Republic of Zambia

MINISTRY OF HEALTH

NATIONAL HEALTH ACCOUNTS ESTIMATES FOR ZAMBIA:

2022 - 2024


World Health
Organization

Republic of Zambia

MINISTRY OF HEALTH

NATIONAL HEALTH ACCOUNTS ESTIMATES FOR ZAMBIA:

2022-2024

FOREWORD

The Government of the Republic of Zambia remains committed to strengthening the health system and ensuring equitable access to quality health services for all citizens. Achieving these goals requires not only sustained investments in health but also a clear understanding of how resources are mobilised, allocated, and utilised within the health sector. National Health Accounts (NHA) provide essential evidence base for tracking health expenditure and informing policy decisions aimed at improving efficiency, equity, and financial protection.

This report presents the findings of the Zambia National Health Accounts for the period 2022–2024, produced in line with the System of Health Accounts (SHA) 2011 framework, the internationally recognised standard for measuring health expenditure. The analysis provides a comprehensive overview of financial flows within the health sector, including sources of financing, financing schemes, healthcare providers, and the distribution of expenditures across key disease programmes and health functions.

The findings highlight important trends in Zambia's health financing landscape. While total health expenditure has increased over the review period, the analysis reveals continued reliance on external financing for several priority programmes, particularly HIV, tuberculosis, and malaria. At the same time, the government has maintained a central role in financing the health sector, and encouraging progress has been observed in strengthening pooled financing mechanisms and reducing household out-of-pocket payments.

The report also provides important insights into the allocation of resources across disease priorities and service delivery levels.

Investments in preventive care and priority health programmes, including reproductive, maternal, newborn, child and adolescent health and nutrition, remain critical to improving population health outcomes and achieving national development goals.

I hope that the findings presented in this report will serve as a valuable resource for policymakers, development partners, researchers, and other stakeholders. By strengthening the evidence base on health financing, the National Health Accounts will continue to support informed decision-making, improved resource allocation, and progress toward Universal Health Coverage in Zambia.

Hon. Dr. Alex Katakwe, MP
MINISTER OF HEALTH

April, 2026

ACKNOWLEDGEMENT

The successful production of the National Health Accounts for the period 2022–2024 was made possible through the collaboration and contributions of many institutions and individuals.

The Ministry of Health extends its sincere appreciation to all stakeholders who supported the data collection, validation, and analysis processes required for the preparation of this report. In particular, we acknowledge the contributions of government ministries and agencies that provided administrative and financial data necessary for the estimation of health expenditures.

I am also grateful to our cooperating partners, bilateral and multilateral development partners, non-governmental organisations, private sector institutions, employers, and private health insurance companies who participated in the National Health Accounts surveys and provided valuable information on health-related spending. Their willingness to share data and engage in the validation process greatly strengthened the quality and completeness of the estimates presented in this report.

Special appreciation is extended to the World Health Organization for the technical guidance and financial support provided throughout the National Health Accounts production process.

The Ministry also recognises the important role played by the Centre for Health Economics and Development, Zambia, the University of Zambia, African Institute for Development Policy, Financing Alliance for Health and National Health Accounts Technical Team, whose dedication and expertise ensured the successful compilation, analysis, and validation of the health expenditure data.

Finally, I acknowledge the efforts of all individuals and institutions who contributed to the review and finalisation of this report. Their collaboration reflects a shared commitment to strengthening the evidence base for health financing in Zambia and supporting informed decision-making for the improvement of health outcomes.

Joma T. Simuyi (Mrs)
Permanent Secretary - Administration
MINISTRY OF HEALTH

April, 2026

Contents

LIST OF TABLES

LIST OF FIGURES

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
BOZ	Bank of Zambia
CHE	Current Health Expenditure
CSO	Central Statistical Office
FDI	Foreign Direct Investments
GDP	Gross Domestic Product
GHE	Government Health Expenditure
HAPT	Health Accounts Production Tool
HIV	Human Immunodeficiency Virus
IMF	International Monetary Fund
IMR	Infant Mortality Ratio
MMR	Maternal Mortality Ratio
MoH	Ministry of Health
NGOs	Non-Governmental Organisations
NHA	National Health Accounts
NPISH	Non-Profit Institutions Serving Households
OOP	Out-of-Pocket Expenditures
PNP	Private-Not-for-Profit
SHA	Systems of Health Accounts
TB	Tuberculosis
THE	Total Health Expenditure
U5MR	Under 5 Mortality Ratio
USAID	United States Agency for International Development
WHO	World Health Organization
ZamStats	Zambia Statistical Agency
ZHHEUS	Zambia Household Health Expenditure and Utilization Survey
ZMW	Zambian Kwacha

Executive Summary

The Zambia National Health Accounts (NHA) 2022–2024 provide a comprehensive estimates of health expenditure in the country using the System of Health Accounts (SHA) 2011 framework. The NHA track the flow of financial resources within the health system by analysing expenditures according to financing sources, financing schemes, healthcare providers, health functions, and priority disease areas. The findings offer important insights into Zambia's health financing landscape and support evidence-based policy decisions aimed at strengthening the health system and advancing universal health coverage.

Over the review period, Total Health Expenditure (THE) increased from ZMW 24.9 billion in 2022 to ZMW 32.3 billion in 2024. Current Health Expenditure (CHE) accounted for the majority of health spending, representing more than 95 percent of total health expenditure, while capital expenditure remained relatively small. Despite the increase in nominal health spending, key indicators such as per capita health expenditure declined in United States dollar terms, largely reflecting exchange rate movements and broader macroeconomic factors.

Government remained a major contributor to health financing, accounting for approximately 44 to 47 percent of CHE, while external donors continued to play a significant role, particularly in financing priority programmes such as HIV, Tuberculosis, and Malaria. Household out-of-pocket expenditure represented a smaller share of CHE, indicating some progress in improving financial protection for households.

The analysis also highlights an increasing emphasis on preventive care, particularly in disease control programmes and public health interventions. Hospitals and preventive care providers accounted for a significant share of service delivery expenditure, while ambulatory care providers and ancillary services contributed smaller proportions depending on the disease area.

Disease-specific analysis shows that infectious and parasitic diseases continue to account for a substantial share of health expenditure in Zambia. Among these, HIV/AIDS remains the largest driver of disease-related spending, followed by malaria and tuberculosis. Spending on tuberculosis represented a relatively small share of total health expenditure but demonstrated notable fluctuations over the three-year period. In contrast, expenditures on Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition (RMNCAH-N) increased in nominal terms, reflecting sustained investment in priority health programmes, although their share of total health expenditure declined slightly in the most recent year.

Despite positive developments, several challenges remain. The health system continues to face high dependence on external financing for key disease programmes, and government health expenditure remains below international benchmarks such as the Abuja Declaration target of allocating at least 15 percent of government expenditure to health. Strengthening domestic resource mobilisation, improving efficiency in health spending, and expanding pooled financing mechanisms such as the National Health Insurance Management Authority (NHIMA) will therefore be critical for enhancing the sustainability of health financing in Zambia.

The findings from the NHA 2022–2024 provide important evidence to guide health financing reforms and strategic resource allocation. Continued investment in primary health care, preventive services, and priority health programmes will be essential to improve population health outcomes and accelerate progress toward Universal Health Coverage and the Sustainable Development Goals.

1. INTRODUCTION

1.1 Background

This report presents Zambia's National Health Accounts (NHA) for the fiscal years 2022 to 2024, building on previous studies that covered the period 1998 to 2021. The NHA provides a systematic framework for tracking the flow of financial resources within a country's health sector, from the sources of funding to how resources are allocated across providers, services, and beneficiary populations. By doing so, the NHA framework helps address key policy questions related to the financing, provision, and consumption of health services.

The 2022–2024 NHA estimates were produced using the System of Health Accounts 2011 (SHA 2011), an internationally recognized framework developed by the World Health Organization (WHO). The SHA 2011 framework promotes coherence, comprehensiveness, consistency, and international comparability in measuring and reporting health expenditures. Under this framework, health expenditures are disaggregated into current and capital expenditures, and further categorized according to the following dimensions:

i. Revenues of Healthcare Financing Schemes – entities that provide financial resources used to pay for health goods and services within the health system;
ii. Healthcare Financing Schemes - entities responsible for receiving and managing funds from financing sources and allocating them to purchase health goods and services;
iii. Healthcare Providers - institutions or organizations that receive financial resources to produce or deliver health goods and services; and
iv. Healthcare Functions - categories that describe how funds are used across different types of health services.

The NHA, therefore, serves as an important reference point for assessing the performance of health financing in Zambia. It also provides evidence to support policy dialogue, budget negotiations, strategic purchasing reforms, and monitoring of the National Health Strategic Plan (NHSP).

1.2 NHA Policy Questions and Objectives

Within the framework of the SHA 2011, this cycle of NHA study aimed at addressing the specific policy questions and objectives.

1.2.1 Policy Questions

The study addressed the following questions:

- What are the main sources of health financing in Zambia?
- Through which financing schemes and agents are these resources mobilized and managed?
- How are funds allocated across health care providers?
- Which population groups benefit from health expenditures?
- What types of health care goods and services are ultimately consumed?

1.2.2 Policy Objectives

The study achieved the following objectives:

- Estimated total health expenditure by financing sources, indicating where health resources are mobilized.
- Documented the flow of financial resources within the health system, from revenue sources through financing schemes and agents.
- Described how healthcare expenditures are distributed across levels of care, service areas, providers, and health functions.
- Provided aggregated estimates of financial flows by disease and health conditions.

1.3 Country Context

1.3.1 Socio-Economic Profile

Zambia is a low-income country with an estimated population of approximately 21.3 million people and a GDP per capita of about US$1,336.80 in 2024 (1). Between 2021 and 2024, the economy recorded an average growth rate of about 5.2 percent, despite the negative effects of the COVID-19 pandemic and the severe drought experienced during the 2023/2024 rainy season, which adversely affected food security and energy supply (2).

Economic growth during this period was largely driven by improved performance in the mining and services sectors, including information and communication, tourism, transport, and storage. In addition, rising global commodity prices, particularly for copper, stimulated foreign direct investment (FDI) and boosted mineral production. This strengthened the mining sector and contributed significantly to overall economic performance. Selected socio-economic indicators for Zambia are presented in Table 1.

