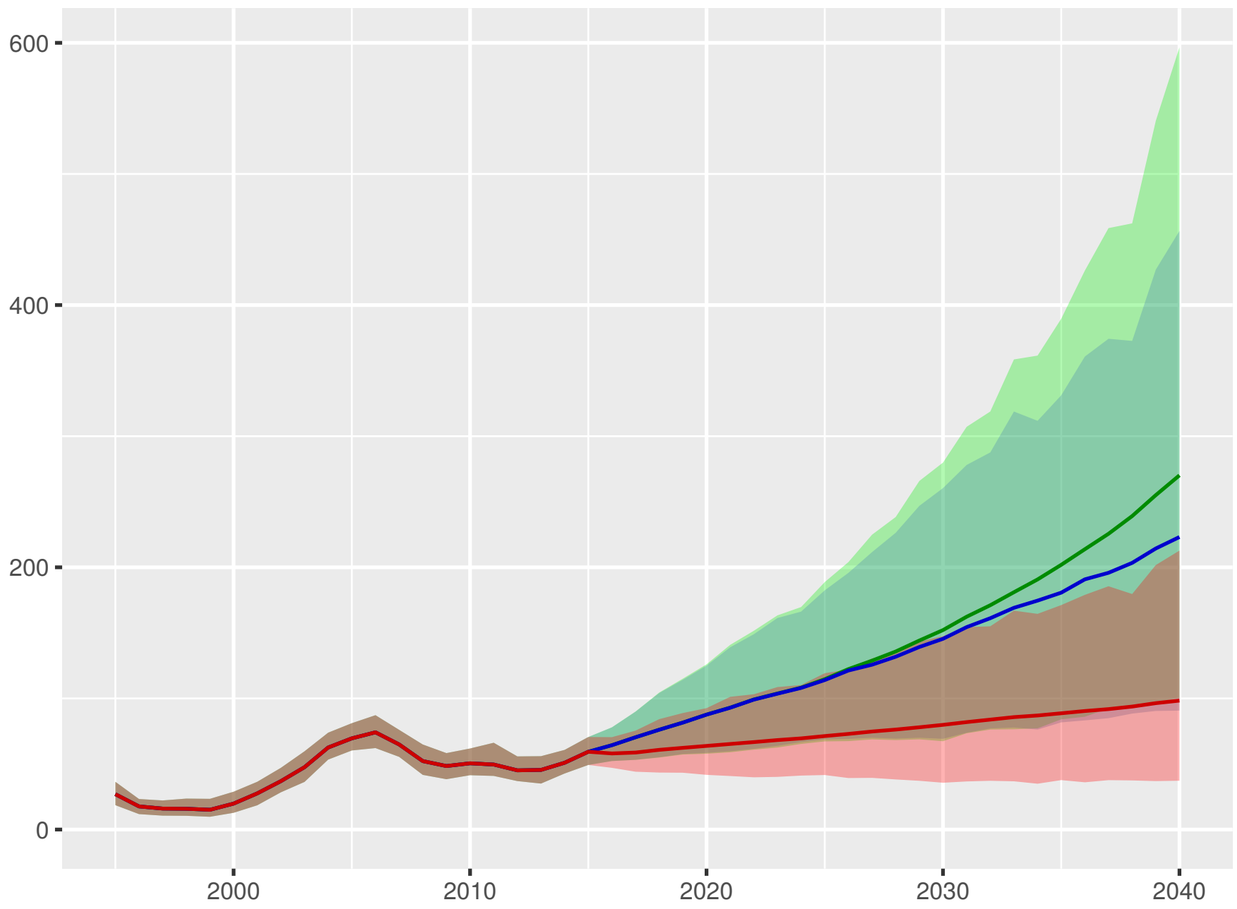
Total health spending per person



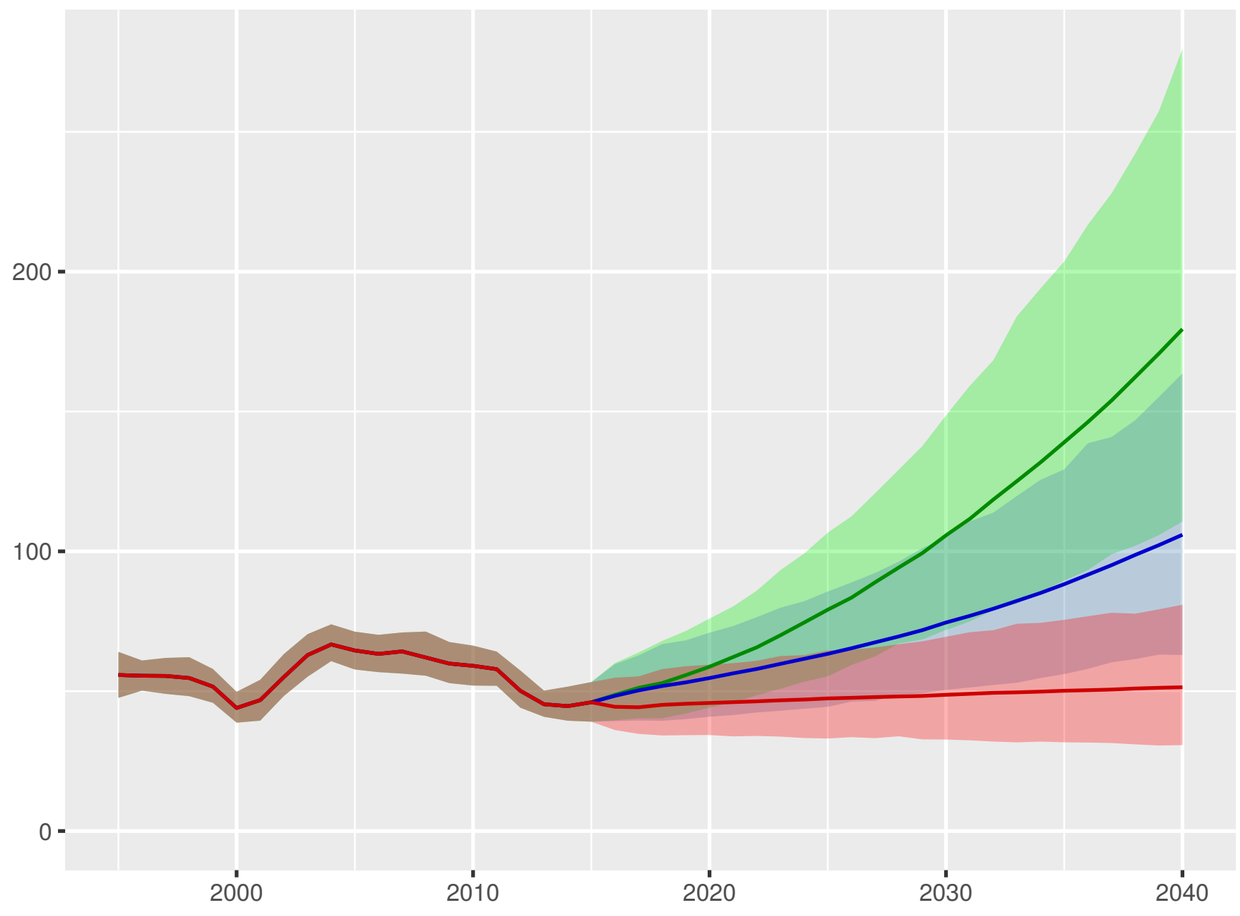
Development assistance for health received per person



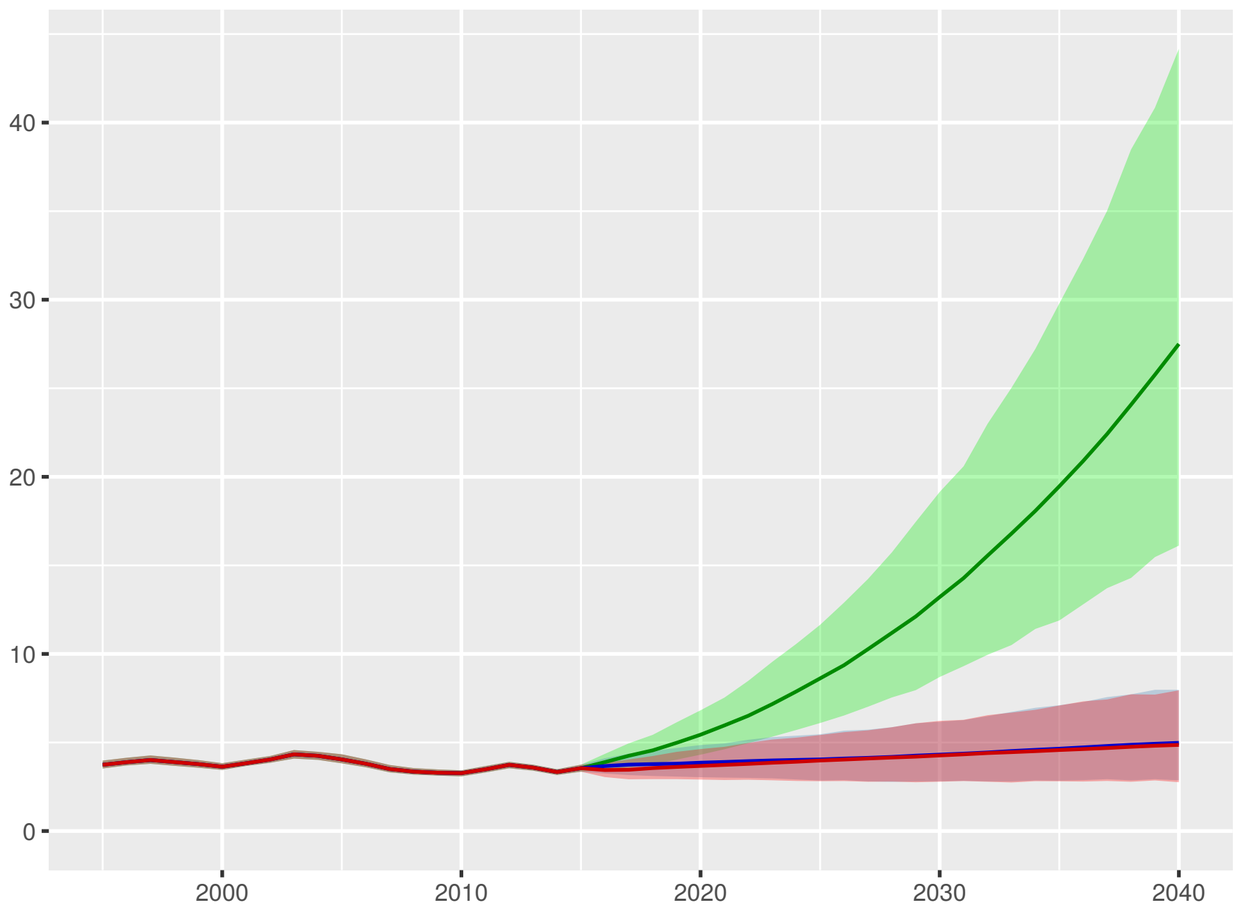
Government health spending per person



Out-of-pocket spending per person



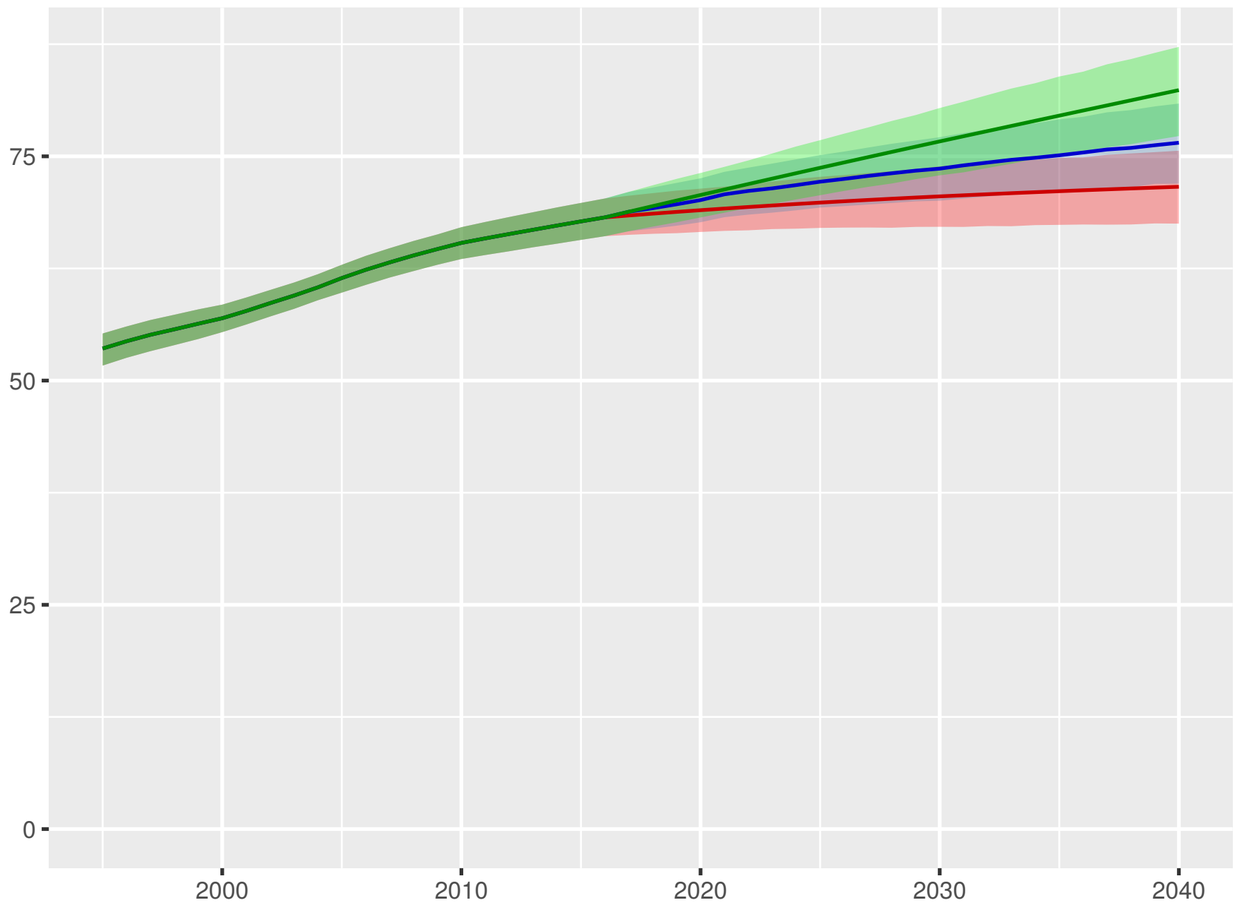
Prepaid private spending per person



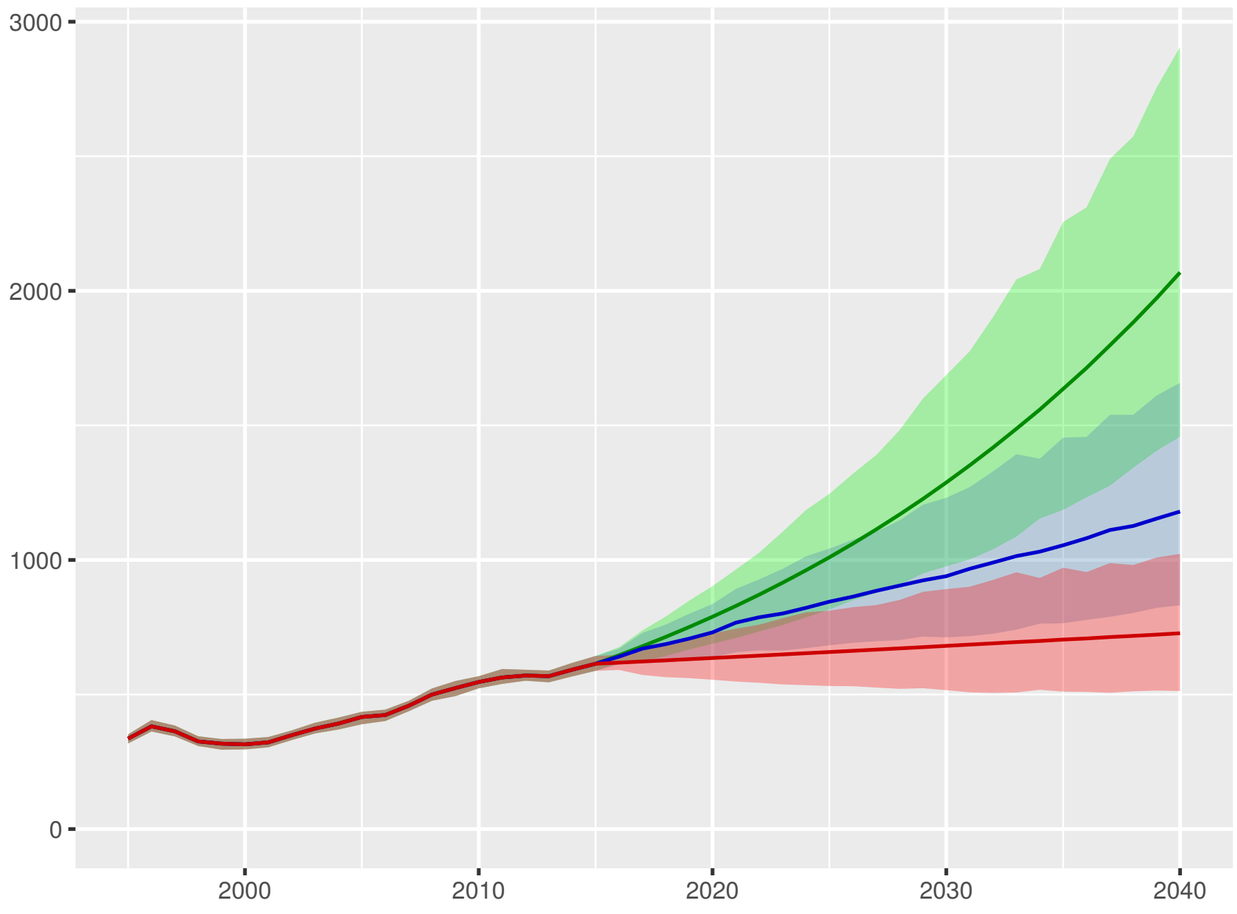
Scenario — Better — Reference — Worse

Thailand

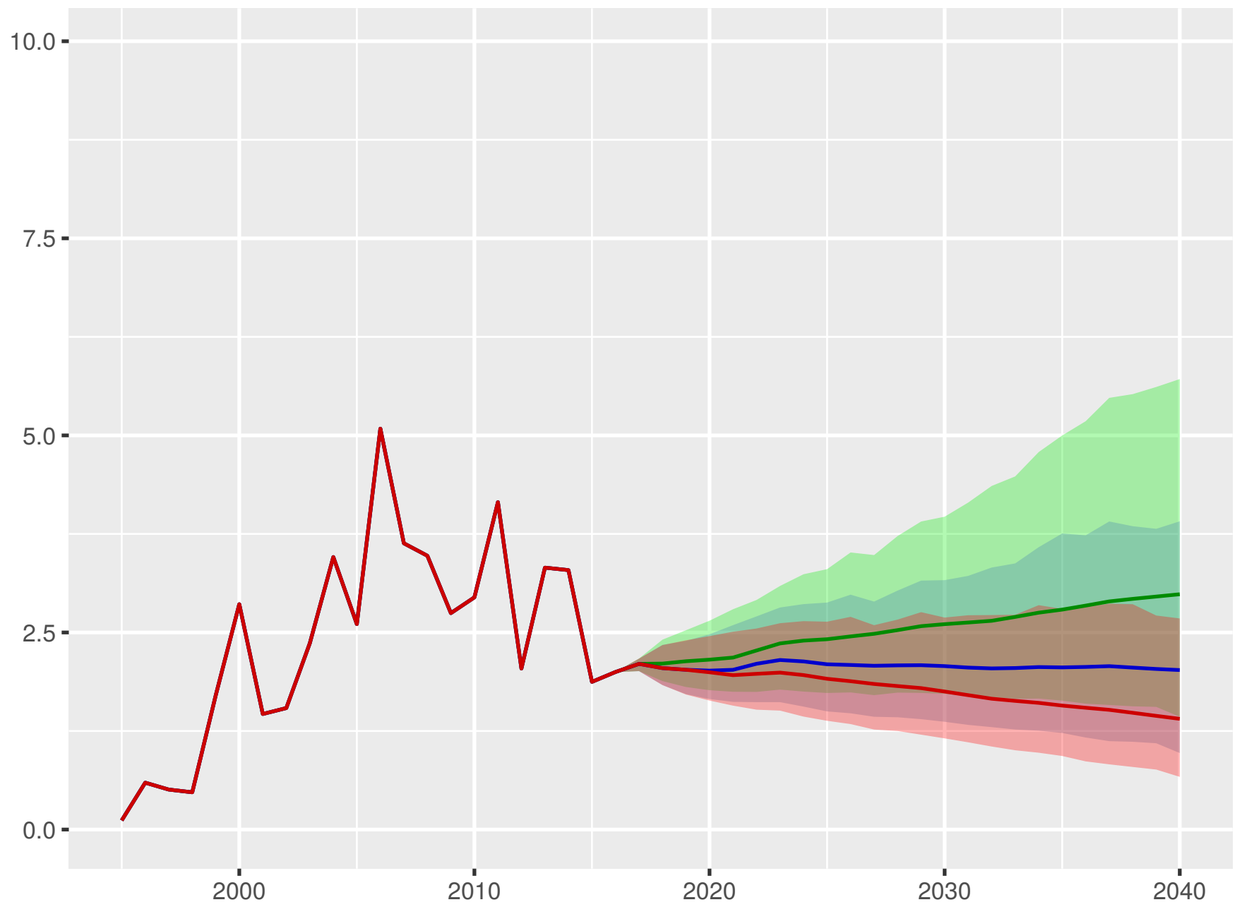
Universal health coverage index



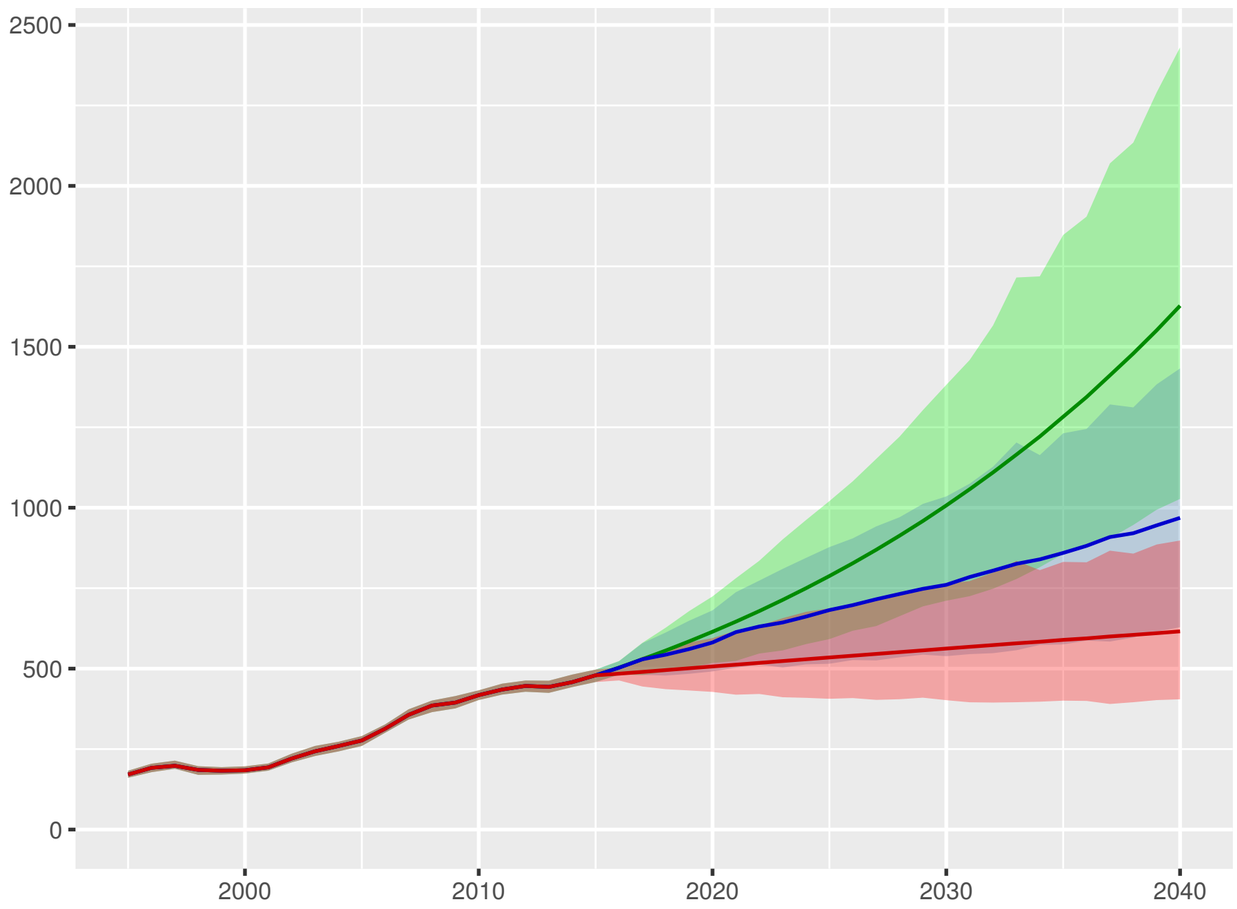
Total health spending per person



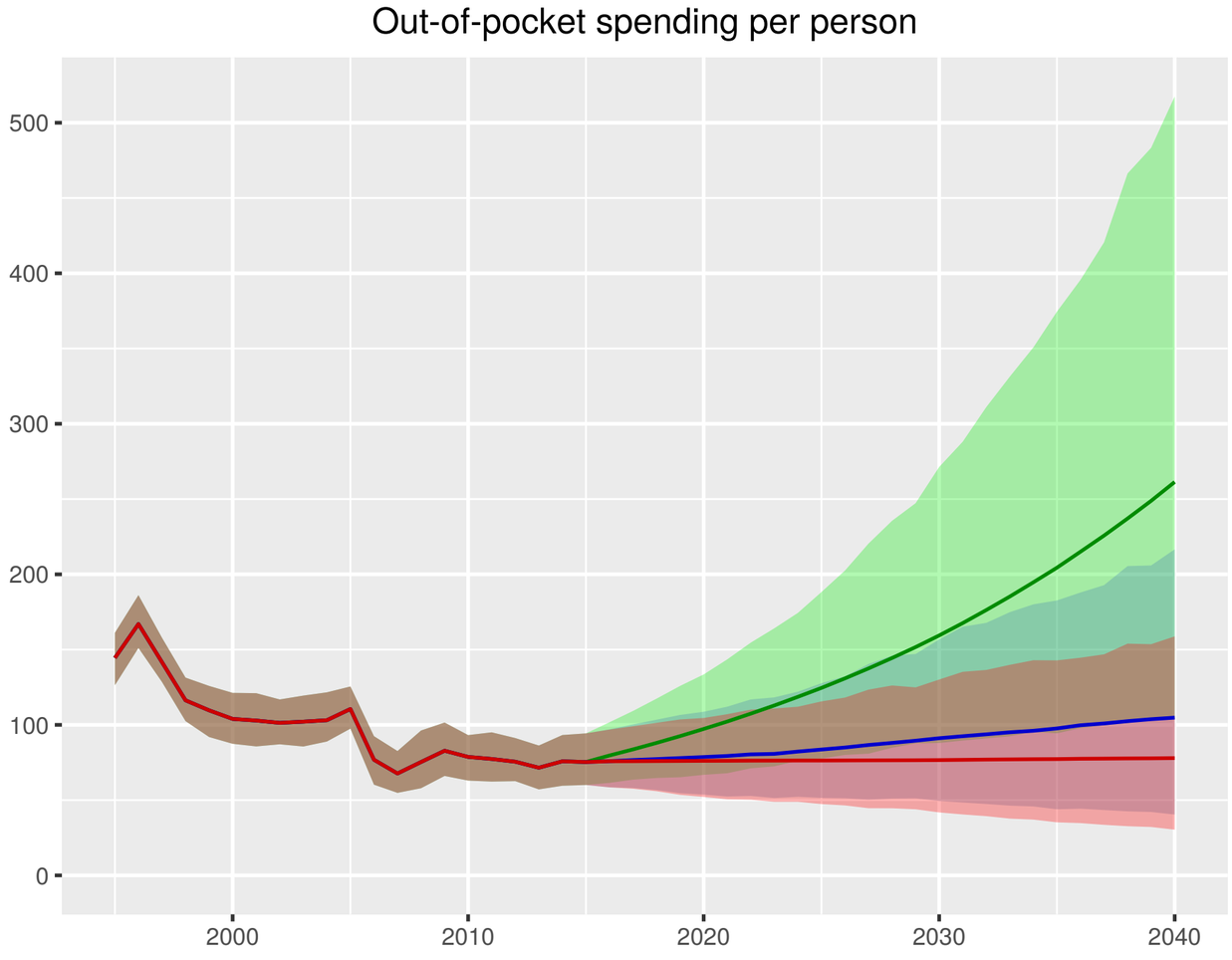
Development assistance for health received per person



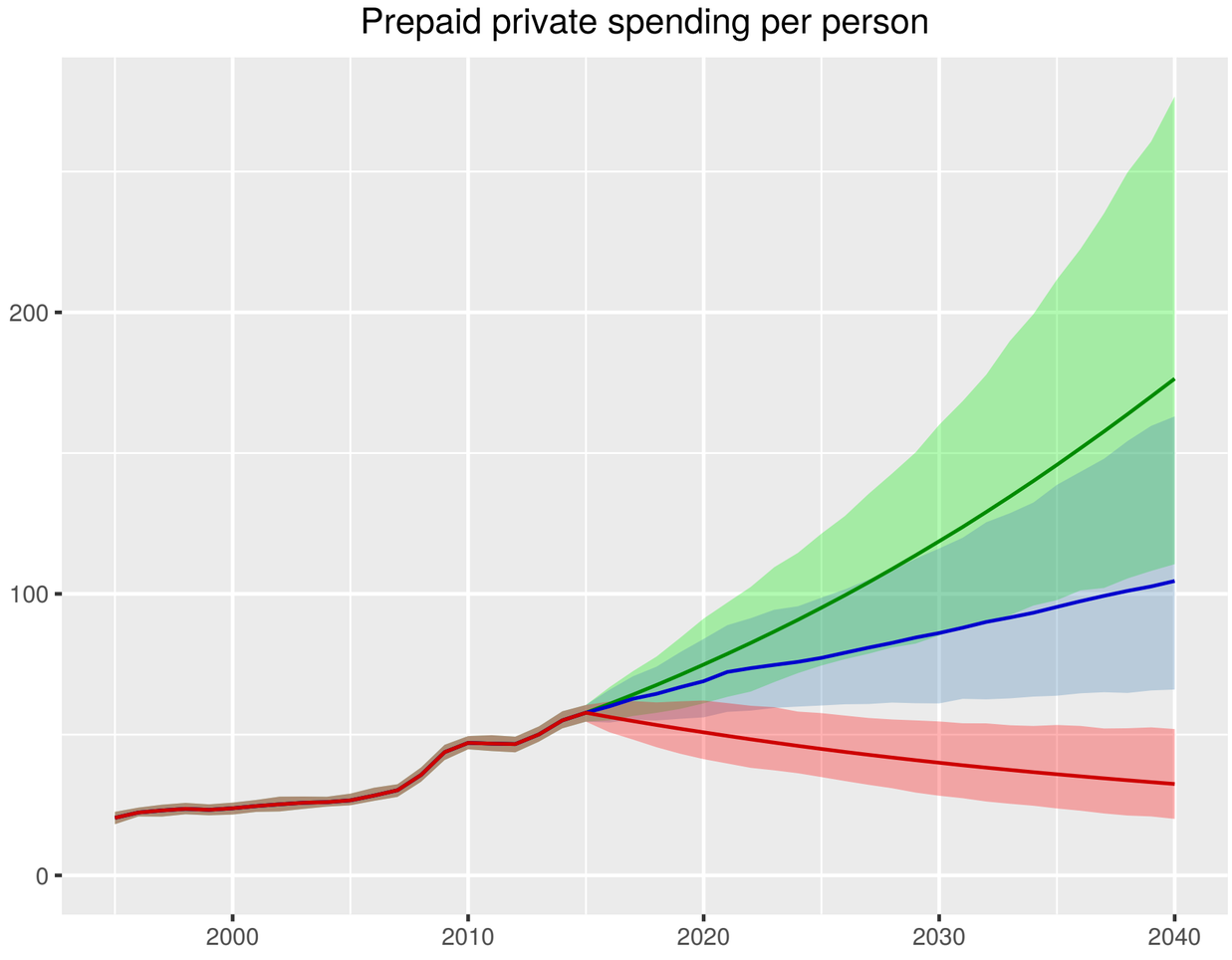
Government health spending per person



Out-of-pocket spending per person



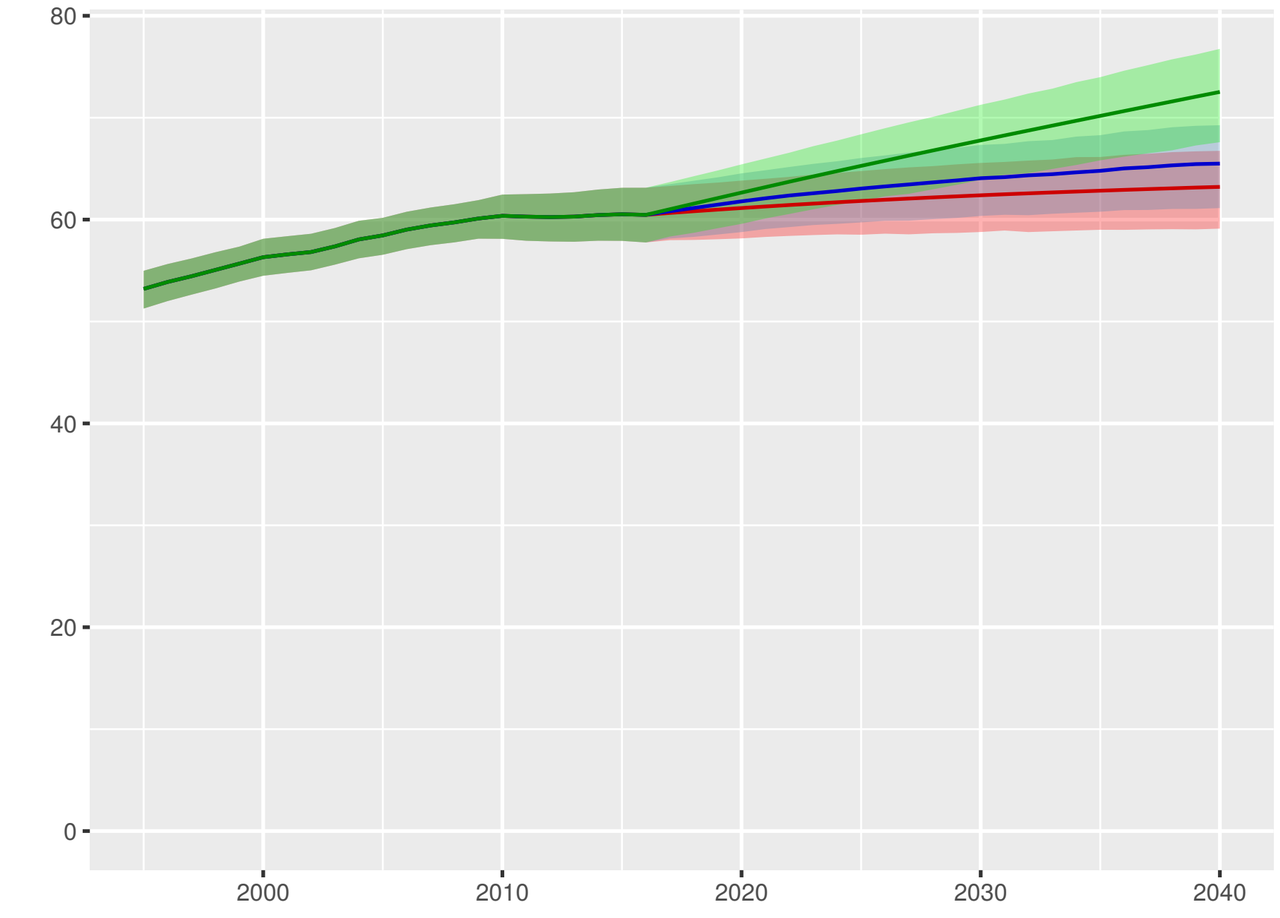
Prepaid private spending per person



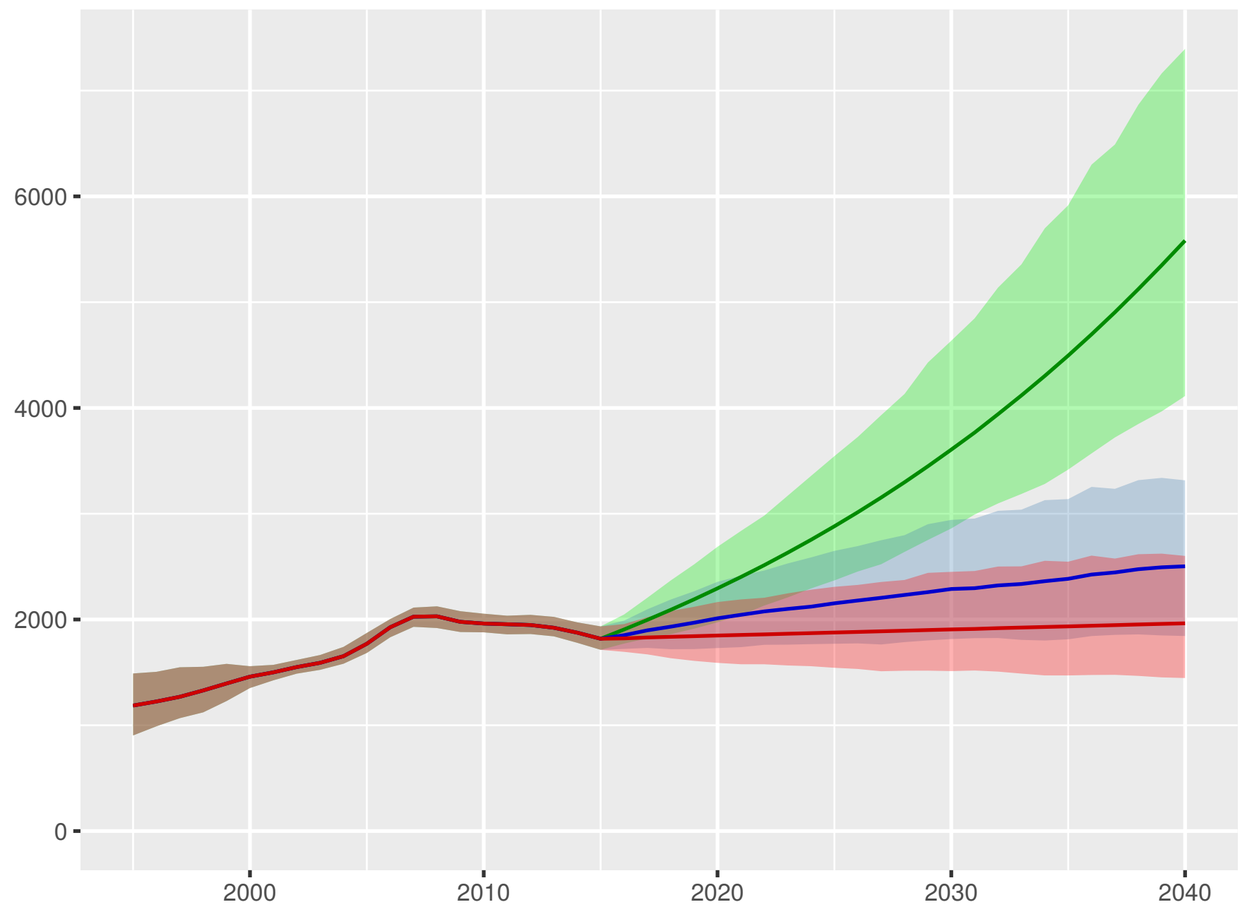
Scenario — Better — Reference — Worse

The Bahamas

Universal health coverage index

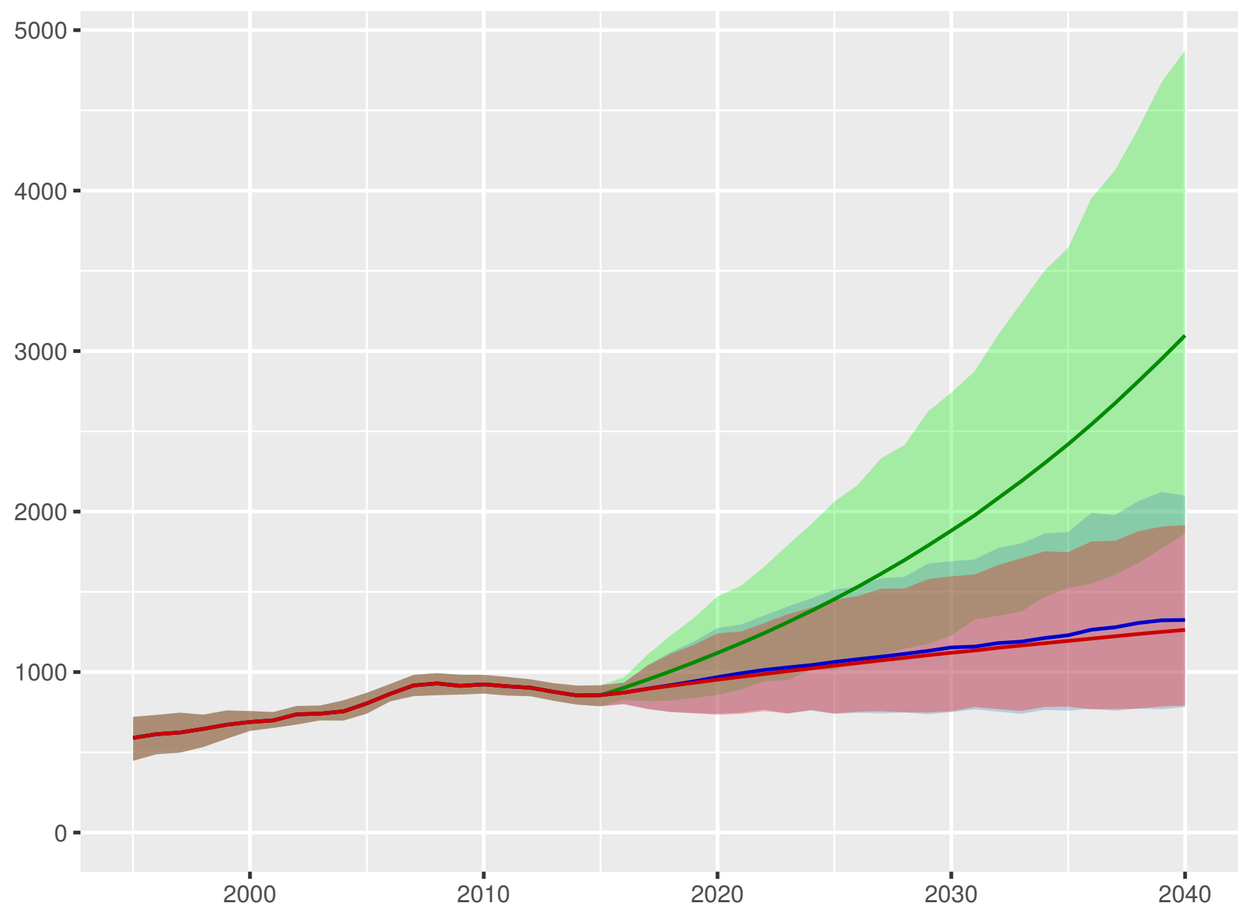


Total health spending per person

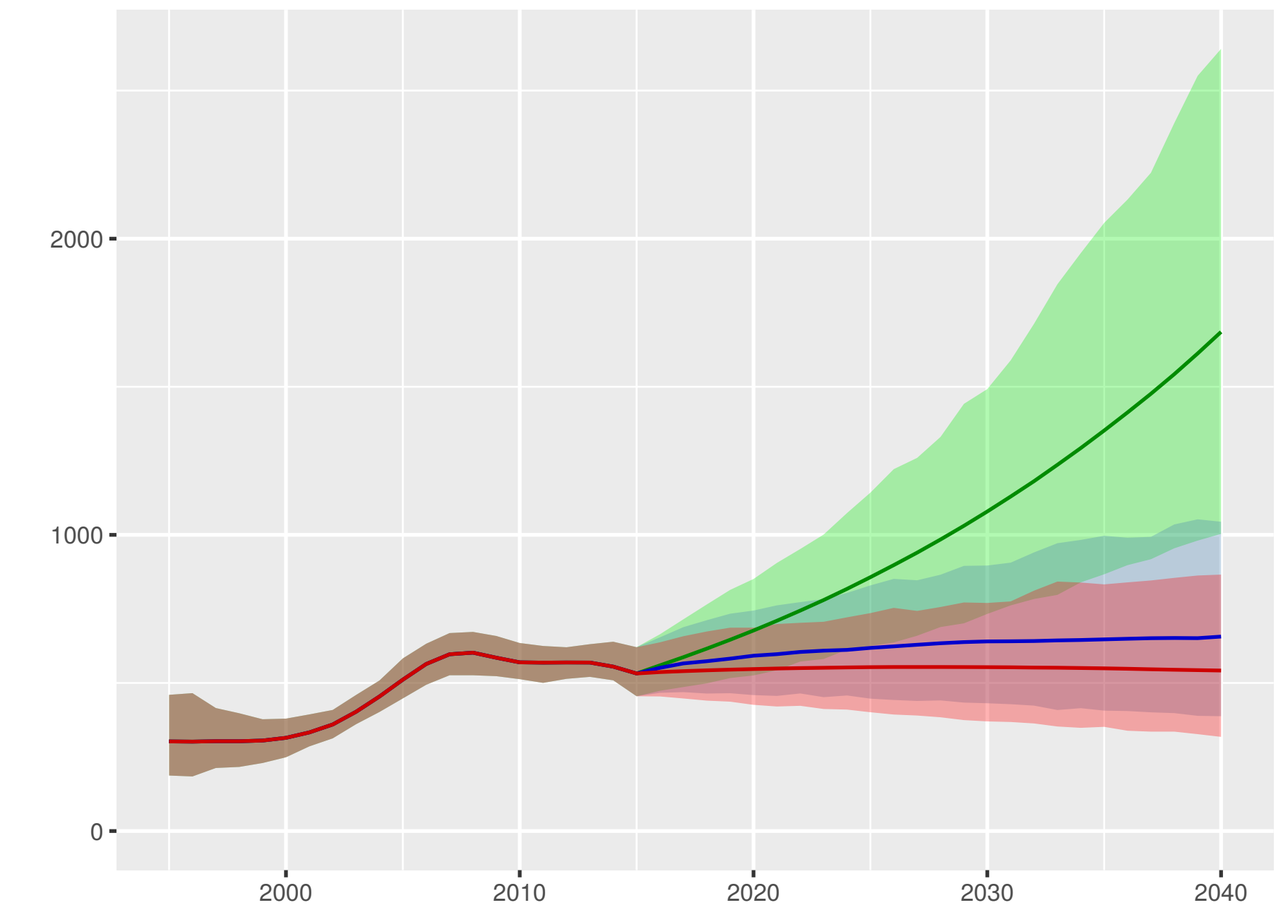


Development assistance for health received per person

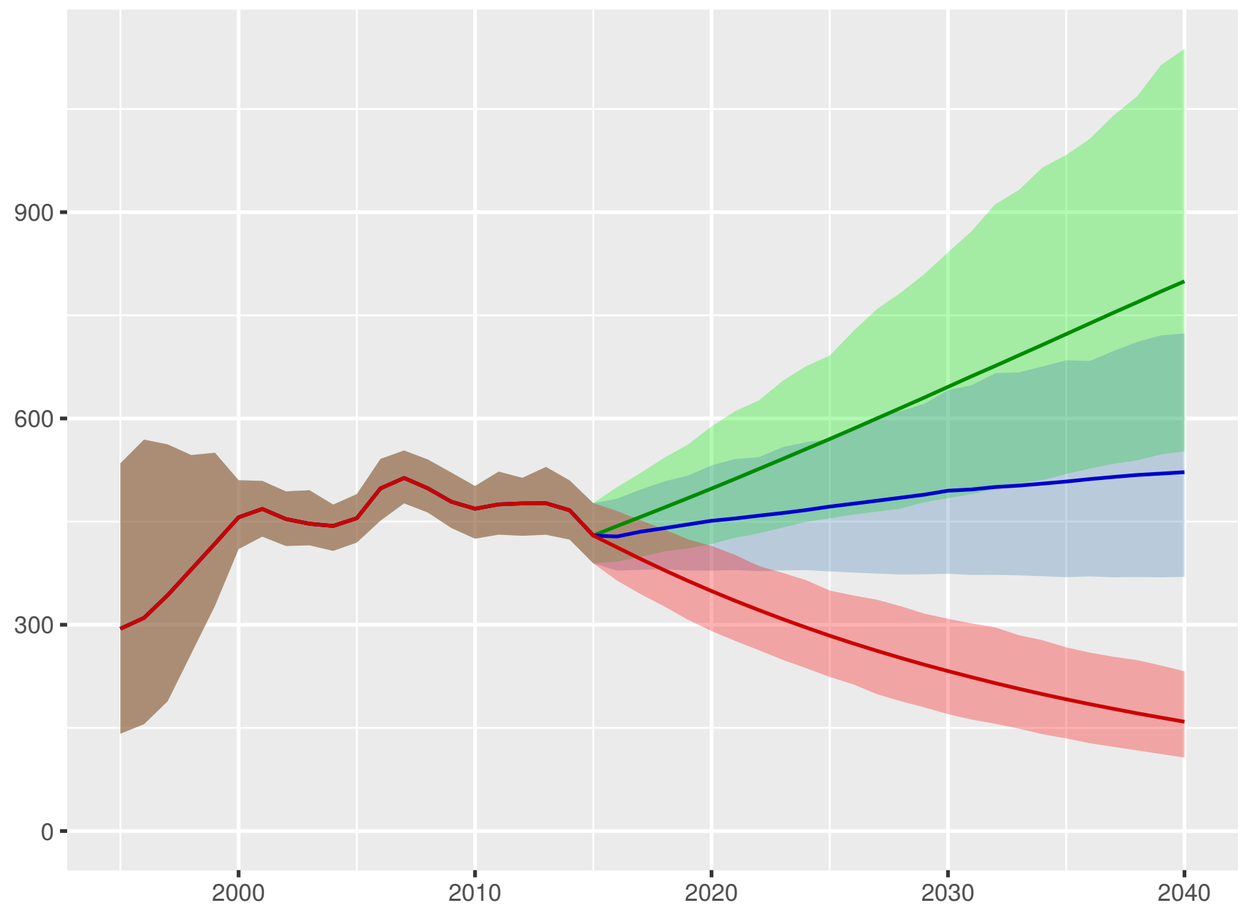
Government health spending per person



Out-of-pocket spending per person



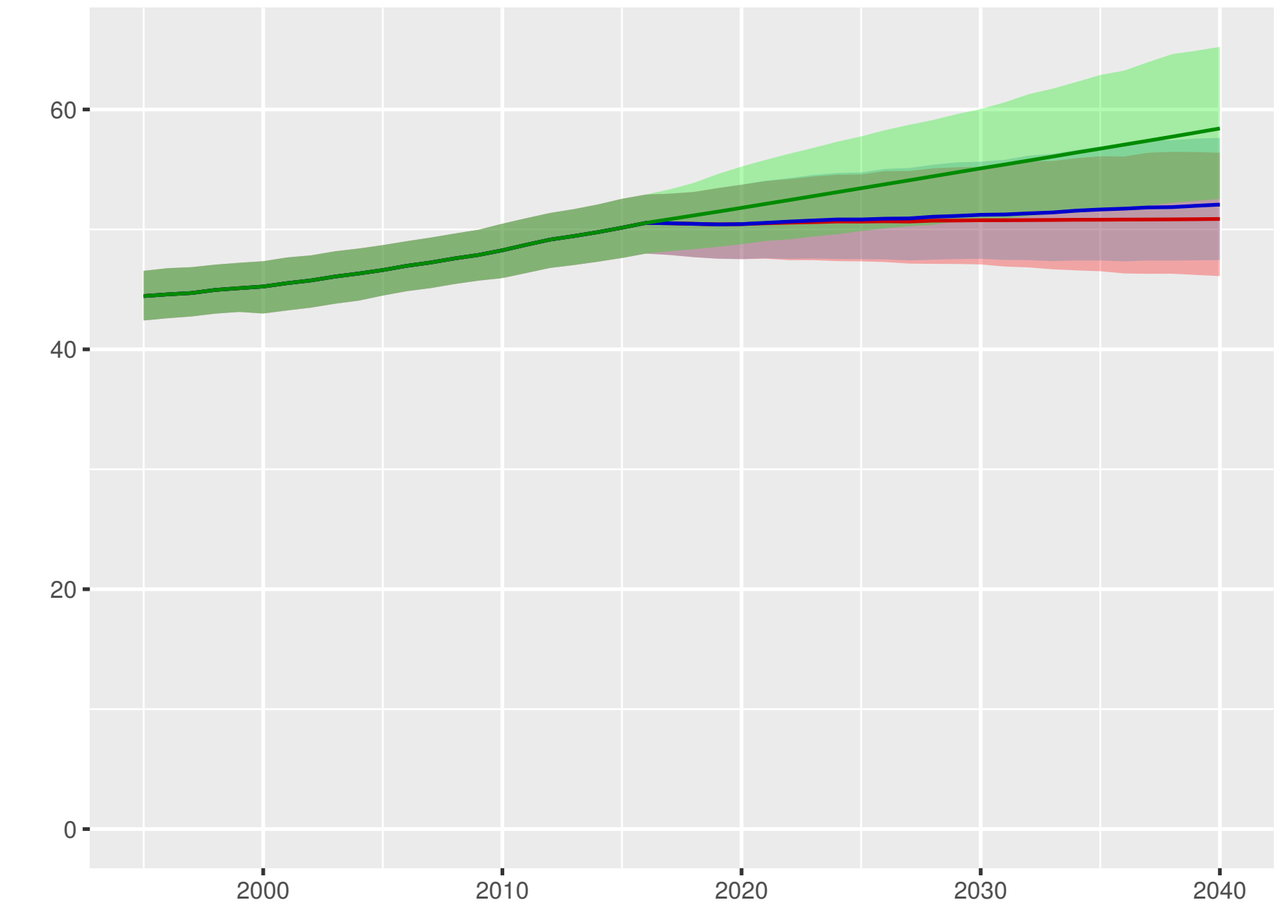
Prepaid private spending per person



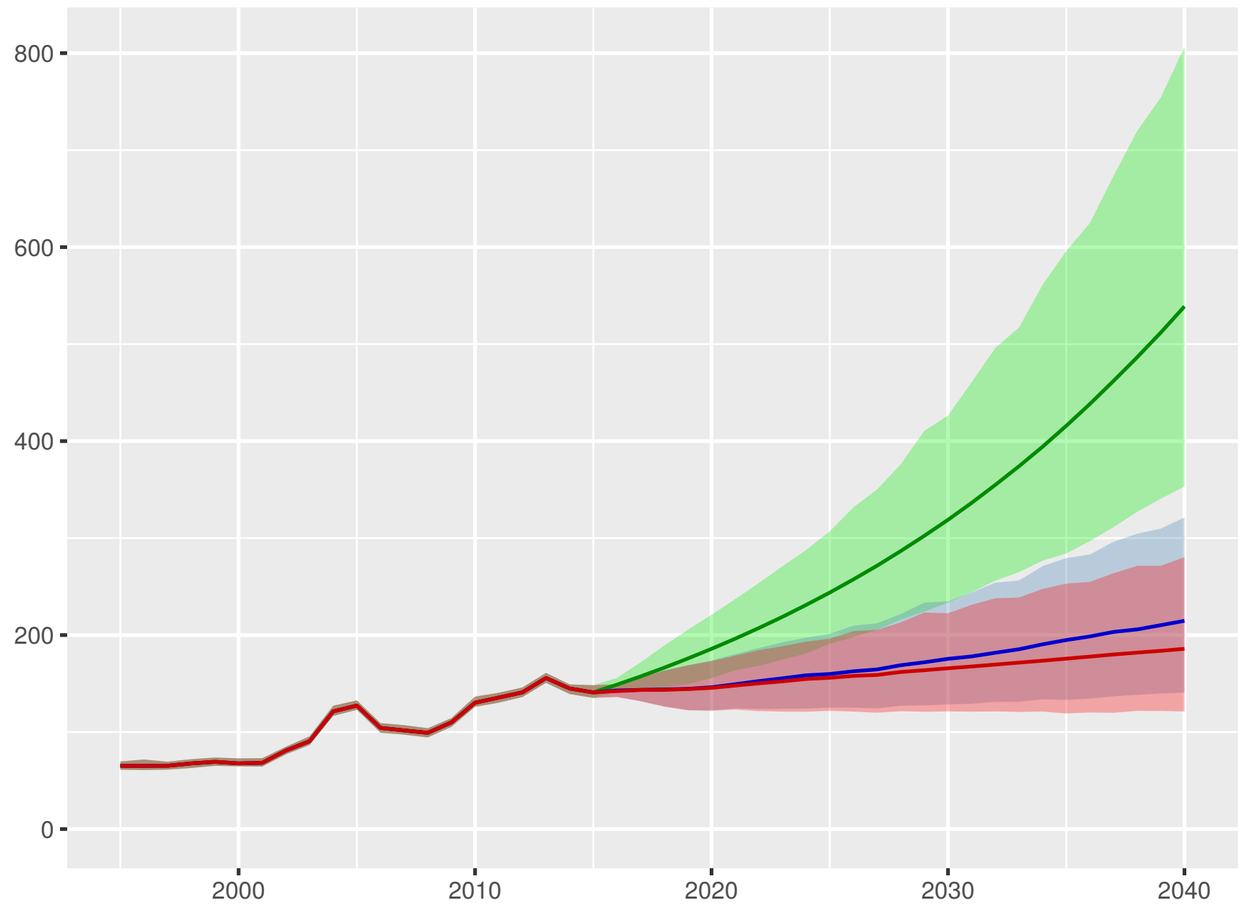
Scenario — Better — Reference — Worse

The Gambia

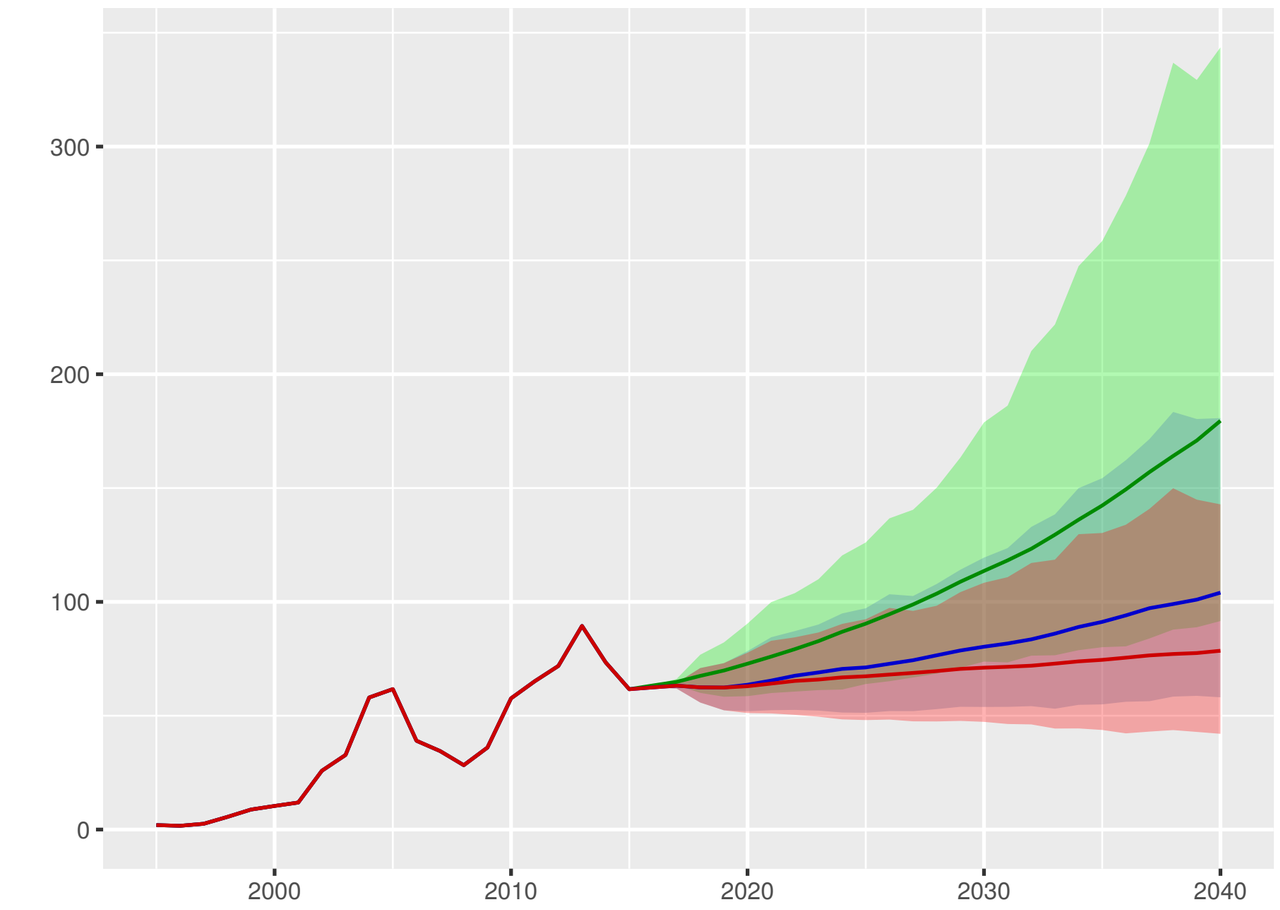
Universal health coverage index



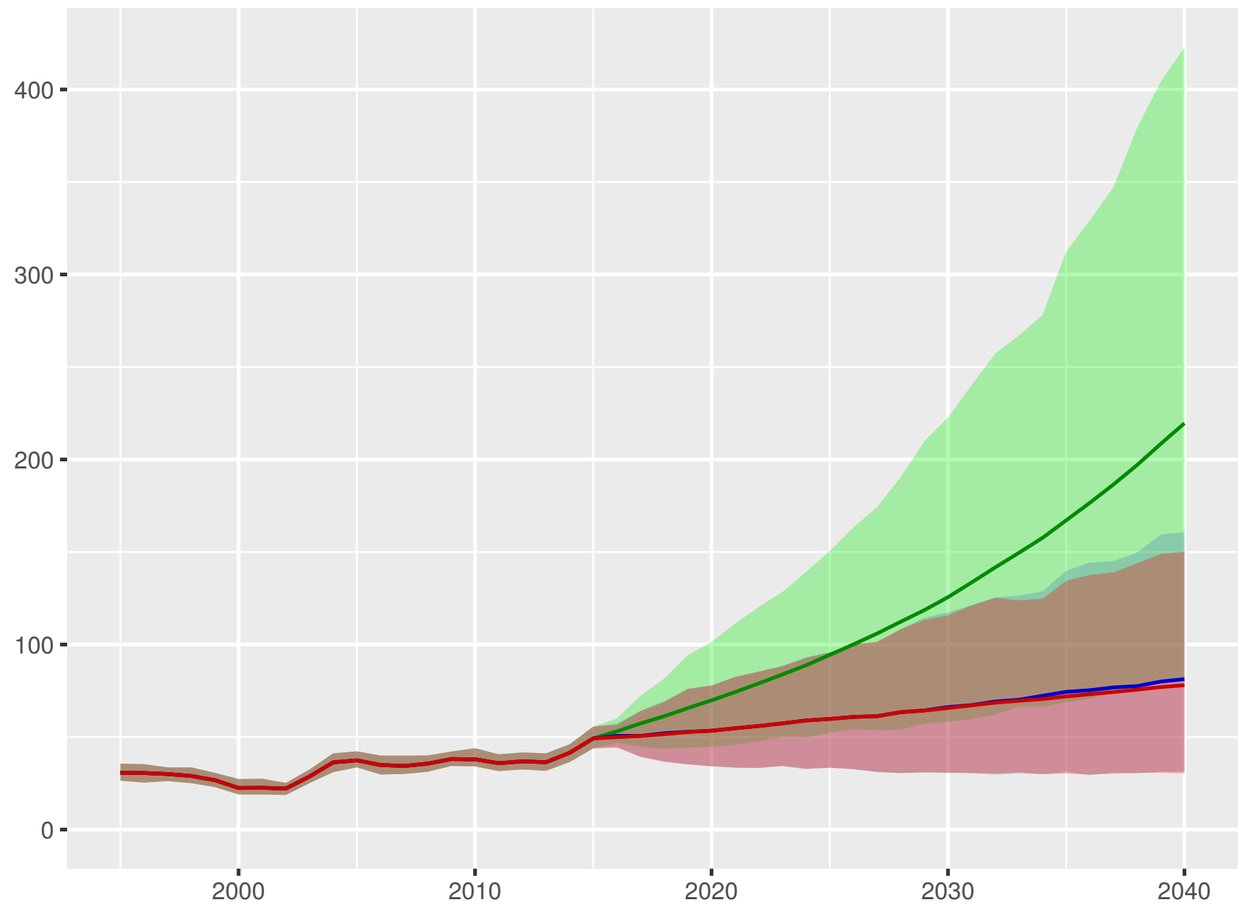
Total health spending per person



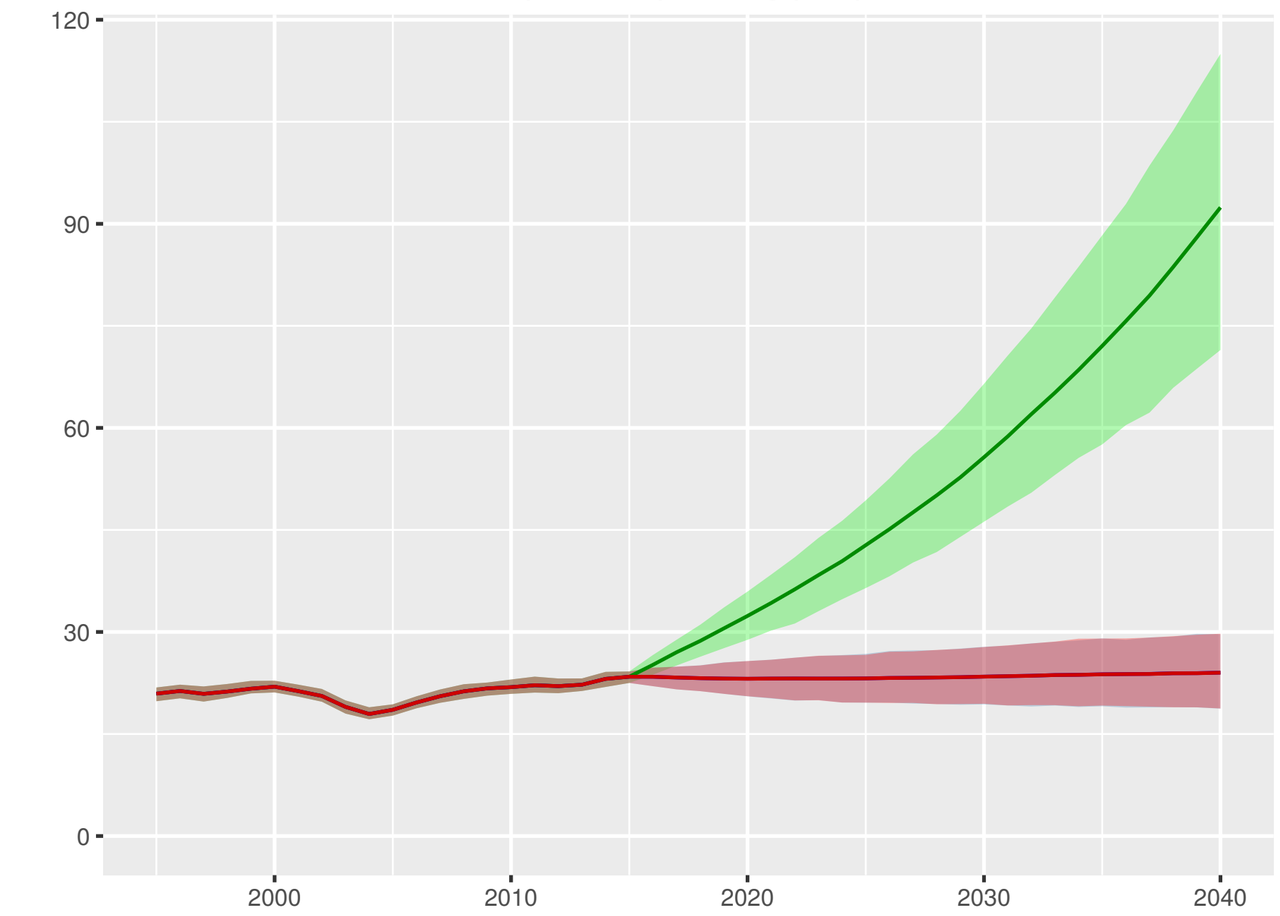
Development assistance for health received per person



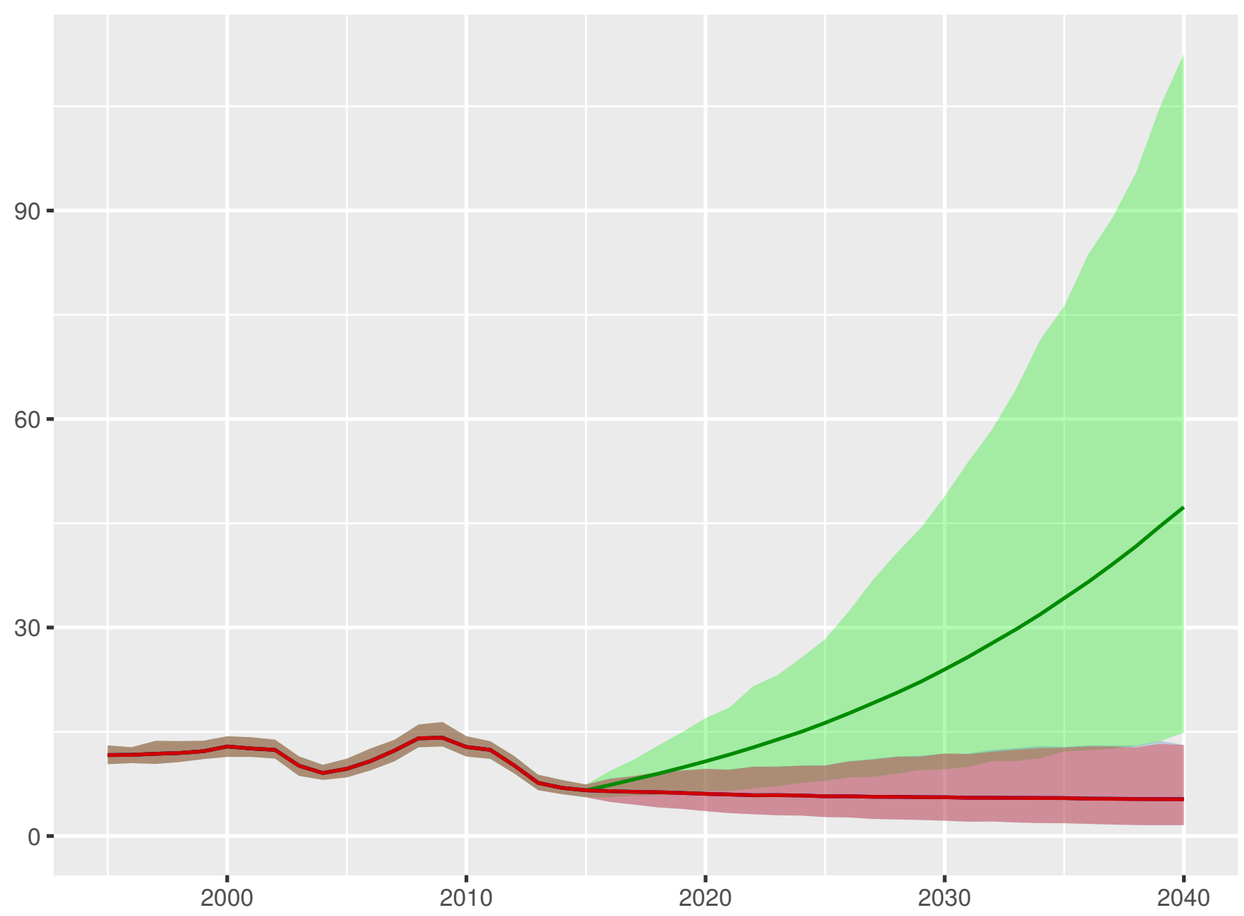
Government health spending per person



Out-of-pocket spending per person



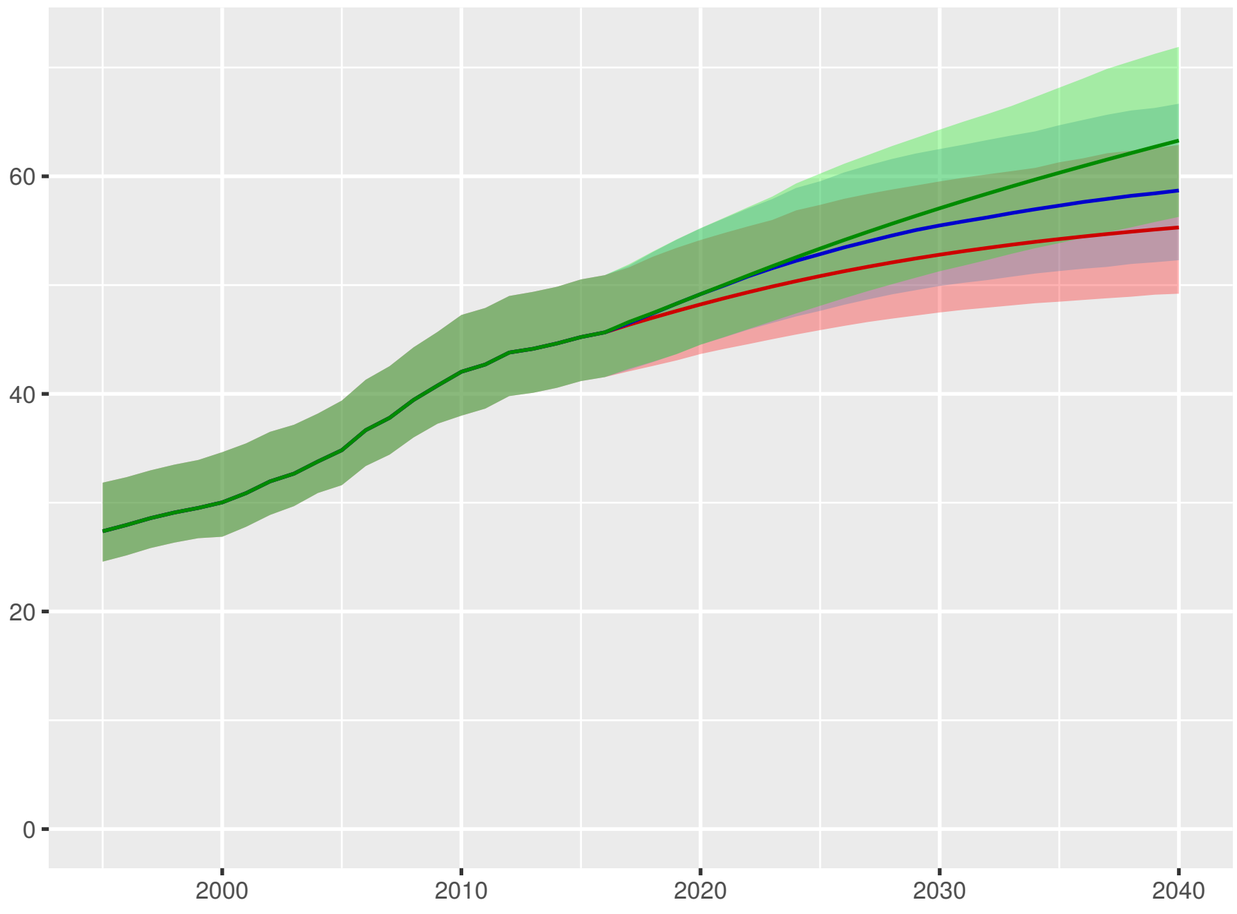
Prepaid private spending per person



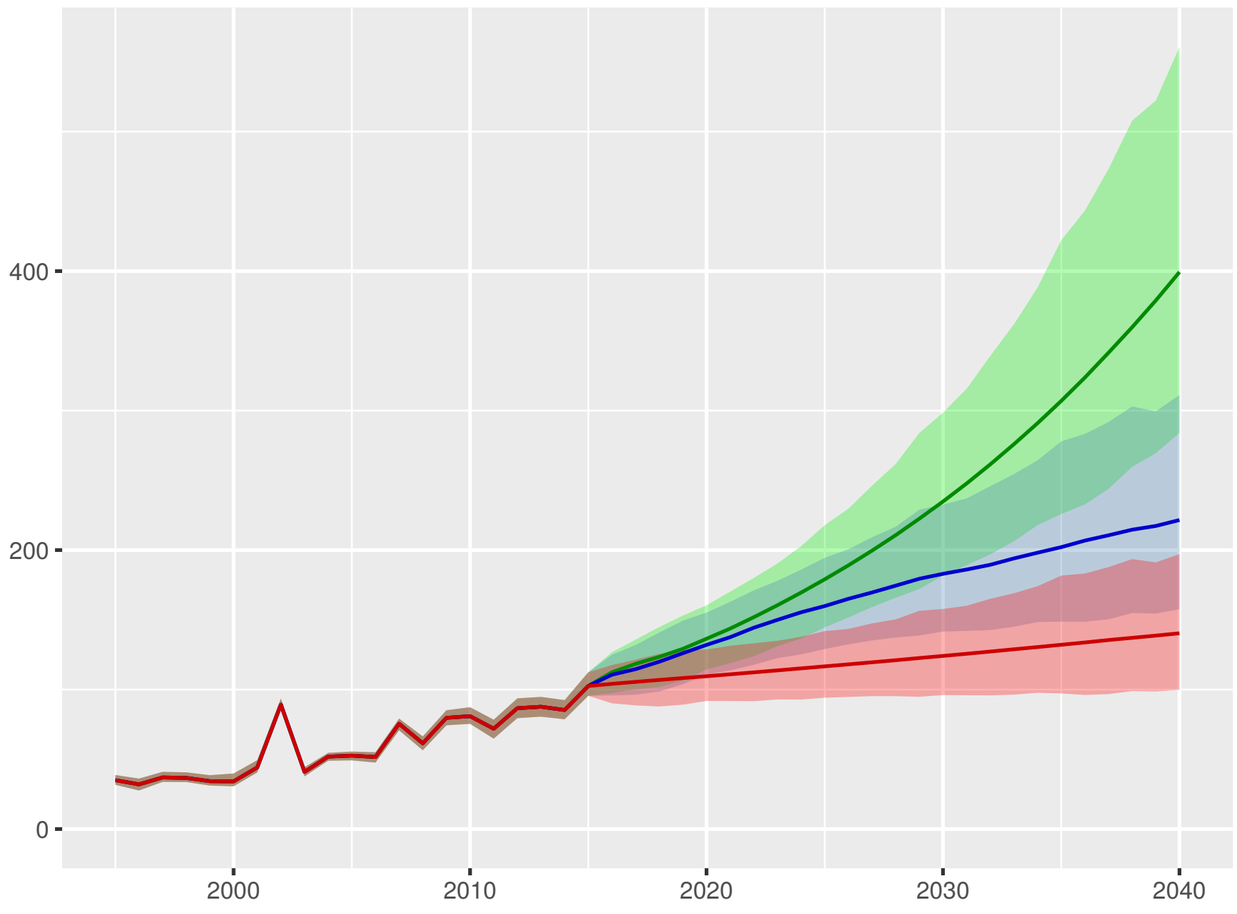
Scenario — Better — Reference — Worse

Timor-Leste

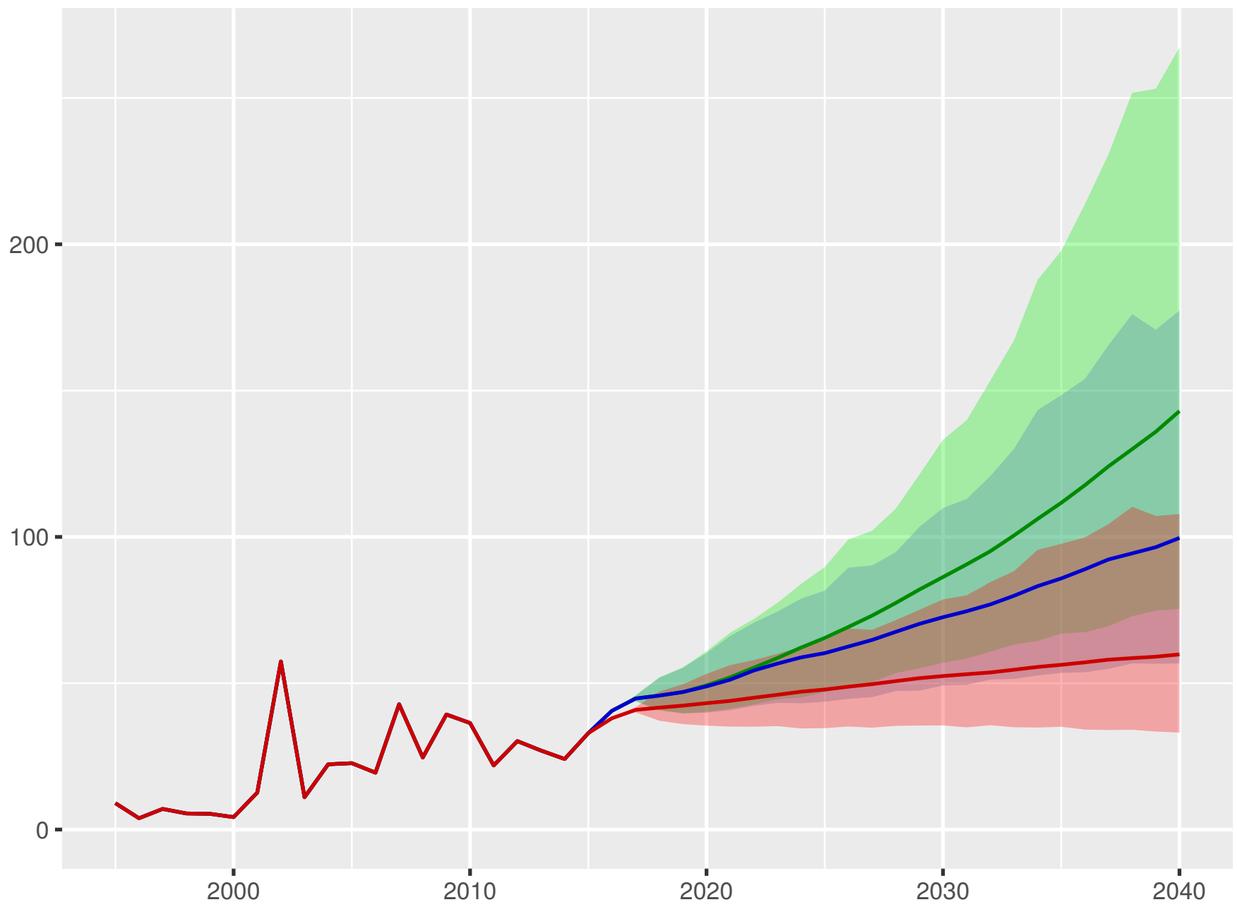
Universal health coverage index



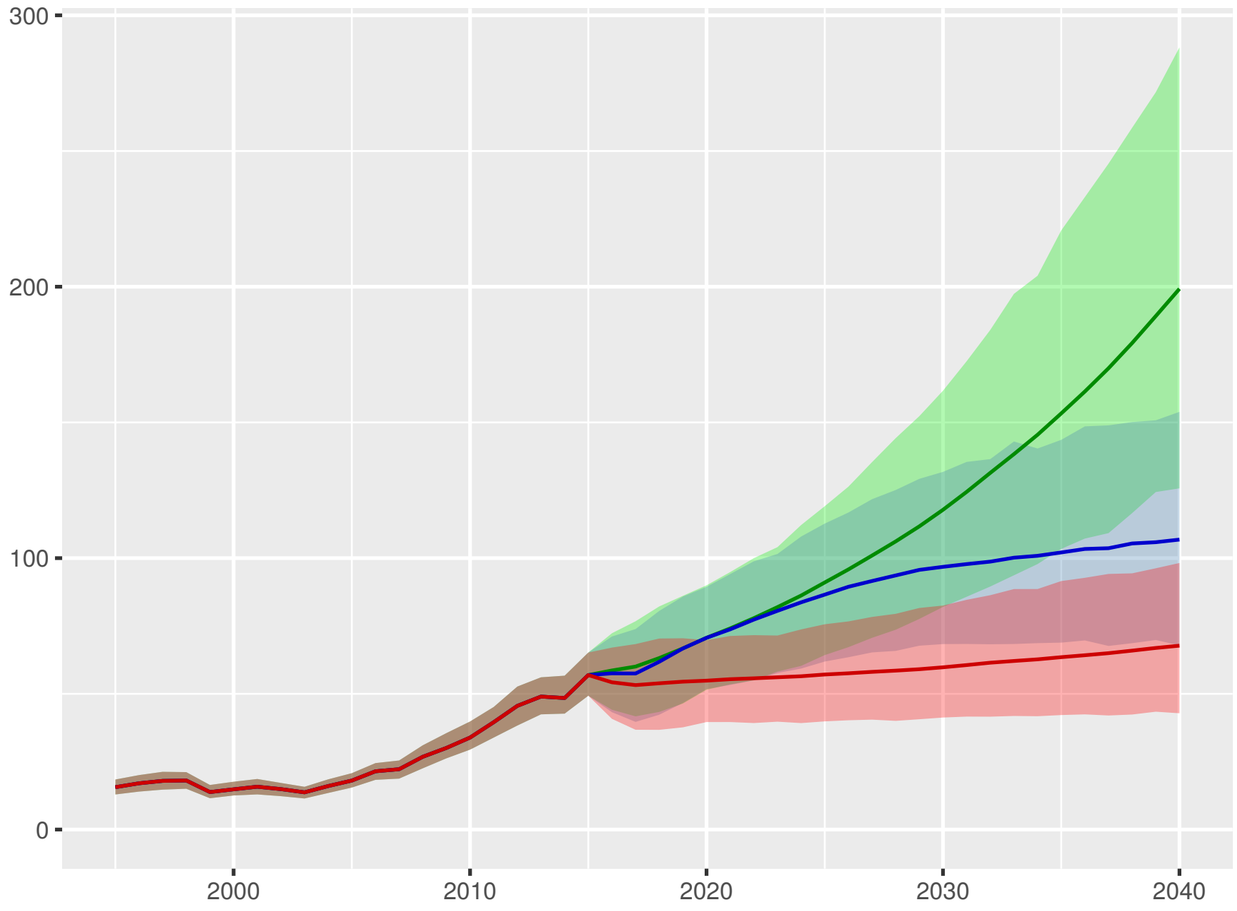
Total health spending per person



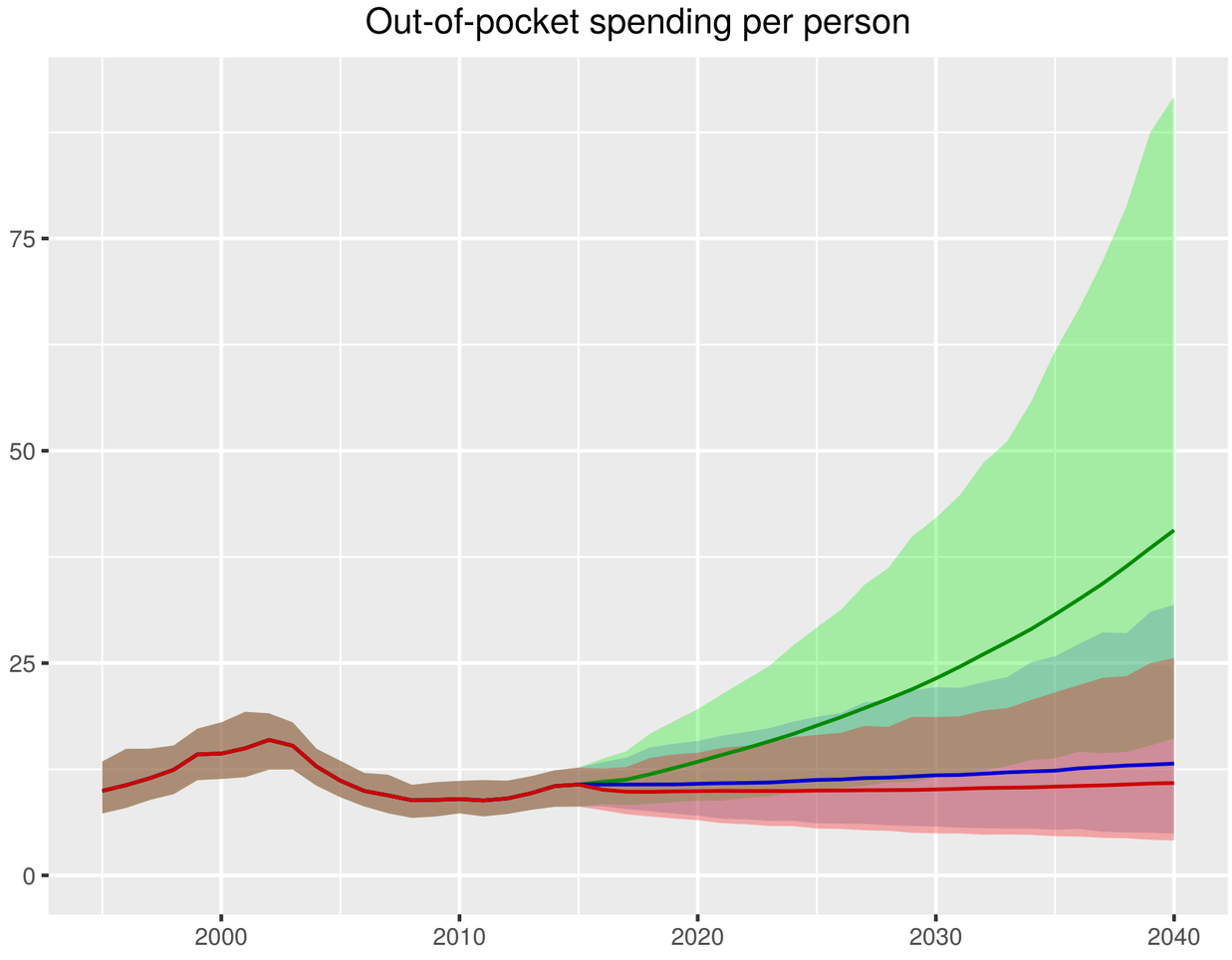
Development assistance for health received per person