Table 1: Selected Socio-Economic Indicators

Economic Indicators	2020	2021	2022	2023	2024
Population (Millions)	19.06	19.60	20.15	20.70	21.30
GDP (US$ Billion)	19.38	21.16	29.85	28.83	26.33
GDP Per capita (US$)	1,083.80	1,157.50	1,522.20	1,463.90	1,336.80
Real GDP growth rate, %	(2.80)	6.20	5.20	5.40	4.00
Inflation Rate	15.70	22.10	11.10	10.90	14.90
Exchange Rate (US$/K)	18.3	20.1	16.9	20.2	26.2
Public External Debt (% GDP)	59.8	61.2	48.6	52.9	58.6
Domestic Debt (%GDP) (Gross end of period)	54.5	54.4	52.1	46.9	41.6
Fiscal deficits – Cash basis (%GDP)	-7.8	-5.5	-3.3	-5.3	-4.8
Poverty (Head count ratio)			***60***		

Source: Compiled from BOZ and IMF

Despite these signs of economic recovery, Zambia remained in debt distress after defaulting on its Eurobonds in 2020. The country's external public debt declined slightly from 61.2 percent of GDP in 2021 to 52.9 percent in 2023, before increasing again to 58.6 percent of GDP, largely reflecting commercial debt obligations. Over the same period, domestic debt fell from 54.4 percent of GDP in 2021 to 41.6 percent in 2024 (3). This reduction was largely driven by the government's contractionary fiscal policy, which reduced fiscal deficits from 7.8 percent of GDP in 2021 to 3.3 percent in 2022, and to 4.8 percent in 2024. According to the International Monetary Fund (IMF, 2024), Zambia's public debt is currently assessed as sustainable, although fiscal pressures continue to affect public sector spending, including in the health sector.

Although macroeconomic conditions improved during the study period, inflation and exchange rate volatility remained concerns. The average exchange rate appreciated from K20.1 per US$ in 2021 to K16.9 per US$ in 2022, before depreciating sharply to K26.2 per US$ in 2024. This depreciation reduced the real value of health sector resources, particularly because many health commodities are imported (4,5). Inflation also remained relatively high, declining from 22.1 percent in 2021 to 10.9 percent in 2023, then rising again to 14.9 percent in 2024, largely driven by food price increases associated with drought-related food insecurity. It is estimated that about 61 percent of the population lives on less than US$3 per day in purchasing power parity terms, highlighting persistent poverty challenges (6,7).

Despite these constraints, Zambia's economic outlook showed moderate growth prospects, with GDP growth ranging between 3 and 5 percent during 2022–2024 (8). Growth was supported by debt restructuring efforts and recovery in key sectors, while international reserves increased to approximately 4.5 months of import cover by December 2024.

1.3.2 Epidemiological Profile and Disease Burden

1.3.2.1 Demographic and Health Indicators

Table 2 presents selected epidemiological indicators for Zambia. Overall, the data show improvements across several key health indicators. For example, life expectancy at birth increased from 62.3 years in 2021 to 66.4 years in 2023. Similarly, under-five mortality declined from 49.2 deaths per 1,000 live births in 2021 to 44.7 in 2023. The infant mortality rate also decreased from 33.4 per 1,000 live births in 2021 to 30.9 in 2023, while neonatal mortality declined from 23.2 to 22 deaths per 1,000 live births during the same period. Maternal mortality has also declined over time, falling from 278 deaths per 100,000 live births during 2011–2017 to 195 deaths per 100,000 live births between 2018 and 2024.

Despite these improvements, Zambia's disease burden continues to be largely driven by communicable diseases, although Non-Communicable Diseases (NCDs) have become increasingly prominent in recent years.

Table 2: Selected Demographic and Health Indicators

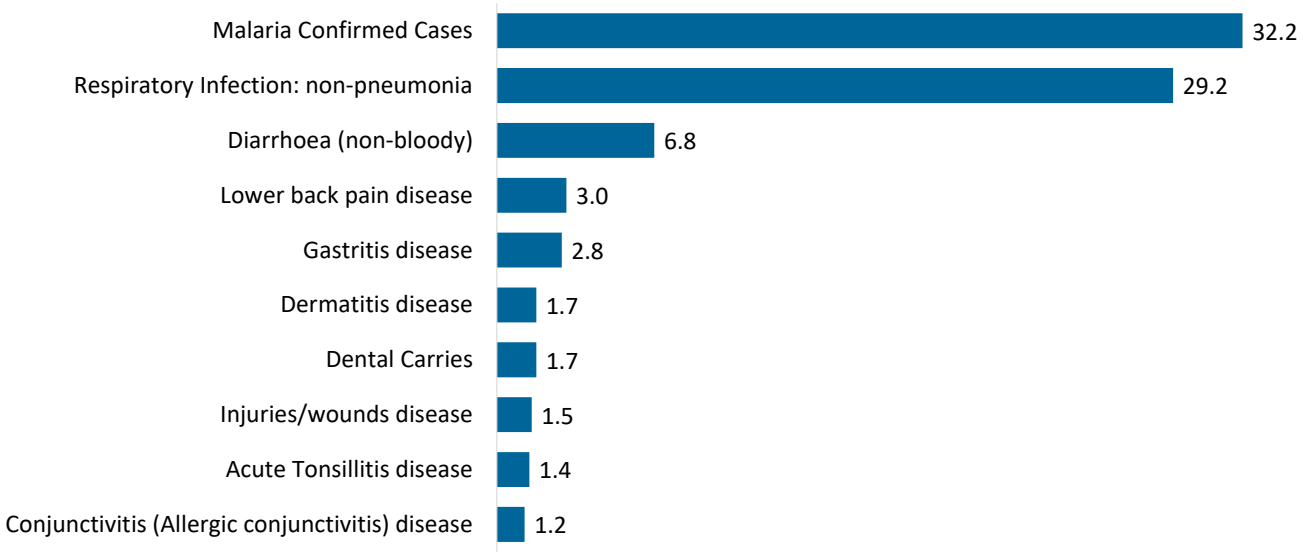
Health Indicators	2001/2	2007	2013/14	2018	2024
Life Expectancy	63.4	62.4	65.3	66.3	Na
Mortality rate, under 5 (per 1,000 live births)	168	119	75	61	42
Mortality rate, infant (per 1,000 live births)	95	70	45	42	29
Mortality rate, neonatal (per 1,000 live births)	37	34	24	27	17
Immunized Fully under 1 year (%)	88.2	83.7	77	63	80.2
*Maternal Mortality (per 100,000 live births)	2011 – 2017		2018	2024	
	278			187	

Source: ZamStats *2024 ZDHS

1.3.2.2 Top 10 causes of Morbidity in 2023 - all ages

Figure 1 presents the top ten causes of morbidity across all age groups in 2023. The data show that non-pneumonia respiratory infections are the leading cause of morbidity, accounting for more than one-third of reported health conditions. Malaria remains a major contributor to the national disease burden, representing approximately 25.3 percent of reported cases, while diarrhoeal diseases account for about 8.1 percent. Together, these conditions highlight the continued dominance of communicable diseases in Zambia's morbidity profile.

Figure 1: Top 10 causes of Morbidity in 2023 - all ages



Source: MOH, 2023

At the same time, NCDs, particularly hypertension, congestive heart failure, diabetes, and cervical cancer, are contributing an increasing share of morbidity, especially in urban populations. The growing burden of NCDs is likely associated with demographic and lifestyle changes, including shifts in diet, reduced physical activity, and increasing urbanization. In addition, improvements in diagnostic capacity and greater access to health services have enhanced the detection and reporting of chronic conditions.

Overall, the morbidity pattern illustrated in Figure 1 indicates Zambia's dual burden of disease, where persistent communicable diseases coexist with a steadily rising prevalence of non-communicable conditions.

1.3.3 Organization and Reforms of the Zambia's Health Sector

Zambia operates a three-tier pyramidal health service delivery system. Level One services are provided through health posts, health centres, and Level One hospitals. Health posts and centres primarily provide preventive services and primary outpatient care, while Level One hospitals deliver basic medical, surgical, obstetric, and diagnostic services, including referral support for health centres. Level Two hospitals function as referral facilities for Level One institutions and provide specialized services in internal medicine, general surgery, paediatrics, obstetrics and gynaecology, dental services, psychiatry, and intensive care.

Level Three hospitals, which include tertiary hospitals, provide advanced and sub-specialised services in internal medicine, surgery, paediatrics, obstetrics and gynaecology, psychiatry, and intensive care. These facilities also play an important role in training, research, and referral services for Level Two hospitals. Level Four hospitals, which include highly specialised hospitals, such as National Heart Hospital provide advanced specialised services. These facilities also play an important role in training, research and referral services for Level Three hospitals.

The Zambian health system includes both public and private providers. Public facilities account for approximately 89.3 percent (3,346 facilities) of all health facilities in the country, while the private sector accounts for about 10.7 percent (401facilities), (MOH, 2025). Private health providers consist of Private for-profit facilities and Private not-for-profit (PNP) facilities. Many PNP facilities are faith-based organizations coordinated nationally through the Churches Health Association of Zambia (CHAZ). These facilities receive operational grants and support for health personnel from the government and work closely with the Ministry of Health (MoH) to deliver health services.

The Ministry of Health is responsible for policy formulation, strategic planning, resource mobilization, performance monitoring, development of standard operating procedures, capacity building, and monitoring and evaluation. While hospital management remains largely under the Ministry of Health, primary health care services have been decentralised, with local authorities now responsible for managing health facilities at the district level.

2.0 METHODS

2.1 Overview

This chapter describes the methodology used to produce the Zambia National Health Accounts (NHA) for the years 2022, 2023, and 2024. The NHA estimates were generated through a systematic process of data collection, classification, analysis, and validation of health expenditure data, using internationally standardized concepts and tools, with technical guidance from the World Health Organization. The production of the NHA was guided by the System of Health Accounts (SHA) 2011, the internationally recognized statistical framework for measuring health expenditure. SHA 2011 provides a harmonized structure for tracking financial flows across financing sources, financing schemes, health care providers, and health care functions, as well as the consumption of health goods and services. This framework ensures consistency, comparability, and policy relevance of health expenditure estimates across countries and over time.