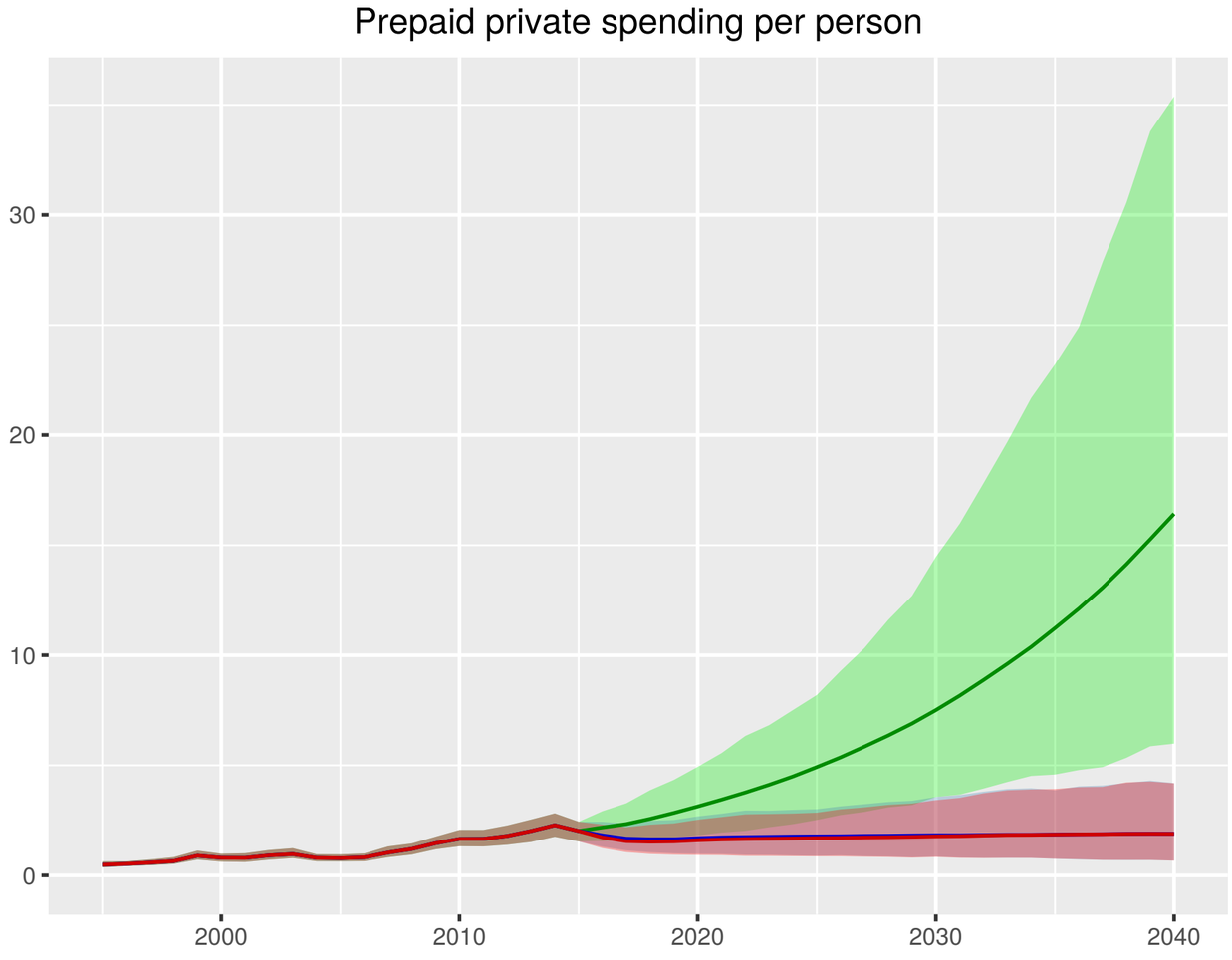
Government health spending per person



Out-of-pocket spending per person



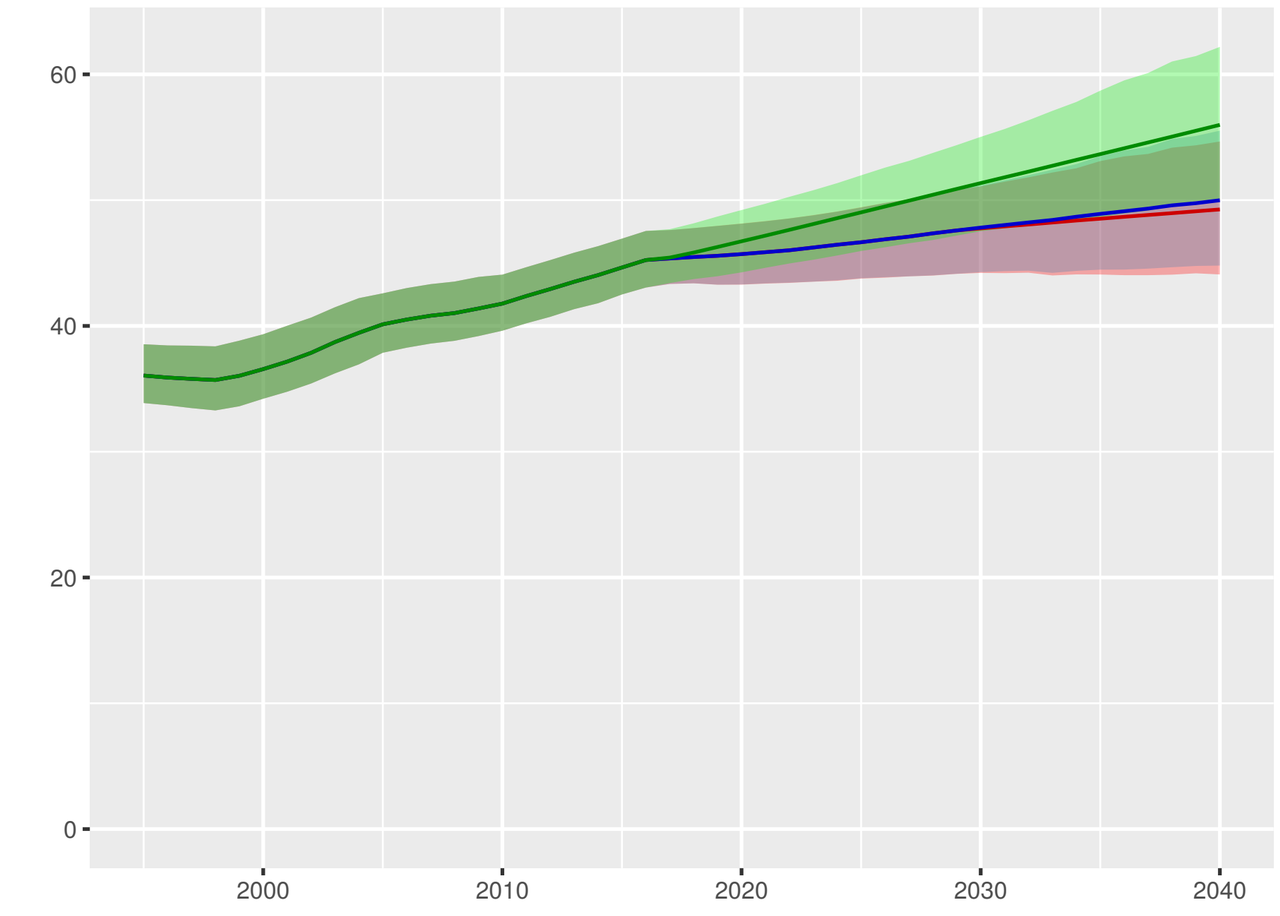
Prepaid private spending per person



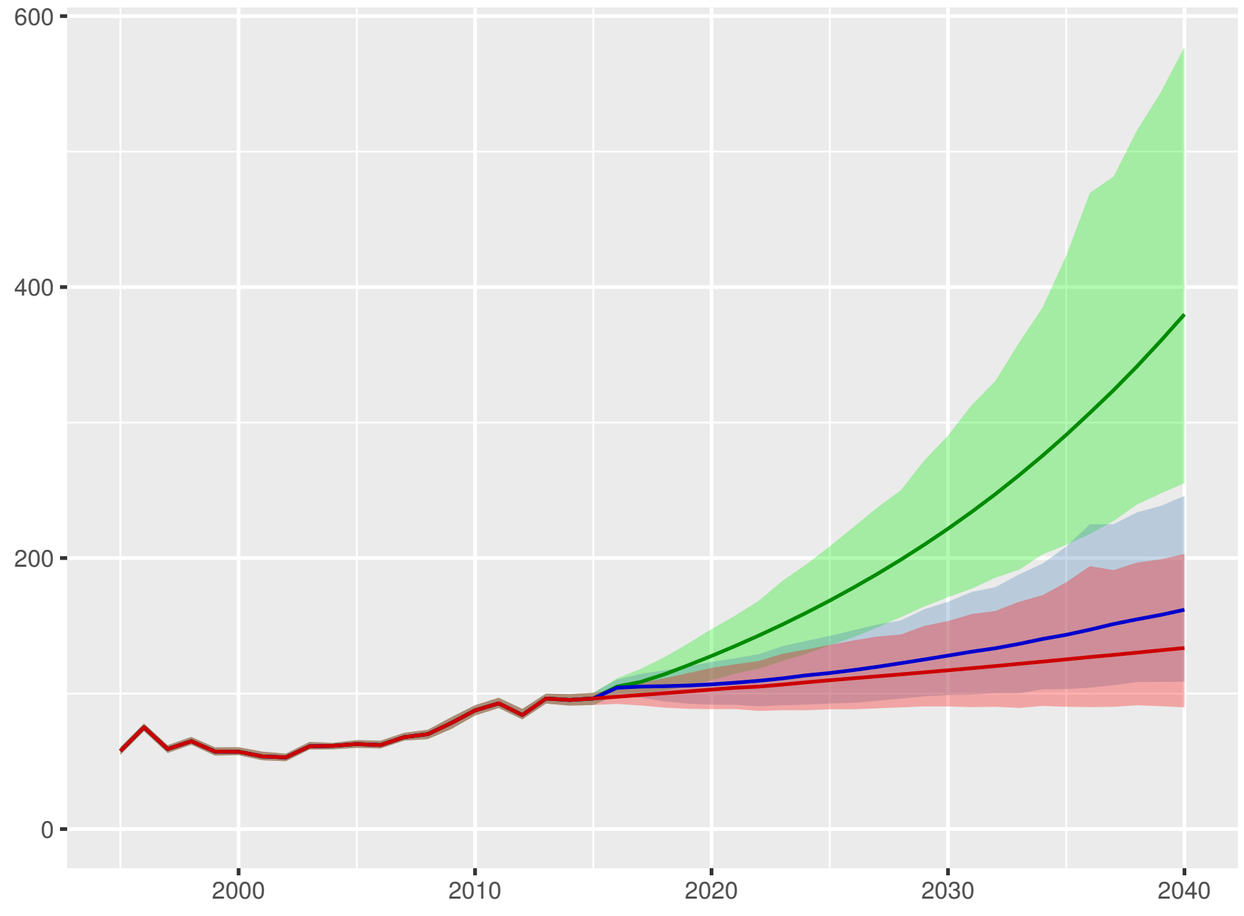
Scenario — Better — Reference — Worse

Togo

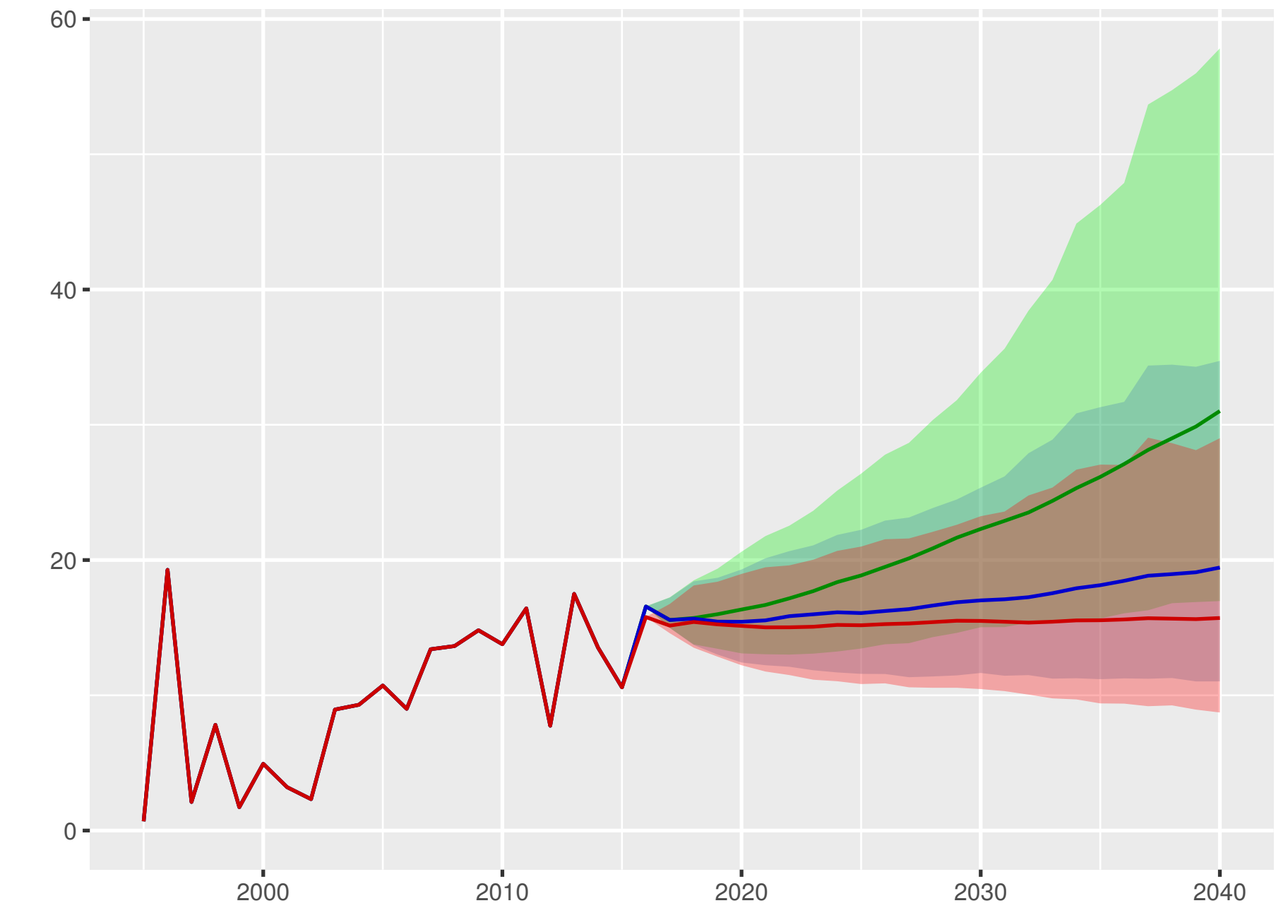
Universal health coverage index



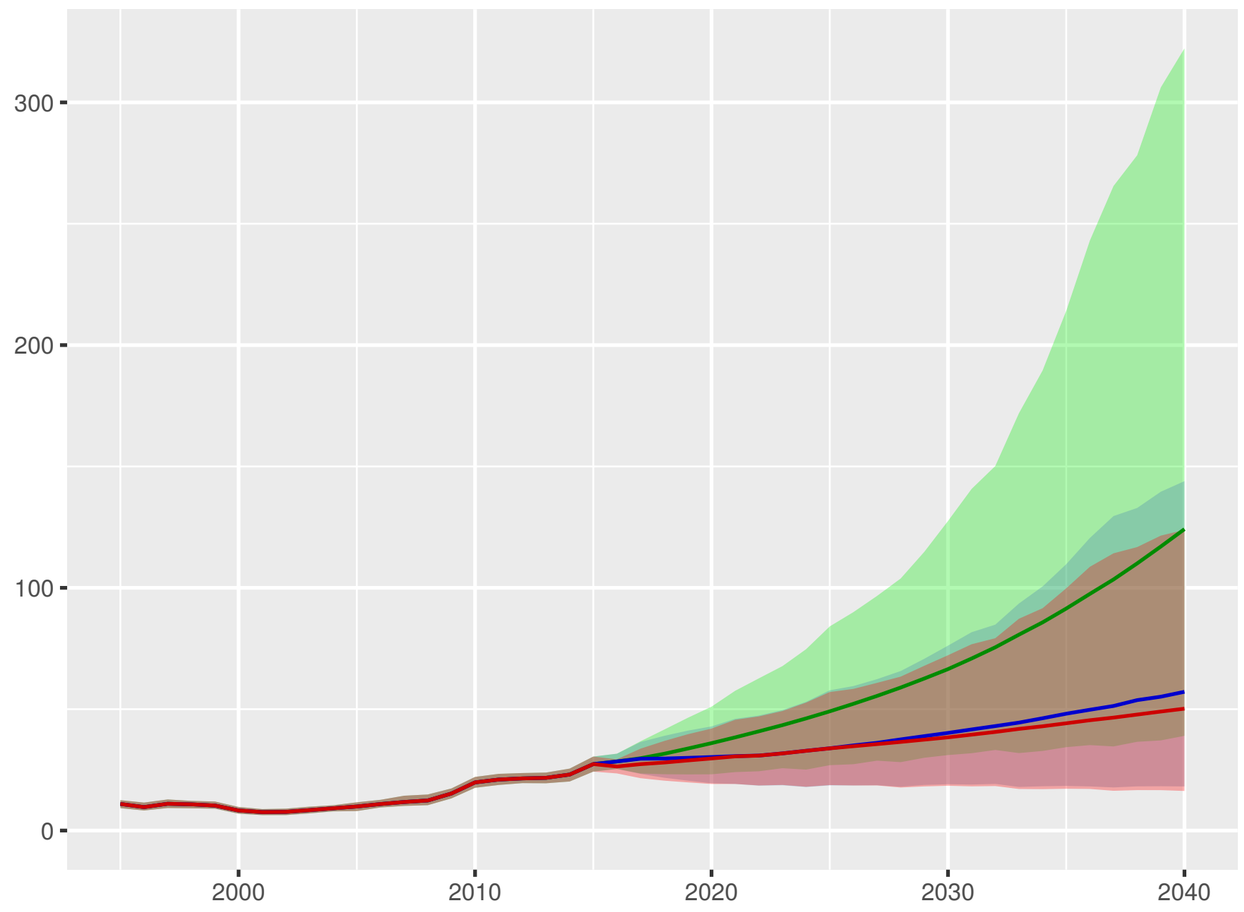
Total health spending per person



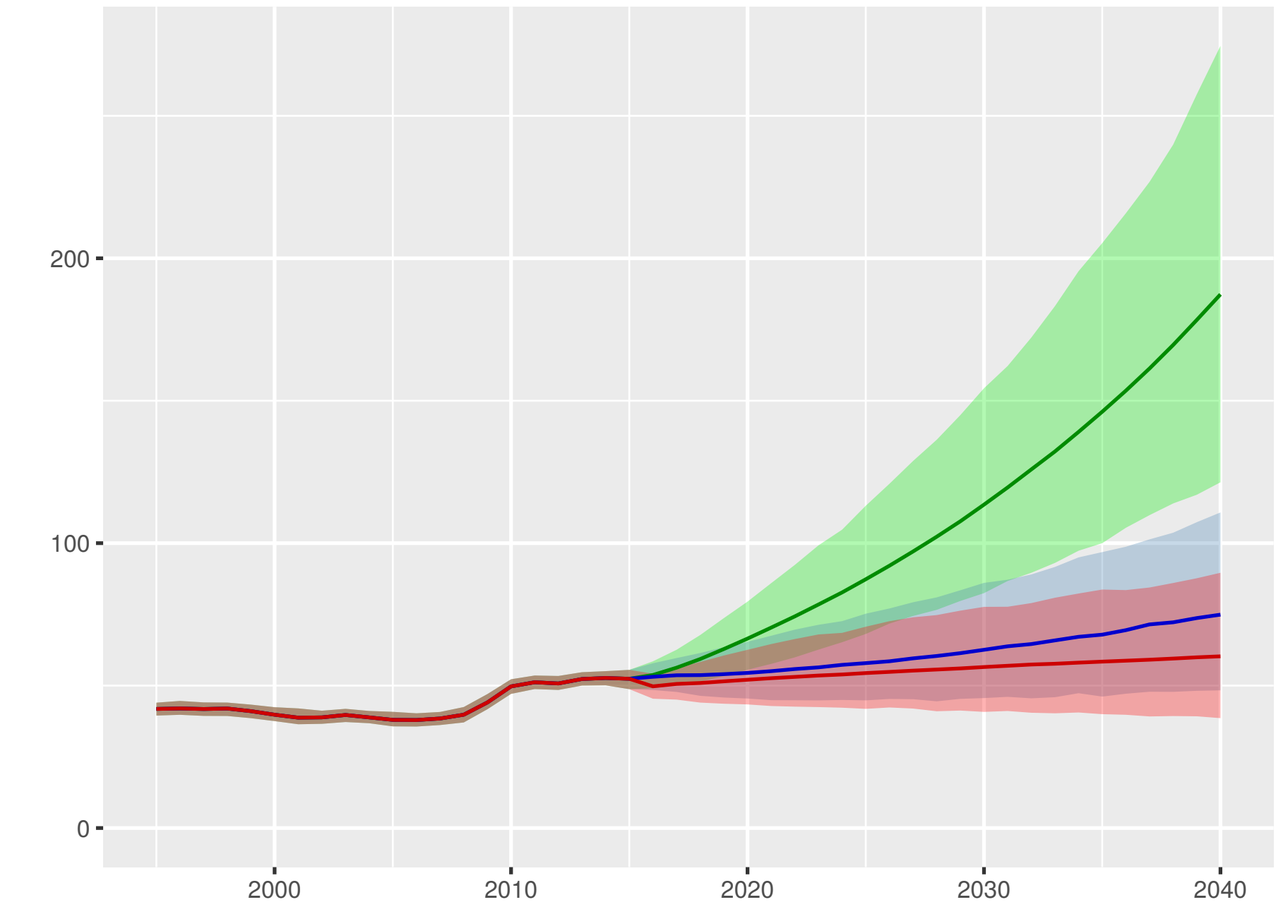
Development assistance for health received per person



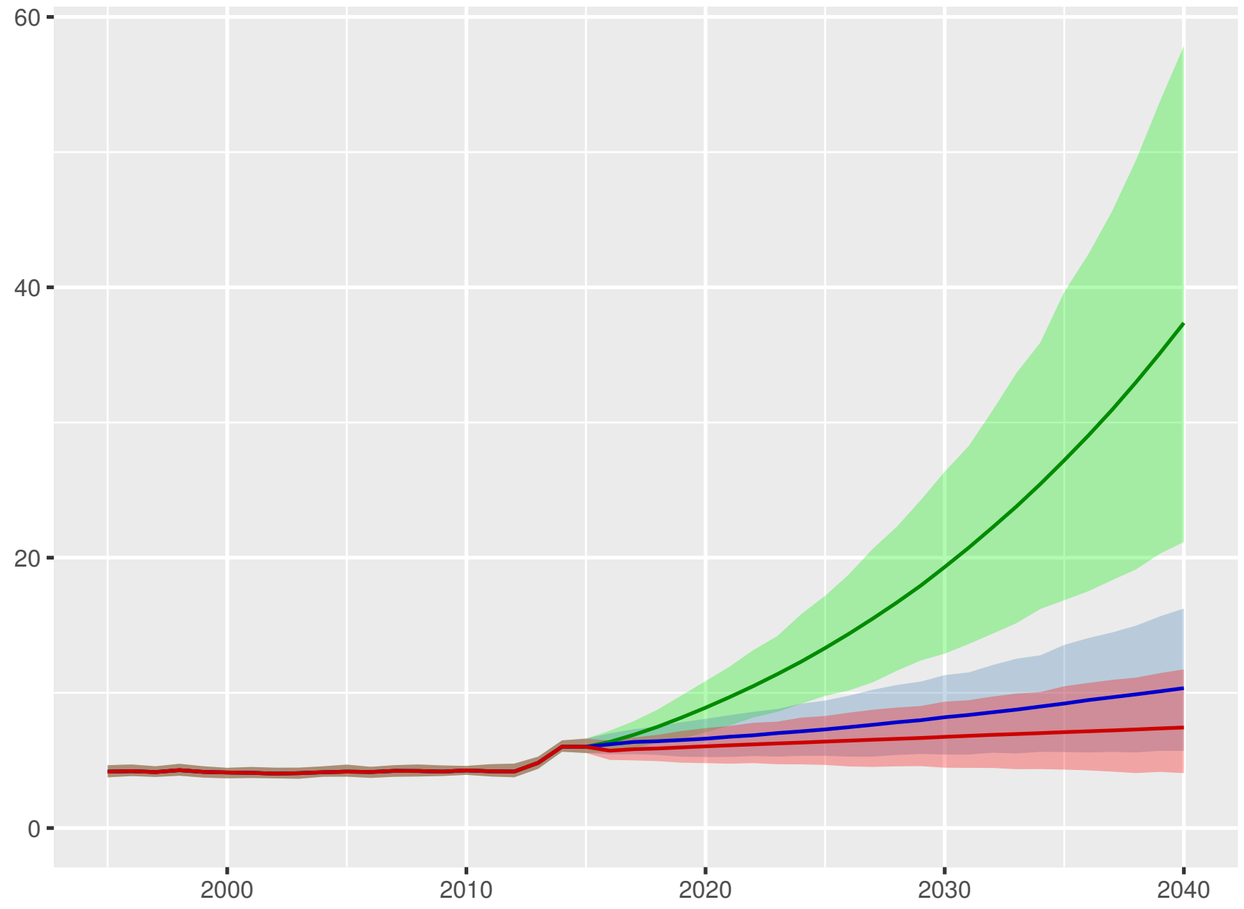
Government health spending per person



Out-of-pocket spending per person



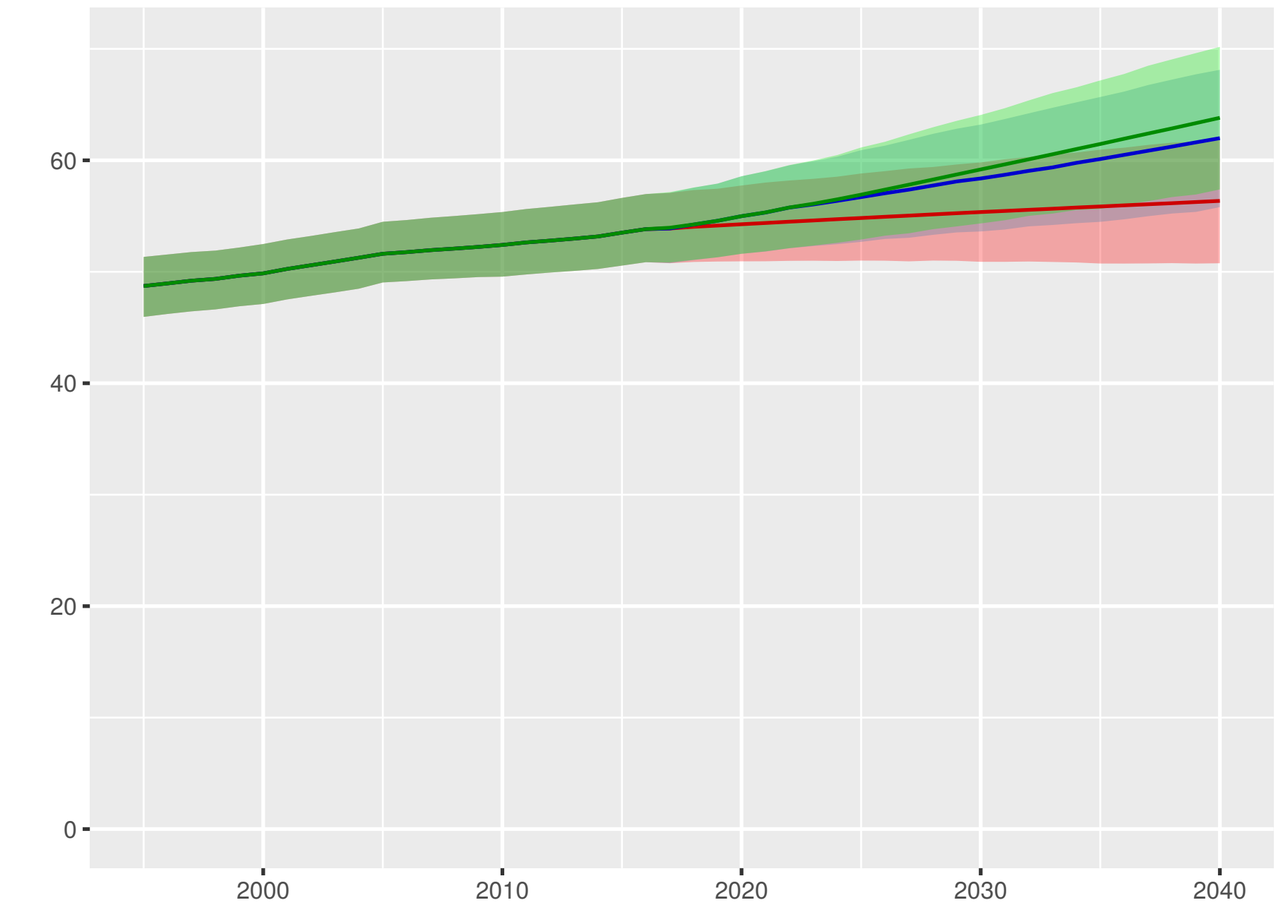
Prepaid private spending per person



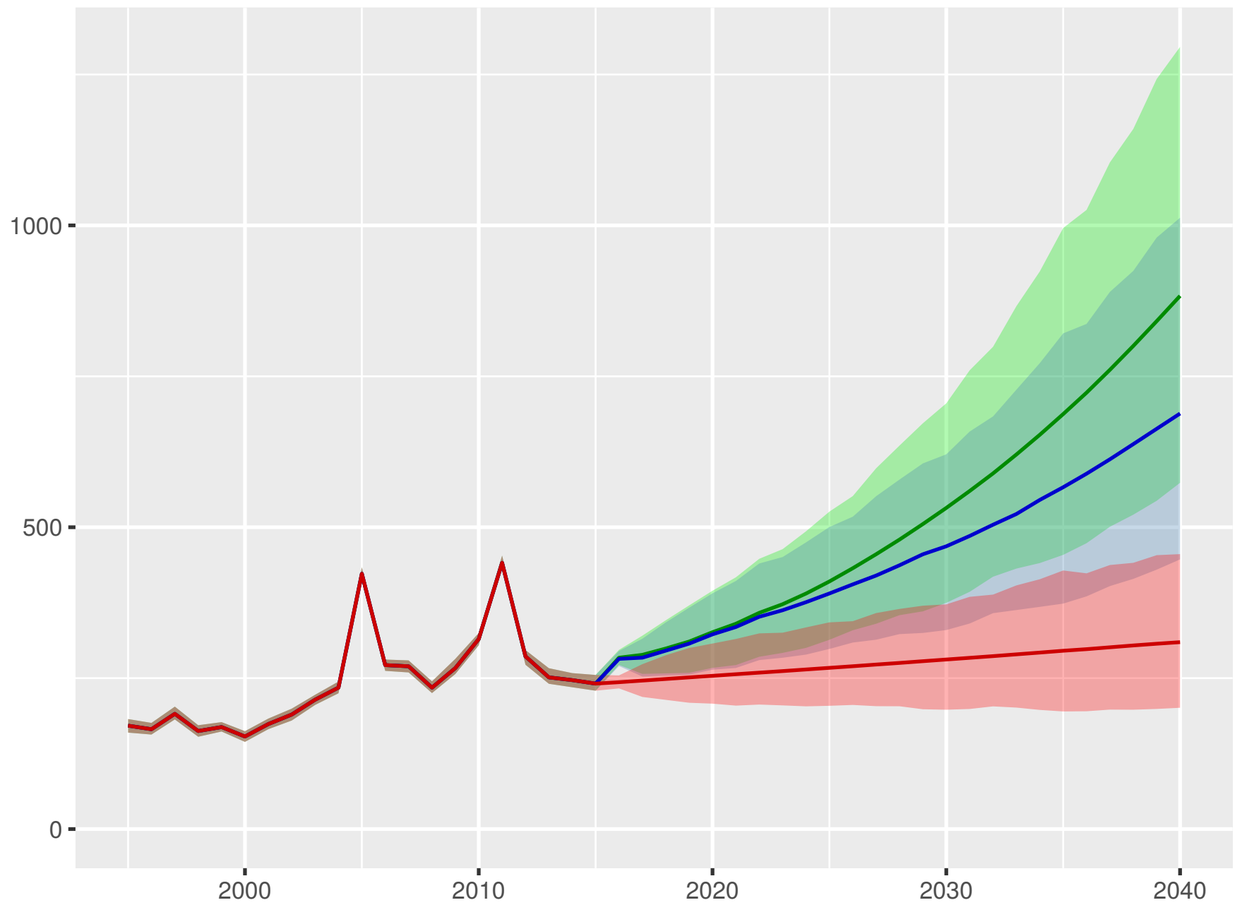
Scenario — Better — Reference — Worse

Tonga

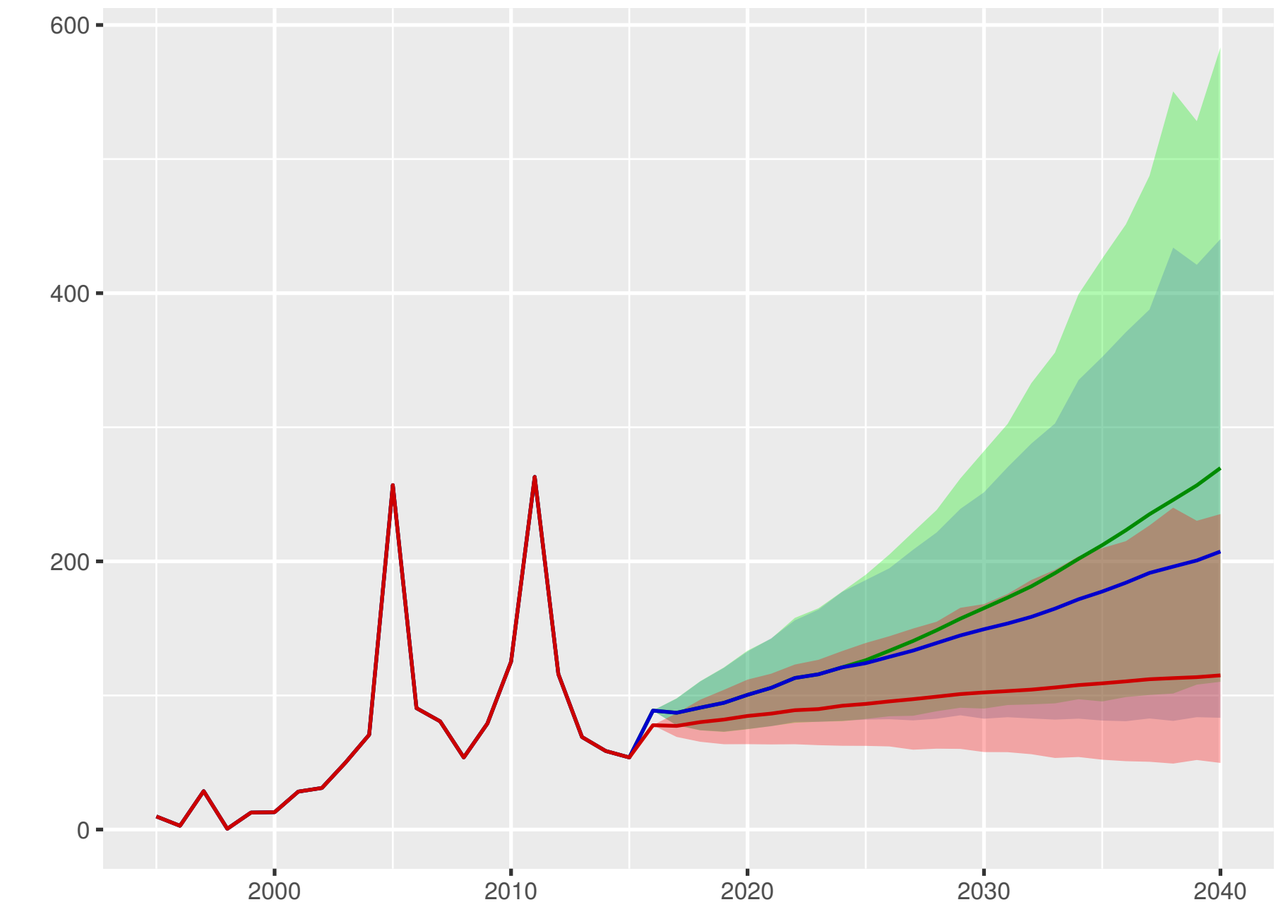
Universal health coverage index



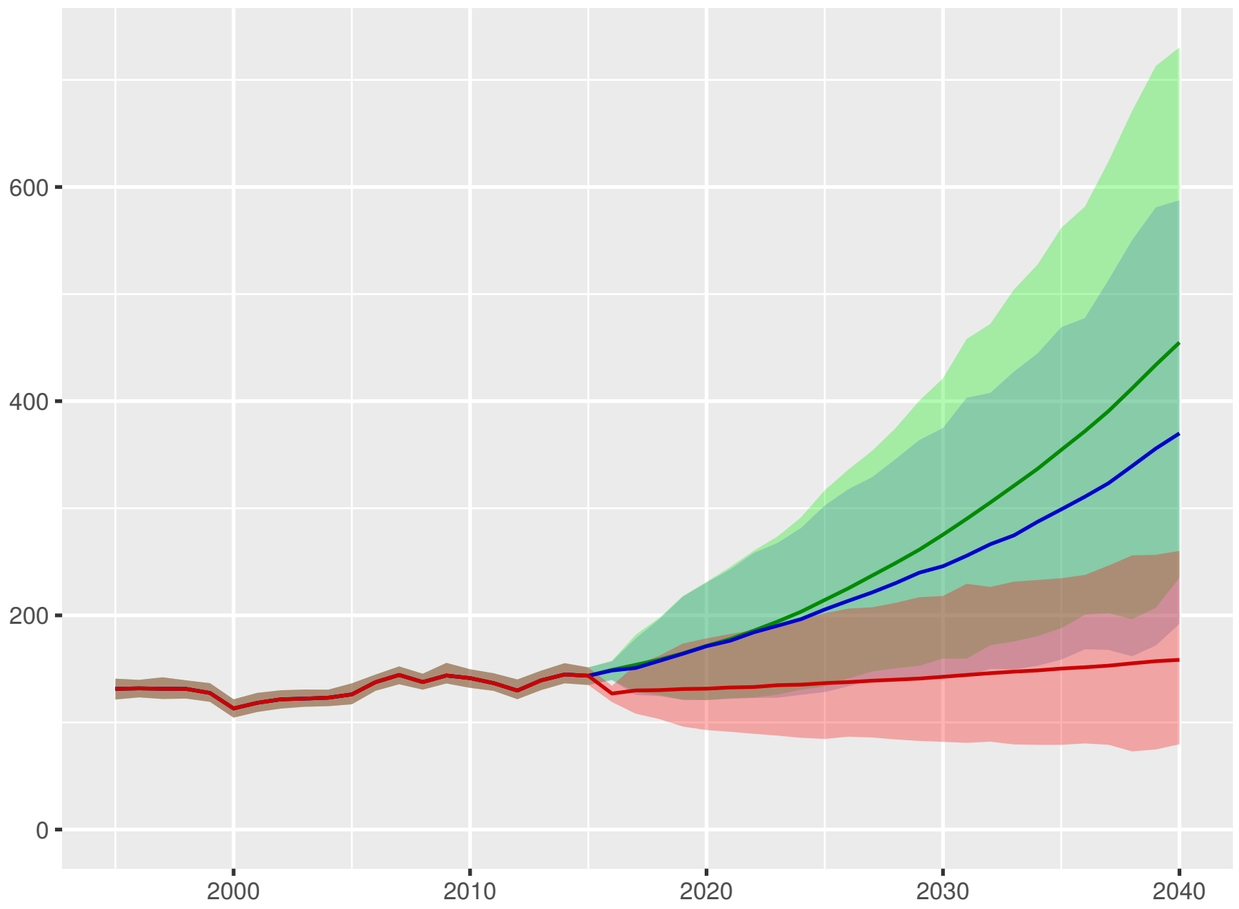
Total health spending per person



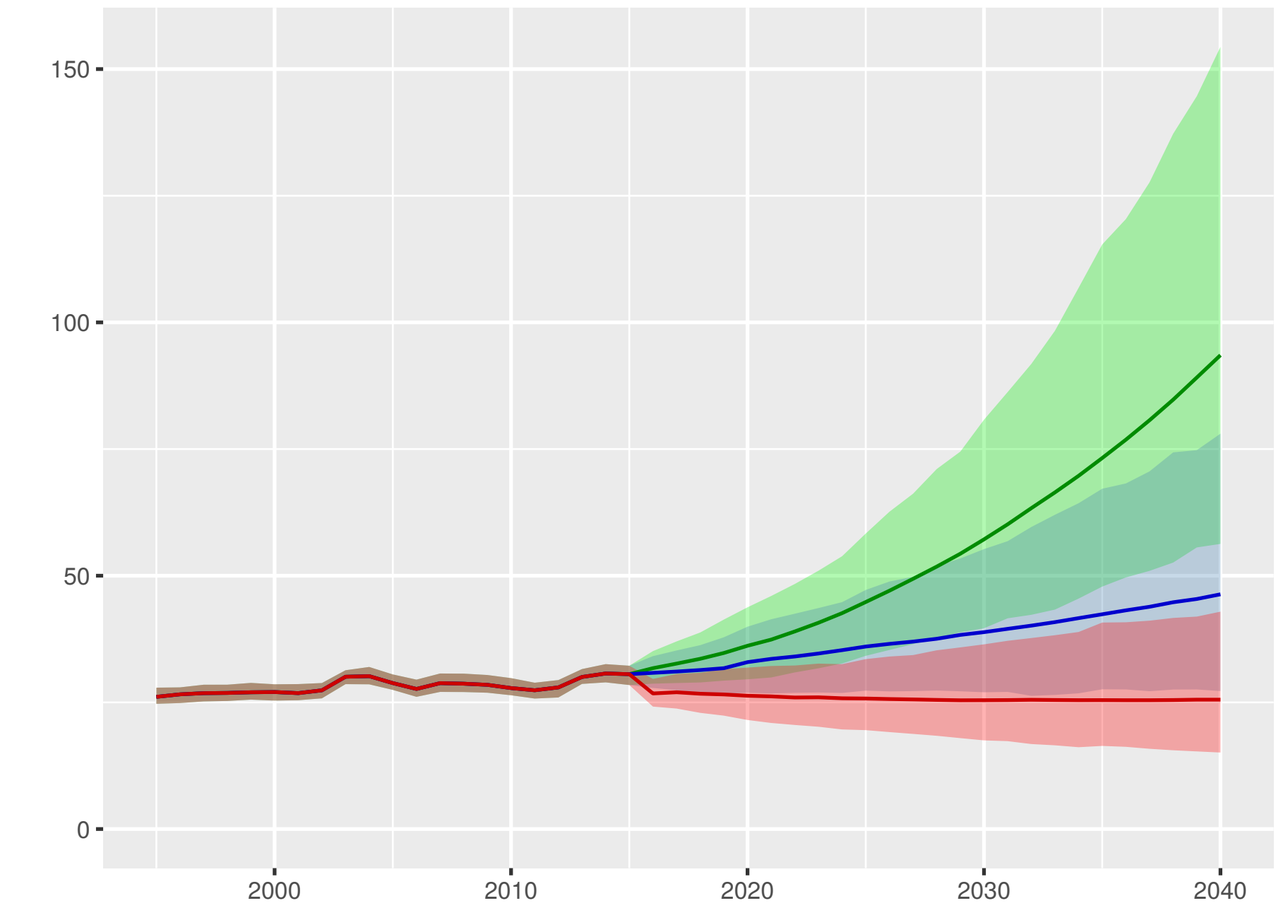
Development assistance for health received per person



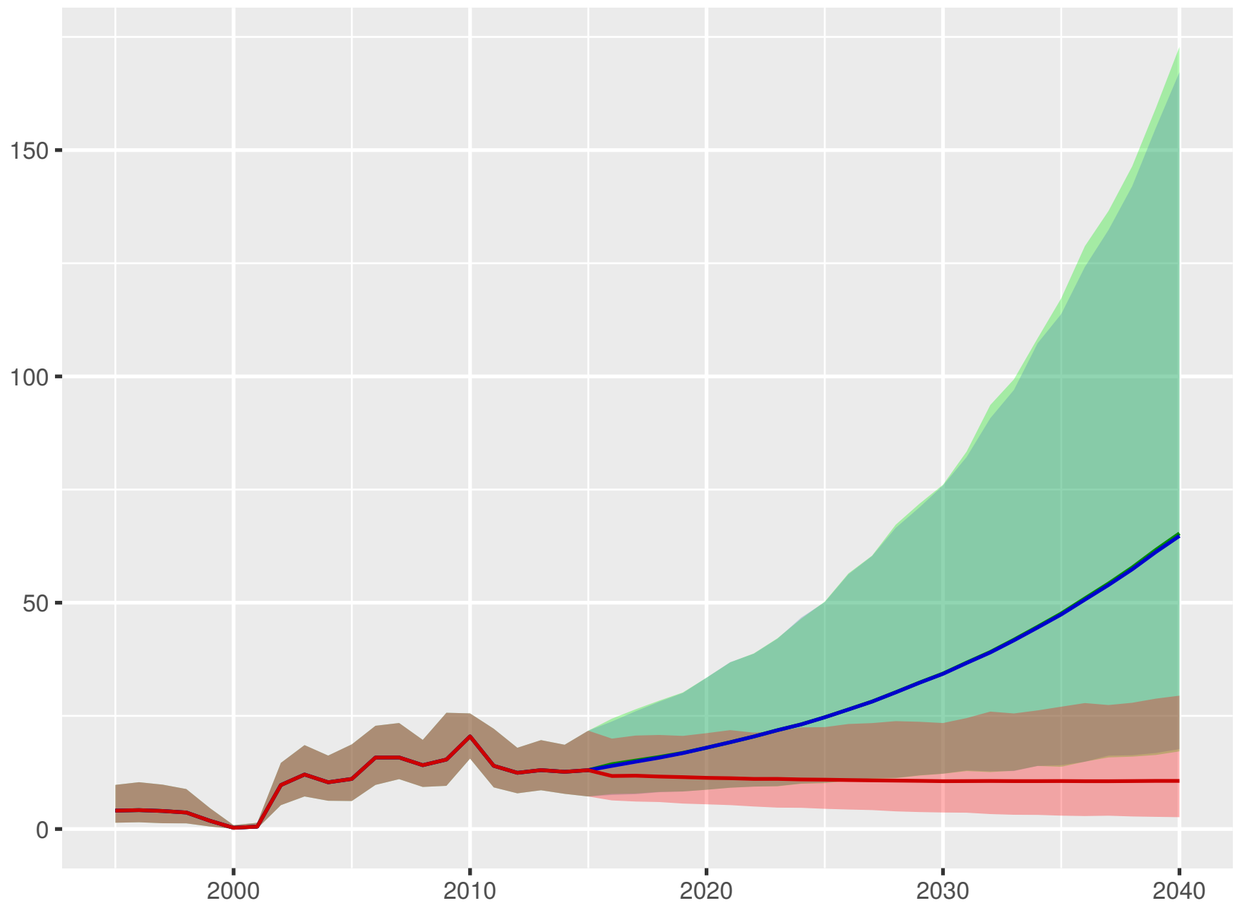
Government health spending per person



Out-of-pocket spending per person



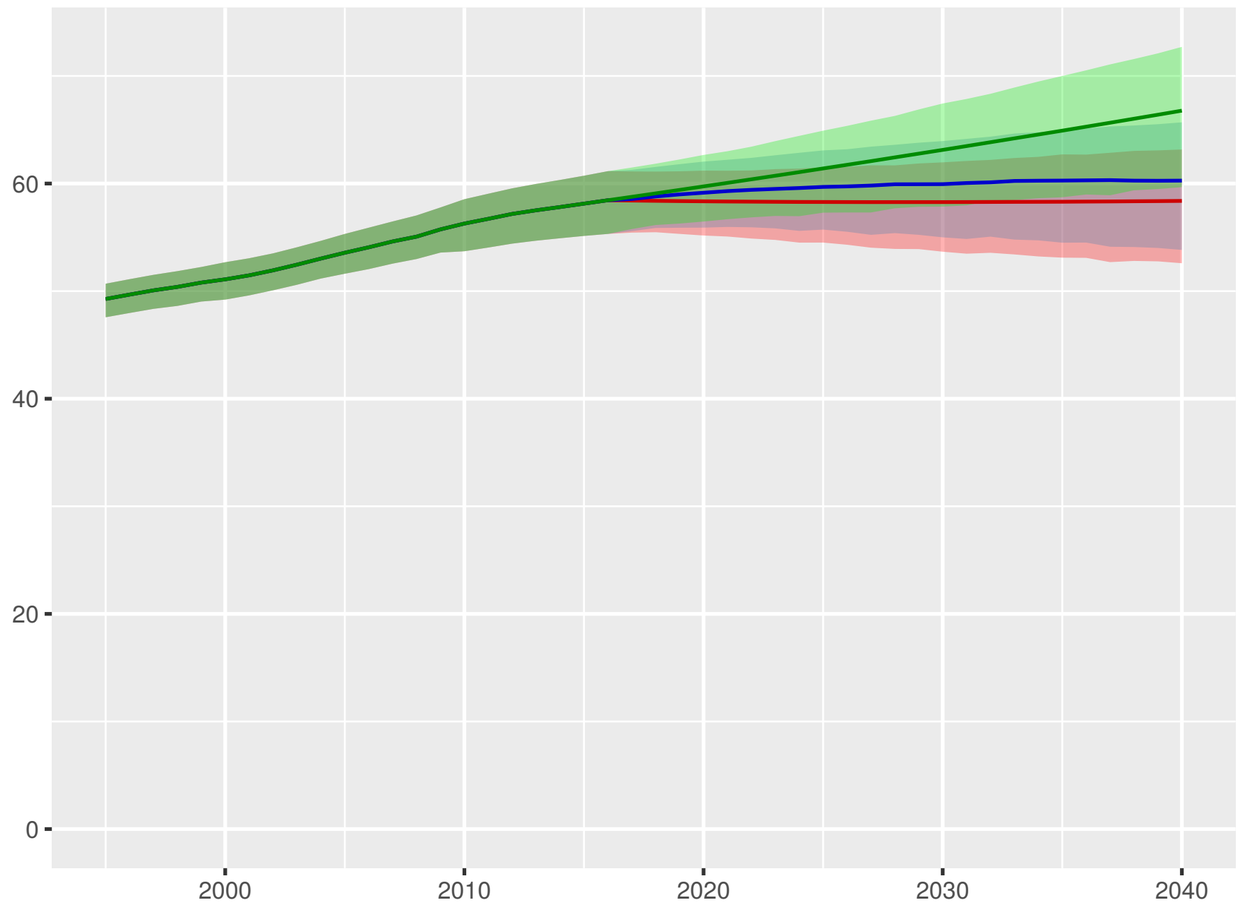
Prepaid private spending per person



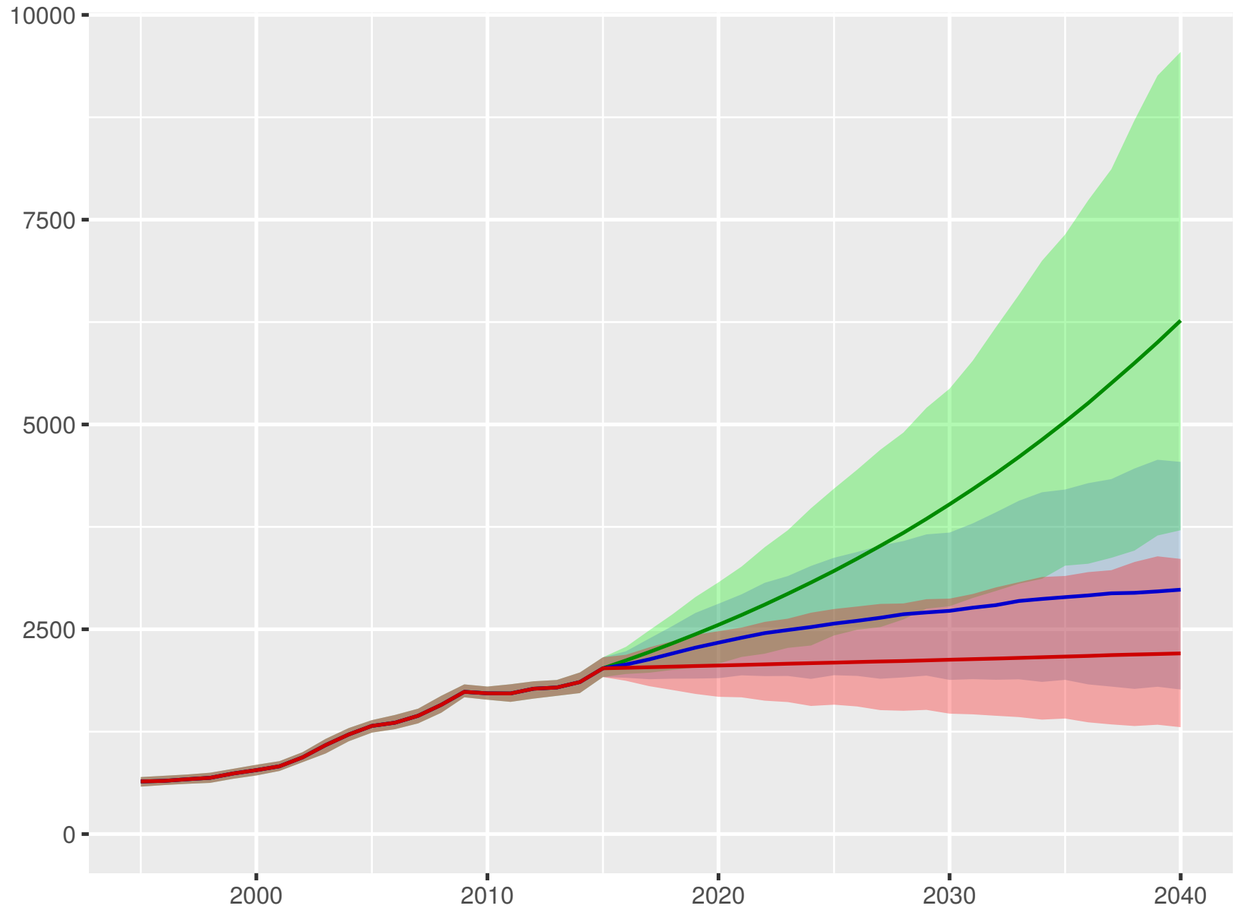
Scenario — Better — Reference — Worse

Trinidad and Tobago

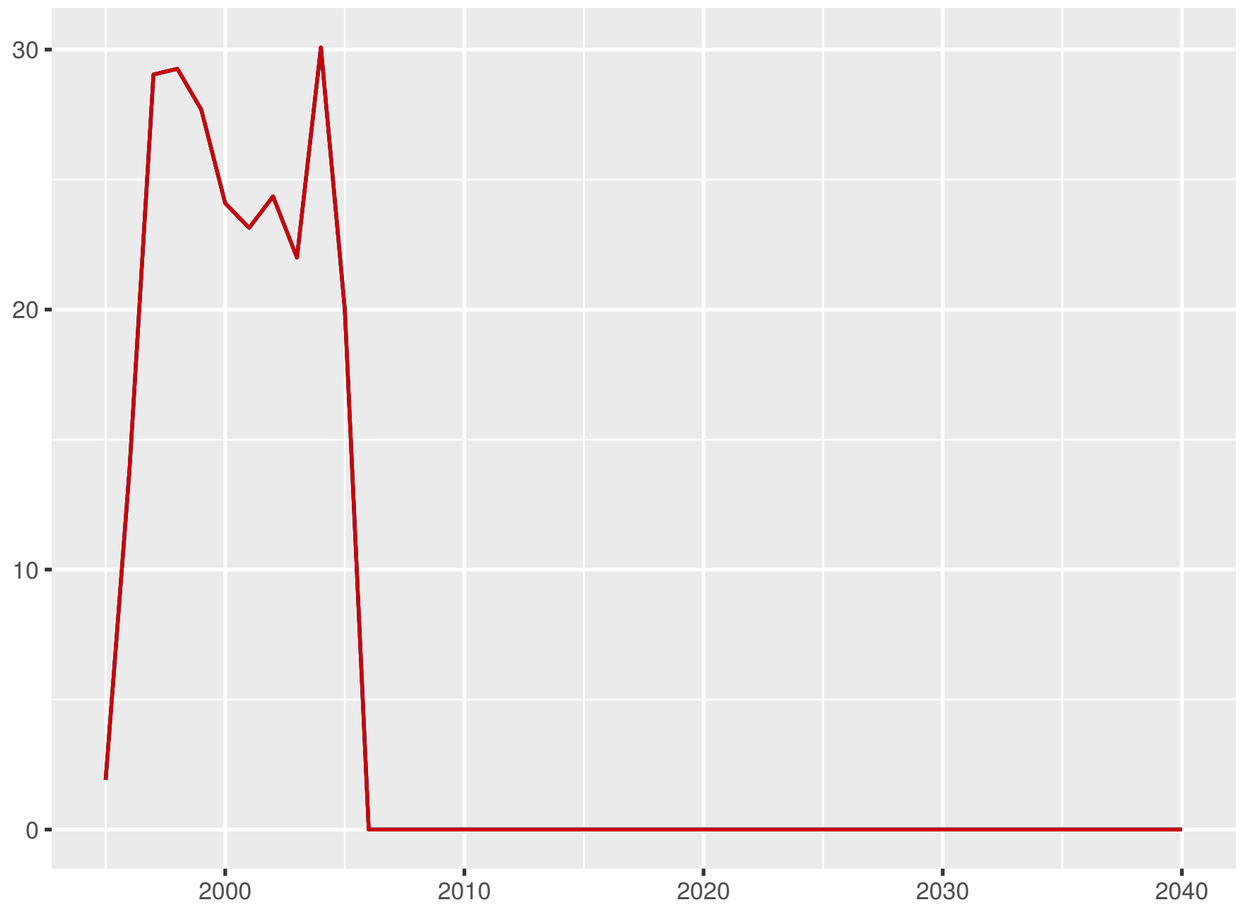
Universal health coverage index



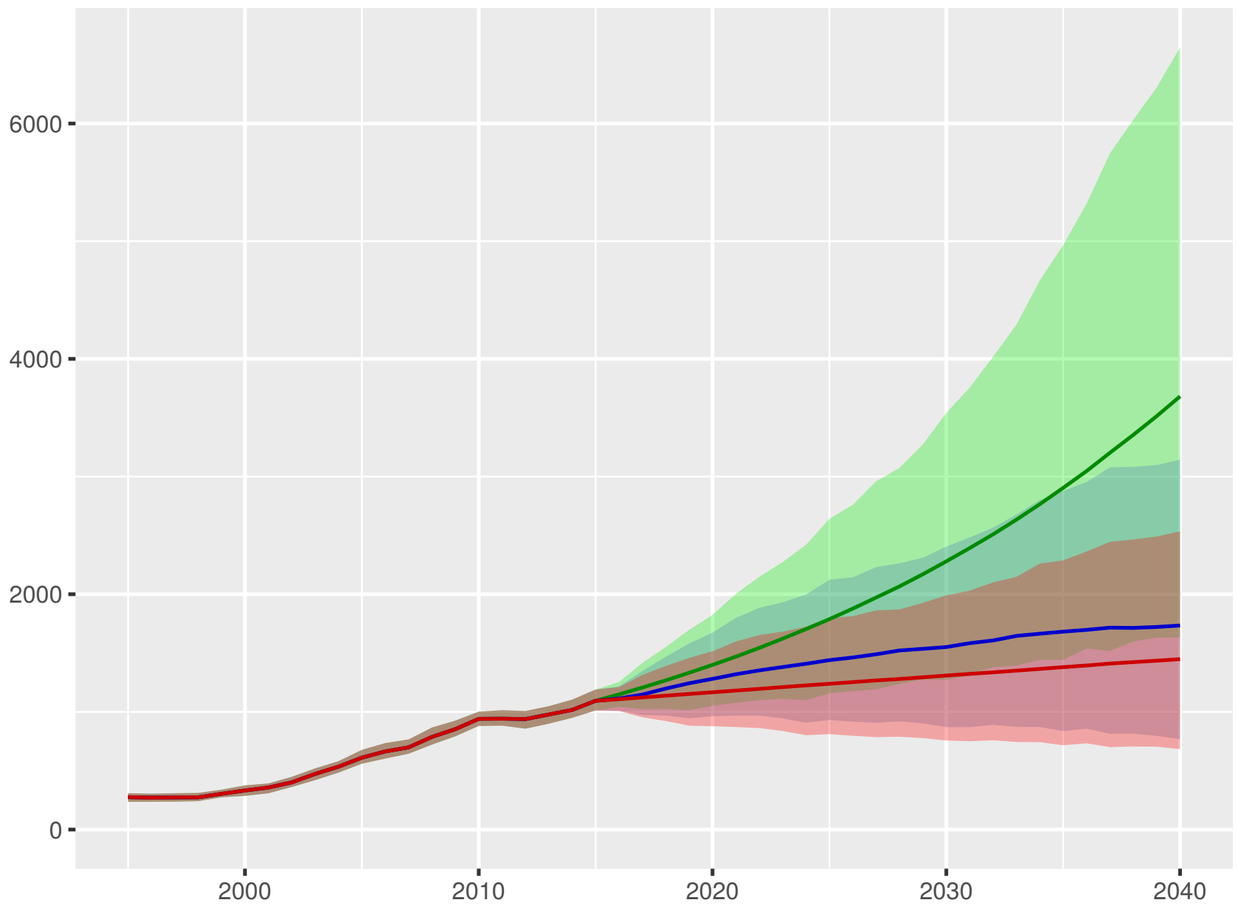
Total health spending per person



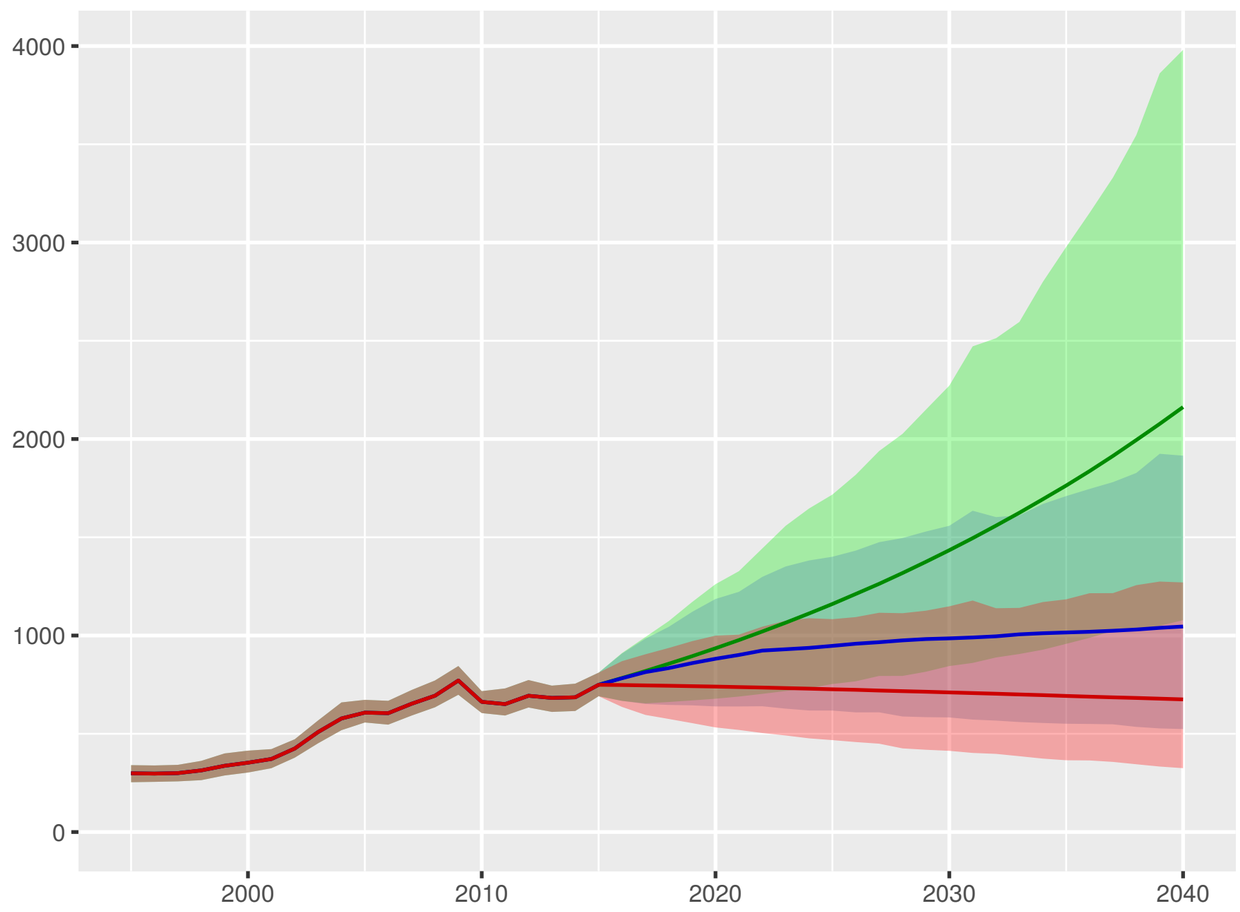
Development assistance for health received per person



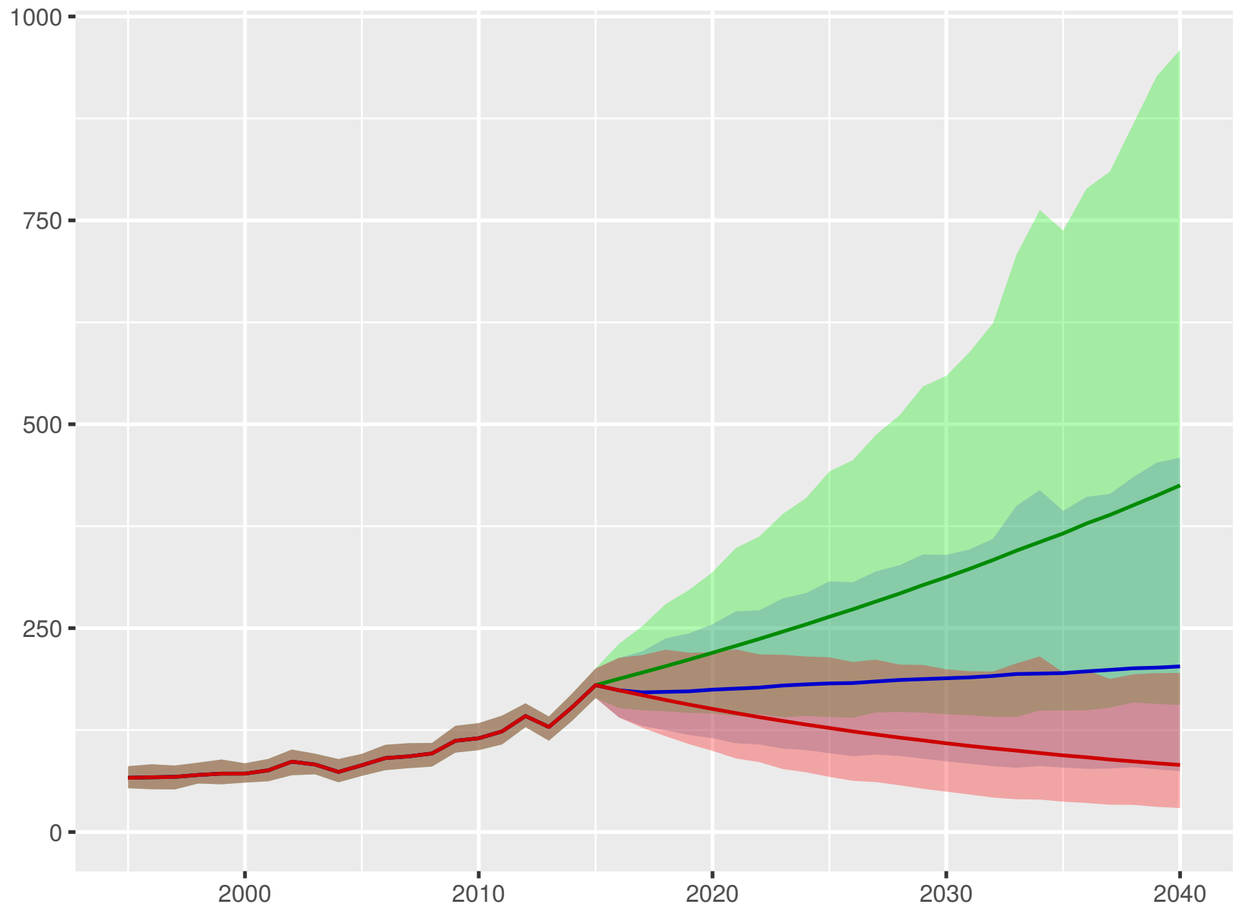
Government health spending per person



Out-of-pocket spending per person



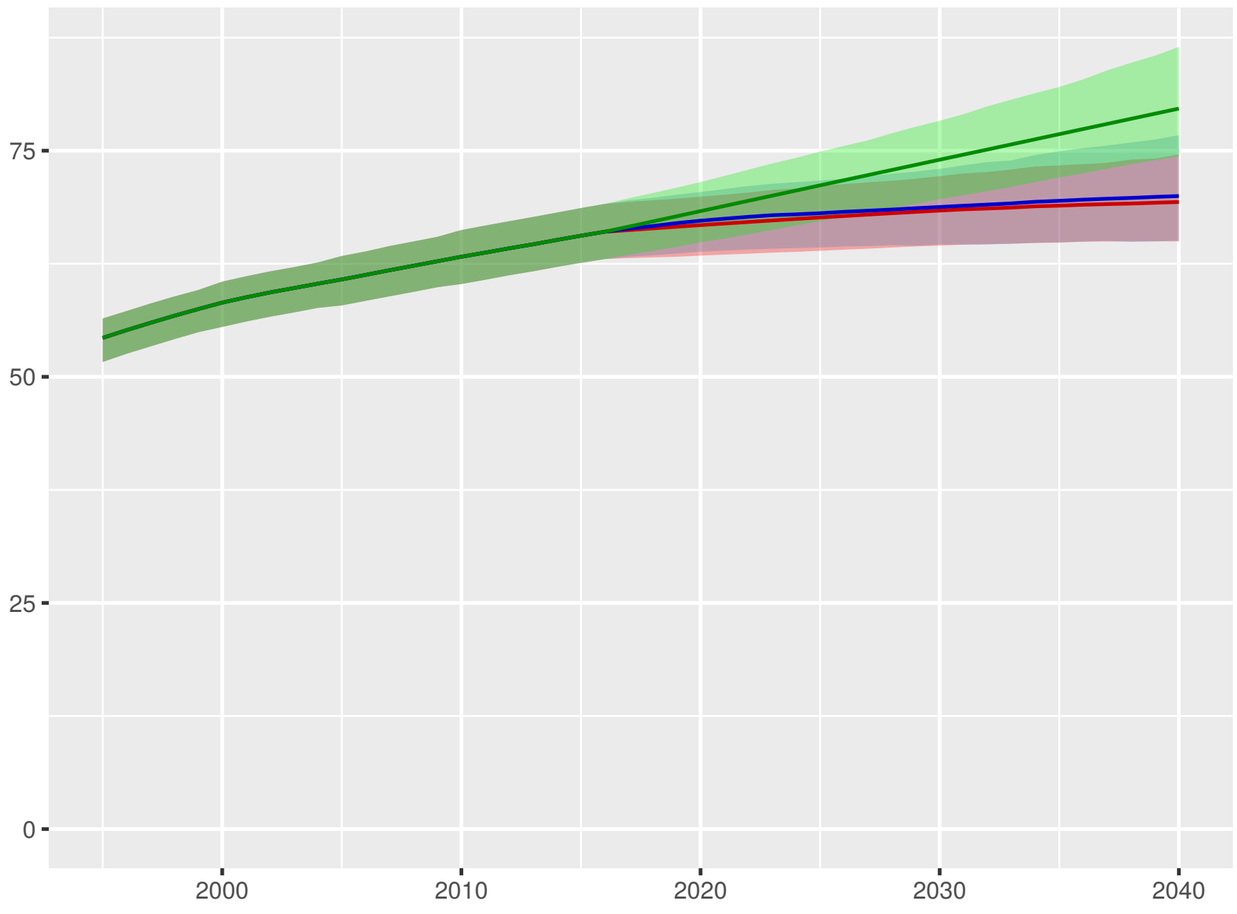
Prepaid private spending per person



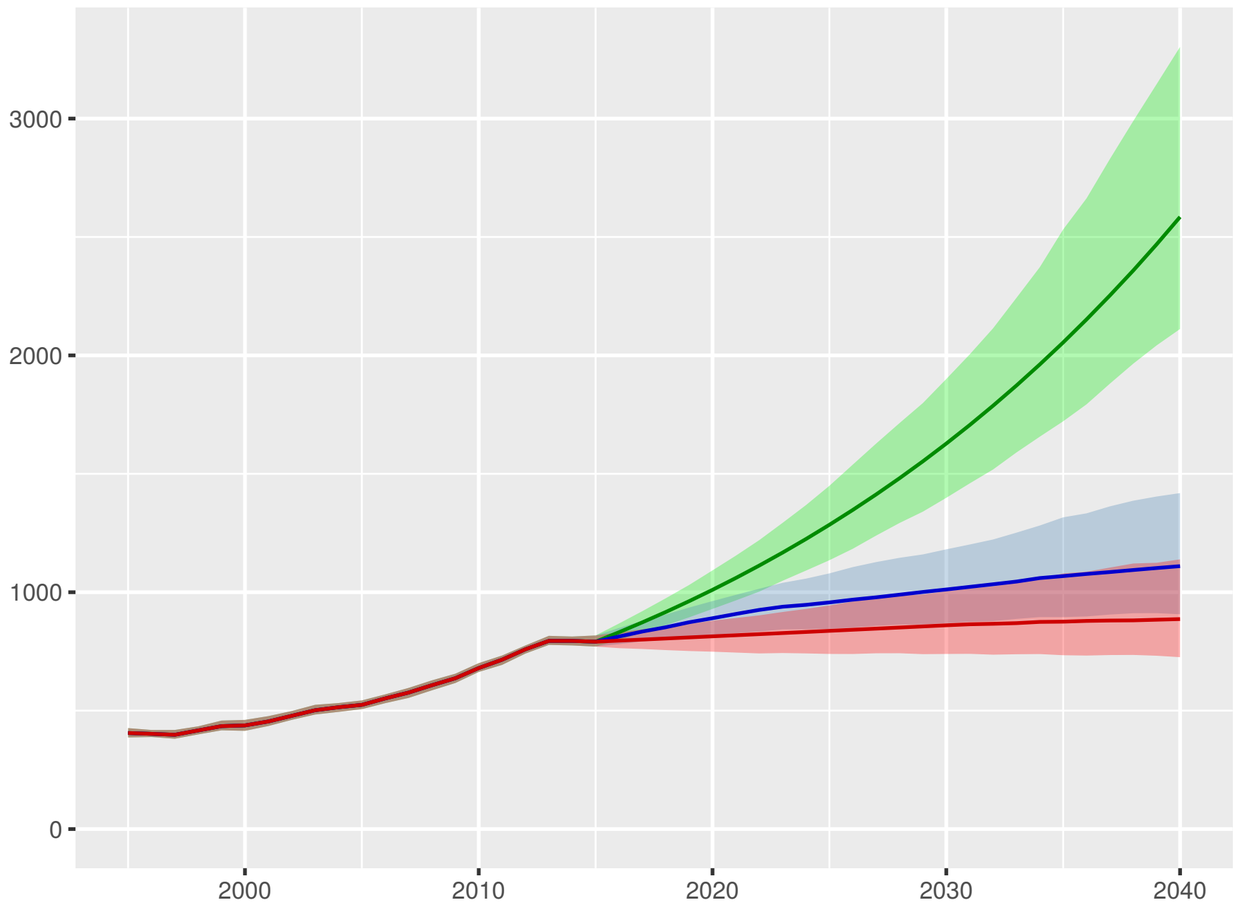
Scenario — Better — Reference — Worse

Tunisia

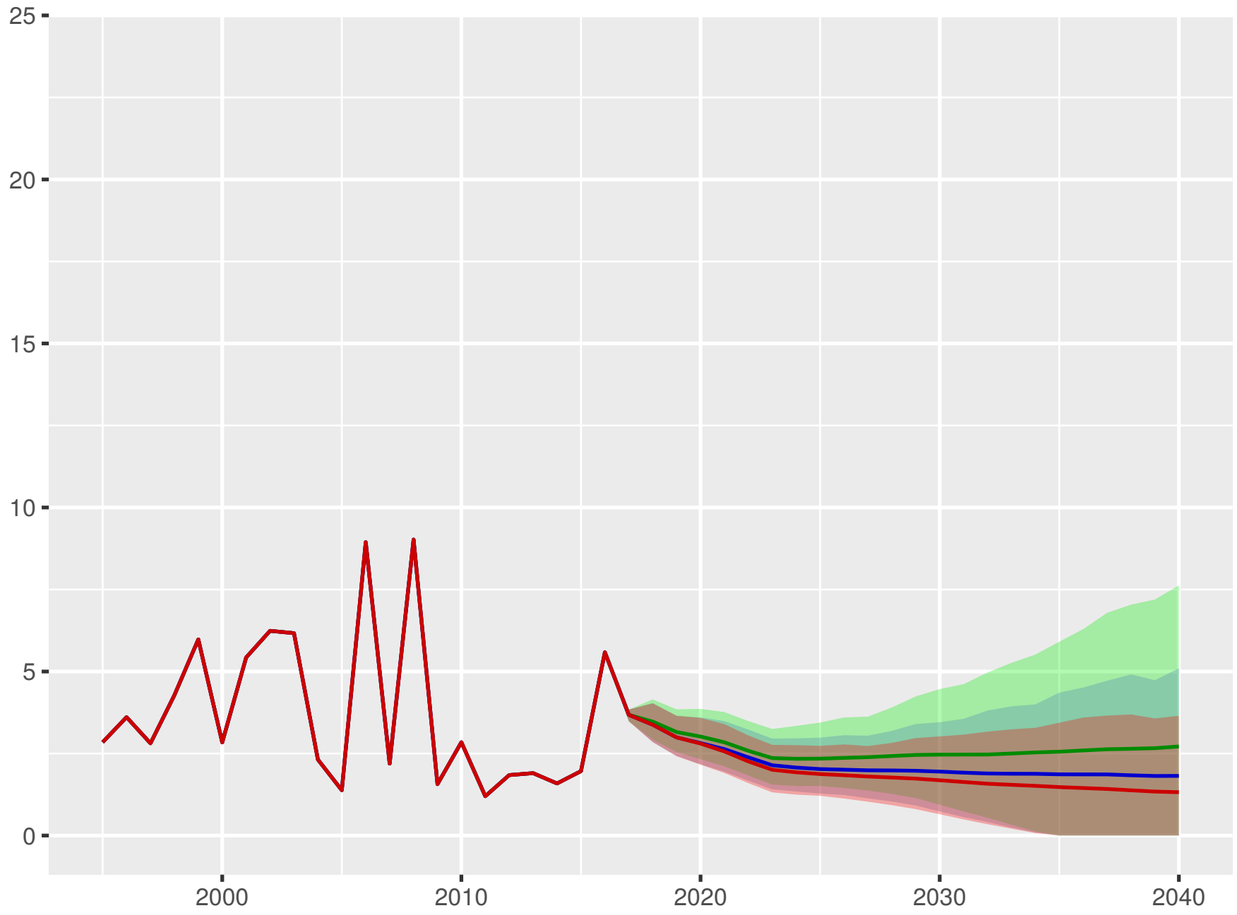
Universal health coverage index



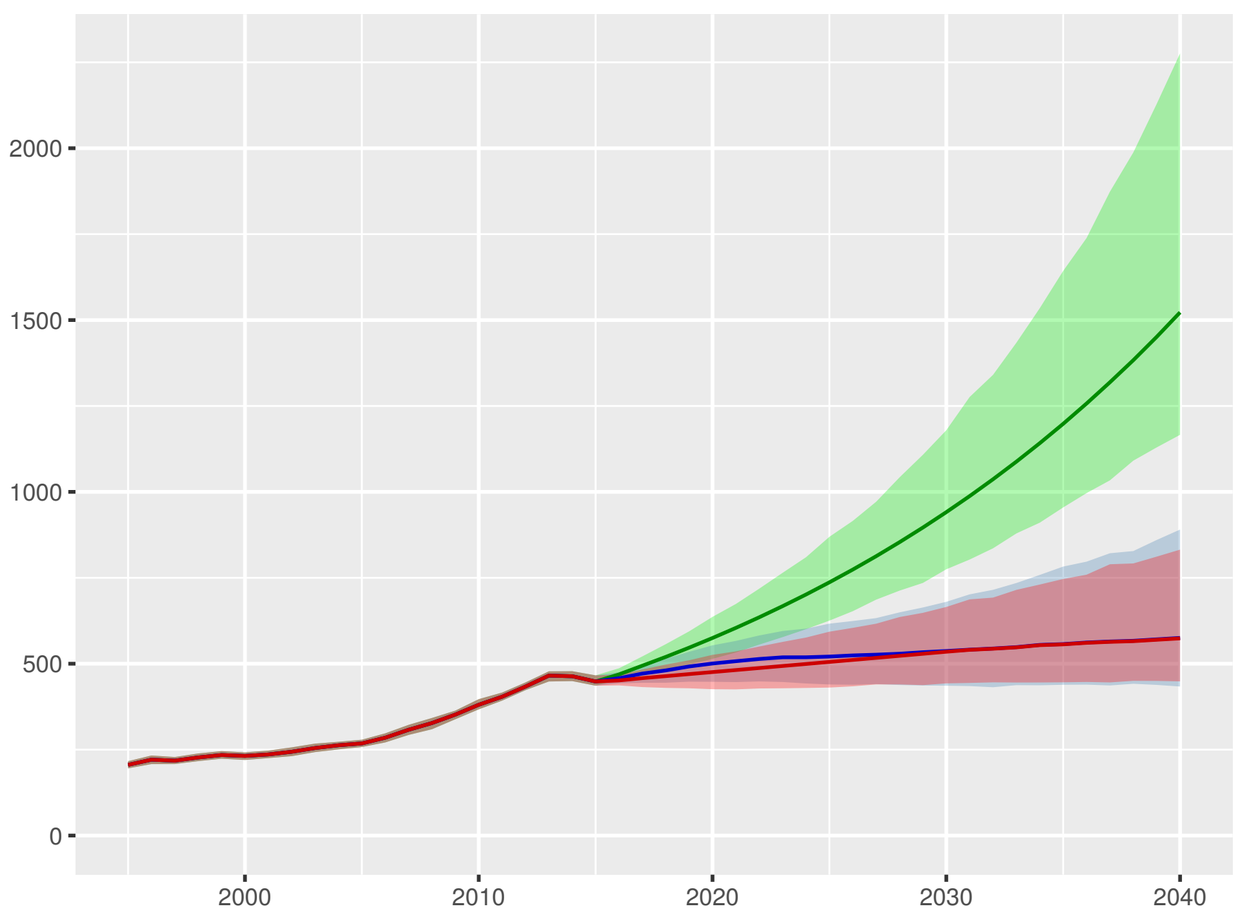
Total health spending per person



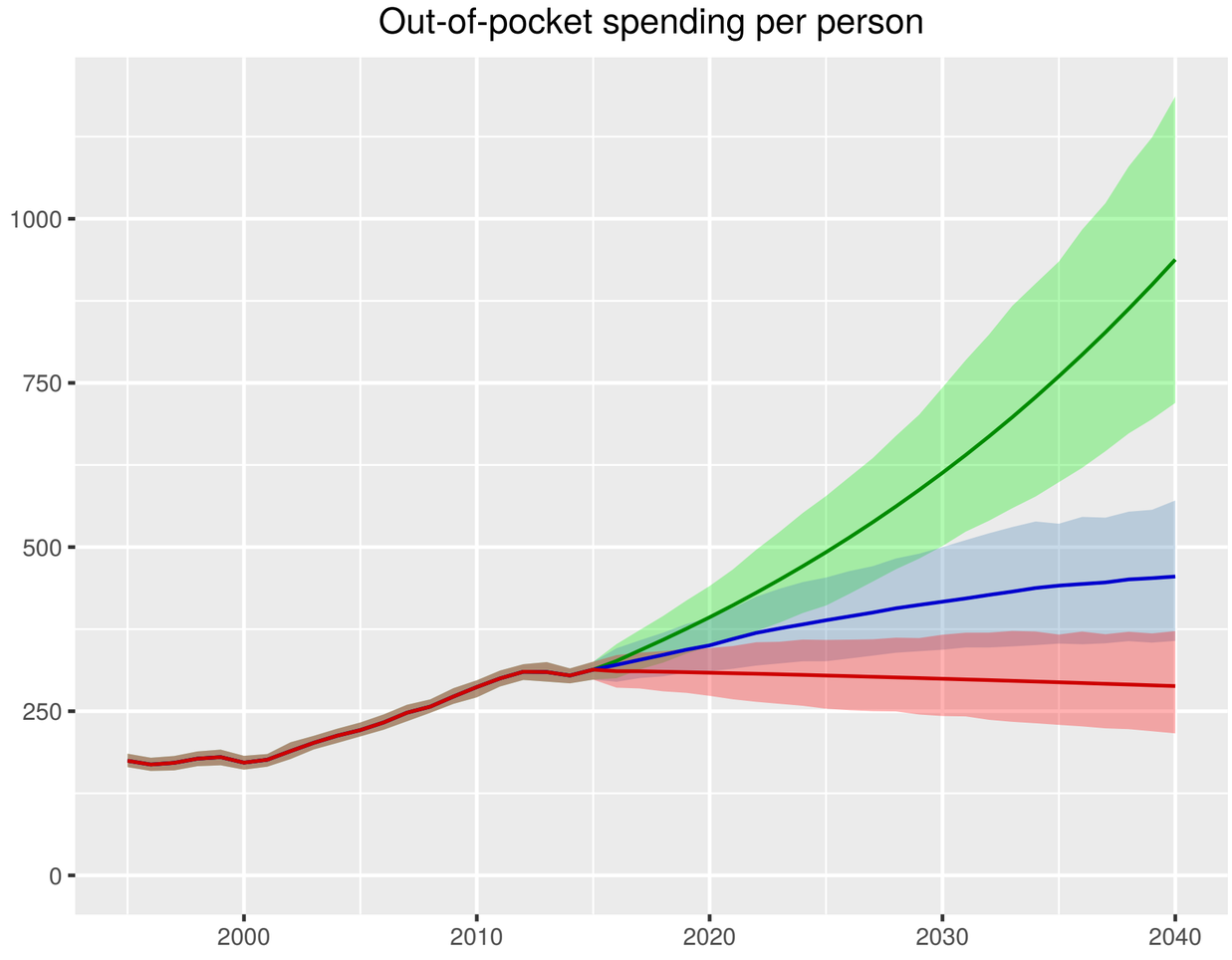
Development assistance for health received per person



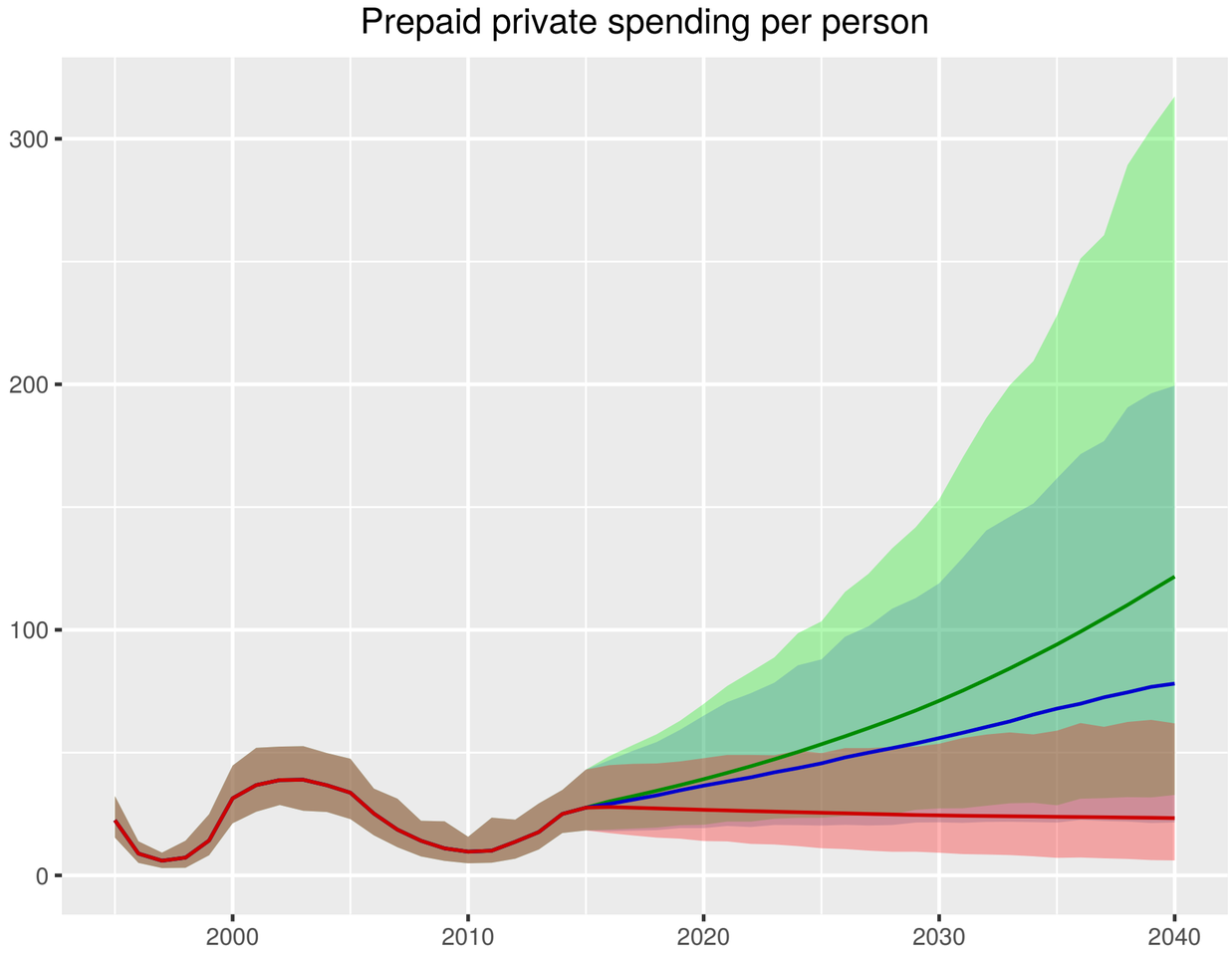
Government health spending per person



Out-of-pocket spending per person



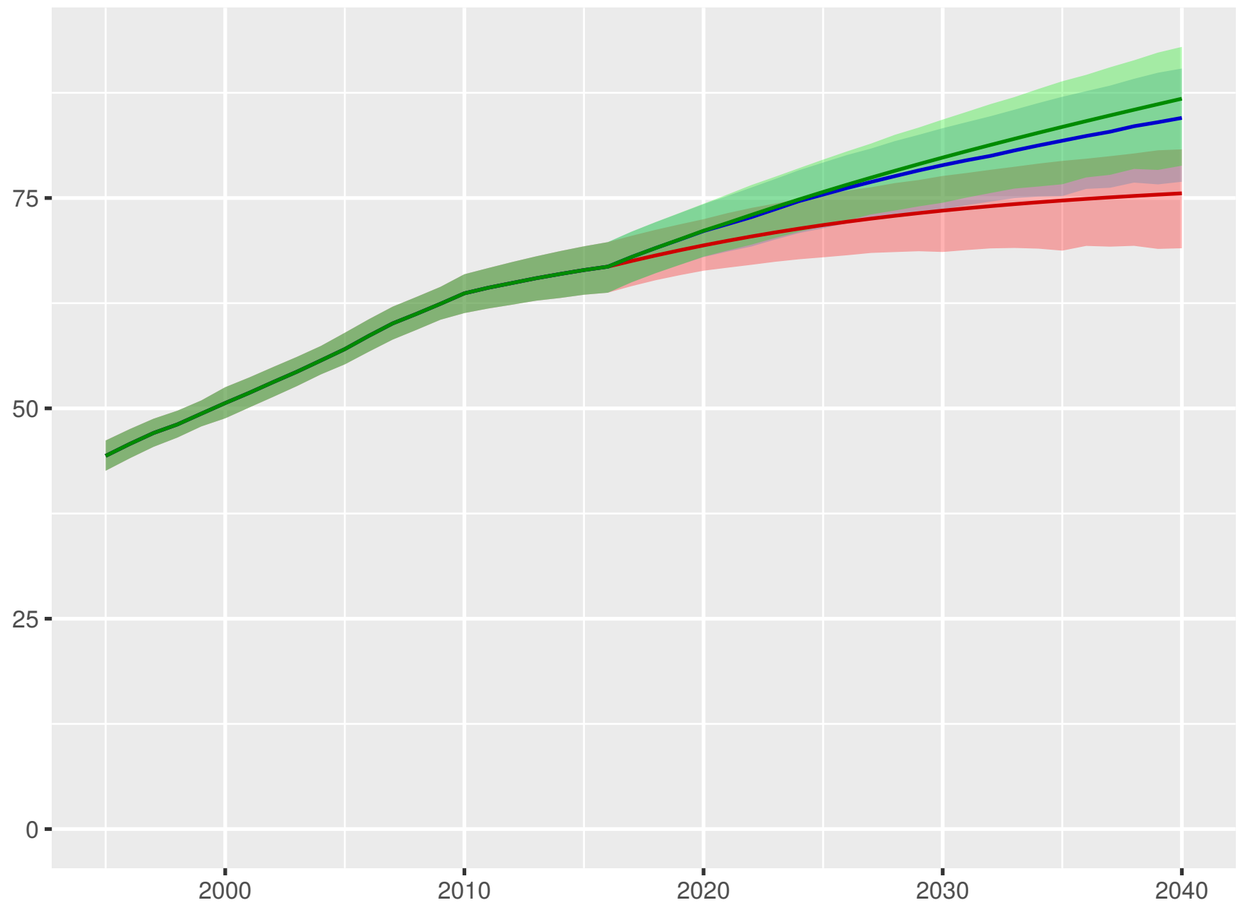
Prepaid private spending per person



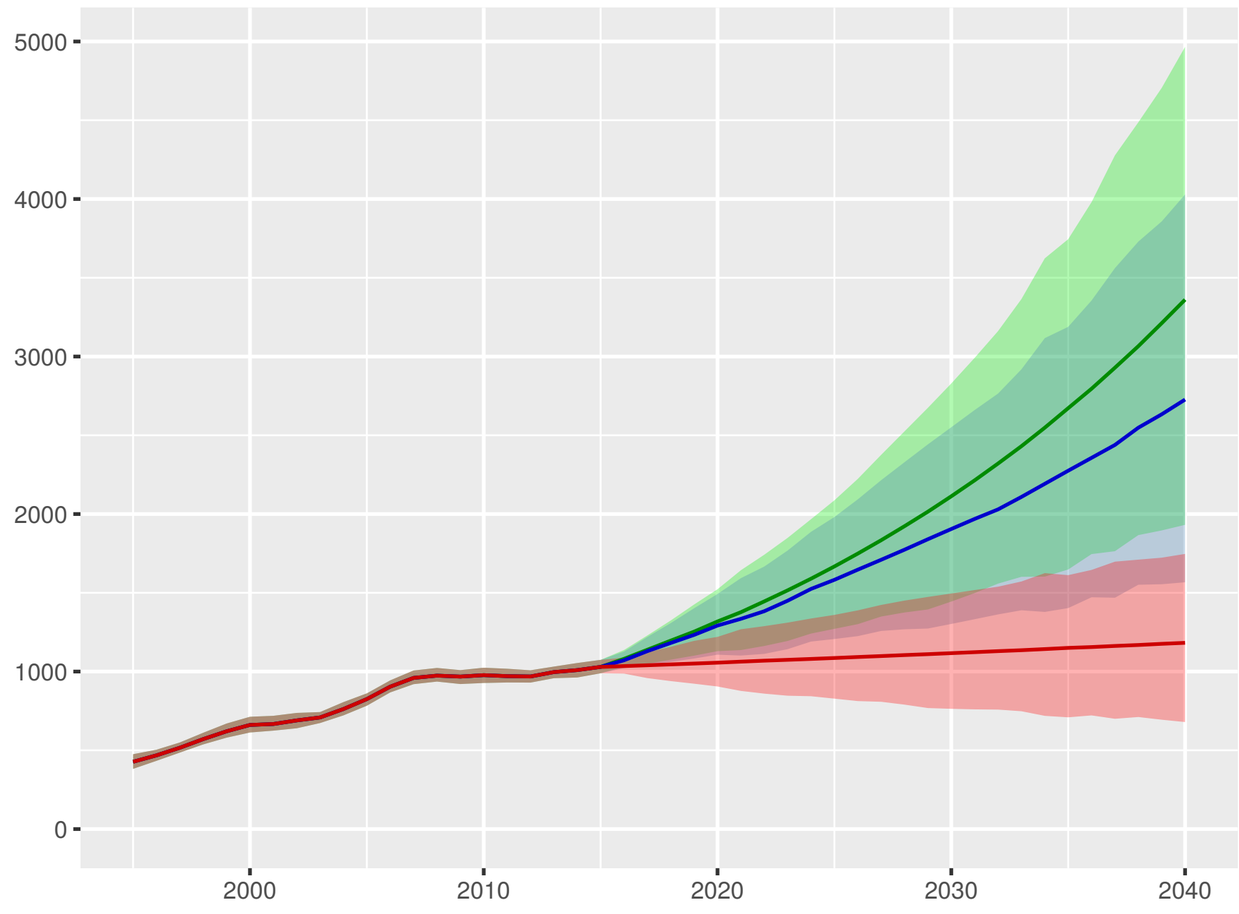
Scenario — Better — Reference — Worse

Turkey

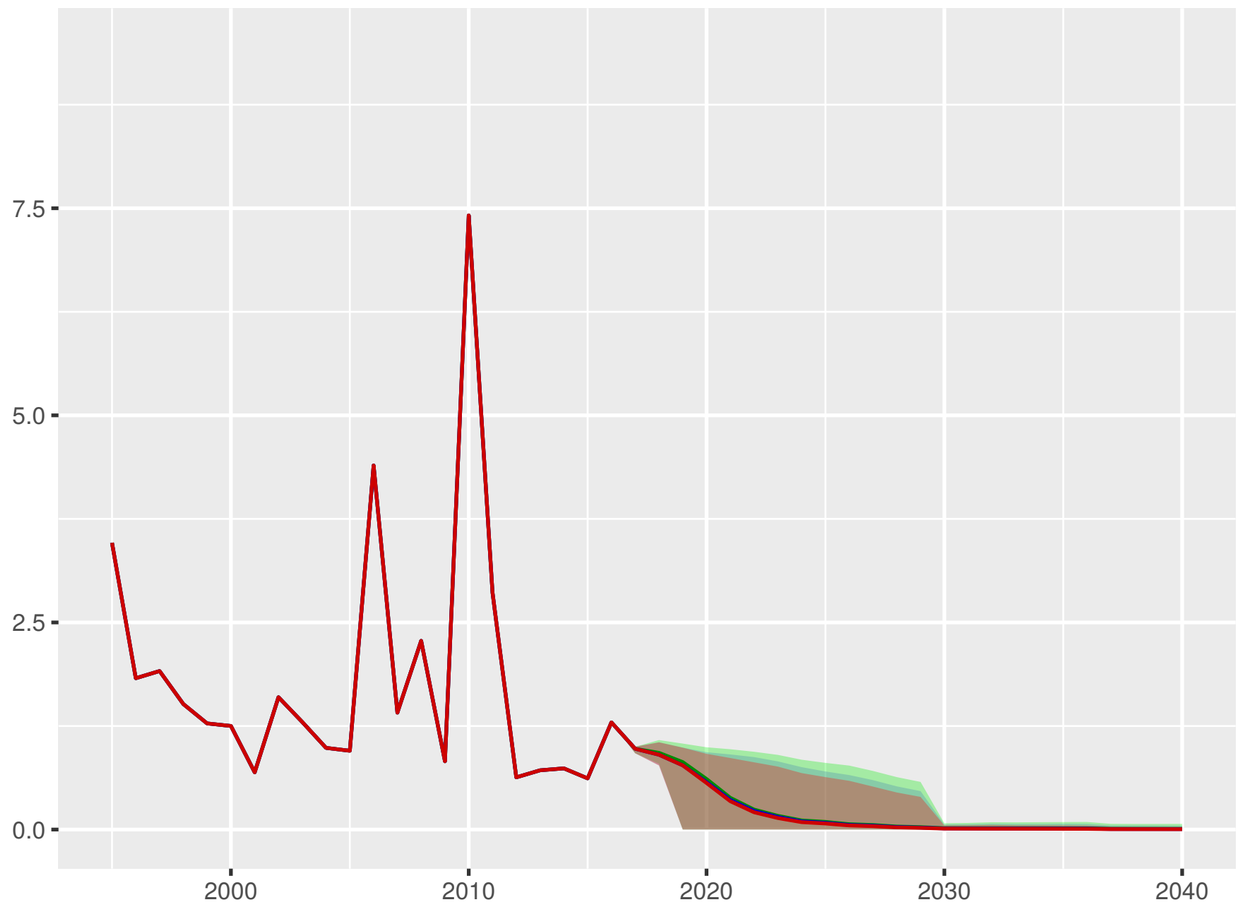
Universal health coverage index



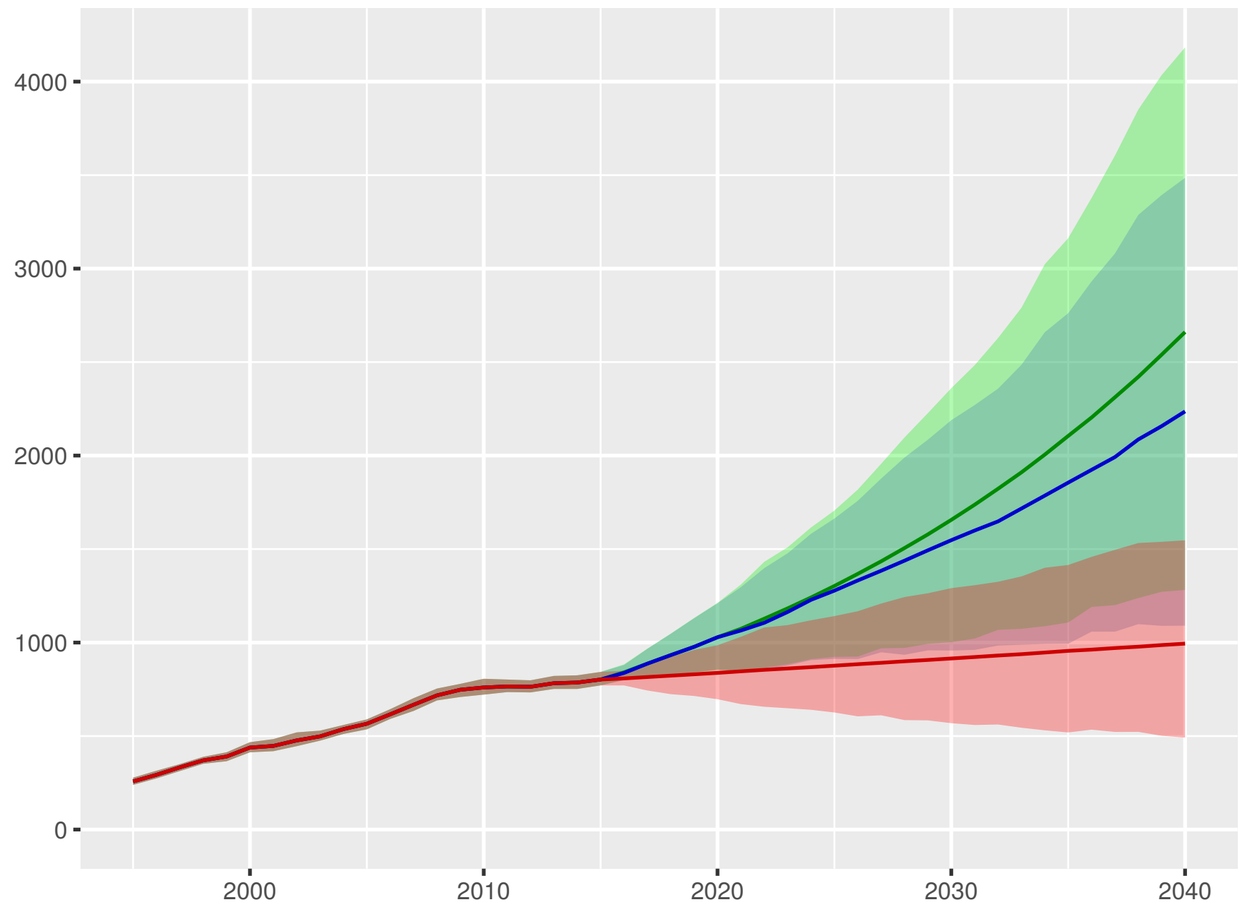
Total health spending per person



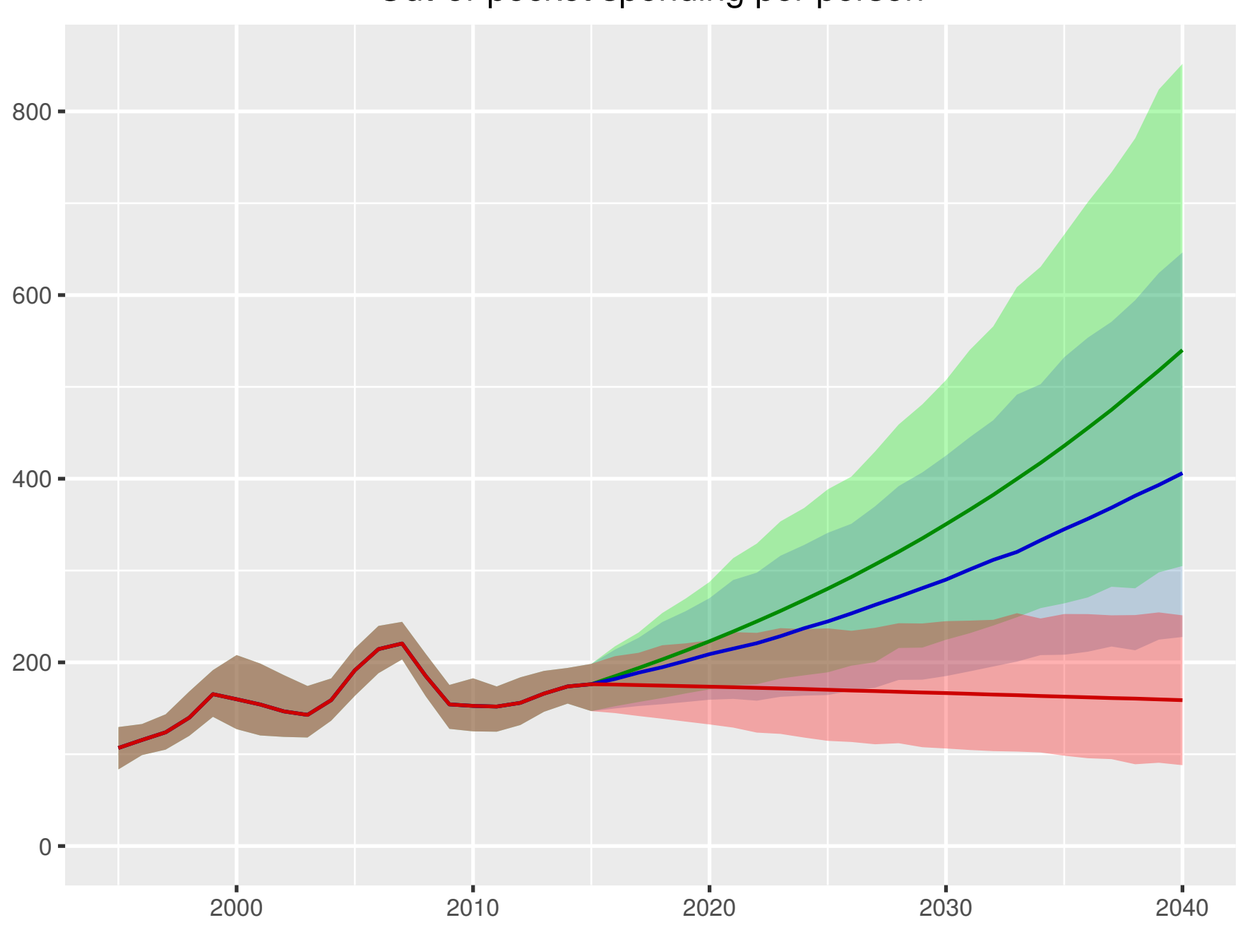
Development assistance for health received per person



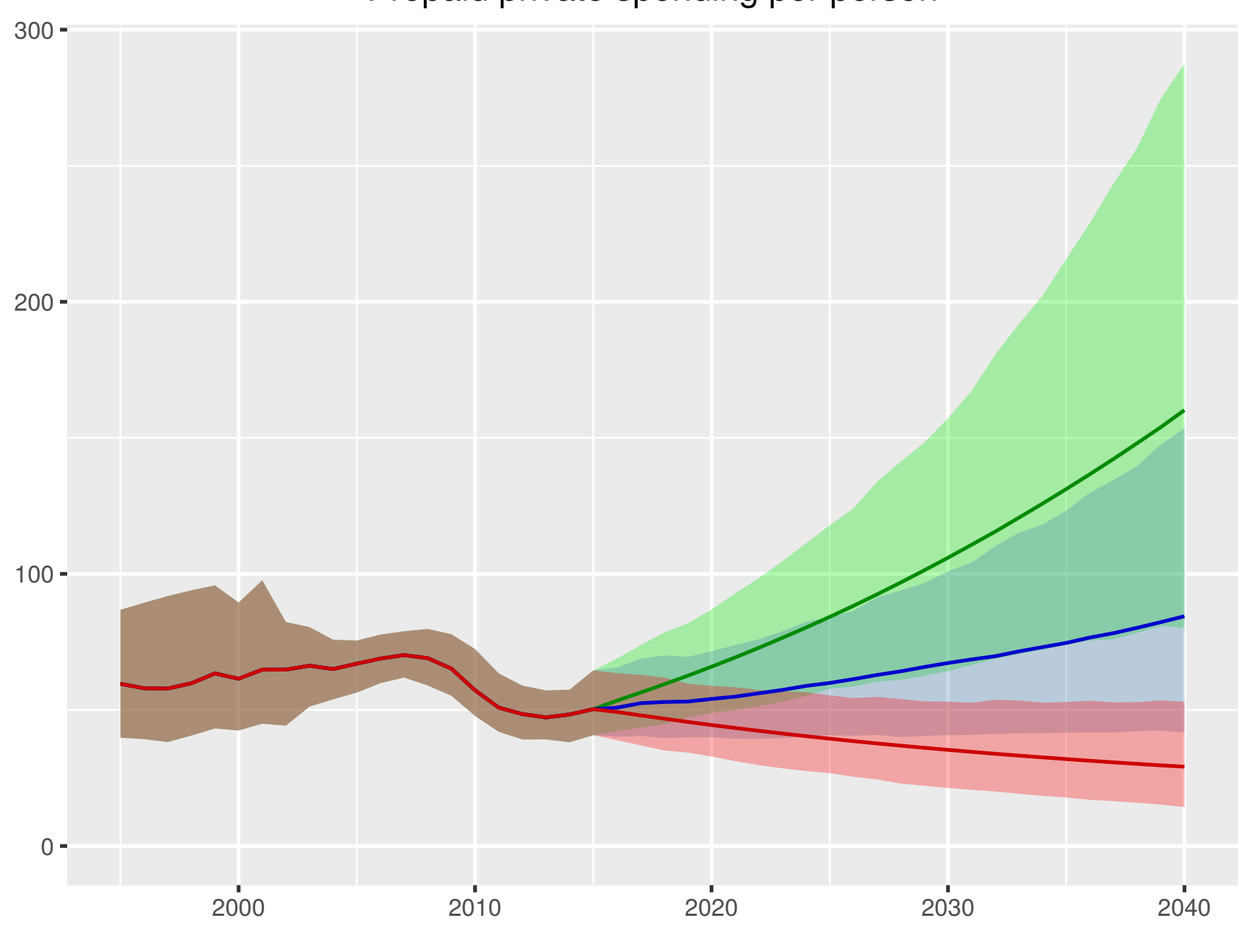
Government health spending per person



Out-of-pocket spending per person



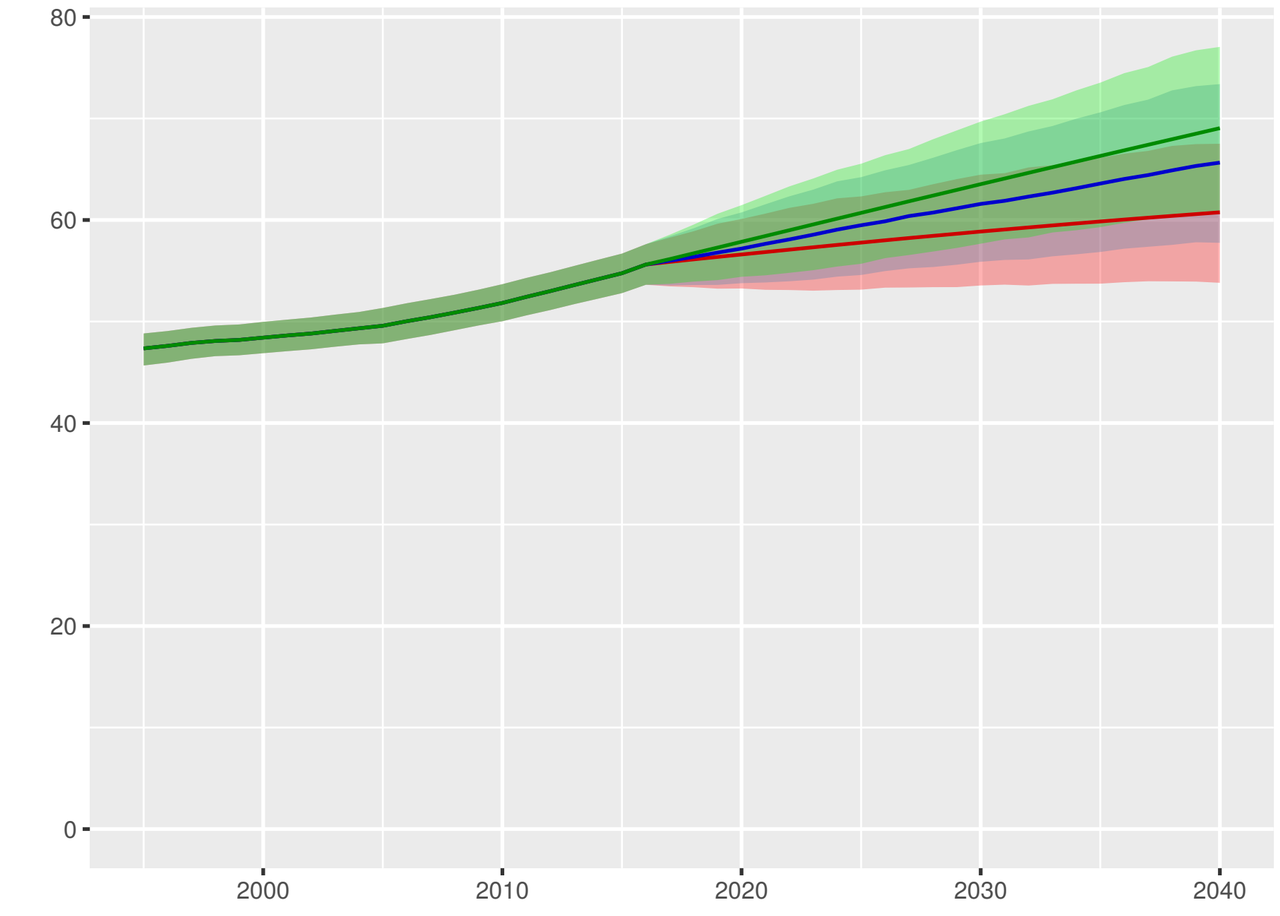
Prepaid private spending per person



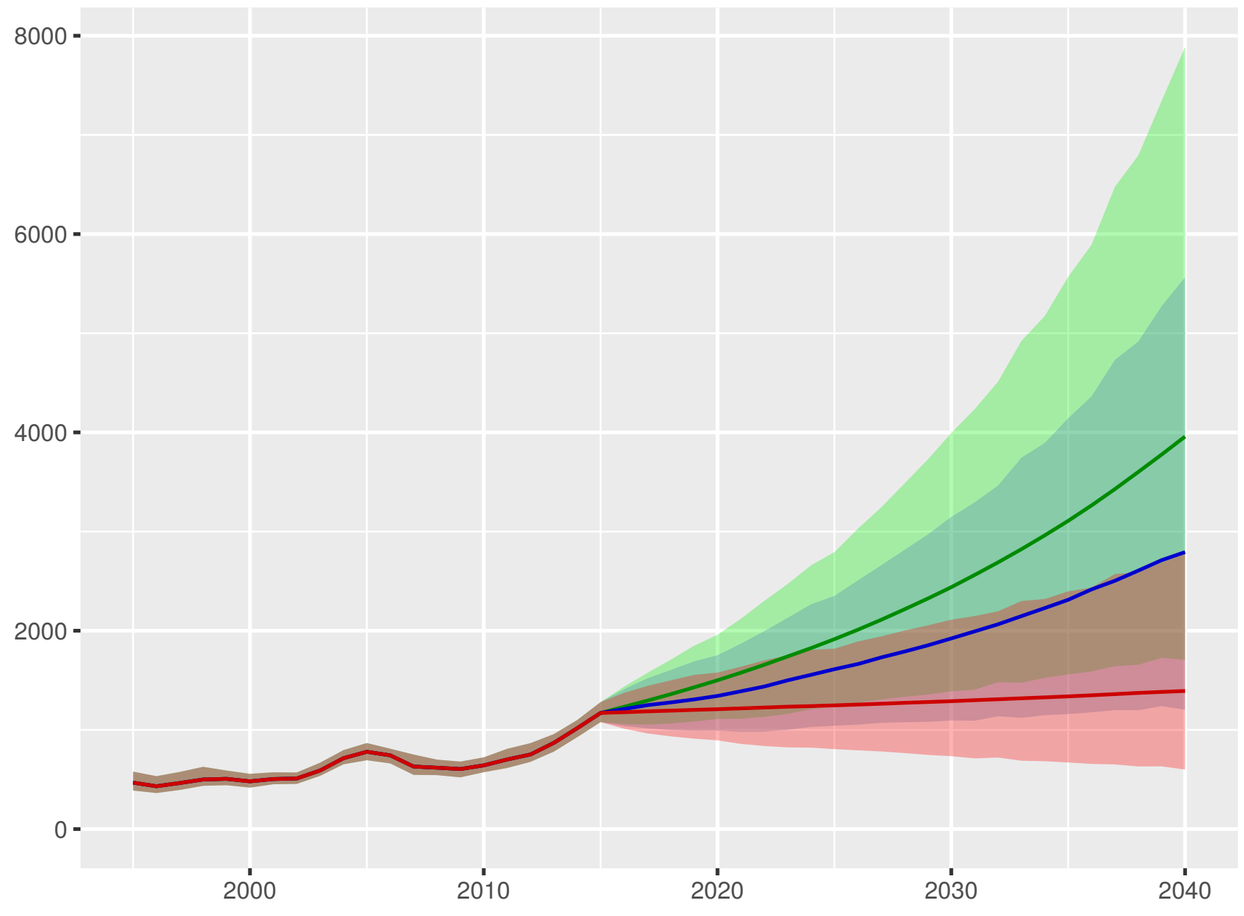
Scenario — Better — Reference — Worse

Turkmenistan

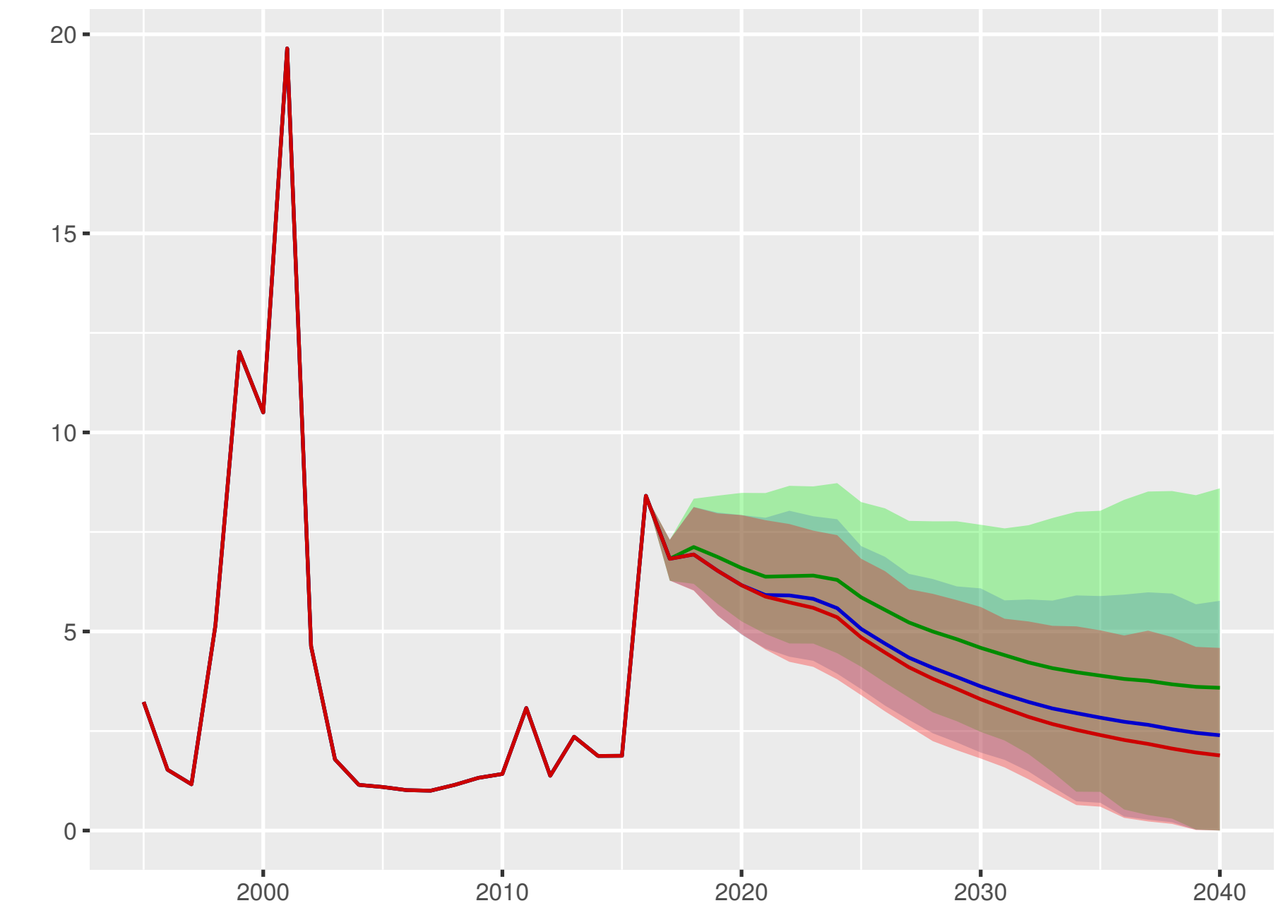
Universal health coverage index



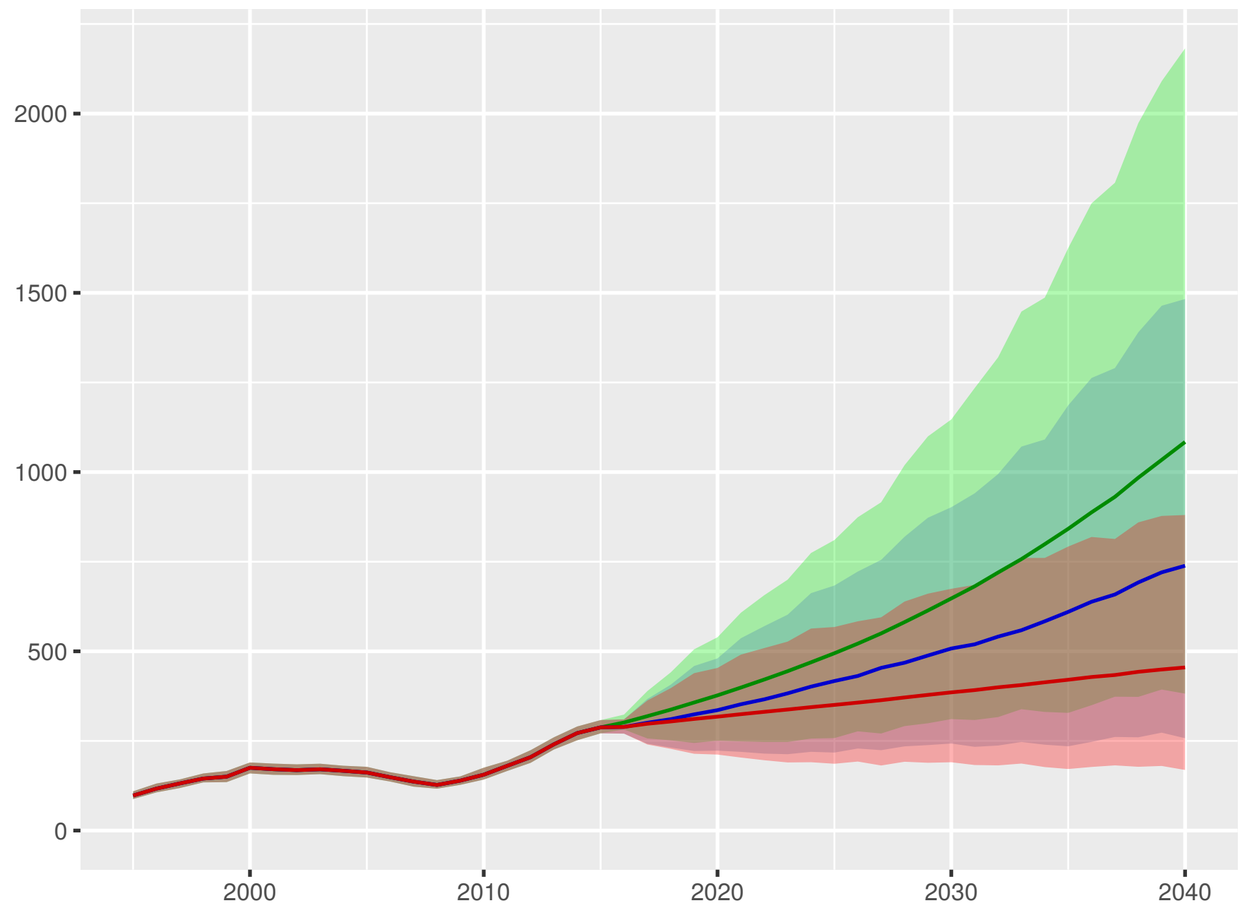
Total health spending per person



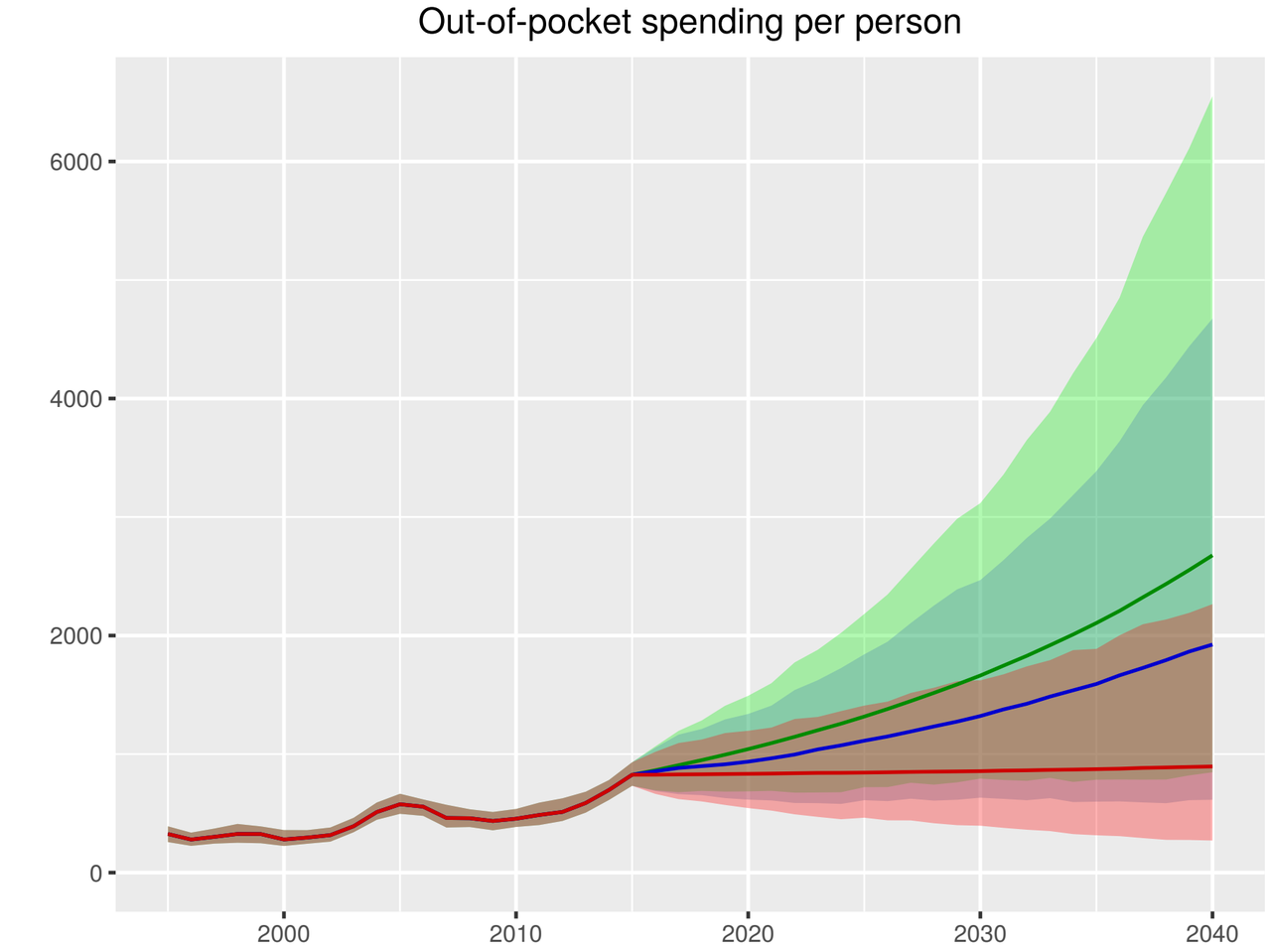
Development assistance for health received per person



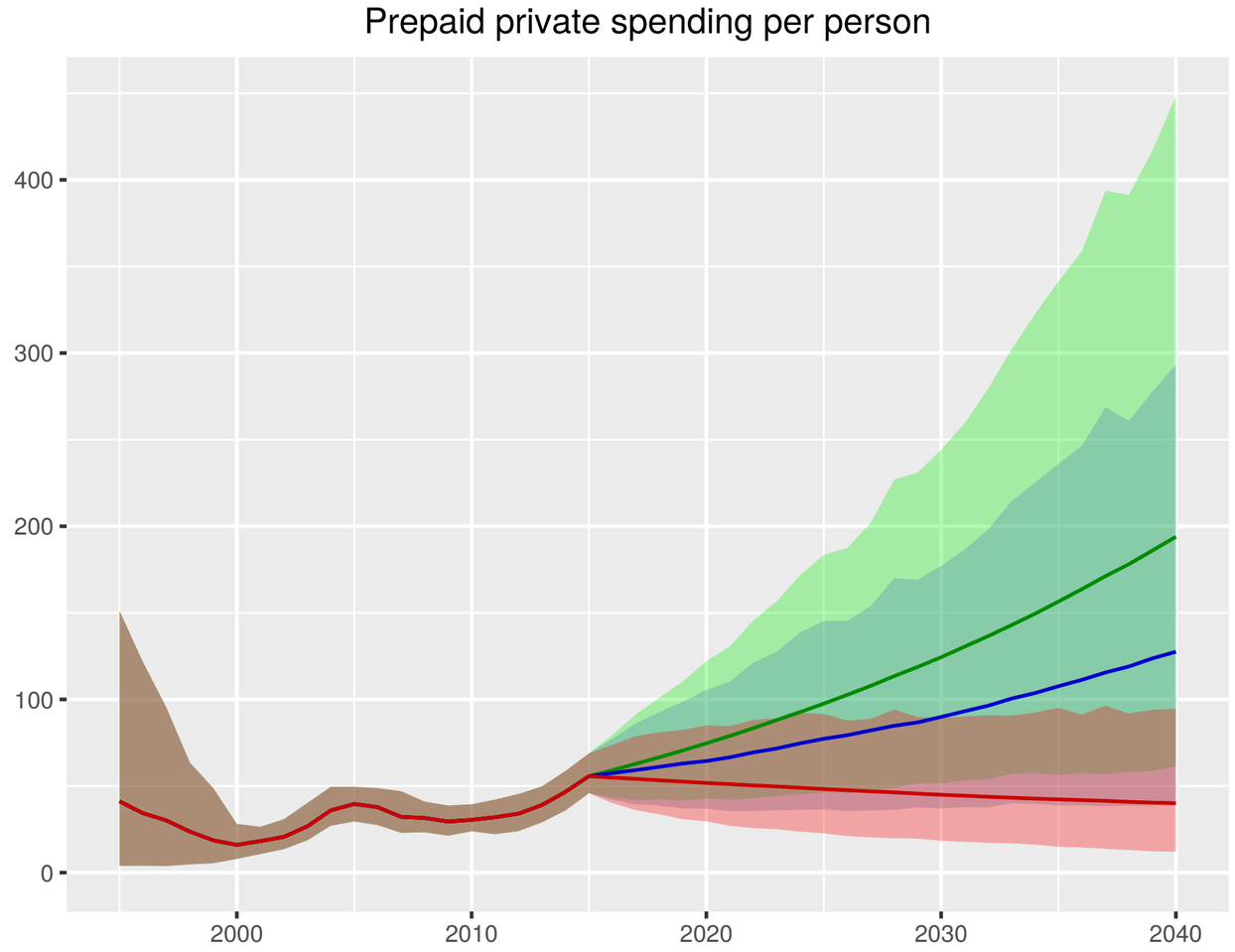
Government health spending per person



Out-of-pocket spending per person



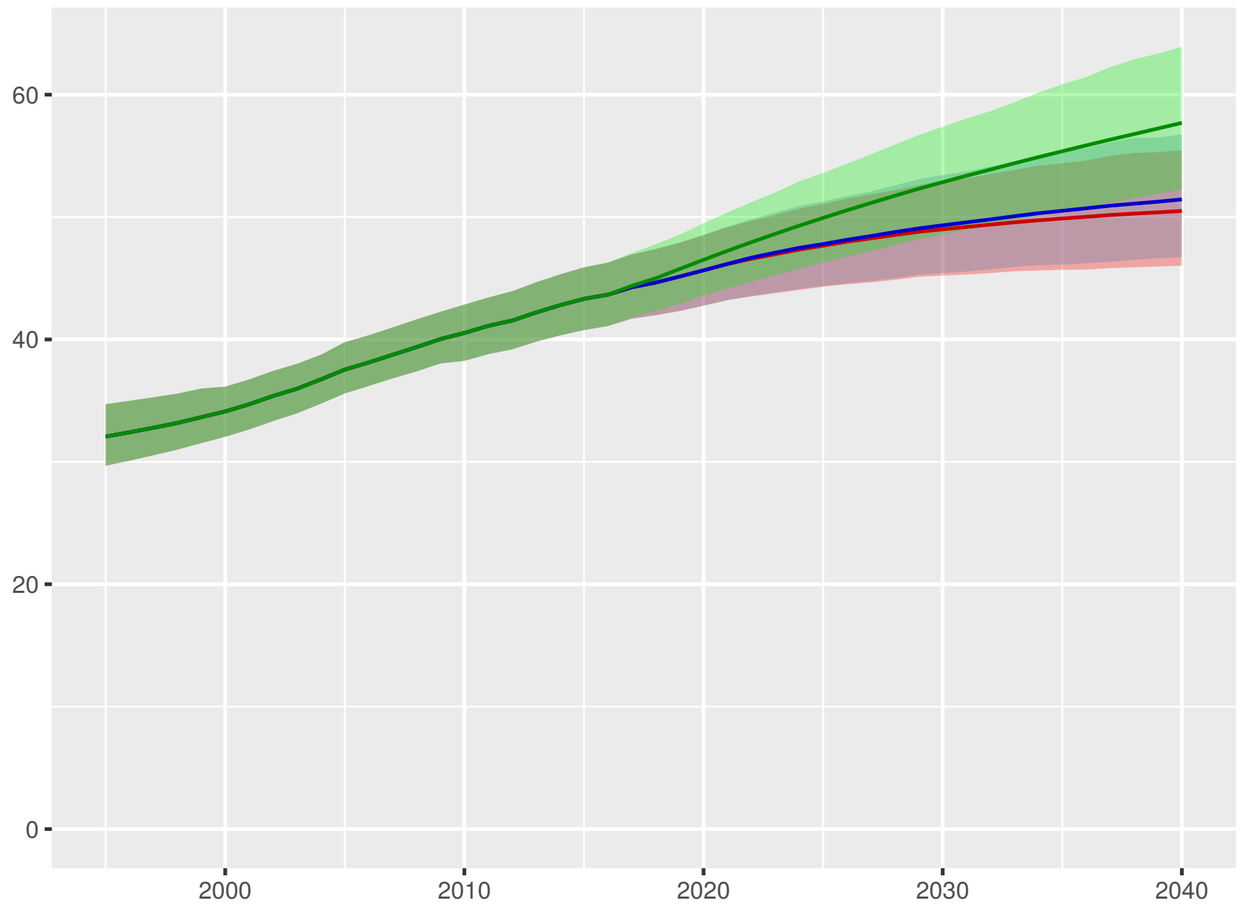
Prepaid private spending per person



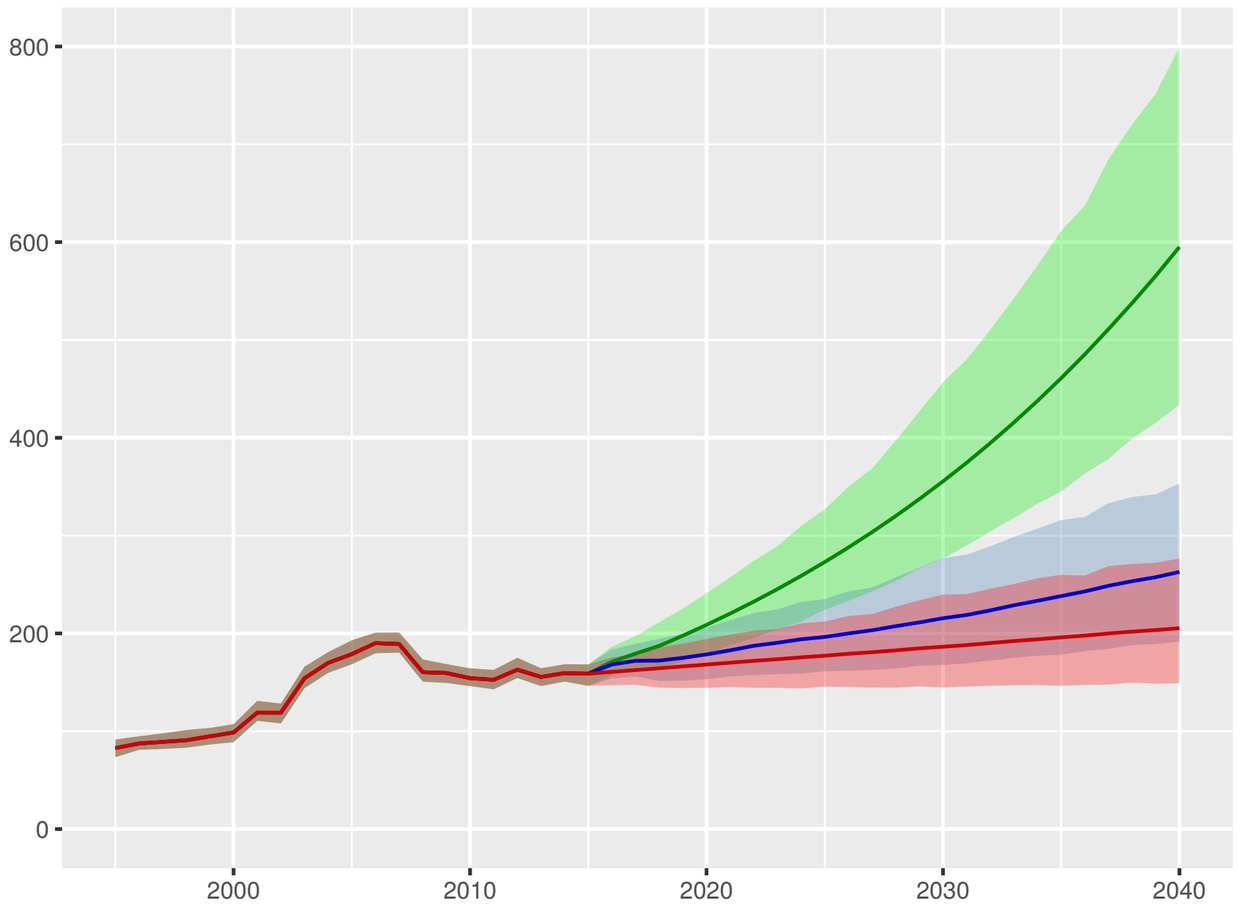
Scenario — Better — Reference — Worse

Uganda

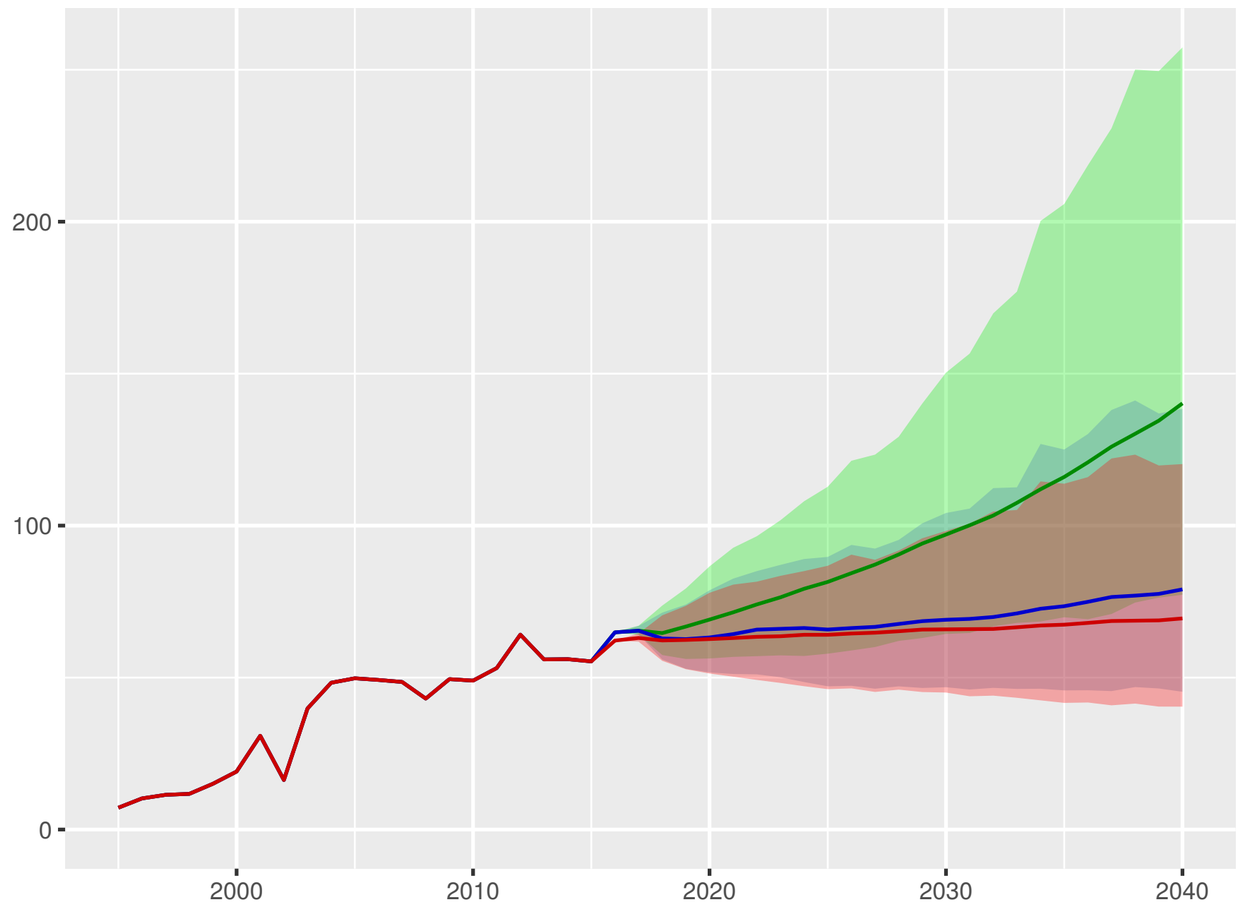
Universal health coverage index



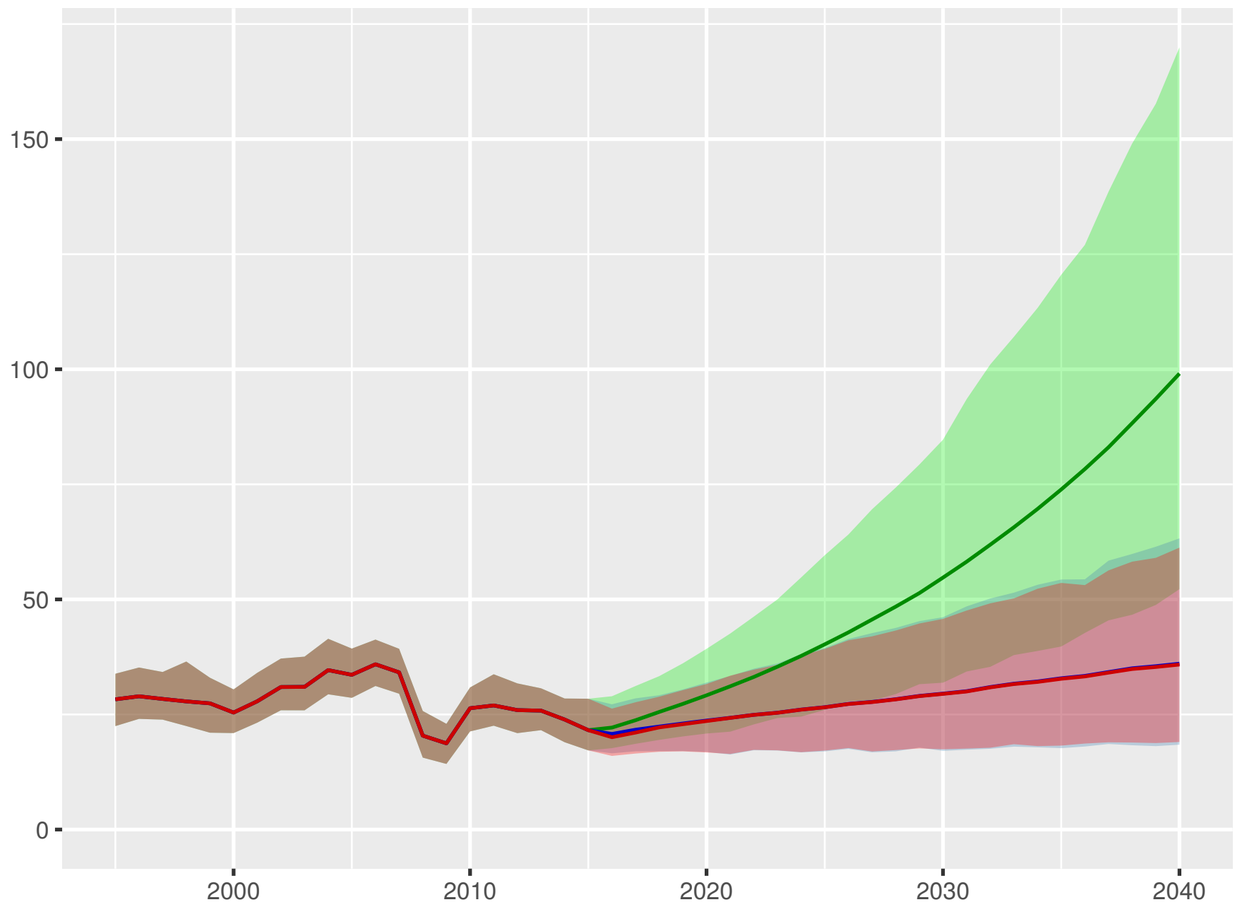
Total health spending per person



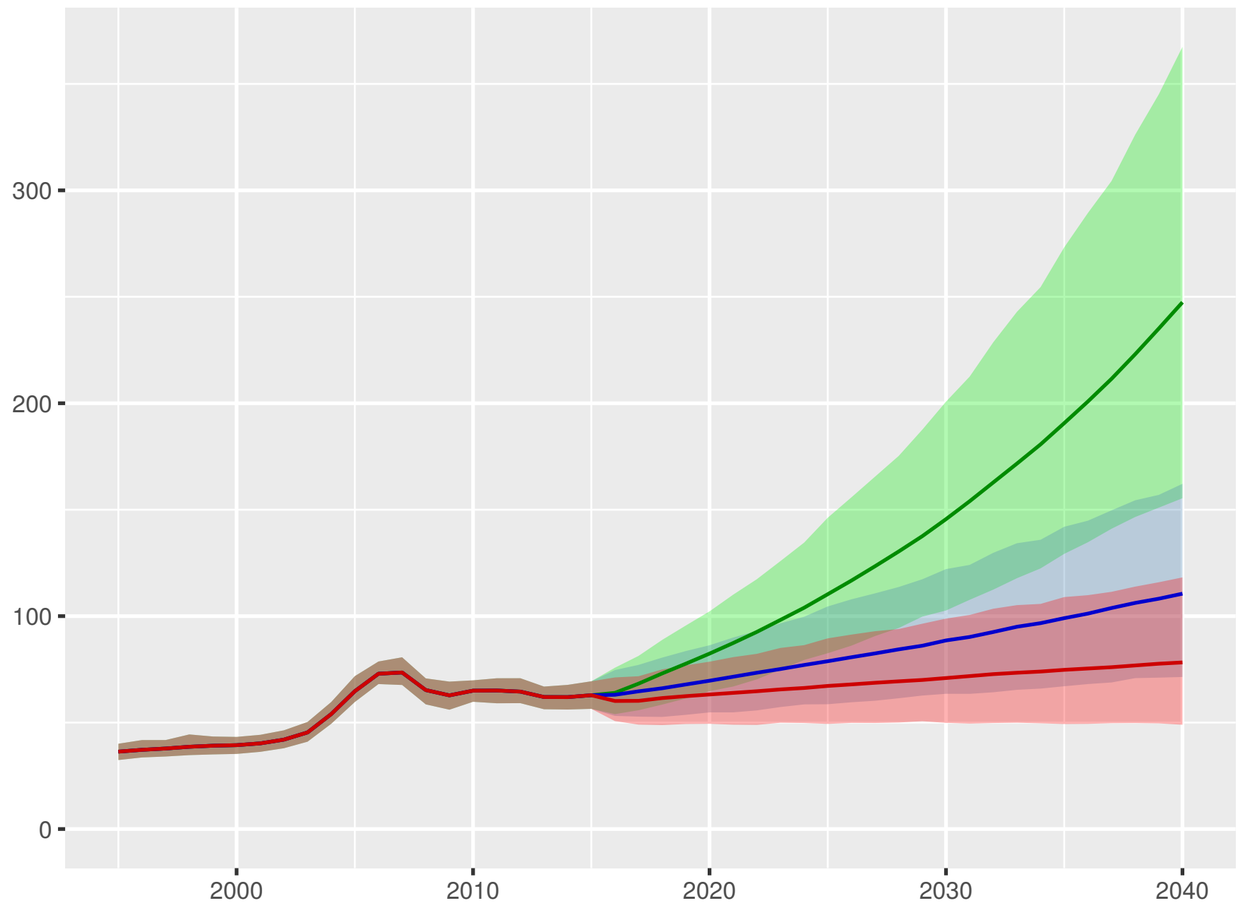
Development assistance for health received per person



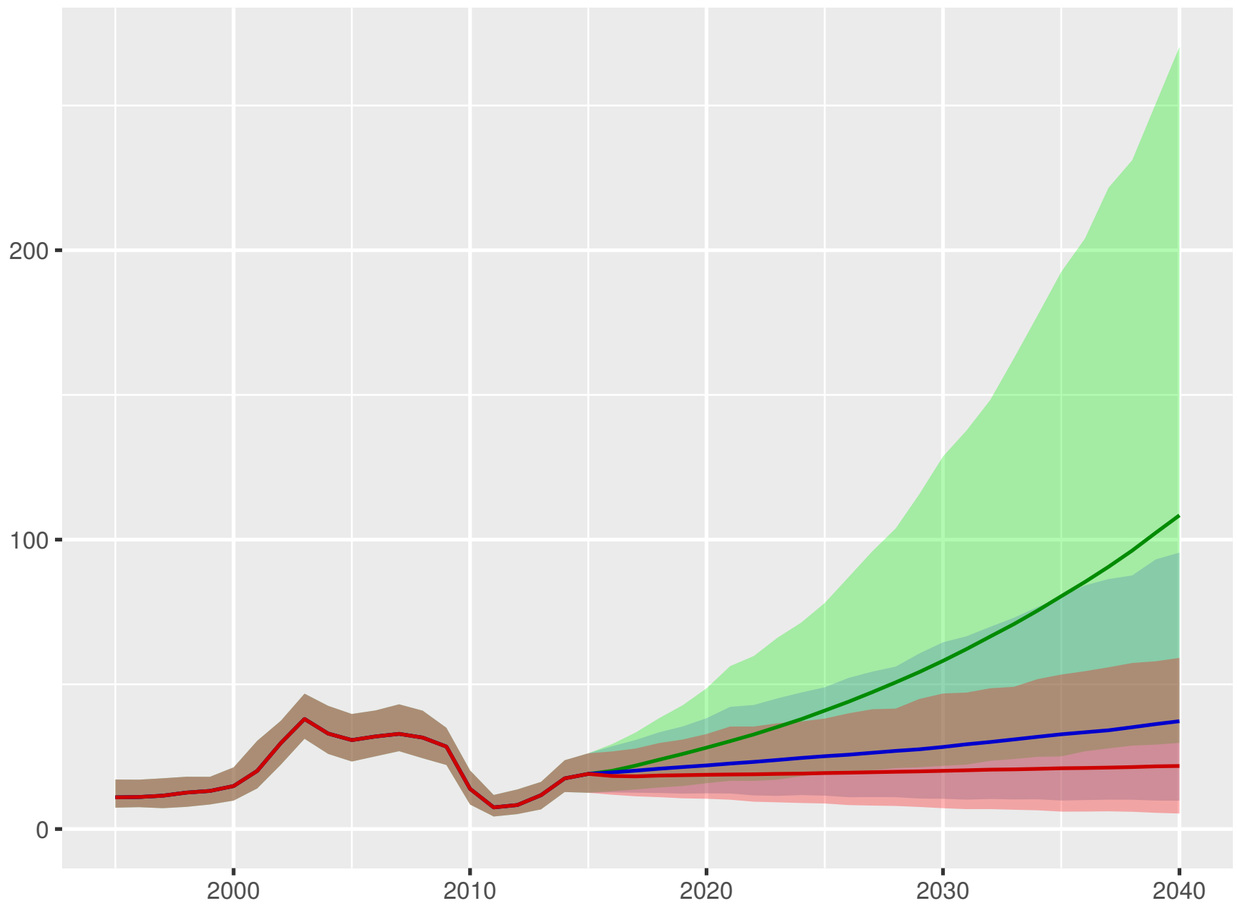
Government health spending per person



Out-of-pocket spending per person



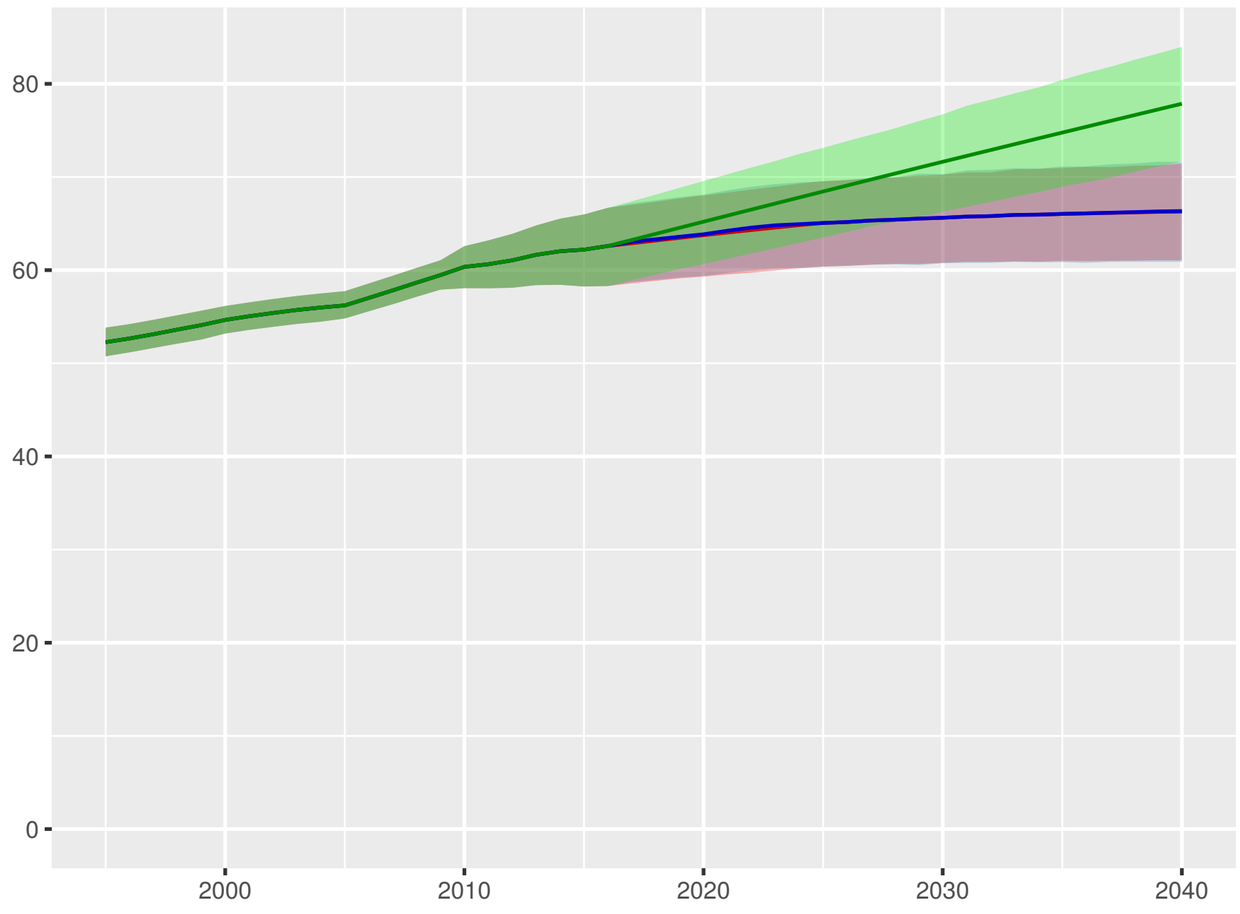
Prepaid private spending per person



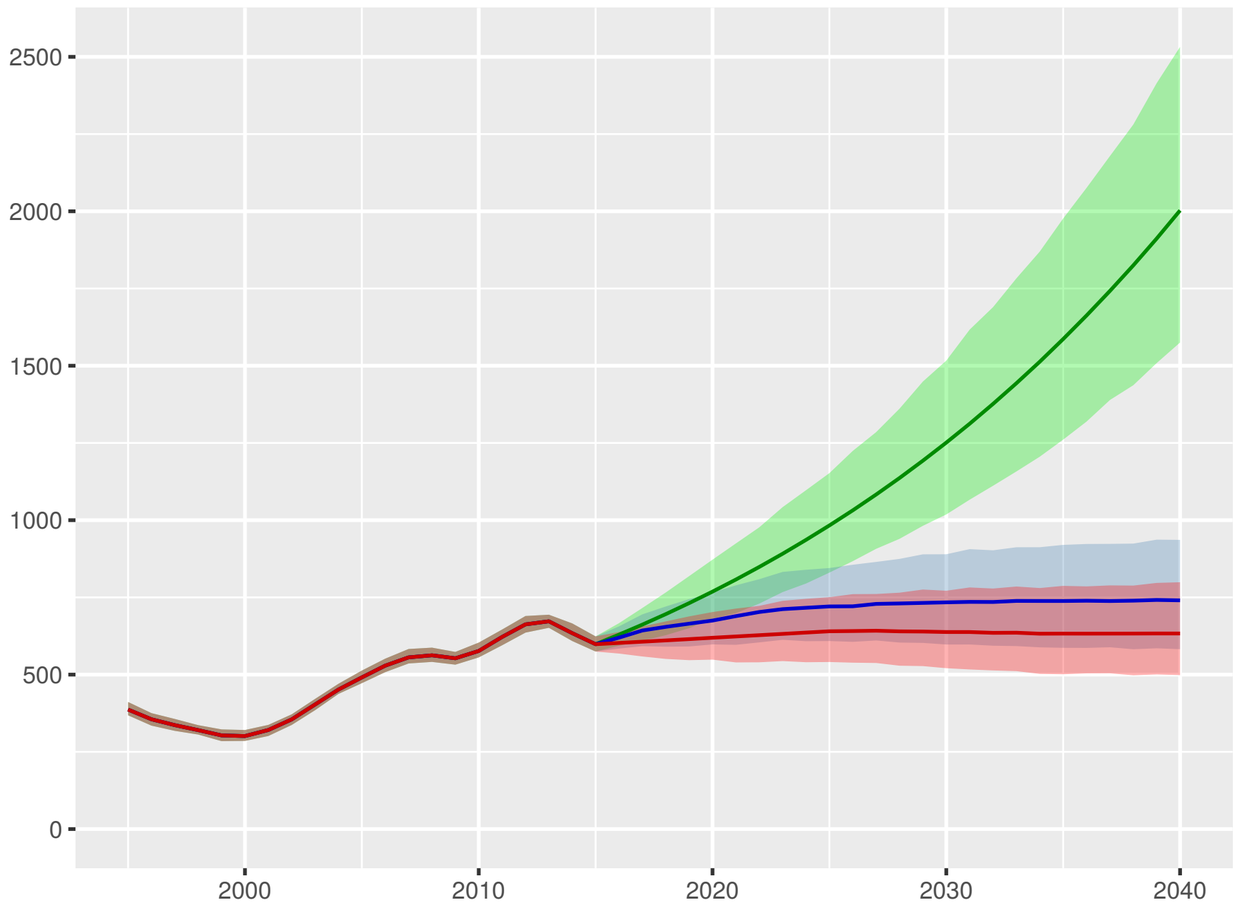
Scenario — Better — Reference — Worse

Ukraine

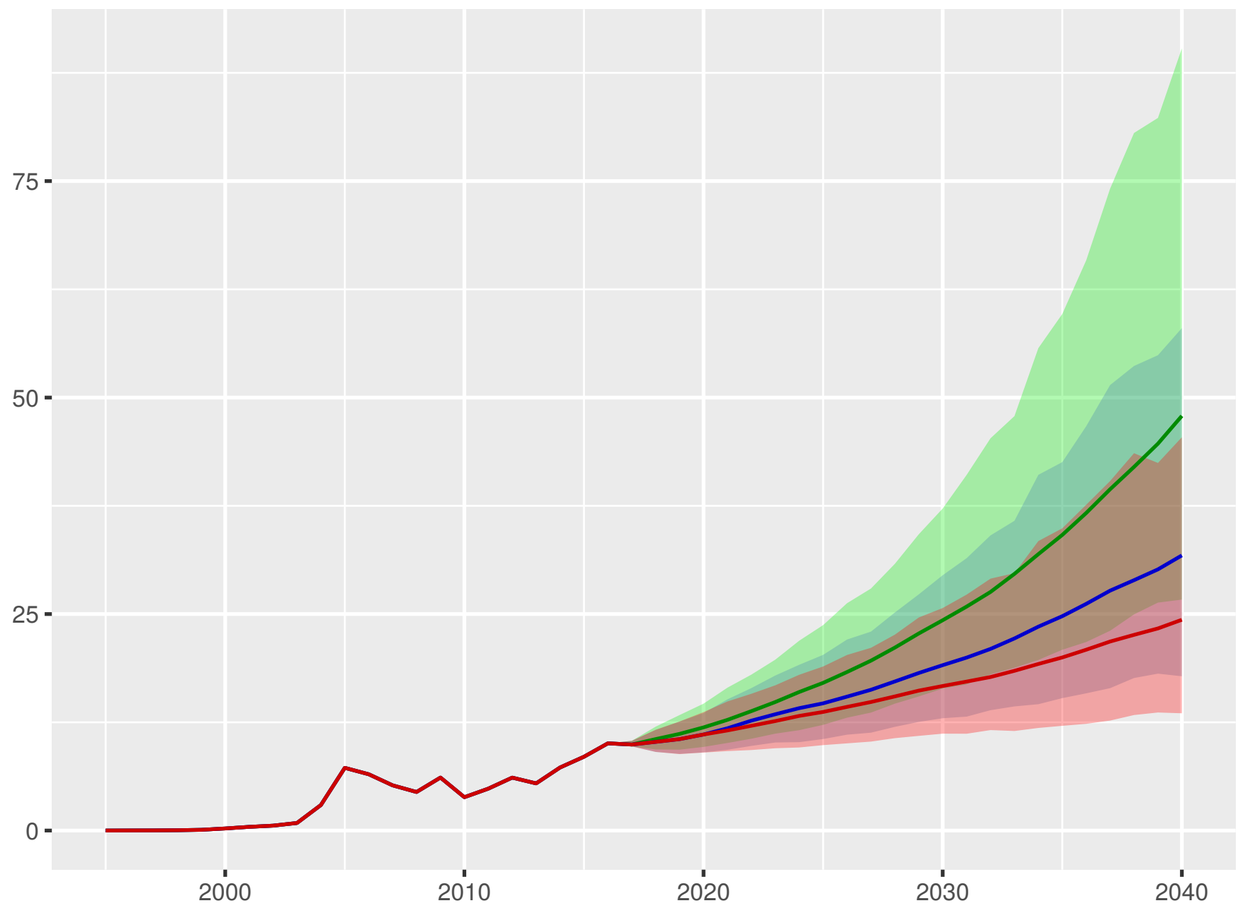
Universal health coverage index



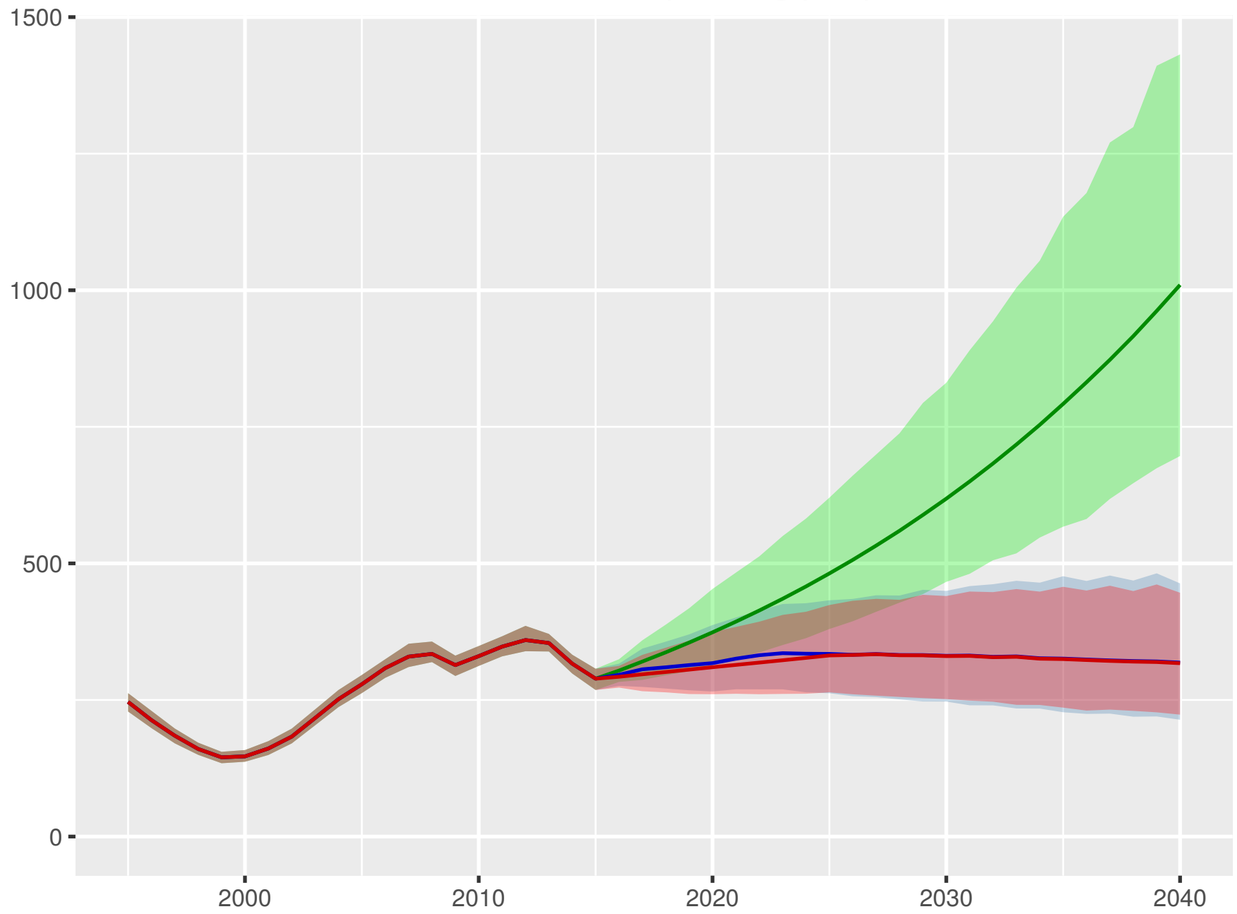
Total health spending per person



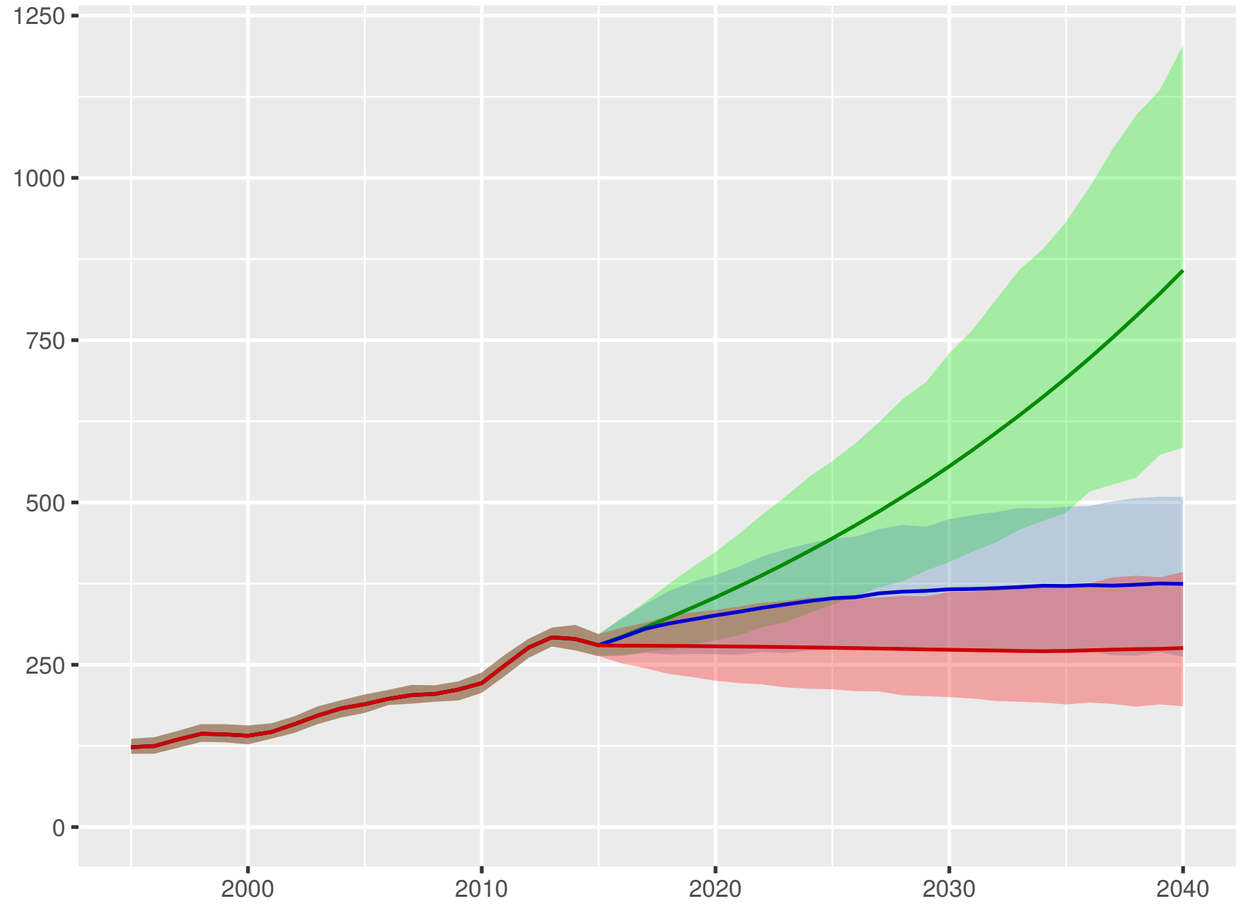
Development assistance for health received per person