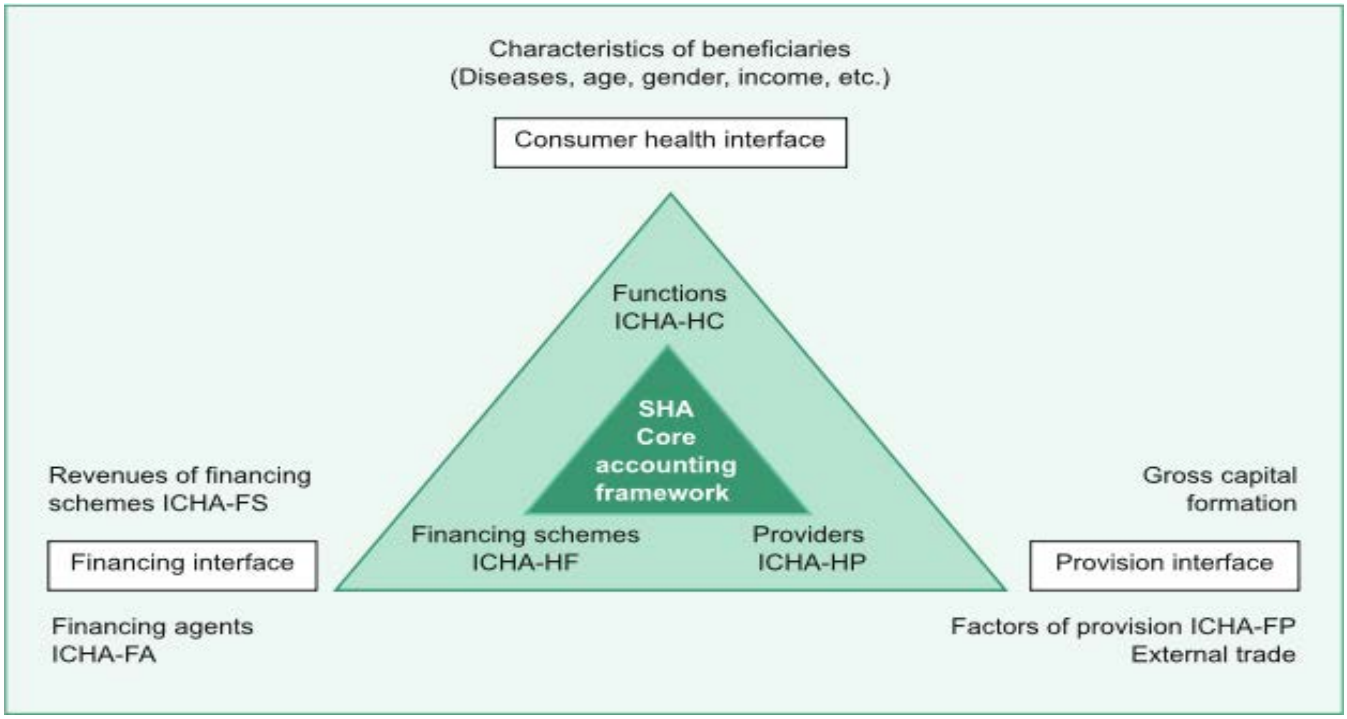
2.2 System of Health Accounts (SHA) 2011 Framework

System of Health Accounts (SHA) 2011 provides a comprehensive framework for tracking all health-related expenditures incurred for the benefit of a country's population within a defined period, regardless of the entity responsible for financing or managing the resources. The core accounting structure of SHA 2011 is based on a tri-axial classification system, which records health expenditure across three key dimensions:

- Health Care Functions (HC) – the types of health goods and services consumed.
- Health Care Providers (HP) – the institutions or organizations that deliver health services; and
- Financing Schemes (HF) – the mechanisms through which health services are financed.

This structure enables a comprehensive analysis of how health resources are mobilized, allocated, and utilized within the health system. Figure 2 illustrates the SHA 2011 accounting framework.

Figure 2: The SHA 2011 Accounting Framework



Source: IHAT for SHA 2011

2.3 Data Sources

The NHA 2022 - 2024 relied on both primary and secondary data sources, mapped according to the SHA 2011 classifications. Data collection was conducted consistently across the three years to ensure comparability of estimates over time and to facilitate a catch-up following the last completed NHA exercise in 2021. For all the years under consideration, health expenditure data were obtained from administrative and survey data covering government, donors, employers, insurance companies, and Non-Governmental Organisations (NGOs). Household health expenditure was estimated using data from the 2022 Zambia Living Conditions Monitoring Survey.

2.3.1 Primary Data

Primary data were collected from cooperating partners (bilateral and multilateral organizations), NGOs, private health insurance companies, and employers using standardized survey questionnaires. The questionnaires were generated from the Health Accounts Production Tool (HAPT), which includes an integrated survey module for generating structured data collection instruments. These instruments ensured that the collected data were aligned with the SHA 2011 classifications and could be directly imported into the health accounts system for analysis.

2.3.2 Secondary Data

Government Institutions

Government health expenditure data were obtained from the audited financial reports (Blue Book) for 2022–2024, which contain detailed budget and expenditure information for ministries and other public institutions. The major government ministries providing health services during this period included:

- the Ministry of Health (MoH)
- the Ministry of Defence (MoD)
- the Ministry of Home Affairs and Internal Security (MHAIS)

Expenditure data from other ministries and agencies that implemented workplace health programmes, particularly HIV/AIDS programmes, were also included. Additional secondary data, including health facility utilization statistics, were obtained from the Health Management Information System (HMIS).

Household Out-of-Pocket (OOP) Expenditure

During the 2022–2024 period, no dedicated household health expenditure survey was conducted. As a result, direct measurement of annual household health spending was not possible. Household Out-of-Pocket (OOP) health expenditure was therefore estimated using data from the most recent Zambia Living Conditions Monitoring Survey (LCMS) conducted in 2022. The LCMS-based OOP estimates were adjusted to reflect changes in population growth, inflation, and economic growth. These adjustments were intended to approximate year-specific household spending levels and maintain consistency with observed trends in total health expenditure.

2.3.3 Sampling Approach

The NHA 2022–2024 period exercise employed a combination of sampling techniques, including purposive sampling for NGOs, health insurance companies, government ministries, and quasi-government institutions. All donors supporting the health sector were included in the study. In addition, 100 employers and firms were selected based on their financial turnover (see Annex 1). A further 18 employers were purposively selected based on workforce size, specifically firms employing at least 100 workers.

2.4 Accounting Boundaries and Time Frame

The accounting period for Zambia's NHA runs from 1st January to 31st December for each year under consideration. All financial transactions were recorded on a consumption basis, in accordance with SHA 2011 principles. The tri-axial framework was applied to track each transaction across financing, provision, and consumption dimensions, ensuring internal consistency. Under this accounting approach, the value of health goods and services consumed equals the value of those financed and provided, thereby maintaining the integrity of the health accounts system.

2.5 Data Management, Validation and Quality Assurance

All datasets underwent systematic cleaning and validation procedures, including:

- consistency checks,
- reconciliation of totals,
- correction of classification errors, and
- cross-verification of donor and government submissions to avoid double-counting.

Complex expenditure flows, particularly those involving donor-funded NGO programmes, were validated through triangulation across multiple sources, including donor disbursement records, implementing partner expenditure reports, and government financial statements. This approach ensured coherence across fiscal and programme reporting cycles. These quality assurance procedures strengthened the accuracy, reliability, and comparability of NHA estimates across the 2022–2024 period. By minimizing data inconsistencies and aligning all expenditures with SHA 2011 classifications, the resulting estimates provide robust evidence base for policy-making, resource allocation, and monitoring health financing trends.

2.6 Data Mapping and Analysis

The study used the Health Accounts Production Tool (HAPT) to support the full NHA production cycle, including the development of data collection instruments, data entry, validation, and analysis. Validated datasets for the 2022–2024 NHA cycle were imported into HAPT, mapped to SHA classifications, and analyzed to generate SHA-compliant expenditure matrices. The use of HAPT improved:

- the accuracy of expenditure classification,
- cross-year and cross-country comparability, and
- the efficiency and timeliness of data processing.

The analytical outputs from these matrices informed the report's key findings, conclusions, and policy recommendations. Policy briefs were subsequently developed to facilitate the dissemination and use of NHA results in decision-making, planning, and resource allocation.

2.7 Study Limitations and Considerations

The production of the 2022–2024 NHA faced some methodological and data-related limitations that may affect the precision and level of detail of the estimates. Such limitations are common in multi-year NHA exercises, particularly when comprehensive primary data collection across all financing agents is not feasible. These limitations are acknowledged to enhance transparency and ensure appropriate interpretation of the findings. To address these challenges, the NHA coordination team implemented several mitigation measures consistent with the SHA 2011 guidance and the WHO best practices. The key limitations and corresponding mitigation strategies are summarized in Table 3.

Table 3: Limitations and mitigating measures

Limitation	Mitigating measure
No dedicated household health expenditure survey was conducted to estimate OOPs for the 2022–2024 NHA cycle.	Household OOP expenditures were estimated using the 2022 LCMS as a baseline and updated through modelling techniques in line with SHA 2011 guidance.
Response rates from NGOs, employers, and private health insurance entities were lower than anticipated.	The coordination team triangulated reported information with available secondary data sources and applied imputation techniques where appropriate.
Some implementing partners and financing agents did not report expenditures with sufficient disaggregation by disease or age, limiting the detail of disease-specific and population-group analyses.	In line with SHA 2011 guidance, programme-level assumptions and proportional allocation methods based on comparable datasets (e.g. HMIS utilisation data) were applied to address these gaps.

2.8 Proposed Enhancements for Future NHA Cycles

Building on lessons learnt from the 2022–2024 NHA cycle, several enhancements are proposed to strengthen the quality, granularity, and policy relevance of future health accounts in Zambia.

a) First, conducting household health expenditure surveys or regularly including detailed health modules in national household surveys would improve the accuracy of OOP expenditure estimates and reduce reliance on modelling assumptions.
b) Second, establishing routine, institutionalised reporting mechanisms for non-state actors would strengthen coverage of health financing reporting.
c) Third, improvements in disease, age, and beneficiary tagging across government, donor, and NGO expenditure records would enable more precise analysis of resource allocation by health priority areas, population groups, and life-course stages, thereby enhancing the usefulness of NHA data for equity and efficiency analyses.

d) Finally, greater disaggregation and integration of NHIMA administrative and claims data, alongside the development of sub-national health accounts, would enable more detailed tracking of purchasing patterns, provider payments, and the geographic distribution of health expenditures. These enhancements would support decentralised planning, strategic purchasing reforms, and monitoring of progress toward Universal Health Coverage (UHC).

3.0 GENERAL HEALTH ACCOUNTS KEY FINDINGS

This section presents the estimated health expenditures for Zambia across different levels of disaggregation. It begins by describing the structure of government health expenditure, followed by an analysis of total health expenditure trends and a discussion of key health financing indicators based on current health expenditure (CHE).

3.1 Government Expenditure on Health

Figure 3 illustrates the trend in budget disbursements to the MoH relative to the approved budget during the period 2022 to 2024. The results indicate that, on average, the government disbursed 75.3 percent of the approved MoH budget during the review period. Budget disbursement was highest in 2022 at 84.7 percent, before declining to 66.2 percent in 2023. In 2024, disbursement improved slightly to 72.4 percent, although it remained below the level observed in 2022. The fluctuations in budget disbursement highlight ongoing challenges associated with fiscal constraints and budget execution within the health sector, which may affect the timely implementation of health programmes and service delivery.

Figure 3: MOH Budget Disbursements vs Expenditure (ZMW Millions)

Source: MoH 2022 – 2024

3.2 Total Health Expenditure in Zambia: 2022-2024

Total health expenditure (THE) is classified into current health expenditure Current Health Expenditure (CHE) and capital expenditure. Over the review period, total expenditure on health increased steadily. THE rose from K24.9 billion in 2022 to K26.6 billion in 2023, and further to K32.3 billion in 2024 (**Table 4**). Current health expenditure accounted for the largest share of total health expenditure in 2022, 2023 and 2024 at 97.1 percent, 97.4 percent and 95.3 percent, respectively (**Figure 4**). Capital spending represented a relatively small share of health expenditure. The proportion allocated to capital investment was 2.9 percent in 2022, declining slightly to 2.6 percent in 2023, before increasing to 4.7 percent in 2024.