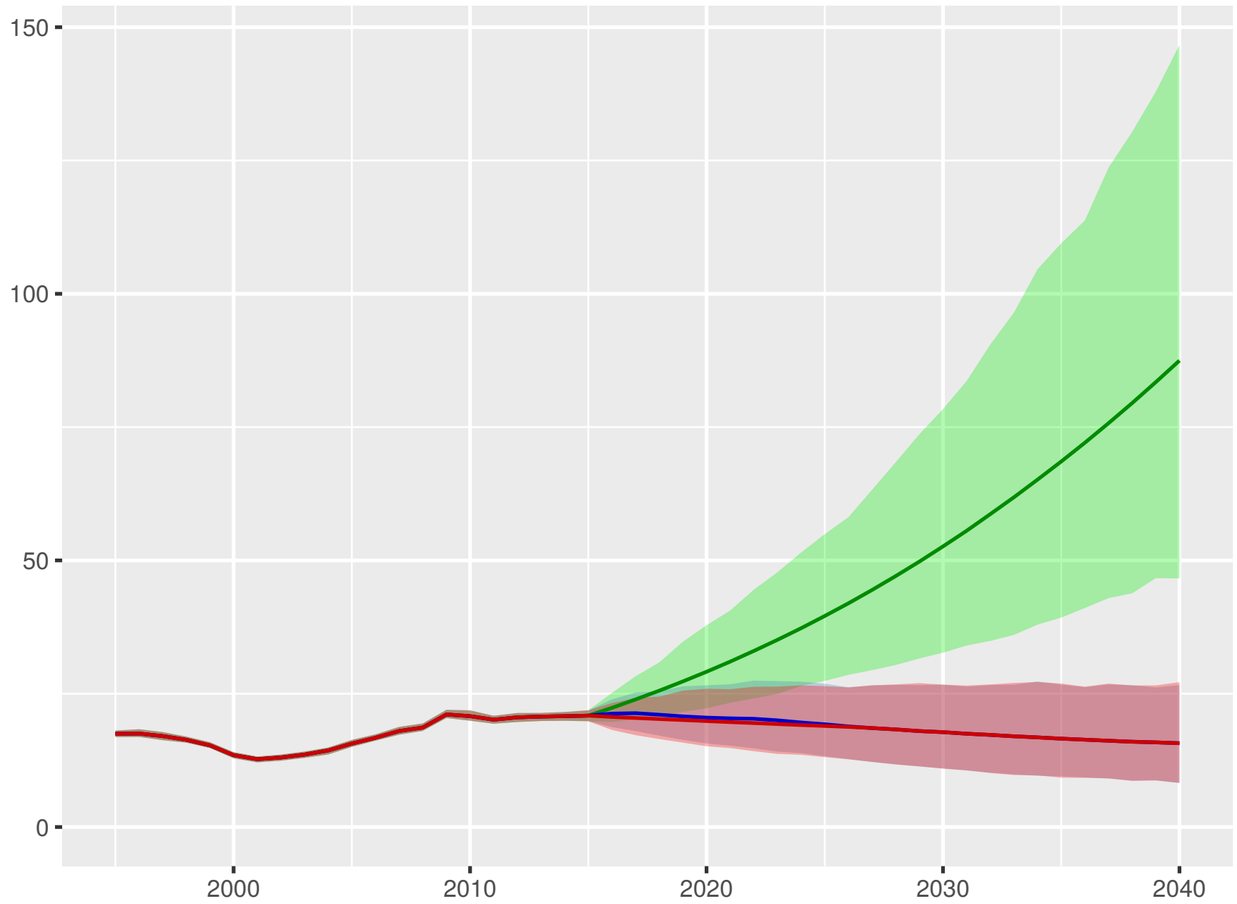
Government health spending per person



Out-of-pocket spending per person



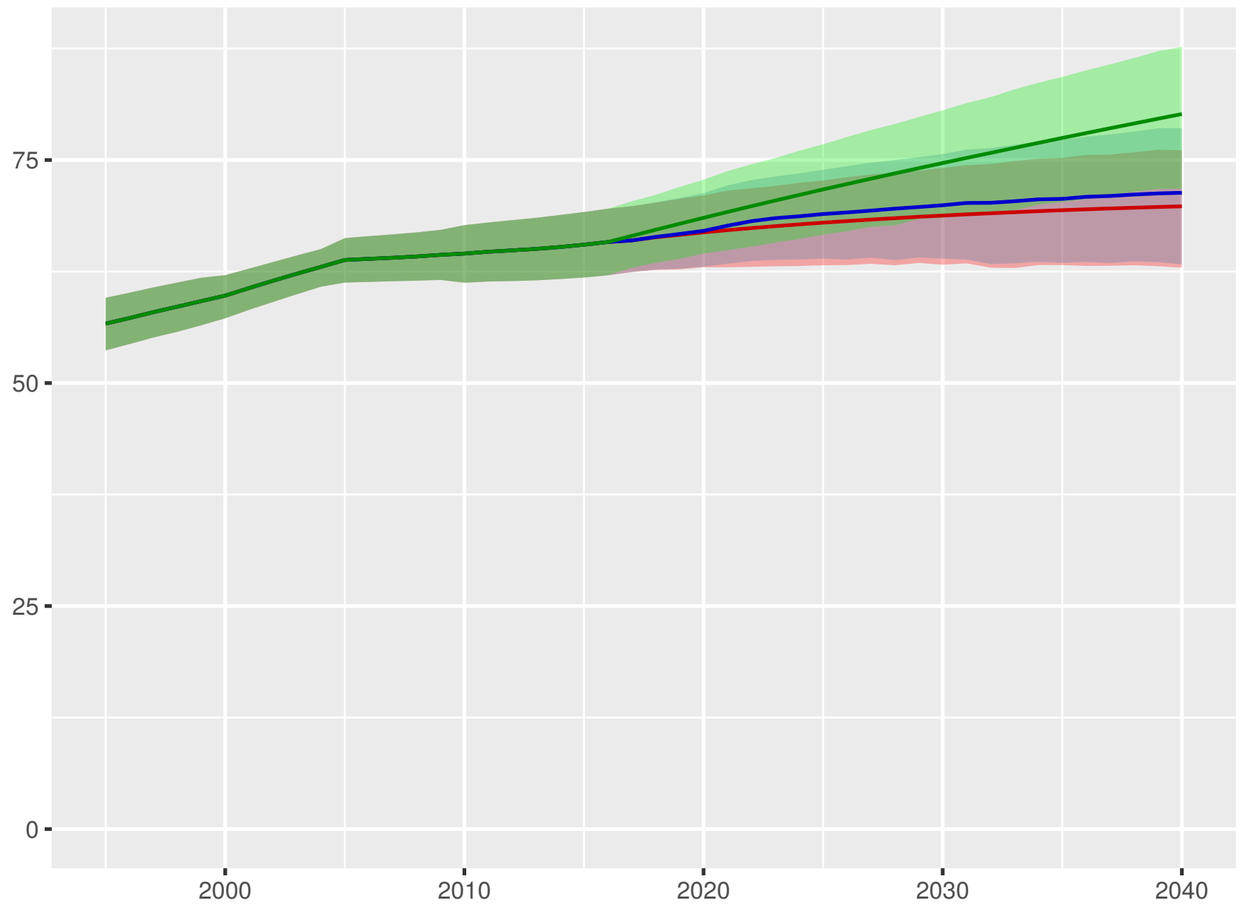
Prepaid private spending per person



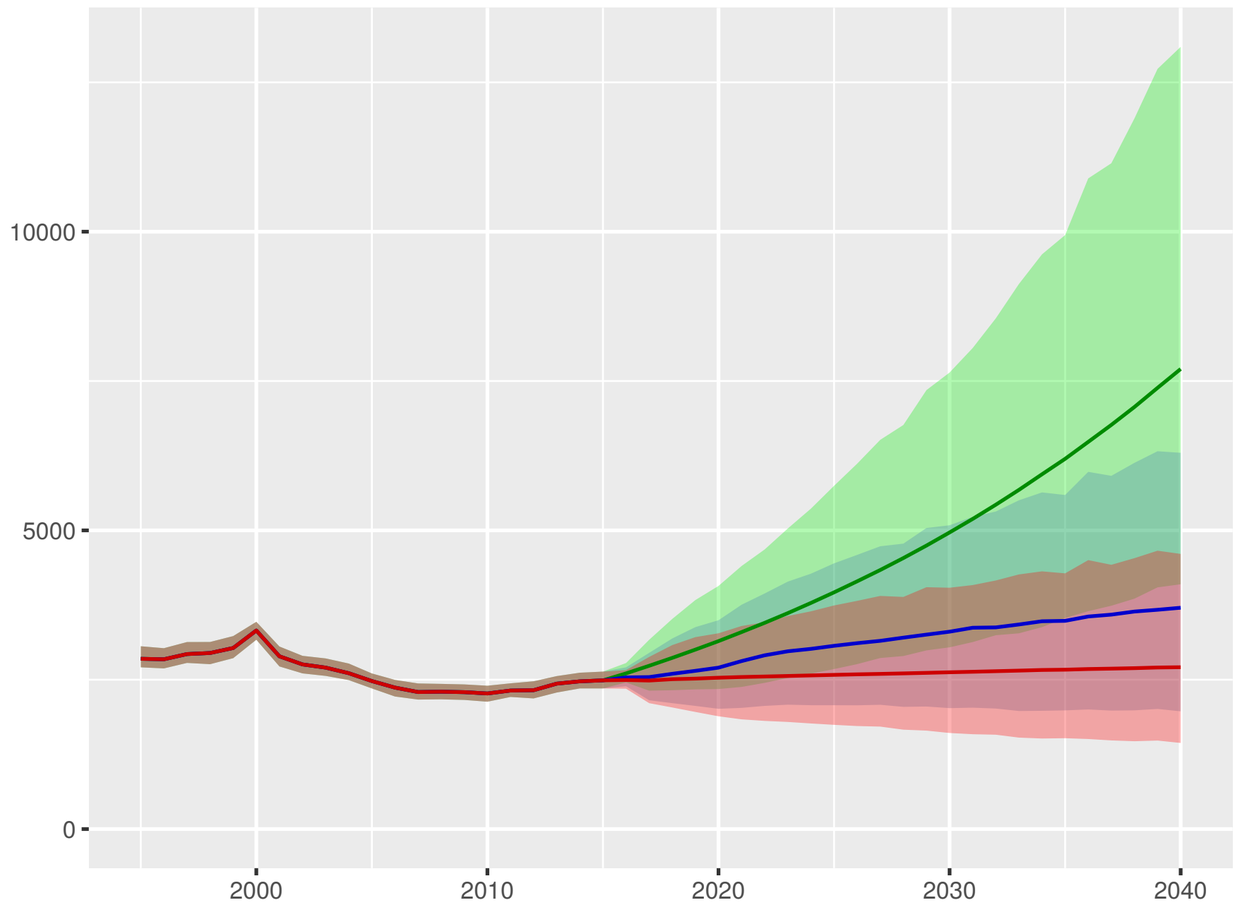
Scenario — Better — Reference — Worse

United Arab Emirates

Universal health coverage index

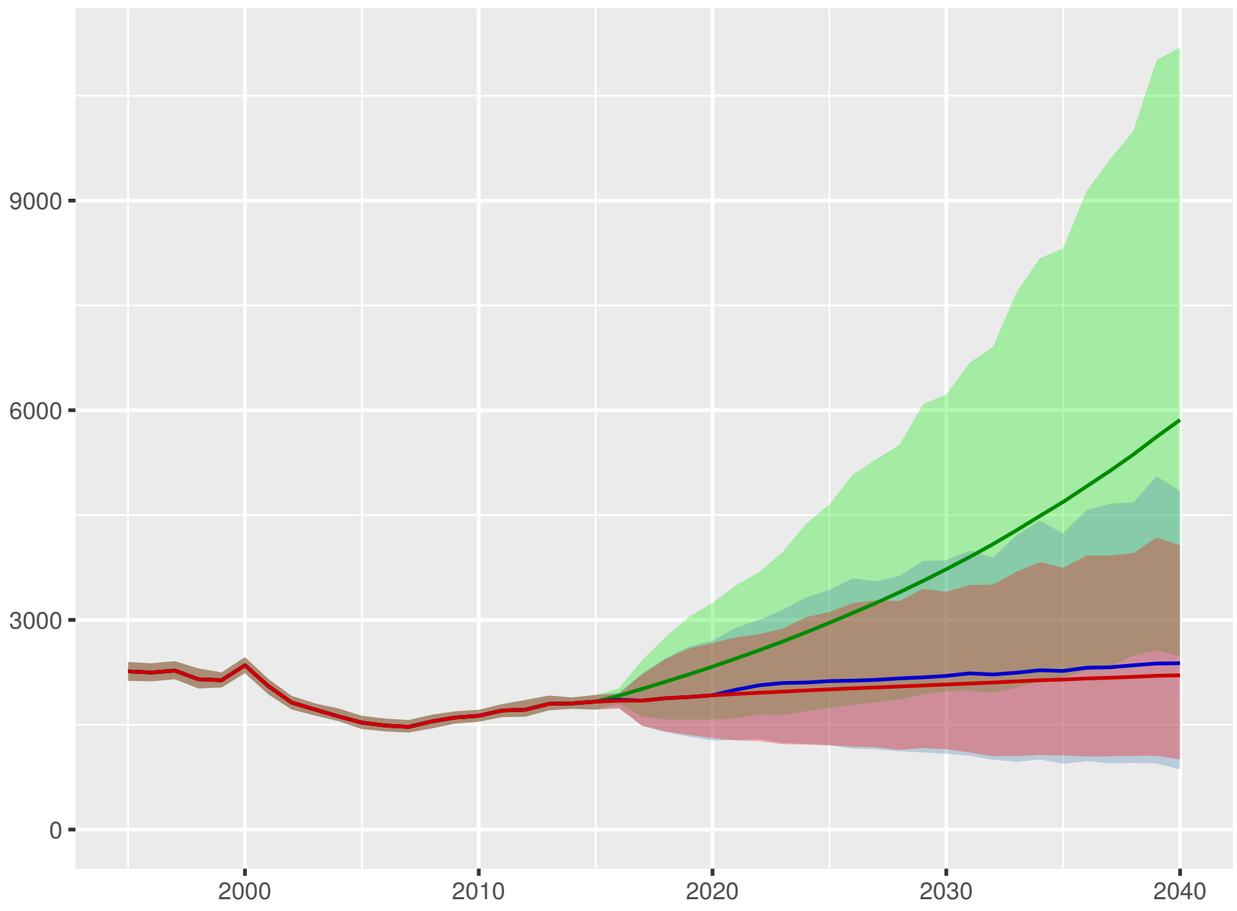


Total health spending per person

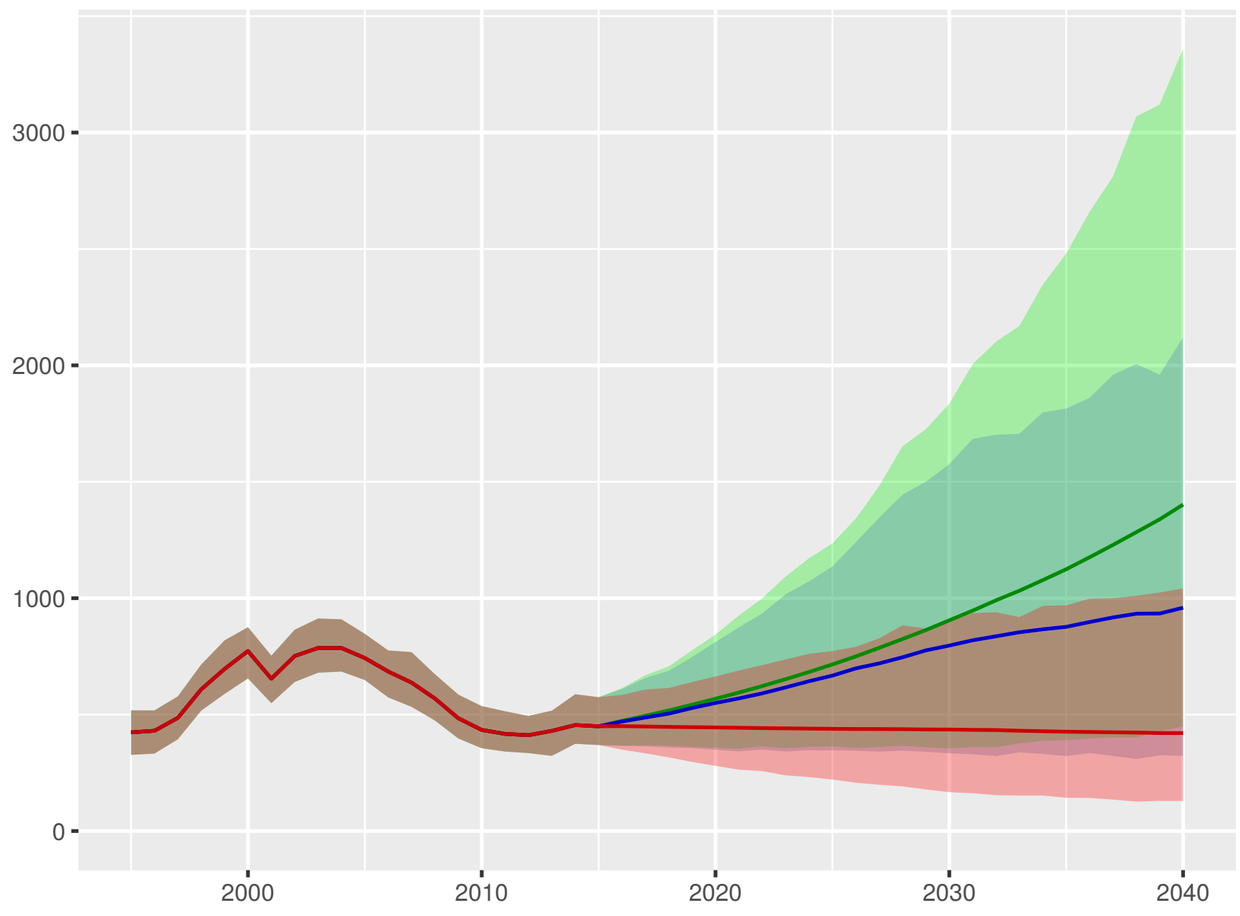


Development assistance for health received per person

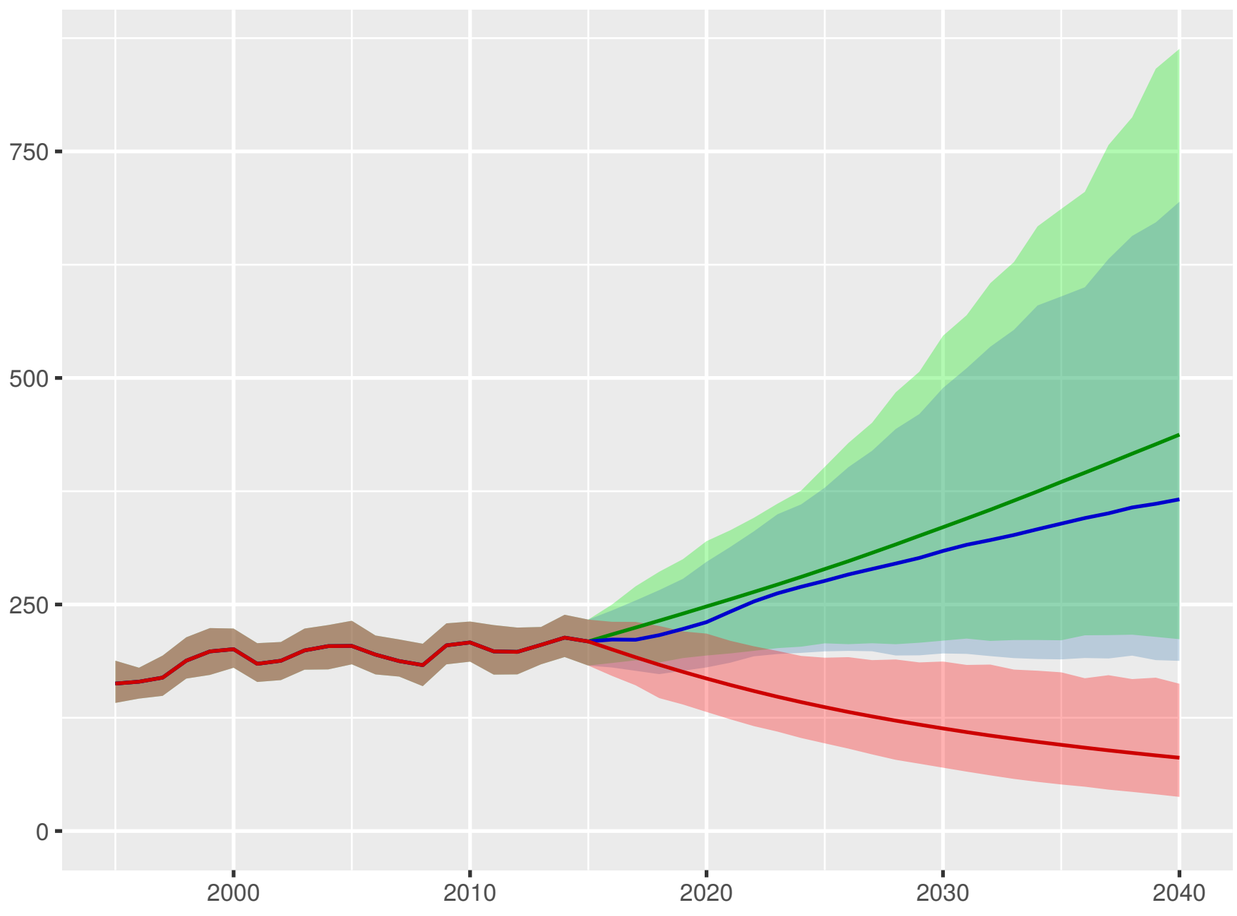
Government health spending per person



Out-of-pocket spending per person



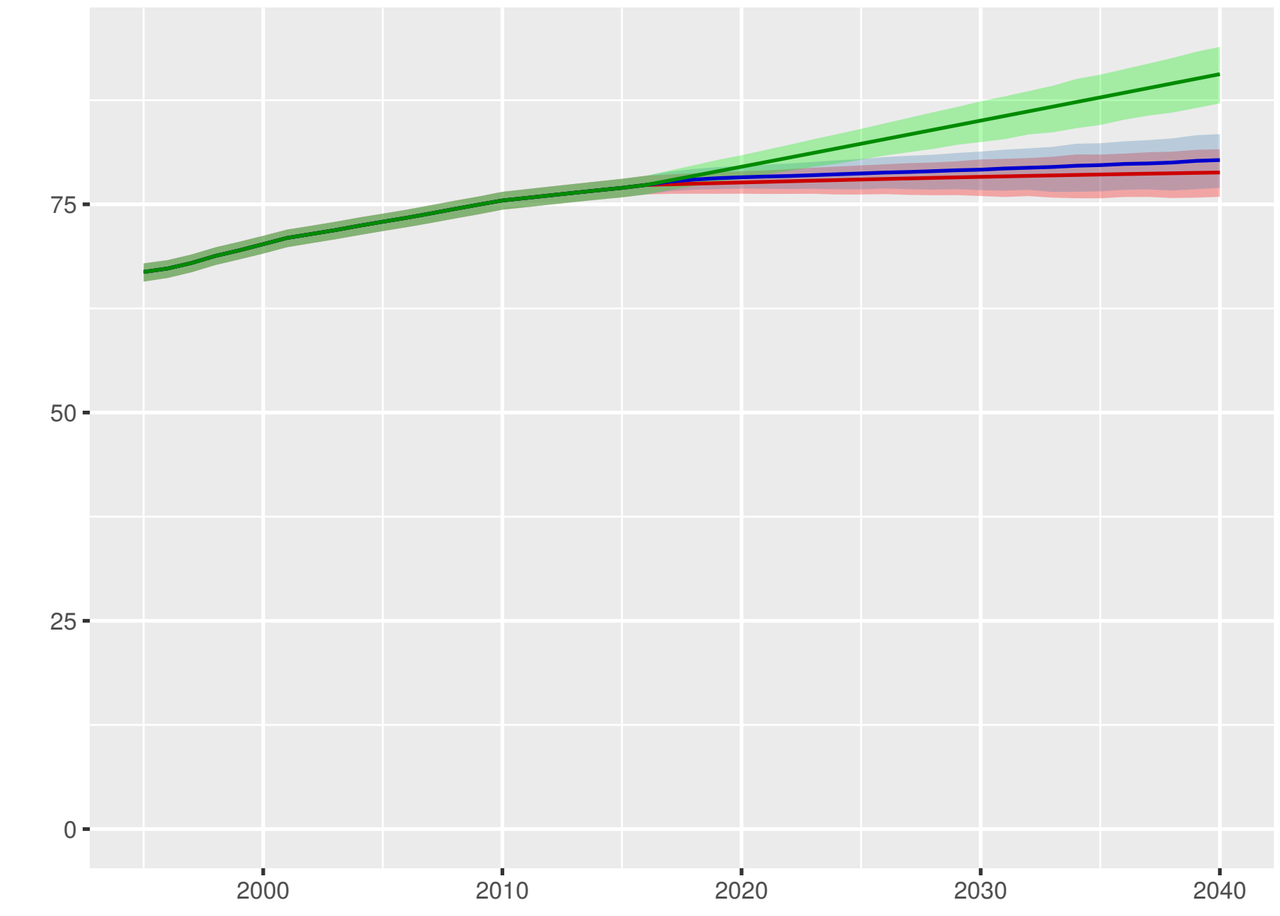
Prepaid private spending per person



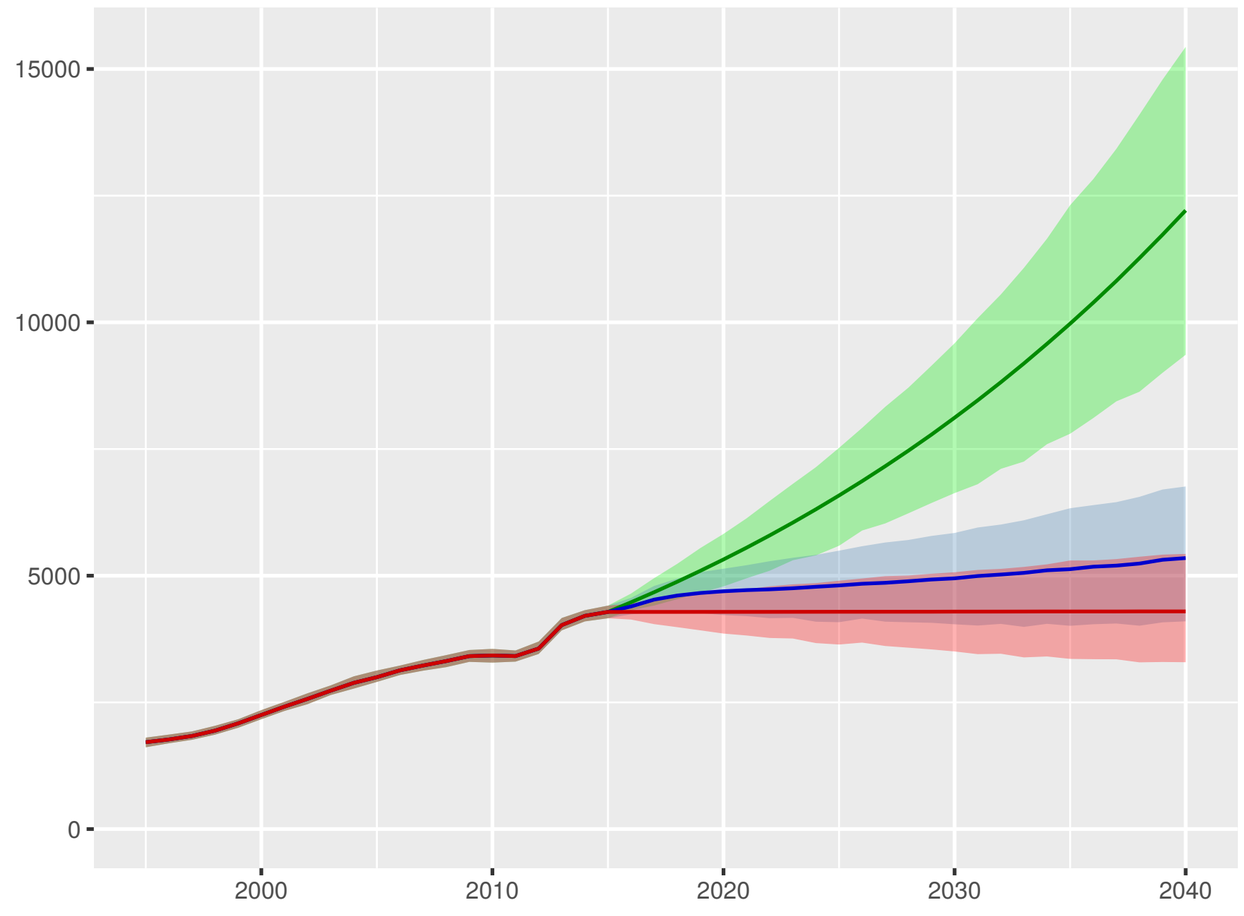
Scenario — Better — Reference — Worse

United Kingdom

Universal health coverage index

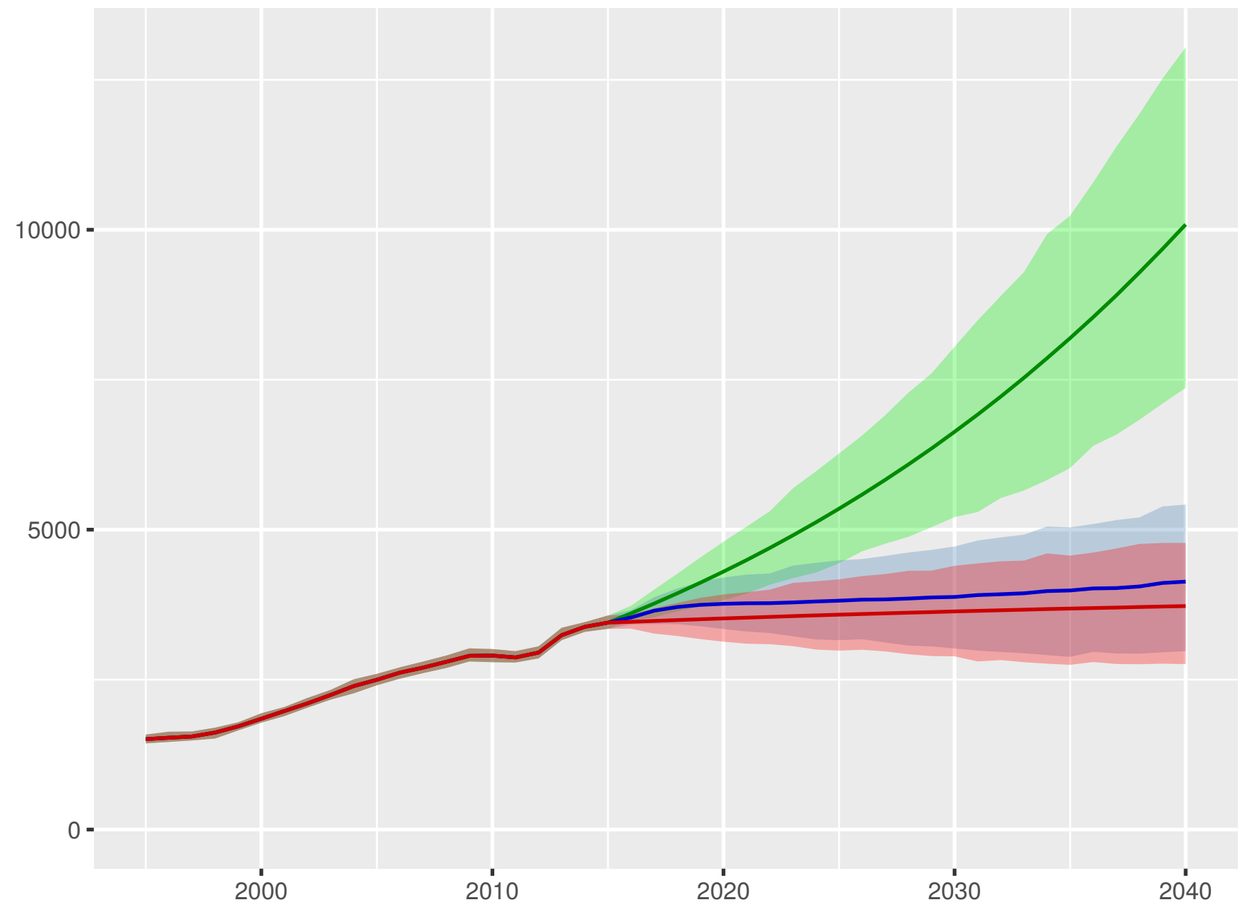


Total health spending per person

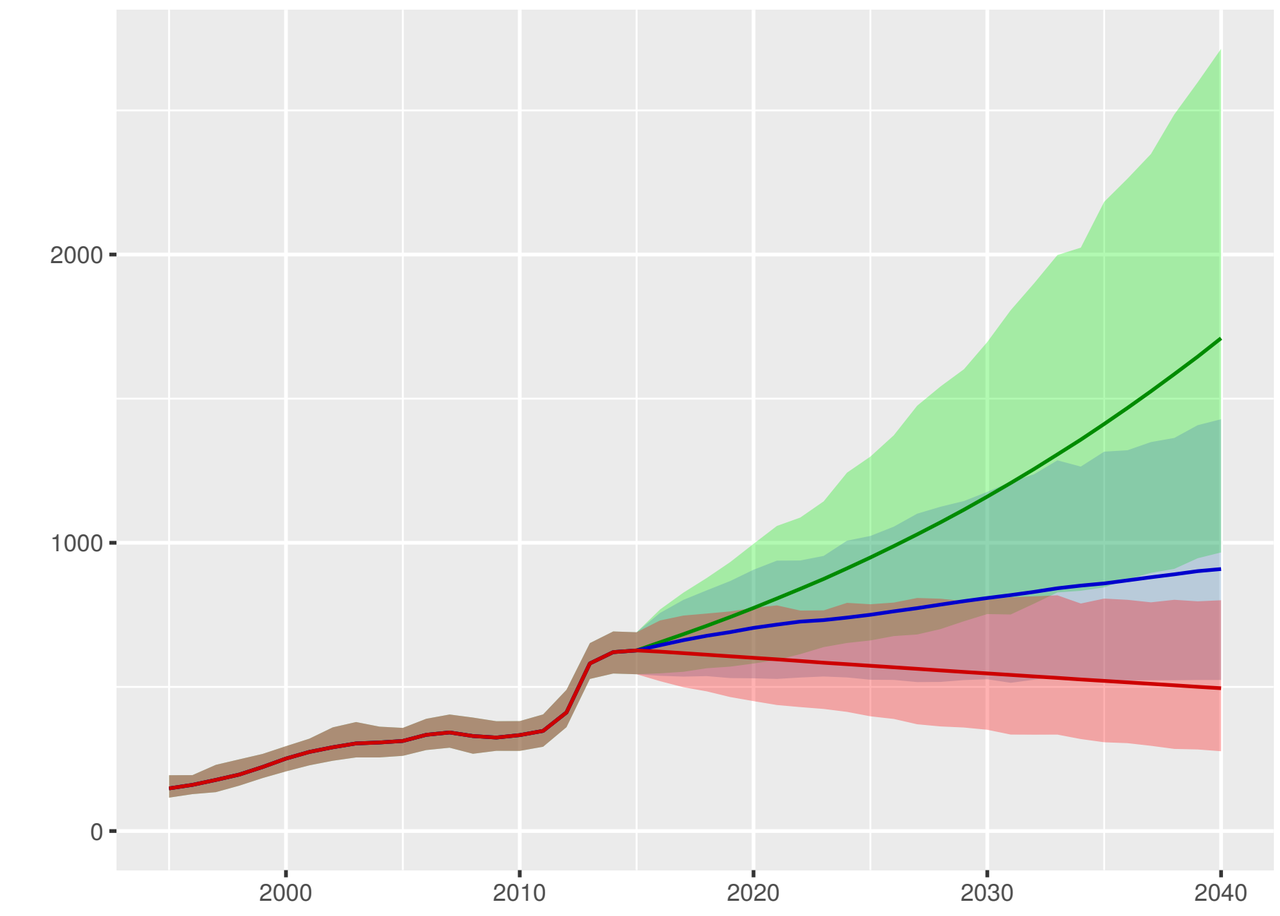


Development assistance for health received per person

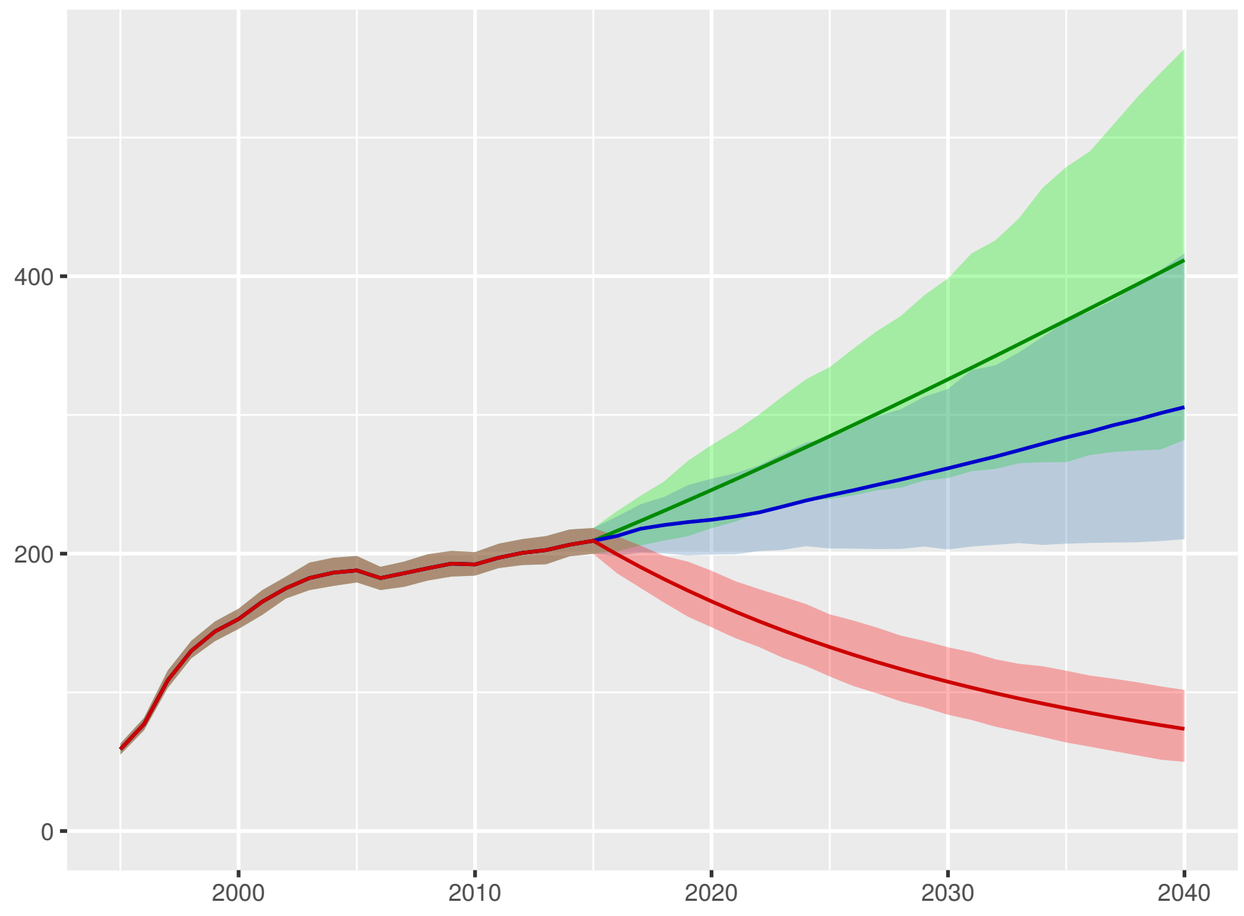
Government health spending per person



Out-of-pocket spending per person



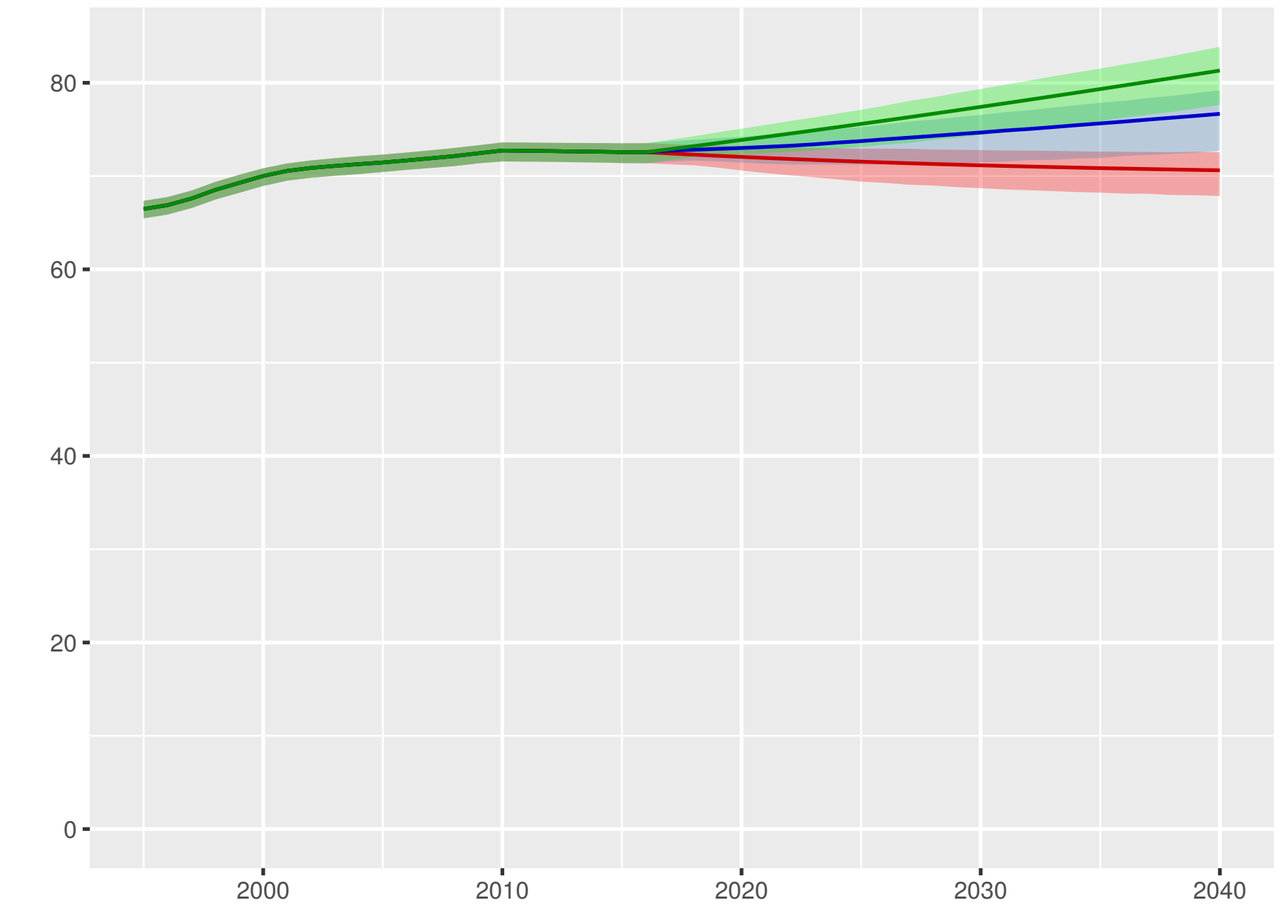
Prepaid private spending per person



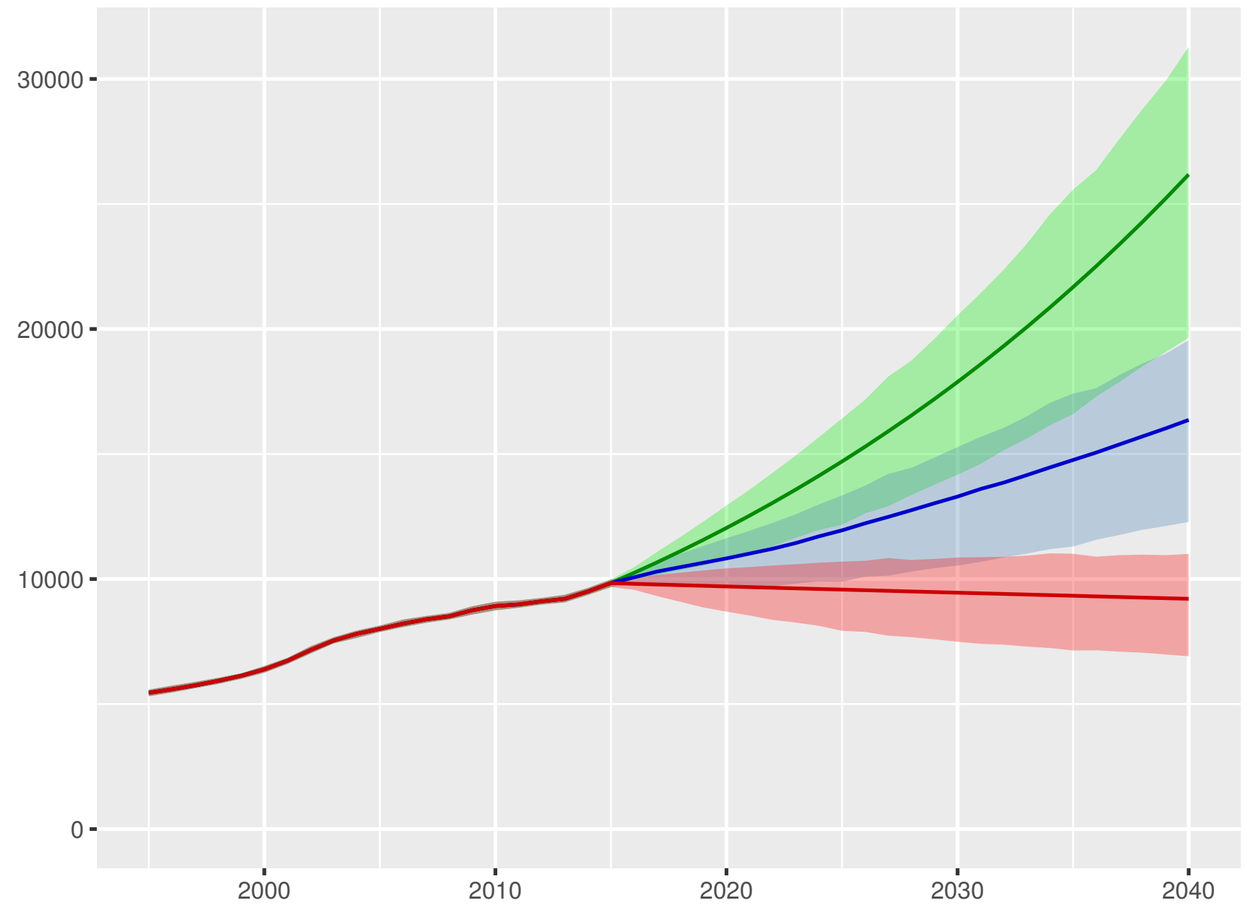
Scenario — Better — Reference — Worse

United States

Universal health coverage index

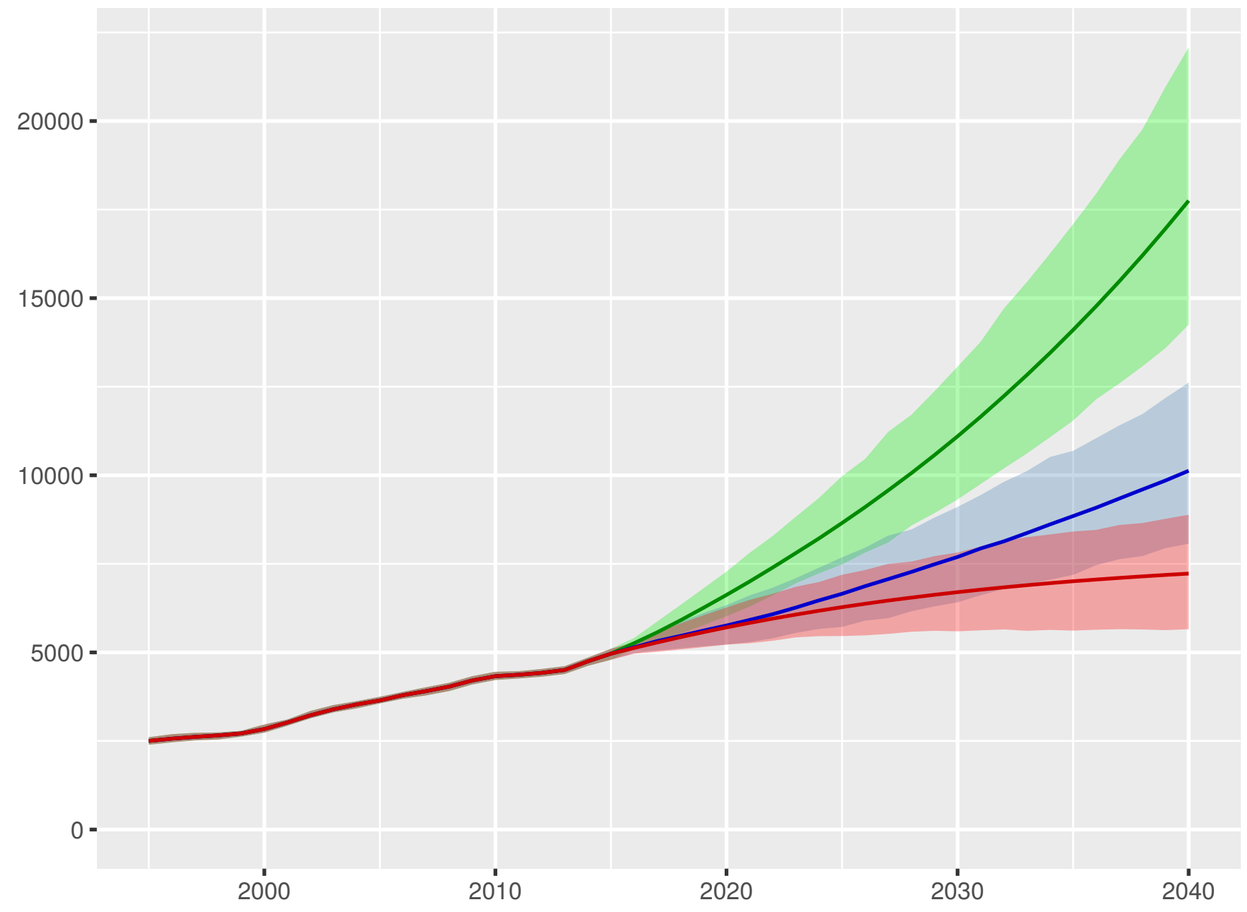


Total health spending per person

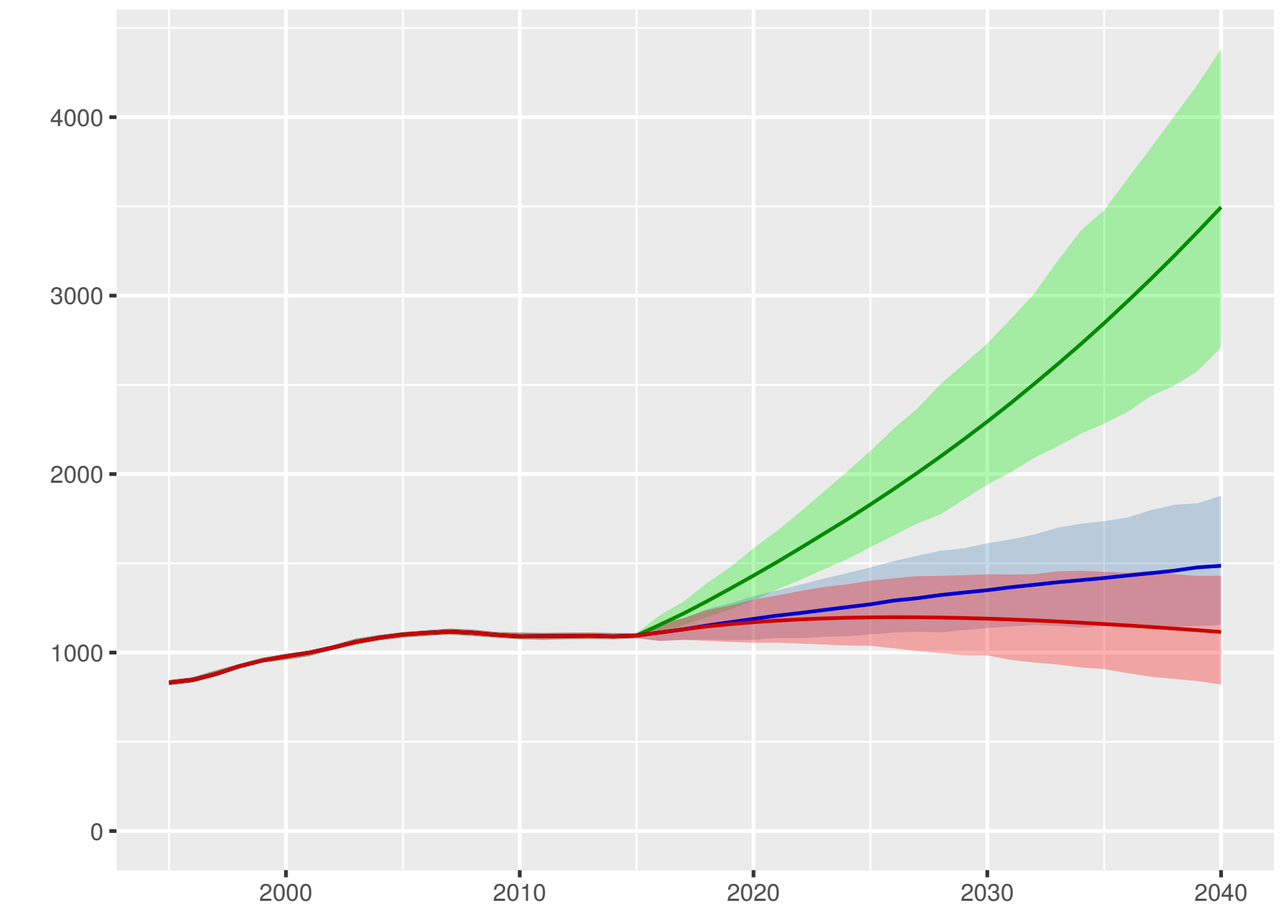


Development assistance for health received per person

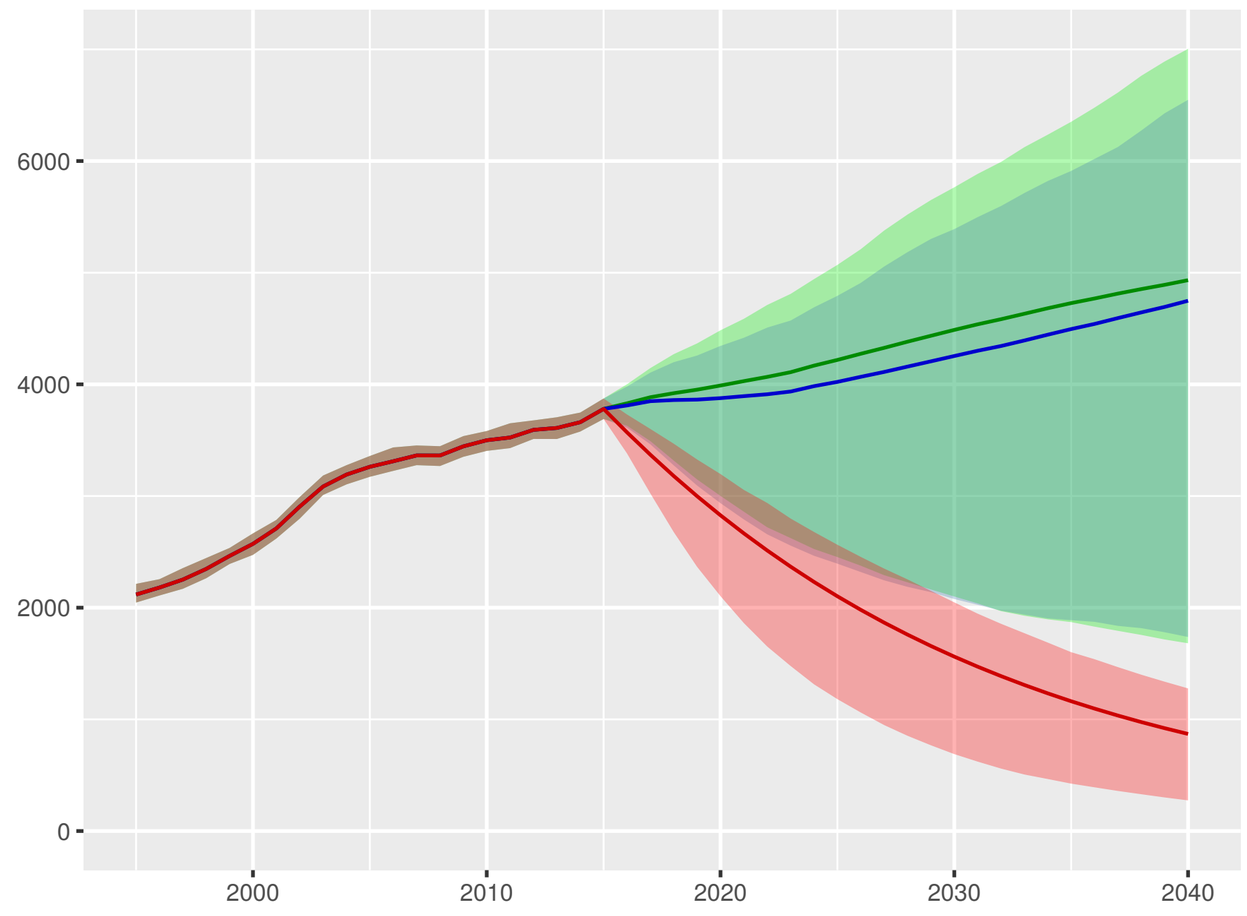
Government health spending per person



Out-of-pocket spending per person



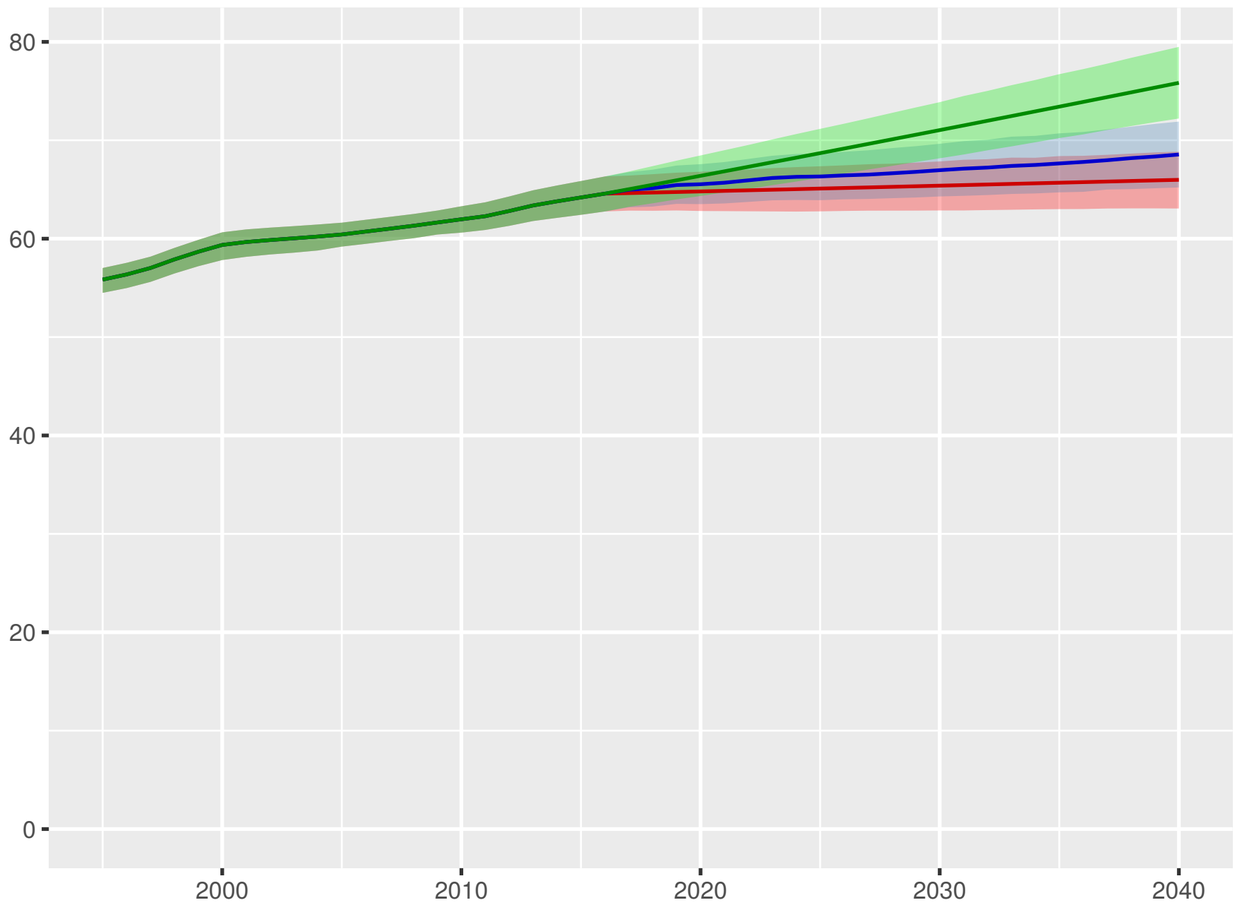
Prepaid private spending per person



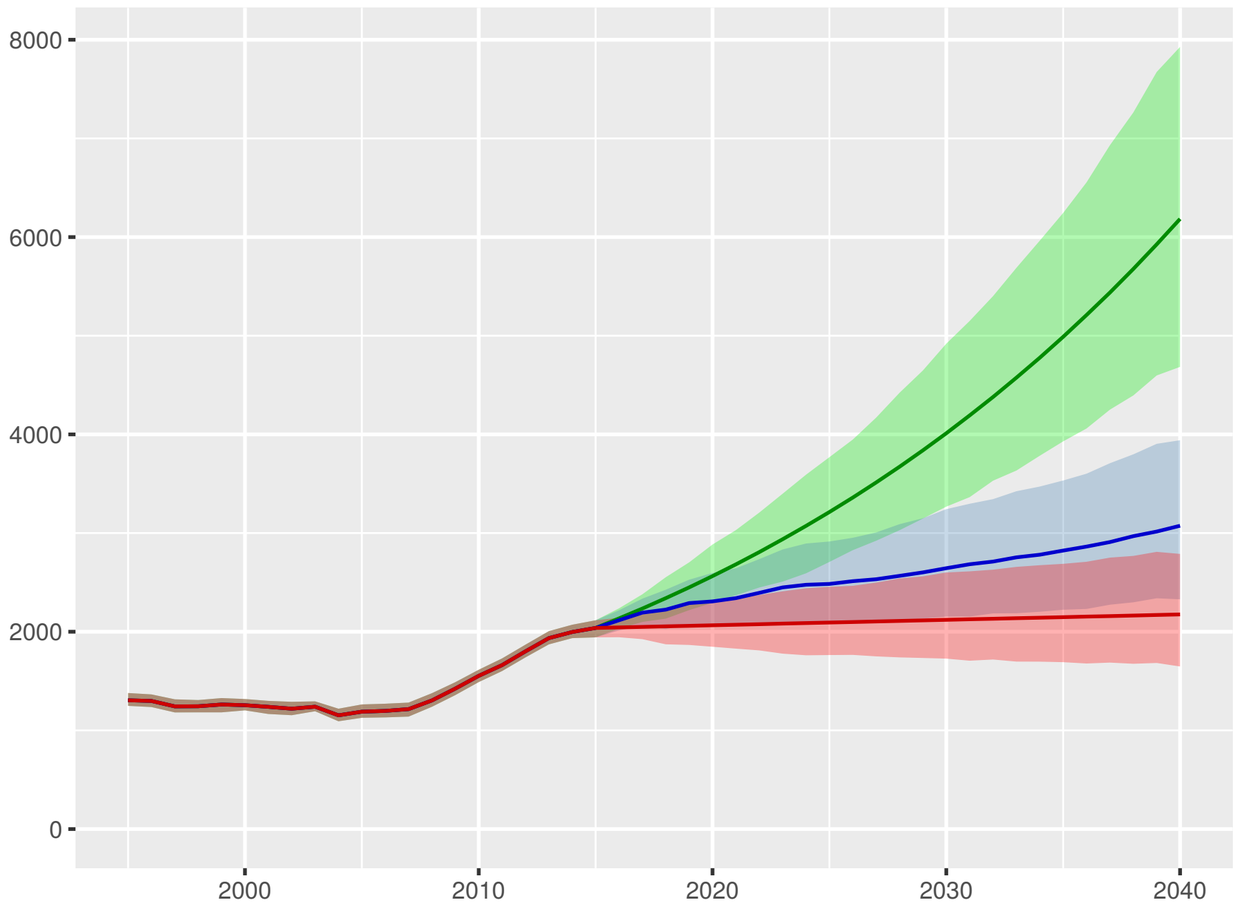
Scenario — Better — Reference — Worse

Uruguay

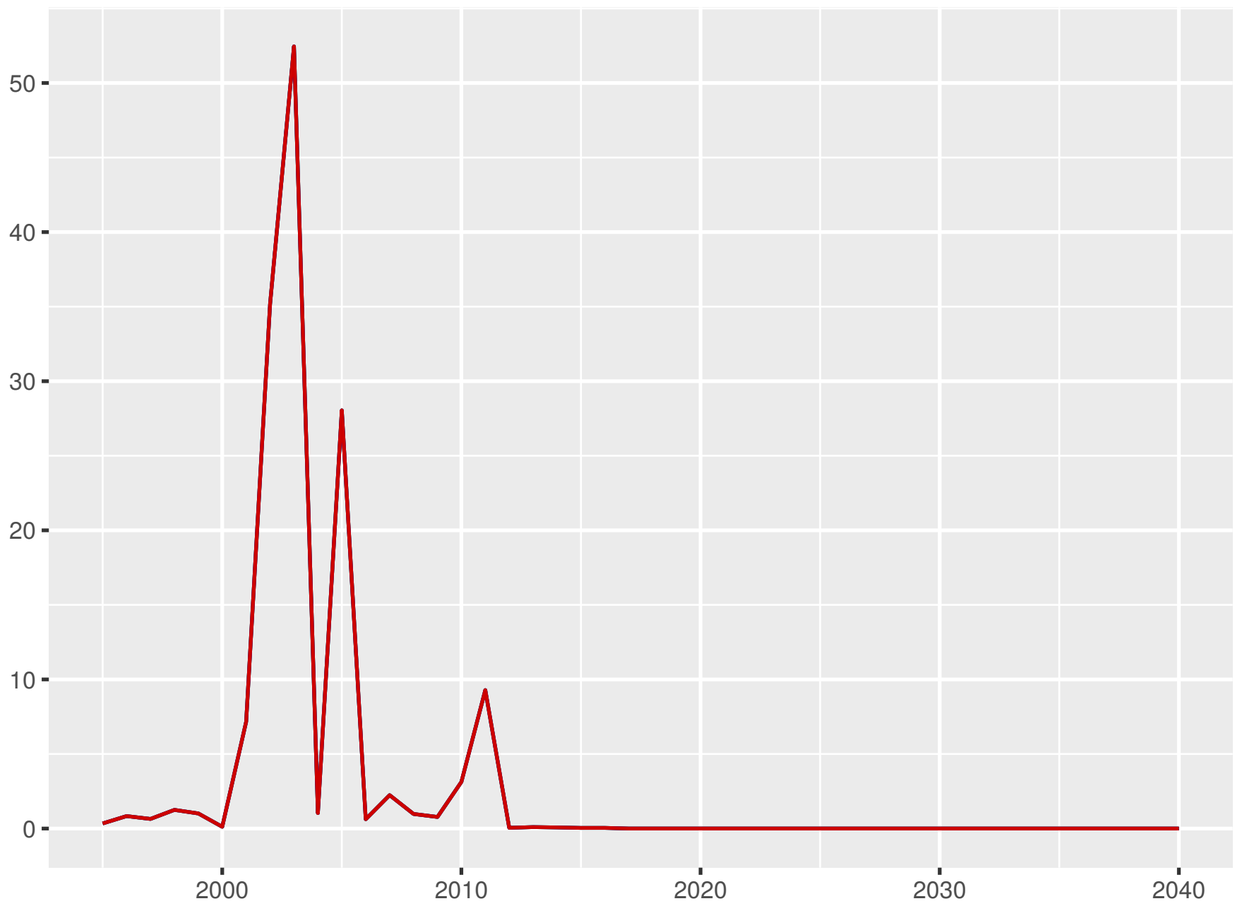
Universal health coverage index



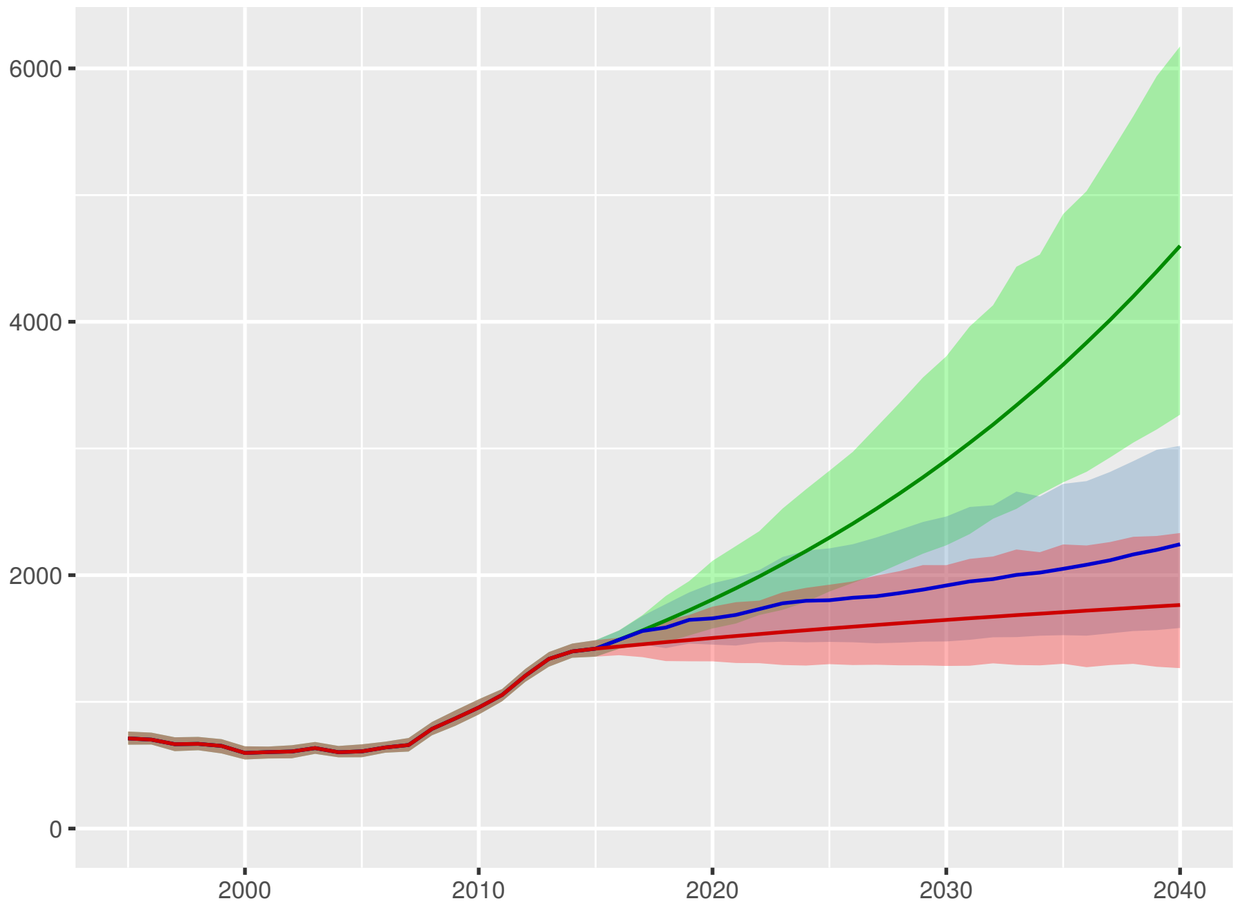
Total health spending per person



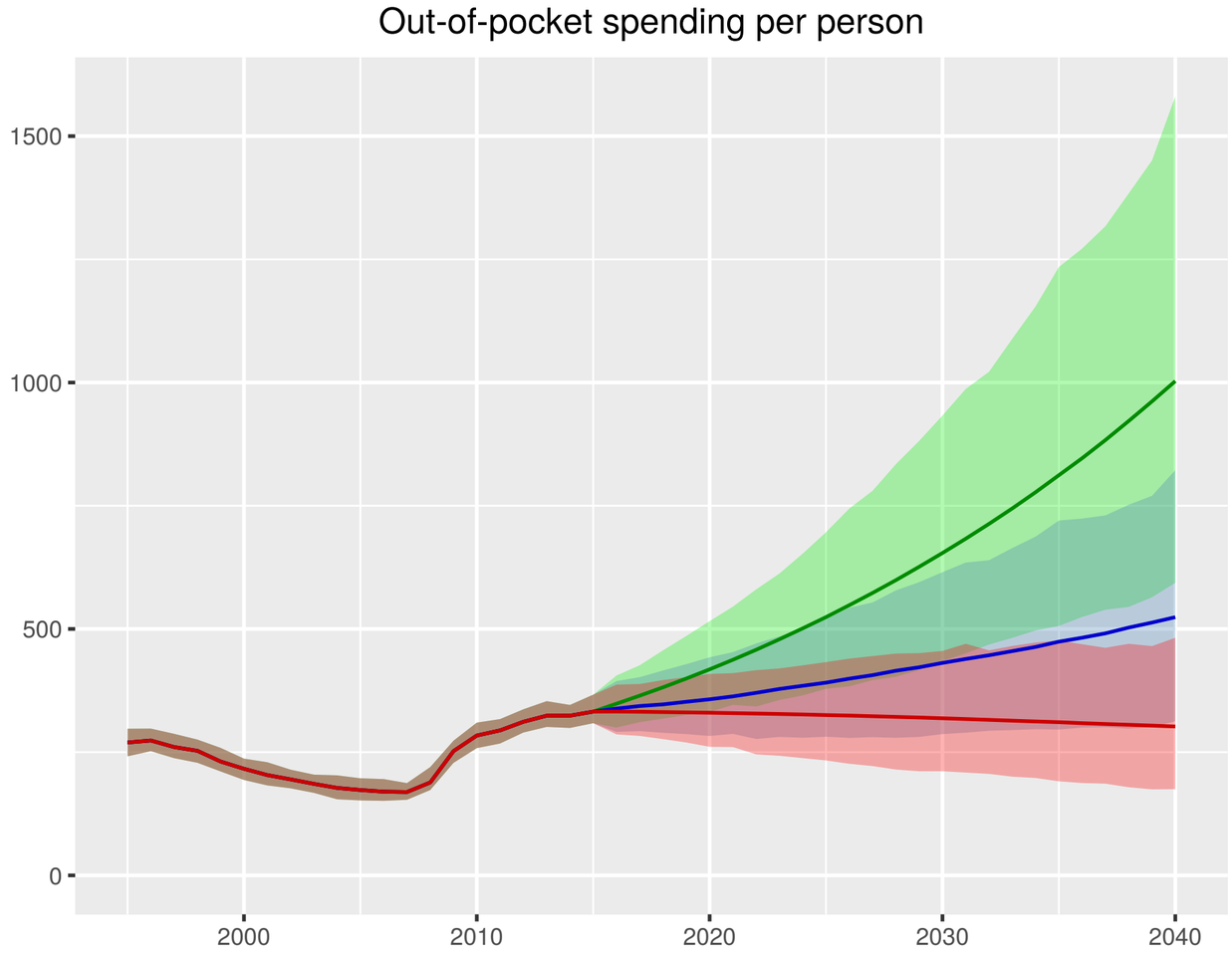
Development assistance for health received per person



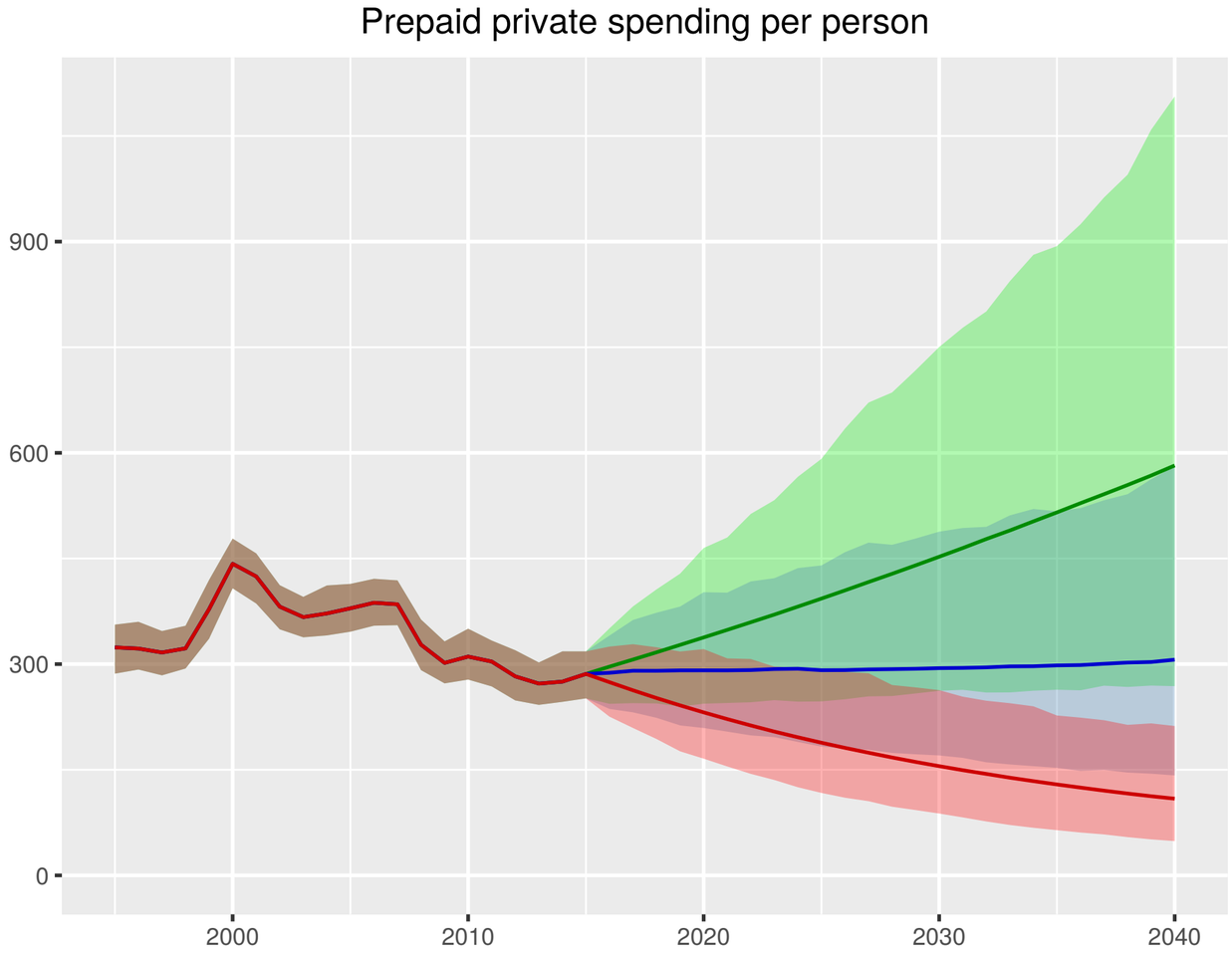
Government health spending per person



Out-of-pocket spending per person



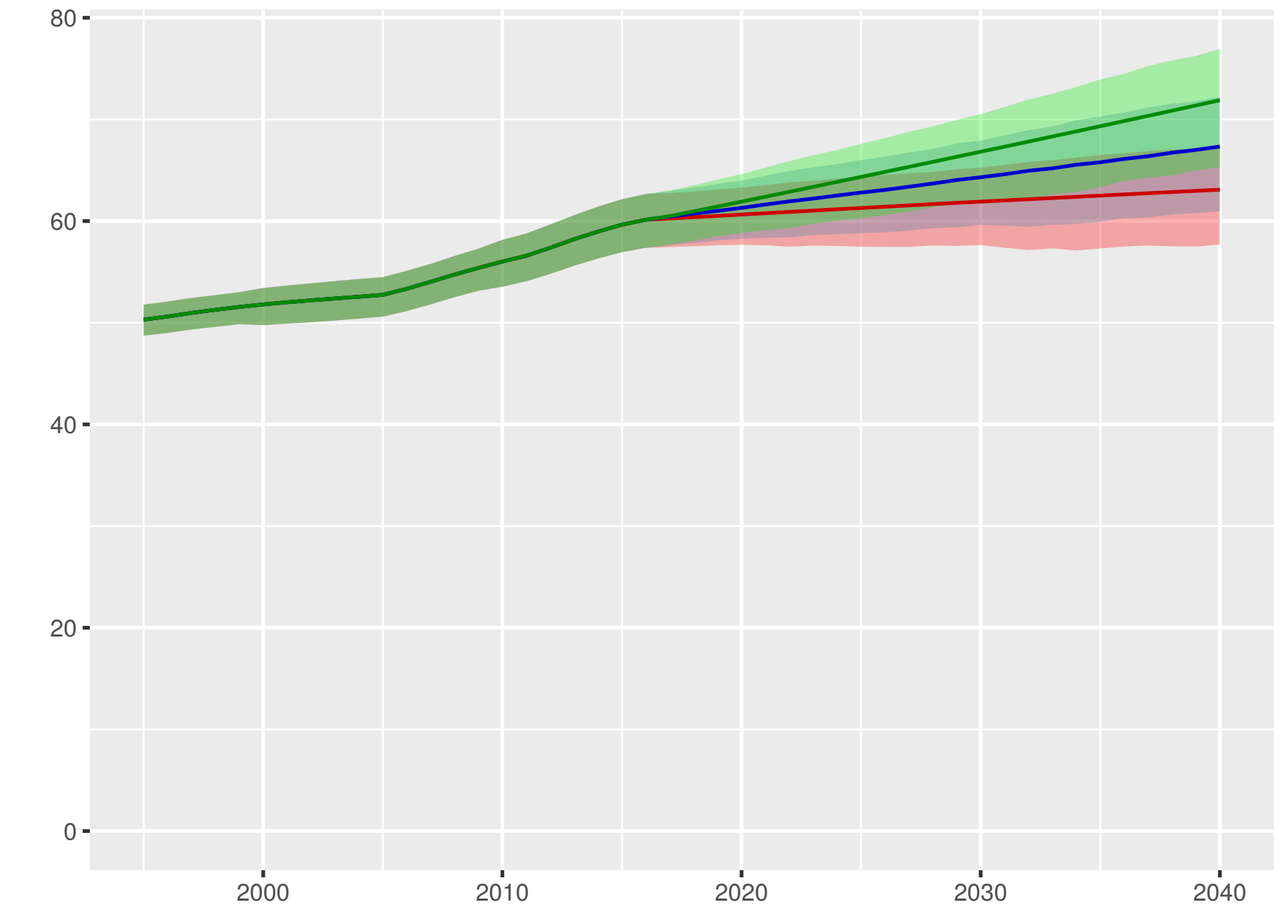
Prepaid private spending per person



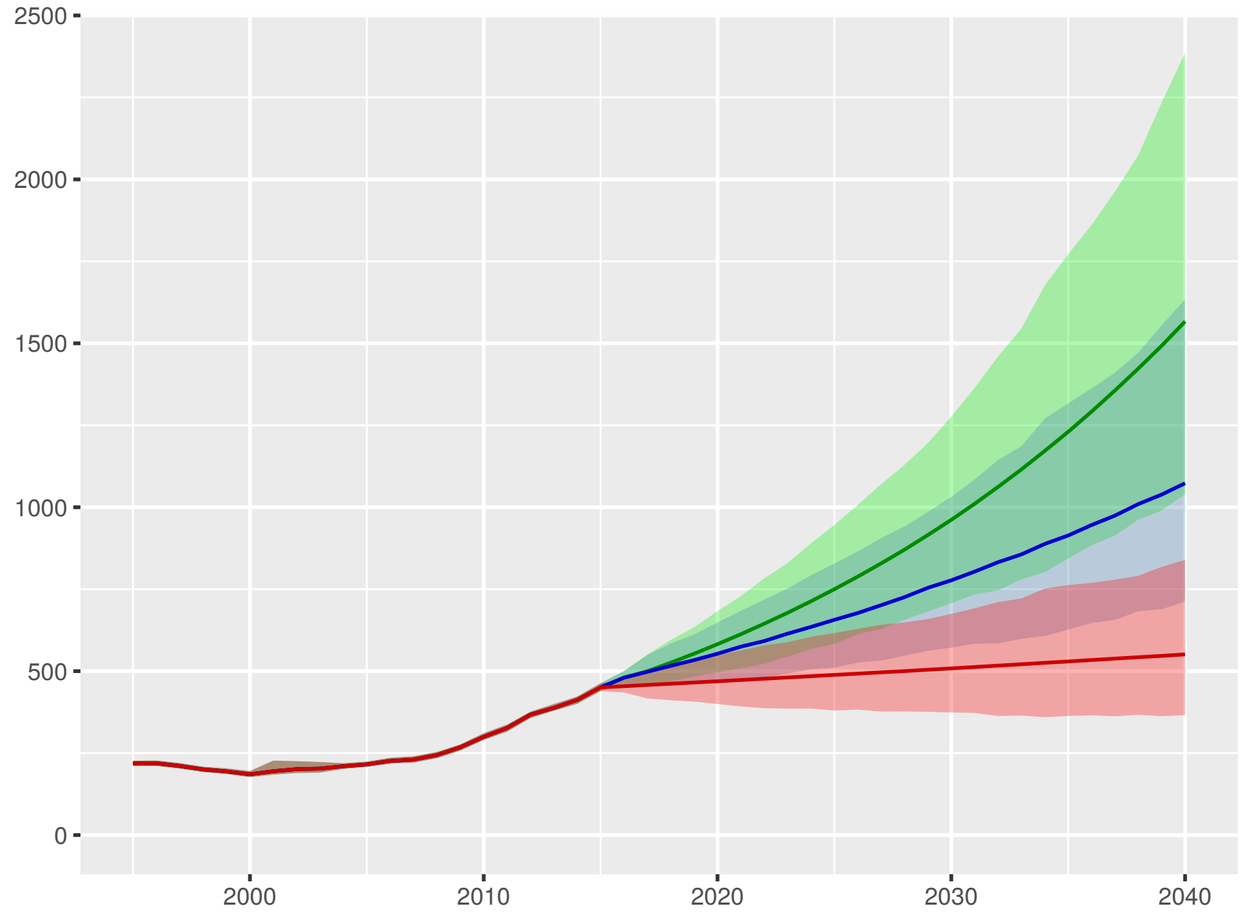
Scenario — Better — Reference — Worse

Uzbekistan

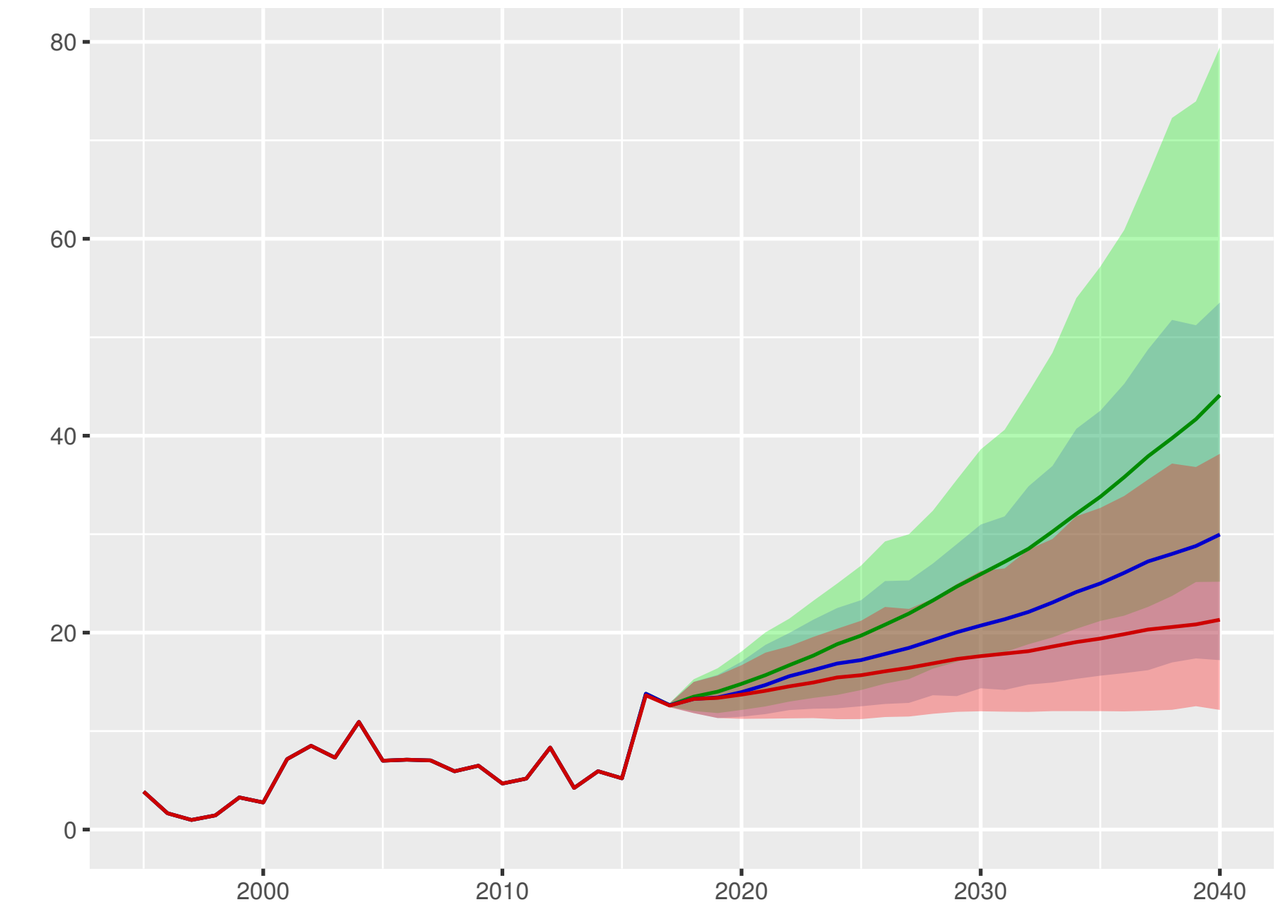
Universal health coverage index



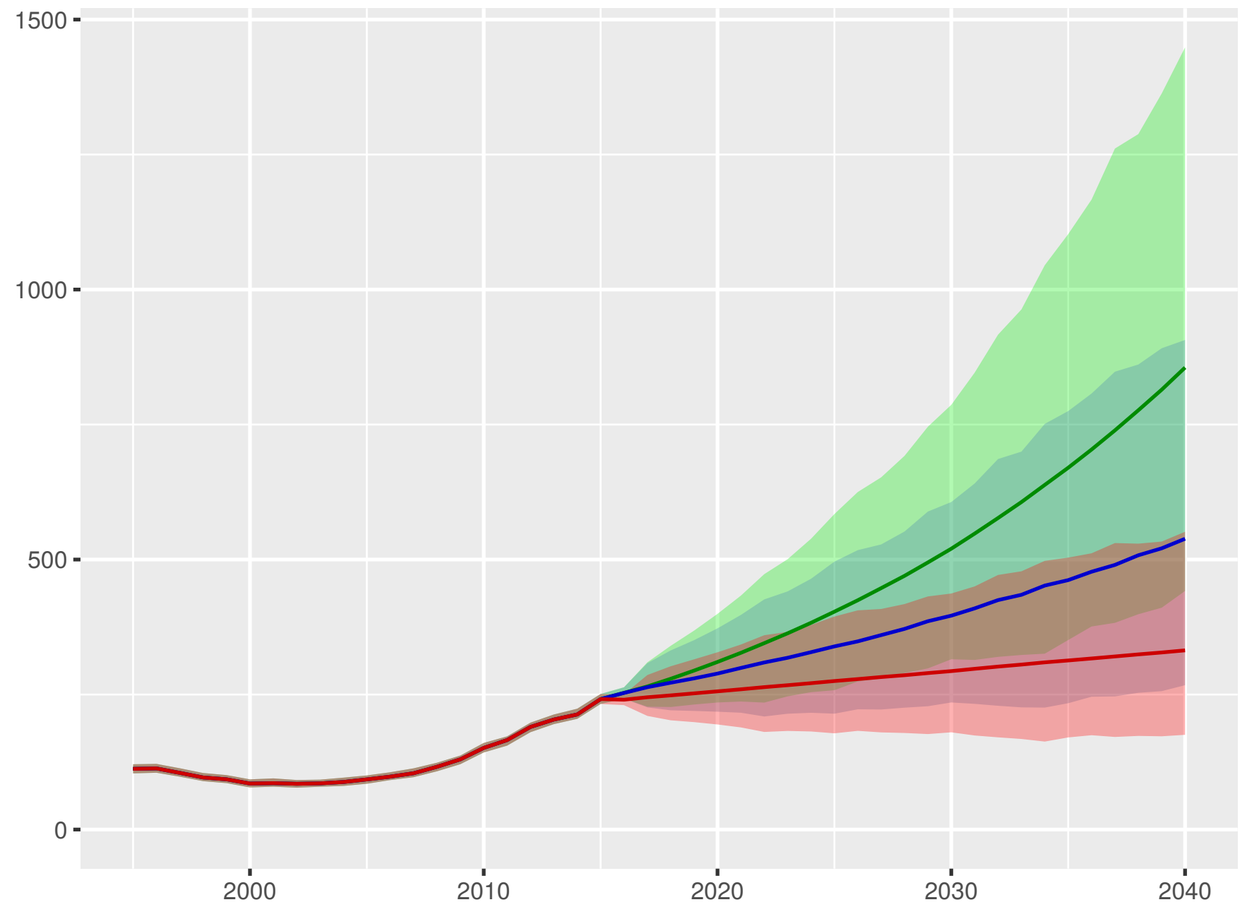
Total health spending per person



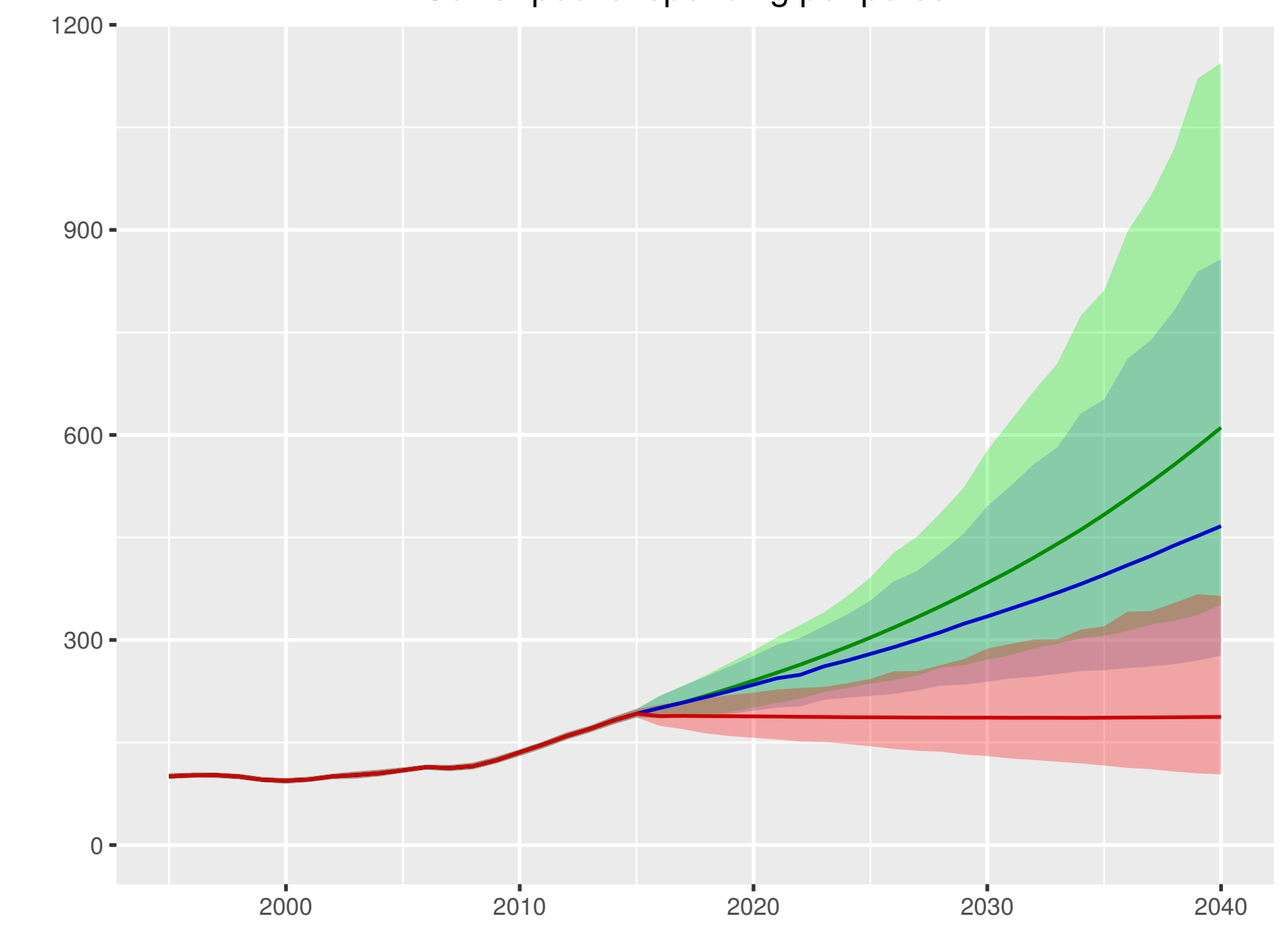
Development assistance for health received per person



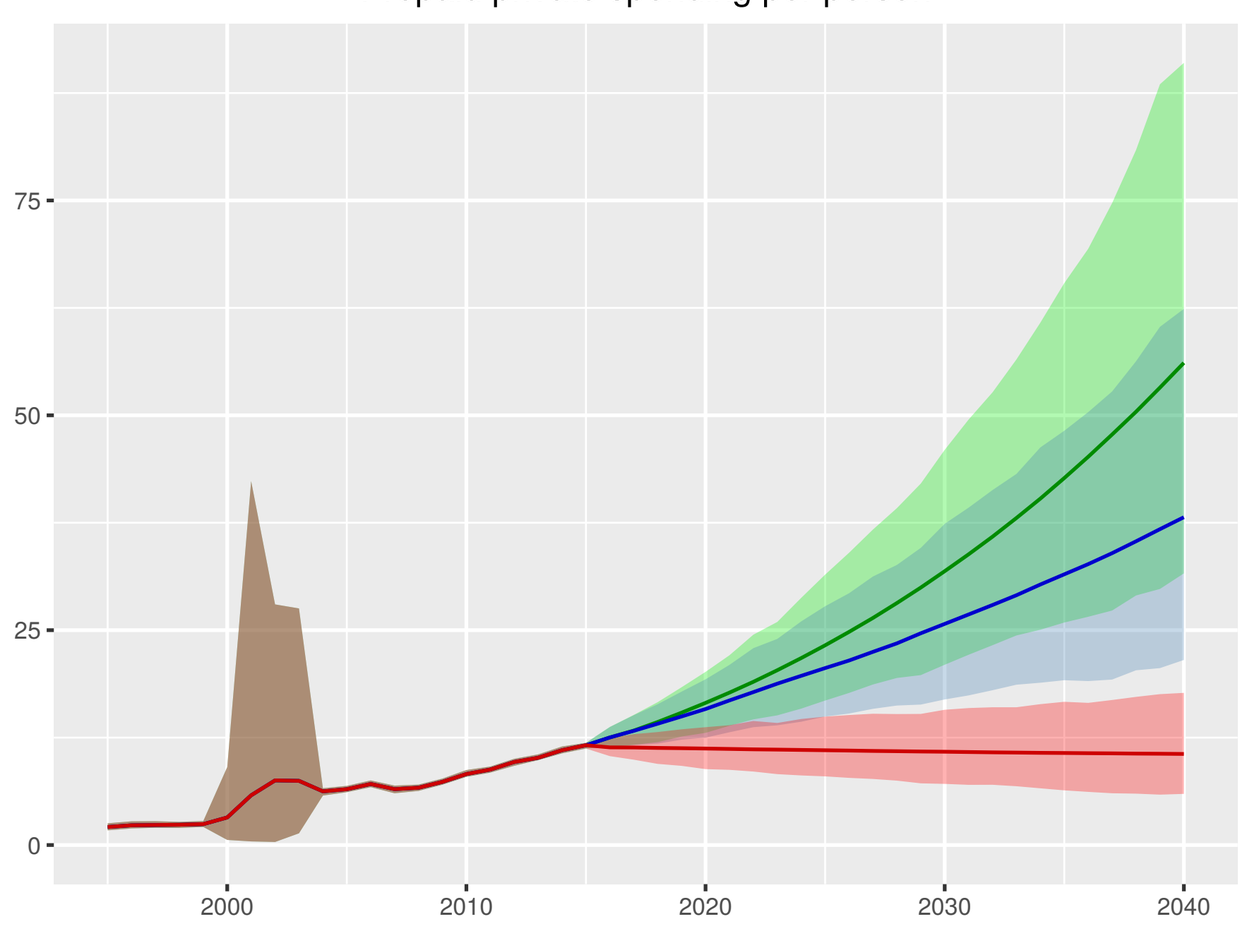
Government health spending per person



Out-of-pocket spending per person



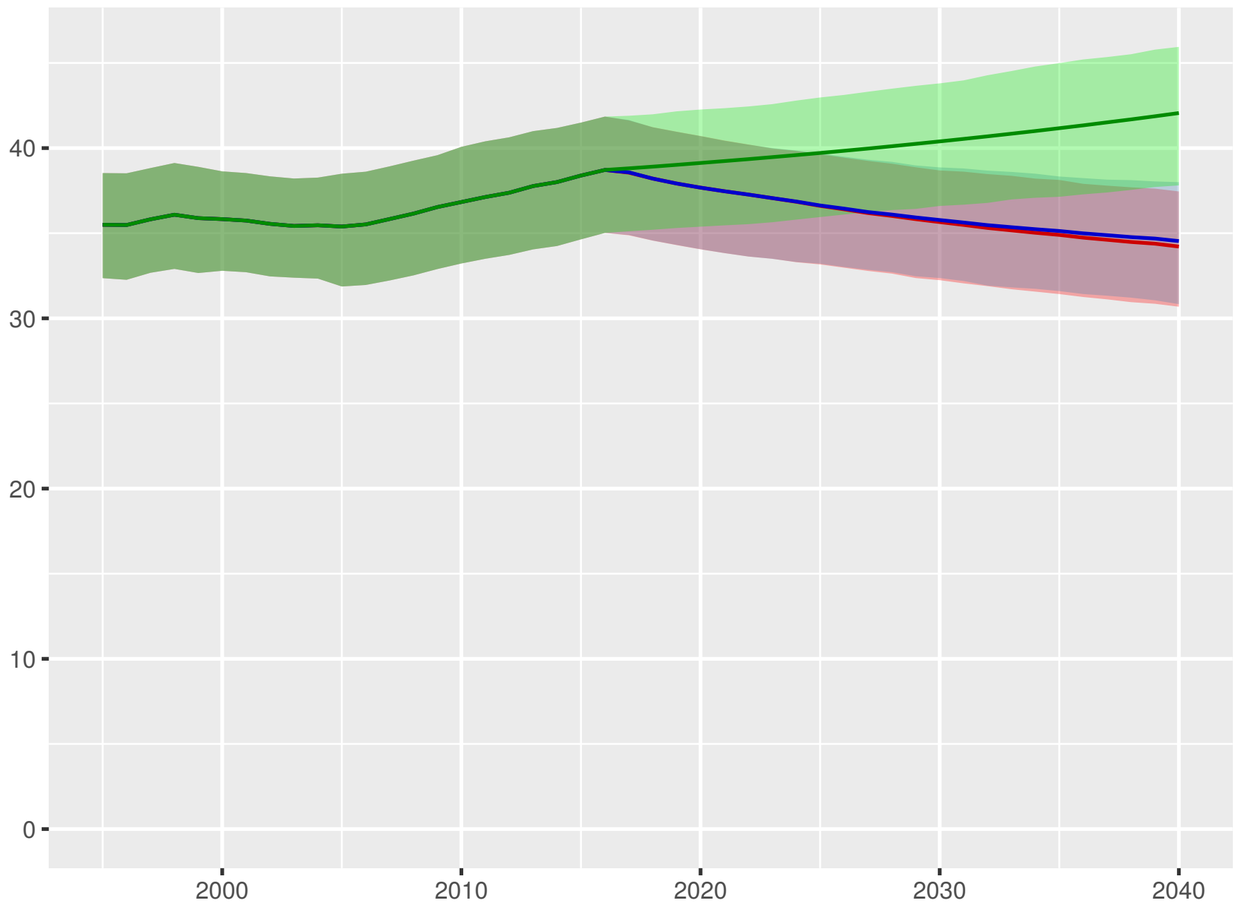
Prepaid private spending per person



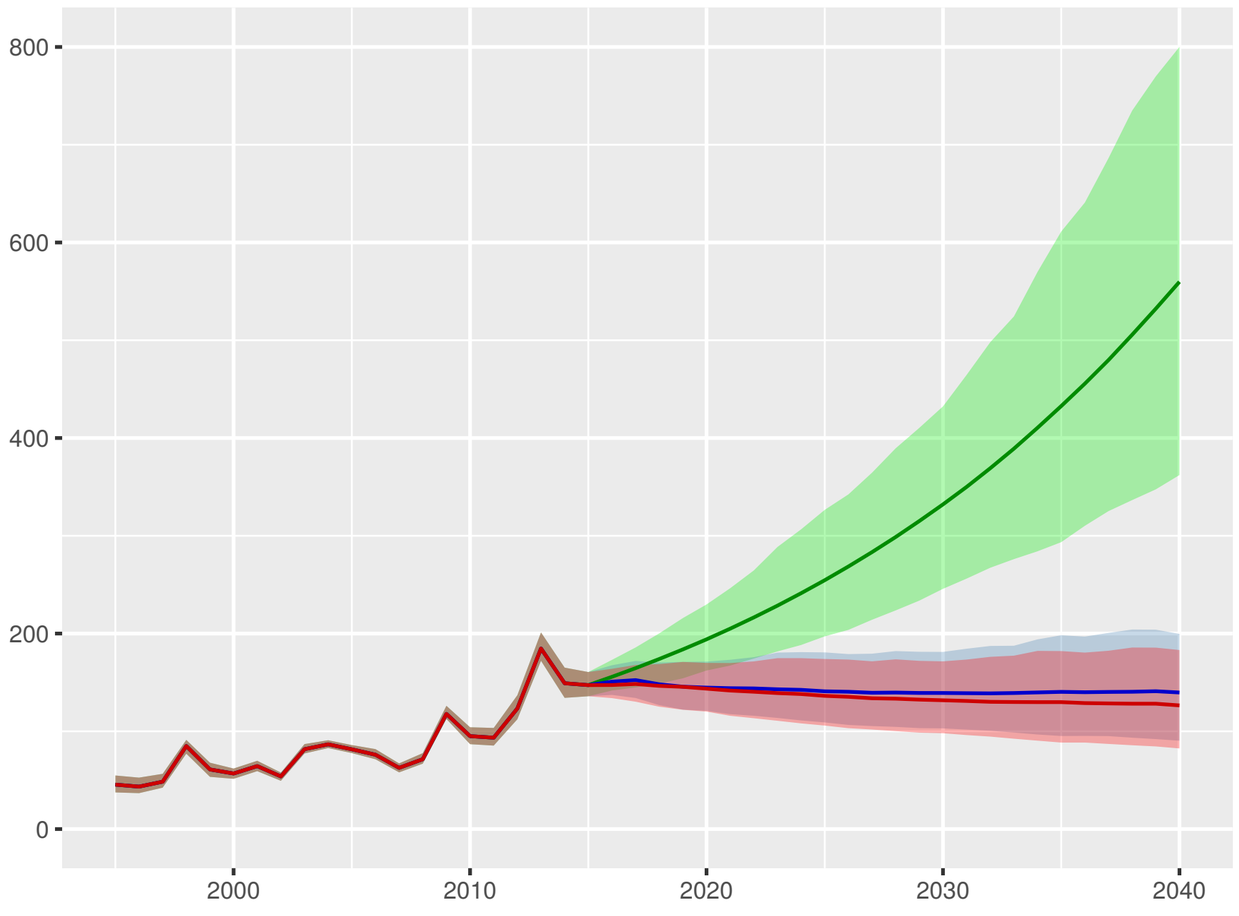
Scenario — Better — Reference — Worse

Vanuatu

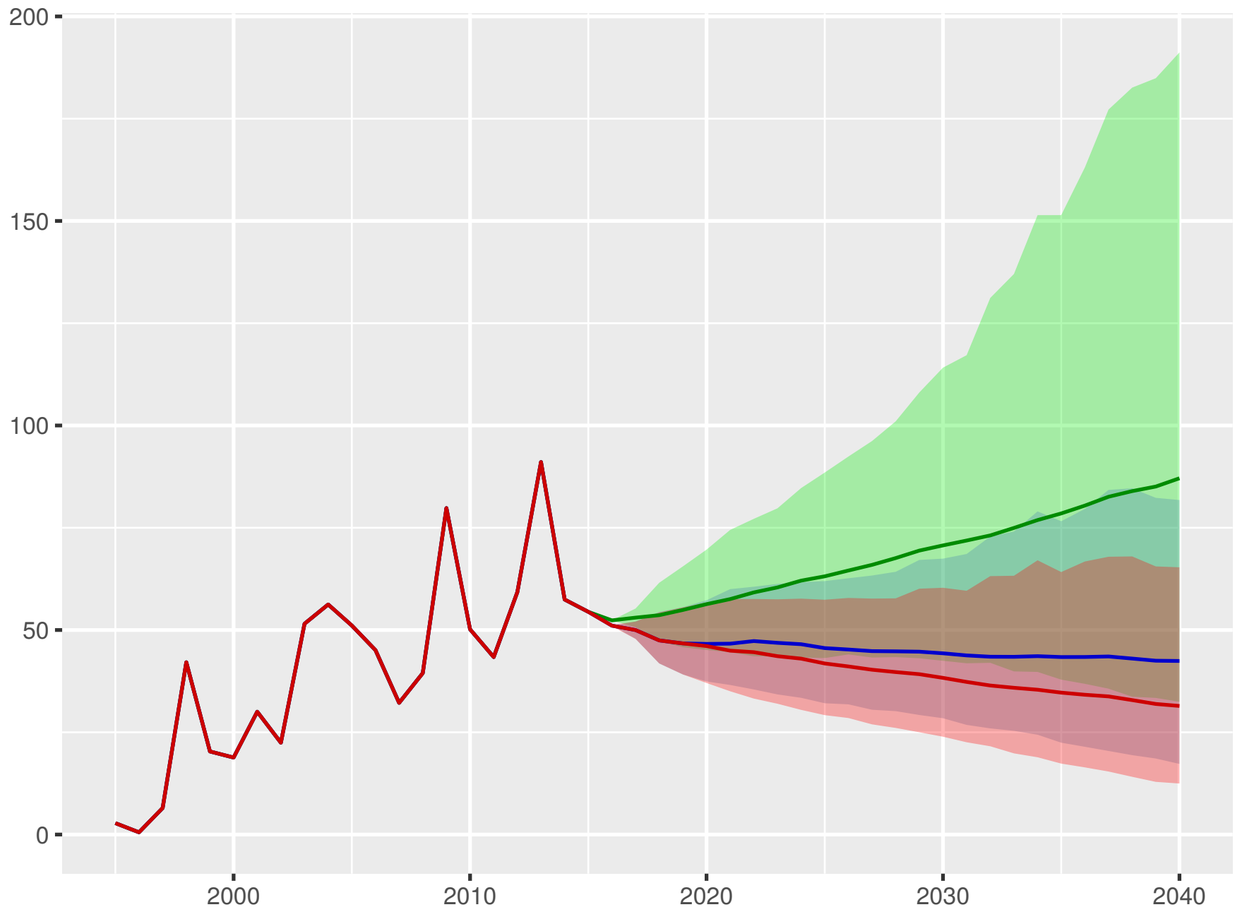
Universal health coverage index



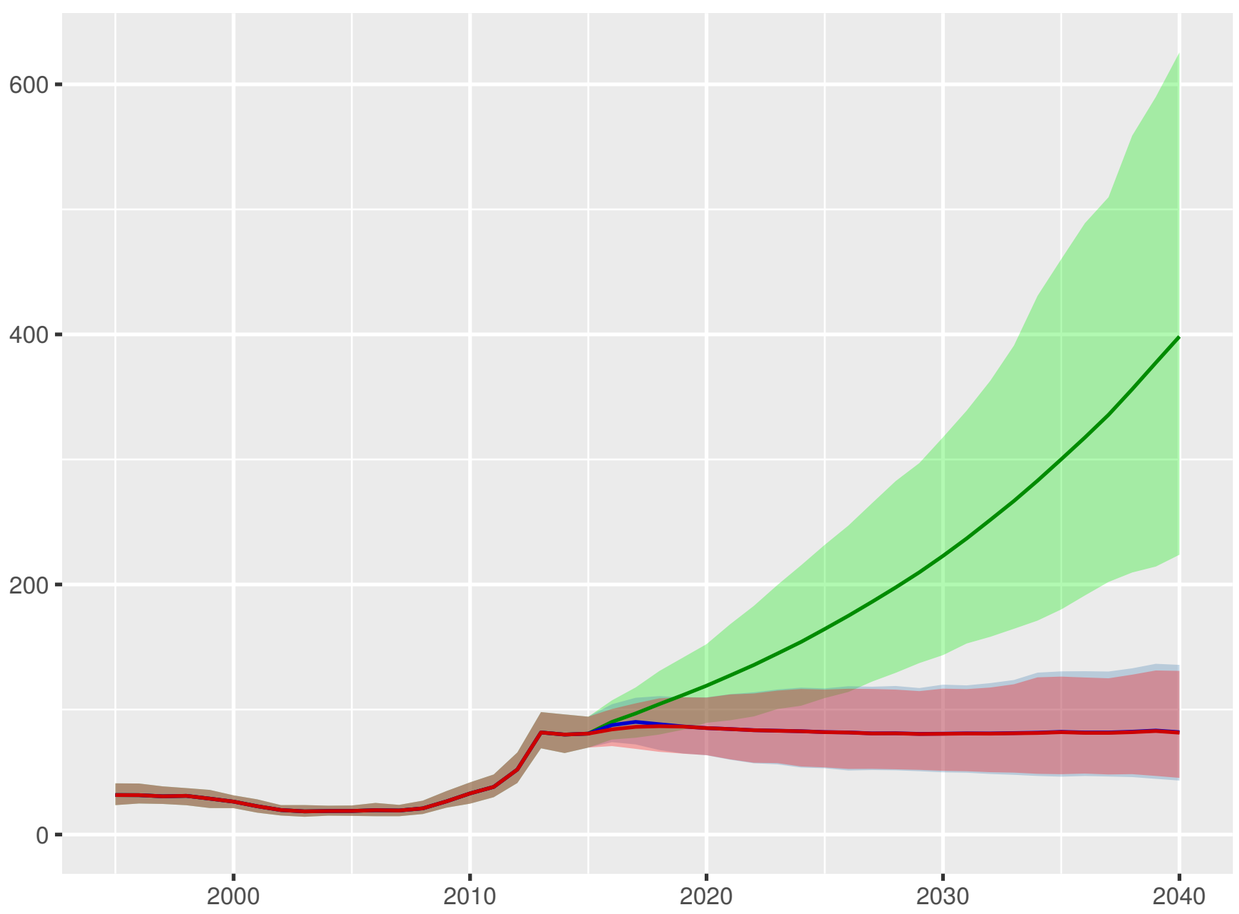
Total health spending per person



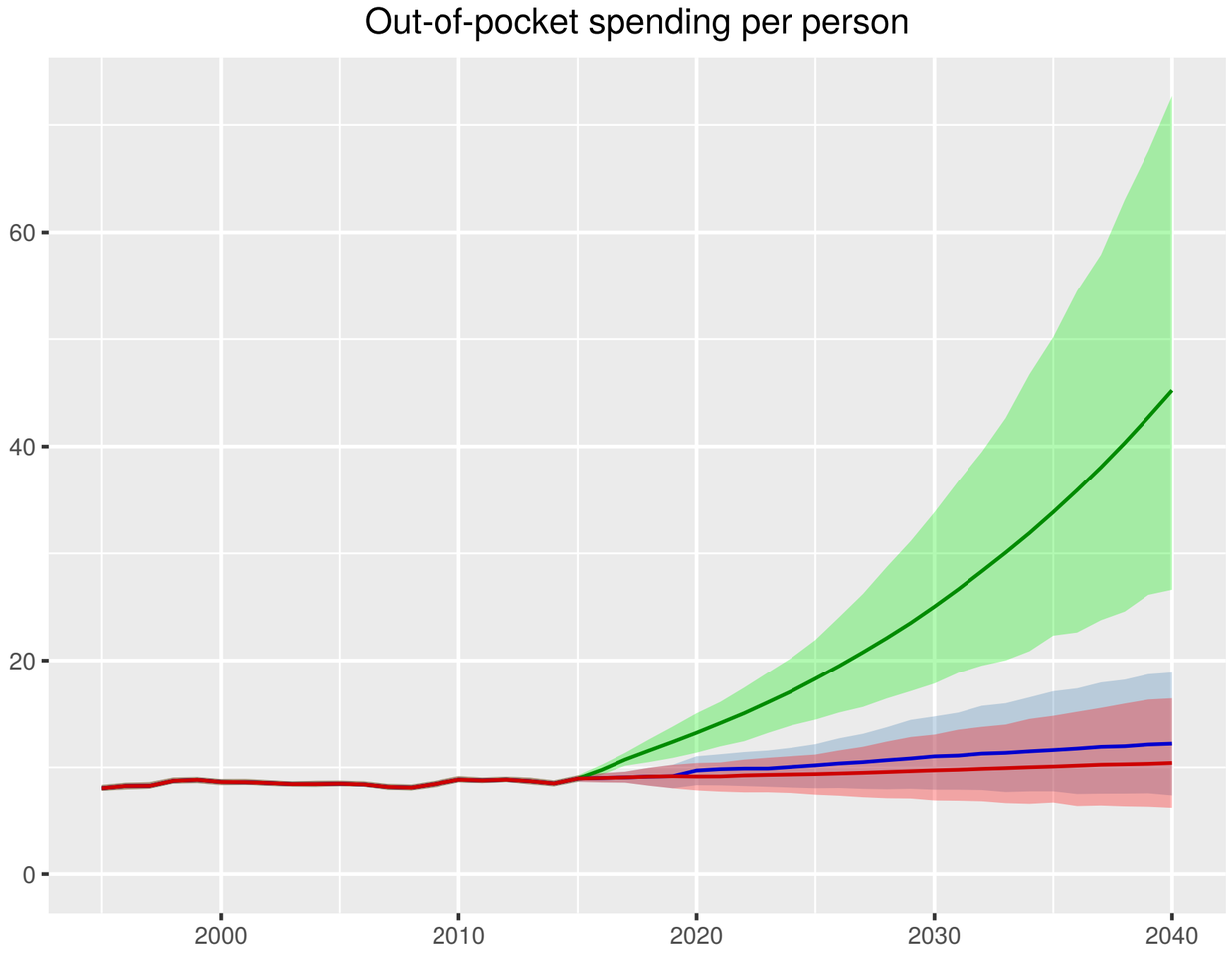
Development assistance for health received per person



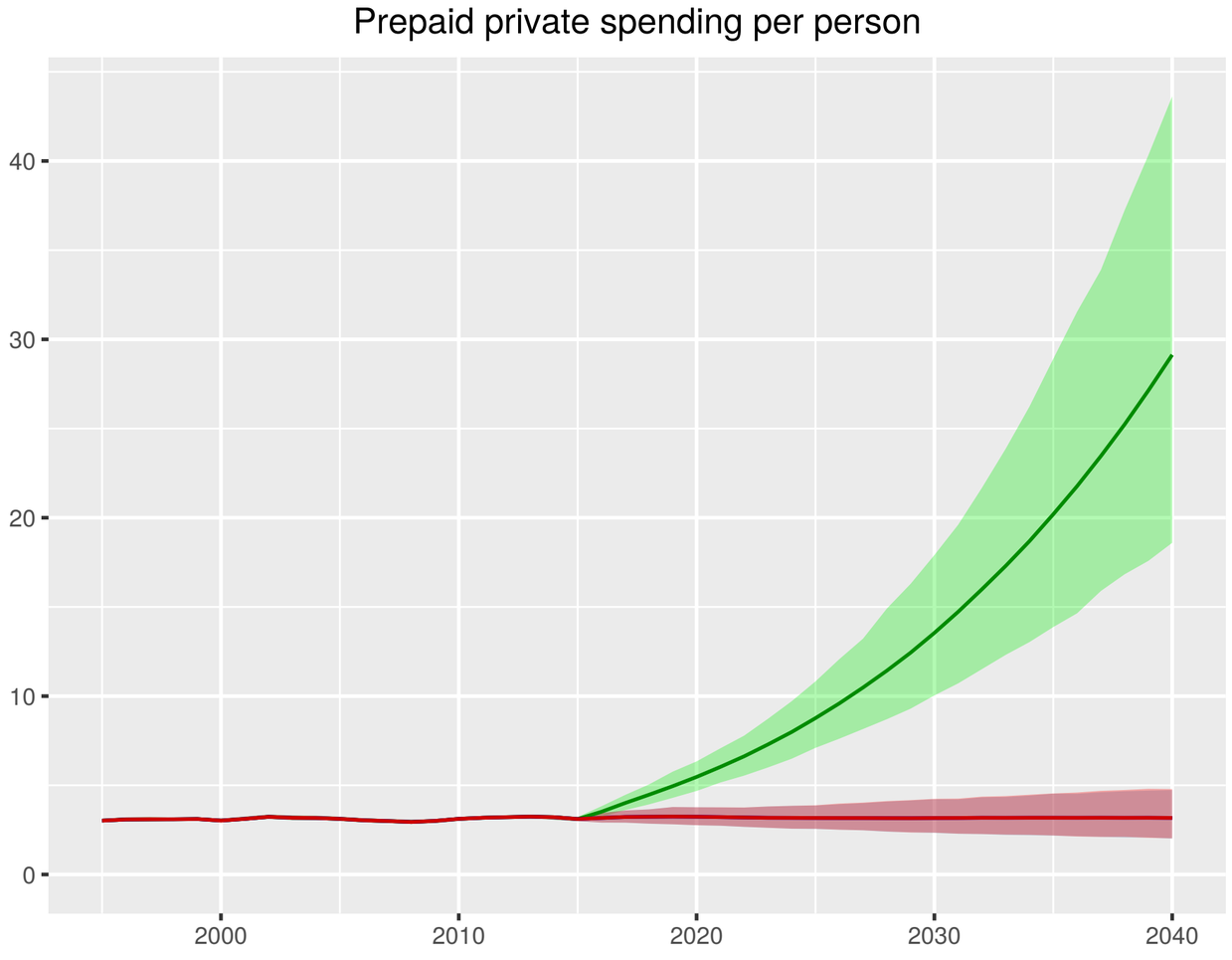
Government health spending per person



Out-of-pocket spending per person



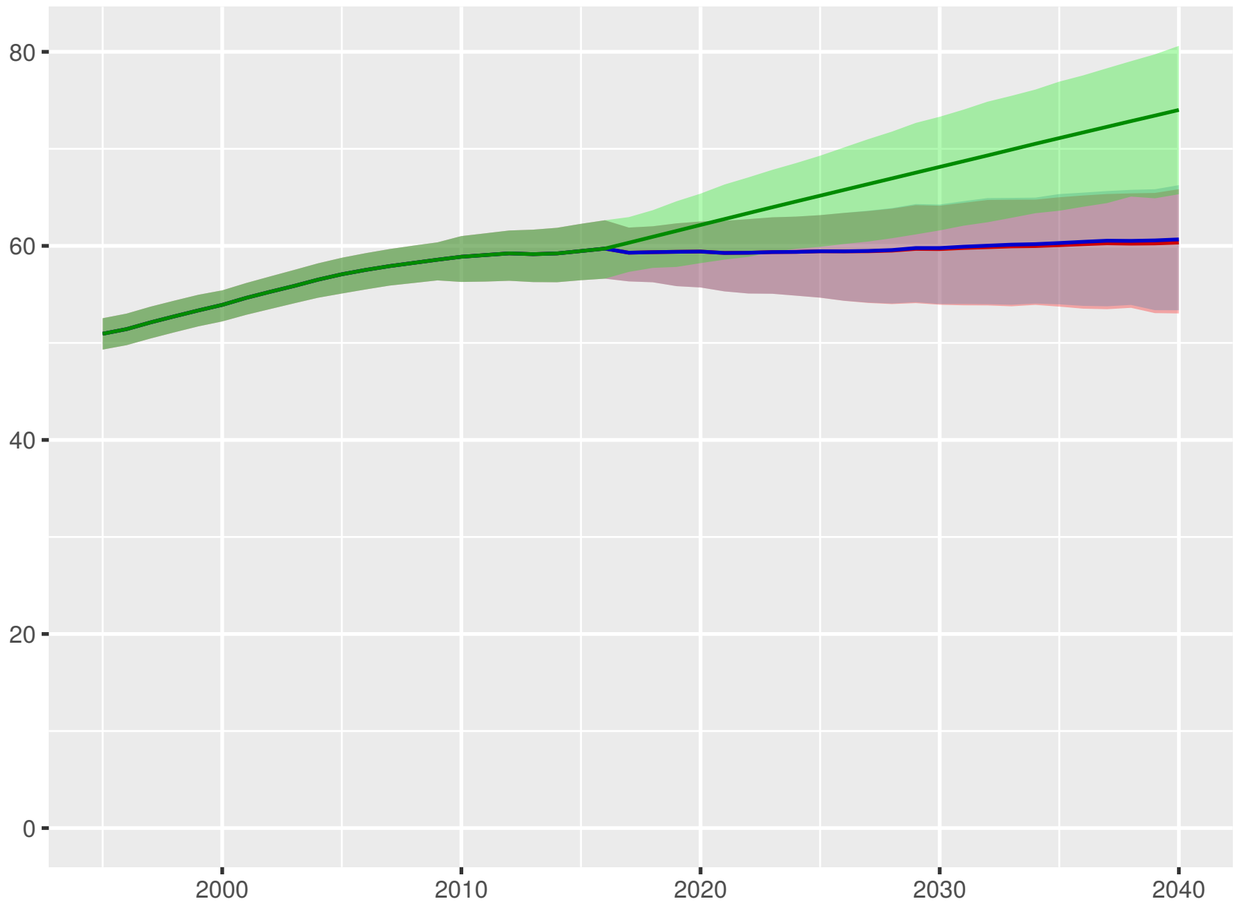
Prepaid private spending per person



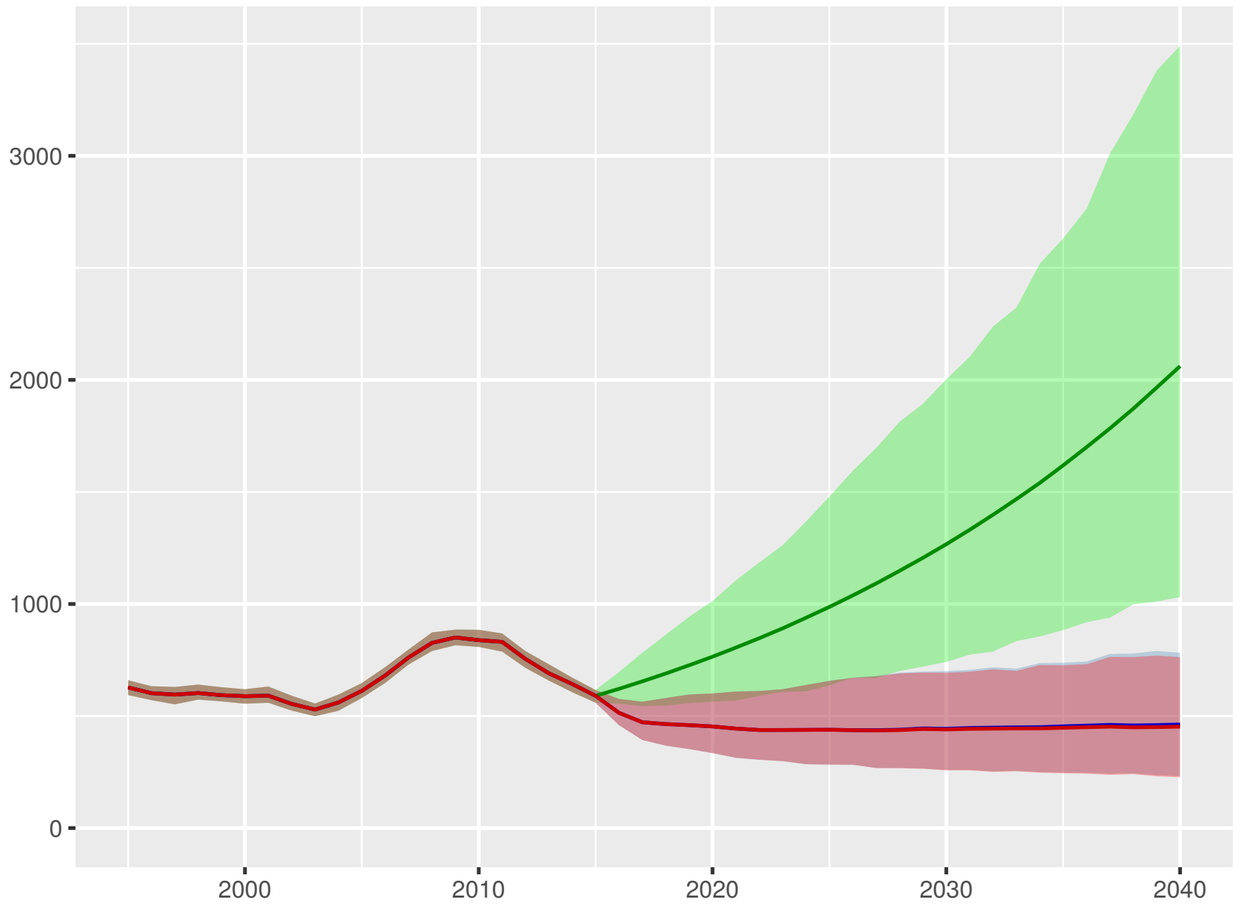
Scenario — Better — Reference — Worse

Venezuela

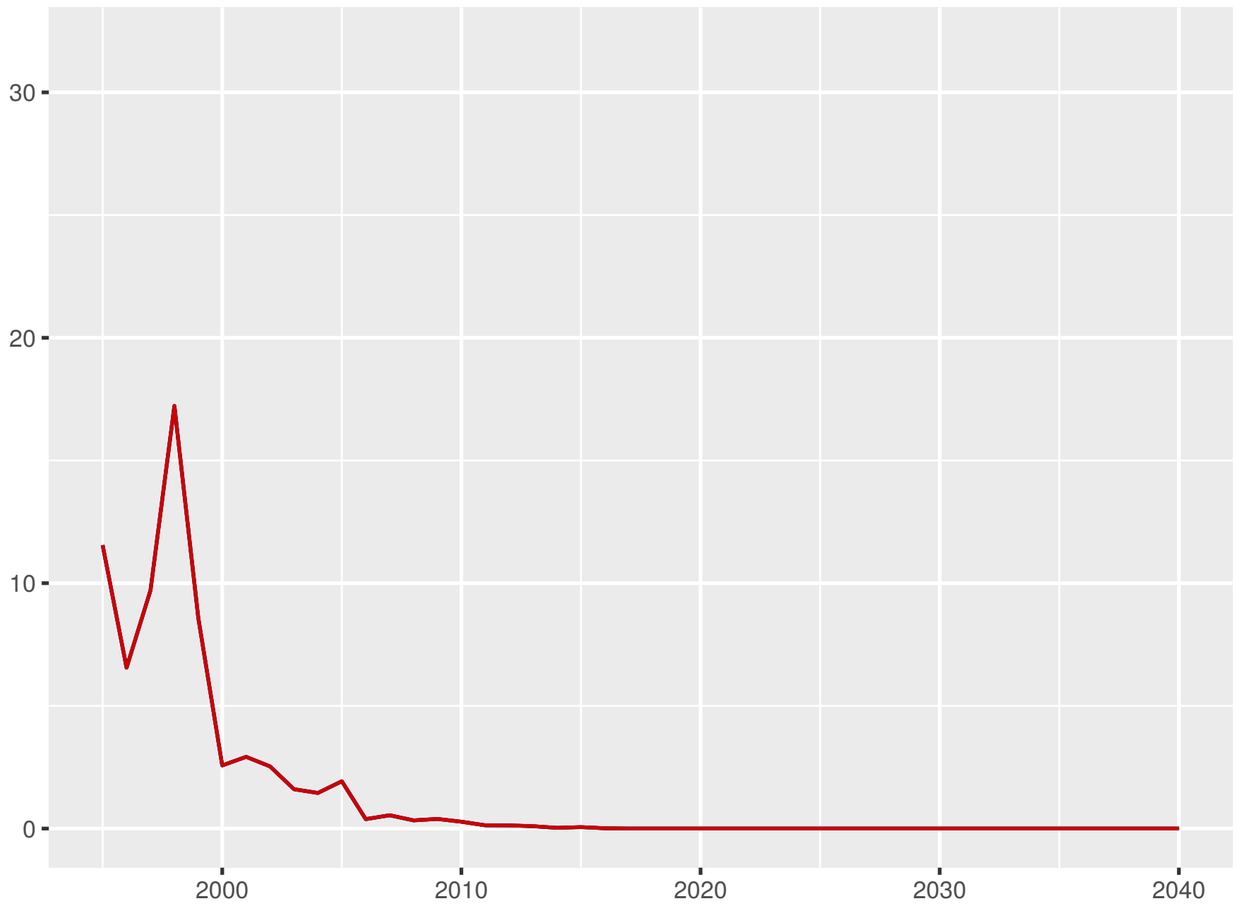
Universal health coverage index



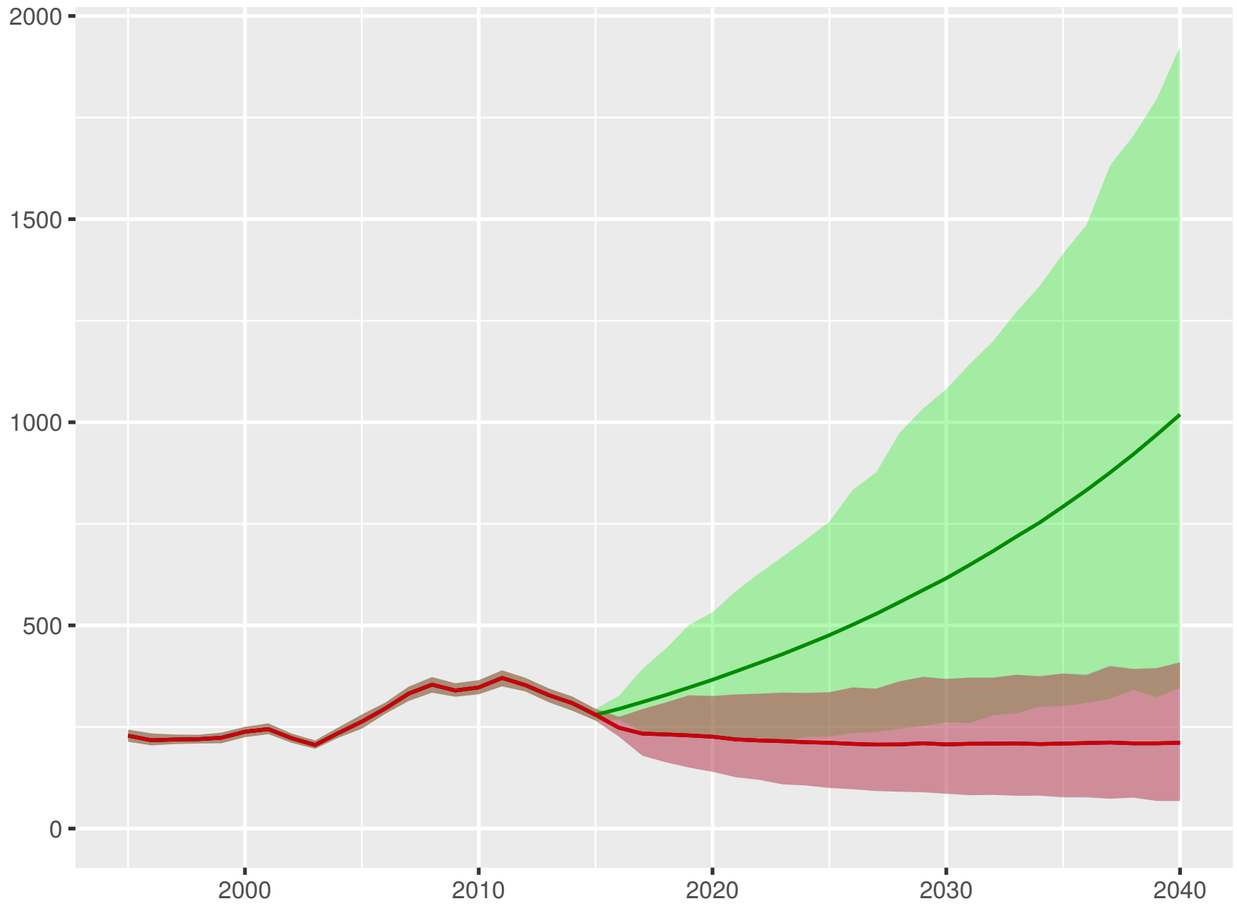
Total health spending per person



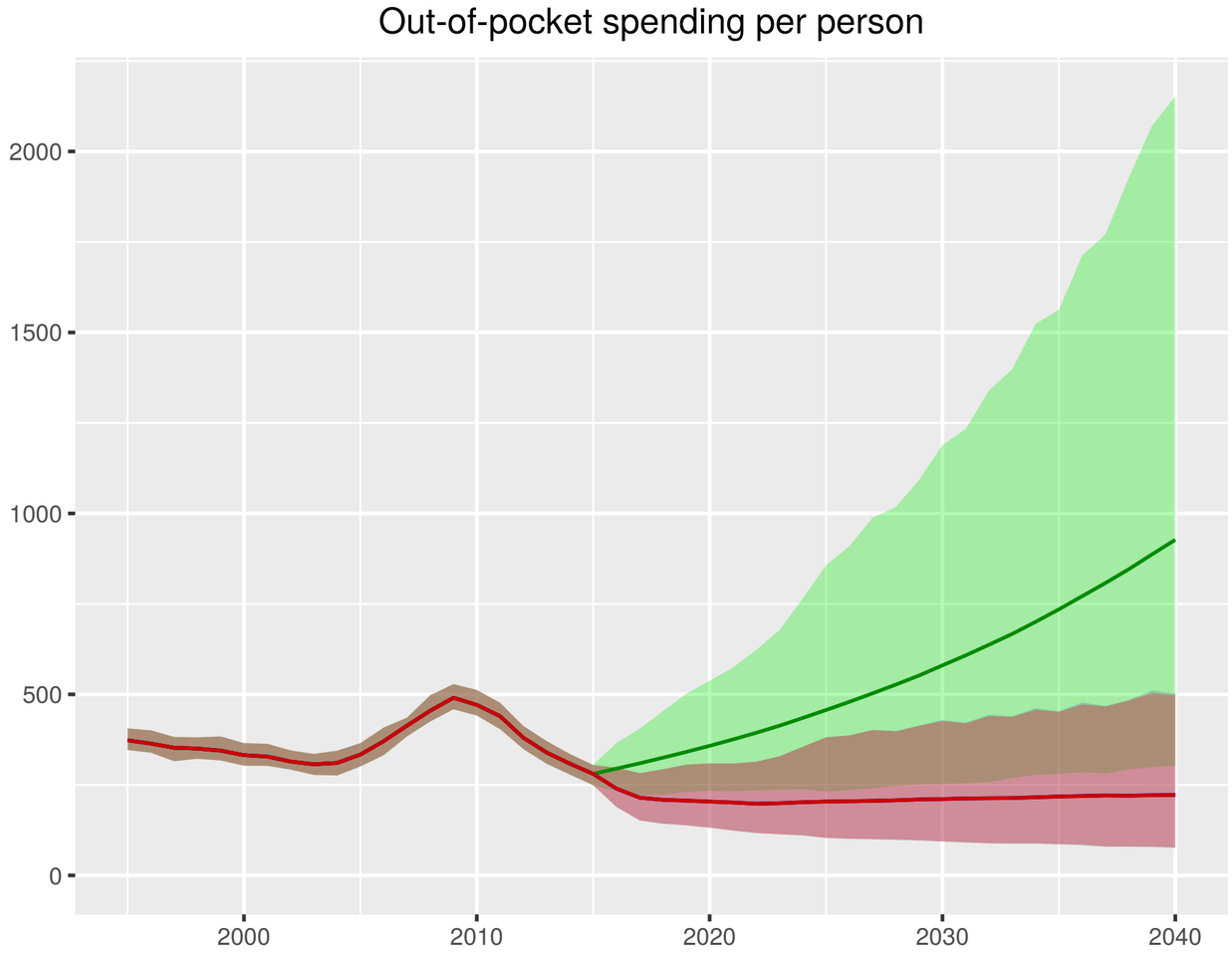
Development assistance for health received per person



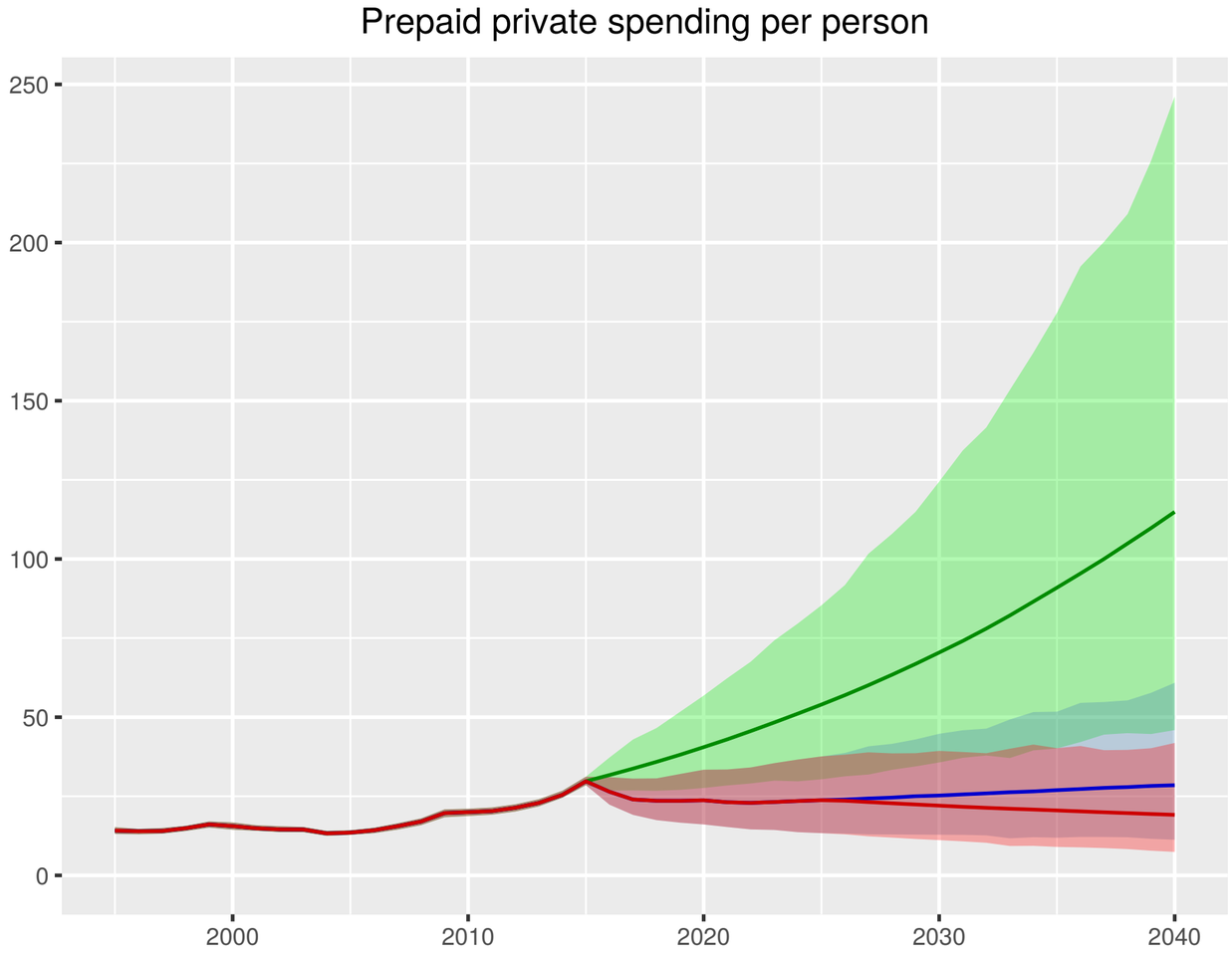
Government health spending per person



Out-of-pocket spending per person



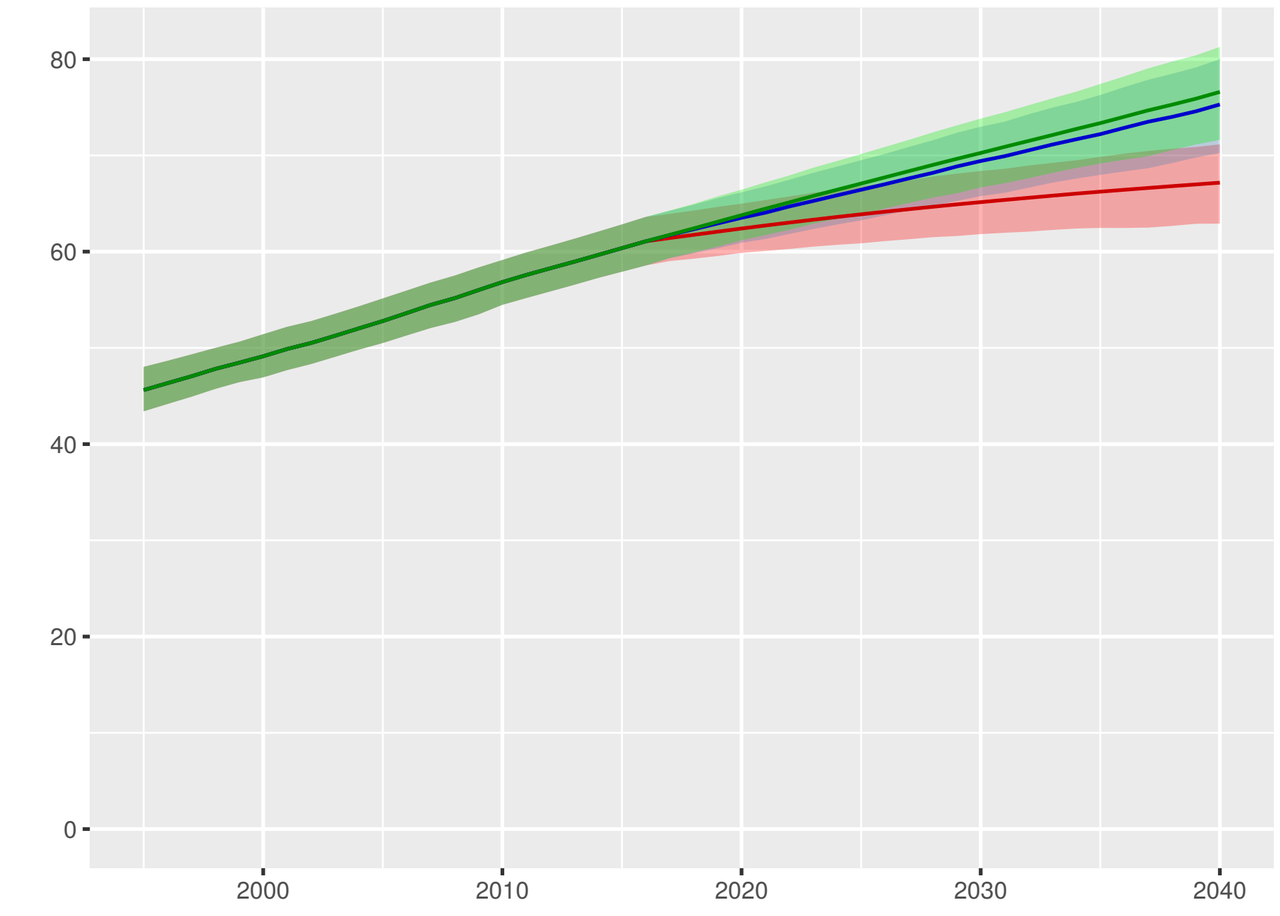
Prepaid private spending per person



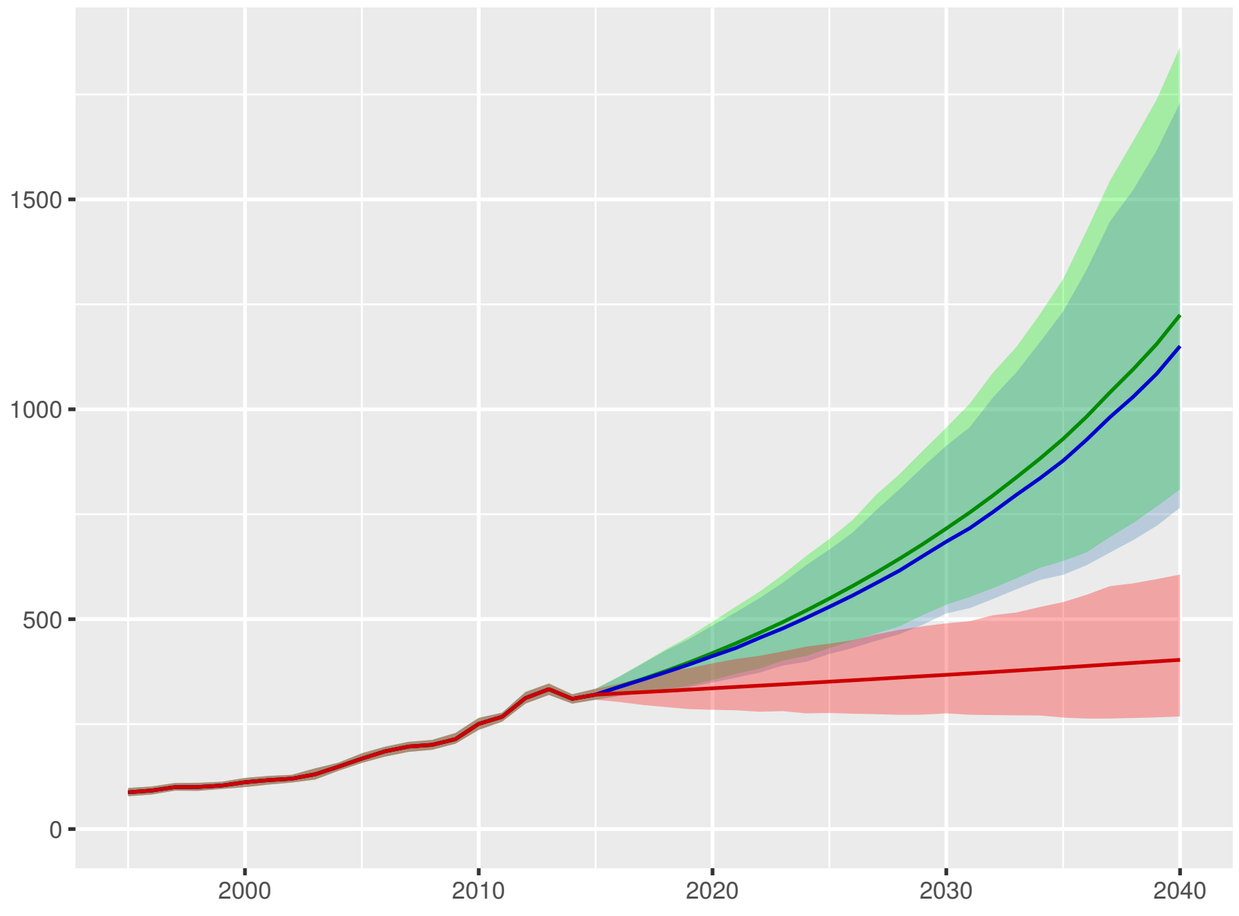
Scenario — Better — Reference — Worse

Vietnam

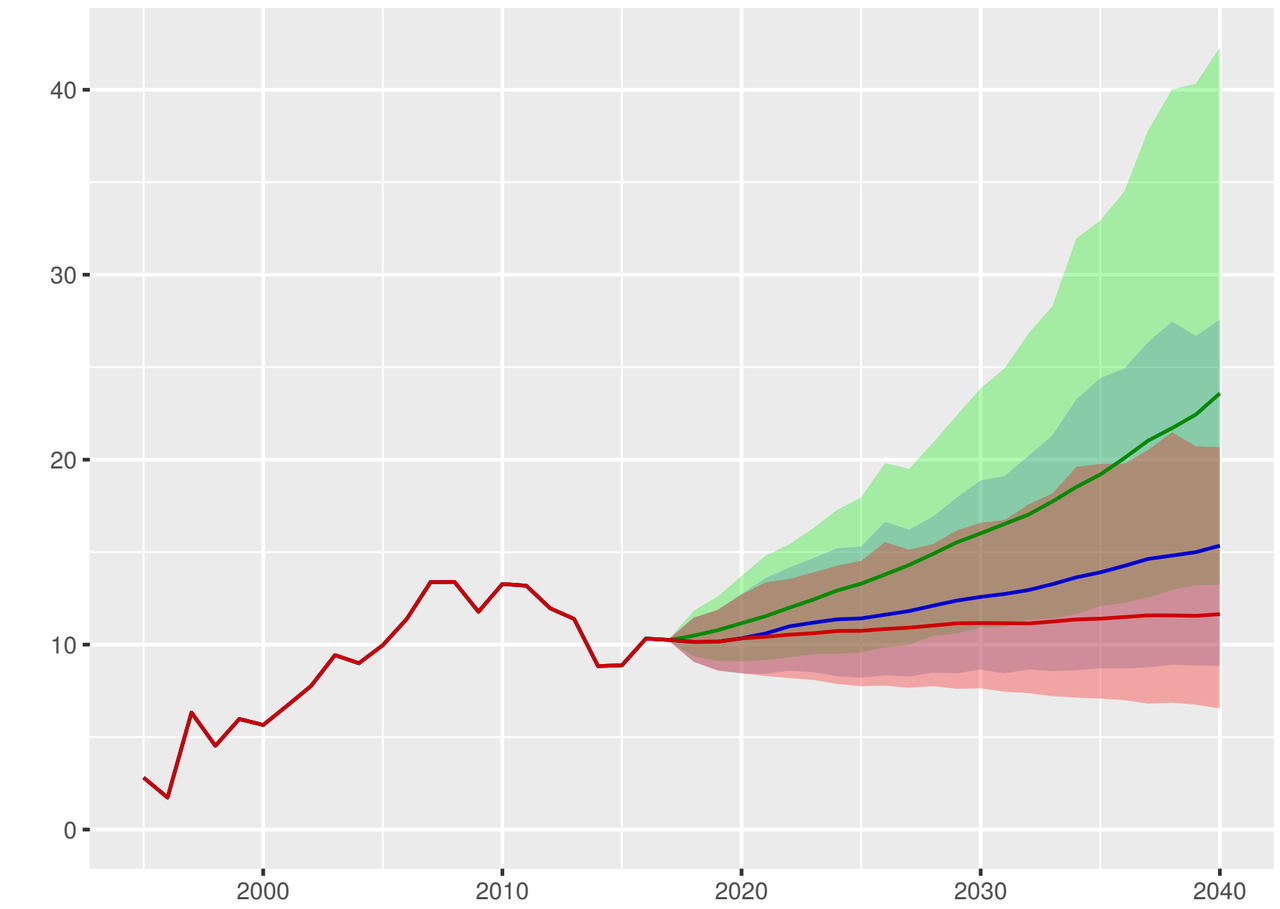
Universal health coverage index



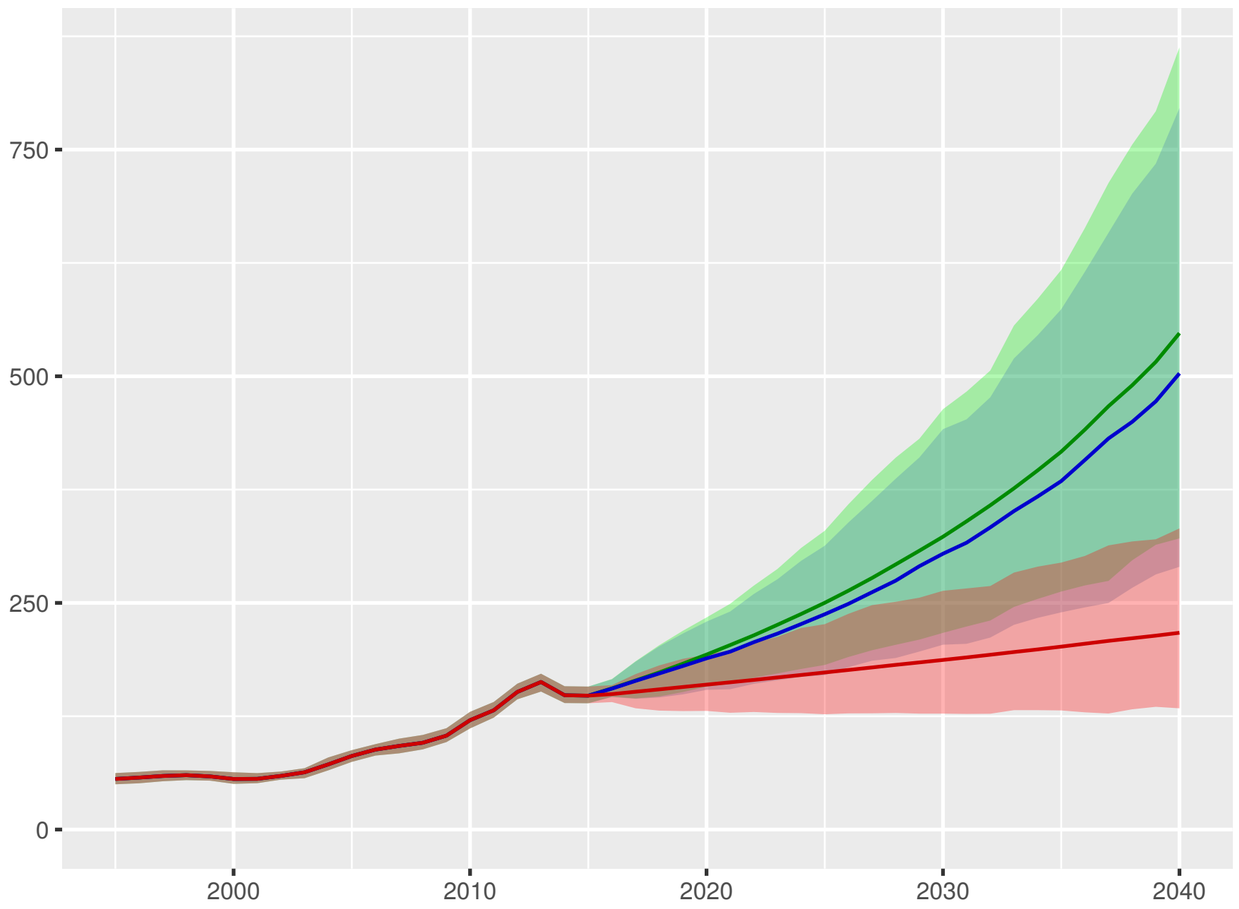
Total health spending per person



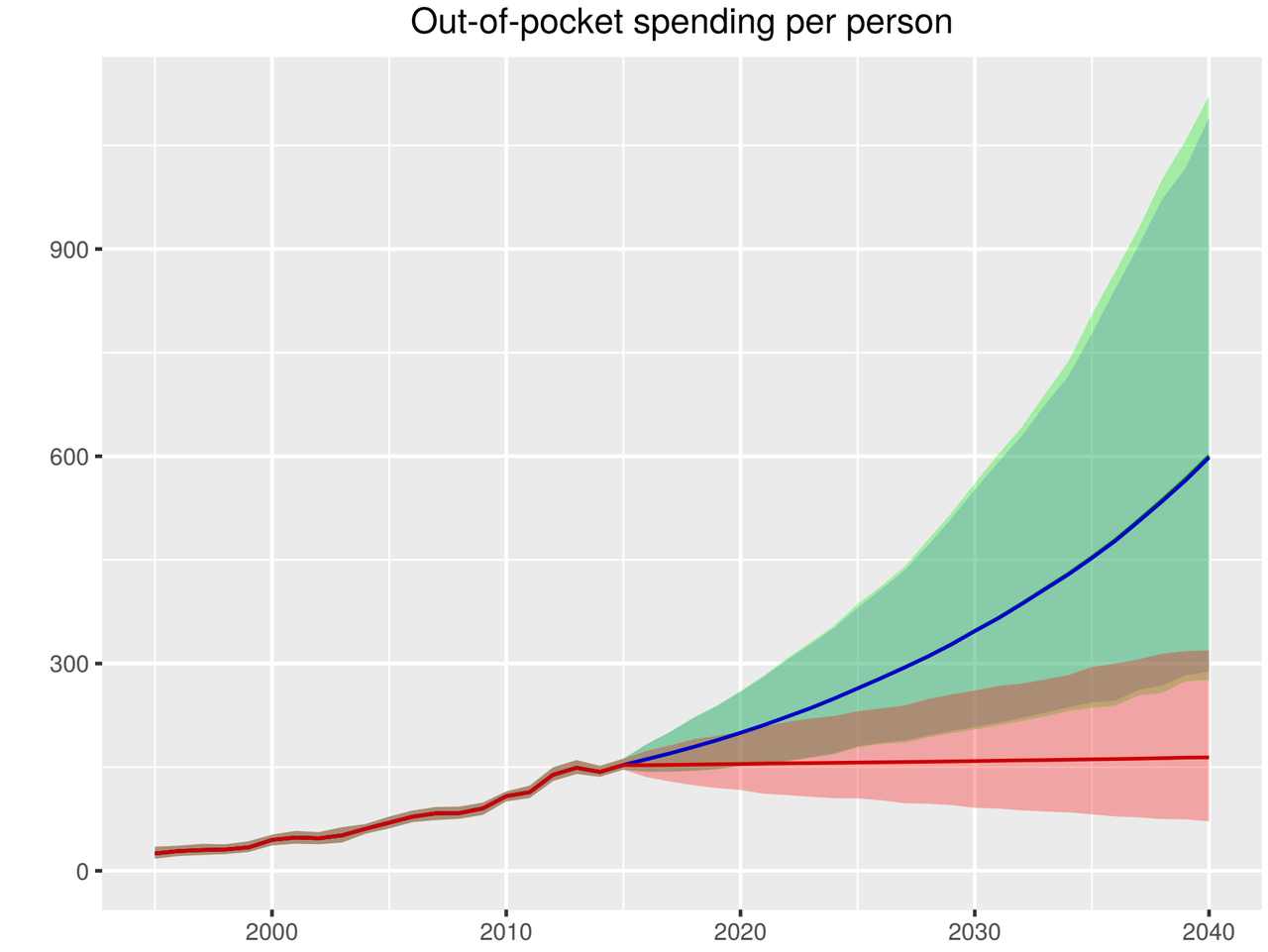
Development assistance for health received per person



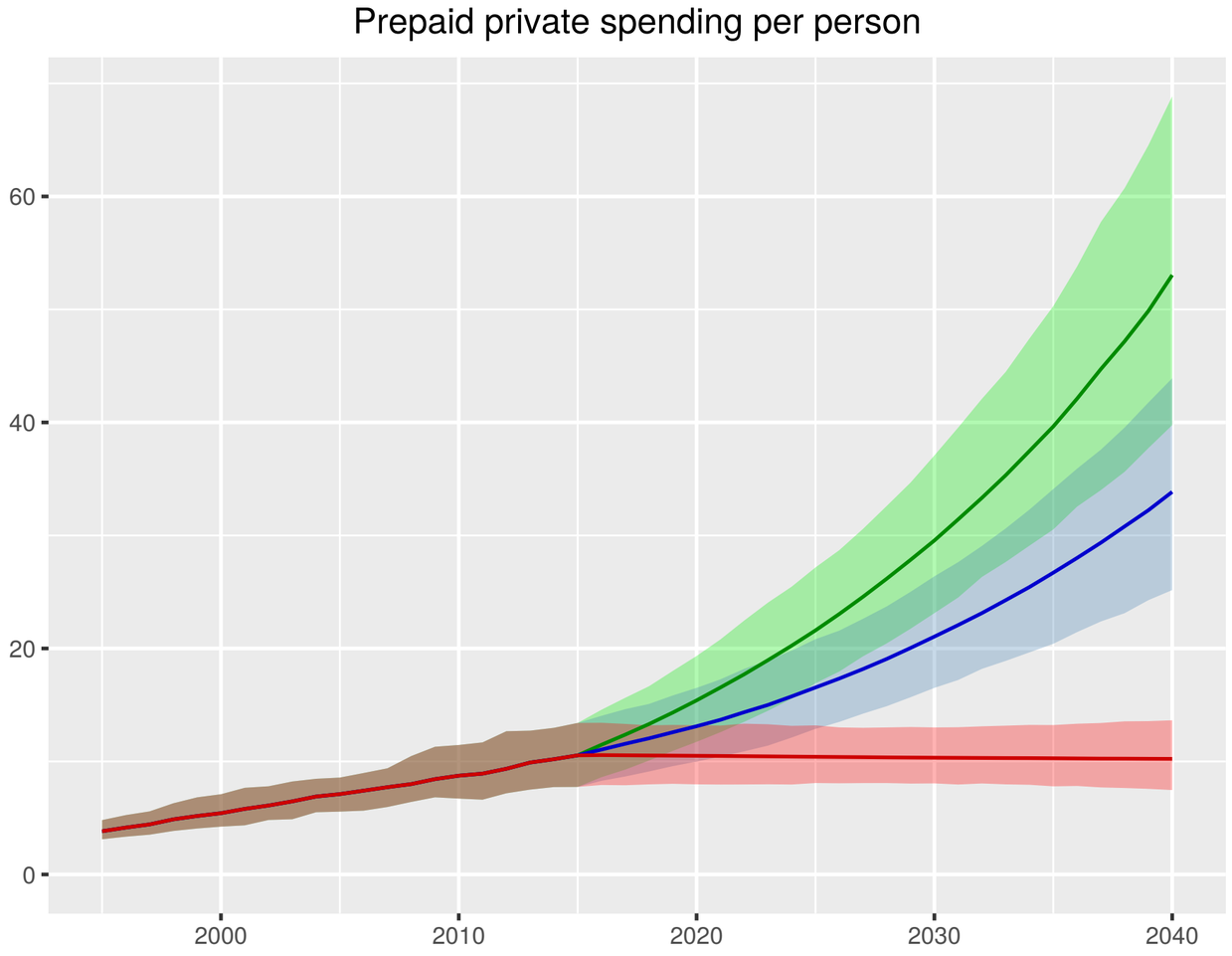
Government health spending per person



Out-of-pocket spending per person



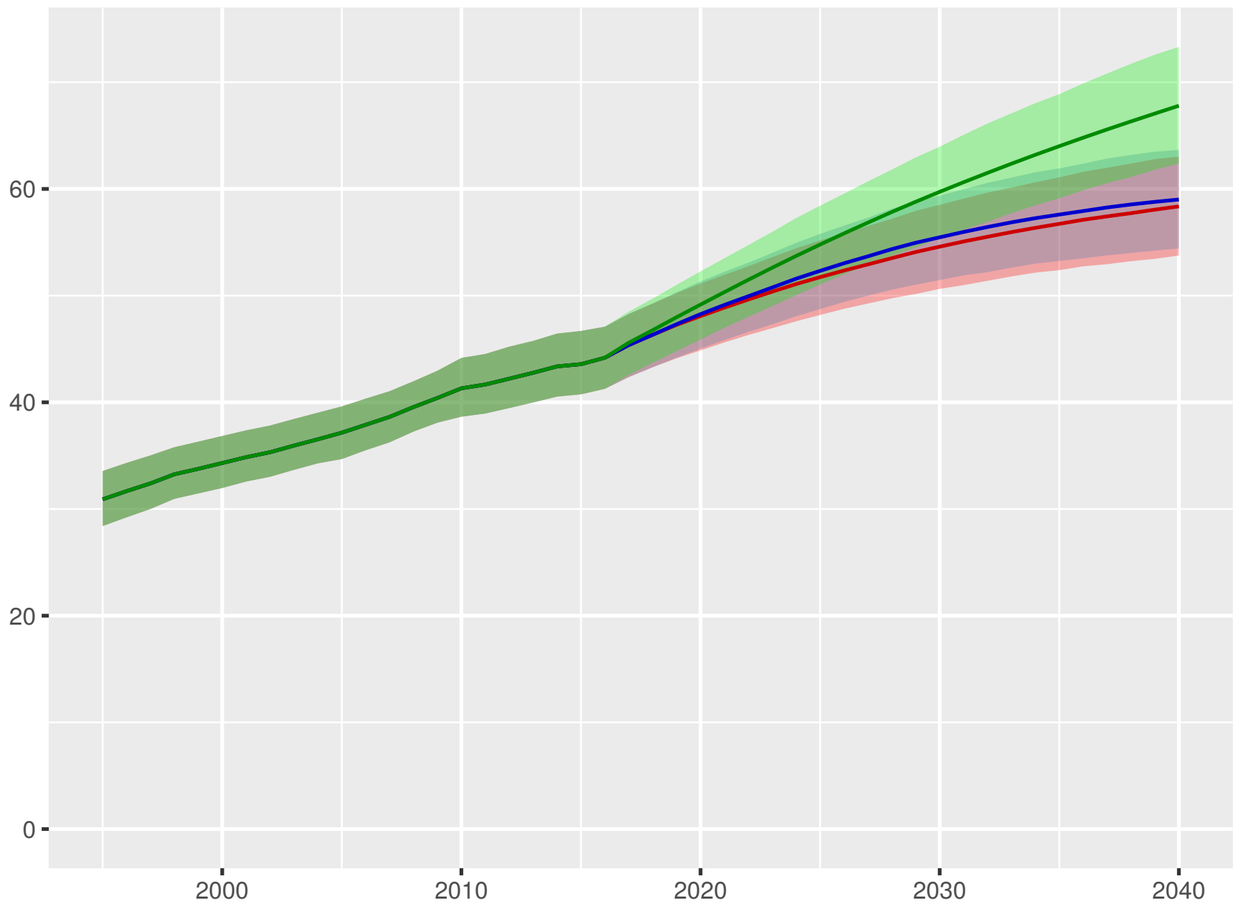
Prepaid private spending per person



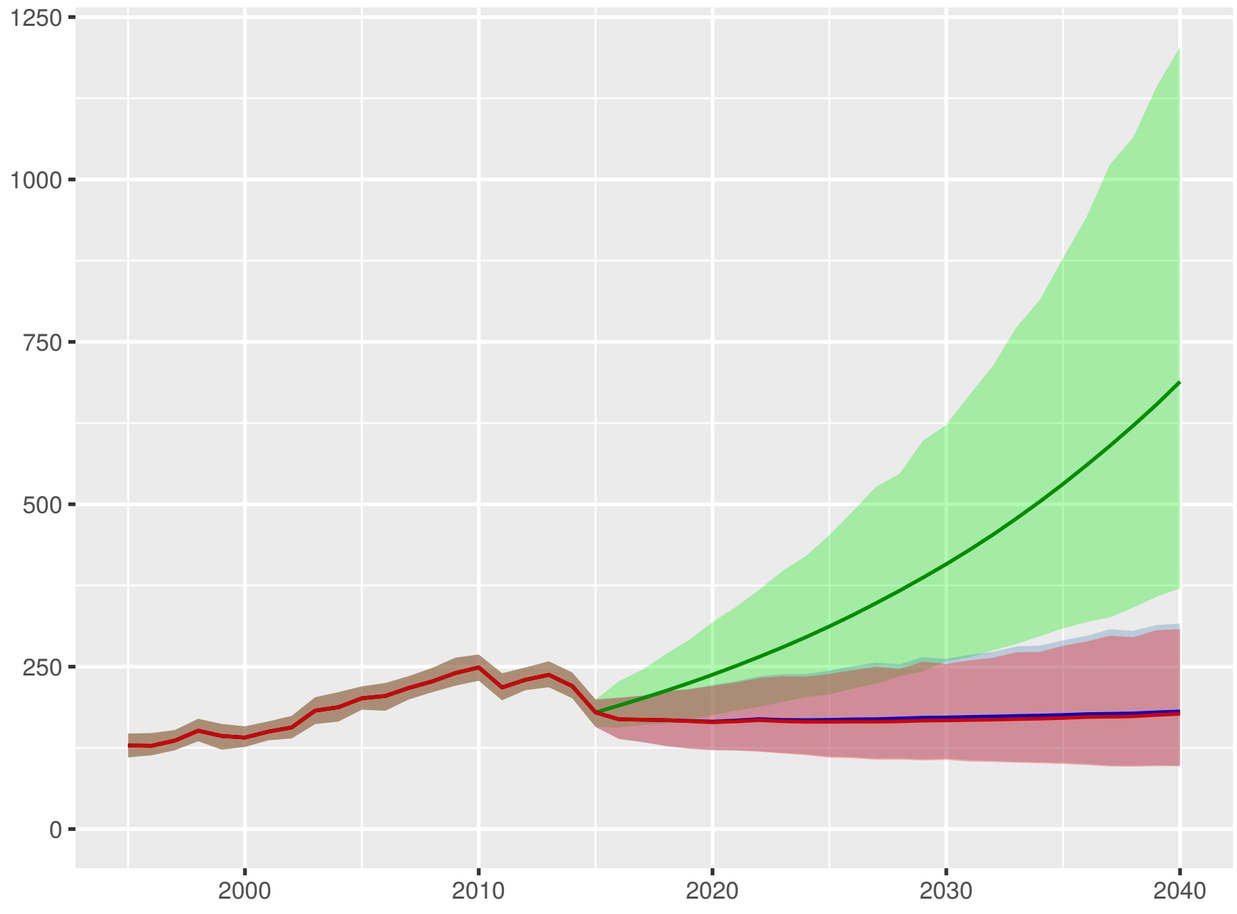
Scenario — Better — Reference — Worse

Yemen

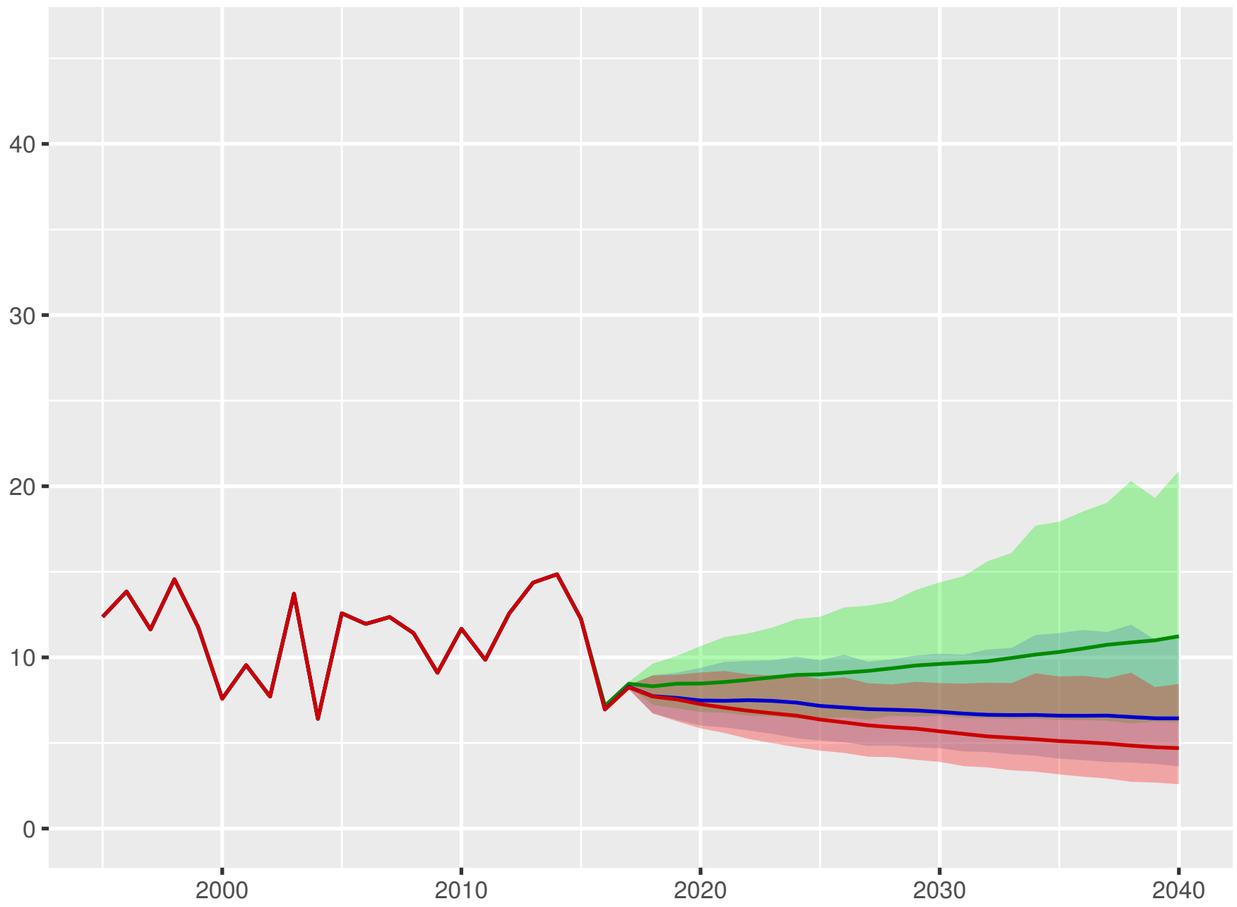
Universal health coverage index



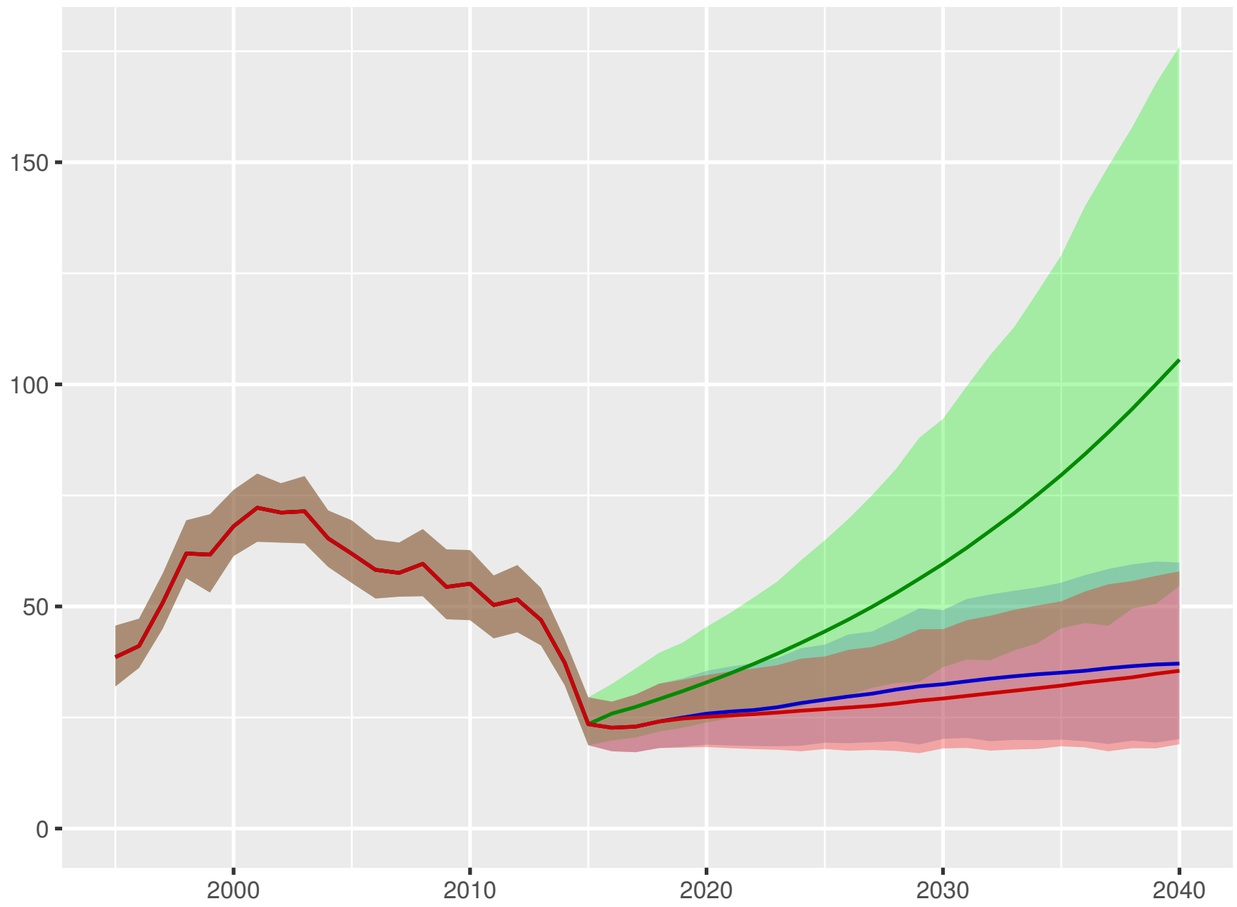
Total health spending per person



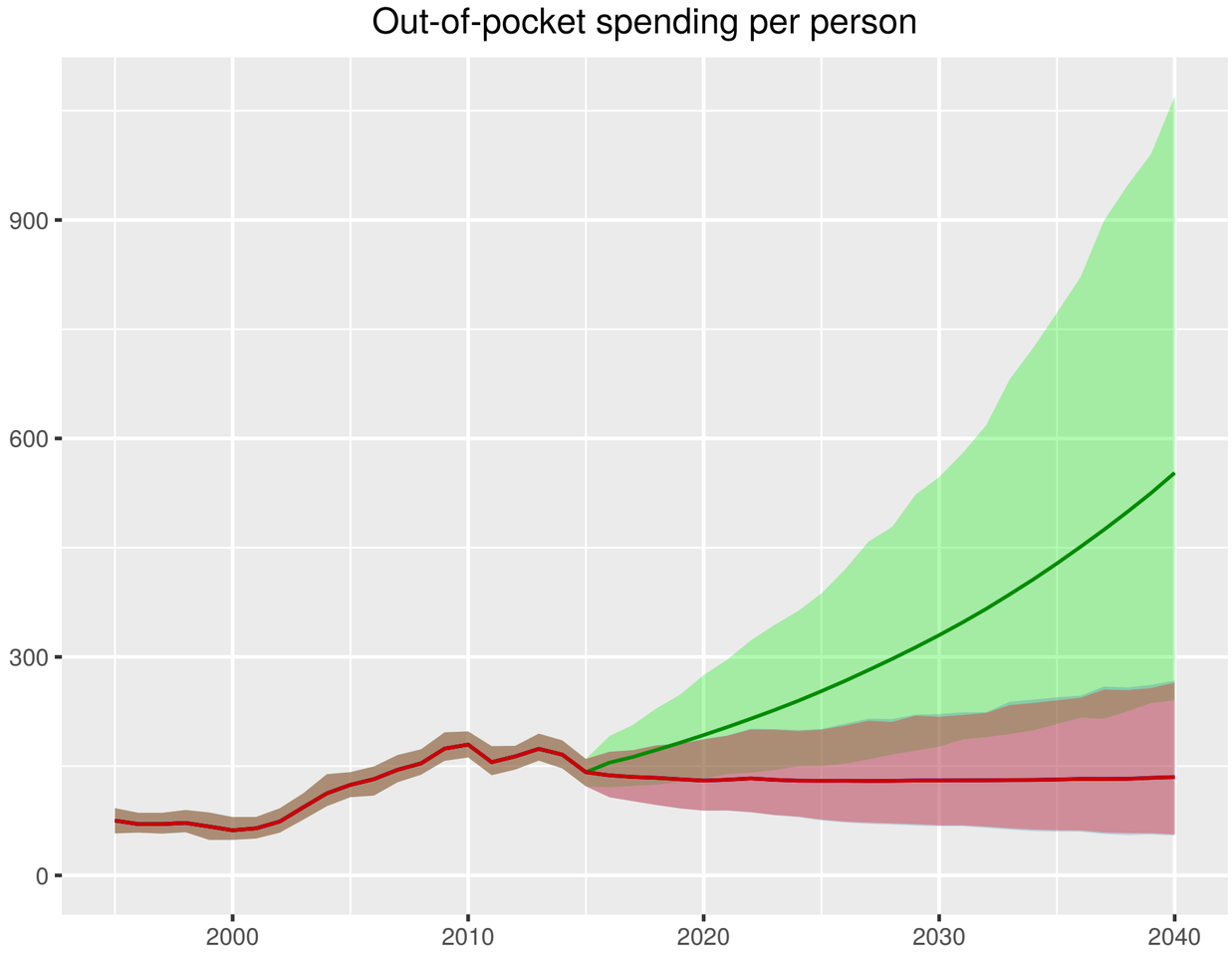
Development assistance for health received per person



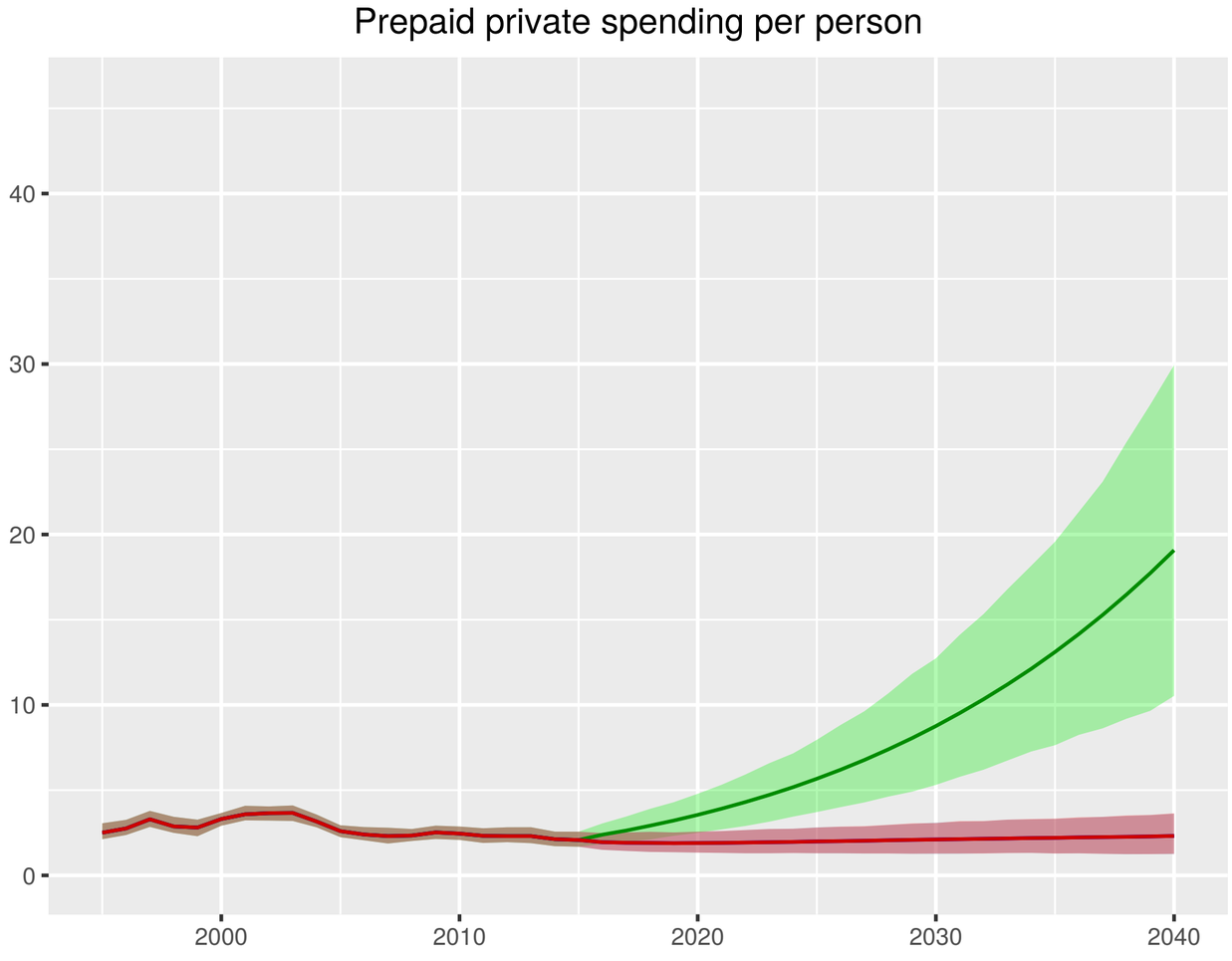
Government health spending per person



Out-of-pocket spending per person



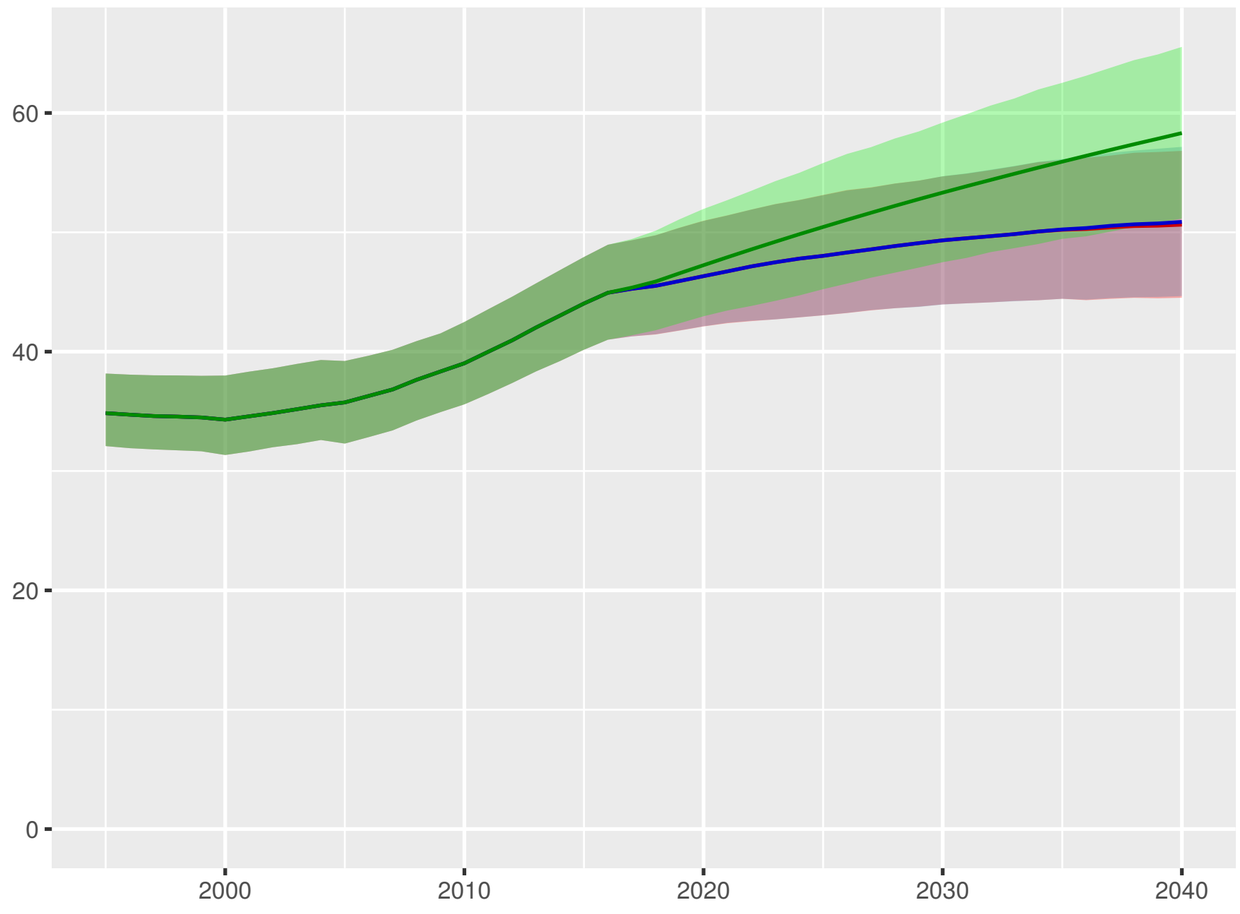
Prepaid private spending per person



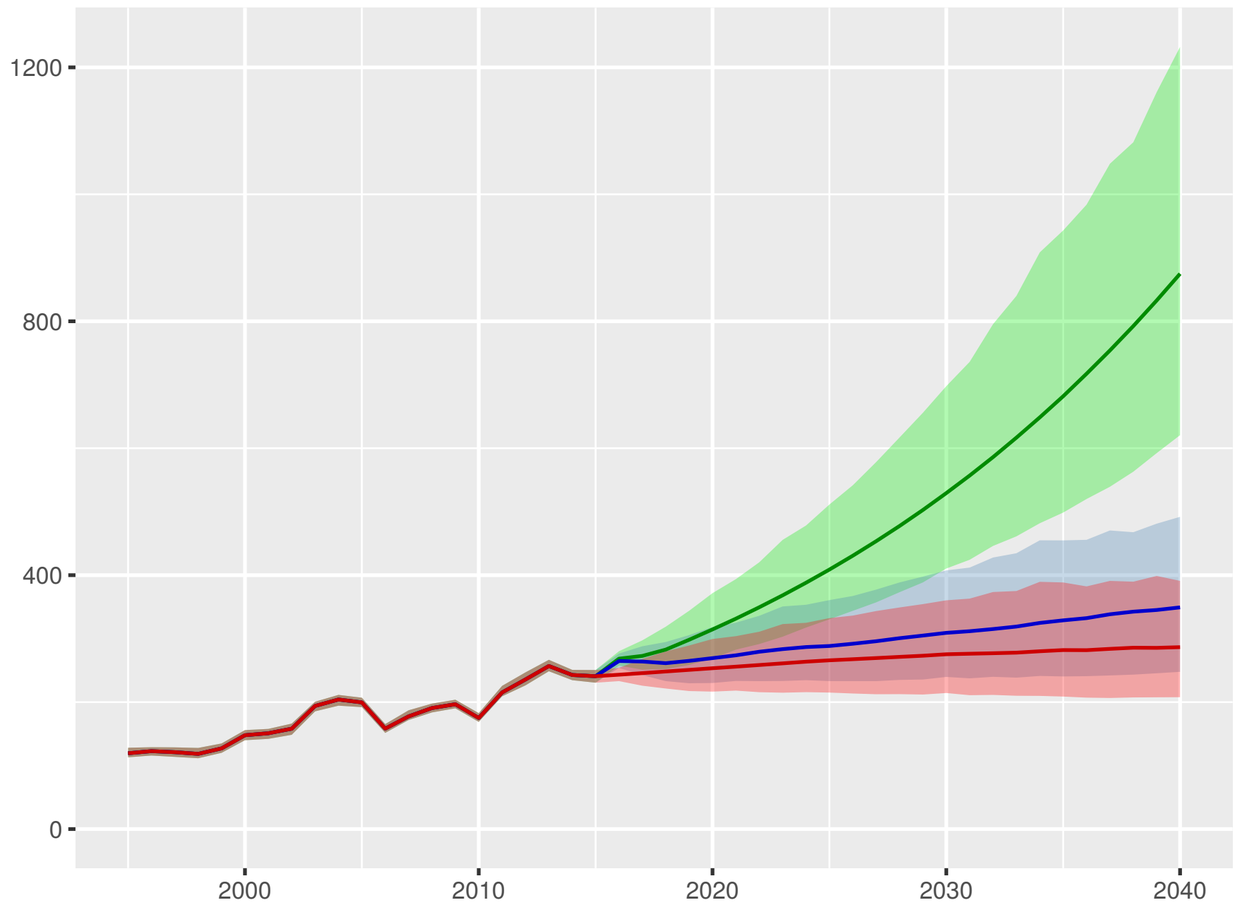
Scenario — Better — Reference — Worse

Zambia

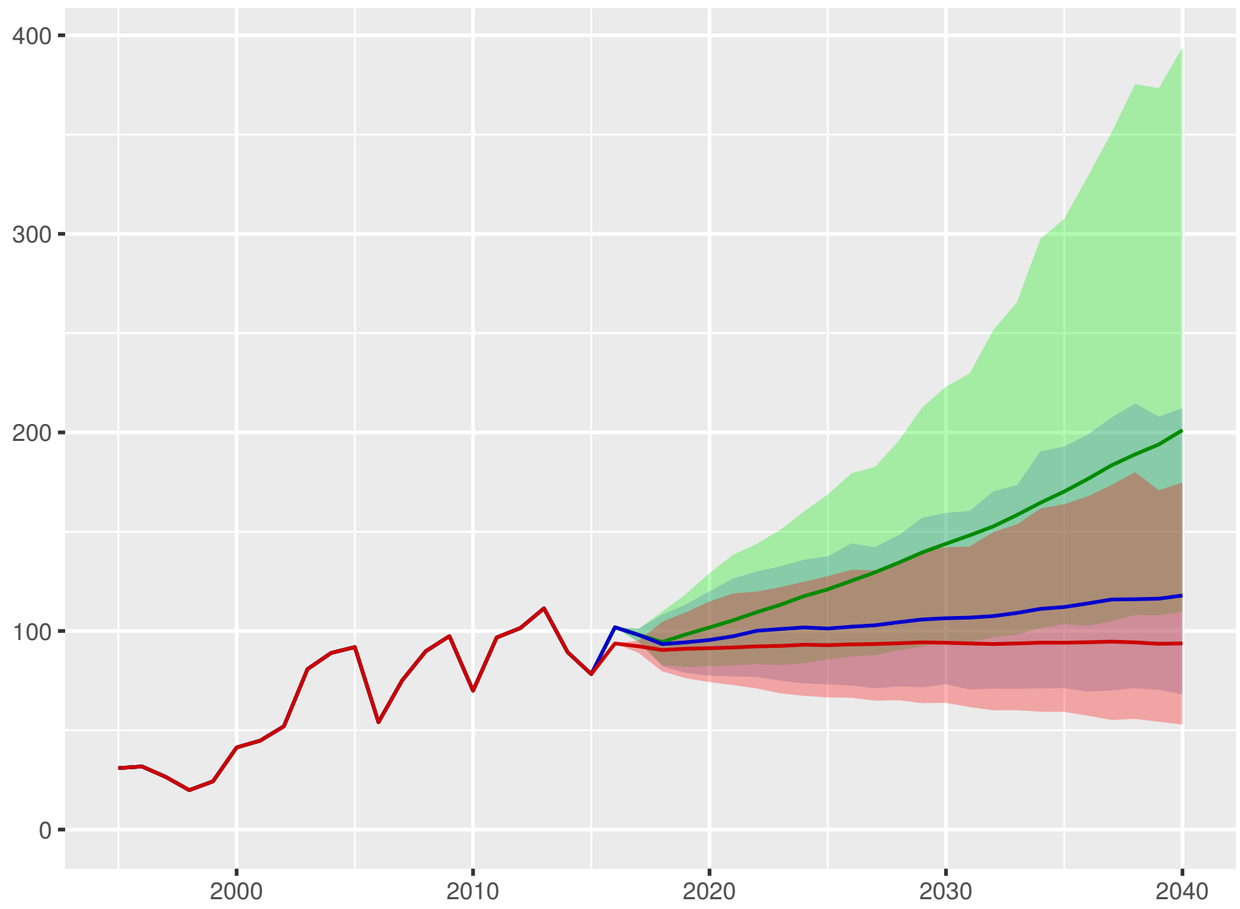
Universal health coverage index



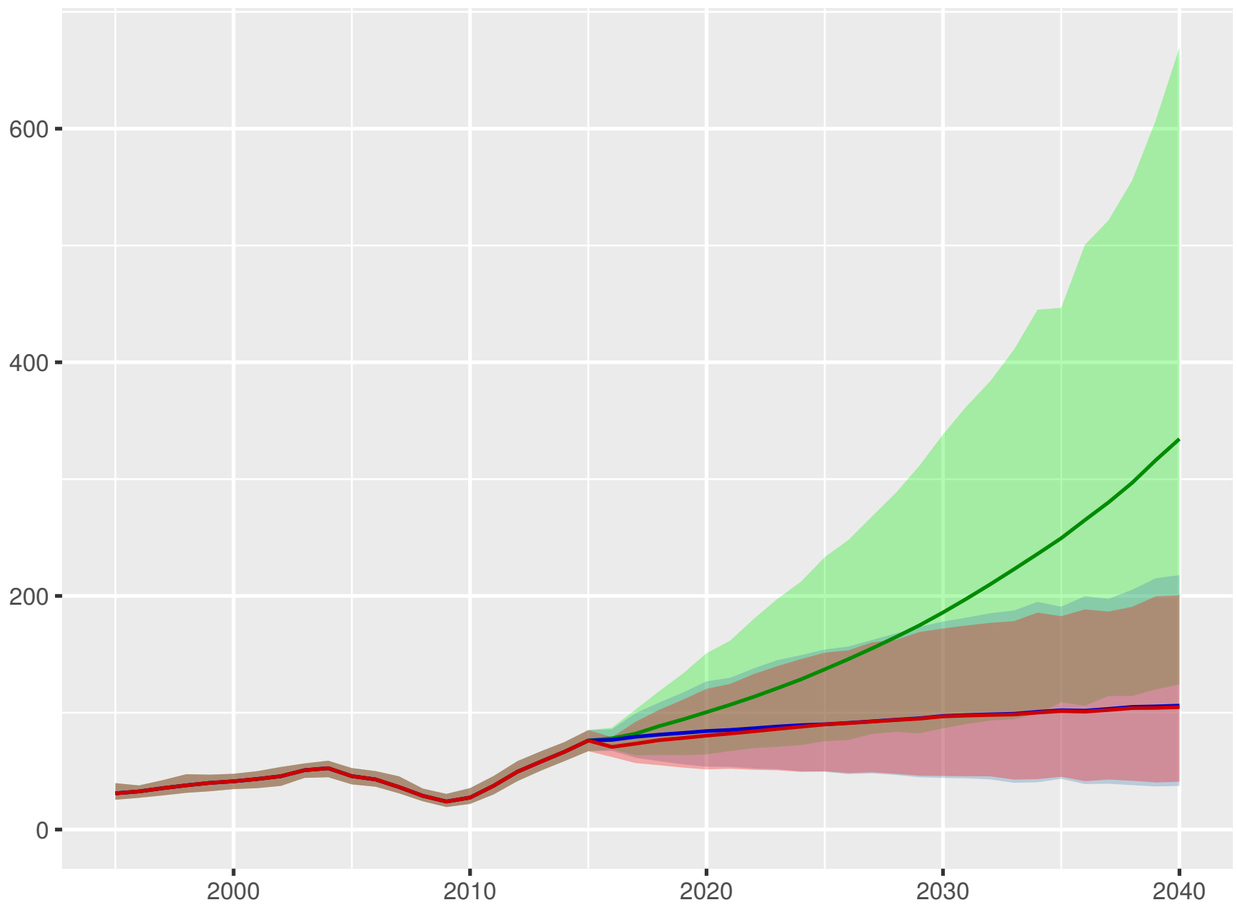
Total health spending per person



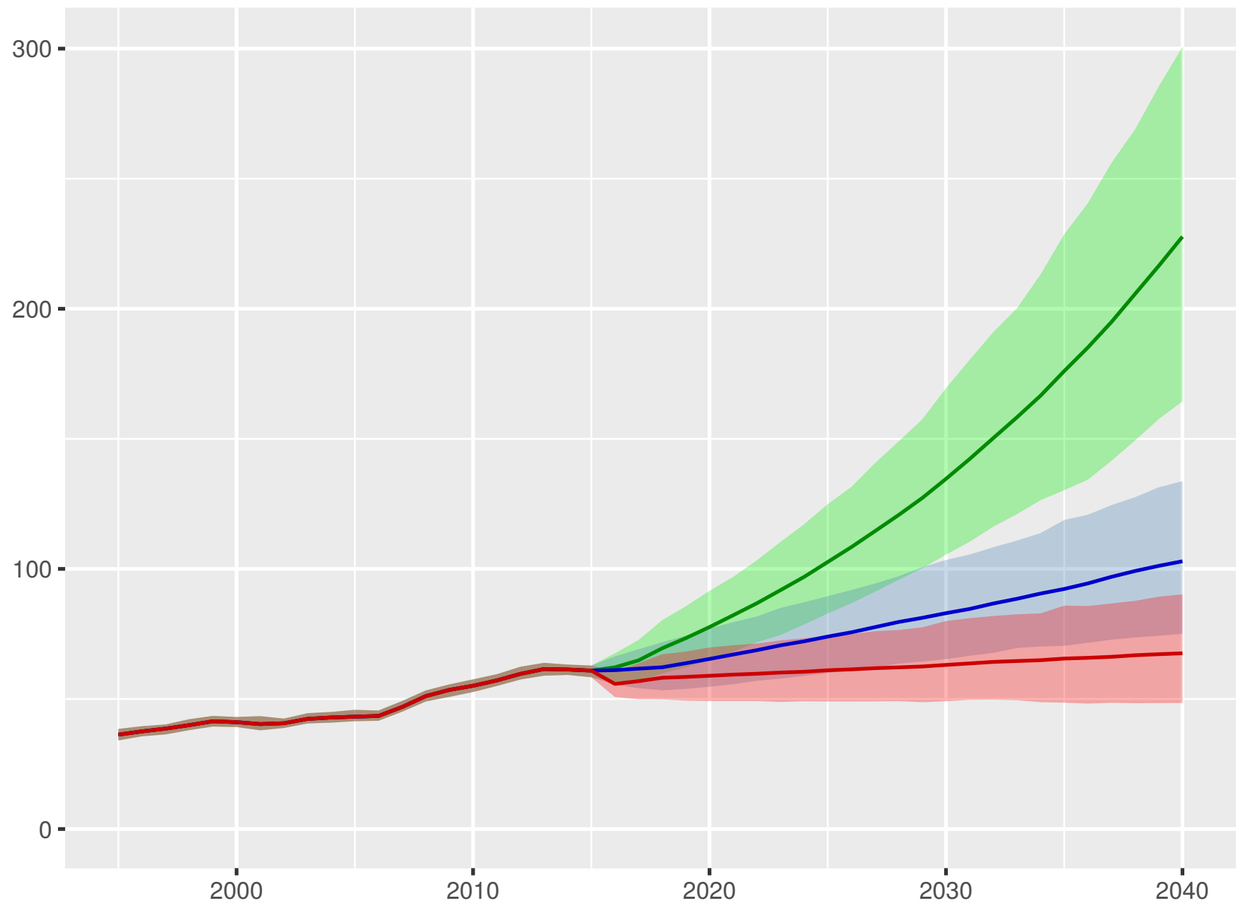
Development assistance for health received per person