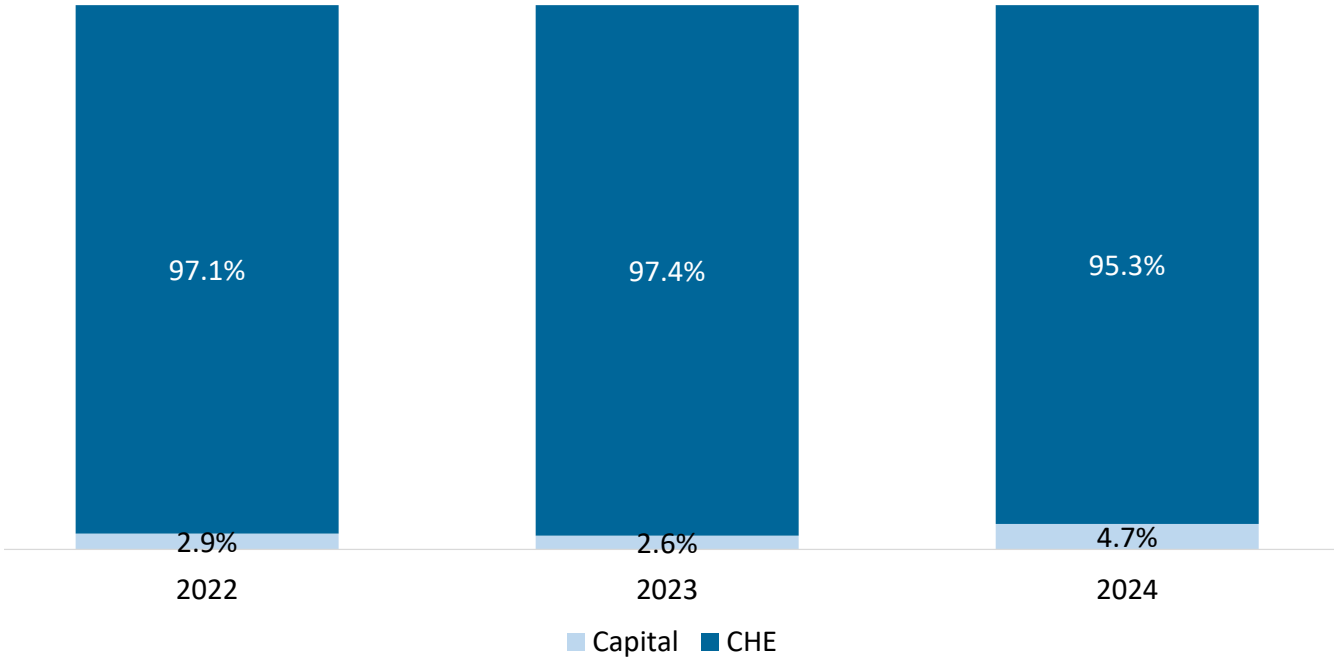
The increase in capital expenditure in 2024 reflects expanded investments in health infrastructure, medical equipment, and digital health systems, in line with priorities outlined in the National Health Strategic Plan (NHSP) 2022–2026 and the Eighth National Development Plan (8NDP) (2022–2026). These investments include both domestically financed projects and externally supported capital spending captured within the NHA framework.

Table 4: Total Health Expenditure in ZMW million – 2022 to 2024

Total Health Expenditure	2022	2023	2024
Capital	722.12	678.97	1,517.23
CHE	24,148.03	25,885.18	30,754.52
THE	24,870.14	26,564.15	32,271.75

Source: NHA Survey Data 2022-2024

Figure 4: Health Expenditure Allocation by Capital and CHE



Source: NHA Survey Data 2022-2024

3.3 Key Health Financing Indicators for Zambia

Table 5 presents Zambia's key health financing indicators based on current health expenditure (CHE) for the period 2022 to 2024, classified according to the SHA 2011 framework. Nominal CHE increased approximately by 27 percent over the three-year period, rising from K24.15 billion in 2022 to K30.75 billion in 2024. This growth was largely driven by increases in government and donor financing. Government health expenditure increased by nearly 20 percent, rising from K10.81 billion in 2022 to K13.03 billion in 2024. Donor expenditure also grew substantially, increasing by 39.6 percent, from K10.13 billion in 2022 to K14.14 billion in 2024.

However, when measured in United States dollars, total CHE declined over the same period, from US$1.43 billion in 2022 to US$1.17 billion in 2024. This decline reflects the depreciation of the Zambian Kwacha, which reduced the dollar value of health expenditures. Similarly, CHE per capita decreased from US$72.38 in 2022 to US$55.58 in 2024, indicating a decline in real per-person health spending holding other factors constant. CHE as a share of Gross Domestic Product (GDP) increased slightly from 5.1 percent in 2022 to 5.4 percent in 2024. Government CHE averaged 2.3 percent of GDP during the review period, which remains significantly below the 5 percent benchmark recommended by the WHO Commission on Macroeconomics and Health.

Furthermore, the share of health expenditure within general government expenditure (GGE) averaged 8.5 percent over the period. This is well below the 15 percent target established under the Abuja Declaration, to which Zambia is a signatory.Government CHE per capita averaged US$28.34 during the study period, declining from US$32.41 in 2022 to US$23.56 in 2024. Household out-of-pocket spending accounted for 11.17 percent of CHE in 2022, rose slightly to 12.16 percent in 2023 and then declined to 9.25 percent in 2024. Corporate expenditure remained relatively small, accounting for between 2.1 percent and 2.8 percent of CHE over the period. These trends indicate that government and donor financing continue to dominate Zambia's health financing landscape, while household and private sector contributions remain comparatively limited. However, OOP expenditure needs to be interpreted with caution, as it is based on a projection from the 2022 LCMS.

Table 5: Selected Health Financing Indicators for NHA Estimates 2022-2024

Indicator	2022	2023	2024
Nominal CHE (ZMW Millions)	24,148.03	25,885.18	30,754.52
Nominal CHE (US$ Millions)	1,425.50	1,278.91	1,174.73
Government Health Expenditure (CHE) (ZMW Millions)	10,813.73	12,181.37	13,033.95
Donor Current (ZMW Millions)	10,131.97	9,824.22	14,143.74
Household Expenditure (ZMW Millions)	2,696.37	3,147.70	2,844.19
Corporations	505.95	731.89	732.64
Government CHE % Nominal CHE	44.78	47.06	42.38
Donor CHE % Nominal CHE	41.96	37.95	45.99
Per capita CHE (US$)	72.38	61.71	55.58
Government CHE per capita (US$)	32.41	29.04	23.56
Donor CHE per capita US$	30.37	23.42	25.56
CHE % GDP	5.10	4.56	5.40
Government CHE % GDP	2.28	2.15	2.29
Government GGE (ZMW Millions)	132,225.36	156,548.92	189,345.17
Government CHE/ GGE %	8.18	7.78	6.88
Household Expenditure (HHE) % CHE	11.17	12.16	9.25
Corporations' expenditure % CHE	2.10	2.83	2.38

Source: NHA Survey 2022-2024

4.0 GENERAL HEALTH ACCOUNTS

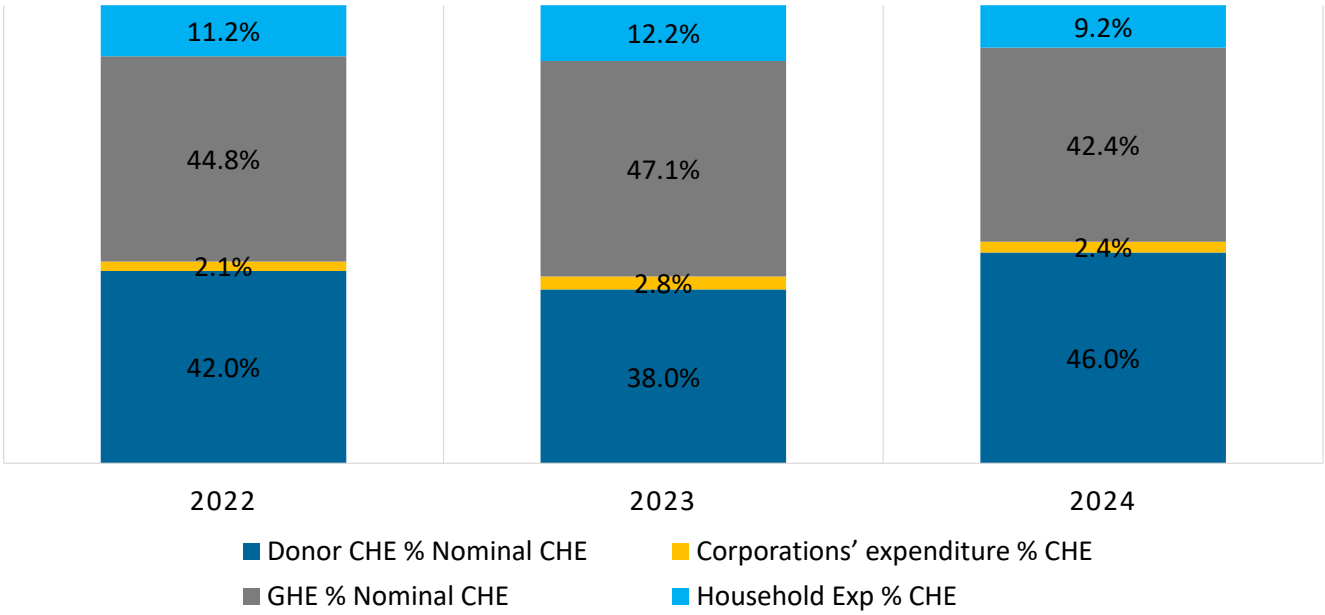
This chapter presents estimates of health expenditure in Zambia, disaggregated across multiple dimensions. It begins with an analysis of resource flows within the health system, tracing the movement of funds from financing sources and revenue types to financing schemes, from financing schemes to health care providers, and from providers to the health care goods and services delivered. The accompanying tables and figures have been developed to reflect the Zambian context and to support national policy formulation and planning, while maintaining international comparability in line with the SHA 2011 framework.

4.1 Level and Composition of Health Financing in Zambia

Figure 5 presents the percentage contributions to current health expenditure (CHE) in Zambia by funding source. The results indicate that Government and Cooperating Partners remain the dominant sources of health financing, accounting for an average of 87 percent of total CHE over the period under review. The relative contributions from these sources varied across the three years. Government's share of CHE increased from 44.8 percent in 2022 to 47.1 percent in 2023, before declining to 42.4 percent in 2024. Despite this variation in shares, Government spending increased substantially in nominal terms over the period. Government CHE rose by 73.7 percent between 2022 and 2024, corresponding to an average annual increase of 14.7 percent.