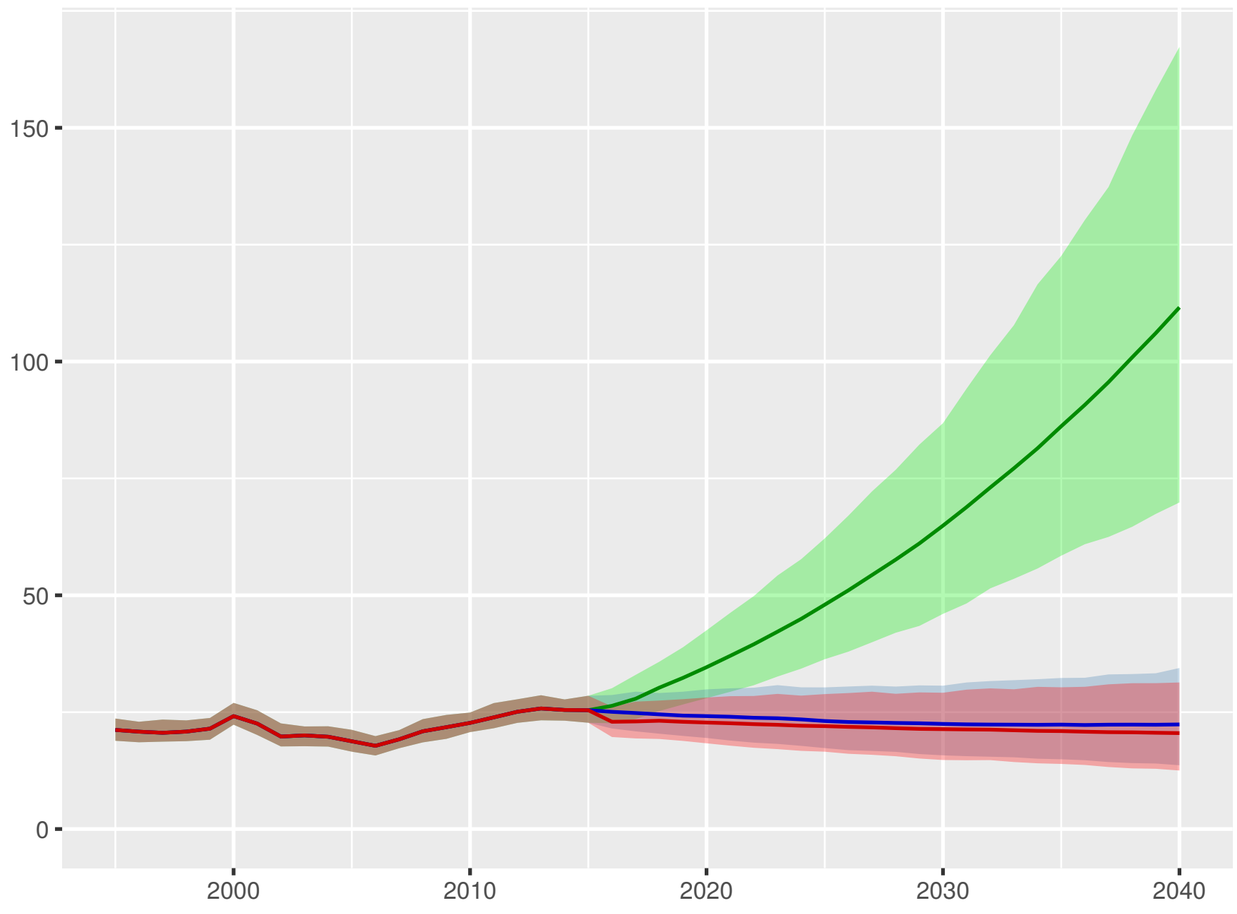
Government health spending per person



Out-of-pocket spending per person



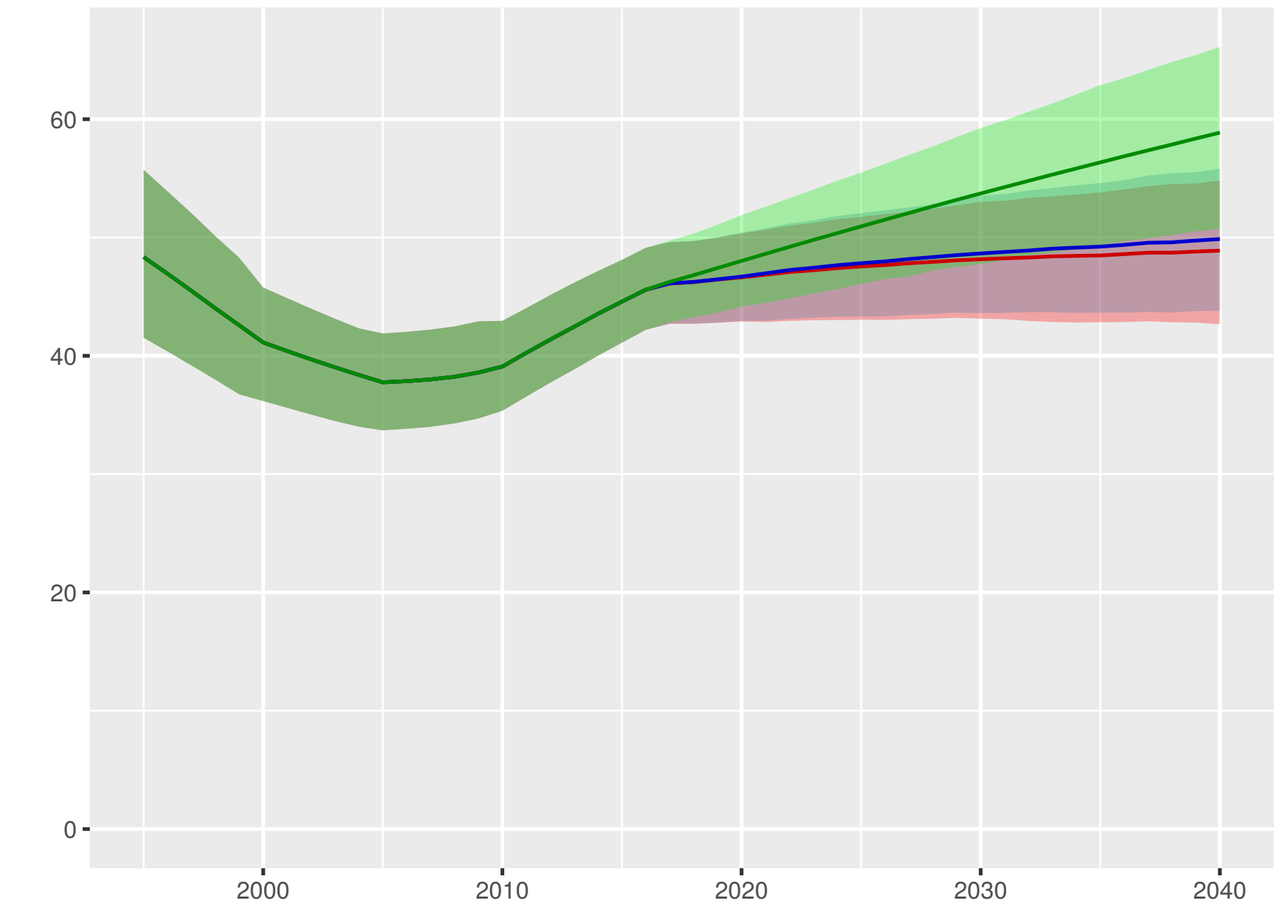
Prepaid private spending per person



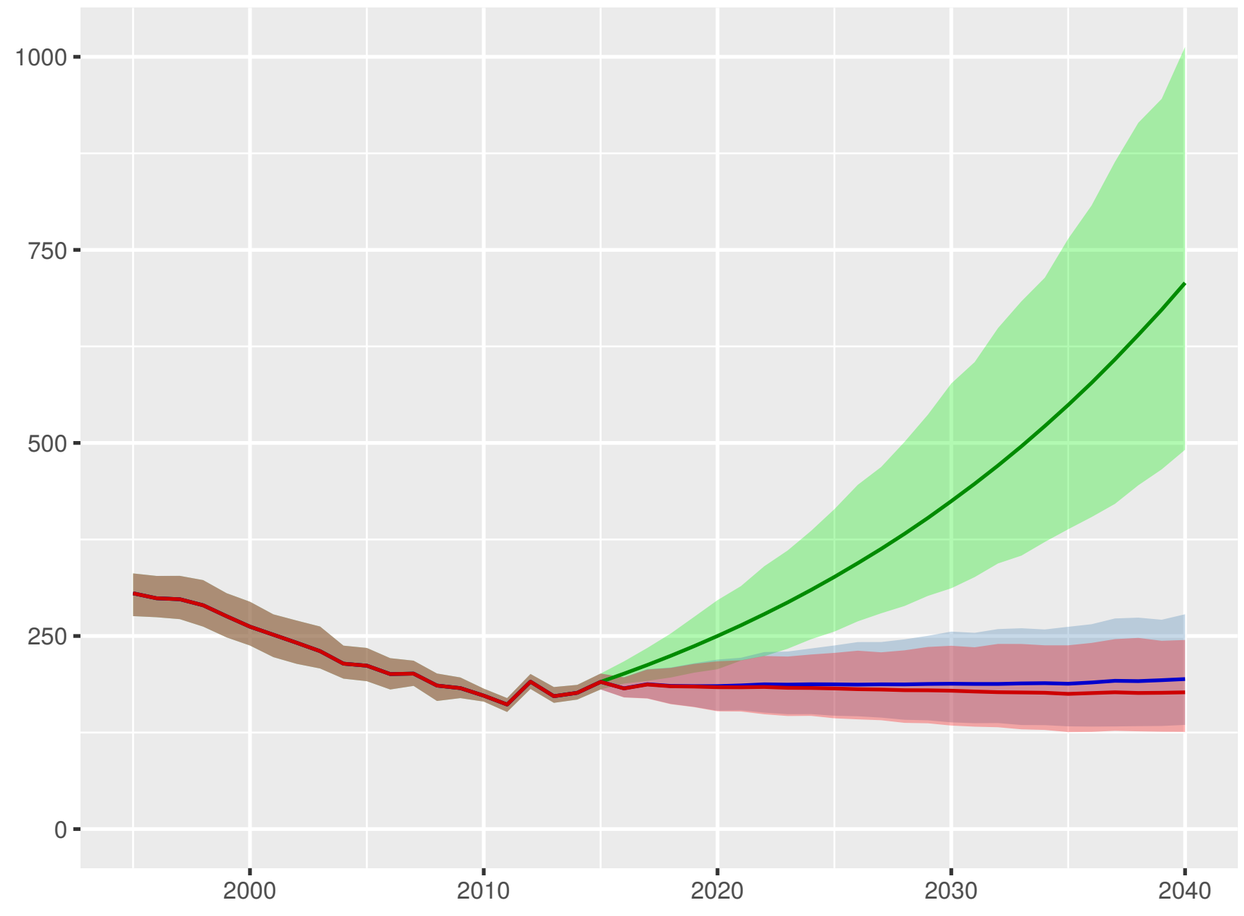
Scenario — Better — Reference — Worse

Zimbabwe

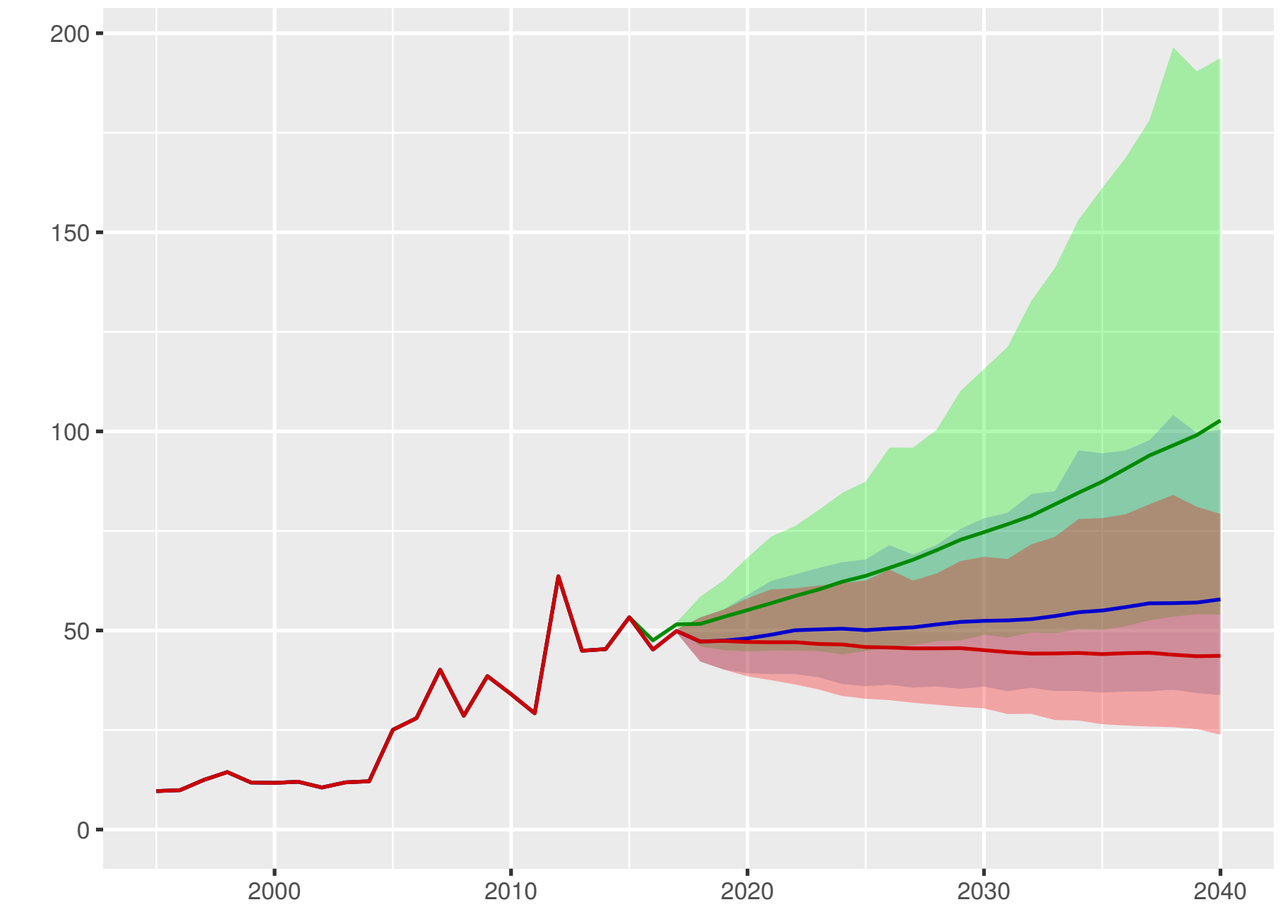
Universal health coverage index



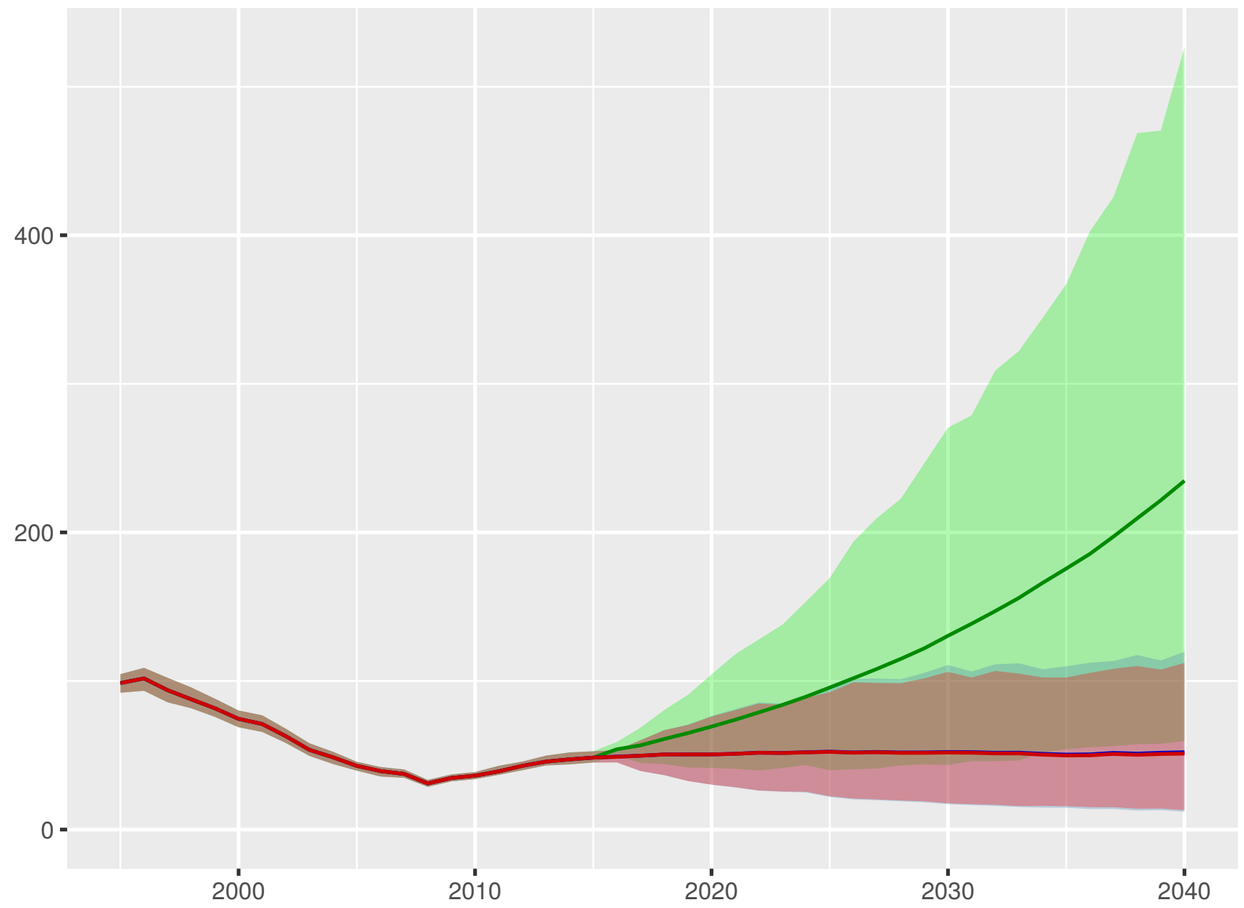
Total health spending per person



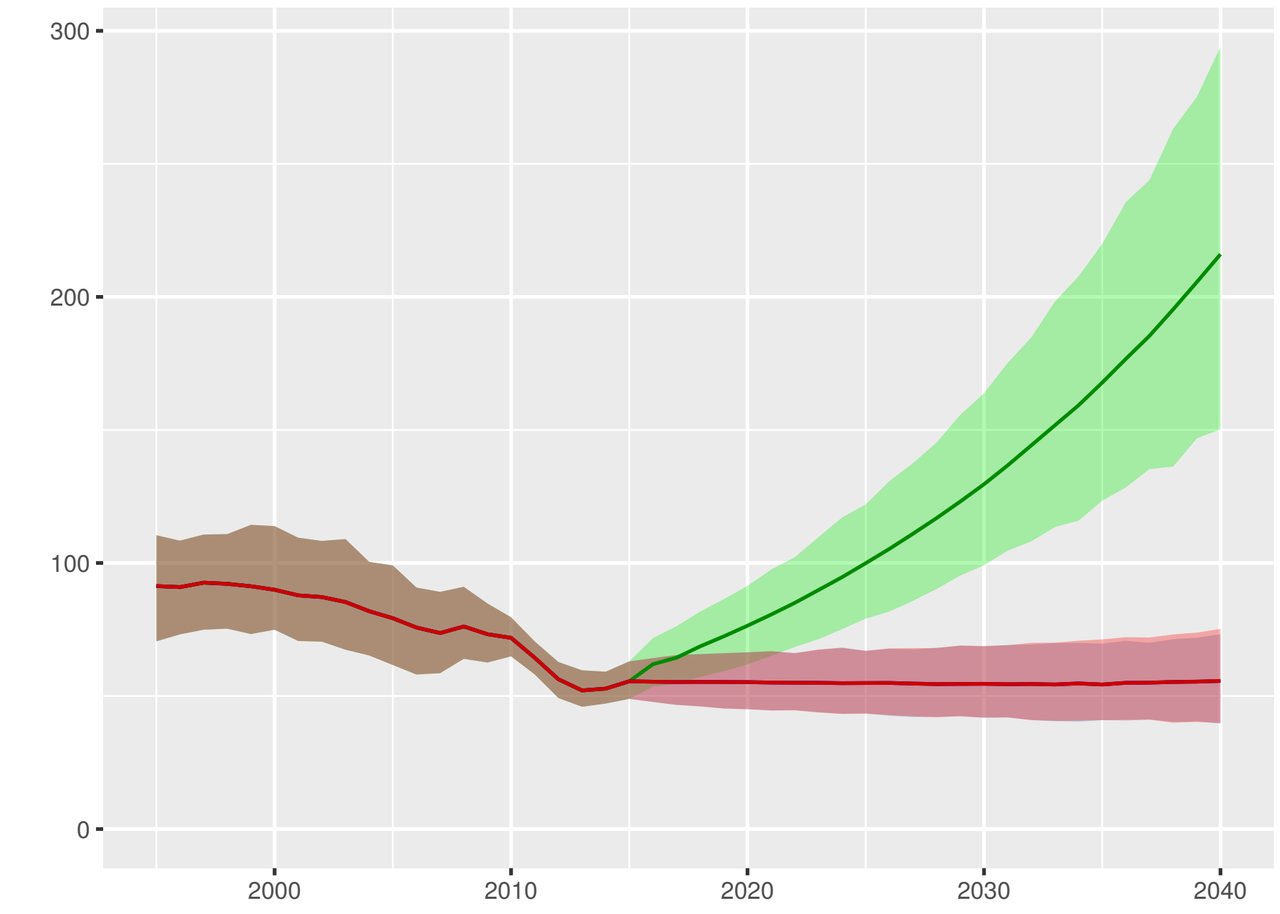
Development assistance for health received per person



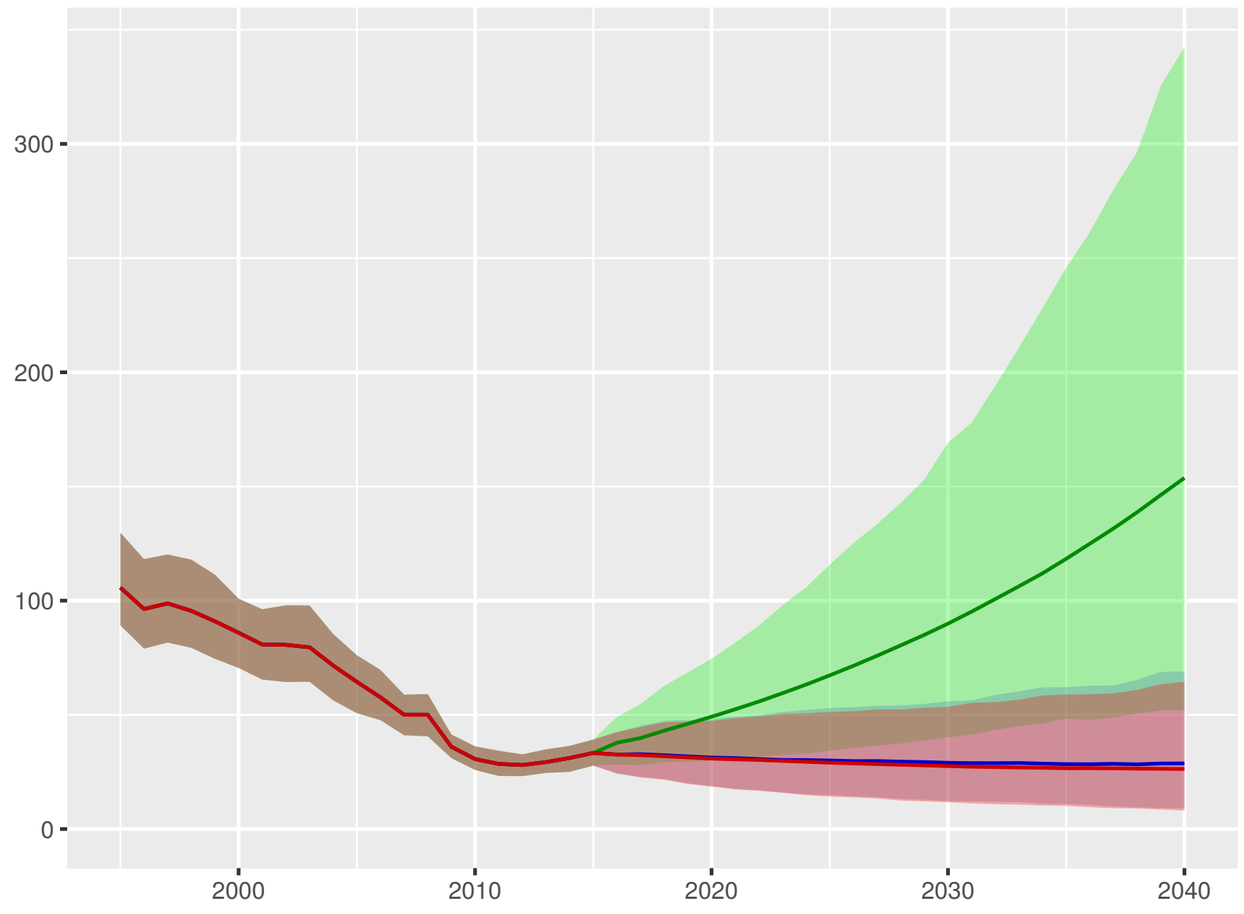
Government health spending per person



Out-of-pocket spending per person



Prepaid private spending per person



Scenario — Better — Reference — Worse

eTable 3. Criteria for assigning level values to GHED metadata, using reported data type, method of estimation, source and comments

Data.type	Methods.of.estimation	Sources	Comments	Level
Partially Documented		147009		0
Documented	Derived by applying the share of the variable to GDP			2
Partially Documented	Derived by applying the share of the variable to HHFC	estimate		2
Documented		Ministry of Health and Social Insurance Report		5
Documented		MoF (NGO survey 2001)		5
Documented		MoH WHR consultation		1
Documented		Portuguese National Institute for Statistics	Data provided by official contact Alexandra Carvalho.February 2016	1
Documented		_____ _____ _____ __ _____ (CSO), NA 2011, Table 8.1, page 378, Government budget on health.		5
Documented		_____ _____ _____ __ _____. _____ _____ _____ 2006-2010, ___. 138.		0
Documented		_____ _____ _____ _____ _____ 2010 (NHA).	_____ _____ _____ _____ __ _____ _____. Icnluded are only external sources.	0
Documented		_____ _____ _____ _____ _____ 2010 (NHA).		5
Partially Documented		"Pauvret_, in_galit_ et march_ du travail dans l'Union des Comores: El_ments d'analyse fond_s sur l'enqu?te int_grale aupr?s des m_nages de 2004" [HHS]. Minist?re du Plan [Ministry of Plan]. 2005.	"Dans ce contexte, l¢EIM indique que les d_penses annuelles de sant_ par m_nage, relatives š la morbidit_, la vaccination des enfants, et les soins post-natals et pr_natals, sè_l?vent š 27,3 milliers de FC" pp. v (d_pense moyenne), vi (taille m_nage),	5
Documented		2000 - 2013: United Nations Economic Commission for Europe	2000 - 2013: Datasource accessed 21.10.2014	5
Documented		2000 Pan American Health Organization, Health Analysis and Statistics Unit.		5
Documented		2004 Pan American Health Organization, Health Analysis and Statistics Unit.		5
Documented		2010-2011 JAMAICA BUDGET P 62		5
Documented		2010/2011 NHA Report		5
Documented		2011 Budget Adress		1
Documented		2011-2012 Phil NHA, PSA		5
Documented		2012 (Revised) and 2013 Philippine NHA, Philippine Statistics Authority (PSA)		5
Documented		2012 Budget address pp46	Added the insurance medical benefits	1
Documented		2015 JHAQ		5
Partially Documented		2015 JHAQ		5
Partially Documented		Abt associate memo and WDI		1
Documented		ADB	Consolidated Government Expenditure - Health	5
Documented		ADB Key Indicators 2013 on the web	Data downloaded October 2nd, 2013	5
Documented		ADB Key indicators 2014		5
Documented		ADB Key indicators 2015		5
Documented		ADB Statistical database system. Country table. Page 4		5
Documented		ADB. Key indicators for Asia and the Pacific 2011. Table "Kiribati"	This data may be underestimated as it is only current expenditure on health	0
Documented		ADB. Key indicators for Asia and the Pacific 2014. Table "Kiribati"	This data may be underestimated as it is only current expenditure on health	0
Documented		Adjusted using Household budget survey 2009, page 3 and UNECE.	The survey gives the share of OOPs to PC - 2.93%.	2
Documented		Adjusted using Household budget survey 2010, page 3 and WB.	The survey gives the share of OOPs to PC - 3.32%.	2
Documented		Agency for Insurance Supervision, Table 5, page 9		5
Documented		Albania in figures 2013, Public finance, Budget expenditure, page 30		5
Documented		Albania National health accounts 2003. Page 23, table 10		5
Documented		Alvaro Vero et. al. El Gasto en Salud en el Uruguay. Alos 1994 y 1995. Aproximaci„n a una base de datos del gasto en salud. Monto, composici„n y fuentes de financiamiento (MSP/FISS, setiembre de 1996)		0
Documented		An¨lisis de la situaci„n sanitaria 1992 T 3, OPS-MSP		5
Documented		Analyse de la situation sanitaire 1998 tableau 30	Inclut les ressources exterieures et nationales	5
Documented		Analyse des d_penses publiques [Analysis of public expenditures]. T.5.6, pp.7		5
Documented		Analyse des d_penses publiques [Analysis of public expenditures]. T.5.6, pp.7.		5
Documented		Andorra government, statistical department		1
Documented		Annex 1, T.4, NHA 2011/2012, Sept 2014	Study based on SHA2011, Incl capital exp of 521.18	5
Documented		Annex table 32, Annual report, CBSL	The series resembles with ADB KI 2012, Given as Central Govt.,	5
Documented		Annex table 32, Annual report, CBSL		5
Documented		Annex, T.1, (pp. 71) Health indicators 2011, State Implementing Agency of Health, Govt of Mongolia	During Tech cons WHS2013 (ADB KI 2015 figure is 140200	5
Documented		Annex, T.1, (pp. 71) Health indicators 2011, State Implementing Agency of Health, Govt of Mongolia	During Tech cons WHS2013 (ADB KI 2015 figure is 197200)	5
Documented		Annex, T.1, (pp. 71) Health indicators 2011, State Implementing Agency of Health, Govt of Mongolia	During Tech cons WHS2013 (ADB KI 2015 figure is 204700)	5
Documented		Annex, T.1, (pp. 71) Health indicators 2011, State Implementing Agency of Health, Govt of Mongolia	During Tech cons WHS2013 (ADB KI 2015 figure is 247500)	5
Documented		Annex, T.1, (pp. 71) Health indicators 2011, State Implementing Agency of Health, Govt of Mongolia	During Tech cons WHS2013 (ADB KI 2015 figure is 99400)	5
Documented		Annex, T.1, (pp. 71) Health indicators 2011, State Implementing Agency of Health, Govt of Mongolia	Tech cons WHS2013	5
Documented		Antigua and Barbuda Health Systems and private health assessment 2012. HS2020 and SHOPS	Refers to payments of 575, 000 per month. Not clear the amount on pharmaceuticals and transport to patients for treatment abroad	0
Documented		ANTIGUA DEVELOPMENT ESTIMATES - 2011 p 380 + p IV	Need to discuss with country officers the boundary of health in this Ministry	1
Documented		Anuario estadistico		5
Documented		Aproximaci„n a una base de datos de gasto en salud. Cantidad, composici„n y fuentes de financiamiento		0
Documented		Aproximacion a una base de datos de gasto en salud. Cantidad, composicion y fuentes de financiamiento		0
Documented		Audit report 2008/2009 T 2.31		5
Documented		Australia Government Department of Foreign Affairs and Trade website, Niue Fact Sheet		5
Documented		Barbados Economic and Social Report 2012 p 96		5
Documented		Basado en gasto por funci„n de contabilidad nacional de UN		5
Documented		Based on budget speech		1
Documented		based on HHFC		2
Documented		Based on T.3, 'Financial burden of OOPs' (WHO/MoH), October 2012 and T.2 of LECS 5	Average monthly OOPs ('Financial burden of OOPs') * Number of Households (T.2, LECS5)	1
Documented		BCH Contabilidad nacional. CLASIFICACIÓN DEL CONSUMO INDIVIDUAL POR FINALIDAD DE HONDURAS (CCIFH), 2000 - 2009		5
Documented		BCH Gasto privado por prop„sito		5
Documented		BCH. CNBS Boletin estadistico anual 2001 T SINIESTROS DIRECTOS	Incluye: ACCIDENTES Y ENFERMEDADES	5
Documented		BCH. CNBS Boletin estadistico anual 2002 T SINIESTROS DIRECTOS	Incluye: ACCIDENTES Y ENFERMEDADES	5
Documented		BNHA 2009-2010, Matrix.1, Pg.14		5
Documented		BNHA 2009-2010, Table 2 Pg.10	Bhutan Living Standard Survey	5
Documented		BNHA 2009-2010, Table 2 Pg.10		5
Documented		Boletín Estadístico		5
Documented		Boletín estadístico Superintendencia de Seguros		5
Documented		Boletín trimestral de Seguros.		5
Documented		Botswana - NHA report 2007-08-2009-10		5
Documented		BRH. Reporte Anual 2000 T 1.4 (3.21% PC)		5
Documented		Budget Address 2012 p 58 & 60	Includes capital	1
Documented		Budget address 2012/2013		1
Documented		Budget MoF		5
Documented		Budget Report 2012		5
Documented		Budget Speech		1
Documented		Budget Speech 2010 p 39		1
Documented		Budget speech + Budget estimates	Include current + capital	1
Documented		Budget Speech + SS	Needs to be verified if capital spending reported was used that year. If so, THE and GGHE should be increased	1
Documented		Budget Speech + SS		1
Documented		Budget speech 2006 p 21		1
Documented		Budget Speech 2008 p 61		1
Documented		Budget speech 2010 p 25 + 46	Sum of capital and recurrent spending	1
Documented		Budget speech, expenditure by ministries - capital and recurrent - Ministry of Health and Social Welfare		1
Documented		Budgetary package for 2009 by Parliament of Azerbaijan	Adjusted because we do not take the 15 Mln AZN for Oncological research center and other allocations for financing of facilities, given in thr Official MOH reply for Other Ministries.	2
Documented		Bureau of Statistics. Household Budget Survey Report 1994/95 and 2002/03		5
Documented		Bureau Statistics of Guyana. Website		5

Documented		CB Quarterly Stat Digest T 5.4		5
Documented		CB web site. Statistics & Studies. Statistical publications. Quarterly Statistical Bulletin. 2013 - 3rd quarter. pp. 5.		5
Documented		CB. Annual Report 2014 (Part C Statistics). T.7.3. Functional classification of government expenditure, pp.95.		5
Documented		CB. Annual Reports, 2011 T.7.3. Government Expenditure, pp.94		5
Documented		CB. Estatísticas [Statistics]. T. Alguns Indicadores da Economia Cabo-verdiana	Homepage > Estatísticas e Estudos > Quadros Estatísticos > Principais Indicadores	5
Documented		CDB Cent Govt Finance Stat of the LDC Vol XI 1990-95 T 4		5
Documented		CDB. Central Government Finance Statistics of the Lesser Developed Countries. Vol XI. Table 4 by country		5
Documented		Center for Health Development (CHD); Tech consultation, Nov 2015 with National center for health development	Estimated based on "Accident and Health expenditure" reimbursement report of private insurance companies' and CHD survey. In private insurance companies have "Accident and health expenditure" insurance product. In 2012, CHD conducted small survey on private insurance companies which is ratio of accident reimbursement and health expenditure reimbursement of "Accident and health expenditure".	1
Documented		Centers for Medicare & Medicaid Services	Data provided by official contact Cathy Cowan.February 2016	1
Documented		Central Bank of Bahrain. Insurance Decennial Report 2011. Table 4.7, pp. 32.		5
Documented		Central Bank of Seychelles. Annual Report 2001. T.4.3, pp. 45		5
Documented		Central Bank of Seychelles. Annual Report 2004. T.3.3, pp. 32		5
Documented		Central Bank of Seychelles. Annual Report 2006. T.3.3, pp. 33		5
Documented		Central Bank of Seychelles. Annual Report 2007. T.3.3, pp. 35.		5
Documented		Central Bank of Seychelles. Annual Report 2008. T.3.3, pp. 36. March 2009		5
Documented		Central Bank Stat Bull 06/05 T 6.1,		5
Documented	Derived by applying the share of the variable to PC	Central Bureau of Health Intelligence. National Health Profile 2006. T. 4.2.4. March 2007	Based on Statistical abstract	5
Documented	Derived by applying the share of the variable to PC	Central Bureau of Health Intelligence. National Health Profile 2006. T. 4.2.4. March 2007		5
Documented		Central Bureau of Statistics		5
Documented		Central bureau of Statistics. Statistical Abstracts 2009. Chapter 14, Table 17/14	This figure includes private insurance and government employee insurance programme expenditures	0
Documented		Central bureau of Statistics. Statistical Abstracts 2010. Chapter 14, Table 17/14	This figure includes private insurance and government employee insurance programme expenditures	0
Documented		Central Provident Fund Board. Annual report 2012, Financial statements. Table 16 , pp. 26.	Medisave scheme amount 678 is deducted	5
Documented		Central Provident Fund Board. Annual report 2012, Financial statements. Table 16 , pp. 26.	Medisave scheme amount 722 is deducted	5
Documented		Central Provident Fund Board. Annual report 2012, Financial statements. Table 16 , pp. 26.	Medisave scheme amount 767.376 is deducted	5
Documented		Central Provident Fund Board. Annual report 2012, Financial statements. Table 16 , pp. 26.	Medisave scheme amount is deducted	5
Documented		Central Provident Fund Board. Annual report 2013, Financial statements. pp. 29	Medishield payments	0
Documented		Central Statistical Office. MoH Official consultation. Jan 2010		1
Documented		CESAG. Elaboration des Comptes Nationaux de la sant_ au S_n_gal en 2001[Elaboration of National Health Accounts for Segenal in 2001]. T. FS x FA		5
Documented		China National Health Accounts Report 2010, November 2011 Technical consultation		5
Documented		China National Health Accounts Report 2012		5
Documented		China Statistical Yearbook, National Bureau of Statistics - MoH consultation Dec 2013		5
Documented		China Statistical Yearbook, National Bureau of Statistics - MoH consultation Jan 2014		5
Documented		Cifras ofrecidas por el MINSA-CNS		1
Documented		Cifras ofrecidas por MS & IPEA		5
Documented		Cifras reportadas por el Ministerio de Salud. Memoria Institucional		1
Documented		Cifras validadas por el MS		2
Documented	Derived by applying the share of the variable to PC	Cifras validadas por el MS		2
Documented		Cifras validadas por MS & IPEA		5
Documented		CIIO/MOF		5
Documented		CNFGS	Verified 26.07.10	5
Documented		CNFGS		5
Documented		CNS	El nivel de gasto de gobierno en salud es relativamente elevado respecto del gasto total de gobierno. Convendria verificar que las series correspsonden a las definiciones internacionales del contenido a reportar	1
Documented		CNS	Includ les ressources exterieures et nationales	0
Documented		CNS	Suma de gasto de gobierno y privado	TBD
Documented		CNS		1
Documented		CNS MINSA		1
Documented		CNS MINSA-OPS	Consulta WHS 2015	1
Documented		CNS MINSA-PAHO	Consulta WHS 2015	1
Documented	Derived by applying the share of the variable to PC	CNS MINSA-PAHO	Consulta WHS 2015	1
Documented		CNS MINSA-PAHO Nov 2014		5
Documented		CNS MISA	Consulta WHS 2015	1
Documented	Derived by applying the sum of the components	CNS MSP	Consulta WHS 201	2
Documented		CNS MSP	Consulta WHS 201	1
Documented		CNS MSP	Consulta WHS 2013	1
Documented		CNS MSP	Consulta WHS 2016	1
Documented	Derived by applying the share of the variable to PC	CNS MSP	Consulta WHS 2016	1
Documented	Derived by applying the sum of the components	CNS MSP Gasto Nacional de la Salud		2
Documented	Derived by applying the sum of the components	CNS MSP Gasto Nacional de la Salud		TBD
Documented		CNS MSPAS	Consulta WHS 2014	1
Documented		CNS, MINSA		1
Documented		CNS, MSPAS	Health Accounts in the country reported a proportion of spending 7.7% of GDP in 2004. The figures for pocket expenditures of households in the years 2004 to 2006 are preliminary estimates, may be subject to adjustment in the short term, so that total expenditure on health, also may change with the details.	5
Documented		CNS, MSPAS		1
Documented		Consolidated budget framework 2012/13-20014/15,	Current and capital	5
Documented		Consultaion MoH		1
Documented		Consultation High Health Council		1
Documented		Consultation MoH		1
Documented		Consultation SCH		1
Documented		Consultation. MoH health accounts data. January 2014.		5
Documented		Consultation. MoH. 2014.		1
Documented		Consultation. MoH. January 2014.		1
Documented		Consultation. MoH. NHA 2002 detailed tables.	Private Insurance Enterprises (other than social insurance).	5
Documented		Consultation. MoH. November 2013.		1
Documented		Consumltation MoH		1
Documented		Consumo en salud segin Contabilidad nacional, Banco Central		5
Documented		Contralorla		1
Documented		Corresponde al gasto piblico excluyendo a la seguridad social		0
Documented		Country consultation		1
Partially Documented		Country consultation revealed that Private insurance is so small that they do not take that in to account		1
Documented		Country consultation with MOH		1
Documented		Country MOH consultation , November 2012	Preliminary NHA data	5
Documented		Country MOH consultation , November 2012		1
Documented		Country NHA consultation November 2012.		1
Documented		Country profile PAHO 1999	Referred to be 12% of GGE	5
Documented		Croatian Financial Services Supervision Agency		1
Documented		CSO HHS 98/99	HHS 98/99: 2.39% + pharmaceuticals:2.5	2
Documented		CSO January 2012	Government spending includes public investment	5
Partially Documented		CSO, Russia in figures 2014, Living standards of population, Table 7.13, page 142	hygiene articles, pharmaceuticals and medical goods + medical survices	TBD
Documented		CSO. Annual Digest - Social security		5
Documented		CSS	Consulta WHS 2016	1
Documented		CSS 2003-2007	Consulta WHS 2015	1
Documented		CSS MSP	Consulta WHS 2013	1
Documented		CSS MSP	Consulta WHS 2015	1
Documented		Cuentas de Salud	Cifras preliminares	5
Documented		Cuentas de Salud	Preliminary data	5
Documented		Cuentas Nacionales de gasto y fianciamiento en salud. Fanny Trylesinski		5
Documented		Cuentas Nacionales de Salud 2004. MSP		5
Documented		Cuentas Nacionales de Salud 2005-2008. Resultados preliminares. MSP		5
Documented		Cuentas Nacionales en Salud en el Uruguay (MSP/FISS, abril 2000).		5

Documented		Data delivered by MoH		1
Documented		Data provided by MoH	Consultation WHS 2012	1
Documented		Data provided by MoH		1
Documented		Department of General Budget	Government financing includes public investrment	1
Partially Documented	Derived by applying the sum of the components	Department of General Budget	HF. total includes for all years capital spending.	TBD
Documented		Department of State for health & Social Welfare. National Health Accounts Financial year 2002, 2003 and 2004. Appendix T.2, pp. 86. Oct 2007		5
Partially Documented		Derived of PvtHE		2
Documented		Digest of public finance statistics 2010.		5
Documented		Digest of Stat T 6.2		5
Documented		Direc Gral de Cuentas Nacionales	Validado por el Ministerio de Salud	5
Documented		Direc Gral de Cuentas Nacionales		5
Documented		Direcci„n de An˜lisis de Gasto Piblico y Programas Sociales-Secretaría de Polítca Econ„mica-Ministerio de Economía y Finanzas Piblicas	Refiere a gasto consolidado. Consulta WHS 2013	5
Documented		Djimadoum Ngaba & Guelmbang Monge Noch. Etude sur l'inventaire des mutuelles de sant_ au Tchad [Study on inventory of mutual health in Chad]. T.1, sept 2000.		5
Documented		Draft NHA 2013 Data	Drawn from PTSTUDY file	5
Documented		Draft Workshop Report. PAHO MoH. Feb 2013 T 3	Missing NPI (including those handling external funds) and private medical insurance	0
Documented		Draft Workshop Report. PAHO MoH. Feb 2013 T 3		5
Documented		Draft Workshop Report. PAHO MoH. Feb 2013 T Appendix 2	Sum of recurrent and capital	5
Documented		Draft Workshop Report. PAHO MoH. Feb 2013 T Appendix 2		5
Documented		e-library on the web - International financial statistics IMF	Down loaded October 15, 2014	5
Documented		ECCB		5
Partially Documented	Derived by applying the share of the variable to HHFC	ECLAC Actual current consumption study 2011		5
Documented	Derived by applying the share of the variable to HHFC	ECLAC Actual current consumption study 2011		5
Documented	Derived by applying the share of the variable to HHFC	ECLAC Actual final consumption		5
Documented		Economic and social survey Jamaica 2000, T 23.1d		5
Documented		Economist Intelligence Unit (EIU) database. Their source is International Monetary Fund (IMF), International Financial Statistics (IFS)	Accessed in October 2015.	5
Documented		Economist Intelligence Unit (EIU) database. Their source is International Monetary Fund (IMF), International Financial Statistics (IFS).	Accessed in October 2015.	5
Documented		Egypt HA 2012		5
Documented		EIU database accessed October 2015	IMF, International Financial Statistics	5
Documented		EIU database. Accessed October 2014	Their source is IMF, International Financial Statistics.	5
Documented		EIU databse accessed October 2015	Source: IMF, International Financial Statistics	5
Documented		EIU online (October 2015). Their source is Ghana Statistical Service.		5
Documented		EIU online (October 2015). Their source is Nigeria Federal Office of Statistics/CBN.		5
Documented		EIU online. November 2014.	Their source is World Bank, World Development Indicators	5
Documented		EIU online. October 2013	Their source is "Derived from Instituto Nacional de Estatlstica (INE) de Cabo Verde."	5
Documented		EIU online. October 2013.	Their source is IMF IFS.	5
Documented		EIU online. October 2013.	Their source is IMF IFS. Estimated by EIU.	0
Documented		EIU online. September 2013.	Their source is "Office Nationale de la Statistique".	5
Documented		EIU onlines. October 2015.	Their source is IMF IFS.	5
Documented		EIU website, September 2011	Their source is IMF IFS. Forecasted by EIU.	0
Documented	Derived by applying the share of the variable to PC	ENIGH 2007/2008 T 108	3.57 % del gasto de consumo	2
Documented		Enquesta de pressupostos familiare 2003		5
Documented		Enquesta de pressupostos familiare 2003.used as basis for estimation with similar ratio to PC		1
Documented		Enquīte congolaise auprīs des m_nages pour l'_valuation de la pauvret_ (CNSEE ECOM). [Survey of households in Congo for the evaluation of poverty		5
Documented		Equal to Territorial government		1
Documented		Eritrea: health and education sectors public expenditure reviews, World bank, Table 0.10, page 65.		5
Documented		Estimaci„n de Cuentas en Salud/Ministerio de Salud Piblica y Asistencia Social de El Salvador,		0
Partially Documented		Estimaci„n de OMS con base en el crecimiento de las primas emitidas	Superintendencia de bancos ramo seguros	1
Documented		Estimaci„n del gasto y financiamiento en salud MS-OPS		0
Documented		Estimaci„n del gasto y financiamiento en salud MS-OPS línea 59		0
Partially Documented		Estimado con base en crecimienro del ramo segin reporte de Cuentas Nacionales		1
Partially Documented		Estimado con base en reporte de OPS Indicadores B˜sicos 2014 (para 2012)		1
Partially Documented		Estimado con crecimiento del mercado de seguros. Superintendencia		1
Partially Documented	Derived by applying the share of the variable to the same variable but from another source	Estimate based on Health & Social work exp series in T.4, Nepal NA 2011	Using ADB KI 2013 series	2
Partially Documented	Derived by applying the share of the variable to the same variable but from another source	Estimate based on Health & Social work exp series in T.4, Nepal NA 2011	Using ADB KI 2014 series	2
Partially Documented	Derived by applying the share of the variable to HHFC	Estimated		2
Partially Documented	Derived as the difference between the aggregate and the available components	Estimated		0
Partially Documented	Derived by applying the share of the variable to HHFC	EStimated		2
Documented		Estimated based on the NHA NGOs survey	MoH consultation, January 2015	1
Documented		Estimated based on the NHA private insurance companies survey	MoH consultation, January 2015	1
Documented		Estimated by MoH. Consultation		0
Documented		Estimated by MoH. Consultation. October 2010		0
Documented		Estimated by MoH. Technical consultation. December 2011		0
Documented		Estimated by MoH. Technical consultation. November 2011		0
Documented		Estimated using Azerbaijan Living conditions assessment report, N 52801, World Bank. March 2010. Table 6.1. Page 67		1
Partially Documented		Estimated using CSO, Belarus in figures 2015, page 21 and UNECE data	3.6 % of HHFC	1
Partially Documented		Estimated using CSO, Statistical year book 2014, Table 6.2.11 Pattern of household consumer expenditure, page 127, and UNECE data	SY 2014 gives 3.8 % of HHFC	1
Documented	Derived by applying the share of the variable to GGE	Estimated using HA and EIU data series		2
Partially Documented	Derived by applying linear interpolation	Estimated using HA data series		1
Partially Documented	Derived by applying linear interpolation	Estimated using HA data series.	Sum of General government expenditure on health + Private expenditure on health	1
Documented	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using HIES and Yearbook of Statistics Singapore 2010 series		2
Partially Documented	Derived by applying the share of the variable to GGE	Estimated using IMF and NHA report 2012.		2
Documented	Derived by applying the share of the variable to GGE	Estimated using Key Indicators for Southern Sudan and SSCCSE series		2
Partially Documented	Derived by applying the share of the variable to a related variable	Estimated using MoH consultation and National Bureau of Statistics series on premium written	Insurance 2010 table 4.1	1
Partially Documented	Derived by applying the share of the variable to PC	Estimated using MoH consultation and UN NA series		1
Partially Documented	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using NHA 2002 report and "Comprendre le dynamisme du khat š Djibouti aspects sociaux, _conomiques et de sant_"		2
Documented		Estimated using NIUE Statistics website, National Accounts data for 2011 (for per capita GDP), UN population data and SPC/PRISM consumer price index data	No adjustment made for annual growth in real GDP per capita based on near zero growth in 2008-2011.	1
Partially Documented	Derived by applying the share of the variable to PC	Estimated using PCE series.		2
Partially Documented		Estimated using Statistical yearbook 2012, page 282 and UNECE	3.2 % of HHFC	1
Partially Documented		Estimated using Statistical yearbook 2013, page 278, and UNECE	3.2 % of HHFC	1
Partially Documented		Estimated using Statistical yearbook 2014, page 302 and UNECE data for PC	2.6 % of total PC	1
Partially Documented		Estimated using Statistical yearbook 2015, page 316, table 08.01; and UNECE data for PC	3.4 % of total PC	1
Partially Documented	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using Uganda HA data series		2
Partially Documented	Derived by applying the share of the variable to HHFC	Estimated using UNECE , CSO and IMF. Russia in figures 2015, Living standards of population, Table 7.13, page 133	hygiene articles, pharmaceuticals and medical goods + medical survices (4.7 % + 1.4 % = 6.1 % of HHFC)	2
Documented	Derived by applying the share of the variable to HHFC	Estimated using UNECE and Central Statistical Office of Moldova		2
Documented	Derived by applying the share of the variable to HHFC	Estimated using UNECE and Central Statistical Office of Moldova. Aspects of the standarts of living of the population in 2006. Table 5.1. Page 52.		2
Documented	Derived by applying the share of the variable to HHFC	Estimated using UNECE Oct 2009 and the National Bureau of Statistics of the Republic of Moldova		2

Partially Documented	Derived by applying the share of the variable to HHFC	Estimated using UNECE series and Global consumption database	the WB Global consumption database gives 4.2 % of HHFC for health	2
Partially Documented	Derived by applying the share of the variable to PC	Estimated using WDI. Uzbekistan Living standards assessment (Family Budget Survey). Table 7. pp. 76 & 84. May 2003		2
Documented		Estimated using WHO catastrophic HH survey results and UNECE		1
Documented		Estimated using World Bank report N 31468 - AZ, health sector review note. June 30, 2005. Page 62		1
Partially Documented	Derived by applying the share of the variable to PC	Estimates based on 2010 figure coming from NHA 2009-2010		2
Partially Documented	Derived by applying the share of the variable to NPIFC	Estimations based on NPIFC		2
Documented	Derived by applying the share of the variable to PC	Estudio de Finan ciamiento y gasto 2011	Consulta WHS 2015	5
Documented		Estudio de Financiamiento y Gasto 2011	Consulta WHS 2015	5
Documented		Etude sur l'inventaire des mutuelles de sant_ au Tchad. T.N.1		5
Documented		European Health Observatory. Healthcare Systems in Transition. Republic of Moldova. Paragrpah 2. Page 25. 2002		5
Documented		European Observatory. Health Care Systems in Transition, Uzbekistan. Paragraph 4, pp.26.		5
Documented		European Observatory. Health care systems in Transition. Table 1. Page 97. 2003.		5
Documented		European Observatory. Healthcare in Transition. Armenia. Volume 8. No. 6. 2006		5
Documented		European Observatory. Healthcare in Transition. Ukraine. Table 5. Page 42. 2004		5
Documented		EUROSTAT	Data accessed: 01.02.2016	5
Documented		EUROSTAT	Data accessed: 23.02.2016	5
Documented		EUROSTAT	Data accessed: 27.08.2015	5
Documented		EUROSTAT	Datasource accesssed 14.11.2014	5
Documented		EUROSTAT	Datasource accesssed 14.11.2014 - Currency Lats	5
Documented		EUROSTAT	GDP in EUR converted to LAT using official conversion rate 0.702804	1
Documented		Executive Summary, Result of "National Health Account" 2002-2008. Paragraph 2, pp. 4		5
Documented		Executive Summary, Result of "National Health Account" 2002-2008. T. 3, pp. 8		5
Documented		Executive Summary, Result of "National Health Account" 2002-2008. T. 3, pp. 8, confirmed by MoH consultation Feb 2011		5
Documented		Expenditure 2014/2015	3.3 GDP	5
Documented		F Herrero, A Collado. El gasto en el sector salud de Costa Rica. Un acercamiento a las cuentas nacionales de salud. Enero 2001. Cuadernos de trabajo 2001-01 Cifras para 1998		5
Partially Documented		FCRA and own expenditures from SHA OECD technical papers 2010 and NHA 2004 report.. State government and central government transfers estimated from state govt RBI expenditures and MoH data from MoF.	State government and central government transfers estimated from state govt RBI expenditures and central MoH data and applying NHA 2001 and 2004 reports.	1
Documented		Federal State Statistics Service		1
Documented		Federal State Statistics Service,		1
Documented		Fig.5 (pg.11), Myanmar Snapshot of Social Sector Public budget allocations and spending-UNICEF	Sum of Capital and Current expenditures. HUge incrase in expenditure is mainly on capital	2
Documented	Derived by applying the share of the variable to PC	Fiji NHA 2009/10		5
Documented		Fiji NHA 2009/10		5
Documented	Derived by applying the share of the variable to PC	Fiji NHA 2009/10 report		5
Documented		Fiji NHA 2009/10 report		5
Documented		Fiji NHA 2011/12		5
Documented		Final report of national health accounts in Montenegro 2004-2006. December 2008. Page 55.		5
Documented		Final report of national health accounts in Montenegro 2004-2006. December 2008. Page 56.		5
Documented		Final report of national health accounts in Montenegro 2004-2006. December 2008. Page 57.		5
Documented		Financial Analysis of National Data on Health Expenditures		5
Documented		Full Bright Consultancy (Pvt.) Ltd/East Consult (P.) Ltd, Draft Report Health Insurance Expenditure Survey 2004: WHS 2008 technical consultation.		5
Documented		Fundaci„n Plenitud, Estimaci„n del gasto en salud 2004-2011	Corresponde a transferencias del gobierno central a las ONG. No incluye financiamiento externo	0
Documented		Fundaci„n Plenitud, Estimaci„n del gasto en salud 2004-2011 (www.fundacionplenitud.org)	Suma de sus componentes (gobierno territorial mas seguridad social)	0
Documented		Fundaci„n Plenitud, Estimaci„n del gasto en salud.	basado en cifras de la TSS (planes complementarios) y la Superintendencia de Seguros	0
Documented		Fundaci„n Plenitud, Estimaci„n del gasto en salud.	Basado en ENDESA 1996, 2002, 2007	0
Documented		Fundaci„n Plenitud, Estimaci„n del gasto en salud.		0
Documented		Fundacion Plenitud		5
Documented		Gasto en salud. Fundacion PLENITUD	Basado en ENDESA 1996, 2002, 2007	5
Documented		Gasto en salud. Fundacion PLENITUD		5
Documented		General government expenditure + Private expenditure on health		TBD
Documented		GFS	Central Government expenditure by functional categories	5
Documented		GFS	Government financing includes public investrment	5
Documented		GFS		5
Documented		GFS IMF		5
Documented		Ghana Ministry of Health, June 2014 - Ghana Health Accounts for 2012. Tables HF _ FA and HK _ FA.	FA.4 = NPISH + FA.6 = rest of the world.	TBD
Documented		Ghana Ministry of Health, June 2014 - Ghana Health Accounts for 2012. Tables HF _ FA and HK _ FA.	Sum of General government expenditure on health + Private expenditure on health (Includes Capital expenditure)	TBD
Documented		Ghana Ministry of Health, June 2014 - Ghana Health Accounts for 2012. Tables HF _ FA and HK _ FA.		5
Documented		Global consumption Database , World Bank	Annual household consumption on health - 0.56 % of HHFC	5
Documented		Government of St. Lucia, Budget Speech + SS medical expenses		1
Partially Documented	Derived by applying linear interpolation	Growth rate		1
Documented		HA 2011		5
Documented		HA 2012 preliminary data (Official consultation January 2015)	Current expenditure only	5
Documented		HA 2013	Capital is not included	0
Documented		HA 2013	Current + Capital	TBD
Documented		HA data		5
Documented		HA data for 2012	Data coverted from SHA 2011 to SHA 1.0	5
Documented		HA report 2004		5
Documented		HA report 2005		5
Documented		HA report 2006		5
Documented		HA report 2007		5
Documented		HA report 2008		5
Documented		HA report 2009		5
Documented		HA report 2010		5
Documented		HA report 2011		5
Documented		HA report 2012 (preliminary data)		5
Documented		HA report 2013		5
Documented		HA report 2014	Adjusted for capital	0
Documented		HA report Nov 2014		5
Estimated	Derived by applying the sum of the components	Estimate		0
Documented		HA studies 2012-2014 (based on SHA2011)		5
Documented		HA study 2010-2011 (Oct 2014) - based on SHA2011	HFxFA table (PT study)	5
Documented		HA study 2010-2011 (Oct 2014) - based on SHA2011	MoH consultation, Jan 2015	5
Documented		HA study 2010-2011 (Oct 2014) - based on SHA2011	Voluntary HI schemes; HFxFA table (PT study); Community Based Health Insurance (CBHI)	5
Documented		HA study 2011-2012 (Oct 2014) - based on SHA2011	HFxFA table (PT study)	5
Documented		Hani Benamer. Healthcare System in Libya factual report 2010. Paragraph IV, pp. 7. January 2012		5
Documented		HAPT data for 2011		5
Documented		Haptdata		5
Documented		Health accounts 2012,	Do not include capital	0
Documented		Health accounts 2012,		5
Documented		Health accounts 2013	Do not include capital	0
Documented		Health Accounts preliminary data.		5
Documented		Health accoutns tables 2012		5
Documented		Health Insurance Data Analysis Report 2012-13; Insurance Information Bureau of India	MoH consultation, Feb 2015	5
Documented		HFxFA table from PT study file (SHA2011)	Sum of Capital and current expenditures from HA study 2013	2
Documented		HFxFA table from PT study file (SHA2011)		5
Documented		HFxFA, HA study, MoH	Sum of National health development fund and other NGOs	2
Documented		HFxFA, HA study, MoH		5
Documented		HHS 98/99	HHS 98/99: 2.39% + pharmaceuticals:2.5	1
Documented		HHS LSMS 2001 ratio to PC (2.7%)	Private consumption has been revised upwards and share does not longer correspond to 2.7% of PC	0
Documented		HIES. Table "Key indicators of the household expenditure survey, 1997/1998 - 2007-2008		5
Documented		High Health Council.Jordan National Health Accounts 2007. T.10A. July 2009	This figure is underestimated	0
Documented		High Health Council.Jordan National Health Accounts 2007. T.10A. July 2009		5
Documented		HIS, MoH		1

Documented		National Bureau of statistics.Insurance companie's activity.	HIT 2008, page 71 "Voluntary health insurance has played a very minor role in health financing in Moldova."	5
Documented		Honduras en cifras	Incluye el rubro de enfermedades y accidentes	5
Documented		Household Budget Survey 2007 Tanzania Mainland. T. 6.3, pp.46 and T. 7.3, pp. 51. January 2009		5
Documented		Household Income and Expenditure surveys		5
Documented		Household survey	Validated by MoH	5
Documented		Household survey		5
Documented		Household survey 3.15% of PC		1
Documented		HS2020 Dominica NHA report 2010/2011		5
Documented		HS2020 NHA report 2010/2011		5
Documented	Derived by applying the sum of the components	HA report Nov 2014		2
Documented	Derived by applying the sum of the components	IDB. Country health profile T 3.1		2
Documented	Derived by applying the sum of the components	IPS Colombo, Sri Lanka		2
Documented		IHP Sri Lanka Health Accounts Draft Database 2012		5
Documented		IHP, Sri Lanka (NHA report 1990-2012), T.A16	May incl only current expenditures	0
Documented		IHP, Sri Lanka (NHA report 1990-2012), T.A16		5
Documented		iHPP	Data provided in August 2016	5
Documented		IMF		5
Documented		IMF CR13/122 2013 T 3		5
Documented		IMF GFS	Government financing includes public investment	5
Documented		IMF GFS		5
Documented		IMF GFS.		5
Documented		IMF. Country Report 09/227. T. 9. pp. 32. July 2009.	Includes Health and HIV/AIDS. There were no data on locally financed investments (as per earlier country reports).	5
Documented		IMF. Country report 11/72. T.5. pp. 25. March 2011.		5
Documented		IMF. GFS	VandeMaeleN: Remed.org gives 8542	5
Documented		IMF. GFS		5
Documented		IMF. GFS onlines data. November 2011.		5
Documented		IMF. Government Finance Statistics		5
Documented		IMF. IMF Country report No. 04/231. Statistical Appendix/T.17, pp.69, July 2004		5
Documented		IMF. IMF Country Report No. 10/230. T. 1-5, pp. 21.	Their source is ECOSIT 2	5
Documented		IMF. IMF Country report No. 13-167. Table 5, pp. 20. June 2013.		5
Partially Documented		IMF. IMF Country Report No. 99/25. T. 17, pp. 19. April 1999		5
Documented		IMSEE Monaco statistics	in line with UN series	5
Documented		IMSEE Monaco statistics		5
Partially Documented		Incremento en el Boletín anual de Seguros		5
Documented	Derived by applying the share of the variable to GGE	INE. Finanzas Piblicas		2
Documented	Derived by applying the share of the variable to PC	INE. Inqu_rito Sobre Orï‚amento Familiar 2008/09. T. 2.2, pp. 26.		5
Documented		Informe CCNNS 1995-2012 Noviembre 2014.		5
Documented	Derived by applying the share of the variable to PC	Informe CCNNS 1995-2012 Noviembre 2014.		5
Documented	Derived by applying linear interpolation	Informe CCNNS 1995-2012 Noviembre 2014.		1
Documented		Informe CCNNS 1995-2012 Noviembre 2014.		5
Documented	Derived by applying the share of the variable to PC	Informe CCNNS 1995-2012 Noviembre 2014.		5
Documented		Input-Output tables, MoF, MoH response, Feb 2013	Revised data in Feb 2013	1
Documented		Institut National de la Sant_ Publique. Les Comptes Nationaux de la Sant_ en Tunisie: R_alit_s et Perspectives [National Health Accounts in Tunisia: Reality and Perspective]. T. Circulations des flux, pp. 33. 2002		5
Documented		Institut National de la Sant_. Les Comptes Nationaux de la Sant_ en Tunisie: R_alit_s et Perspectives [National Health Accounts in Tunisia: Reality and Perspective]. T. Circulations des flux, pp. 27. 2002		5
Documented		Institut National de la Statistique. Structure des d_penses des m_nages selon les fonctions de consommation [Expenditure patterns of households by consumption functions]		5
Documented		Institut National de la Statistiques. Annuaire des statistiques D_mographiques et Sociales 1995-2000 [Demographic and Social Statistical Yearbook 1995-2000]. T. VI-01, pp.60 , May 2002.		5
Documented		Institutional Collaboration Health Economics. National Health Accounts For Zambia 2002-2004. July 2006. Table 8: Expenditure by Financing Agent, 2002 - 2004. pp18.	Donors (as FAs)	5
Documented		Institutional Collaboration Health Economics. National Health Accounts For Zambia 2002-2004. July 2006. Table Sources to Financing Agents, 2002. in Appendix 1.	HF.1.1.1.2 Other Ministries	0
Documented		Institutional Collaboration Health Economics. National Health Accounts For Zambia 2002-2004. July 2006. Table Sources to Financing Agents, 2002. in Appendix 1.	HF.2.2 Private Insurance	5
Documented		Institutional Collaboration Health Economics. National Health Accounts For Zambia 2002-2004. July 2006. Table Sources to Financing Agents, 2002. in Appendix 1.	HF.2.3 Households	5
Documented		Institutional Collaboration Health Economics. National Health Accounts For Zambia 2002-2004. July 2006. Table Sources to Financing Agents, 2002. in Appendix 1.		5
Documented		Institutional Collaboration Health Economics. National Health Accounts For Zambia 2002-2004. July 2006. Table Sources to Financing Agents, 2004. in Appendix 1.	HF.1.1.1.2 Other Ministries	0
Documented		Institutional Collaboration Health Economics. National Health Accounts For Zambia 2002-2004. July 2006. Table Sources to Financing Agents, 2004. in Appendix 1.	HF.1.1.1.2 Other Ministries	0
Documented		Institutional Collaboration Health Economics. National Health Accounts For Zambia 2002-2004. July 2006. Table Sources to Financing Agents, 2004. in Appendix 1.	HF.2.2 Private Insurance	5
Documented		Institutional Collaboration Health Economics. National Health Accounts For Zambia 2002-2004. July 2006. Table Sources to Financing Agents, 2004. in Appendix 1.	HF.2.3 Households	5
Documented		Instituto Nacional de Estatistica. Cabo Verde Contas Nacionais [Cape Verde National Accounts]. Abril 2003		5
Documented		Instituto Nacional de Estatĺstica. Inqu_rito šs despesas e receitas familiares [Survey on Family Income and Expenditure]		5
Documented		Insurance Statistical Yearbook 2013	Consultation WHS 2015	5
Documented		International Monetary Fund (IMF), International Financial Statistics (IFS)	Data downloaded 05/17/2017	5
Documented		International Monetary Fund (IMF), World Economic Outlook	Data downloaded 04/19/2017	5
Documented		International Monetary Fund (IMF), World Economic Outlook, April 2015	Data accessed: 25.08.2015	5
Documented		International Monetary Fund (IMF), World Economic Outlook, April 2015	Data accessed: 25.08.2015, Previous years in line with UN data	5
Documented		International Monetary Fund (IMF), World Economic Outlook, April 2015	Data accessed: 25.08.2015, previous years in line with UNECE data	5
Documented		IPEA/PAHO		5
Documented	Derived by applying the sum of the components	IDB. Country health profile T 3.1		2
Documented		Iraq Permanent Mission Geneva		1
Documented		JHAQ 2015		5
Documented		Joint Health Accounts Questionnaire 2010	Government financing includes public investrment	5
Documented		Joint Health Accounts Questionnaire 2010	HF. total includes for all years capital spending.	5
Documented		Joint Health Accounts Questionnaire 2010		5
Documented		Joint Health Accounts Questionnaire 2012	Goverment financing includes public investment	5
Documented		Joint Health Accounts Questionnaire 2012	Government financing includes public investment	5
Documented		Joint Health Accounts Questionnaire 2012	Government financing includes public investrment	5
Documented		Joint Health Accounts Questionnaire 2012	HF. total includes for all years capital spending.	5
Documented		Joint Health Accounts Questionnaire 2012	Total financing includes capital formation	5
Documented		Joint Health Accounts Questionnaire 2012	Total financing inlcudes investments spending	5
Documented		Joint Health Accounts Questionnaire 2012		5
Documented		Joint Health Accounts Questionnaire 2013	Government spending includes public investment	5
Documented		Joint Health Accounts Questionnaire 2013	HF. total includes for all years capital spending.	5
Estimated	Derived by applying the sum of the components	interpolated	Health Accounts report Nov 2014	0
Documented		Joint Health Accounts Questionnaire 2013		5
Documented		Joint Health Accounts Questionnaire 2014	HF1 includes public investment	5
Documented		Joint Health Accounts Questionnaire 2014		5
Documented		Joseph Ntangsi. World Bank resident Mission. An analysis of Health Expenditures in cameroon Using a National Health Accounts Framework.T. 1, pp.10.		5
Documented		Kenya NHA 2009/10 Report		5
Documented		Kiribati Public Health Expenditure report		5
Documented		La commission de R_forme du Secteur de la sant_. Plan National de D_veloppement Sanitaire [National Health Development Plan]. T. 1, pp.11		5
Documented		Lao expenditure and consumption survey (LECS5) 2012/2013	Number of households (1118)*average annual expenditure on medical care (616.8).	1
Documented		Latvia Statistical Bureau	Data provided to WHO by HA focal point Dace Krievkalne. January 2016	1
Documented		Liberiaês Second-round national health accounts Part 1: Institutional health spending FY 2009/10 report, page 16		5
Partially Documented	Derived by applying linear interpolation	Linear interpolation		1
Documented		ME, MS. Proyecto de desarrollo de polĺticas y regulaci„n sanitaria. Estimaciones del gasto en salud. Argentina. Noviembre de 2001	Consulta WHS 2013	5

Documented		MEF	Inclut les ressources exterieures et nationales	5
Documented		Memoria Institucional, Ministerio de Salud 2010, pag 140, cuadro 37	Consulta WHS 2012	5
Documented		MEMSP. Rapport de la Commission Gestion et Finances		5
Documented		MEyF Presupuesto ejecutado		5
Documented		Min Eco y Fin: Informe Econ„mico y Social diciembre 2012, tabla 71		5
Documented		Ministerio de Salud - Direcci„n de Financiamiento Sectorial, Cuentas de Salud de Colombia.	Consulta WHS 2013	5
Documented	Derived by applying the share of the variable to PC	Ministerio de Salud - Direcci„n de Financiamiento Sectorial, Cuentas de Salud de Colombia.	Consulta WHS 2013	5
Documented	Derived by applying the share of the variable to the same variable but from another source	Ministerio de Salud - Direcci„n de Financiamiento Sectorial, Cuentas de Salud de Colombia.	Consulta WHS 2013	2
Documented		Ministerio de Salud - Direcci„n de Financiamiento Sectorial, Cuentas de Salud de Colombia.	Consulta WHS 2014	5
Documented		Ministï¿½re du D_veloppement Social, de la Solidarit_ et des Personnes Ag_es¼: Etat des lieux de la couverture maladie universelle au Mali, Rapport final, Octobre 2011. pp. 24.		5
Documented		Ministry of Finance and Economic Empowerment & Central Statistics Office. Household Budget Survey 2006/2007. T. 5.1, pp. 46. March 2009	The sahre is 3% of HHFC	5
Documented		Ministry of finance, Budget expenditure		5
Documented		Ministry of finance, State budget expenditure on health 2011		5
Documented		Ministry of Health & National Institute of Public Health. National Health Accounts in Tunisia: Results for Years 2004 and 2005. T.12, pp. 33. Nov 2007		5
Documented		Ministry of Health & National Institute of Public Health. National Health Accounts in Tunisia: Results for Years 2004 and 2005. T.17, pp. 41. Nov 2007		5
Documented		Ministry of Health and Medical Services.		1
Documented		Ministry of Health and Medical Services. Kiribati National Health Accounts : Estimates 2007 to 2009. Table 2, pp. 12. October 2010		5
Documented		Ministry of Health and Medical Services. Kiribati National Health Accounts : Estimates 2007 to 2009. Table A1, pp. 20. October 2010		5
Documented		Ministry of Health and Medical Services. Kiribati National Health Accounts : Estimates 2007 to 2009. Table A2, pp. 21. October 2010		5
Documented		Ministry of Health and TurkStat, January 2012		5
Documented		Ministry of Health of Albania. Biv. Bajram Curri. Health Sector Finance Study. Final Report. Paragraph 1. Page 24. June 2002		5
Documented		Ministry of Health Poland	Data provided by official contact Malgorzata Zyra.February 2016	1
Documented		Ministry of Health Turkey	Data provided by official contact Dilek Aydogan.February 2016	1
Documented		Ministry of Health, 2012. Heath Accounts for Financial Years 2006/7 to 2008/9. Annex A pp. 101.		5
Documented		Ministry of Health, 2012. Heath Accounts for Financial Years 2006/7 to 2008/9. Annex A pp. 93.	The figure corresponds to the National AIDS Commision expenditure.	5
Documented		Ministry of Health, 2012. Heath Accounts for Financial Years 2006/7 to 2008/9. Annex A pp. 93.		5
Documented		Ministry of Health, 2012. Heath Accounts for Financial Years 2006/7 to 2008/9. Annex A pp. 97.		5
Documented		Ministry of Health, 2014. Heath Accounts for Financial Years 2009/10, 2010/11, and 2011/12. Annex A. pp. 139.		5
Documented		Ministry of Health, 2014. Heath Accounts for Financial Years 2009/10, 2010/11, and 2011/12. Annex A. pp.153.		5
Documented		Ministry of Health, 2014. Heath Accounts for Financial Years 2009/10, 2010/11, and 2011/12. Annex A. pp.157.		5
Documented		Ministry of Health, 2014. Heath Accounts for Financial Years 2009/10, 2010/11, and 2011/12. Annex A. pp.168.		5
Documented		Ministry of Health, 2014. Malawi National Heath Accounts with subaccounts for HIV/AIDS, Malaria, Reproductive Health, and Child Health for Financial Years 2009/10, 2010/11, and 2011/12. Ministry of Health, Department of Planning and Policy Development, Lilongwe, Malawi.		5
Documented		Ministry of Health, data provided 22 March 2017 by technical focal point Maryam Ramezanian	Provided by MoH focal points October 2016	1
Documented		Ministry of Health, data provided 22 March 2017 by technical focal point Maryam Ramezanian		1
Documented	Derived by applying the share of the variable to a related variable	Ministry of Health, data provided 22 March 2017 by technical focal point Maryam Ramezanian		1
Documented		Ministry of Health, Health Accounts		5
Documented		Ministry of Health; Health Accounts		5
Documented		Ministry of Health. Annual Health Sector Performance Report for FY 2014/15. Table 14. pp 17.		5
Documented		Ministry of Health. Comptes de la sant_ du Gabon 2014. Provisional Results.		5
Documented		Ministry of health. Development and Institutionalization of National Health Accounts (NHA), Albania. July 2010. Page 4, table 2.		5
Documented		Ministry of health. Development and Institutionalization of NationalHealth Accounts (NHA), Albania. July 2010. Page 4, table 2.		5
Documented		Ministry of health. Financial plan of Montenegro health system sustainability. Page 9, table 2.		5
Documented		Ministry of health. Health Accounts		5
Documented		Ministry of Health. Health Accounts 2012-13. T.4, pp.26. August 2015.	includes capital expenditures	5
Documented		Ministry of Health. Health Accounts 2012-13. T.4, pp.26. August 2015.		5
Documented		Ministry of Health. Health Accounts for Fiscal Years 2010/11 & 2011/12. June 2015.	FY 2010/11 = calendar year 2010 !	5
Documented		Ministry of Health. Health Accounts for Fiscal Years 2010/11 & 2011/12. June 2015.	FY 2011/12 = calendar year 2011 !	5
Documented		Ministry of Health. Health Accounts for Fiscal Years 2012/13 & 2013/14.	FY 2012/13 = calendar year 2012 !	5
Documented		Ministry of Health. Health Accounts for Fiscal Years 2012/13 & 2013/14.	FY 2013/14 = calendar year 2013 !	5
Documented		Ministry of Health. Health Accounts for mainland Tanzania (FY 2011/12)		5
Documented		Ministry of Health. Health Accounts for mainland Tanzania (FY 2011/12) and Health Accounts for Zanzibar (FY 2011/12 & FY 2012/13).	Two separate health accounts exercises. Zanzibar report released in April 2014. Mainland Tanzania report yet to be officially released.	5
Documented		Ministry of Health. Health Accounts for Sao Tome and Principe (2012 & 2013). Provisional Results.		5
Documented		Ministry of Health. Health Accounts Website. Comptes de la sant_ du Gabon, Synthï¿½se des r_sultats. Accessed November 13, 2015.		5
Documented		Ministry of Health. Health Accounts.		5
Documented		Ministry of Health. Health Accounts. Comptes Nationaux de la sant_. 2011. March 2014.	Comptes Nationaux de la sant_. 2011. Mars 2014.	5
Documented		Ministry of Health. Health Accounts. Comptes Nationaux de la sant_. 2011. March 2014.		5
Documented		Ministry of Health. Health Accounts. Provisional Results		5
Documented		Ministry of Health. Health Accounts. Rapport des comptes de la sant_. 2010 & 2011. December 2013.	Capital included at the agreggate level ONLY. Study does not include any crossed HK classification.	5
Documented		Ministry of Health. Health Accounts. Rapport des comptes de la sant_. 2010 & 2011. December 2013.	Capital NOT included. Study does not include any crossed HK classification.	0
Documented		Ministry of Health. Health Accounts. Rapport des comptes de la sant_. 2010 & 2011. December 2013.		5
Documented		Ministry of Health. Zambia National Health Accounts 2003 to 2006. General accounts with HIV/AIDS, TB and Malaria sub-accounts. Final report. March 2009. Table Sources to Financing Agents, 2003. pp97	HF.2.2 Private Insurance	5
Documented		Ministry of Health. Zambia National Health Accounts 2003 to 2006. General accounts with HIV/AIDS, TB and Malaria sub-accounts. Final report. March 2009. Table Sources to Financing Agents, 2003. pp97	HF.2.3 Households	5
Documented		Ministry of Health. Zambia National Health Accounts 2003 to 2006. General accounts with HIV/AIDS, TB and Malaria sub-accounts. Final report. March 2009. Table Sources to Financing Agents, 2003. pp97	HF.A PUBLIC SECTOR	5
Documented		Ministry of Health. Zambia National Health Accounts 2003 to 2006. General accounts with HIV/AIDS, TB and Malaria sub-accounts. Final report. March 2009. Table Sources to Financing Agents, 2005. pp98	HF.2.2 Private Insurance	5
Documented		Ministry of Health. Zambia National Health Accounts 2003 to 2006. General accounts with HIV/AIDS, TB and Malaria sub-accounts. Final report. March 2009. Table Sources to Financing Agents, 2005. pp98	HF.2.3 Households	5
Documented		Ministry of Health. Zambia National Health Accounts 2003 to 2006. General accounts with HIV/AIDS, TB and Malaria sub-accounts. Final report. March 2009. Table Sources to Financing Agents, 2005. pp98	HF.2.4 Non-profit Instututions	5
Documented		Ministry of Health. Zambia National Health Accounts 2003 to 2006. General accounts with HIV/AIDS, TB and Malaria sub-accounts. Final report. March 2009. Table Sources to Financing Agents, 2005. pp98	HF.A PUBLIC SECTOR	5
Documented		Ministry of Health. Zambia National Health Accounts 2003 to 2006. General accounts with HIV/AIDS, TB and Malaria sub-accounts. Final report. March 2009. Table Sources to Financing Agents, 2006. pp99	HF.2.2 Private Insurance	5
Documented		Ministry of Health. Zambia National Health Accounts 2003 to 2006. General accounts with HIV/AIDS, TB and Malaria sub-accounts. Final report. March 2009. Table Sources to Financing Agents, 2006. pp99	HF.2.3 Households	5
Documented		Ministry of Health. Zambia National Health Accounts 2003 to 2006. General accounts with HIV/AIDS, TB and Malaria sub-accounts. Final report. March 2009. Table Sources to Financing Agents, 2006. pp99	HF.2.4 Non-profit Instututions	5
Documented		Ministry of Health. Zambia National Health Accounts 2003 to 2006. General accounts with HIV/AIDS, TB and Malaria sub-accounts. Final report. March 2009. Table Sources to Financing Agents, 2006. pp99	HF.A PUBLIC SECTOR	5
Documented		Ministry of Labour, Health and Social Affairs of Georgia Official Consultation. 21/01/2009		1

Documented		Ministry of Public Health & National Institute of Public Health. National Health Accounts Tunisia 2000. Matrix 3, pp. 24		5
Documented		Ministry of Public Health & National Institute of Public Health. National Health Accounts Tunisia 2000. T.10, pp. 23		5
Documented		MINSA CNS	Consu;lta WHS 2013	1
Documented	Derived by applying the sum of the components	IPS Colombo, Sri Lanka		2
Documented		MINSA CNS	Consulta WHS 2015	1
Documented	Derived by applying the sum of the components	Joint Health Accounts Questionnaire 2013	HF. total includes for all years capital spending.	TBD
Documented		MINSA CSS	Consulta WHS 2015	1
Documented	Derived by applying the sum of the components	MINSA CNS	Consu;lta WHS 2013	2
Documented		MINSA-OPS-CICS. CNS 2006. T 33		5
Documented		MINSA-OPS-CICS. CNS T 10		5
Documented	Derived by applying the sum of the components	MINSA CNS	Suma de gasto de gobierno y privado	TBD
Documented	Derived by applying the sum of the components	MINSA-OPS-CICS. CNS 2003 T 13		TBD
Documented		MINSA-OPS-CICS. CNS T 11		5
Documented	Derived by applying the sum of the components	MINSA-OPS-CICS. CNS T 10		TBD
Documented		MINSA-OPS-CICS. CNS T 12		5
Documented	Derived by applying the sum of the components	MINSA-OPS-CICS. CNS T 11		TBD
Documented		MINSA-OPS-CICS. CNS T 9		5
Documented		MINSA-OPS-CICS. CNS. 2006 T 22		5
Documented		MINSA-OPS-CICS. CNS. 2006. T 32		5
Documented		MINSALUD	Consulta WHS 2013	1
Documented		MINSALUD	Consulta WHS 2014	1
Documented		MINSALUD		1
Documented		MNHA, Jan 2015	MoH consultation, Jan 2015	1
Documented		Modified from Consultation using Table 9.1, pp. 2.	Their source is Master Plan	1
Documented		Modified from Findings from the Cambodian DHS (2005) and SES (2004/2007) using table 49, pp. 47 & paragraph 2.3, pp. 31	This figure has been adjusted to take into account transport cost	0
Documented		Modified from MoH consultation and NHA 2006 report		1
Documented		Modified from MoH Consultation using Table, pp. 1		1
Documented		Modified from MoH using Comptes Nationaux Algerie 2002/2003 [National Health Accounts 2002/2003]. Paragraphe II, pp.4		2
Documented		Modified from MoH using Comptes Nationaux de la sant_ de l'Alg_rie Ann_es 2000 - 2001 [National Health Accounts of Algeria, years 2000 - 2001]. T.24, pp. 42, 2003		2
Documented		Modified from MoH using Comptes Nationaux de la sant_ de l'Alg_rie Ann_es 2000 - 2001 [National Health Accounts of Algeria, years 2000 - 2001]. T.25, pp.42. 2003		2
Partially Documented		Modified from UNDP, IOM, UNICEF & WHO. Public Financing of the Social Sectors in Angola. T.4.4, pp. 39. August 2002		2
Documented		Modified from WHO using Current Issues in Sector-Wide Approaches for Health Development: Mozambique case study. T.3		2
Documented		Modified from Yearbook of Statistics Singapore 2011 using Table 5.5, pp. 86	Derived by applying the growth rate of private health expenditure from "Yearbook of Statistics Singapore, 2011"	2
Documented		Modified using Azerbaijan Living conditions assessment report, N 52801, World Bank. March 2010. Table 6.1. Page 67	The source is Azerbaijan LSMS 2008	2
Documented		Modified using Health care systems in transition, 2002, page 50, Table 8: Private health expenditure in 1998; and UNPOP		2
Partially Documented		Modified using Houshold budget survey 2006-2007, page 3, Graph 1.		2
Partially Documented		Modified using IMF and Table 7: Percentage Distribution of Total Health Expenditures by Financing Agents, 2002/03-2004/05, pp.33	Sum of Private Insurance + Private Social Insurance Scheme. Private insurance is estimated based on PC.	2
Documented		Modified using MoH. Annual Joint Review Report 2007/08 FY. Annex 1		2
Partially Documented		Modified using NHA and IMF.	Sum of Private Insurance + Private Social Insurance Scheme. Private insurance is estimated based on PC.	2
Partially Documented		Modified using NHA and IMF.	Sum of Private Insurance + Private Social Insurance Scheme. Private insurance scheme is estimated based on PC.	2
Documented	Derived by applying the share of the variable to HHFC	Modified using Statistical Yearbook 2001 and UNNA		2
Documented	Derived by applying the share of the variable to HHFC	Modified using Statistical Yearbook 2001, page 276, table 08.01 Expenditures of teh households; and UNNA		2
Documented	Derived by applying the share of the variable to HHFC	Modified using Statistical Yearbook 2002 and 2009 and UNECE		2
Documented	Derived by applying the share of the variable to HHFC	Modified using Statistical Yearbook 2002, page 288, table 08.01 Expenditures of teh households; and UNNA		2
Documented	Derived by applying the share of the variable to HHFC	Modified using Statistical Yearbook 2010, page 268, table 08.01 Expenditures of teh households; UNECE		2
Documented		Modified using Statistical Yearbook 2011, page 276.		2
Documented	Derived by applying the share of the variable to HHFC	Modified using The Statistical Review: Incomes, Expenditures and Prices. Page 104. 2009 and UNECE		2
Documented		Modified using UNECE and Statistical yearbook 2011, page 172. Household expenditure on health as % of total household expenditures.		2
Documented		Modified using World Bank report N 31468 - AZ, health sector review note. June 30, 2005. Table 4.2. Page 90		2
Documented		MOF		1
Documented		MoF		1
Documented		MoF Expenditure estimates 2012/2013	Included Hospital Bellevue, MoH and capital	5
Documented		MoF National accounts report 2010 Appendix on expenditure on GDP T 2007		5
Documented		MoF website, Insurance monitoring	Volontary insurance - medical payments	5
Documented		MOF, Budget of ukraine 2014, table 2.26, page 102	Adjusted for social benefits which are not part of health	0
Documented		MOF, Budget of ukraine 2014, table 2.26, page 126	Adjusted for social benefits which are not part of health	0
Documented		MoF, Expenditure to be Appropriated by Ministries and Programmes, Ministry of Health and Quality of Life, page 9		5
Documented		MoF, State budget execution 2014, page 5		5
Documented		MoF. Annual Fiscal Outturn FY2013-14. T. 13 Annual Commitment. pp.32.		5
Documented		MoF. Annual Fiscal Outturn FY2014-15. T. 19 Commitment. pp.19.		5
Documented		MoF. Budget de l'Etat 2011. Section 610. pp. 259.	BUDGET	5
Documented		MoF. Budget de l'Etat 2012. Section 610. pp. 565.	BUDGET	5
Documented		MoF. Budget de l'Etat 2013. Section 610. pp. 317.	BUDGET	5
Documented		MoF. Budget de l'Etat 2014. Section 610. pp. 30.	BUDGET	5
Documented		MoF. Bulletin of Public Finance. July 2009		5
Partially Documented		MoF. Loi de Finance 2014.	Budget	5
Documented		MoF. Resumo da despesa por funcao [Central government general expenditure]. Despesa Do Órg†o Por Fun□ao, pp. 234.		5
Documented		MoF. Resumo da despesa por funcao [Central government general expenditure]. Despesa Do Órg†o Por Fun□ao, pp. 44.		5
Documented		MoH	Consultation WHS 2012	1
Documented		MoH	Consultation WHS 2014	1
Documented		MoH	Data provided by official focal point H_□ne Soual. January 2016	1
Documented		MoH		1
Documented		MOH	Consulta WHS 2015	1
Documented		MOH - NHA data, sent October 2011.		5
Documented		MoH & Child Welfare. National Health Accounts. T. Financing Agents, pp. 28. 1999		5
Documented		MoH & Child Welfare. National Health Accounts. T.1, pp. 14. 1999		5
Documented		MoH & Child Welfare. Zimbabwe National Health Accounts 2001. Annex 1, pp. 60		5
Documented		MoH & Economic Policy Research Centre. National Health Accounts for Uganda FY 1997/98. T.1, pp. 13. June 2000		5
Documented		MoH & WHO & WB . Lebanon national health accounts. 1998. T.7, pp.35. Dec 2000		5
Documented		MoH & WHO. Comptes Nationaux de la Sant_ exercice 2004 [National Health Accounts 2004]. T.9, pp.26. August 2006		5
Documented		MoH & WHO. Les comptes nationaux de la sant_ - p_riode 2002 [National Health Accounts - period 2002]. T.5. June 2005		5
Documented		MoH & WHO. Les comptes nationaux de la sant_ - p_riode 2002 [National Health Accounts - period 2002]. T.6. June 2005		5
Documented		MoH 2013 Health Accounts. Provisional Results.		5
Documented		MOH 2015, The Gambia Health Accounts for Year 2013 (draft version).	Sum of General government expenditure on health + Private expenditure on health (including capital).	TBD
Documented		MOH 2015, The Gambia Health Accounts for Year 2013 (draft version).		5
Documented		MOH Annual Health Financing Report (AHFR)		5

Documented		MoH Annual Report 2001 T 3.2		5
Documented		MoH Cons Jan 2013	Consulta WHS 2012	1
Documented		MoH Cons Jan 2013	Consulta WHS 2013	1
Documented		MoH Cons Jan 2013		1
Documented		MOH Consultation		1
Documented		MoH consultation (iHPP), Jan 2014		5
Documented		MoH consultation 30 Jan 2013		1
Documented		MoH consultation Jan 2013		1
Documented		MoH consultation Jan 2014		1
Documented		MoH consultation Nov 2013	Portion of Ext Res (12490) that goes through private	1
Documented		MoH consultation Nov 2014		1
Documented		MoH consultation Oct 2013	Residual of total private and NGOs	1
Documented		MoH Consultation WHS 2014		1
Documented		MoH consultation with Ms Ana Tartari, September 2015	Beside the expenses of Ministry of Health, in this figure are also included the expenses that the Ministry of Social Welfare ¾has for people with disabilities and the expenses that of the Ministry of Justice has for prison hospitals. This figure also includes foreign financing that is performed in the health sector.	1
Documented		MoH consultation, Jan 2014		1
Documented		MOH consultation, Nov 2013 (Households Socio-economic survey, NSO)		5
Documented		MoH consultation. "Tendencias or□amentais Sector Saude 2009-2013" [MoH presentation on expenditure trends]. November 2012.	Budget	1
Documented		MoH consultation. "Tendencias or□amentais Sector Saude 2009-2013" [MoH presentation on expenditure trends]. November 2012.		1
Documented		MoH consultation. February 2016.		1
Documented		MoH Consultation. January 2016.		1
Documented		MOH countri consultation, November 2011. Data comes from National Bank.		5
Documented		MOH country consultation . January 2010. NHA data.		5
Documented		MoH Country Consultation. February 2009		1
Documented		MoH Country Consultation. January 2010. Revised		1
Documented		MoH data, received after country consultation November 2011.		1
Documented		MoH estimate	During Tech cons WHS2013 (ADB KI 2015 figure is 328800)	1
Documented		MOH officia country consultation, January 2012. NHA data.		5
Documented		MOH Official comsultation 24 jan. 2011 (NHA data)		5
Documented		MOH Official consultation 13 January 2012. NHA data.		5
Documented		MOH Official consultation 14 Jan. 2011.		1
Documented		MOH Official consultation 25 January 2011. NHA data.		5
Documented		MOH Official consultation January 2012		1
Documented		MOH Official consultation January 2012 (NHA data)		5
Documented		MOH official consultation January 2012. NHA data.		5
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Documented		MOH official consultation Janvier 2014		1
Documented		MOH official consultation, 2013, HA data 2010		5
Documented		MOH official consultation, 2013, HA data 2011		5
Documented		MOH official consultation, January 2012.		1
Partially Documented		MOH official consultation, March 2016	Data send by MOH include only domestically funded NGOs	1
Documented		MOH official consultation, March 2016		1
Documented		MOH official consultation. 27/01/2010.	ADB series are the same except for 2001-2005 and 2007-2008	1
Documented		MoH Official consultation. Jan 2010		1
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Documented		MoH Official Reply 2009. NHA Tables. 14 Jan 2009		5
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Documented		MoH response	Consultation WHS 2015	1
Documented		MoH response Feb 2016		1
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Documented		MoH response, Feb 201	Adjusted figure	0
Documented		MoH response, Jan 2012	Same appear in Green paper, OECD http://www.oecdkorea.org/social/sp_publish_eng.asp?curPage=2	1
Documented		MoH response, Jan 2014		1
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Documented		MoH. Comptes Nationaux de la sant_, 2005-2006 [National Health Accounts, 2005-2006]. T. 5, pp. 22. Dec 2009	Domestic and Foreign NGOs	5
Documented		MoH. Comptes Nationaux de la sant_, 2005-2006 [National Health Accounts, 2005-2006]. T. 5, pp. 22. Dec 2009	Sum of "mutuelles de sant_" + "soci_t_s d'assurances priv_es"	2
Documented		MoH. Comptes Nationaux de la sant_, 2005-2006 [National Health Accounts, 2005-2006]. T. 6, pp. 23. Dec 2009	Domestic and Foreign NGOs	5
Documented		MoH. Comptes Nationaux de la sant_, 2005-2006 [National Health Accounts, 2005-2006]. T. 6, pp. 23. Dec 2009	Sum of "mutuelles de sant_" + "soci_t_s d'assurances priv_es"	2
Documented		MoH. Construction des Comptes Nationaux de la Sant_ pour 2003 [Construction of National Health Accounts for 2003]. T.5, pp.27. Nov 2005		5
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Partially Documented		MoH. Consultation		1
Documented		MoH. Consultation based on "Rapport d'ex_cution PIP et Tr_sorerie G_n_rale des Comores"		1
Documented		MoH. Consultation for WHR 2008.		1
Documented		MoH. Consultation.		1
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Documented		MoH. Consultation. 2010.		1
Documented		MoH. Consultation. February 2011		1
Documented		MoH. Consultation. January 2007		1
Documented		MoH. Consultation. November 2013.	Sum of domestically funded expenditure (source is MoFED) and donor funded government expenditure (source is DACO and specific donors).	1
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Documented		MoH. Consultation. Table, pp. 1		1

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Documented		MoH. Les Comptes Nationaux de la Sant_ de la C»te d'Ivoire, 2007-2008 [National Health Accounts of Cote d'Ivoire, 2007-2008]. Table HF x HC, pp. 93. Sept 2010	Sum of ONG National and ONG International	2
Documented		MoH. Les Comptes Nationaux de la Sant_ de la C»te d'Ivoire, 2007-2008 [National Health Accounts of Cote d'Ivoire, 2007-2008]. Table HF x HC, pp. 93. Sept 2010		5
Documented		MoH. Les Comptes Nationaux de la Sant_ de la C»te d'Ivoire, 2007-2008 [National Health Accounts of Cote d'Ivoire, 2007-2008]. Table HF x HC, pp. 98. Sept 2010	Sum of ONG National and ONG International	2
Documented		MoH. Les comptes nationaux de la sant_ du mali 1999-2004 [National Health Accounts 1999-2004]. pp.68-88. March 2007		5
Documented		MoH. Les comptes nationaux de la sant_ du mali 1999-2004 [National Health Accounts 1999-2004].T. D_penses de sant_ du mali 1999, pp.68-88. March 2007		5
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Documented		MoH. National Health Accounts 2002/03 and 2005/06. T. (HF X HC)		5
Documented		MoH. National health Accounts 2005-2006. T.3.3, pp.20. March 2009		5
Documented		MoH. National Health Accounts 2007. T. (HF x HC). September 2010	Expenditures of "Mutuelles de Sant_" and "Soci_t_s d'assurances priv_es "	2
Documented		MoH. National Health Accounts 2007. T. (HF x HC). September 2010	this amount is the sum of "Institutions š but non lucratifs au service des m_nages" and "Fonds des ONG, Fondations et firmes internationales" spending	2
Documented		MoH. National Health Accounts 2007. T. (HF x HC). September 2010	Total expenditure on health by household is equal to out of pocket expenditure less health-related expenditure	2
Documented		MoH. National Health Accounts 2007/08. T. General financing source x Financing Agent, pp.59. Oct 2009		5
Documented		MoH. National Health Accounts 2008. T.7, pp.11-12.		5
Documented		MoH. National Health Accounts 2008. table HF x HC. October 2010	Expenditures of "Mutuelles de Sant_" and "Soci_t_s d'assurances priv_es "	2
Documented		MoH. National Health Accounts 2008. table HF x HC. October 2010	this amount is the sum of "Institutions š but non lucratifs au service des m_nages" and "Fonds des ONG, Fondations et firmes internationales" spending	2
Documented		MoH. National Health Accounts 2008. table HF x HC. October 2010	Total expenditure on health by household is equal to out of pocket expenditure less health-related expenditure	2
Documented		MoH. National Health Accounts 2009. table HF x HP. October 2011	Expenditures of "Mutuelles de Sant_" and "Soci_t_s d'assurances priv_es "	2
Documented		MoH. National Health Accounts 2009. table HF x HP. October 2011	this amount is the sum of "Institutions š but non lucratifs au service des m_nages" and "Fonds des ONG, Fondations et firmes internationales" spending	2
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Documented		MoH. NHA 1998-2000. Matrix 2C		5
Documented		MoH. NHA 1998-2000. Matrix 3C		5
Documented		MoH. NHA 1998/99.T.4.3, pp.16. August 2001		5
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Documented		MoH. NHA 2001. T.2, pp.23. Sept 2005		5
Documented		MoH. NHA 2004		5
Documented		MoH. NHA 2004-2006. pp. 55	Excludes HC.R.2 onwards	5
Documented		MoH. NHA 2004-2006. pp. 59	Excludes HC.R.2 onwards	5
Documented		MoH. NHA 2004-2006. pp. 63	Excludes HC.R.2 onwards	5
Documented		MoH. NHA 2005. T. sources to Financing Agents 2005		5
Documented		MoH. NHA 2008-2009. HF x HC table in the annexes	Mutuelles de sant_ + R_gime d'assurance des employeurs priv_s	TBD
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Documented		MoH. NHA 2008-2009. HF x HC table in the annexes		5
Documented		MoH. NHA 2008. Annex I, T. 7.	National and International NGOs. Excludes expenditure on Training & Education.	0
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Documented		MoH. NHA 2010. unpublished data.	MoH consultation. January 2013.	1
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Documented		MoH. NHA report 2008. Table HF x HC (table B.3), pp.87. April 2010	Modified to include HF.3 expenditures funded by international NGOs.	2
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Documented		MoH. NHA report, T.8 HC x HF. pp. 51. 2012.	Local and International NGOs.	5
Documented		MoH. NHA report, T.8 HC x HF. pp. 51. 2012.		5
Documented		MoH. NHA. Appendix 1, pp.85		5
Documented		MoH. NHA. Appendix 4, pp.89		5
Documented		MoH. NHA. T. (HFx FS). Unpublished data		1
Documented		MoH. NHA. T. (HFx HC). Unpublished data		1
Documented		MoH. NHA. T. 3.11 HF x HC.		5
Documented		MoH. Programme National des Comptes de la Sant_ [National Program of National Health Accounts]		5
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Documented		MoH. Rwanda National Health Accounts 2002. Annex A, T. A-1. March 2005		5
Documented		MoH. Rwanda National Health Accounts 2002. Annex D, T. D-1. March 2005		5
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Documented		MSD	Consuklta WHS 2016	1
Documented		MSD	Consulta WHS 2016	1
Documented	Derived by applying the share of the variable to a related variable	MSD	Consulta WHS 2016	1
Documented		MSD	Consulta WHS 2016	1
Documented		MSD Cuentas de Salud	Consulta WHS 2016	1
Documented		MSD Julien-Dupuy-Analisis-del-gasto-y-financiamiento-en-salud-en-Bolivia-2003-2010	Consulta WHS 2016	5
Documented		MSP CS	Consulta WHS 2016	1
Documented		MSPAS. RENDICIÓN DE CUENTAS 2014-2015		5
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Documented		National Center for Public Health Statistics and Informatics	Correspondence with technical focal point Radoi Steluta - February 2016	1
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Documented		National Health Accounts for Uganda FY 1997/98. June 2000	Sum of Territorial governments + Parastatals corporations	2
Documented	Derived by applying the share of the variable to PC	National Health Accounts for Uganda FY 1997/98. June 2000		5
Documented		National Health Accounts India 2004-2005. T.5.5, Sept 2009	Sum of GIC companies and Pvt Insurance companies	2
Documented		National Health Accounts India. T. 3.7, pp. 31. Dec 2005	Sum of GIC companies and Pvt Insurance companies	2
Documented		National Health Accounts. HC 3/2003		5
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Documented		National Statistical Coordination Board website, 2005 to 20011 Philippine National Health Accounts.		5
Documented		National Statistical Office Malta	Data provided by official contact Vanessa Dimech.February 2016	1
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Documented	Derived by applying the sum of the components	MINSA-OPS-CICS. CNS T 12		TBD
Documented		National Statistics Office		1
Documented		National Treasury 2015		5
Documented		New estimates form the country		1
Documented		NHA		5
Documented		NHA Table 3.8 & 3.9 and 3.11		5
Documented		NHA . Table 3.8		5
Documented		NHA 2001		5
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Documented		NHA 2009, NHA Tables. T.4: Health Expenditure by Financing Agent and Function		5
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Documented		NHA preliminary report	External funds were treated as resident corpporations Non-for-Profit	0
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Documented		NHA report 2006.		5
Documented		NHA report 2007		5
Documented		NHA report 2008.		5
Documented		NHA report 2009.		5
Documented		NHA report Nov 2014		5
Documented		NHA Report, July 2012.	Health related functions are excluded.	0
Documented		NHA Report, July 2012.		5
Documented		NHA study 2012 (SHA 2011), Sept 2014	HFxFA table in PT study (FA.2). Data reported in USD converted to Riel at the IMF annual average exchange rate for 2012.	1
Documented		NHA study 2012 (SHA 2011), Sept 2014	HFxFS table in PT study. Sum of Health equity fund, other central govt schemes and other govt schemes. Data reported in USD converted to Riel at the IMF annual average exchange rate for 2012.	1
Documented		NHA Table 3.1, 3.12, A6, A9		5
Documented		NHA table, 2009	Household, private insurance and rest of the world figures are WHO estimates for 2009 broken down by applying previous proportions	1
Documented		NHA table, 2009		5
Documented		NHA WHR 2008 Technical consultation	(a) ADB, National Accounts Analysis and Social Sector Reform in Nepal: A report for the Education and Health Sector Assistance Strategy Study November 1996, and (b) CBS/GON/NPC, NLSS 2003/04.	1
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Documented		NNHA 2005. Table 2.1 "Amounts of health expenditure by source of funds", pp. 13.		5
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Documented		NPISH's final consumption expenditure on health goods and services. Source: Health Satellite Account (2007 -2009).		5
Documented		NSB. Household Income and Expenditure Survey 1999/2000		5
Documented		NSB. Household Income and Expenditure Survey2006/2007. T. 4.2, pp. 22. July 2009	In 2006, the average household size is 3.7	5
Documented		OCEI T2. M. Glez Reforma del Sistema de Salud en venezuela T 2.		5
Documented		OECD green paper T.3.1,pp16		5
Documented		OECD Green paper. 1999-2002 Table A2.		5
Documented		OECD Green paper.1999-2002, Annex T.2	Data adjusted using the NHA 2002 as a benchmark.	2
Documented		OECD HEALTH DATA 2010, October	HF. total includes for all years capital spending.	5
Documented		OECD HEALTH DATA 2010, October		5
Documented		OECD Health expenditure and financing database, last updated June,2013		5
Documented		OECD, Health Expenditure and Financing Dataset	Data accessed: 19.11.2015	5
Documented	Derived by applying the share of the variable to GDP	OECD, Health Expenditure and Financing Dataset	Data accessed: 19.11.2015	2

Documented	Derived by applying the share of the variable to PC	OECD, Health Expenditure and Financing Dataset	Data accessed: 19.11.2015	5
Documented	Derived by applying the sum of the components	MINSA-OPS-CICS. CNS T 9		TBD
Documented		OECD, Health Expenditure and Financing Dataset	Datasource accesssed 14.11.2014	5
Documented		OECD, Health Expenditure and Financing Dataset	Sum current and capital	2
Documented		OECD, Health Expenditure and Financing Dataset	Sum current and capital	2
Documented		OECD, Health Expenditure and Financing Dataset	Sum current and capital	2
Documented		OECD, Health Expenditure and Financing Dataset	Sum govt and private health expenditure	TBD
Documented		OECD, National Accounts Dataset	Data accessed: 27.08.2015	5
Documented		OECD, National Accounts Dataset	Datasource accesssed 14.11.2014	5
Documented		Official consultation Febriuary 2014	NHA data	5
Documented		Official MoH Consultation December 2009		1
Documented		Official MOH consultation December 2012		1
Documented		Official MOH consultation January 2014 (NHA data)		5
Documented		Official MoH reply , January 2016		1
Documented		Official MOH reply February 2015		1
Documented		Official MOH response February 2014		1
Documented		ONE	Consultation WHS 2014	1
Documented		ONE Anuario Estadistico	Cifras ofrecidas por el MS Consulta WHS 2012	5
Documented		ONE Anuario Estadistico T 6.2		5
Partially Documented		ONE Anuario Estadistico T XIV.1, asumiendo que hay reembolso de la mitad de los gastos directos	50% del gasto en productos farmac_uticos en la red minorista que no es reembolsado al usuario (14.1).	0
Partially Documented		ONE Anuario Estadistico T XIV.1, asumiendo que hay reembolso de la mitad de los gastos directos	Refiere a ventas al por menor en farmacias y „pticas	0
Partially Documented		ONE Anuario Estadistico T XIV.1, asumiendo que hay reembolso de la mitad de los gastos directos	Refiere a ventas al por menor en farmacias y „pticas en 2010	0
Partially Documented		ONE Anuario Estadistico T XIV.1, asumiendo que hay reembolso de la mitad de los gastos directos	Sistema estatal y social gratuito. Incluye pagos directos de hogares complementarios, con base en el reporte de 1997.	0
Documented		ONE. PANORAMA ECONÓMICO Y SOCIAL. CUBA 2011 T 15	MoH response, March 11, 2014	5
Documented		ONE. PANORAMA ECONÓMICO Y SOCIAL. CUBA 2012 T 15	MoH response, March 11, 2014	5
Documented		ONS [CBS]. "ENQUETE SUR LES DEPENSES DE CONSOMMATION ET LE NIVEAU DE VIE DES MЄNAGES 2011", T.19. pp.24. 2014.		5
Documented		OPS La Salud de las Am_ricas 2012	1.8% del PIB (IMF)	5
Documented		OPS. 3.2% PIB del IMF		1
Documented	Derived by applying the share of the variable to GDP	PAHO	2.95% of IMF GDP	2
Documented		PAHO		5
Documented		PAHO Basic Indicators 2014	1.3% GDP	5
Documented		PAHO Basic Indicators 2014	1.6% GDP	5
Documented		PAHO Basic Indicators 2014	4.3% GDP	5
Documented		PAHO Basic Indicators 2014		5
Documented		PAHO Health in the Americas	Weight in CPI 2004 is 2, in 1990 was 1.9	5
Documented		PAHO Health in the Americas 2012		5
Documented	Derived by applying the share of the variable to GDP	PAHO. 3.9% IMF GDP		2
Documented	Derived by applying the share of the variable to GDP	PAHO. =0.8% of UN GDP		2
Documented	Derived by applying the share of the variable to GDP	PAHO. 2% del PIB del FMI		2
Documented		Pan American Health Organization, Health Situation in the Americas: Basic Indicators 2006.		5
Documented		Partners for Health Reform & USAID. Ethiopia's third National Health Accounts, 2004/05. T. C-1. Sept 2006		5
Documented		Partnerships for Health reform. Jordan National Health Accounts. T. ES-2. March 2000		5
Documented		Partnerships for Health reform. Rwanda National Health Accounts 1998. Executive Summary, T. ES-3. Sept 2000		5
Documented		PBS NHA 2009-2010	Incl Official donor agencies (4388)	5
Documented		PBS NHA 2009-2010		5
Documented		Pg.13, Myanmar Helath care system		5
Documented		Piya Hanvoravongchai. Findings from the cambodian DHS (2005) and SES (2004/2007). Paragraph "Discussion" , pp. 69. August 2010		5
Documented		Policy Affairs Directorate. Qatar National Health Accounts	Data for 2011 are not comparable to 2010 and previous years due to the change to the new SHA 2011 methodology	5
Documented		Policy Affairs Directorate. Qatar National Health Accounts		5
Documented		Policy Affairs Directorate. Qatar National Health Accounts - 1 st Report Years 2009 & 2010. Table 7, pp. 23. June 2011		5
Partially Documented		PP. 12, T.3, Health Financing report 2012, Cambodia	Estimated based on % to GDP (National)	2
Documented		PP. 15, T.6, Health Financing report 2012, Cambodia		5
Documented		PP.33, Health Financing report 2010, Cambodia		5
Documented		Pp.34, Health Financing Report 2009	Community based Health Insurance, CBHI. Approximation based on bar chart	0
Documented		Presupuesto ejecutado OCEPRE		5
Partially Documented	Derived by applying the share of the variable to PC	Proporci„n reportada en la ENPF 2005	WHS 2016. Se necesita identificar otras encuestas m`s actuales	2
Partially Documented		Proporci„n reportada en la ENPF 2005	WHS 2016. Se necesita identificar otras encuestas m`s actuales	1
Documented		Proporci„n reportada en la ENPF 2005	WHS 2016. Se necesita identificar otras encuestas m`s actuales	1
Partially Documented	Derived by applying the share of the variable to GGE	Proyecci„n basada en gasto de gobierno		2
Documented		PTstudy 2014	tableau crois_ HF x FS	5
Documented		Public Expenditure review		1
Documented		Public Expenditure review, IMF, poverty reduction strategy paper		5
Documented		Public Finance Unit		1
Documented		Quart Stat Digest table 5.4		5
Documented		Report of the Blue Ribbon Commission on National Health Insurance table 3.27		5
Documented		Report of the Blue Ribbon Commission on National Health Insurance T 3.27		5
Documented		Report of Tunisian Federation of private insurance 2011		5
Documented		Report on National health accounts in Kyrgyzstan: Review of total health expenditures for 2006. Policy research paper 48. March 2008. Annex table1		5
Documented		Reporte de ONG MPCE		5
Documented		Resultados preliminares NS MSP	Consulta WHS 2015	5
Documented		Resultados Preliminares CNS MSP	Consulta WHS 2015	5
Documented		Resultados preliminares CNS. MSP	Consulta WHS 2014	5
Documented		Review of total health expenditures 2004. The first report on NHA in Kyrgyzstan. September 2006. Table 1, page 39.		5
Documented		revised data by MoH for WHS		5
Documented	Derived by applying the share of the variable to HHFC	Saint Lucia Survey of Living Conditions and Household Budget 2005		5
Documented		Salud en las Am_ricas	Sistema de Salud estatal y social, gratuito	1
Documented		Salud en las Americas		5
Documented		SAMA. The Saudi Insurance Market Report 2010. Table 6, pp. 41.		5
Documented		Secretaria de Salud. Gasto y financiamiento en salud 2005	El nivel de gasto de gobierno en salud es relativamente elevado respecto del gasto total de gobierno. Convendria verificar que las series correspsonden a las definiciones internacionales del contenido a reportar	1
Documented		SHA report 2013		5
Documented		SIAF-MINFIN. DATOS OFRECIDOS POR EL MINSA. Consulta WHS 2014		1
Documented		SICO. Ministerio de Hacienda		5
Documented	Derived by applying the sum of the components	National Statistics Office	Sum of current and capital NPISH expenditure	2
Documented		SICO. Ministerio de Hacienda. Banco Central del Paraguay. DGEEC. MSPyBS. Estudio cuentas de salud, Ministerio de Salud, 2012.	CNS	5
Documented		SICO. Ministerio de Hacienda. Banco Central del Paraguay. DGEEC. MSPyBS. Estudio cuentas de salud, Ministerio de Salud, 2012.		5
Documented		South Africa Health Review 2008, page 196, Table 1		5
Documented		South Africa Health Review, page 33, Table 3		5
Documented		South Africa WCO Office.		5
Documented		SPO/MS e SIOPS/MS, enviados por IPEA/PAHO,		5
Documented		SSCCSE. Key Indicators for Southern Sudan. Paragraph "The government", pp. 5.		5
Documented		SSI. Ufficio Programmazione Economica - Protezione sociale - Sanitš		5
Documented		SSN Evoluci„n del mercado		5
Documented		Stat Office		1
Documented		Stat Year book	Government financing includes public investment	5
Documented	Derived by applying the sum of the components	OECD, Health Expenditure and Financing Dataset	Data accessed: 19.11.2015	TBD
Documented		Stat Year book		5
Documented		Stat Yearbook	HF. total includes for all years capital spending.	5
Documented		Stat Yearbook		5

Documented		State implementing Agency of Health, Govt of Mongolia	During Tech cons WHS2013	1
Documented		Statistical Abstract		1
Documented		Statistical Abstract 1998. T.65, pp. 81. 1999		5
Documented		Statistical Abstract 2000. T.65, pp. 83. 2001		5
Documented		Statistical office	HF. total includes for all years capital spending.	1
Documented		Statistical office		1
Documented		Statistical Service	Goverment financing includes public investment	1
Documented		Statistical Service	Total financing inlcudes investments spending	1
Documented		Statistical Service		1
Documented		Statistical Service. Health & Hospital Statistics	Goverment financing includes public investment	5
Documented		Statistical Service. Health & Hospital Statistics	Total financing inlcudes investments spending	5
Documented		Statistical Service. Health & Hospital Statistics		5
Documented		Statistical Yearbook of Kazakhstan. 2002. Page 71		5
Documented		Statistics Iceland	Data provided by official contact Thorunn Freyja Gistafsd,,ttir.February 2016	1
Documented		Statistics Norway	Data provided by official focal point Jeanette Oynes January 2016	1
Documented		Sum		TBD
Partially Documented		Sum of territorial spending + health insurance		TBD
Documented		Sum current and capital		TBD
Documented		Sum of central and local government.		TBD
Partially Documented		Sum of central and local government.		TBD
Documented		Sum of Central government + Local + State + Entities managed mostly with external funds (HA data)		TBD
Documented		Sum of Central government + Local/Municipal governments		TBD
Partially Documented		Sum of Central government + Local/Municipal governments		TBD
Documented		Sum of Central government + Locals / municipal governments		TBD
Partially Documented		Sum of Central government + Locals / municipal governments		TBD
Partially Documented		Sum of Central government + Locals / Municipal governments		TBD
Documented		Sum of Central government + Locals / municipal governments + Entities managed mostly with external funds		TBD
Partially Documented		Sum of central government + social security		TBD
Documented		Sum of central government + social security		TBD
Documented		Sum of Central government + States / provincial governments + Locals / municipal governments		TBD
Partially Documented		Sum of Central government + States / provincial governments + Locals / municipal governments + Social Security + Entities mostly managed with external funds		TBD
Documented		Sum of Central government + States / provincial governments + Locals / municipal governments + Social Security + Entities mostly managed with external funds		TBD
Documented		Sum of Central government + States / provincial governments + Locals / municipal governments + Social Security + Parastatals + Entities mostly managed with external funds		TBD
Documented		Sum of Central government and Local expenditures		TBD
Partially Documented		Sum of Central government and Local government		TBD
Documented		Sum of Central government and Local governments		TBD
Documented		Sum of Central government and local governments (FA data)		TBD
Documented		Sum of Central Government and Locals/Municipal Governments		TBD
Partially Documented		Sum of Central Government and Social Security Funds		TBD
Documented		Sum of central government expenitures and Social Health Insurance health expenditures	Consultation WHS 2014	TBD
Documented		Sum of central government expenitures and Social Health Insurance health expenditures		TBD
Partially Documented		Sum of central, state, and local government expenditures on health.		TBD
Documented	Derived by applying the sum of the components	SICO. Ministerio de Hacienda. Banco Central del Paraguay. DGEEC. MSPyBS. Estudio cuentas de salud, Ministerio de Salud, 2012.	CNS	2
	Derived by applying the sum of the components	SICO. Ministerio de Hacienda. Banco Central del Paraguay. DGEEC. MSPyBS. Estudio cuentas de salud, Ministerio de Salud, 2012.	CNS	0
Documented	Derived by applying the sum of the components	Stat Year book	Total financing includes capital formation	TBD
Documented	Derived by applying the sum of the components	Sum of components	Includes expenditure from endowment funds. MoH-Singapore website states as 2010	2
Documented	Derived by applying the sum of the components	Sum of components	Includes expenditure from endowment funds. MoH-Singapore website states as 2283	2
Documented	Derived by applying the sum of the components	Sum of components	Includes expenditure from endowment funds. MoH-Singapore website states as 2814	2
Documented	Derived by applying the sum of the components	Sum of components	Includes expenditure from endowment funds. MoH-Singapore website states as 3735	2
Documented	Derived by applying the sum of the components	Sum of components	Includes expenditure from endowment funds. MoH-Singapore website states as 3846	2
Documented	Derived by applying the sum of the components	Sum of components	Includes expenditure from endowment funds. MoH-Singapore website states as 4077	2
Documented	Derived by applying the sum of the components	Sum of components	Includes expenditure from endowment funds. MoH-Singapore website states as 4809	2
Documented	Derived by applying the sum of the components	Sum of components	Includes expenditure from endowment funds. MoH-Singapore website states as 5907	2
Documented	Derived by applying the sum of the components	Sum of components	Includes expenditure from endowment funds. MoH-Singapore website states as 7343	2
Documented	Derived by applying the sum of the components	Sum of components	Sri Lanka NHA (SLNHA) Phase III Estimates	2
Documented	Derived by applying the sum of the components	Sum of components		2
Partially Documented		Sum of current + capital general government expenditure on health.		TBD
Partially Documented		Sum of current and capital	Sum of current and capital	2
Partially Documented		Sum of current and capital	Sum of current and capital	2
Partially Documented		Sum of current and capital	Sum of current and capital	2
Documented		Sum of current and capital	WHO estimate based on average government share of total health capital expenditure (HK x HF.2.1-HF.2.2)(2003-2013)(=4%) applied to total capital	1
Documented		Sum of current and capital		TBD
Estimated	Derived by applying the sum of the components	Sum of components		0
Documented	Derived by applying the sum of the components	Sum of components (Tech consultation, Nov 2015 with National center for health development)	ADB KI 2015 figure is 435800	2
Documented	Derived by applying the sum of the components	Sum of components (Tech consultation, Nov 2015 with National center for health development)	ADB KI 2015 figure is 509800	2
Documented	Derived by applying the sum of the components	Sum of components (Tech consultation, Nov 2015 with National center for health development)	ADB KI 2015 figure is 643000	2
Documented	Derived by applying the sum of the components	Sum of expenditure of Territorial governments, Parastatal corporations and Entities managed with external funds.	MOH letter figure different from the figs in table 3.9 of the NHA report. Probably the figure for firms need to be broken into public and private	2
Documented	Derived by applying the sum of the components	Sum of expenditure of Territorial governments, Parastatal corporations and Entities managed with external funds.		2
Partially Documented	Derived by applying the sum of the components	Sum of expenditure of Territorial governments, Parastatal corporations and Entities managed with external funds.		2
	Derived by applying the sum of the components	Sum of expenditure of Territorial governments, Parastatal corporations and Entities managed with external funds.		0
Estimated	Derived by applying the sum of the components	Sum of expenditures on Territorial governments, Social security funds	Estimates based on MoH WHR 2007 consultation	0
Documented	Derived by applying the sum of the components	Sum of expenditures on Territorial governments, Social security funds	Financial Allocation to Social Budget _ MoF (Provisional) states GGHE%GGE is 1.03%, and GGHE%GDP as 0.2%; however this looks too low by our GGE	2
Documented	Derived by applying the sum of the components	Sum of expenditures on Territorial governments, Social security funds	MoH consultations, Nov 2011	2
Documented	Derived by applying the sum of the components	Sum of expenditures on Territorial governments, Social security funds	Planning Dep. Min. of Planning and Economic Development (2008 consultation)	2
Documented	Derived by applying the share of the variable to GGE	Sum of expenditures on Territorial governments, Social security funds and Extra budgetary entities.	Components are estimated based on growth of GGE	TBD
Documented		Sum of expenditures on Territorial governments, Social security funds and Extra budgetary entities.	Technical consultation with Dr.Yuxin, Nov. 2011	TBD
Partially Documented		Sum of General govenrment expenditure on health + Private expenditure on health		TBD
Documented		Sum of General govenrment expenditure on health + Private expenditure on health		TBD
Partially Documented		Sum of general government and Private expenditure on health		TBD
Documented	Derived by applying the sum of the components	Sum of expenditures on Territorial governments, Social security funds		2
Estimated	Derived by applying the sum of the components	Sum of expenditures on Territorial governments, Social security funds		0
Documented	Derived by applying the sum of the components	Sum of expenditures on Territorial governments, Social security funds and Entities managed with external funds	Country response, Jan 2011 (by iHPP)	2
Documented	Derived by applying the sum of the components	Sum of expenditures on Territorial governments, Social security funds and Entities managed with external funds	Parastatals included in Central governments expenditure	2
Documented	Derived by applying the sum of the components	Sum of expenditures on Territorial governments, Social security funds and Entities managed with external funds	Thai NHA (iHPP)	2
Documented	Derived by applying the sum of the components	Sum of expenditures on Territorial governments, Social security funds and Entities managed with external funds		2
Partially Documented		Sum of General Government Exoebditure on Health and Private Expenditure on Health		TBD
Documented		Sum of General Government Exoebditure on Health and Private Expenditure on Health		TBD
Partially Documented		Sum of General government expenditure + Private expenditure on health		TBD
Documented		Sum of General government expenditure + Private expenditure on health		TBD
Partially Documented		Sum of General government expenditure on health + Private		TBD
Documented		Sum of General government expenditure on health + Private		TBD
Partially Documented	Derived by applying the sum of the components	Sum of expenditures on Territorial governments, Social security funds and Entities managed with external funds		2
Partially Documented	Derived by applying the sum of the components	Sum of General government and private expenditures		TBD
Documented	Derived by applying the sum of the components	Sum of General government and private expenditures.		TBD

Partially Documented	Derived by applying the sum of the components	Sum of General government and private expenditures.		TBD
Partially Documented	Derived by applying the sum of the components	Sum of general government and private health expenditure		TBD
Documented	Derived by applying the sum of the components	Sum of general government and private health expenditure		TBD
Documented		Sum of general government and private health expenditure		TBD
Documented	Derived by applying the sum of the components	Sum of General government expenditure on health + Private expenditure on health	All components come from NHSRC, MoH, MoH consultation, Feb 2015	TBD
Documented		Sum of General government expenditure on health + Private expenditure on health	Data for 2011 are not comparable to 2010 and previous years due to the change to the new SHA 2011 methodology. Data inlcude Capital spending (government)	TBD
Documented		Sum of General government expenditure on health + Private expenditure on health	HA 2011	TBD
Estimated	Derived by applying the sum of the components	Sum of expenditures on Territorial governments, Social security funds and Extra budgetary entities.		0
Documented		Sum of General government expenditure on health + Private expenditure on health + Ret of the World funded domestic health care	Data for 2011 are not comparable to 2010 and previous years due to the change to the new SHA 2011 methodology. Data inlcude Capital spending (government)	TBD
Documented	Derived by applying the sum of the components	Sum of General government expenditure on health + Private expenditure on health		TBD
Partially Documented	Derived by applying the sum of the components	Sum of General government expenditure on health + Private expenditure on health		TBD
Partially Documented		Sum of General government expenditure on health + Private expenditure on health		TBD
Documented		Sum of General government expenditure on health + Private expenditure on health		TBD
Estimated	Derived by applying the sum of the components	Sum of expenditures on Territorial governments, Social security funds and Parastatals	MoH WHR 2007 consultation (25 Years of Statistics T 12)	0
Partially Documented		sum of general government expenditure on health + private expenditure on health		TBD
Partially Documented		Sum of General government expenditure on health + private expenditure on health		TBD
Documented		Sum of General government expenditure on health + private expenditure on health		TBD
Documented		Sum of General Government Expenditure on Health and Private Expenditure on Health plus gros fixed capital formation		TBD
Documented		Sum of general government expenditure on health and private health expenditure.		TBD
Partially Documented		Sum of General government on health and Private expenditure on health		TBD
Documented		Sum of General government on health and Private expenditure on health		TBD
Partially Documented		Sum of General Government on health and Private Expenditure on health		TBD
Partially Documented		Sum of General Government on Health and Private Expenditure on Health		TBD
Documented		Sum of General Government on health and Private Expenditure on health		TBD
Documented		sum of general government expenditure on health + private expenditure on health		TBD
Partially Documented		Sum of General Government Expenditure on Health and Private Expenditure on Health	HA 2013 preliminary data	TBD
Documented	Derived by applying the sum of the components	Sum of General government expenditure on health and Private expenditure on health		TBD
Partially Documented		Sum of General Government Expenditure on Health and Private Expenditure on Health		TBD
Documented		Sum of General Government Expenditure on Health and Private Expenditure on Health		TBD
Estimated	Derived by applying the sum of the components	Sum of General government and private expenditures		0
Partially Documented		Sum of GGHE and Private expenditure on health		TBD
Partially Documented		Sum of GGHE and Private HE		TBD
Documented		Sum of government and pricate health expenditure.		TBD
Partially Documented		Sum of government and private health expenditure	Sum of government and private health expenditure	TBD
Partially Documented		Sum of government components of health expenditure	Sum of government components of health expenditure	2
Documented		Sum of government expenditure and social security spending on medical care	3.4% GDP in Basic Indicators PAHO 2014	TBD
Partially Documented		Sum of government health expenditure	Sum of government health expenditure	2
Partially Documented		Sum of government health expenditure components	Sum of government health expenditure components	2
Partially Documented		Sum of General government expenditure on health and Private expenditure on health		TBD
Documented		Sum of General government expenditure on health and Private expenditure on health		TBD
Partially Documented		Sum of HF.1.1 and HF.1.2	Sum of HF.1.1 and HF.1.2	2
Documented		Sum of Ministry of Health + Other Ministries		TBD
Documented		Sum of Ministry of Health + Other Ministries + Boards, other central government entities		TBD
Documented		Sum of Ministry of health and other ministries.		TBD
Estimated	Derived by applying the sum of the components	Sum of General government and private expenditures.		0
Partially Documented		Sum of MoH and Social security		TBD
Partially Documented		Sum of General Government Expenditure on health and Private Expenditure on health		TBD
Documented		Sum of NGO's domestically funded + NGO's externally funded + All other NGO		TBD
Documented		Sum of General Government Expenditure on health and Private Expenditure on health		TBD
Documented		Sum of parts		TBD
Estimated	Derived by applying the sum of the components	Sum of general government and private health expenditure		0
Partially Documented		Sum of GGHE & PvtHE	It seems to be larger than expected. need to validate insurance (private and public) components	TBD
Documented		Sum of GGHE & PvtHE	Needs to be verified if capital spending reported was used that year. If so, THE and GGHE should be increased	1
Partially Documented	Derived by applying the sum of the components	Sum of GGHE & PvtHE		TBD
Estimated	Derived by applying the sum of the components	Sum of General government expenditure on health + Private expenditure on health		0
Documented	Derived by applying the sum of the components	Sum of GGHE & PvtHE		TBD
Estimated	Derived by applying the sum of the components	Sum of General government expenditure on health and Private expenditure on health		0
Documented		Sum of public and private health spending		TBD
Estimated	Derived by applying the sum of the components	Sum of General government expenditure on health and private expenditure on health		0
Partially Documented		Sum of GGHE & PvtHE		TBD
Documented		Sum of GGHE & PvtHE		TBD
	Derived by applying the sum of the components	Sum of General government expenditure on health and Private expenditure on health		0
Documented		Sum of territorial + entities managed mostly with external funds (HF.3)	HA data	TBD
Partially Documented		Sum of territorial + estimation of health insurance benefits	Need to discuss with country officers the boundary of health in this Ministry. The Macrovariables decreased in levels but the report indicates a revised increase	1
Documented		Sum of Territorial + Parastatal + Externally managed expenditure on health.		TBD
Documented		Sum of territorial + SHI + entities managed by external funds		TBD
Documented	Derived by applying the sum of the components	Sum of HF.1, HF.2		TBD
Partially Documented	Derived by applying the sum of the components	Sum of HF.1, HF.2		TBD
Documented		Sum of Territorial and social health insurance expendtiure on health.		TBD
Documented	Derived by applying the sum of the components	Sum of MoH + SS		2
Estimated	Derived by applying the sum of the components	Sum of GGHE & PvtHE		0
Documented	Derived by applying the sum of the components	Sum of MoH and SS		2
Documented	Derived by applying the sum of the components	Sum of NGO's domestically funded and NGO's externally funded		2
Documented		Sum of Territorial and Social Security Funds		TBD
Partially Documented		Sum of Territorial and social security funds		TBD
Documented		Sum of territorial and social security. NHA data.	NHA data	TBD
Documented		Sum of territorial expenditure + Social security.		TBD
Partially Documented		Sum of territorial expenditure + Social security.		TBD
Partially Documented		Sum of territorial govenrments + Social security funds + parastatals corporations		TBD
Partially Documented		Sum of Territorial governents and Entities mostly managed with external funds expenditure on health.		TBD
Documented		Sum of Territorial government + Entities managed mostly with external funds		TBD
Partially Documented		Sum of Territorial government + Social Security		TBD
Partially Documented		Sum of Territorial government + Social Security + Parastatals + Other general government expenditures on health	Exclude capital	TBD
Documented		Sum of Territorial government + Social Security + Parastatals + Other general government expenditures on health	HA 2011	TBD
Partially Documented	Derived by applying the sum of the components	Sum of Public and private		TBD
Documented	Derived by applying the sum of the components	Sum of Public and private		TBD
Documented	Derived by applying the sum of the components	Sum of public and private expenditure		TBD
Documented	Derived by applying the sum of the components	Sum of Public and private expenditures	IHPP verified data in row 39-66 (excluded row 48), 75, 80, 82 (only1999-2009) and not verified in row 48, 68, 70-73, 76 (the data are inconsistent with NESDB), 77-79, 81	TBD
Documented	Derived by applying the sum of the components	Sum of Public and private expenditures		TBD
Documented		Sum of Territorial government + Social security funds + Entities managed mostly with external funds + Parastatals		TBD
Partially Documented		Sum of Territorial government + Social security funds + Entities managed mostly with external funds + Parastatals		TBD
Documented		Sum of Territorial government and Social security		TBD
Documented		Sum of Territorial government and Social security - HA data	Capital is not included	TBD
Documented		Sum of Territorial government and Social security and All other government expenditure.		TBD
Partially Documented		Sum of Territorial government and social security.		TBD
Partially Documented		Sum of Territorial government expenditure on health, Autonomous funds and Trust funds and parastatals corporations		TBD
Documented		Sum of territorial government expenduiture on health + All other general government expenditure on health		TBD
Documented		sum of territorial government expenduiture on health + parastatals corporations		TBD
Documented		Sum of Territorial governments + Parastatals corporations + Entities managed mostly with external funds	MOH Consultation - Adjusted	0

Documented		Sum of Territorial governments + Parastatals corporations + Entities managed mostly with external funds		TBD
Documented		Sum of Territorial governments + Autonomous funds and Trust funds		TBD
Partially Documented		Sum of Territorial governments + Autonomous funds and Trust funds		TBD
Documented	Derived by applying the sum of the components	Sum of public and private expenditures		TBD
Partially Documented	Derived by applying the sum of the components	Sum of Public and private expenditures		TBD
Partially Documented	Derived by applying the sum of the components	Sum of public and private spending		TBD
Partially Documented		Sum of public and private spending		TBD
Documented		Sum of public and private spending		TBD
Partially Documented		Sum of Territorial governments + Autonomous funds and Trust funds + Parastatals corporations + Entities managed mostly with external funds		TBD
Partially Documented		Sum of Territorial governments + Entities managed mostly with external funds		TBD
Documented		Sum of Territorial governments + Entities managed mostly with external funds		TBD
Documented		Sum of Territorial governments + Extra-budgetary entities		TBD
Partially Documented		Sum of Territorial governments + Extra-Budgetary entities + Parastatals corporations + Entities managed mostly with external funds		TBD
Partially Documented		Sum of Territorial governments + Parastatals corporations	Jump in 2007 due to the end of the war and the flow of external resources in the country.	TBD
Partially Documented		Sum of Territorial governments + Parastatals corporations		TBD
Documented		Sum of Territorial governments + Parastatals corporations		TBD
Partially Documented		Sum of Territorial governments + Parastatals corporations + Entities managed mostly with external funds		TBD
Documented		Sum of Territorial governments + Parastatals corporations + Entities managed mostly with external funds		TBD
Documented		Sum of Territorial governments + Parastatals. NHA data.		TBD
Partially Documented		Sum of Territorial governments + Private expenditure on health		TBD
Partially Documented		Sum of territorial governments + social security		TBD
Documented		Sum of territorial governments + social security + parastatals + entities managed mostly with external funds.		TBD
Partially Documented		Sum of Territorial governments + Social security funds		TBD
Documented		Sum of Territorial governments + Social security funds		TBD
Documented	Derived by applying the sum of the components	sum of SS + MS	El nivel de gasto de gobierno en salud es relativamente elevado respecto del gasto total de gobierno. Convendria verificar que las series correspsonden a las definiciones internacionales del contenido a reportar	2
Documented	Derived by applying the sum of the components	Sum of territorial + social security		2
Partially Documented	Derived by applying the sum of the components	Sum of territorial + social security		2
Estimated	Derived by applying the sum of the components	Sum of NGO's domestically funded and NGO's externally funded		0
Documented	Derived by applying the sum of the components	Sum of territorial and social security		2
Documented		Sum of territorial governments + social security funds + parastatals corporations	MOH official consultation Janvier 2014	TBD
Partially Documented		Sum of Territorial governments + Social security funds + Parastatals corporations		TBD
Documented		Sum of Territorial governments + Social security funds + Parastatals corporations		TBD
Partially Documented		Sum of territorial governments + social security funds + parastatals corporations		TBD
Documented		Sum of territorial governments + social security funds + parastatals corporations ; HA 2012		TBD
Documented		Sum of territorial governments + social security funds + parastatals corporations ; HA 2013		TBD
Partially Documented		Sum of Territorial governments + Social security funds + Parastatals corporations + Entities managed mostly with external funds		TBD
Documented		Sum of Territorial governments + Social security funds + Parastatals corporations + Entities managed mostly with external funds		TBD
Partially Documented		Sum of territorial governments + social security funds + parastatals corporations + entities mostly managed with external funds		TBD
Documented		Sum of territorial governments + social security funds + parastatals corporations + entities mostly managed with external funds		TBD
Documented		Sum of Territorial governments + Social security funds + parastatals expenditure on health.		TBD
Partially Documented		Sum of Territorial governments + Social security funds + parastatals expenditure on health.		TBD
Documented		Sum of Territorial governments + Social security funds, Parastatals and Entities managed mostly with external funds		TBD
Documented		Sum of territorial and Social security		2
Estimated	Derived by applying the sum of the components	Sum of Public and private		0
Partially Documented		Sum of Territorial Governments and Entities managed mostly with external funds		TBD
Documented		Sum of Territorial Governments and Entities managed mostly with external funds		TBD
Documented	Derived by applying the share of the variable to GGE	Sum of Territorial governments and Locals / municipal governments		TBD
Documented		Sum of Territorial governments and Locals / municipal governments		TBD
Partially Documented		Sum of Territorial governments and Locals / municipal governments		TBD
Partially Documented		Sum of Territorial governments and Parastatals coporations		TBD
Documented		Sum of Territorial governments and Parastatals coporations		TBD
Documented		Sum of Territorial governments and Parastatals corporations		TBD
Documented		Sum of territorial governments and parastatals corporations		TBD
Documented		Sum of Territorial governments and social security		TBD
Documented		Sum of Territorial Governments and Social Security Funds		TBD
Partially Documented		Sum of Territorial Governments and Social Security Funds		TBD
Partially Documented		Sum of Territorial Governments and Social Security funds		TBD
Documented		Sum of Territorial governments and Social security funds		TBD
Documented		Sum of Territorial Governments and Social Security funds		TBD
Partially Documented		Sum of Territorial governments and Social security funds		TBD
Documented		Sum of territorial governments and social security funds		TBD
Documented		Sum of Territorial Governments and Social Security Funds and Entities managed mostly with exrternal funds		TBD
Documented		Sum of Territorial Governments and Social Security Funds and Entities managed mostly with external funds		TBD
Documented		Sum of Territorial Governments and Social Security Funds, confirmed by country MOH consultation November 2012.	Preliminary NHA data	TBD
Partially Documented		Sum of Territorial governments, Locals / municipal governments and Entities managed mostly with external funds		TBD
Documented		Sum of territorial governments, social security, extra-budgetary, and parastatals expenditure on health.		TBD
	Derived by applying the sum of the components	Sum of Public and private		0
Documented		Sum of territorial spending + the one by autonomous funds		TBD
Partially Documented		Sum of territorial spending and health insurance	Need to verify that there is no double counting	1
Partially Documented		Sum of Territtorial gvt + Autonomus funds + All other gvt		TBD
Documented		Sum of territorial and social security		2
Partially Documented		Sum of territorial and social security		2
Documented	Derived by applying the sum of the components	Sum of Territorial government + Social security funds	All components come from NHSRC, MoH, MoH consultation, Feb 2015	2
Partially Documented	Derived by applying the sum of the components	Sum of Territorial government + Social security funds	All components come from NHSRC, MoH, MoH consultation, Feb 2015	2
Partially Documented		Sum of total current and total capital health expenditure		TBD
Partially Documented		Sum of Total expenditure on health + Private expenditure on health		TBD
Documented		Sum of Total expenditure on health + Private expenditure on health		TBD
Documented	Derived by applying the share of the variable to GGE	Suma de gasto de gobierno central y seguridad social	El nivel de gasto de gobierno en salud es relativamente elevado respecto del gasto total de gobierno. Convendria verificar que las series correspsonden a las definiciones internacionales del contenido a reportar	2
Partially Documented	Derived by applying the share of the variable to GGE	Suma de gasto de gobierno central y seguridad social	El nivel de gasto de gobierno en salud es relativamente elevado respecto del gasto total de gobierno. Convendria verificar que las series correspsonden a las definiciones internacionales del contenido a reportar	2
Documented	Derived by applying the sum of the components	Sum of Territorial government + Social security funds		2
Estimated	Derived as the difference between the aggregate and the available components	Estimado por OMS		0
Estimated	Derived as the difference between the aggregate and the available components	Estimated		0
Estimated	Derived as the difference between the aggregate and the available components	Estimated using Healthcare System in Libya factual report 2010		0
Estimated	Derived as the difference between the aggregate and the available components	Estimated using Joint Health Accounts Questionnaire 2014		0
Estimated	Derived by applying linear interpolation	Estimate based on 2005 and 2006 data points		0
Estimated	Derived by applying linear interpolation	Estimated		0
Estimated	Derived by applying linear interpolation	Estimated based on MOH official consultation Jan. 2013.		0
Estimated	Derived by applying linear interpolation	Estimated Health Accounts data.		0
Estimated	Derived by applying linear interpolation	Estimated MoH consultation and ONS series		0

Estimated	Derived by applying linear interpolation	Estimated NHA series.		0
Estimated	Derived by applying linear interpolation	Estimated using 2 subsequent HA data points.		0
Estimated	Derived by applying linear interpolation	Estimated using 2005-2010 growth rate		0
Estimated	Derived by applying linear interpolation	Estimated using EIU and HA 2002-2004 report series + HA 2013		0
Estimated	Derived by applying linear interpolation	Estimated using EIU and MoH consultation series		0
Estimated	Derived by applying linear interpolation	Estimated using Enquesta de pressupostos familiare 2003		0
Estimated	Derived by applying linear interpolation	Estimated using Enqu□te congolaise aupr□s des m_nages pour l'_valuation de la pauvret_ (CNSEE ECOM) and NHA series.		0
Estimated	Derived by applying linear interpolation	Estimated using European Observatory. Healthcare in Transition. Armenia. Volume 8. No. 6. 2006 and National Health Account Report of Republic of Armenia 2004. Yerevan. Paragraph 4. Page 13. 2006		0
Estimated	Derived by applying linear interpolation	Estimated using HA 2007 and World Bank Report		0
Estimated	Derived by applying linear interpolation	Estimated using Health Accounts and MoF data.		0
Estimated	Derived by applying linear interpolation	Estimated using health accounts data.		0
Estimated	Derived by applying linear interpolation	Estimated using IMF and SSI. Ufficio Programmazione Economica - Protezione sociale - Sanitš		0
Estimated	Derived by applying linear interpolation	Estimated using NHA		0
Estimated	Derived by applying linear interpolation	Estimated using NHA + MoH series.		0
Estimated	Derived by applying linear interpolation	Estimated using NHA 2007-2008 report and health accounts 2013.		0
Estimated	Derived by applying linear interpolation	Estimated using NHA and Enqu□te prioritaire sur les conditions de vie des m_nages [Survey on life condition of households] 1995.		0
Estimated	Derived by applying linear interpolation	Estimated using NHA and HA series.		0
Estimated	Derived by applying linear interpolation	Estimated using NHA and HIT 2004.		0
Estimated	Derived by applying linear interpolation	Estimated using NHA and Minist□re du D_veloppement Social, de la Solidarit_ et des Personnes Ag_es¾series.		0
Estimated	Derived by applying linear interpolation	Estimated using NHA and official MOH reply 2014		0
Estimated	Derived by applying linear interpolation	Estimated using NHA data for 2003 and Household budget survey 2006-2007.		0
Estimated	Derived by applying linear interpolation	Estimated using NHA reports.		0
Estimated	Derived by applying linear interpolation	Estimated using NHA series.		0
Estimated	Derived by applying linear interpolation	Estimated using ONG reporte and Health Accounts data.		0
Estimated	Derived by applying linear interpolation	Estimated using PER and HA data.		0
Estimated	Derived by applying linear interpolation	Estimated using UNECE and Central statistical office of Moldova		0
Estimated	Derived by applying linear interpolation	Estimated using UNNA		0
Estimated	Derived by applying linear interpolation	Estimated using WDI series and MoH consultation		0
Estimated	Derived by applying linear interpolation	Estimating using country official consultation and UNECE.		0
Estimated	Derived by applying linear interpolation	Estimating using MOF and MOH official reply 2014		0
Estimated	Derived by applying linear interpolation	Estimating using NHA 2007 and NHA 2010		0
Estimated	Derived by applying linear interpolation	MOH 2015, The Gambia Health Accounts for Year 2013 (draft version) + HA 2002-2004 report series		0
Estimated	Derived by applying linear interpolation	MoH. Zambia National Health Accounts 1995-1998 and 2002-2004 reports		0
Estimated	Derived by applying linear interpolation	NHA 2003 & NHA 2006 reports		0
Estimated	Derived by applying linear interpolation	WHO estimate		0
Estimated	Derived by applying linear interpolation			0
Estimated	Derived by applying linear trend of the variable	Estimated using health accounts data.		0
Estimated	Derived by applying linear trend of the variable	Estimated using Health Accounts reports		0
Estimated	Derived by applying linear trend of the variable	Estimated using IMF country report series figure + MoH adjusted executed expenditure on health data + Annual Joint Review Report 2007/08 FY		0
Estimated	Derived by applying linear trend of the variable	Estimated using Minist□re du D_veloppement Social, de la Solidarit_ et des Personnes Ag_es¾series and Health Accounts series.		0
Estimated	Derived by applying linear trend of the variable	Estimated using National Health Accounts 2006 and 2004.		0
Estimated	Derived by applying linear trend of the variable	WHO estimate based on HHS LSMS ratio to PC (2.7%)	Interpolation was intended for measured values in 2001 and 2007	0
Estimated	Derived by applying the share of executed expenditure to budget of previous years	WHO estimate		0
Estimated	Derived by applying the share of PC of countries with similar economic conditions	Estimated by WHO	Estimated using regional level	0
Estimated	Derived by applying the share of the variable to a related variable	Estimate based on 2003 figure coming from HIES 2002-2003 and HHFC series		0
Estimated	Derived by applying the share of the variable to a related variable	Estimate based on 2012 fig and NPIFC series		0
Estimated	Derived by applying the share of the variable to a related variable	Estimate based on 2012 figure and HHFC series		0
Estimated	Derived by applying the share of the variable to a related variable	Estimate based on 2013 fig and growth of HHFC		0
Estimated	Derived by applying the share of the variable to a related variable	Estimate based on 2013 fig and growth of NPIFC		0
Estimated	Derived by applying the share of the variable to a related variable	Estimated using Health Accounts and MoF series.		0
Estimated	Derived by applying the share of the variable to a related variable	Estimated using IMF country report No. 05/78 and IMF IFS series		0
Estimated	Derived by applying the share of the variable to a related variable	Estimated using IMF IFS series	Sum of Syndicats insurance programmes (Medical, Agriculture, Engineering and other syndicates), Public Firms Insurance Programmes and Private firms Insurance Programme	0
Estimated	Derived by applying the share of the variable to a related variable	Estimated using IMF IFS series	Syndicates	0
Estimated	Derived by applying the share of the variable to a related variable	Estimated using IMF IFS series		0
Estimated	Derived by applying the share of the variable to a related variable	Estimated using IMF-IFS series and NHA 2002 report		0
Estimated	Derived by applying the share of the variable to a related variable	Estimated using MoH consultation and National Bureau of Statistics series on premium written	Insurance 2010 table 4.1	0
Estimated	Derived by applying the share of the variable to a related variable	Estimated using Monaco en chiffres	Based on the average share of OOPs to THE in France (7%)	0
Estimated	Derived by applying the share of the variable to a related variable	Estimated using NPIFC		0
Estimated	Derived by applying the share of the variable to a related variable	Estimated using Statistical yearbook 2008. Page 72, table 6-4; and UNECE		0
Estimated	Derived by applying the share of the variable to a related variable	Estimated using Statistical yearbook 2008. Page 72, table 6-4; and UNECE and WB-WDI		0
Estimated	Derived by applying the share of the variable to a related variable	Estimated using Statistical yearbook 2008. Page 72, table 6-4; UN and WDI data.		0
Estimated	Derived by applying the share of the variable to a related variable	Estimated using UN NA series and NHA 2002-2008 report		0
Estimated	Derived by applying the share of the variable to a related variable	Estimated using UNECE.		0
Estimated	Derived by applying the share of the variable to a related variable	Sum of parts		0
Estimated	Derived by applying the share of the variable to a related variable	WHO estimate	WHO estimate based on growth rate of household final consumption	0
Estimated	Derived by applying the share of the variable to a related variable	WHO estimate	WHO estimate based on growth rate of non-profit institutions serving households final consumption	0
Estimated	Derived by applying the share of the variable to a related variable	WHO estimate	WHO estimate based on growth rate of private final consumption	0
Estimated	Derived by applying the share of the variable to a related variable	WHO estimate		0
Estimated	Derived by applying the share of the variable to CGHE	Estimated using IMF country report 09/222 and NHA 2003 report		0
Estimated	Derived by applying the share of the variable to CGHE	Estimated using NHA 2003 report and "Pauvret_ et Sant_ au Burkina Faso"		0
Estimated	Derived by applying the share of the variable to CGHE	Estimated using NHA 2003 report and "VIH-SIDA et D_veloppement au Burkina Faso"		0
Estimated	Derived by applying the share of the variable to CGHE	Estimated using SP/PPF & DGEP consultation and NHA 2003 report		0
Estimated	Derived by applying the share of the variable to FS.3	Estimated using MoH consultation and OECD DAC series.		0
Estimated	Derived by applying the share of the variable to FS.3	Estimated using NHA 2003 report		0
Estimated	Derived by applying the share of the variable to GDP	Estimated using EIU and NHA series.		0
Estimated	Derived by applying the share of the variable to GDP	Estimated using EIU series		0
Estimated	Derived by applying the share of the variable to GDP	Estimated using SHA 2011 and EUROSTAT data.		0
Estimated	Derived by applying the share of the variable to GDP	Estimated using WDI series and CBS series		0
Estimated	Derived by applying the share of the variable to GDP	Interpolation between 2000 and 2004 PAHO data		0

Estimated	Derived by applying the share of the variable to GDP	Interpolation between data for 2004 and 2008 by PAHO		0
Estimated	Derived by applying the share of the variable to GDP	WHO Estimate	Un estudio de Cuentas de Salud esta en proceso	0
Estimated	Derived by applying the share of the variable to GDP	WHO estimate based on PAHO level		0
Estimated	Derived by applying the share of the variable to GDP	WHO estimate based on PAHO level proposed for 2007		0
Estimated	Derived by applying the share of the variable to GGE	Enquesta de pressupostos familiare 2003.used as basis for estimation with similar ratio to PC		0
Estimated	Derived by applying the share of the variable to GGE	Estimada con base en gasto privado		0
Estimated	Derived by applying the share of the variable to GGE	Estimated based on 2012 figure and growth rate of GGE	Financial Allocation to Social Budget _ MoF (Provisional) states GGHE%GGE is 1.03%, and GGHE%GDP as 0.2%; however this looks too low by our GGE	0
Estimated	Derived by applying the share of the variable to GGE	Estimated based on government spending		0
Estimated	Derived by applying the share of the variable to GGE	Estimated based on the share to GGE		0
Estimated	Derived by applying the share of the variable to GGE	Estimated using 2010 HF.1 and GGE series		0
Estimated	Derived by applying the share of the variable to GGE	Estimated using ADB and CSO		0
Estimated	Derived by applying the share of the variable to GGE	Estimated using ADB and MOH official consultation Jan. 2010.		0
Estimated	Derived by applying the share of the variable to GGE	Estimated using Annual report and MoH consultation		0
Estimated	Derived by applying the share of the variable to GGE	Estimated using Bank of Sudan series and the document "Sudan: Stabilization and Reconstruction"		0
Estimated	Derived by applying the share of the variable to GGE	Estimated using BEAC series and Analyse des d_penses publiques [Analysis of public expenditures]		0
Estimated	Derived by applying the share of the variable to GGE	Estimated using EIU series and Consultation		0
Estimated	Derived by applying the share of the variable to GGE	Estimated using EIU series and IMF Country Report		0
Estimated	Derived by applying the share of the variable to GGE	Estimated using EIU series and MoH consultation		0
Estimated	Derived by applying the share of the variable to GGE	Estimated using EIU series and SAMA series		0
Estimated	Derived by applying the share of the variable to GGE	Estimated using EIU, Oct 2009 series and NHA report		0
Estimated	Derived by applying the share of the variable to GGE	Estimated using EIU, Oct 2015 series and PER		0
Estimated	Derived by applying the share of the variable to GGE	Estimated using GFS series + IMF Country report No. 03/386 + EIU series		0
Estimated	Derived by applying the share of the variable to GGE	Estimated using GFS series + IMF Country report No. 03/386 and No. 05/151+ BEAC series		0
Estimated	Derived by applying the share of the variable to GGE	Estimated using GFS series + IMF Country report No. 03/386 and No. 05/151+ EIU series		0
Estimated	Derived by applying the share of the variable to GGE	Estimated using HA and EIU (IMF)		0
Estimated	Derived by applying the share of the variable to GGE	Estimated using Health Accounts and EUROSTAT series.		0
Estimated	Derived by applying the share of the variable to GGE	Estimated using Health Accounts and IMF country report series.		0
Estimated	Derived by applying the share of the variable to GGE	Estimated using Health Accounts and IMF data.		0
Estimated	Derived by applying the share of the variable to GGE	Estimated using IMF and Direzione Generale della Finanza Pubblica - Dipartimento Finanze e Bilancio (R.S.M.), page 77		0
Estimated	Derived by applying the share of the variable to GGE	Estimated using IMF GFS + EIU series		0
Estimated	Derived by applying the share of the variable to GGE	Estimated using IMF GFS + IMF Country report No. 03/386 and No. 05/151+ EIU series		0
Estimated	Derived by applying the share of the variable to GGE	Estimated using Key Indicators for Southern Sudan and SSCCSE series		0
Estimated	Derived by applying the share of the variable to GGE	Estimated using MoH Consultation data and EIU/IMF series		0
Estimated	Derived by applying the share of the variable to GGE	Estimated using NHA report and Ministry of finance.		0
Estimated	Derived by applying the share of the variable to GGE	Estimated using previous year HF.1		0
Estimated	Derived by applying the share of the variable to GGE	Estimated using the Agency of statistics and ADB data		0
Estimated	Derived by applying the share of the variable to GGE	Estimated using The General Secretariat for Development Planning series and Planning Council Annual Abstract		0
Estimated	Derived by applying the share of the variable to GGE	Estimated using Tuvalu 2002 Economic and Public Sector review and Central Division Statistics website		0
Estimated	Derived by applying the share of the variable to GGE	Estimated using Tuvalu National Budget 2006 and ADB Key Indicators		0
Estimated	Derived by applying the share of the variable to GGE	Estimation based on GGE		0
Estimated	Derived by applying the share of the variable to GGE	Estimations based on government spending		0
Estimated	Derived by applying the share of the variable to GGE	Sum of components	ADB KI 2012 series ends in 2012	0
Estimated	Derived by applying the share of the variable to GGE	Sum of territorial spending + the one by autonomous funds		0
Estimated	Derived by applying the share of the variable to GGE	Total of government health expenditure components	Total of government health expenditure components	0
Estimated	Derived by applying the share of the variable to GGE	WHO	Croatian Health Insurance Institute, extrapolated by using share in GGE	0
Estimated	Derived by applying the share of the variable to GGE	WHO estimate		0
Estimated	Derived by applying the share of the variable to GGE	WHO estimate based on growth of general government expenditure	Government financing includes public investment	0
Estimated	Derived by applying the share of the variable to GGE	WHO estimate based on NHA levels		0
Estimated	Derived by applying the share of the variable to GGE	WHO Estimation based on government spending		0
Estimated	Derived by applying the share of the variable to GGE	WHO interpolation between 2000 and 2004 values		0
Estimated	Derived by applying the share of the variable to GGE			0
Estimated	Derived by applying the share of the variable to GGHE	Estimated using NHA 1999-2004		0
Estimated	Derived by applying the share of the variable to HHFC	Estimated based on HA report 2013 and UNECE data for HHFC		0
Estimated	Derived by applying the share of the variable to HHFC	Estimated using HA and WDI, UNECE, IMF		0
Estimated	Derived by applying the share of the variable to HHFC	Estimated using Kiribati Public Health Expenditure report and UN NA series		0
Estimated	Derived by applying the share of the variable to HHFC	Estimated using MOH and UNECE data		0
Estimated	Derived by applying the share of the variable to HHFC	Estimated using MoH Country Consultation. January 2010. Revised and UNECE series		0
Estimated	Derived by applying the share of the variable to HHFC	Estimated using MoH Country Consultation. January 2010. Revised and UNNA series		0
Estimated	Derived by applying the share of the variable to HHFC	Estimated using MoH Second Institutional Building Technical Assistance (IIBTAII) Project. Health Expenditure Analysis Component. Paragraph 4. Page 68. March 2004 and UNECE series		0
Estimated	Derived by applying the share of the variable to HHFC	Estimated using NHA and UNECE.		0
Estimated	Derived by applying the share of the variable to HHFC	Estimated using NHA data and UNECE		0
Estimated	Derived by applying the share of the variable to HHFC	Estimated using NHA data and UNECE data		0
Estimated	Derived by applying the share of the variable to HHFC	Estimated using Statistical yearbook 2008. Page 72, table 6-4; and UNECE		0
Estimated	Derived by applying the share of the variable to HHFC	Estimated using UN series and WB Global consumption Database		0
Estimated	Derived by applying the share of the variable to HHFC	Estimated using UNECE and Azerbaijan Living conditions assessment report, N 52801, World Bank. March 2010. Table 6.1. Page 67		0
Estimated	Derived by applying the share of the variable to HHFC	Estimated using UNECE and budget coeeficients in annual household consumption expenditures.		0
Estimated	Derived by applying the share of the variable to HHFC	Estimated using UNECE and Health care systems in transition, 2002, page 50, Table 8: Private health expenditure in 1998; and UNPOP		0
Estimated	Derived by applying the share of the variable to HHFC	Estimated using UNECE and WB and budget coeeficients in annual household consumption expenditures.		0
Estimated	Derived by applying the share of the variable to HHFC	Estimated using UNECE series and Global consumption database for 2010		0
Estimated	Derived by applying the share of the variable to HHFC	Estimated using UNECE series and Ministry of Labour, Health and Social Affairs of Georgia Official Consultation. 21/01/2009		0
Estimated	Derived by applying the share of the variable to HHFC	Estimated using UNECE series and National Statistics Committee 2001 "2001 Household survey"		0
Estimated	Derived by applying the share of the variable to HHFC	Estimated using UNECE series and Statistical Yearbook 2002.		0
Estimated	Derived by applying the share of the variable to HHFC	Estimated using UNECE series and World Bank Report		0
Estimated	Derived by applying the share of the variable to HHFC	Estimated using UNNA and Stat yearbook 2007, page 71		0
Estimated	Derived by applying the share of the variable to HHFC	Estimated using WHO catastrophic HH survey results and UNECE		0
Estimated	Derived by applying the share of the variable to HHFC	Estimated using WHS NA series (HHFC) and 2005 and 2010 Household Income and Expenditure Survey	Health out-of-pocket share was interpolated using the shares from the 2005 HIES (1.8%) and 2010 HIES (0.9%)	0
Estimated	Derived by applying the share of the variable to HHFC	Estimated using WHS NA series (HHFC) and 2005 Household Income and Expenditure Survey	Health out-of-pocket share at 1.8% cited in p. 21 Brunei Second MDG Report 2010, Dept of Economic Planning and Development	0
Estimated	Derived by applying the share of the variable to HHFC	Estimated using WHS NA series (HHFC) and 2010 Household Income and Expenditure Survey	health out-of-pocket share at 0.9%) as reported in the Brunei Direct News Online (bruneidirect.com published 20Oct2013)	0
Estimated	Derived by applying the share of the variable to HHFC	Estimated using World Bank Report and UNECE series.		0
Estimated	Derived by applying the share of the variable to MoH	Estimated using Monthly Statistical Bulletin and CB Annual Report 2010		0
Estimated	Derived by applying the share of the variable to MoH	Estimated using Monthly Statistical Bulletin and CB Annual Report 2011		0
Estimated	Derived by applying the share of the variable to MoH	Estimated using NHA 1998 report and CB Annual report 2002		0
Estimated	Derived by applying the share of the variable to MoH	Estimated using NHA 1998 report and CB Annual report 2006		0
Estimated	Derived by applying the share of the variable to MoH	Estimated using NHA 1998 report and CB Annual report 2008		0

Estimated	Derived by applying the share of the variable to MoH	Estimated using NHA 1998 report and Statistical Yearbook 2005		0
Estimated	Derived by applying the share of the variable to MoH	Estimated using Permanent Mission of the Republic of Congo series + IMF Country report No. 04/231+ BEAC series	Sudden increase is caused by rise in oil prices.	0
Estimated	Derived by applying the share of the variable to MoH	Estimated using Permanent Mission of the Republic of Congo series and IMF Country report No. 04/231		0
Estimated	Derived by applying the share of the variable to MoH	Estimation OMS base_ sur les depenses du Ministere de la Sante et autres ministeres + depenses directes avec ressources non budgetaires	Inclut les ressources exterieures et nationales	0
Estimated	Derived by applying the share of the variable to MoH	WHO estimate		0
Estimated	Derived by applying the share of the variable to NPIFC	Estimated using UNECE and Albania National health accounts 2003. Page 23, table 10		0
Estimated	Derived by applying the share of the variable to NPIFC	Estimated using WDI and Albania National health accounts 2003. Page 23, table 10		0
Estimated	Derived by applying the share of the variable to NPIFC	Estimated using HA and WDI, UNECE, IMF		0
Estimated	Derived by applying the share of the variable to NPIFC	Estimated using MOH and UNECE data		0
Estimated	Derived by applying the share of the variable to NPIFC	Estimated using NHA and UNECE.		0
Estimated	Derived by applying the share of the variable to NPIFC	Estimated using NHA data and UNECE		0
Estimated	Derived by applying the share of the variable to NPIFC	Estimated using PCE		0
Estimated	Derived by applying the share of the variable to NPIFC	Estimated using UNECE and Household Budget survey 2006-2007.		0
Estimated	Derived by applying the share of the variable to NPIFC	Estimated using UNECE and NHA in Kyrgyzstan: review of total health expenditures in 2008. December 2009. Policy research paper N64. Table1, page 29.		0
Estimated	Derived by applying the share of the variable to NPIFC	Estimated using UNECE and Serbian National Strategy for fight against HIV/AIDS 2005-2010		0
Estimated	Derived by applying the share of the variable to NPIFC	Estimated using UNECE and UNNA		0
Estimated	Derived by applying the share of the variable to NPIFC	Estimated using UNECE series		0
Estimated	Derived by applying the share of the variable to NPIFC	Estimated using UNECE series and MOH Official Consultation. January 2010		0
Estimated	Derived by applying the share of the variable to NPIFC	Estimated using UNECE series and IMF Country Report No. 05/160. Republic of Uzbekistan: Interim Reduction Strategy Paper. Paragraph 4. Page 18. May 2005		0
Estimated	Derived by applying the share of the variable to NPIFC	Estimated using UNECE series and MoH Country Consultation Feb 2009		0
Estimated	Derived by applying the share of the variable to NPIFC	Estimated using UNECE series and MOH Official Consultation. January 2010		0
Estimated	Derived by applying the share of the variable to NPIFC	Estimated using UNECE series and MoH Official Reply. NHA Tables. 14 Jan 2009.		0
Estimated	Derived by applying the share of the variable to NPIFC	Estimated using UNECE series and UNNA series		0
Estimated	Derived by applying the share of the variable to NPIFC	Estimated using UNECE series and World Bank. Republic of Tajikistan Health Sector Note. Table 14. Page 20. June 2005.		0
Estimated	Derived by applying the share of the variable to NPIFC	Estimated using UNNA series and UNECE series		0
Estimated	Derived by applying the share of the variable to NPIFC	Estimated usiong NHA data and UNECE data.		0
Estimated	Derived by applying the share of the variable to PC	2004 Ratio applied to previous years.		0
Estimated	Derived by applying the share of the variable to PC	5.4% of population covered by group insurance, 2.9% individual health insurance, 2.9% life insurance including health, 0.2% endowment with health. Census 2001	based on estimate of 2008-2009	0
Estimated	Derived by applying the share of the variable to PC	5.4% of population covered by group insurance, 2.9% individual health insurance, 2.9% life insurance including health, 0.2% endowment with health. Census 2001	Notional value based on assumption of 5% of claims, linked to T 9 of Economic and social review 2009	0
Estimated	Derived by applying the share of the variable to PC	5.4% of population covered by group insurance, 2.9% individual health insurance, 2.9% life insurance including health, 0.2% endowment with health. Census 2001	Notional value based on estimates of 2008-2009	0
Estimated	Derived by applying the share of the variable to PC	A Profile of Living Standars in Turkmenistan, World Bank 2001 page 31	9.1% is an average of the urban (10.1) and rural (8.1) health expenditure share of total household expenditure. Almost 50% of Turkmenistan population were living in the urban area in 1998. Reported for the year 1998 in the World Bank report published in 2001	0
Estimated	Derived by applying the share of the variable to PC	Basado en consumo privado		0
Estimated	Derived by applying the share of the variable to PC	Basado en ENIGHU 2004 y en consumo privado		0
Estimated	Derived by applying the share of the variable to PC	Based on HHS 98/99	HHS 98/99: 2.39% + pharmaceuticals:2.5	0
Estimated	Derived by applying the share of the variable to PC	Based on household survey 3.15% of PC	The level reported in the survey is kept	0
Estimated	Derived by applying the share of the variable to PC	Based on household surveys 1992 and 99 (around 1.7% PC)		0
Estimated	Derived by applying the share of the variable to PC	Based on MoH health accounts 2013 and World bank WDI series.		0
Estimated	Derived by applying the share of the variable to PC	Based on the 1998 household survey 3.15% of PC	The level reported in the survey is kept	0
Estimated	Derived by applying the share of the variable to PC	Bureau of Statistics, DOF, HIES report 2012/2013, Table 3.1 and Figure 3.9		0
Estimated	Derived by applying the share of the variable to PC	Calculated as sum of shares (2%-2.5%) of private consumption, inferred from shares reported by Relazione Economico Statistica al Bilancio di Previsione dello Stato		0
Estimated	Derived by applying the share of the variable to PC	Con base en consumo privado		0
Estimated	Derived by applying the share of the variable to PC	Con base en consumo privado	ENIGH 2007/8 3.57% del consumo privado	0
Estimated	Derived by applying the share of the variable to PC	Con base en consumo privado		0
Estimated	Derived by applying the share of the variable to PC	Con base en Gestion, evolucion y efectos del sistema de salud cubano. Dayami Gallo Hernandez Ponencia en Taller de aspectos macroeconomicos de la eficiencia en salud p35 y 36	Sistema estatal y social gratuito. Incluye pagos directos de hogares complementarios, con base en el reporte de 1997.	0
Estimated	Derived by applying the share of the variable to PC	Con base en nivel propuesto por Herrero / Collado + + DEE-CCSS http://portal.ins-cr.com/General/SerFinacieros/EstFin.htm+Estimaciones basadas en gasto privado	Se dividio el gasto de empresas propuesto por Herrero y Collado	0
Estimated	Derived by applying the share of the variable to PC	Con base en nivel propuesto por Herrero / Collado + + DEE-CCSS http://portal.ins-cr.com/General/SerFinacieros/EstFin.htm+Estimaciones basadas en gasto privado		0
Estimated	Derived by applying the share of the variable to PC	Derived from a premium of 160 in 15% of population covered	HS2020 report suggests it could be higher. Need to validate	0
Estimated	Derived by applying the share of the variable to PC	Direc Gral de Cuentas Nacionales		0
Estimated	Derived by applying the share of the variable to PC	Encuestas de hogares 71, 72, 86 (1.5% PC), proyecciones basadas en el CP	1.3-1.6% del PC. Ajustado con Pamela Henderson en 2001	0
Estimated	Derived by applying the share of the variable to PC	Encuestas de hogares 71, 72, 86 (1.5% PC), proyecciones basadas en el CP		0
Estimated	Derived by applying the share of the variable to PC	Estimaci„n basada en el consumo privado		0
Estimated	Derived by applying the share of the variable to PC	Estimaci„n OMS	Ajustado para cubrir nivel de OPS Basic Indicators 2012: 3.1% del PIB en 2011 (seguro privado y gasto directo)	0
Estimated	Derived by applying the share of the variable to PC	Estimaci„n OMS		0
Estimated	Derived by applying the share of the variable to PC	Estimaci„n OMS con base en consumo privado		0
Estimated	Derived by applying the share of the variable to PC	Estimaci„n OMS con base en consumo privado conservando el nivel previo		0
Estimated	Derived by applying the share of the variable to PC	Estimaci„n OMS para reflejar el nivel de gasto de las EMP	No existe fuente de informaci„n accesible de registro de gasto de las EMP. Estimaci„n basada en referencias indirectas	0
Estimated	Derived by applying the share of the variable to PC	Estimaciones basadas en CNS		0
Estimated	Derived by applying the share of the variable to PC	Estimaciones basadas en CNS 1995-1997 y consumo privado		0
Estimated	Derived by applying the share of the variable to PC	Estimaciones basadas en gasto privado		0
Estimated	Derived by applying the share of the variable to PC	Estimaciones con base en reporte de Gallo Hernandez	Sistema estatal y social gratuito. Incluye pagos directos de hogares complementarios, con base en el reporte de 1997.	0
Estimated	Derived by applying the share of the variable to PC	Estimaciones de OMS basadas en el Reporte Anual del BC 2000 T 1.4 (3.21% PC)		0
Estimated	Derived by applying the share of the variable to PC	Estimaciones OMS con base en consumo privado	las proyecciones conservan la proporci„n del CP	0
Estimated	Derived by applying the share of the variable to PC	Estimaciones OMS con base en CP	las proyecciones conservan la proporci„n del CP	0
Estimated	Derived by applying the share of the variable to PC	Estimaciones OMS con base en el CP	las proyecciones conservan la proporci„n del CP	0
Estimated	Derived by applying the share of the variable to PC	Estimado con base en CNS 1998 y consumo privado		0
Estimated	Derived by applying the share of the variable to PC	Estimado con base en CNS 1998 y el consumo privado		0
Estimated	Derived by applying the share of the variable to PC	Estimado con base en consumo privado		0
Estimated	Derived by applying the share of the variable to PC	Estimado por OMS con base en consumo privado	las proyecciones conservan la proporci„n del CP	0
Estimated	Derived by applying the share of the variable to PC	Estimado por OMS con base en encuestas de hogares 71, 72, 86 (1.5% PC), proyecciones basadas en el CP	1.3-1.6% del PC. Ajustado con Pamela Henderson en 2001	0
Estimated	Derived by applying the share of the variable to PC	Estimatd using HA data, UNECE and statistical agency BiH		0
Estimated	Derived by applying the share of the variable to PC	Estimate		0
Estimated	Derived by applying the share of the variable to PC	Estimate based 2009 fig and PCE growth		0
Estimated	Derived by applying the share of the variable to PC	Estimate based on 2011 figure and PCE series		0
Estimated	Derived by applying the share of the variable to PC	Estimate based on 2012 figure		0
Estimated	Derived by applying the share of the variable to PC	Estimate based on 2012 figure and PCE for 2013		0
Estimated	Derived by applying the share of the variable to PC	Estimate based on 2013 fig and growth of PCE		0
Estimated	Derived by applying the share of the variable to PC	Estimate based on 2013 fig and PCE series		0
Estimated	Derived by applying the share of the variable to PC	Estimate based on NHA report 2010/2011 and PCE growth		0
Estimated	Derived by applying the share of the variable to PC	Estimate based on PCE (WB)		0

Estimated	Derived by applying the share of the variable to PC	Estimate using PCE		0
Estimated	Derived by applying the share of the variable to PC	Estimate.		0
Estimated	Derived by applying the share of the variable to PC	Estimated		0
Estimated	Derived by applying the share of the variable to PC	Estimated based on 2002 figure and PCE		0
Estimated	Derived by applying the share of the variable to PC	Estimated based on 2013 fig and PCE series		0
Estimated	Derived by applying the share of the variable to PC	Estimated based on HIES 1998 and 2005-2008 NHA, and UN NA		0
Estimated	Derived by applying the share of the variable to PC	Estimated based on NHA report 2010/2011 HS2020 and private consumption spending		0
Estimated	Derived by applying the share of the variable to PC	Estimated based on PCE		0
Estimated	Derived by applying the share of the variable to PC	Estimated by using WDI series and MoH technical consultation		0
Estimated	Derived by applying the share of the variable to PC	Estimated to be 15% of household outlays on health. Data of 9 insurance companies reported operating was not accessed		0
Estimated	Derived by applying the share of the variable to PC	Estimated using "Comprendre le dynamisme du khat š Djibouti aspects sociaux, _conomiques et de sant_ " and EIU series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using "Household Budget Survey 2007 Tanzania Mainland" WDI Series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using "Household Budget Survey 2007 Tanzania Mainland" report and UN NA series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using "Samoa National Health Accounts 2006/2007" and PCE series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using "The Health Sector in Eritrea" and UN NA series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using "The Samoa National Health Accounts FY 1998/99" and UN NA series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using 2011 fig and PCE		0
Estimated	Derived by applying the share of the variable to PC	Estimated using 2013 fig and PCE		0
Estimated	Derived by applying the share of the variable to PC	Estimated using ADB Key Indicators 2011, UN NA series and "Kiribati National Health Accounts : Estimates 2007 and 2008"	HIES 2007 states that OOPs is 0.01% of Private consumption (PCE)	0
Estimated	Derived by applying the share of the variable to PC	Estimated using ADB Key Indicators 2011, UN NA series and "Kiribati National Health Accounts : Estimates 2007 and 2008"		0
Estimated	Derived by applying the share of the variable to PC	Estimated using consultation with experts from WHO Euro Office. Nov 2004 and EIU /WDI data		0
Estimated	Derived by applying the share of the variable to PC	Estimated using CSO. Annual Digest series + IMF-IFS, Sept 2009 series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using EIU (IFS) series and "Household Budget Survey Report 1994/95 and 2002/03"		0
Estimated	Derived by applying the share of the variable to PC	Estimated using EIU (IFS) series and MoH consultation		0
Estimated	Derived by applying the share of the variable to PC	Estimated using EIU + NHA series.		0
Estimated	Derived by applying the share of the variable to PC	Estimated using EIU and "Enqul?te niveau de consommation des m_nages 1994 du Gabon" (Households Consumption Level in Gabon Survey) series.		0
Estimated	Derived by applying the share of the variable to PC	Estimated using EIU and NHA series.		0
Estimated	Derived by applying the share of the variable to PC	Estimated using EIU September 2010 and "Public expenditure Review of the Social Sector"		0
Estimated	Derived by applying the share of the variable to PC	Estimated using EIU September 2010 and WHO estimates		0
Estimated	Derived by applying the share of the variable to PC	Estimated using EIU series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using EIU series + UN NA series + NHA 1998 report		0
Estimated	Derived by applying the share of the variable to PC	Estimated using EIU series + UN NA series + The Main Results of the Household Expenditure & Income Survey		0
Estimated	Derived by applying the share of the variable to PC	Estimated using EIU series and "Public expenditure Review of the Social Sector"		0
Estimated	Derived by applying the share of the variable to PC	Estimated using EIU series and Healthcare System in Libya factual report 2010		0
Estimated	Derived by applying the share of the variable to PC	Estimated using EIU series and Inqu_rito šs despesas e receitas familiares [Survey on Family Income and Expenditure]		0
Estimated	Derived by applying the share of the variable to PC	Estimated using EIU series and MoH consultation		0
Estimated	Derived by applying the share of the variable to PC	Estimated using EIU series and NHA 1996 report		0
Estimated	Derived by applying the share of the variable to PC	Estimated using EIU series and NHA 1998 report		0
Estimated	Derived by applying the share of the variable to PC	Estimated using EIU series and NHA 2000 - 2001 report		0
Estimated	Derived by applying the share of the variable to PC	Estimated using EIU series and NHA 2000-2001 report		0
Estimated	Derived by applying the share of the variable to PC	Estimated using EIU series and NHA 2002 report		0
Estimated	Derived by applying the share of the variable to PC	Estimated using EIU series and NHA 2003 report		0
Estimated	Derived by applying the share of the variable to PC	Estimated using EIU series and NHA 2007-2008 report		0
Estimated	Derived by applying the share of the variable to PC	Estimated using EIU series and WHO estimates		0
Estimated	Derived by applying the share of the variable to PC	Estimated using Enquete sur les D_penses de Consommation des m_nages alg_riens en 2011 (ONS). T. 19. pp. 26.		0
Estimated	Derived by applying the share of the variable to PC	Estimated using external resources data and WDI series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using HA and PFC series.		0
Estimated	Derived by applying the share of the variable to PC	Estimated using HA and WDI		0
Estimated	Derived by applying the share of the variable to PC	Estimated using HA et PFC series.		0
Estimated	Derived by applying the share of the variable to PC	Estimated using Health Accounts and EIU series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using Health Accounts and EIU series.		0
Estimated	Derived by applying the share of the variable to PC	Estimated using health accounts and EIU series.		0
Estimated	Derived by applying the share of the variable to PC	Estimated using Health Accounts and EUROSTAT series.		0
Estimated	Derived by applying the share of the variable to PC	Estimated using Health Accounts and IMF IFS series.		0
Estimated	Derived by applying the share of the variable to PC	Estimated using Health Accounts and OECD series.		0
Estimated	Derived by applying the share of the variable to PC	Estimated using HH survey and WB data series.		0
Estimated	Derived by applying the share of the variable to PC	Estimated using HIES 1992 report and UN NA series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using HIES 2002 report and Fact Sheet		0
Estimated	Derived by applying the share of the variable to PC	Estimated using HIES 2002 report and Niue government statistics		0
Estimated	Derived by applying the share of the variable to PC	Estimated using HIES 2004/2005 report and UN NA series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using HIES 2005 report and UN NA series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using HIES 2006 report and UN NA series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using HIES 2006, HIES 2012/2013 reports and HFCE series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using HIES and UN NA series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using Household health expenditure survey 2002 and IMF IFS series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using Household Integrated Economic Survey and IMF IFS, Oct 2008 series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using IFS, Oct 2008 series and the 44th annual report		0
Estimated	Derived by applying the share of the variable to PC	Estimated using IMF IFS series and consultation		0
Estimated	Derived by applying the share of the variable to PC	Estimated using IMF IFS series and consultation		0
Estimated	Derived by applying the share of the variable to PC	Estimated using IMF IFS series and NHA 1998-2002 report		0
Estimated	Derived by applying the share of the variable to PC	Estimated using IMF IFS series series and consultation		0
Estimated	Derived by applying the share of the variable to PC	Estimated using IMF IFS series series and consultation		0
Estimated	Derived by applying the share of the variable to PC	Estimated using IMF IFS series, EIU series and consultation		0
Estimated	Derived by applying the share of the variable to PC	Estimated using IMF IFS series, EIU series and The Saudi Insurance Market Report 2010		0
Estimated	Derived by applying the share of the variable to PC	Estimated using IMF-IFS and MoH consultation series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using IMF-IFS and NHA 2003 report		0
Estimated	Derived by applying the share of the variable to PC	Estimated using IMF-IFS and NHA series.		0
Estimated	Derived by applying the share of the variable to PC	Estimated using IMF-IFS series and MoH consultation		0
Estimated	Derived by applying the share of the variable to PC	Estimated using IMF-IFS series and NHA 2007 report		0
Estimated	Derived by applying the share of the variable to PC	Estimated using IMF-IFS series and Expenditure of Kuwaiti household series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using IMF-IFS series and information from Zawya web site		0
Estimated	Derived by applying the share of the variable to PC	Estimated using IMF-IFS series and MoH consultation		0
Estimated	Derived by applying the share of the variable to PC	Estimated using IMF-IFS series and NHA 1998 report		0
Estimated	Derived by applying the share of the variable to PC	Estimated using IMF-IFS series and NHA 2000 report		0
Estimated	Derived by applying the share of the variable to PC	Estimated using IMF-IFS series and NHA 2001-2003 report		0
Estimated	Derived by applying the share of the variable to PC	Estimated using IMF-IFS series and NHA 2002 report		0
Estimated	Derived by applying the share of the variable to PC	Estimated using IMF-IFS series and NHA 2003 report		0
Estimated	Derived by applying the share of the variable to PC	Estimated using IMF-IFS series and NHA 2004 report		0
Estimated	Derived by applying the share of the variable to PC	Estimated using IMF-IFS series and NHA 2006 report		0
Estimated	Derived by applying the share of the variable to PC	Estimated using IMF-IFS series and NHA 2006 series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using IMF-IFS series and NHA 2007 report		0
Estimated	Derived by applying the share of the variable to PC	Estimated using IMF-IFS, Sept 2009 series and NHA 2003 report		0
Estimated	Derived by applying the share of the variable to PC	Estimated using JHAQ and EUROSTAT series.		0
Estimated	Derived by applying the share of the variable to PC	Estimated using Key Indicators for Asia and the Pacific 2011 series and Cambodia Socio-Economic Survey 2004 report		0
Estimated	Derived by applying the share of the variable to PC	Estimated using Ministry of Plan and EIU series.		0
Estimated	Derived by applying the share of the variable to PC	Estimated using Ministry of Plan and WDI series.		0
Estimated	Derived by applying the share of the variable to PC	Estimated using MoF consultation and NHA 2008 report		0
Estimated	Derived by applying the share of the variable to PC	Estimated using MoH and IMF series.		0
Estimated	Derived by applying the share of the variable to PC	Estimated using MOH and UNECE data		0
Estimated	Derived by applying the share of the variable to PC	Estimated using MOH consultation , UNECE and Statistical Institue data		0
Estimated	Derived by applying the share of the variable to PC	Estimated using MoH consultation and EIU online series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using MOH consultation and EIU/WDI data		0
Estimated	Derived by applying the share of the variable to PC	Estimated using MoH Consultation and General Statistics office of Vietnam website series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using MOH consultation and IMF.		0