Cooperating Partners (including donors and non-profit organisations) contributed 42.0 percent of CHE (ZMW 10,131.97 million) in 2022. This share declined to 38.0 percent (ZMW 9,824.22 million) in 2023, before rising sharply to 46.0 percent (ZMW 14,143.74 million) in 2024. Household out-of-pocket (OOP) spending increased slightly from 11.2 percent in 2022 to 12.2 percent in 2023, before declining to 9.2 percent in 2024. The reduction in the OOP share may partly reflect increased utilisation of the National Health Insurance Scheme (NHIS), alongside changes in overall financing volumes across other sources.

Figure 5: CHE by Institutional Units providing Revenues to Financing Schemes: 2022–2024



Source: NHA Survey Data 2022-2024

4.2 The Flow of Revenues of Financing Schemes

Revenues of financing schemes refer to the types of funds received by financing schemes from different sources. The results indicate that the major channels through which funds flowed from financing sources to financing schemes in Zambia included:

- transfers from Government domestic revenue earmarked for health,
- transfers distributed by Government from foreign origin,
- social insurance contributions,
- voluntary prepayments,
- other domestic revenues not elsewhere classified (n.e.c.), and
- direct foreign transfers (Table 6 and Figure 6).

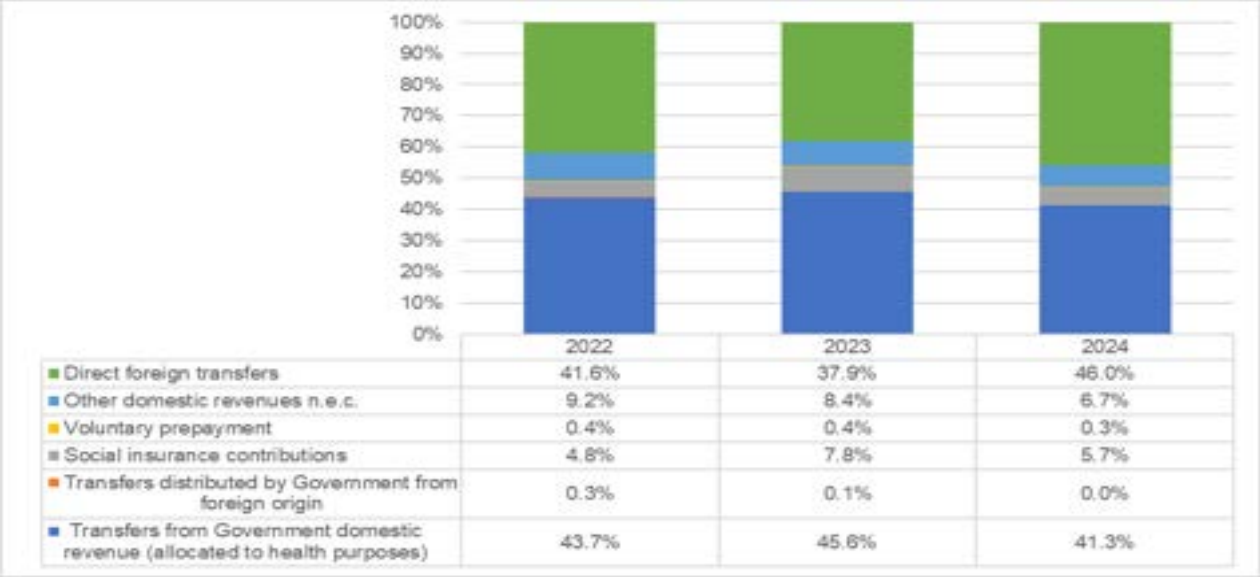
As shown in Table 6, transfers distributed by Government from foreign origin declined sharply from ZMW 76.23 million in 2022 to ZMW 8.87 million in 2024. Social health insurance contributions increased overall, rising from ZMW 1,159.71 million in 2022 to ZMW 2,014.08 million in 2023, before moderating to ZMW 1,748.37 million in 2024. This upward pattern is consistent with the growing operationalisation and scale-up of the social health insurance scheme. Direct foreign transfers remained a major channel throughout the period. They increased from ZMW 10,055.74 million in 2022 to ZMW 14,134.87 million in 2024, although a temporary decline was observed in 2023 (ZMW 9,811.26 million).

Table 6: Funding Mechanisms for Financing Schemes (ZMW Million)

Mechanisms	ZMW Millions		
	2022	2023	2024
Transfers from Government domestic revenue (allocated to health purposes)	10,543.29	11,792.65	12,707.89
Transfers distributed by the Government from foreign origin	76.23	12.97	8.87
Social insurance contributions	1,159.71	2,014.08	1,748.37
Voluntary prepayment	92.64	91.97	102.18
Other domestic revenues n.e.c.	2,220.41	2,162.26	2,052.34
Direct foreign transfers	10,055.74	9,811.26	14,134.87
Total	**24,148.02**	**25,885.18**	**30,754.52**

Figure 6 further shows that transfers from Government domestic revenue were the principal channel for financing schemes, accounting for 43.7 percent of CHE (ZMW 10.54 billion) in 2022. This increased to 45.6 percent (ZMW 11.79 billion) in 2023, then declined to 41.3 percent (ZMW 12.71 billion) in 2024. The reduction in Government transfers in some years was partly offset by higher external financing, particularly in 2024, when the share of direct foreign transfers rose to 46.0 percent. Transfers from other domestic revenues (including revenues from households) declined from 9.2 percent in 2022 to 6.7 percent in 2024. Voluntary prepayment schemes, mainly private health insurance, remained small throughout the period, contributing an average of 0.4 percent of CHE per year.

Figure 6: Shares of Funding Mechanisms for Financing Schemes: 2022–2024



Source: NHA Survey Data 2022-2024

4.3 Financing Schemes for CHE

Table 7 summarises the distribution of CHE by financing schemes for 2022–2024. Over the period, CHE was mainly financed through Government schemes and NPISH financing schemes (Non-Profit

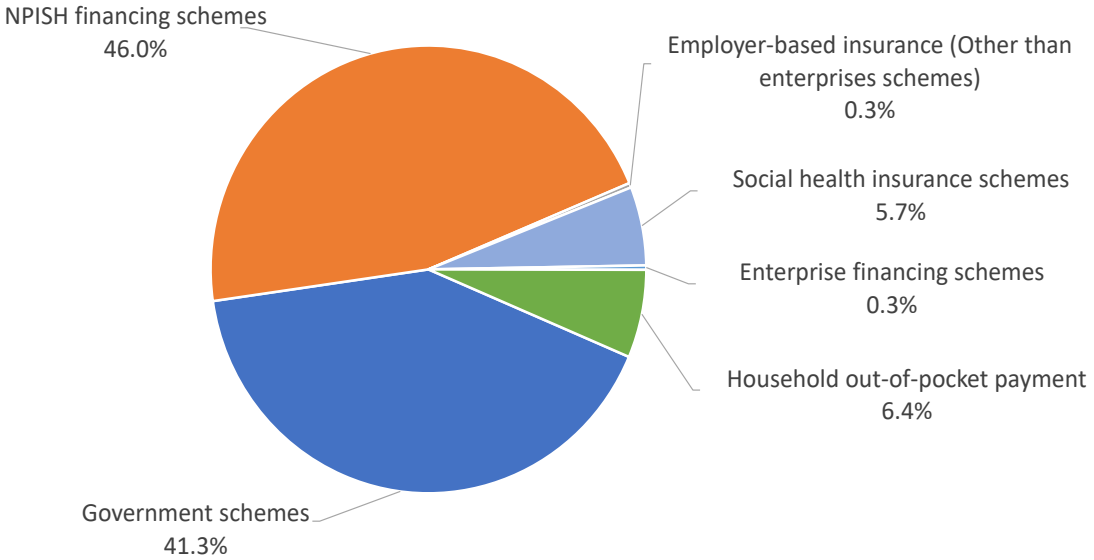
Institutions Serving Households), reflecting the prominent role of public financing and donor-supported off-budget programmes. In 2022, Government schemes accounted for 44.0 percent (ZMW 10,619.52 million), increased to 45.6 percent (ZMW 11,805.62 million) in 2023, and declined to 41.3 percent (ZMW 12,716.76 million) in 2024. NPISH financing schemes accounted for 41.6 percent (ZMW 10,055.74 million) in 2022, declined to 37.9 percent (ZMW 9,811.26 million) in 2023, and increased to 46.0 percent (ZMW 14,134.87 million) in 2024. Household out-of-pocket payments declined from 8.7 percent (ZMW 2,110.51 million) in 2022 to 8.2 percent (ZMW 2,127.92 million) in 2023 and further to 6.4 percent (ZMW 1,955.56 million) in 2024.

Table 7: Financing schemes for CHE- 2022 to 2024

Financing Schemes	2022		2023		2024	
	Amount (ZMW, Millions)	Share (%)	Amount (ZMW, Millions)	Share (%)	Amount (ZMW, Millions)	Share (%)
Government schemes	10,619.52	44.0	11,805.62	45.6	12,716.76	41.3
Social health insurance schemes	1,159.71	4.8	2,014.08	7.8	1,748.37	5.7
Voluntary health care payment schemes						
• Employer-based insurance (Other than enterprises schemes)	92.64	0.4	91.97	0.4	102.18	0.3
• NPISH financing schemes (excluding HF.2.2.2)	10,055.74	41.6	9,811.26	37.9	14,134.87	46.0
• Enterprise financing schemes	109.90	0.5	34.34	0.1	96.78	0.3
Household out-of-pocket payment	2,110.51	8.7	2,127.92	8.2	1,955.56	6.4
Total	**24,148.02**	**100.0**	**25,885.18**	**100.0**	**30,754.52**	**100.0**

Source: NHA Survey Data 2022-2024

Figure 7: Share of Financing Schemes (%)



Source: NHA Survey Data 2022-2024

4.4 Financing Agents for CHE

Financing agents are institutional units that manage one or more health financing schemes. Table 8 presents the distribution of CHE managed by each agent, including the Ministry of Health (MoH), other government ministries, insurance corporations, employers/corporations, NPISH, households, and donors. MoH and NPISH managed the largest share of CHE during the period. The MoH share declined slightly from 42.87 percent in 2022 to 40.94 percent in 2024, while NPISH-managed resources increased from 41.64 percent in 2022 to 45.96 percent in 2024, despite a decline in 2023 (37.90 percent).

The share managed by other government ministries fluctuated, increasing from 5.91 percent in 2022 to 8.88 percent in 2023, before declining to 6.09 percent in 2024. Households' share declined from 8.74 percent in 2022 to 6.36 percent in 2024, consistent with the declining OOP share observed earlier. Corporations managed a small share of CHE and showed a general decline, while health insurance corporations managed less than one percent across the period. No CHE resources were managed by "the rest of the world" during the period under review.