Estimated	Derived by applying the share of the variable to PC	Estimated using MoH consultation and National Accounts series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using MoH consultation and PCE (national) series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using MoH consultation and PCE series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using MoH consultation and UN NA series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using MoH consultation and WDI series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using MoH consultation data points and EIU / IMF series.		0
Estimated	Derived by applying the share of the variable to PC	Estimated using MoH consultation, EIU series and IMF Country report 11/112		0
Estimated	Derived by applying the share of the variable to PC	Estimated using MoH consultation, National Bureau of Statistics series on premium written and National Accounts series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using MoH consultation. "Tendencias orÇamentais Sector Saude 2009-2013" [MoH presentation on expenditure trends]. November 2012. and WDI		0
Estimated	Derived by applying the share of the variable to PC	Estimated using MOH official reply for 2012 and EIU (IMF) series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using MoH report and WDI series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using NHA + EIU series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using NHA 1997/1998 report and WB series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using NHA 1998/99 report and EIU series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using NHA 2000 report and UN NA, Nov 2009 series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using NHA 2001-2002 - 2003-2004 report and UN NA series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using NHA 2002 report and WDI series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using NHA 2003-2006 report and WDI series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using NHA 2005 report and ADB series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using NHA 2005 report and NHA 2007 report		0
Estimated	Derived by applying the share of the variable to PC	Estimated using NHA 2005 report and UN NA series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using NHA 2005 report and WB series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using NHA 2005 report, NHA 2007-2008 report and UN NA series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using NHA 2005-2008 report and UN NA series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using NHA 2006 report + WDI Series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using NHA 2006 report and IMF-IFS series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using NHA 2007 report and ADB series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using NHA 2007 report, ADB series and UN NA series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using NHA 2007-2008		0
Estimated	Derived by applying the share of the variable to PC	Estimated using NHA 2007/08-2008/09 and WDI series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using NHA 2008 report + WDI series + UN NA series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using NHA 2008 report and UN NA series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using NHA 2008 report of Sudan and SSCCSE series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using NHA 2008 report, UN NA series and WDI-WD series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using NHA 2008-2009 report and WDI series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using NHA and CB series.		0
Estimated	Derived by applying the share of the variable to PC	Estimated using NHA and EIU / WDI data.		0
Estimated	Derived by applying the share of the variable to PC	Estimated using NHA and EIU series.		0
Estimated	Derived by applying the share of the variable to PC	Estimated using NHA and IMF.		0
Estimated	Derived by applying the share of the variable to PC	Estimated using NHA and PFC series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using NHA and UNECE.		0
Estimated	Derived by applying the share of the variable to PC	Estimated using NHA and WB.		0
Estimated	Derived by applying the share of the variable to PC	Estimated using NHA and WDI		0
Estimated	Derived by applying the share of the variable to PC	Estimated using NHA and WDI series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using NHA and WDI:		0
Estimated	Derived by applying the share of the variable to PC	Estimated using NHA and WDI.		0
Estimated	Derived by applying the share of the variable to PC	Estimated using NHA and World Bank series.		0
Estimated	Derived by applying the share of the variable to PC	Estimated using NHA data 2009 and EIU data.		0
Estimated	Derived by applying the share of the variable to PC	Estimated using NHA data and IMF IFS		0
Estimated	Derived by applying the share of the variable to PC	Estimated using NHA data and UNECE		0
Estimated	Derived by applying the share of the variable to PC	Estimated using NHA report and WDI, Oct 2009 series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using NHA reports		0
Estimated	Derived by applying the share of the variable to PC	Estimated using PCE		0
Estimated	Derived by applying the share of the variable to PC	Estimated using PCE series.		0
Estimated	Derived by applying the share of the variable to PC	Estimated using PFC and HA series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using PFC series and HF.2.1, 2.2 from Botswana - NHA report 2007-08-2009-10		0
Estimated	Derived by applying the share of the variable to PC	Estimated using PFC series and HF.2.4 from Botswana - NHA report 2007-08-2009-10		0
Estimated	Derived by applying the share of the variable to PC	Estimated using PFC series and NHA 2000 report		0
Estimated	Derived by applying the share of the variable to PC	Estimated using PFC series and NHA 2006 report		0
Estimated	Derived by applying the share of the variable to PC	Estimated using PFC series and NHA 2008 report		0
Estimated	Derived by applying the share of the variable to PC	Estimated using PFC series, and previous year HF.2.1-2.2		0
Estimated	Derived by applying the share of the variable to PC	Estimated using previous year data and PFC series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using Provisional NHA 2008 report and EIU series.		0
Estimated	Derived by applying the share of the variable to PC	Estimated using RMI 2002 HIES and UN NA series.		0
Estimated	Derived by applying the share of the variable to PC	Estimated using SHA 2011 and EUROSTAT series.		0
Estimated	Derived by applying the share of the variable to PC	Estimated using Statistical Abstracts 2010, IMF IFS and EIU series.		0
Estimated	Derived by applying the share of the variable to PC	Estimated using technical consultation, EIU series and IMF IFS series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using the document "Estimating Papua New Guinea's National Health Accounts" and PCE		0
Estimated	Derived by applying the share of the variable to PC	Estimated using the document "Estimating Papua New Guinea's National Health Accounts" and UN NA series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using UN data and Calculated as sum of shares (2%-2.5%) of private consumption, inferred from shares reported by Relazione Economico Statistica al Bilancio di Previsione dello Stato		0
Estimated	Derived by applying the share of the variable to PC	Estimated using UN data and HH Survey		0
Estimated	Derived by applying the share of the variable to PC	Estimated using UN data and HH Survey and statistical department Andorra		0
Estimated	Derived by applying the share of the variable to PC	Estimated using UN data and Statistical department Andorra		0
Estimated	Derived by applying the share of the variable to PC	Estimated using UN NA and Inqu_rito šs despesas e receitas familiares [Survey on Family Income and Expenditure] series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using UN NA PCE series and NHA 2007 report		0
Estimated	Derived by applying the share of the variable to PC	Estimated using UN NA series	Estimated at 0.2% of PC. Existence of NIPSH indicates possible NGO funded HE. It is assumed Solomon Islands ratio to be similar to Fiji (0.1%PCE) and Vanuatu (0.2%PCE)	0
Estimated	Derived by applying the share of the variable to PC	Estimated using UN NA series + EIU series + PER		0
Estimated	Derived by applying the share of the variable to PC	Estimated using UN NA series and NHA 1998 report		0
Estimated	Derived by applying the share of the variable to PC	Estimated using UN NA series and HES 2005		0
Estimated	Derived by applying the share of the variable to PC	Estimated using UN NA series and MoH consultation		0
Estimated	Derived by applying the share of the variable to PC	Estimated using UN NA series and NHA 1998 report		0
Estimated	Derived by applying the share of the variable to PC	Estimated using UN NA series and NHA 2000 report		0
Estimated	Derived by applying the share of the variable to PC	Estimated using UN NA series and NHA 2002-2008 report		0
Estimated	Derived by applying the share of the variable to PC	Estimated using UN NA series and NHA 2003 report		0
Estimated	Derived by applying the share of the variable to PC	Estimated using UN NA series and PER	vandemaelen: "Profil de pauvret_ en R_publique D_mocratique de Sao Tome e Principe 2000" - Mai 2001. Pages 19 et 58.	0
Estimated	Derived by applying the share of the variable to PC	Estimated using UN NA series and PER		0
Estimated	Derived by applying the share of the variable to PC	Estimated using UN NA series and Provisional NHA 2008 report		0
Estimated	Derived by applying the share of the variable to PC	Estimated using UN NA series and Social Report 1996		0
Estimated	Derived by applying the share of the variable to PC	Estimated using UN NA series and The Main Results of the Household Expenditure & Income Survey		0
Estimated	Derived by applying the share of the variable to PC	Estimated using UN NA series, EIU series and NHA 2003 report		0
Estimated	Derived by applying the share of the variable to PC	Estimated using UN NA, Nov 2009 series and Les Comptes Nationaux de la Sant_ en Tunisie: R_alit_s et Perspectives [National Health Accounts in Tunisia: Reality and Perspective]		0
Estimated	Derived by applying the share of the variable to PC	Estimated using UN NA, Nov 2009 series and NHA 2003 report		0
Estimated	Derived by applying the share of the variable to PC	Estimated using UN NA, Nov 2009 series and the document "A Status Report on Macroeconomics and Health Sector in Sudan"		0
Estimated	Derived by applying the share of the variable to PC	Estimated using UN NA, Oct 2008 PCE series and NHA 2001 report.		0
Estimated	Derived by applying the share of the variable to PC	Estimated using UN STAT series, ADB Key Indicators and NHA 2007 report		0
Estimated	Derived by applying the share of the variable to PC	Estimated using UNECE and MOH official data validation. January 2009.	HIT 2008, page 71 "Voluntary health insurance has played a very minor role in health financing in Moldova."	0
Estimated	Derived by applying the share of the variable to PC	Estimated using UNECE series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using UNECE series and MoF series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using UNECE series and MoH Official Reply. NHA Tables. 14 Jan 2009.		0
Estimated	Derived by applying the share of the variable to PC	Estimated using UNECE series and World Bank Report		0
Estimated	Derived by applying the share of the variable to PC	Estimated using UNESCAP Statistics website and NHA 2007 report		0

Estimated	Derived by applying the share of the variable to PC	Estimated using UNESCAP Statistics website and Report on 1997 Bridge Survey of Population, Housing and Expenditures (Office of Planning and Statistics, Sept 1998)		0
Estimated	Derived by applying the share of the variable to PC	Estimated using UNNA and HHBS 2010.		0
Estimated	Derived by applying the share of the variable to PC	Estimated using UNNA, Monaco en chiffres		0
Estimated	Derived by applying the share of the variable to PC	Estimated using UNNA, WB and HHBS 2010.		0
Estimated	Derived by applying the share of the variable to PC	Estimated using WB and HHBS 2010.		0
Estimated	Derived by applying the share of the variable to PC	Estimated using WB and Household Budget survey 2006-2007.		0
Estimated	Derived by applying the share of the variable to PC	Estimated using WB series and MoF consultation		0
Estimated	Derived by applying the share of the variable to PC	Estimated using WDI		0
Estimated	Derived by applying the share of the variable to PC	Estimated using WDI + NHA series.		0
Estimated	Derived by applying the share of the variable to PC	Estimated using WDI and Health sustems in transition, Vol9. No3, 2007. Page 73.		0
Estimated	Derived by applying the share of the variable to PC	Estimated using WDI and Household Budget survey 2006-2007.		0
Estimated	Derived by applying the share of the variable to PC	Estimated using WDI and NHA series.		0
Estimated	Derived by applying the share of the variable to PC	Estimated using WDI series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using WDI series and M_thode d'analyse de l'aide ext_rieure ĕ la sant_: l'exemple du Tchad [Method of analysis of foreign aid to health: The case of Chad]		0
Estimated	Derived by applying the share of the variable to PC	Estimated using WDI series and NHA 1998-2000 report		0
Estimated	Derived by applying the share of the variable to PC	Estimated using WDI series and "Current Issues in Sector-Wide Approaches for Health Development: Mozambique case study"		0
Estimated	Derived by applying the share of the variable to PC	Estimated using WDI series and EIBC 1994-1995 [Survey on life conditions of households] series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using WDI series and Enqu?te prioritaire sur les conditions de vie des m_nages [Survey on life condition of households]		0
Estimated	Derived by applying the share of the variable to PC	Estimated using WDI series and Etude sur l'inventaire des mutuelles de sant_ au Tchad		0
Estimated	Derived by applying the share of the variable to PC	Estimated using WDI series and Household Income and Expenditure Survey 1999/2000		0
Estimated	Derived by applying the share of the variable to PC	Estimated using WDI series and MoH consultation		0
Estimated	Derived by applying the share of the variable to PC	Estimated using WDI series and NHA 1995-1996 report		0
Estimated	Derived by applying the share of the variable to PC	Estimated using WDI series and NHA 1998 report		0
Estimated	Derived by applying the share of the variable to PC	Estimated using WDI series and NHA 1998-2000 report		0
Estimated	Derived by applying the share of the variable to PC	Estimated using WDI series and NHA 2000		0
Estimated	Derived by applying the share of the variable to PC	Estimated using WDI series and NHA 2001 report		0
Estimated	Derived by applying the share of the variable to PC	Estimated using WDI series and NHA 2002 report		0
Estimated	Derived by applying the share of the variable to PC	Estimated using WDI series and NHA 2002-2004 report		0
Estimated	Derived by applying the share of the variable to PC	Estimated using WDI series and NHA 2005 report		0
Estimated	Derived by applying the share of the variable to PC	Estimated using WDI series and NHA 2005-2006 report		0
Estimated	Derived by applying the share of the variable to PC	Estimated using WDI series and NHA 2007/2008 report		0
Estimated	Derived by applying the share of the variable to PC	Estimated using WDI series and WB Global consumption Database		0
Estimated	Derived by applying the share of the variable to PC	Estimated using WDI, Oct 2009		0
Estimated	Derived by applying the share of the variable to PC	Estimated using WDI, Oct 2009 and Etude sur l'inventaire des mutuelles de sant_ au Tchad [Study on inventory of mutual health in Chad]		0
Estimated	Derived by applying the share of the variable to PC	Estimated using WDI, Oct 2009 series and NHA 2001 report		0
Estimated	Derived by applying the share of the variable to PC	Estimated using WDI. Uzbekistan Living standards assessment (Family Budget Survey). Table 7. pp. 76 & 84. May 2003		0
Estimated	Derived by applying the share of the variable to PC	Estimated using World Bank Global Consumption Database and World Bank WDI series.		0
Estimated	Derived by applying the share of the variable to PC	Estimated using World Bank mission report and WDI series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using World Bank. Project Implementation of the Health Sector Reform. MoH of Azerbaijan. Final report. Zoidze Akaki. Paragraph 2. Page 16. 31/05/2008 and UNECE series		0
Estimated	Derived by applying the share of the variable to PC	Estimated using YBK for Asia & Pacific 2004 and HES 2004		0
Estimated	Derived by applying the share of the variable to PC	Estimates	Based on 2004 figure coming from NHA study	0
Estimated	Derived by applying the share of the variable to PC	Estimates based on PCE		0
Estimated	Derived by applying the share of the variable to PC	Estimates based on PCE and 2004 figure		0
Estimated	Derived by applying the share of the variable to PC	Estimates based on PCE and 2004 figure (NHA study)		0
Estimated	Derived by applying the share of the variable to PC	Estimating using UNECE series for NPIFC, IMF report and WB series for PC		0
Estimated	Derived by applying the share of the variable to PC	Estimation based on NHA		0
Estimated	Derived by applying the share of the variable to PC	Estimation based on NHA draft report		0
Estimated	Derived by applying the share of the variable to PC	Estimation based on PC		0
Estimated	Derived by applying the share of the variable to PC	Estimation based on private consumption	Projections based on PC	0
Estimated	Derived by applying the share of the variable to PC	estimation based on Theodore		0
Estimated	Derived by applying the share of the variable to PC	Estimation based on Theodore		0
Estimated	Derived by applying the share of the variable to PC	Estimations based on Bangladesh NHA-3, T.C6, p.81and PCE		0
Estimated	Derived by applying the share of the variable to PC	Estimations based on BRH. Report Annuel 2000 T 1.4 (3.21% PC)		0
Estimated	Derived by applying the share of the variable to PC	Estimations based on data available for 2001	Needs to be revised considering new PC level and market	0
Estimated	Derived by applying the share of the variable to PC	Estimations based on data available for 2001		0
Estimated	Derived by applying the share of the variable to PC	Estimations based on HIES 2010 and PCE		0
Estimated	Derived by applying the share of the variable to PC	Estimations based on PC		0
Estimated	Derived by applying the share of the variable to PC	HHS 98/99: 2.39% + pharmaceuticals:2.5	It needs to be updated with results from HHS 2009	0
Estimated	Derived by applying the share of the variable to PC	HHS 98/99: 2.39% + pharmaceuticals:2.5		0
Estimated	Derived by applying the share of the variable to PC	IDB Country health profile	Includes the external funds through NGOs	0
Estimated	Derived by applying the share of the variable to PC	MOH estimation		0
Estimated	Derived by applying the share of the variable to PC	NHA 2009 and Word bank	Estimated using previous year data and PFC series	0
Estimated	Derived by applying the share of the variable to PC	NHA tables 2004, 2005, 2006, 2007; respectively.		0
Estimated	Derived by applying the share of the variable to PC	Nivel de Contabilidad Nacional aplicado al consumo privado		0
Estimated	Derived by applying the share of the variable to PC	Notional estimate. Based don the assumption that 15% of HH expenditure on health was private insurance indemnity. Data not accessed	Country profile refers to be low. Requires validation by country officers	0
Estimated	Derived by applying the share of the variable to PC	Notional estimate. Based on the assumption that 15% of HH expenditure on health was private insurance indemnity. Data not accessed	Country profile refers to be low. Requires validation by country officers	0
Estimated	Derived by applying the share of the variable to PC	Notional value estimated with MoH officials in a NHA meeting in Barbados	WHO Estimates based on private consumption	0
Estimated	Derived by applying the share of the variable to PC	Projecciones con base en consumo privado		0
Estimated	Derived by applying the share of the variable to PC	Proyecci„n de OMS segin consumo privado		0
Estimated	Derived by applying the share of the variable to PC	Proyecci„n OMS basada en consumo privado		0
Estimated	Derived by applying the share of the variable to PC	proyecciones basadas en CP		0
Estimated	Derived by applying the share of the variable to PC	Proyectado por OMS con base en CP	Consulta WHS 2015	0
Estimated	Derived by applying the share of the variable to PC	Trend estimate (linear) using data point 2001 & 2004		0
Estimated	Derived by applying the share of the variable to PC	WHO		0
Estimated	Derived by applying the share of the variable to PC	WHO based on PAHO Health in the Americas (around 2% of PC)	Ratio of PC. Weight used in CPI 2004 is 2, in 1990 was 1.9	0
Estimated	Derived by applying the share of the variable to PC	WHO estimate	50.1% of THE (5.4% GDP IMF)	0
Estimated	Derived by applying the share of the variable to PC	WHO estimate	Estimated using previous year data and PFC series	0
Estimated	Derived by applying the share of the variable to PC	WHO Estimate	Un estudio de Cuentas de Salud esta en proceso	0
Estimated	Derived by applying the share of the variable to PC	WHO estimate	WHO estimate based on growth rate of household final consumption	0
Estimated	Derived by applying the share of the variable to PC	WHO estimate	WHO estimate based on growth rate of private final consumption	0
Estimated	Derived by applying the share of the variable to PC	WHO estimate		0
Estimated	Derived by applying the share of the variable to PC	WHO estimate based on growth of final consumption of non-profit institutions serving households	Private financing includes private investment	0
Estimated	Derived by applying the share of the variable to PC	WHO estimate based on growth of final private consumption of households	Private financing includes private investment	0
Estimated	Derived by applying the share of the variable to PC	WHO estimate based on growth of total private health expenditure	Private financing includes private investment	0
Estimated	Derived by applying the share of the variable to PC	WHO estimate based on HHS 1999	Needs to be verified the level	0
Estimated	Derived by applying the share of the variable to PC	WHO estimate based on HHS 98/99	HHS 98/99: 2.39% + pharmaceuticals:2.5	0
Estimated	Derived by applying the share of the variable to PC	WHO estimate based on HHS LSMS ratio to PC (2.7%)		0
Estimated	Derived by applying the share of the variable to PC	WHO estimate based on level of 2010	Needs to be assessed. It contains NGOs with domestic and external funding	0
Estimated	Derived by applying the share of the variable to PC	WHO estimate based on level proposed in Budget Speech for previous years	Need to verify. Baxed on budget speech of 2008	0
Estimated	Derived by applying the share of the variable to PC	WHO estimate based on level proposed in Budget Speech for previous years		0
Estimated	Derived by applying the share of the variable to PC	WHO estimate based on NA report on demand for 2007		0
Estimated	Derived by applying the share of the variable to PC	WHO estimate based on NHA level		0
Estimated	Derived by applying the share of the variable to PC	WHO estimate based on NHA levels	Validated by MoH	0
Estimated	Derived by applying the share of the variable to PC	WHO estimate based on NHA levels		0
Estimated	Derived by applying the share of the variable to PC	WHO estimate based on PAHO Health in the Americas (around 2% of PC)	Ratio of PC. Weight used in CPI 2004 is 2, in 1990 was 1.9	0
Estimated	Derived by applying the share of the variable to PC	WHO estimate based on PAHO level	The level is in line with PAHO Basic Indicator 2012 of 3% of GDP	0
Estimated	Derived by applying the share of the variable to PC	WHO estimate based on PAHO level		0
Estimated	Derived by applying the share of the variable to PC	WHO estimate based on PC		0
Estimated	Derived by applying the share of the variable to PC	WHO estimate based on private consumption	to be verified	0
Estimated	Derived by applying the share of the variable to PC	WHO estimate based on the Blue Ribbon Commission on NHI report	It is important to revise the figures considering revision of PC and market trend	0
Estimated	Derived by applying the share of the variable to PC	WHO estimate based on the Blue Ribbon Commission on NHI report		0
Estimated	Derived by applying the share of the variable to PC	WHO estimated based on FPC	Consulta WHS 2015	0
Estimated	Derived by applying the share of the variable to PC	WHO estimated based on FPC		0
Estimated	Derived by applying the share of the variable to PC	WHO estimates		0

Estimated	Derived by applying the share of the variable to PC	WHO estimates based on information on Brunei economic development Board - Employment		0
Estimated	Derived by applying the share of the variable to PC	WHO estimates.	Needs to be verified the level	0
Estimated	Derived by applying the share of the variable to PC	WHO estimation		0
Estimated	Derived by applying the share of the variable to PC	WHO estimation based on ratio to PC (around 2.8-3%)		0
Estimated	Derived by applying the share of the variable to PC	WHO estimation based on share to PC		0
Estimated	Derived by applying the share of the variable to PC	WHO estimation based on share to PC and report of 2001		0
Estimated	Derived by applying the share of the variable to PC		1.3-1.6% del PC. Ajustado con Pamela Henderson en 2001	0
Estimated	Derived by applying the share of the variable to PC		Cifras modificadas. Deben verificarse	0
Estimated	Derived by applying the share of the variable to PC		Estimated using previous year data and PFC series	0
Estimated	Derived by applying the share of the variable to PC		HHS 98/99: 2.39% + pharmaceuticals:2.5	0
Estimated	Derived by applying the share of the variable to PC		Includes Public Hospital Fees	0
Estimated	Derived by applying the share of the variable to PC		Usando como referencia el a_o o el a_o 2010	0
Estimated	Derived by applying the share of the variable to PC			0
Estimated	Derived by applying the share of the variable to the same variable but from another source	Estimacion OMS con base en reporte de Superintendencia de seguros		0
Estimated	Derived by applying the share of the variable to the same variable but from another source	Estimaciones basadas en crecimiento reportado por la Superintendencia		0
Estimated	Derived by applying the share of the variable to the same variable but from another source	Estimaciones con base en mercado de seguros		0
Estimated	Derived by applying the share of the variable to the same variable but from another source	Estimate based on Health & Social work exp series in T.4, Nepal NA 2011	Using ADB KI 2014 series	0
Estimated	Derived by applying the share of the variable to the same variable but from another source	Estimated based on UN series		0
Estimated	Derived by applying the share of the variable to the same variable but from another source	Estimated using UNNA Individual consumption expenditure of households on health (October 2008) and NHA 2003		0
Estimated	Derived by applying the share of the variable to the same variable but from another source	Estimated using EIU and UN series.		0
Estimated	Derived by applying the share of the variable to the same variable but from another source	Estimated using MOH data and ADB data on government consolidated expenditure on health		0
Estimated	Derived by applying the share of the variable to the same variable but from another source	Estimated using NHA data and ADB series		0
Estimated	Derived by applying the share of the variable to the same variable but from another source	Estimated using UNECE series and Statistical Yearbook 2002.		0
Estimated	Derived by applying the share of the variable to the same variable but from another source	Estimated using World Bank and IMF series.		0
Estimated	Derived by applying the share of the variable to the same variable but from another source	WHO Estimate	Estimated based on growth rate of IMF GDP data	0
Estimated	Derived by applying the share of the variable to the same variable but from another source	WHO estimate	WHO estimate based on EIU GDP data	0
Estimated	Derived by applying the share of the variable to the same variable but from another source	WHO estimate	WHO estimate based on GDP IMF data	0
Estimated	Derived by applying the share of the variable to the same variable but from another source	WHO estimate	WHO estimate based on IMF data	0
Estimated	Derived by applying the share of the variable to the same variable but from another source	WHO estimate	WHO estimate based on IMF GDP data	0
Estimated	Derived by applying the share of the variable to the same variable but from another source	WHO estimate	WHO estimate based on World Bank GDP data	0
Estimated	Derived by applying the share of the variable to the same variable but from another source	WHO estimate		0
Partially Documented	Derived by applying the sum of the components	Sum of Territorial government + Social security funds		2
Partially Documented		Sum of Territorial government + Social security funds		2
Estimated	Derived by applying the sum of the components	Sum of public and private expenditures		0
Documented	Derived by applying the sum of the components	Sum of territorial governments + autonomous funds and trust funds + parastatals corporations		2
Partially Documented		Sum of territorial governments + autonomous funds and trust funds + parastatals corporations		2
Partially Documented	Derived by applying the share of the variable to GGE	Sum of Territorial governments + Autonomous funds and Trust funds + Parastatals corporations		2
Partially Documented		Sum of Territorial governments + Autonomous funds and Trust funds + Parastatals corporations		2
Documented		Sum of Territorial governments + Autonomous funds and Trust funds + Parastatals corporations		2
Documented		Sum of Territorial governments + Social security funds + Entities managed mostly with external funds	MoH consultation Feb 2011	2
Documented	Derived by applying the sum of the components	Sum of Territorial governments + Social security funds + Entities managed mostly with external funds		2
Partially Documented	Derived by applying the sum of the components	Sum of Territorial governments + Social security funds + Entities managed mostly with external funds		2
Partially Documented		Sum of Territorial governments + Social security funds + Entities managed mostly with external funds		2
Estimated	Derived by applying the sum of the components	Sum of Territorial government, Social security funds and Extra-budgetary entities		0
Documented		Sum of Territorial governments + Social security funds + Entities managed mostly with external funds		2
Estimated	Derived by applying the sum of the components	Sum of Territorial governments + Entities managed mostly with external funds	Assumed that all the external resources go through the government.	0
Documented	Derived by applying the sum of the components	Sum of Territorial governments and entities managed externally.	Based on NHA 2011/2012-2012/2013	TBD
Partially Documented	Derived by applying the sum of the components	Sum of Territorial governments and entities managed externally.		2
Estimated	Derived by applying the sum of the components	Sum of Territorial governments + Social security funds + Entities managed mostly with external funds		0
Documented	Derived by applying the sum of the components	Sum of Territorial govt and Social Insurance	Data provided by MNHA, June 2014	2
Documented	Derived by applying the sum of the components	Sum of the components	Consulta WHS 2015	2
Estimated	Derived by applying the sum of the components	Sum of Territorial govt + social security + entities managed with external funds		0
Estimated	Derived by applying the sum of the components	Sum of territorial govt + social security funds + entities managed with external funds		0
Documented	Derived by applying the sum of the components	Sum of the components	CSS 2010-2013	2
Estimated	Derived by applying the sum of the components	Sum of Territorial govt and Social Insurance	Data provided by MNHA, June 2014	0
Documented		sum of the components		2
Documented		Sum of the components		2
	Derived by applying the sum of the components	Sum of the components	sum of public and private fundings	0
	Derived by applying the sum of the components	Sum of the components	sum of territorial gvmnt and social security funds	0
Estimated	Derived by interpolation calculated as uniform year-to-year change of the share of the variable in terms of another related series between the two available data points	Estimated using World Bank report N 31468 - AZ, health sector review note. June 30, 2005. Page 62 and Azerbaijan Living conditions assessment report, N 52801, World Bank. March 2010. Table 6.1. Page 67		0
Estimated	Derived by interpolation calculated as uniform year-to-year change of the share of the variable in terms of another related series between the two available data points	Estimated using World Bank report N 31468 - AZ, health sector review note. June 30, 2005. Table 4.2. Page 90, and Azerbaijan Living conditions assessment report, N 52801, World Bank. March 2010. Table 6.1. Page 67		0
Estimated	Derived by interpolation calculated as uniform year-to-year change of the share of the variable in terms of GDP between the two available data points	Estimated using NHA 2002 report and "Comprendre le dynamisme du khat š Djibouti aspects sociaux, _conomiques et de sant_"		0
Estimated	Derived by interpolation calculated as uniform year-to-year change of the share of the variable in terms of the PC between the two available data points	Estimated using surveys of 89 and of 2005 (CNSEE ECOM)		0
Estimated	Derived by interpolation calculated as uniform year-to-year change of the share of the variable in terms of the PC between the two available data points	Estimated using "The Health Sector in Eritrea" and UN NA series		0
Estimated	Derived by interpolation calculated as uniform year-to-year change of the share of the variable in terms of the PC between the two available data points	Estimated using MoH Second Institutional Building Technical Assistance (IIBTAII) Project. Health Expenditure Analysis Component. Paragraph 4. Page 68. March 2004 and UNECE		0
Estimated	Derived by interpolation calculated as uniform year-to-year change of the share of the variable in terms of the PC between the two available data points	Estimated using NHA 2002 report, NHA 2007/2008 report, and IMF-IFS series.		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estiamted using Social Report 1996 and NHA 2003 report		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated from Ministry of Planning using Statistical abstract 1970. T.11 and Healthcare System in Libya factual report 2010		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using Inqu_rito Sobre Or□amento Familiar 2008/09 and MoH consultation		0

Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using "Samoa National Health Accounts 2004/2005" and Samoa National Health Accounts 2006/2007"		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using Fair financing study and NHA 1998 report		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using Fair financing study and The Main Results of the Household Expenditure & Income Survey		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using NHA 2006 series and provisional NHA report		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using NHA 2008 and HA 2012 series		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using the Planning Council series and MoH consultation		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using "Annuaire des statistiques D_mographiques et Sociales 1995-2000"		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using "Annuaire des statistiques D_mographiques et Sociales 1995-2000" and "Rapport de la Commission Gestion et Finances"		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using "Household Budget Survey Report 1994/95 and 2002/03"		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using "NHA 2008 report" and "NHA 2010: preliminary results"		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using "Programme National des Comptes de la Sant_" ans NHA 2008-2009 report		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using "Samoa National Health Accounts 2000/2001" and "Samoa National Health Accounts 2002/2003"		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using "Samoa National Health Accounts 2002/2003" and "Samoa National Health Accounts 2004/2005"		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using "The Health Sector in Eritrea" and MoH consultation data.		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using "The Samoa National Health Accounts FY 1998/99" and "Samoa National Health Accounts 2000/2001"		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using A Status Report on Macroeconomics and Health Sector in Sudan and MoH Consultation		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using Cambodia Socio-Economic Survey 2004 report		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using HA data series		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using HIES and Yearbook of Statistics Singapore 2010 series		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using Household Income and Expenditure Survey 1999/2000 and Household Income and Expenditure Survey 2006/2007		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using Household Integrated Economic Survey series		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using IMF country report No. 05/78 and IMF IFS series		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using IMF country report No. 05/78, IMF IFS series and Healthcare System in Libya factual report 2010		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using IMF Country report No. 07/304 and MoH consultation		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using Integrated Household Survey and NHA 2002		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using MoH consultation		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using MoH consultation and Insurance Decennial Report 2011		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using MoH consultation and NHA 2006 report		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using MoH consultation and NHA 2008 report		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using MoH consultation and NHA report 2005		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using NHA 1990 and NHA 2002		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using NHA 1995 + Integrated Household Survey		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using NHA 1995 report and NHA 2002 report		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using NHA 1996 report and NHA 2002 report		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using NHA 1996 report and NHA 2000		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using NHA 1998 and NHA 2000-2001		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using NHA 1998 report and NHA 2002 report		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using NHA 1998 report and NHA 2002-2004 report		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using NHA 1998+ NHA 2000-2001		0

Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using NHA 2000 and NHA 2005 report		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using NHA 2000 report and MoH consultation		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using NHA 2000-2001 report and NHA 2007 report		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using NHA 2001 report and MoH consultation		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using NHA 2001/2002 - 2003/2004 report		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using NHA 2002 report		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using NHA 2002 report and "Comprendre le dynamisme du khat š Djibouti aspects sociaux, _conomiques et de sant_"		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using NHA 2002 report and NHA 2005-2006 report		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using NHA 2002-2004 report and NHA 2006 report		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using NHA 2003 report and MoH consultation data points.		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using NHA 2003 report and NHA 2004 series		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using NHA 2003 report and NHA 2007 report		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using NHA 2004 report and Household Budget Survey		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using NHA 2004/05 report and NHA 2007/2008 report		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using NHA 2005 report and NHA 2007 report		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using NHA 2005-2006 report and NHA 2007-2008 report.		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using NHA 2006 report and Household Integrated Economic Survey 2007-2008		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using NHA 2007-2008		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using NHA 2007-2008 report		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using NHA 2007-2008 report and "Rapport de la Commission Gestion et Finances"		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using NHA 2007-2008 report and IMF IFS series		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using NHA 2007-2008 report, Households Integrated Economic Survey 2007-2008 and Households Integrated Economic Survey 2010-2011		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using NHA and Health Systems Trust series.	Donors or Non-governmental organisations	0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using NHA report		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using NHA report 2004-2005 and MoH consultation		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using NHA reports		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using PER and the document "Plan National de D_veloppement Sanitaire"		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using PFC series and HF.2.1, 2.2 from Botswana - NHA report 2007-08-2009-10		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using PFC series and HF.2.3 from Botswana - NHA report 2007-08-2009-10		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using PFC series and HF.2.4 from Botswana - NHA report 2007-08-2009-10		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using Social & Living Monitoring Survey 2004/05 series and Household Integrated Economic Survey		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using Social & Living Monitoring Survey 2004/05 series and NHA 2006 report		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using Social Report 1996 and NHA 2003 report		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using Uganda HA data series		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using WB, Poverty assessment and IMF Country report No. 04/231		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated using WDI series and Household Income and Expenditure Survey 2006/2007		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Estimated usingNHA 2001 report and MoH consultation		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	MoH. Consultation		0
Estimated	Derived by interpolation calculated as uniform year-to-year changes of the variable growth between two available data points	Sum of Territorial governments + Entities		0

Estimated	Derived by splitting an aggregate according to the average share of the variable of the previous years	USAID. Comptes Nationaux de la Sant_ 2008-2009 Executive Summary [NHA]. T. HF x FS. pp. 15.	In 2008, 0.2% of expenditures by the ministry of health was allocated to health care related activities. The shame proportion were used to estimated 2009 MoH expenditure. Converted from US$ to NCU using IMF IFS exchange rate data	0
Estimated	Derived by splitting an aggregate according to the average share of the variable of the previous years	WHO estimate		0
Estimated		5.4% of population covered by group insurance, 2.9% individual health insurance, 2.9% life insurance including health, 0.2% endowment with health. Census 2001	Notional value based on assumption of 5% of claims, linked to T 9 of Economic and social review 2009	0
Estimated		Abusaleh Shariff. A Status Report on Macroeconomics and Health Sector in Sudan. T.4, pp. 35. March 2004		0
Estimated		ADB. Key Indicators 2010 for Asia and Pacific.		0
Estimated		ADB. Key indicators for Asia and the Pacific 2011. Table "Kiribati"	This data may be underestimated as it is only current expenditure on health	0
Estimated		ADB. Tuvalu 2002 Economic and Public Sector review. Appendix Table A2.7, pp. 201. March 2003		0
Estimated		Basado en Cuentas Nacionales, BC, gasto de consumo final de los hogares, ajustado por reporte de MoH de resultado de encuestas en 2004 y 2006		0
Estimated		Basado en ENIGHU 2004 y en consumo privado		0
Estimated		Based on 1997 Bridge Survey		0
Estimated		Based on 1997 Bridge Survey and PFC series.		0
Estimated		Based on Budget in Statistics, Govt. of Maldives. 2015	As per estimtes reported in Budget in Statistics, 2015. Capital and Current Combined - as per Budget in Statistics, 2015	0
Estimated		Based on HIES 2006 and PFC series.		0
Estimated		Based on MoH and NHA report of 2011	Adjustments need to be validated	0
Estimated		Based on MoH data for 2011	Adjustments need to be validated	0
Estimated		Based on NHA 2007 and PFC series.		0
Estimated		Based on PCE growth		0
Estimated		Based on the 1997 Bridge Survey, HIES 2006 and PFC series.		0
Estimated		CBS. Household health expenditure survey 2002		0
Estimated		Central Bank of Kuwait. Quarterly Statistical Bulletin 2011. Table 30. June 2011	This data does not include development expenditure	0
Estimated		Central Bank of Kuwait. Quarterly statistical Bulletin 2011. Table 30. June 2011	This data does not include development expenditure	0
Estimated		China National Health Accounts Report 2010, November 2011 Technical consultation		0
Estimated		CNS		0
Estimated		Con base en Gestion, evolucion y efectos del sistema de salud cubano. Dayami Gallo Hernandez Ponencia en Taller de aspectos macroeconomicos de la eficiencia en salud p35 y 36	Sistema estatal y social gratuito. Incluye pagos directos de hogares complementarios, con base en el reporte de 1997.	0
Estimated		Country consultation revealed that Private insurance is so small that they do not take that in to account		0
Estimated		Derived by applying exponential growth to the variable.		0
Estimated		Economic, Planning, Development and Statistics Unit. HIES 2002. Table 5.1, pp. 37. October 2002		0
Estimated		Equal to Territorial government		0
Estimated		Estimaci„n con base en cuenta de SIDA, muy subvaluada	No se incluye en la cuenta	0
Estimated		Estimaci„n de OMS con base en reporte de MINSA en 2008		0
Estimated		Estimaci„n OMS con base en crecimiento de p„lizas pagadas en salud en el reporte anual de la superintendencia SSN a diciembre de 2010		0
Estimated		Estimaci„n OMS conservando la proporci„n de 2009, iltimo a_o triangulado	Encuesta de hogares casi dobla el nivel	0
Estimated		Estimacion OMS con base en consumo privado		0
Estimated		Estimacion OMS con base en reporte de Superintendencia de seguros		0
Estimated		Estimaciones OMS con base en crecimiento del consumo privado	PAHO Basic indicators proponen un nivel similar	0
Estimated		Estimaciones OMS con base en crecimiento del consumo privado		0
Estimated		Estimaciones OMS con base en el CP	las proyecciones conservan la proporci„n del CP	0
Estimated		Estimado como proporci„n del consumo final de los hogares, 5.6%		0
Estimated		Estimado con base en nivel de CSS	El nivel parece muy inferior al reportado en el portal de transparencia. Verificar que se debe a cuenta doble	0
Estimated		Estimado con base en pago de siniestros	Segin SBS	0
Estimated		Estimado con base en UN NA T 3.2, 2002-06		0
Estimated		Estimado con base en UNNA		0
Estimated		Estimado en base al crecimiento del monto total de las primas netas emitidas.	Informe de la Intendencia de Seguros, "Consolidado de Seguros".	0
Estimated		Estimado por la OMS	Interpolated	0
Estimated		Estimado por la OMS		0
Estimated		Estimado por la OMS		0
Estimated		Estimado por OMS	Se conserva el nivel de previas estimaciones	0
Estimated		Estimado por OMS com base en crecimiento del gasto privado		0
Estimated		Estimado por OMS con base en CP		0
Estimated		Estimado por OMS con base en crecimiento del gas		0
Estimated		Estimado por OMS segin Encuesta de Hogares 2011 (7.4%)	A validar	0
Estimated		Estimate based on 2012 fig and PCE series		0
Estimated		Estimate based on NHA report 2010/2011 and PCE growth	Needs to be validated	0
Estimated		Estimate based on PCE		0
Estimated		Estimate using PCE		0
Estimated		Estimated		0
Estimated		Estimated at 50% of external resources.		0
Estimated		Estimated at 80% of external resources.		0
Estimated		Estimated based on 2001 NHA and PCE	Numbers were adjusted using ratio of 2001 figure from this table to the number coming from NHA report 2001,	0
Estimated		Estimated based on 2001 NHA and PCE	Numbers were adjusted using ratio of 2001 figure from this table to the number coming from NHA report 2001/2002,	0
Estimated		Estimated based on HIES 1998 and 2005-2008 NHA, and UN NA		0
Estimated		Estimated based on IMF. IMF Country Report No. 10/230. T. 1-5, pp. 21.	Their source is ECOSIT 2	0
Estimated		Estimated by MoF. Consultation. Nov 2004		0
Estimated		Estimated by MoH. Consultation		0
Estimated		Estimated by MoH. Consultation. 2010		0
Estimated		Estimated by MoH. Consultation. February 2011		0
Estimated		Estimated by MoH. Consultation. Oct 2010		0
Estimated		Estimated by WHO	Estimates based on ratios on mean ratio and on economic background. Health and total expenditures of government vary on earnings from Phosphate reserves in the country. This explains the fluctuations of GGHE.	0
Estimated		Estimated by WHO		0
Estimated		Estimated from Ministry of Planning using Statistical abstract 1970. T.11		0
Estimated		Estimated using "Etude sur l'_quit_ des d_penses des m_nages" and WDI series		0
Estimated		Estimated using 44th Annual report		0
Estimated		Estimated using Country Profile Libya		0
Estimated		Estimated using EIU series and NHA 2002 report		0
Estimated		Estimated using EIU series and NHA 2008 report		0
Estimated		Estimated using Household health expenditure survey 2002 and IMF IFS series		0
Estimated		Estimated using households budget survey of 1994 proportion [Enquˆte Budget-consommation de 1994].		0
Estimated		Estimated using IMF and MoH consultation series		0
Estimated		Estimated using IMF Country report No. 07/304, Table V.2 pp. 15		0
Estimated		Estimated using IMF-IFS series		0
Estimated		Estimated using MoF series of PRISM web site	Estimates based on ratios on mean ratio and on economic background. Health and total expenditures of government vary on earnings from Phosphate reserves in the country. This explains the fluctuations of GGHE.	0
Estimated		Estimated using MoH consultation 2006 and 2011		0
Estimated		Estimated using MoH consultation and "Key indicators for Asia and the Pacific 2011"		0
Estimated		Estimated using MoH consultation, "Key Indicators for Asia and the Pacific 2011", and 2007 figure from Health financing report 2007		0
Estimated		Estimated using MoH consultation, EIU series and IMF Country report 11/112		0
Estimated		Estimated using MoH consultation. "Tendencias or‰amentais Sector Saude 2009-2013" [MoH presentation on expenditure trends]. November 2012.		0
Estimated		Estimated using NHA 2007 report and IMF-IFS series		0
Estimated		Estimated using NHA 2007-2008 report Kiribati and UN NA	Estimation based on NHA Kiribati. Fixed at 0.4% of PCE for Nauru	0
Estimated		Estimated using NHA 2008 report and EIU series		0
Estimated		Estimated using PCE		0
Estimated		Estimated using Statistical Yearbook for Southern Sudan 2010		0
Estimated		Estimated using Statistical Yearbook for Southern Sudan 2010.		0
Estimated		Estimated using Statistical Yearbook for Southern Sudan 2010.		0

Estimated		Estimated using the report "The changing role of NGOs in the provision of relief and rehabilitation assistance" and UN NA series		0
Estimated		Estimated using UN NA, PCE series and NHA 2001 report.	State government and central government transfers estimated from state govt RBI expenditures and central MoH data and applying NHA 2001 and 2004 reports.	0
Estimated		Estimated using UNECE, UNNA and HIT		0
Estimated		Estimated using UNNA		0
Estimated		Estimated using UNNA data.		0
Estimated		Estimated using WDI series and MoH consultation		0
Estimated		Estimated using WDI, Oct 2009		0
Estimated		Estimated using Yearbook 1999 and d "Key Indicators for Asia and the Pacific" series		0
Estimated		Estimates (based on HHS 1997, table 4.12.1; HHS survey 1989 Yangon).		0
Estimated		Exstimada una reducci„n segin proporci„n de gasto privado		0
Estimated		Federal Bureau of Statistics. Household Integrated Economic Survey. T.22		0
Estimated		Federal Bureau of Statistics. Pakistan Social & Living Monitoring Survey 2004/05		0
Estimated		FSM Department of Health and Social Affairs. Federated States of Micronesia. National Health Accounts 2005-2008 report. Table 10, pp. 16. July 2010		0
Estimated		General Secretariat for Development Planning. Annual Abstracts. T. National Income & Government Expenditure		0
Estimated		HA report Nov 2014	Interpolated	0
Estimated		HIES. Table "Key indicators of the household expenditure survey, 1997/1998 - 2007-2008		0
Estimated		Hisham Fakha. WHO. The Kingdom of Bahrain National Health Accounts : First Round for Year 2000. T. 2. June 2002		0
Estimated		IMF. IMF country Report 08/162. Table 14, pp. 41. May 2008		0
Estimated		IMF. IMF country report No. 05/78. T.21, pp.24. March 2005		0
Estimated		IMF. IMF Country Report No. 10/230. T. 1-5, pp. 21.	Their source is ECOSIT 2	0
Estimated		IMF. IMF country report No. 10/235. Table 16, pp.18 & table 17, pp. 19. July 2010		0
Estimated		Integrated Household Survey		0
Estimated		Interpolaciones		0
Estimated		Interpolated using 1999 Yearbook and HSES 2002/2003	New estimated introduced in Dec 2015	0
Estimated		Kiribati National Statistics Office. Analytical report on the Kiribati 2006 HIES. Table 2.1, pp. 11 & Table 4.1, pp. 19.		0
Estimated		Masuod Salim Al Aisiri. Sultanate of Oman National Health Accounts Estimates for 1998 : executive Summary. T. 1, pp. 7. Dec 2000		0
Estimated		Masuod Salim Al Aisiri. Sultante of Oman National Health Accounts Estimates for 1998 : executive Summary. Dec 2000		0
Estimated		Ministry of Health of Albania. Biv. Bajram Curri. Health Sector Finance Study. Final Report. Paragraph 1. Page 24. June 2002		0
Estimated		Ministry of Labour, Health and Social Affairs of Georgia Official Consultation. 21/01/2009		0
Estimated		Ministry of National Economy. The Main Results of the Household Expenditure & Income Survey. T.5, pp.12.		0
Estimated		Ministry of Planning. Expenditure of Kuwaiti household		0
Estimated		Modifed from NHA 1996 report		0
Estimated		Modified from MoH & WHO. Comptes Nationaux de la Sant_ exercice 2004 [National Health Accounts 2004]. T.11, pp.26. August 2006	Based on the 2008-2009 proportions of externally-funded series.	0
Estimated		Modified from MoH using National Health Accounts 2008. Table FS x HC	The NHA 2008 was only built for the Northern Sudan. Data have been adjusted to the whole country using the share of the population of Southern Sudan.	0
Estimated		Modified from National Health Accounts 2007 using Annex 3, pp. 16		0
Estimated		Modified from National Health Accounts 2007 using table 3, pp. 11		0
Estimated		Modified from on Cambodia Socio-Economic Survey 2004		0
Estimated		Modified from Statistical yearbook using Table 36		0
Estimated		Modified from Vanuatu NHA report 2005 using table 7, pp. 17 and table 9, pp. 26		0
Estimated		Modified using Lesotho Budget Frame paper data FY2010-2011, pp. 12 and Budget Speech 2007 annex T.3.9 pp. 53.	Actual recurrent expenditure adjusted for capital expenditure on basis of MTEF recurrent and capital expenditure estimates. Recurrent adjusted by a factor of 1.2.	0
Estimated		Modified using WDI series and Annual Joint Review Report 2007/08 FY		0
Estimated		MoF. HIES 2004/2005. Table 7A, pp. 37 & table 8, pp.50. September 2006		0
Estimated		MOH consultation		0
Estimated		MoH. Consultation		0
Estimated		MoH. Consultation.		0
Estimated		MoH. Consultation. 2007		0
Estimated		MoH. Consultation. February 2011		0
Estimated		MoH. Estimating Papua New Guinea's National Health Accounts.		0
Estimated		MoH. Estimating Papua New Guinea's National Health Accounts. Table 2 "Health Expenditures by source 1998, 1999 and 2000".		0
Estimated		MoH. Estimating Papua New Guinea's National Health Accounts. Table 4 "PNG National Health Accounts Matrix: Sources and uses of funds, 1998".		0
Estimated		MoH. Estimating Papua New Guinea's National Health Accounts. Table 5 "PNG National Health Accounts Matrix: Sources and uses of funds, 1999".		0
Estimated		MoH. Estimating Papua New Guinea's National Health Accounts. Table 6 "PNG National Health Accounts Matrix: Sources and uses of funds, 2000".		0
Estimated		MoH. NHA 2001/2002 - 2003/2004. Table "Financing Agents".	Health related expenditures are excluded.	0
Estimated		MoH. NHA 2001/2002 - 2003/2004. Table "Financing Agents".		0
Estimated		MoH. NHA. T. 4.5, pp. 47. Nov 2005		0
Estimated		MoH. NHA. Table (FS x HF)		0
Estimated		MoH. Official consultation. January 2011		0
Estimated		MoH. Samoa National Health Accounts 2000/2001. Table "Financing Agents"		0
Estimated		MoH. Samoa National Health Accounts 2002/2003. Table "Financing Agents"		0
Estimated		MoH. Samoa National Health Accounts 2004/2005.Table 7, pp. 18.		0
Estimated		MoH. Samoa National Health Accounts 2006/2007. Table 7, pp. 19		0
Estimated		MoH. The Samoa National Health Accounts FY 1998/99. Table 7, pp. 12. April 2002		0
Estimated		MoH. Vanuatu NHA report 2005. Table 9, pp. 26. July 2007		0
Estimated		National Parliament of Solomon Islands. Solomon Islands 2008 appropriate Act of 2008		0
Estimated		National Statistics Office. Nauru Household Income and Expenditure Survey report 2006. Table 7.1, pp. 22		0
Estimated		NHA 1997-2007, T.A7		0
Estimated		NHA 2007		0
Estimated		NHA WHR 2008 Technical consultation: CDMS, Nepal International NGOs and NGOs in Health prepared for MOH/HEFU.		0
Estimated		NHSRC estimate	NHSRC msg April 2015	0
Estimated		No evidence for private insurance schemes		0
Estimated		No evidence for the existence of Private insurance	MoH consultation, Nov 2011 indicates that Private insurance does not exist in the country	0
Estimated		No incluido en la cuenta pero se sabe que existe		0
Estimated		Notional value estimated with MoH officials in a NHA meeting in Barbados	Needs verification	0
Estimated		NSPA - MOHF, MoH consultations, Jan 2012		0
Estimated		OECD HDB 2010; 2005-2008 JHAQ 2010, 2009 WHO estimate		0
Estimated		Office of Planning and Statistics website		0
Estimated		Osmat Azzam. Fiji National Health Accounts 2005. Table 17, pp. 10. September 2007		0
Estimated		PAHO Health in the Americas 2012	27% of THE	0
Estimated		Partnerships for Health Reform. Egypt National Health Accounts 1994-1995. T. 1.1, pp.4. Oct 1997		0
Estimated		Partnerships for Health Reform. Egypt National Health Accounts 1994-1995. T. 1.2, pp.5. Oct 1997		0
Estimated		Policy Affairs Directorate. Qatar National Health Accounts - 1 st Report Years 2009 & 2010. Table 7, pp. 23. June 2011		0
Estimated		Pp.43, Health Financing report 2011	Sum of Medical fees, transportation, Admin and other operating costs	0
Estimated		Private insurance does not exist		0
Estimated		Projection based on GDP growth		0
Estimated		Projection based on the report of HS2020 (2011)		0
Estimated		Proyecci„n OMS con base en resultados del Estudio de Financiamiento y Gasto 2011	Consulta WHS 2015	0
Estimated		Proyectado por OMS	Consulta WHS 2015	0
Estimated		Regional Health Systems Observatory WHO. Country Profile Libya. Paragraph 6.3, pp. 50. 2007		0
Estimated		Reported by WB representative in Timor Leste	Private insurance does not exist.	0
Estimated		SAMA. Annual report 48th. National Account statistics. Table 9-9		0
Estimated		SAMA. Statistical Appendix Annual 47th. Table 9-9		0
Estimated		Saudi Arabia Monetary Agency. 44th Annual report. T.5-1, pp.78. August 2008		0
Estimated		Saudi Arabia Monetary Agency. 45th Annual report. T.9, pp. 377. July 2009		0
Estimated		SHA 2011 report		0

Estimated		Solomon Islands 2009 appropriate Act of 2008		0
Estimated		Solomon Islands Statistics Office. HIES National Report 2005/06. Table 3.4, pp. 33		0
Estimated		Statistics Lithuania	Preliminary estimate provided to WHO by HA focal point Sigita Maciukiene. January 2016	0
Estimated		Statistics Office website, Economic Statistics, Table "Government Crown Expenditure by Function"		0
Estimated		Statistics Office. Cook Islands Household Expenditure Survey (HES) 2004. Table 5.2.		0
Estimated		Statistics Office. Cook Islands Household Expenditure Survey (HES) 2005-06. Table 1.2, pp. 34. December 2007		0
Estimated		Sum of central and local government.		0
Estimated		Sum of Central government + Local + State + Entities managed mostly with external funds (HA data)		0
Estimated		Sum of Central government + Local/Municipal governments		0
Estimated		Sum of Central government + Locals / Municipal governments		0
Estimated		Sum of Central government + States / provincial governments + Locals / municipal governments		0
Estimated		Sum of Central government + States / provincial governments + Locals / municipal governments + Social Security + Entities mostly managed with external funds		0
Estimated		Sum of components		0
Estimated		Sum of expenditures on Territorial governments, Social security funds	Estimates based on MoH WHR 2007 consultation	0
Estimated		Sum of General govenrment expenditure on health + Private expenditure on health		0
Estimated		Sum of general government and Private expenditure on health		0
Estimated		Sum of general government and private health expenditure		0
Estimated		Sum of General Government Exoebdture on Health and Private Expenditure on Health		0
Estimated		Sum of General government expenditure + Private expenditure on health		0
Estimated		Sum of General government expenditure on health + Private		0
Estimated		Sum of General government expenditure on health + Private expenditure on health	break in series	0
Estimated		Sum of General government expenditure on health + Private expenditure on health	Expenditure on health related activities are not excluded and represent about 2% of total health expenditure.	0
Estimated		Sum of General government expenditure on health + Private expenditure on health	vandemaelen: Ministry of Health - November 2004 presentation as a per capita value of 2700 ID per capita. This makes a total of 66,177 million ID. Could it include Northern regions expenditure.	0
Estimated		Sum of General government expenditure on health + Private expenditure on health		0
Estimated		Sum of General government expenditure on health + private expenditure on health		0
Estimated		Sum of General government expenditure on health and Private expenditure on health		0
Estimated		Sum of General Government Expenditure on Health and Private Expenditure on Health		0
Estimated		Sum of General government expenditure on health and private expenditure on health		0
Estimated		Sum of general government expenditure on health and private expenditure on health		0
Estimated		Sum of General government on health and Private expenditure on health		0
Estimated		Sum of General Government on health and Private Expenditure on health		0
Estimated		Sum of General Government on Health and Private Expenditure on Health		0
Estimated		Sum of GGHE & PvtHE		0
Estimated		Sum of GGHE and Private expenditure on health		0
Estimated		Sum of GGHE and Private HE		0
Estimated		Sum of Government and Private health expenditure.		0
Estimated		Sum of government expenditure on health and private expenditure on health	Fiji NHA 2005 report	0
Estimated		Sum of government expenditure on health and private expenditure on health		0
Estimated		Sum of government health expenditure	Sum of government health expenditure	0
Estimated		Sum of Ministry of Health + Other Ministries		0
Estimated		Sum of Ministry of Health + Other Ministries + Boards, other central government entities		0
Estimated		Sum of MoH and Social security		0
Estimated		sum of parts		0
Estimated		Sum of parts		0
Estimated		Sum of public and private spending		0
Estimated		Sum of Territorial + Parastatal + Externally managed expenditure on health.		0
Estimated		Sum of Territorial and social health insurance expendtiure on health.		0
Estimated		Sum of territorial and social health insurances expenditure on health.		0
Estimated		Sum of territorial and social security		0
Estimated		Sum of Territorial and Social Security Funds		0
Estimated		Sum of Territorial and social security funds		0
Estimated		Sum of territorial govenrments + Social security funds + parastatals corporations		0
Estimated		Sum of Territorial governents and Entities mostly managed with external funds expenditure on health.		0
Estimated		Sum of Territorial government + Social security funds		0
Estimated		Sum of Territorial government + Social security funds + Entities managed mostly with external funds		0
Estimated		Sum of Territorial government and Social security		0
Estimated		Sum of Territorial government and Social security and other government expenditures on health.		0
Estimated		Sum of Territorial government and social security.		0
Estimated		Sum of Territorial government expenditure on health + Autonomous funds and Trust funds		0
Estimated		Sum of Territorial government expenditure on health, Autonomous funds and Trust funds and parastatals corporations		0
Estimated		Sum of Territorial governments + Parastatals corporations + Entities managed mostly with external funds		0
Estimated		Sum of Territorial governments + Autonomous funds and Trust funds		0
Estimated		Sum of territorial governments + autonomous funds and trust funds + parastatals corporations		0
Estimated		Sum of Territorial governments + Autonomous funds and Trust funds + Parastatals corporations + Entities managed mostly with external funds		0
Estimated		Sum of Territorial governments + Entities		0
Estimated		Sum of Territorial governments + Entities managed mostly with external funds	Assumed that all the external resources go through the government.	0
Estimated		Sum of Territorial governments + Entities managed mostly with external funds		0
Estimated		Sum of Territorial governments + Extra-budgetary entities	2008 Public Sector Health Expenditure Report fig is 719	0
Estimated		Sum of Territorial governments + Extra-budgetary entities		0
Estimated		Sum of Territorial governments + Parastatals corporations		0
Estimated		Sum of Territorial governments + Parastatals corporations + Entities managed mostly with external funds		0
Estimated		Sum of Territorial governments + Private expenditure on health		0
Estimated		Sum of Territorial governments + Social security funds		0
Estimated		Sum of territorial governments + Social Security funds		0
Estimated		Sum of Territorial governments + Social security funds + Entities managed mostly with external funds	It is assumed that all donor funds are channelled via the MoH. But as we know this is not the case in PICs although there are currently efforts to coordinate all donor funds via the MoH.	0
Estimated		Sum of Territorial governments + Social security funds + Entities managed mostly with external funds		0
Estimated		Sum of territorial governments + social security funds + parastatals corporations		0
Estimated		Sum of Territorial governments + Social security funds + Parastatals corporations		0
Estimated		Sum of Territorial governments + Social security funds + parastatals corporations + Entities managed mostly with external funds		0
Estimated		Sum of territorial governments + social security funds + parastatals corporations + entities mostly managed with external funds		0
Estimated		Sum of Territorial governments + social security funds and Parastatals.		0
Estimated		Sum of Territorial governments and Entities managed mostly with external funds		0
Estimated		Sum of Territorial governments and Locals / municipal governments		0
Estimated		Sum of Territorial governments and Parastatals coporations		0
Estimated		Sum of territorial governments and parastatals corporations	break in series	0
Estimated		Sum of territorial governments and parastatals corporations		0
Estimated		Sum of Territorial governments and Social security funds	Based on NHA 2009-2010	0
Estimated		Sum of Territorial governments and Social security funds		0
Estimated		Sum of territorial governments and social security funds		0
Estimated		Sum of Territorial Governments and Social Security Funds		0
Estimated		Sum of Territorial governments, Locals / municipal governments and Entities managed mostly with external funds		0
Estimated		Sum of territorial governments, social security, extra-budgetary, and parastatals expenditure on health.		0
Estimated		Sum of territorial govt + social security funds + entities managed with external funds		0
Estimated		Sum of Total expenditure on health + Private expenditure on health		0
Estimated		Suma del gasto piblico y privado		0
Estimated		T.43A (pp 51) Maldiveds health statistics 2009		0
Estimated		T.43A (pp 51) Maldives health statistics 2009		0

Estimated		The East Timor Combined sources Budget. Tables chapter 7. . Central Fiscal Authority		0
Estimated		The Planning Council. Annual Abstract 2001. T. 219		0
Estimated		Total of government and private health expenditure	Total of government and private health expenditure	0
Estimated		Total of government health expenditure components	Total of government health expenditure components	0
Estimated		Tuvalu National Budget, 2005. Table "Summary of recurrent expenditure by head", pp.10.		0
Estimated		Tuvalu National Budget, 2006		0
Estimated		UNESCAP. Statistical YearBook 2004. Table pp. 504. 2005		0
Estimated		UNESCAP. Statistical yearbook for Asia and Pacific. table VI		0
Estimated		USAIDS, Egypt & Ministry of Health of Egypt. National Health Accounts 2007/2008: Egypt Report. Annex C, pp. 45. September 2010		0
Estimated		WHO estimate	Estimated based sum of current and capital. Where unavailable, capital estimated based on average share of capital to current	0
Estimated		WHO estimate	Expected to reflect the external grants delivered directly by development agencies	0
Estimated		WHO estimate	WHO estimate based on growth rate of household final consumption	0
Estimated		WHO estimate	WHO estimate based on growth rate of non-profit institutions serving households final consumption	0
Estimated		WHO estimate	WHO estimate based on growth rate of private final consumption	0
Estimated		WHO estimate	WHO estimate based on IMF GDP data	0
Estimated		WHO estimate	WHO estimate based on OECD GDP data	0
Estimated		WHO estimate	WHO estimate based on World Bank GDP data	0
Estimated		WHO estimate		0
Estimated		WHO estimate based on GGE		0
Estimated		WHO estimate based on government expenditure		0
Estimated		WHO estimate based on growth of current expenditure	WHO estimate based on growth of current expenditure	0
Estimated		WHO estimate based on growth of current health expenditure	WHO estimate based on growth of current health expenditure	0
Estimated		WHO estimate based on growth of general government expenditure	Government financing includes public investment	0
Estimated		WHO estimate based on HA preliminary report for 2010	Levels updated with PFC	0
Estimated		WHO estimate based on NHA report 2011		0
Estimated		WHO estimate based on PCE growth		0
Estimated		WHO estimate based on sum of government and private health expenditure	HF. total includes for all years capital spending.	0
Estimated		WHO Estimates	Assuming 10% of donor expenditure as going to NGOs	0
Estimated		WHO estimates		0
Estimated		WHO estimates based on level of 2010	Country profile refers a quick increasing of this component. Suggested to document it	0
Estimated		WHO estimates.	Assumed to be at least double than expenditure on health by corporations	0
Estimated		WHO estimates.	Expected to reflect the external grants delivered directly by development agencies	0
Estimated		WHO projection based on PCE and level proposed by PAHO		0
Estimated		WHO. Fair financing study		0
Estimated		WQHO projection based on NHA report 2011	Based on PCE growth	0
Estimated		Zawya web site. Private medical insurances include Expacare, BUPA, ARIG		0
Estimated			"It was not possible to obtain information related on health expenditure in the private insurance companies since at that period (2004 to 2006), the private insurance companies did not have health insurance. Thus, the health insurance expenditure is not included in the present estimates of National Health Accounts." NHA report pp. 23.	0
Estimated			Cifras modificadas. Deben verificarse	0
Estimated			Conviene analizar su medici„n e inclusi„n	0
Estimated			DIRECCION DE PLANIFICACION: cifra no disponible	0
Estimated			No se incluye en la cuenta pero el estudio de gasto de VIH/SIDA muestra que existe este gasto	0
Estimated				0
Estimated	Derived by applying the sum of the components	Sum of the components		0
Partially Documented		Suma de gasto en salud pìblico y privado		TBD
	Derived by applying the sum of the components	Sum of the components		0
Documented	Derived by applying the sum of the components	Suma de gasto de Seguridad Social + Ministerio de Salud	El nivel de gasto de gobierno en salud es relativamente elevado respecto del gasto total de gobierno. Convendria verificar que las series correspsonden a las definiciones internacionales del contenido a reportar	2
Documented	Derived by applying the sum of the components	Suma de gasto en salud del gobierno general y privado		TBD
Documented	Derived by applying the sum of the components	Suma de gasto INSS + MINSA		2
Estimated	Derived by applying the sum of the components	Suma de gasto en salud del gobierno general y privado		0
Partially Documented	Derived by applying the sum of the components	Suma de gasto p??blico y privado		TBD
Partially Documented		Suma de gasto piblico y privado	Ajustado con gasto de capital	1
Documented		Suma de gasto piblico y privado	CSS Valores ofrecidos por el MSP	TBD
Documented	Derived by applying the sum of the components	Suma de gasto piblico y privado	Cuentas Nacionales del Paraguay. Banco Central del Paraguay	TBD
Documented	Derived by applying the sum of the components	Suma de gasto piblico y privado	Health Accounts report Nov 2014	TBD
Documented	Derived by applying the sum of the components	Suma de gasto piblico y privado	Health goods and services' final consumption expenditure: general government expenditure + private final consumption expenditure (sum of HH + NPI). Source: Health Satellite Account (2007 - 2009).	TBD
Partially Documented	Derived by applying the sum of the components	Suma de gasto piblico y privado		TBD
Documented	Derived by applying the sum of the components	Suma de gasto piblico y privado		TBD
Partially Documented		Suma de gasto publico y pri		TBD
Documented		Suma de gasto piblico y privado		TBD
Partially Documented		Suma de gasto piblico y privado		TBD
Documented	Derived by applying the sum of the components	Suma de gasto piblico y privado en salud		TBD
Partially Documented	Derived by applying the sum of the components	Suma de gasto publico + privado		TBD
	Derived by applying the sum of the components	Suma de gasto piblico y privado		0
Documented		Suma de gasto publico y privado. Unidad de Economía de la Salud, Cuentas en Salud/Ministerio de Salud de El Salvador, serie 1996-2011.		TBD
Documented		Suma de gasto territorial + gasto de entidades autonomas	Consulta WHS 2015	TBD
Documented		Suma de gasto territorial + gasto de entidades autonomas (seguros y parastatlales)	Consulta WHS 2015	TBD
Partially Documented		Suma de gasto territorial + seguridad social	PAHO Basic Indicators 2012 sugiere que el gasto es mayor (6.2% del PIB)	TBD
Documented	Derived by applying the sum of the components	Suma de gasto publico y privado	Secretaria de Salud. Gasto y financiamiento en salud 2005 p 9	TBD
Documented		Suma de gasto territorial y seguridad social		TBD
Partially Documented		Suma de gasto territorial y seguridad social		TBD
Documented		Suma del gasto del ministerio de salud y de la seguridad social		TBD
Partially Documented		Suma del gasto piblico y privado	4.6 del PIB en la Salud en las Am_ricas 2012	TBD
Partially Documented		Suma del gasto piblico y privado		TBD
Partially Documented	Derived by applying the sum of the components	Suma de gasto publico y privado		TBD
Documented	Derived by applying the sum of the components	Suma de gasto publico y privado		TBD
Documented		Suma of the components		TBD
Documented		Superintendencia de bancos	Se refiere a seguros de salud	1
Partially Documented		Superintendencia de Bancos de Guatemala. Boletín Anual de Estadística de la Actividad Aseguradora 2014	Consulta WHS 2015	5
Documented		Superintendencia de Bancos y seguros		1
Documented		Superintendencia de Bancos y Seguros del Ecuado		1
Documented		Superintendencia de Bancos y Seguros del Ecuador.		1
Documented		Superintentencia de Bancos. Primas emitidas.		1
Documented		Supreme Council of Health. Qatar National Health Accounts Report 2011. Table 12, pp. 59 & table 14, pp. 61. June 2012	Data for 2011 are not comparable to 2010 and previous years due to the change to the new SHA 2011 methodology	5
Documented		Swiss Federal Statistical Office	Data provided by HA focal point Jacques Huguenin in correspondence with WHO January 2016	1
Documented		System of Health Accounts (SHA 1.0) Joint Health Accounts Questionnaire (JHAQ)	Submitted 18/06/2015. Uploaded 08/12/2015.	5
Documented		System of Health Accounts (SHA 1.0) Joint Health Accounts Questionnaire (JHAQ)	Submitted 20/11/2015. Uploaded 08/12/2015.	5
Documented		System of Health Accounts (SHA 1.0) Joint Health Accounts Questionnaire (JHAQ)	Submitted 28-09-2015. Uploaded 08/12/2015.	5
Documented		System of Health Accounts (SHA 1.0) Joint Health Accounts Questionnaire (JHAQ)	Submitted 30/10/2015. Uploaded 08/12/2015.	5
Documented		System of Health Accounts (SHA 1.0) Joint Health Accounts Questionnaire (JHAQ)	Submitted 31/03/2015. Uploaded 08/12/2015.	5
Documented		System of Health Accounts (SHA 2011) Joint Health Accounts Questionnaire (JHAQ)	Submitted 24/07/2015. Uploaded 06/12/2015.	5
Documented		System of Health Accounts (SHA 2011) Joint Health Accounts Questionnaire (JHAQ)	Submitted 29/09/2015. Uploaded 06/12/2015.	5
Documented		T.1, NHA 2011/2012/2013, Sept 2014	Study based on SHA2011	5
Documented		T.1, Pg.15, NHA 2012, report 2014		5
Documented		T.1.1, (pg.2), Mongolia NHA 2005		5
Documented		T.11, NHA 2011/2012/2013, Sept 2014	Study based on SHA2011	5
Documented		T.2, pp.11, NHA 2011-2012	Incl Official donor agencies (5098)	5
Documented		T.2, pp.11, NHA 2011-2012	Incl Official donor agencies (9565)	5
Documented		T.2, pp.11, NHA 2011-2012		5
Documented		T.2.1, pp.4, Nepal NHA 2006/2007-2008/2009		5
Documented		T.29, pp.47, BNHA 1997-2012 (SHA2011)	MoH response Jan 2016	5

Documented		T.3.11, Main report of •HIES/LSMS, 2002-2003, National Statistical Office World Bank	Says monthly per capita spending is 1919	5
Documented		T.3.2, pp.19, Nepal NHA 2003/2004-2005/2006		5
Documented		T.3.4, pp.22, Nepal NHA 2003/2004-2005/2006	Source of funding table used on the assumption that the country has used SHA terminology at this time	0
Documented		T.4, pg 15, Lao NHA 2009-2010	Sum of NGOs and donors	2
Documented		T.4, pg 15, Lao NHA 2009-2010		5
Documented		T.4, pp.14, NHA 2011-2012		5
Documented		T.5, Pp.15, NHA report 2012 (SHA 2011), October 2014	Excl cost sharing. Data reported in USD converted to Riel at the IMF annual average exchange rate for 2012.	0
Documented		T.5.2, Pg.38, NHA report 2004-2005	CGHS/Medical benefits	0
Documented		T.5.2, Pg.38, NHA report 2004-2005		5
Documented		T.5.6, NHA MMR 2008-2009		5
Documented		T.6.1, pp.21,Nepal NHA 2006/2007-2008/2009		5
Documented		T.6.4, Yearbook of Statistics Singapore 2013, pp. 78		5
Documented		T.6.4, Yearbook of Statistics Singapore 2014	Private consumption expenditure on health	0
Documented		T.6.4, Yearbook of Statistics Singapore 2015	Private consumption expenditure on health	0
Documented		Table 15, pp. 279, General Budget of the State, and State Plan for 2011, Timor.		5
Documented		Table A2.1, NHA 2003/2004-2005/2006	Source of funding table used on the assumption that the country has used SHA terminology at this time	0
Documented		Table III-20: distribution of financing by sources and intermidiaries (1000 LBP) 2006		5
Documented		Tech consultation Nov 2012		1
Documented		Technical assistance to the development and institutionalisation of NHA. Tajikistan. Final report. Auguste 2010. Page 26, table7.		5
Documented		Technical consultation with the NHA office PHI. 2009		1
Documented		Technical consultation with the WHO official focal point for Belarus. 11 October 2010.		1
Documented		Technical consultation, Nov 2011 (iHPP)	Provisional estimates	5
Documented		Technical consultation, Nov 2011 (iHPP)		5
Documented		Technical consultation, Nov 2015 (China National Health Development Research Center)		1
Documented		Technical consultation, Nov 2015 (iHPP)	MoH consultation, 2015	5
Documented		Technical consultation, Nov 2015 (iHPP)		5
Documented		Territorial + seguridad social	CSS	TBD
Documented		Territorial + seguridad social		TBD
Documented		Thai NHA (iHPP)		5
Documented		The Agency of statistics of the Republic of Kazakhstan. Living standards of the population of Kazakhstan. Page 101. Table 2.2		5
Documented		The agency of statistics, Standard living of the population 2012, page 19		5
Documented		The Global Fund. Malawi National Health Accounts. T. Financing sources x Financing agents, pp. 84. May 2008		5
Documented		Theodore 1997		1
Documented		Suma de gasto publico y privado		TBD
Partially Documented		Suma de gasto publico y privado		TBD
Documented	Derived by applying the sum of the components	Total of government health expenditure components	Total of government health expenditure components	2
Documented		Transparencia Venezuela. Presupuesto 2012. Nov 2013		5
Documented		Uganda Bureau of Statistics. Uganda National Households Survey 2005/2006. T. 6.2, pp. 55, T. 6.5,, pp. 57 and T. 6.7, pp. 59. December 2006		5
Documented		Uganda Ministry of Health, 2004 - Uganda Health Accounts for fiscal years 1998/99 _ 2000/01. pp 28. Table 4.7: Financing sources for Health Care and Related Functions by Financing Agent 1998/1999.	Sum of General government expenditure on health + Private expenditure on health	2
Documented		Uganda Ministry of Health, 2004 - Uganda Health Accounts for fiscal years 1998/99 _ 2000/01. pp 28. Table 4.7: Financing sources for Health Care and Related Functions by Financing Agent 1998/1999.	Sum of General government expenditure on health + Private expenditure on health	TBD
Documented		Uganda Ministry of Health, 2004 - Uganda Health Accounts for fiscal years 1998/99 _ 2000/01. pp 28. Table 4.7: Financing sources for Health Care and Related Functions by Financing Agent 1998/1999.		5
Documented		Uganda Ministry of Health, 2013 - Uganda Health Accounts for fiscal years 2008-2009 and 2009-2010. Page 60. Annex 2: Sources by Financing Agents, FY2008/9.	Sum of Territorial governments + Autonomus funds and Trust funds + All other general gvt exp on health.	2
Documented		Uganda Ministry of Health, 2013 - Uganda Health Accounts for fiscal years 2008-2009 and 2009-2010. Page 60. Annex 2: Sources by Financing Agents, FY2008/9.		5
Documented		Uganda Ministry of Health, 2013 - Uganda Health Accounts for fiscal years 2008-2009 and 2009-2010. Page 61. Annex 3: Sources by Financing Agents, FY2009/10	Sum of Territorial governments + Autonomus funds and Trust funds + All other general gvt exp on health.	2
Documented		Uganda Ministry of Health, 2013 - Uganda Health Accounts for fiscal years 2008-2009 and 2009-2010. Page 61. Annex 3: Sources by Financing Agents, FY2009/10		5
Documented		Uganda Ministry of Health, 2013 - Uganda Health Accounts for fiscal years 2008-2009 and 2009-2010. pp 22. Table 11: Private sources of funds.		5
Documented		Uganda Ministry of Health, 2013 - Uganda Health Accounts for fiscal years 2008-2009 and 2009-2010. pp 23. Table 13: Comparison of First, Second, Third and Fourth rounds of NHA Health spending in Uganda.		5
Documented		UK Office for National Statistics	Provided to WHO by HA focal point James Lewis. January 2016	1
Documented		UN NA		5
Documented		UN. UN NA		5
Partially Documented		UNDP, IOM, UNICEF & WHO. Public Financing of the Social Sectors in Angola. T.4.4, pp. 39. August 2002		5
Documented		Unidad de Economía de la Salud, Cuentas en Salud/Ministerio de Salud de El Salvador, serie 1996-2011.		5
Documented		United Nations Economic Commission for Europe	Data accessed: 27.08.2015	5
Documented		United Nations Economic Commission for Europe	Datasource accessed 21.10.2014	5
Documented		United Nations National Accounts Main Aggregates Database	Data accessed: 25.08.2015	5
Documented		United Nations National Accounts Main Aggregates Database	Data accessed: 25.08.2015. Data 1995-2007 published as Former Sudan	5
Documented		United Nations National Accounts Main Aggregates Database	Data accessed: 27.01.2016	5
Documented		United Nations National Accounts Main Aggregates Database	Data downloaded 02/04/2017	5
Documented		United Nations National Accounts Main Aggregates Database	Datasource accessed 21.10.2014	5
Documented		United Nations National Accounts Main Aggregates Database		5
Documented		University of Ibadan, Nigeria. National Health Accounts of Nigeria 1998-2002.T.1, pp.12. October 2005		5
Documented		University of Ibadan, Nigeria. National Health Accounts of Nigeria 1998-2002.T.10, pp.22. October 2005		5
Documented		University of Ibadan, Nigeria. National Health Accounts of Nigeria 1998-2002.T.13, pp.25. October 2005		5
Documented		University of Ibadan, Nigeria. National Health Accounts of Nigeria 1998-2002.T.4, pp.16. October 2005		5
Documented		University of Ibadan, Nigeria. National Health Accounts of Nigeria 1998-2002.T.7, pp.19. October 2005		5
Documented		University of Ibadan, Nigeria. National Health Accouts of Nigeria, 2003-2005, Incorporating Sub-National Accounts of States.T.3.1, pp. 5. August 2009		5
Documented		University of Ibadan, Nigeria. National Health Accouts of Nigeria, 2003-2005, Incorporating Sub-National Accounts of States.T.3.2, pp. 6. August 2009		5
Documented		University of Ibadan, Nigeria. National Health Accouts of Nigeria, 2003-2005, Incorporating Sub-National Accounts of States.T.3.4, pp. 9. August 2009		5
Documented		University of Ibadan, Nigeria. National Health Accouts of Nigeria, 2003-2005, Incorporating Sub-National Accounts of States.T.3.7, pp. 12. August 2009		5
Documented		UNNA		5
Documented		UNNA Individual Consumption Expenditure of Households on Health. October 2008		5
Documented		UNNA series		5
Documented		Unpublished NHA report.		1
Documented		USAID & Partners for Health Reforms.Jordan National Health Accounts 2000 and 2001. T.8a. August 2006		5
Documented		USAID & Partners for Health Reforms.Jordan National Health Accounts 2000 and 2001. T.8b. August 2006		5
Documented		USAID & Partners for Health Reforms.Jordan National Health Accounts 2000 and 2001. T.9a. August 2006		5
Documented		USAID & PHRplus. Yemen National Health Accounts: Estimates for 2003. June 2006		5
Documented		USAID & PHRplus. Yemen National Health Accounts: Estimates for 2003. T.4.1, pp.11. June 2006		5
Documented		USAID & WHO. Rwanda National health Accounts 2006. T.2.2, pp. 14. June 2008		5
Documented		USAID & WHO. Rwanda National health Accounts 2006. Table HF x HC. Annex A-3. p.92. June 2008.	Private employees insurance programme + Mutuelles (premium paid by employer) + Mutuelles (community based)	TBD

Documented		USAID & WHO. Rwanda National health Accounts 2006. Table HF x HC. Annex A-3. p.92. June 2008.		5
Documented		USAID, PEPFAR, HEU. HS 2020, ST. KITTS AND NEVIS 2011 NATIONAL HEALTH ACCOUNTS AND HIV SUBACCOUNTS	Consultation WHS 2014	5
Partially Documented		USAID, PEPFAR, HS2020. Grenada Health Systems and Private Sector Assessment		5
Documented		USAID. Comptes Nationaux de la Sant_ 2008-2009 Executive Summary [NHA]. T. HF x FS. pp. 15.		5
Documented		USAID. Comptes Nationaux de la Sant_ 2008-2009 Executive Summary [NHA]. T. HF x HC. pp. 13.	Somme des ONGs nationales et ONGs et fondations internationales [sum of national and international NGOs, and international foundations]. Exclu les d_penses en Education et R&D [excludes expenditure on Education and R&D].	2
Documented		USAID. Comptes Nationaux de la Sant_ 2008-2009 Executive Summary [NHA]. T. HF x HC. pp. 13.		5
Documented		WB. Comprendre le dynamisme du khat š Djibouti aspects sociaux, _conomiques et de sant_. Table 16, pp. 45. May 2011		5
Documented		WB. Contas Nacionais S_rie 1985-1995 [National Accounts Series 1985-1995]. T. 7.01, pp. 89		5
Documented		WB. Poverty assessment Report No. 16043 COB. T. 5.1, pp.25. Dec 1996		5
Documented		WB. Project Appraisal Document for Health Sector Reform, Report No 19854-LSO. T.2, pp.61. May 2000		5
Documented		WB. Public expenditure Review of the Social Sector. T.2, pp. 34. January 2002		5
Documented		WB. Public Expenditure Review Vol II. T. 22, pp. 52. June 2007	Exchange rates come from pp.62 of the document.	1
Documented		WB. Public Expenditure Review Vol II. T. 22, pp. 52. June 2007		5
Documented		WB. Rapport Social 1996 [Social Report 1996]		5
Documented		WB. The Health Sector in Eritrea. Paragraph "Health Sector Financing", pp. 33. 2004		5
Documented		WB. The Health Sector in Eritrea. Paragraph "MoH Expenditures - Historical Trends", pp. 68		5
Documented		WB. The Health Sector in Eritrea. T. E.2, pp. 67		5
Documented	Derived by applying the share of the variable to PC	Weight of CPI Jan 2001 T 3 IMF CR source MoF		0
Documented		WHO estimate		1
Partially Documented	Derived by applying the share of the variable to GGE	WHO estimate based on NHA levels		2
Partially Documented		WHO estimate based on NHA report		1
Partially Documented		WHO estimate based on sum of government and private health expenditure	HF. total includes for all years capital spending.	1
Documented	Derived by applying the share of the variable to PC	WHO estimated based on FPC		2
Partially Documented	Derived by applying the share of the variable to PC	WHO estimation based on share to PC proposed byu PAHO	1.3% GDP	2
Documented		WHO, regional office for Africa. official consultation		1
Documented		WHO. Etude sur l'_quit_ des d_penses des m_nages [Study on on equity of households expenditures]		5
Documented		WHO. Iraq National Health Accounts 2008. Annex 3, pp. 33.		5
Documented		WHO. M_thode d'analyse de l'aide ext_rieure š la sant_: l'exemple du Tchad [Method of analysis of foreign aid to health: The case of Chad]. T.1, pp.39. March 1998		5
Documented		World Bank World Development Indicators	Data accessed: 11.08.2015	5
Documented		World Bank World Development Indicators	Data downloaded 04/23/2017	5
Documented		World Bank World Development Indicators	Data source accessed 21.10.2014	5
Documented		World Bank World Development Indicators	Datasource accessed 07 May 2015.	5
Documented		World Bank World Development Indicators	Datasource accessed 21.10.2014	5
Documented		World Bank. Poverty Assessment Strategy Paper. June 2004		5
Documented		World Bank. Project Implementation of the Health Sector Reform. MoH of Azerbaijan. Final report. Zoidze Akaki. Paragraph 2. Page 16. 31/05/2008		5
Documented		World Bank. Republic of Tajikistan Health Sector Note. Table 14. Page 20. June 2005.		5
Documented		Zimbabwe Compendium of Statistics 2014. ZimStats October 2015. Table 3.1 pp21.	Table says recurrent health expenditure only. Given 2013 HA capital estimates it is assumed that governement capital spending is neglectable (during the 2009-14 period)	0
Documented		ZimStats. Poverty Income Consumption and Expenditure (PICES) Survey 2011/12 Report. April 2013. T3.19, pp72.		5
Documented			Does not exist	0
Documented			Government financing includes public investment	5
Documented			Government spending includes public investment	5
Documented			HF. total includes for all years capital spending.	TBD
Documented				0
Partially Documented	Derived by applying the share of the variable to HHFC			2
	Derived by applying the share of the variable to GGE	WHO estimate		0
	Derived by applying the share of the variable to HHFC	Estimated using WHS NA series (HHFC) and 2010 Household Income and Expenditure Survey	health out-of-pocket share at 0.9%) as reported in the Brunei Direct News Online (bruneidirect.com published 20Oct2013)	0
	Derived by applying the share of the variable to PC	ADB. National Health Accounts 2007. Annex 3, pp. 16. August 2008		0
	Derived by applying the share of the variable to PC	Bureau of Statistics, DOF, HIES report 2012/2013, Table 3.1 and Figure 3.9		0
	Derived by applying the share of the variable to PC	Derived of PFC		0
	Derived by applying the share of the variable to PC	Estimaci„n OMS con base en consumo privado		0
	Derived by applying the share of the variable to PC	Estimate		0
	Derived by applying the share of the variable to PC	Estimated using HIES 2002 report and Niue government statistics		0
	Derived by applying the share of the variable to PC	Estimated using MoH consultation and PCE series		0
	Derived by applying the share of the variable to PC	Estimated using NHA 2005-2008 report and UN NA series		0
	Derived by applying the share of the variable to PC	Estimated using PCE		0
	Derived by applying the share of the variable to PC	Estimated using RMI 2002 HIES and UN NA series.		0
	Derived by applying the share of the variable to PC	Estimated using UN NA PCE series and NHA 2007 report		0
	Derived by applying the share of the variable to PC	Estimated using UN STAT series, ADB Key Indicators and NHA 2007 report		0
	Derived by applying the share of the variable to PC	WHO estimate		0
	Derived by applying the share of the variable to PC	WHO estimated based on FPC		0
	Derived by applying the share of the variable to PC	WHO estimates based on information on Brunei economic development Board - Employment		0
Documented	Derived by applying the sum of the components	Suma de gasto territorial y de seguros		2
Documented	Derived by applying the sum of the components	Suma del gasto publico y privado	CNS Consulta WHS 2013	TBD
Documented		Suma del gasto publico y privado	CNS Consulta WHS 2013	TBD
Estimated	Derived by applying the sum of the components	Territorial govt + social security + entities managed with external funds		0
	Derived by applying the sum of the components	Territorial govt + social security + entities managed with external funds		0
Estimated	Derived by applying the sum of the components	Total of government and private health expenditure	Total of government and private health expenditure	0
Partially Documented	Derived by applying the sum of the components	Total of government health expenditure components	Total of government health expenditure components	2
Documented		Total private final consumption expenditure on health goods and services minus NPISH's and Private insurance.		2
Estimated	Derived by applying the sum of the components	WHO estimate		0
	Derived by applying the sum of the components	WHO estimate		0
	Derived by applying the sum of the components			0
		147008		0
		2012 (Revised) and 2013 Philippine NHA, Philippine Statistics Authority (PSA)		0
		2012-2014 PNHA-SHA Studies, National Health Accounts Project/Technical Working Group for NHA (HPDPB), Department of Health		0
		Anuario EstadÍsitico 2014. T 14.1	Se asume que el gasto farmaceutico es desembolsado en un 50%	0
		Anuario EstadÍsitico 2014. T.6.3	e utiliz„ la participaci„n de "Salud" en la partida "Salud y Asistencia Social" (a_o 2012), para determinar el gasto en salud de los a_os 2013 y 2014	0
		Estimaci„n		0
		Estimate based on prv consumption		0
		Estimated based on ADB Asian Development Outlook 2015 (2013-2014 real growth and inflation rate).		0
		Estimated based on PCE		0
		estimated based on PCE		0
		Estimated based on PFC	Need to verify. Baxed on budget speech of 2008	0
		Estimated based on USAID, PEPFAR, HS2020. Grenada Health Systems and Private Sector Assessment		0
		Estimated using PCE series		0
		Estimated using NHA 2007-2008 report Kiribati and UN NA		0
		Estimated using NIUE Statistics website, National Accounts data for 2011 (for per capita GDP), UN population data and SPC/PRISM consumer price index data	No adjustment made for annual growth in real GDP per capita based on near zero growth in 2008-2011.	0
		Estimated using PCE		0
		Estimated using PCE series		0
		Estimated using UNESCAP Statistics website, Report on 1997 Bridge Survey of Population, Housing and Expenditures (Office of Planning and Statistics, Sept 1998) and NHA 2007 Report		0
		Joint Health Accounts Questionnaire 2012		0
		MoH consulta		0
		NHA 2013-2014		0
		No evidence for the existence of Private insurance		0

		OECD Health expenditure and financing database, last updated June,2013		0
		Reported by WB representative in Timor Leste	Private insurance does not exist.	0
		Suima de gastpo piblico y privado		0
		Sum of central, state, and local government expenditures on health.		0
		Sum of components		0
		Sum of expenditures on Territorial governments, Social security funds and Extra budgetary entities.		0
		Sum of General govenrment expenditure on health + Private expenditure on health		0
		Sum of General government expenditure on health + Private expenditure on health		0
		Sum of General government expenditure on health + Private expenditure on health + Ret of the World funded domestic health care		0
		Sum of General government expenditure on health and Private expenditure on health		0
		Sum of general government expenditure on health and private expenditure on health		0
		Sum of General Government Expenditure on Health and Private Expenditure on Health		0
		Sum of General government expenditure on health and private expenditure on health		0
		Sum of General Government Expenditure on health and Private Expenditure on health		0
		Sum of General government on health and Private expendituire on health		0
		Sum of General Government on Health and Private Expenditure on Health		0
		Sum of GGHE and PvtHE		0
		Sum of GHE and PvtHE		0
		Sum of government expenditure on health and private expenditure on health		0
		Sum of Ministry of Health + Other Ministries		0
		Sum of parts		0
		Sum of Public and private		0
		Sum of public and private expenditure		0
		Sum of public and private spending		0
		Sum of Territorial government + Social Security + Parastatals + Other general government expenditures on health		0
		Sum of Territorial government expenditure on health, Autonomous funds and Trust funds and parastatals corporations		0
		Sum of Territorial governments + Entities managed mostly		0
		Sum of Territorial governments + Entities managed mostly with external funds		0
		Sum of Territorial governments + Extra-budgetary entities		0
		Sum of Territorial governments + Social security funds		0
		Sum of territorial governments + Social Security funds		0
		Sum of Territorial governments + Social security funds + Entities managed mostly with external funds		0
		Sum of Territorial governments + Social security funds + parastatals expenditure on health.		0
		Sum of Territorial governments and Entities managed mostly with external funds		0
		Sum of Territorial governments and Parastatals coporations		0
		Sum of Territorial governments and Social security funds		0
		Sum of Territorial govt + social security + entities managed with external funds		0
		Sum of territorial govt + social security funds + entities managed with external funds		0
		Sum of territorial spending and health insurance		0
		Sum of the components	Sum of public and private spending	0
		Sum of the components		0
		sum of the components		0
		Suma de gasto INSS y gasto territorial		0
		Suma de gasto piblico y privado		0
		Suma de gasto territorial y seguridad social		0
		Suma de los componentes		0
		Suma del gasto de gobierno yu la seguridad social		0
		Suma del gasto piblico y privado		0
		WHO estimate		0
		WHO estimate based on HS 2020 proposal fopr 2010		0
			No available data	0
			No data available	0
				0