Table 8: Distribution of CHE by Financing Agents: 2022–2024

Financing Agent	ZMW Millions					
	2022	%	2023	%	2024	%
Ministry of Health	10,353	42.87	11,521	44.51	12,591	40.94
Other Government Ministries	1,426	5.91	2,299	8.88	1,874	6.09
Insurance Corporations	93	0.38	92	0.36	102	0.33
Corporations	110	0.46	34	0.13	97	0.31
NPISH	10,056	41.64	9,811	37.90	14,135	45.96
Households	2,111	8.74	2,128	8.22	1,956	6.36
Total CHE	**24,148**	**100**	**25,885**	**100**	**30,755**	**100**

Source: NHA Survey Data 2022-2024

4.5 Expenditure by Healthcare Providers and Functions

Within the SHA 2011 framework, healthcare providers are organisations and actors responsible for delivering health goods and services. Providers operate at different levels of the health system. Health care functions classify the types of services consumed by the population to achieve specific health outcomes. This section presents CHE by providers and, subsequently, by functions.

4.5.1 Total CHE by Healthcare Provider

Table 9 and Figure 8 show that expenditure on hospitals and on health system administration and financing accounted for a substantial share of CHE over the period. Hospital expenditure accounted for the largest share of CHE, accounting at 40.68 percent (ZMW 9.79 billion) in 2022. This declined to 32.97 percent (ZMW 8.53 billion) in 2023, before increasing to 39.18 percent (ZMW 12.05 billion) in 2024. In nominal terms, hospital spending remained consistently high, reflecting the central role of hospitals in Zambia's health service delivery.

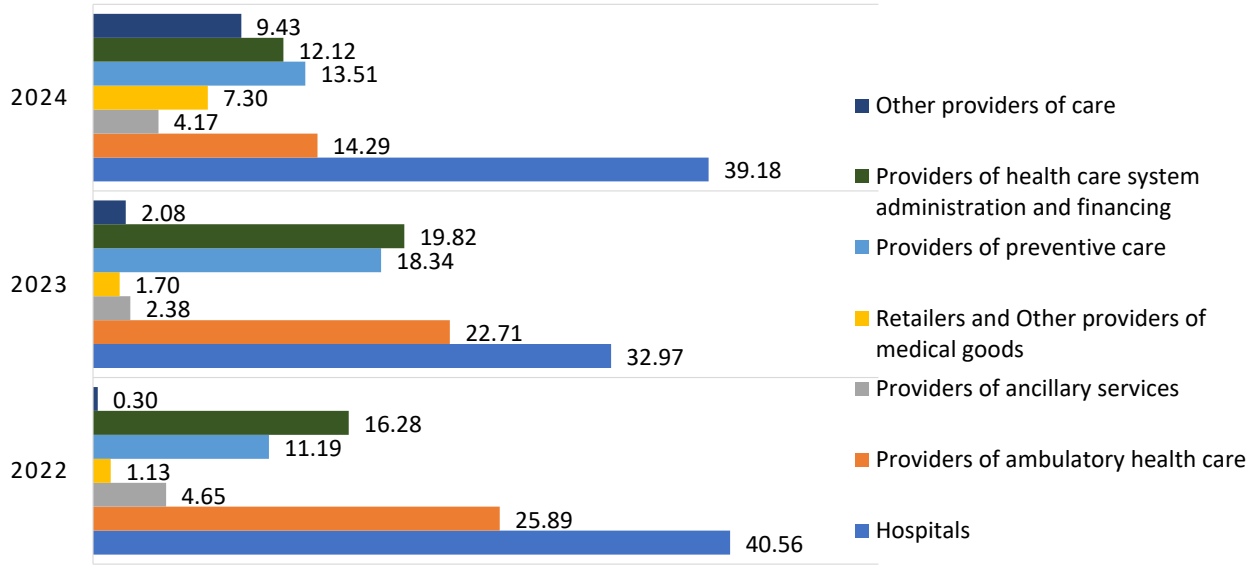
Spending on ambulatory health care providers declined steadily, decreasing from 25.97 percent (ZMW 6.25 billion) in 2022 to 22.71 percent (ZMW 5.87 billion) in 2023 and further to 14.29 percent (ZMW 4.39 billion) in 2024. This trend may reflect a shift in service delivery patterns, including increased utilisation of hospital outpatient departments and an overall expansion of hospital-based care in secondary and tertiary facilities. Expenditure on treatment abroad (rest of the world) was negligible in 2022 but increased slightly to 0.10 percent (ZMW 26.55 million) in 2023 and 0.12 percent (ZMW 37.58 million) in 2024. Despite this increase, spending on overseas referrals remained minimal, likely reflecting efforts to strengthen domestic capacity for specialised care, including the establishment of facilities such as the National Heart Hospital and specialised cancer treatment centres.

Table 9: Distribution of CHE by major Healthcare Providers: 2022–2024 (ZMW Million)

Healthcare Provider	2022	%	2023	%	2024	%
Hospitals	9,794	40.68	8,535	32.97	12,051	39.18
Providers of ambulatory health care	6,252	25.97	5,880	22.71	4,394	14.29
Providers of ancillary services	1,123	4.66	616	2.38	1,281	4.17
Retailers and Other providers of medical goods	273	1.13	440	1.70	2,246	7.30
Providers of preventive care	2,703	11.23	4,746	18.34	4,154	13.51
Providers of health care system administration and financing	3,931	16.33	5,130	19.82	3,727	12.12
Rest of economy	-	-	451	1.74	2,822	9.18
Rest of the world	-	-	27	0.10	38	0.12
Unspecified health care providers (n.e.c.)	-	-	61	0.24	42	0.14
Total	**4,075**	**100**	**25,885**	**100**	**30,755**	**100**

Source: NHA Survey Data 2022-2024

Figure 8: Distribution of Expenditure by Healthcare Provider: 2022–2024



Source: NHA Survey Data 2022-2024

4.5.2 Distribution of Total CHE by Level of Care or Facility Type

Table 10 and Figure 9 present the distribution of CHE across health facilities by level of care. In 2022, the largest share of CHE was spent at public health centres and health posts (ambulatory providers), accounting for 25.97 percent (ZMW 6.25 billion). The share declined to 22.71 percent (ZMW 5.88 billion) in 2023 and further to 14.29 percent (ZMW 4.39 billion) in 2024, representing a notable reduction both in share and nominal value.

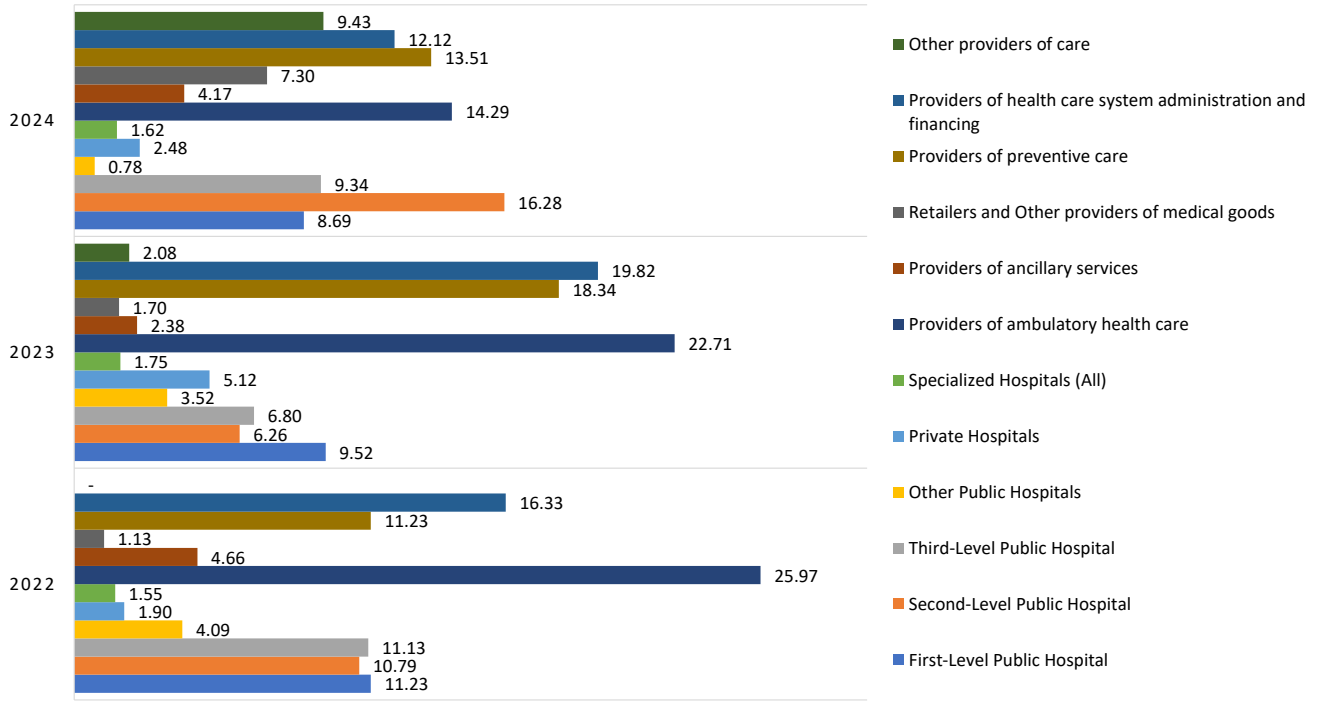
The Expenditure at second-level public hospitals declined from 10.79 percent (ZMW 2.60 billion) in 2022 to 6.26 percent (ZMW 1.62 billion) in 2023, then increased sharply to 16.28 percent (ZMW 5.01 billion) in 2024. Spending at third-level public hospitals declined from ZMW 2.68 billion in 2022 to ZMW 1.76 billion in 2023, before rising to ZMW 2.87 billion in 2024. These patterns suggest a shift in the composition of facility-level spending, with reduced emphasis on ambulatory facilities and increased spending on hospitals, medical goods, and other provider categories by 2024.

Table 10: Distribution of CHE at Level of Health Facility: 2022-2024 (ZMW Million)

Healthcare Provider	2022	%	2023	%	2024	%
First-Level Public Hospital	2,703	11.23	2,463	9.52	2,672	8.69
Second-Level Public Hospital	2,597	10.79	1,620	6.26	5,006	16.28
Third-Level Public Hospital	2,679	11.13	1,761	6.80	2,873	9.34
Other Public Hospitals	986	4.09	911	3.52	238	0.78
Private Hospitals	457	1.90	1,326	5.12	764	2.48
Specialized Hospitals (All)	374	1.55	454	1.75	499	1.62
Providers of ambulatory health care	6,252	25.97	5,880	22.71	4,394	14.29
Providers of ancillary services	1,123	4.66	616	2.38	1,281	4.17
Retailers and Other providers of medical goods	273	1.13	440	1.70	2,246	7.30
Providers of preventive care	2,703	11.23	4,746	18.34	4,154	13.51
Providers of health care system administration Services and financing	3,931	16.33	5,130	19.82	3,727	12.12
Other providers of care	-	-	539	2.08	2,902	9.43
Total	**24,075**	**100**	**25,885**	**100**	**30,755**	**100**

Source: NHA Survey Data 2022-2024

Figure 9: Breakdown of Facility Level CHE



Source: NHA Survey Data 2022-2024

4.5.3 Total CHE by Health Care Functions

Health care functions represent the goods and services consumed by final users to achieve specific health objectives (OECD et al., 2017). Over the period under review, the distribution of CHE shows a modest shift from curative to preventive care. The share of CHE allocated to curative care declined from 53.89 percent in 2022 to 51.25 percent in 2024, reflecting increased spending on prevention activities, including response measures related to COVID-19 and Mpox. However, in nominal terms, spending on curative care increased from ZMW 13,012.33 million in 2022 to ZMW 15,762.29 million in 2024. Outpatient curative care accounted for the largest component of curative spending, representing 35.82 percent in 2022 and 32.21 percent in 2024 (Table 11).

In contrast, preventive care increased consistently, rising from 23.59 percent (ZMW 5,697.57 million) in 2022 to 29.06 percent (ZMW 7,522.29 million) in 2023 and 30.42 percent (ZMW 9,355.32 million) in 2024. The largest preventive care expenditures were related to information, education and counselling programmes, as well as early disease detection programmes, reflecting large-scale campaigns such as vaccination, testing, and health promotion activities. Though medical goods (non-specified by function) remained among the smallest categories, their share increased from 1.13 percent (ZMW 272.53 million) in 2022 to 2.00 percent (ZMW 614.20 million) in 2024.

Table 11: Distribution of CHE by Functions: 2022 - 2024 (ZMW Millions)

Health Care Function	2022	%	2023	%	2024	%
Curative care	13,012.33	53.89	12,641.37	48.84	15,762.29	51.25
a) Inpatient curative care	4,361.63	18.06	4,151.68	16.04	5,856.74	19.04
b) Outpatient curative care	8,650.71	35.82	8,489.69	32.80	9,905.55	32.21
Rehabilitative care	14.79	0.06	17.04	0.07	16.55	0.05
Long-term care (health)	150.75	0.62	-	-	-	-
Ancillary services (non-specified by function)	1,122.75	4.65	615.80	2.38	1,281.35	4.17
Medical goods (non-specified by function)	272.53	1.13	439.78	1.70	614.20	2.00
Preventive care	5,697.57	23.59	7,522.29	29.06	9,355.32	30.42
Governance, and health system and financing administration	3,823.48	15.83	4,587.49	17.72	3,682.70	11.97
Other health care services not elsewhere classified (n.e.c.)	53.83	0.22	61.40	0.24	42.10	0.14
Total	**24,148.02**	**100**	**25,885.18**	**100**	**30,754.52**	**100**

Source: NHA Survey Data 2022-2024

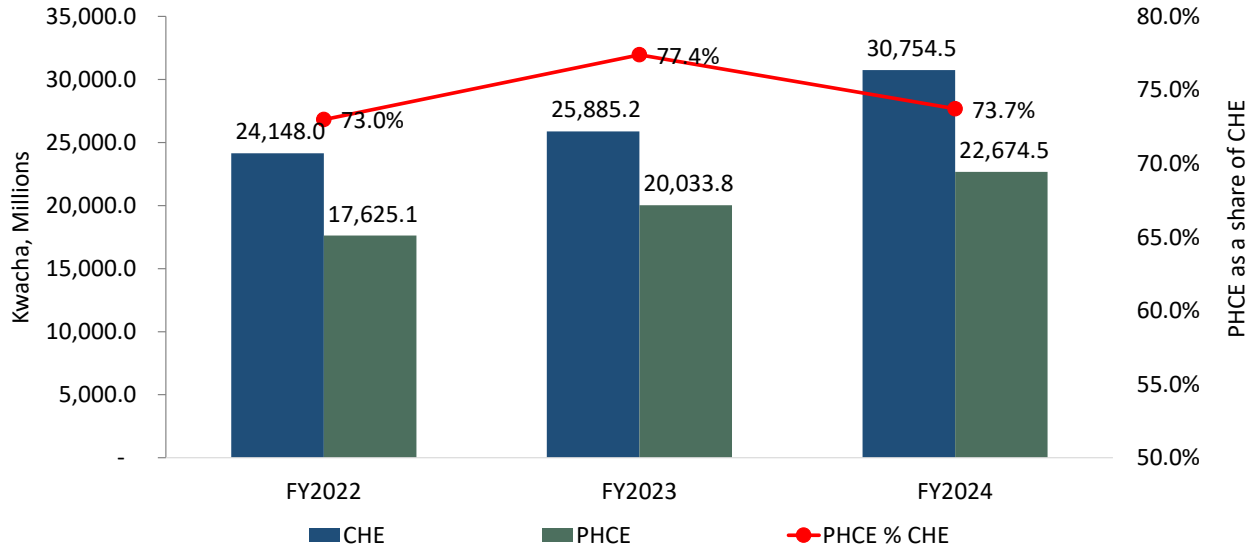
4.5.4 General Current Health Financing for Primary Health Care

Figure 10 shows the levels of Zambia's Current Health Expenditure (CHE) in nominal terms, alongside Primary Health Care Expenditure (PHCE), over the period 2022 to 2024. Total CHE rose from ZMW 24,148.0 million in 2022 to ZMW 25,885.2 million in 2023, before increasing further to ZMW 30,754.5 million in 2024. These trends reflect an overall expansion in health sector spending during the period.

Similarly, PHCE also increased consistently over the same period. PHCE rose from ZMW 17,625.1 million in 2022 to ZMW 20,033.8 million in 2023, and further to ZMW 22,674.5 million in 2024. As a share of total health spending, PHCE accounted for 73.0% of CHE in 2022. The proportion increased to 77.4% in 2023 and slightly declined to 73.7% in 2024. This pattern indicates a sustained prioritisation of primary healthcare within the overall health budget, albeit with some year-to-year variation in relative emphasis.

Overall, the upward trend in CHE reflects increased resource mobilisation for the health sector, while the high share of PHCE signals Zambia's strategic commitment to strengthening primary healthcare as the foundation of the health system. Notwithstanding these patterns, the moderation PHCE growth relative to CHE in 2024 suggests the need for continued attention to safeguard PHC allocations as fiscal pressures evolve.

Figure 10: Levels of PHC expenditure 2022-2024



Source: Compilation based on NHA 2022-2024

Looking beyond aggregate spending levels, per capita PHC expenditure provides additional insight into the adequacy of PHC financing. Table 12 shows that in nominal terms, PHCE per capita increased from ZMW 895.0 in 2022 to ZMW 1,072.9 in 2024. This means rising per-person investment in primary healthcare services. However, when expressed in US dollars, PHCE per capita declined from USD 52.8 in 2022 to USD 41.0 in 2024. This reflects the impact of exchange-rate movements and currency depreciation. The erosion in purchasing power has important implications for PHC delivery, particularly for interventions that depend on imported medical goods, vaccines, and essential commodities.

The observed trends in PHCE highlight both the strength of Zambia's commitment to PHC financing and the structural vulnerabilities that affect the real value of health spending. Understanding how health care resources are mobilised, pooled, and allocated across financing sources and schemes remains critical for assessing the sustainability and equity of PHC financing.

Table 12: Selected PHC Indicators

Key Indicator	Units	2022	2023	2024
CHE	ZMW, Million	24,148.0	25,885.2	30,754.5
PHCE	ZMW, Million	17,625.1	20,033.8	22,674.5
PHCE % CHE	Percent	73.0%	77.4%	73.7%
Population*	Millions	19.7	20.7	21.1
PHCE per capita	ZMW	895.0	966.7	1,072.9
PHCE per capita	USD	52.8	47.8	41.0

Source: Author's compilation; * ZamStats

4.6 Capital Expenditure

Within the SHA 2011 framework, capital expenditure is an important component of health spending because it supports the health system's production capacity. Capital expenditure includes investments such as the construction of new facilities, the upgrading and expansion of existing infrastructure, the procurement of equipment and information systems, and investments in research and training. Capital expenditure is recorded annually, relflecting only the amounts spent on capital items during the year under review. Monitoring capital expenditure provides insight into whether investments in health system capacity are adequate to meet current and future service delivery needs.

4.6.1 Capital Expenditure by Source

Table 13 shows that the government and the Rest of the World (ROW) were the primary sources of capital expenditure between 2022 and 2024. Government remained the dominant contributor, accounting for 69 percent (ZMW 495.24 million) in 2022 and 74 percent (ZMW 588.94 million) in 2023, before declining slightly to 65 percent (ZMW 970.77 million) in 2024. ROW contributions increased in 2024, accounting for 35 percent (ZMW 532.97 million), highlighting the continued importance of external financing in supporting capital investments.

Table 13: Capital Expenditure by Source: 2022-2024 (ZMW million)

Source	2022	%	2023	%	2024	%
Government	495.24	69.09	588.94	74.00	970.77	65.00
Rest of the world	221.58	30.91	205.75	26.00	532.97	35.00
Total	**716.82**	**100.00**	**794.69**	**100.00**	**1,503.74**	**100.00**

Source: NHA Survey Data 2022-2024

4.6.2 Capital Total Expenditure by Function

Table 14 presents the distribution of capital expenditure by function. The results indicate a shift in investment patterns over the period, particularly towards infrastructure in 2024. Infrastructure spending rose significantly from 35.8 percent (ZMW 256.42 million) in 2022 to 49 percent (ZMW 389.41 million) in 2023, before declining to 24.2 percent (ZMW 364.3 million) in 2024. Spending on machinery and equipment accounted for the second largest share of capital expenditure across all years, representing 16.3 percent (ZMW 117.02 million) in 2022, 22.7 percent (ZMW 180.07 million) in 2023, and 32.1 percent (ZMW 481.97 million) in 2024.

Table 14: Capital Expenditure by Function: 2022-2024 (ZMW Million)

Function	2022	%	2023	%	2024	%
Infrastructure	256.42	35.8	389.41	49.0	364.30	24.2
Machinery and equipment	117.02	16.3	180.07	22.7	481.97	32.1
Education and training of health personnel	180.03	25.1	219.51	27.6	232.32	15.4
Unspecified gross capital formation	163.35	22.8	5.69	0.7	425.15	28.3
Total	**716.82**	**100**	**794.69**	**100**	**1,503.74**	**100**

Source: NHA Survey Data 2022-2024

Expenditure on education and training of health personnel fluctuated, declining from 22.8 percent (ZMW 180.03 million) in 2022 to 0.7 percent (ZMW 5.69 million) in 2023, before increasing to 28.3 percent (ZMW 425.15 million) in 2024.

4.6.3 Breakdown of Government Capital Expenditure by Function

Table 15 presents the distribution of Government capital expenditure in the health sector by function for the period 2022–2024. In 2022, capital investment was largely concentrated in infrastructure, which accounted for 49.2 percent of total capital expenditure (ZMW 243.66 million). Infrastructure continued to dominate capital spending in 2023, increasing to 58.2 percent (ZMW 342.79 million). However, in 2024, infrastructure spending declined sharply to ZMW 1.60 million (0.2 percent).

Expenditure on machinery and equipment remained relatively modest in 2022 and 2023, accounting for 3.3 percent (ZMW 16.21 million) and 4.5 percent (ZMW 26.56 million) of total capital expenditure, respectively. In 2024, however, spending in this category increased significantly to 32.4 percent (ZMW 314.33 million), suggesting a renewed emphasis on procuring medical equipment and other capital assets. Education and training of health personnel represented another important component of capital expenditure. Spending in this category increased from ZMW 180.03 million (36.4 percent) in 2022 to ZMW 219.51 million (37.3 percent) in 2023, before rising slightly to ZMW 232.32 million (23.9 percent) in 2024, although its proportional share declined due to the expansion of overall capital spending.

Overall, total Government capital expenditure increased from ZMW 495.24 million in 2022 to ZMW 588.94 million in 2023, before rising sharply to ZMW 970.77 million in 2024. The surge in 2024 capital spending appears to have been driven primarily by increased allocations to machinery and equipment and unspecified capital formation, alongside continued investments in training of health personnel.

Table 15: Breakdown of Government Capital Expenditure: 2022-2024 (ZMW Million)

Function	2022	%	2023	%	2024	%
Infrastructure	243.66	49.2	342.79	58.2	1.60	0.2
Machinery and equipment	16.21	3.3	26.56	4.5	314.33	32.4
Education and training of health personnel	180.03	36.4	219.51	37.3	232.32	23.9
Unspecified gross capital formation (n.e.c.)	55.34	11.2	0.07	0.0	422.52	43.5
Total	**495.24**	**100.0**	**588.94**	**100.0**	**970.77**	**100.0**

Source: NHA Survey Data 2022-2024

4.6.4 Breakdown of Capital Expenditure by Cooperating Partners

Cooperating Partners' capital expenditure varied substantially over the period. Total capital spending amounted to ZMW 221.58 million in 2022, declined slightly to ZMW 205.75 million in 2023, and then increased sharply to ZMW 532.97 million in 2024. In 2022, capital expenditure was largely concentrated in unspecified gross capital formation, which accounted for 48.7 percent (ZMW 108.01 million) of total spending, followed by machinery and equipment at 45.5 percent (ZMW 100.81 million). Infrastructure accounted for a relatively small share of spending at 5.8 percent (ZMW 12.76 million). In 2023, the composition of spending shifted markedly toward machinery and equipment, which absorbed the largest share of expenditure at 74.6 percent (ZMW 153.51 million). Infrastructure accounted for 22.7 percent (ZMW 46.62 million), while unspecified gross capital formation declined significantly to 2.7 percent (ZMW 5.62 million).

By 2024, the pattern of capital spending changed again, with a strong shift toward infrastructure investment, which increased substantially to 68.1 percent (ZMW 362.70 million) of total Cooperating Partner capital expenditure. Although machinery and equipment spending increased in nominal terms to ZMW 167.64 million, its share declined to 31.5 percent due to the expansion of infrastructure investments. Spending under unspecified gross capital formation became negligible, accounting for only 0.5 percent (ZMW 2.63 million) of total capital expenditure.

Table 16: Breakdown of capital expenditure by Cooperating Partners: 2022-2024 (ZMW Million)

Function	Financial year and percentage (%)					
	2022	%	2023	%	2024	%
Infrastructure	12.76	5.8	46.62	22.7	362.70	68.1
Machinery and equipment	100.81	45.5	153.51	74.6	167.64	31.5
Unspecified gross capital formation (n.e.c.)	108.01	48.7	5.62	2.7	2.63	0.5
Total	**221.58**	**100.0**	**205.75**	**100.0**	**532.97**	**100.0**

Source: NHA Survey Data 2022-2024

4.6.5 Capital Expenditure by Healthcare Provider

Table 17 summarises capital expenditure by healthcare provider for the period 2022–2024. Hospitals accounted for the largest share throughout the period, absorbing 41.30 percent (ZMW 298.22 million) in 2022 rising to 54.03 percent (ZMW 366.88 million) in 2023, before declining to 49.87 percent (ZMW 756.61 million) in 2024. This pattern reflects sustained investment in hospital infrastructure, equipment, and related capital assets. Training institutions received the second-largest allocation in 2022 and 2023, accounting for 25.1 percent (ZMW 180.03 million) in 2022 and increasing to 27.6 percent (ZMW 219.51 million) in 2023, before declining to 15.4 percent (ZMW 232.32 million) in 2024 as overall capital spending expanded. This trend suggests continued, though relatively smaller, investment in strengthening the health workforce.

Spending on providers of ambulatory health care increased substantially over the period, rising from 9.38 percent (ZMW 67.74 million) in 2022 and 5.39 percent (ZMW 36.59 million) in 2023 to 28.10 percent (ZMW 426.27 million) in 2024, indicating a notable expansion of capital investments in outpatient service delivery. Expenditure on providers of preventive care accounted for 10.63 percent (ZMW 76.79 million) in 2022, increased to 13.30 percent (ZMW 90.30 million) in 2023, and then declined to 4.97 percent (ZMW 75.37 million) in 2024. Meanwhile, spending on health care system administration and financing decreased steadily over the period, falling from 13.11 percent (ZMW 94.04 million) in 2022 to 10.25 percent (ZMW 81.41 million) in 2023, and to 0.88 percent (ZMW 13.17 million) in 2024.

Table 17: Capital Expenditure by Provider: 2022–2024 (ZMW million)

Function	2022	%	2023	%	2024	%
Hospitals	298.22	41.30	366.88	54.03	756.61	49.87
Providers of ambulatory health care	67.74	9.38	36.59	5.39	426.27	28.10
Providers of preventive care	76.79	10.63	90.30	13.30	75.37	4.97
Providers of health care system administration and financing	94.04	13.11	81.41	10.25	13.17	0.88
Training Institutions	180.03	25.1	219.51	27.6	232.32	15.4
Total	**716.82**	**100.0**	**794.69**	**100.0**	**1,503.74**	**100.0**

Source: NHA Survey Data 2022-2024

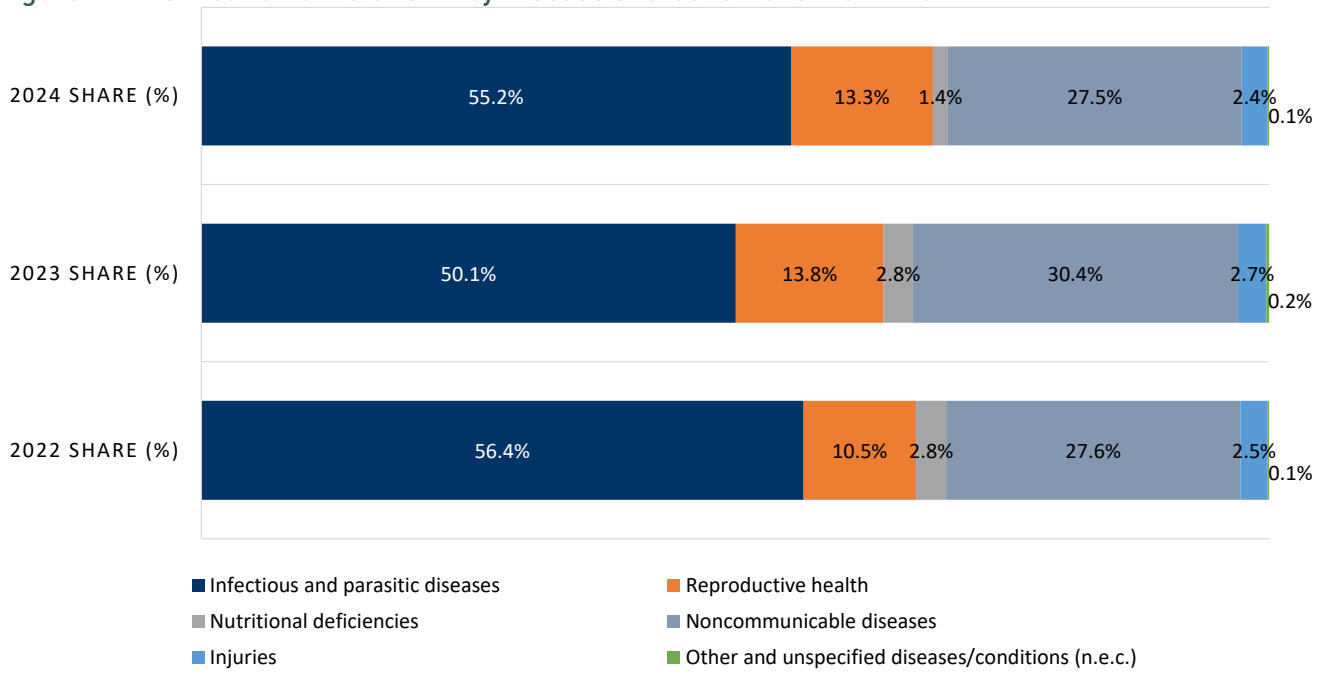
5.0 HEALTH ACCOUNTS BY DISEASE AND CONDITIONS

This chapter presents CHE for a selected set of major diseases for the period 2022–2024. The analysis focuses on priority disease areas, including infectious and parasitic diseases, reproductive health, nutritional deficiencies, NCDs, injuries, and other conditions. All expenditures discussed in this chapter relate to Current Health Expenditure.

5.1 CHE by Major Disease Categories and Condition

Figure 11 presents the distribution of CHE by major disease group for the period 2022–2024. In 2022, the largest share of disease-related expenditure was allocated to infectious and parasitic diseases, which accounted for 56.4 percent of CHE. Non-communicable diseases (NCDs) represented 27.6 percent, while reproductive health accounted for 10.5 percent. A similar pattern was observed in 2023, although the share allocated to infectious and parasitic diseases declined to 50.1 percent. Over the same year, expenditure on NCDs increased slightly to 30.4 percent, while reproductive health accounted for 13.8 percent. In 2024, the share of expenditure on infectious and parasitic diseases increased again to 55.2 percent, while NCDs accounted for 27.5 percent and reproductive health for 13.3 percent. Expenditure on nutritional deficiencies remained unchanged at 2.8 percent in both 2022 and 2023, before declining to 1.4 percent in 2024. This reduction may reflect changes in financing priorities among key development partners supporting nutrition programmes in Zambia. Expenditure on injuries remained relatively stable over the review period, accounting for 2.4 percent in 2022, 2.7 percent in 2023, and 2.5 percent in 2024.

Figure 11: Distribution of Total CHE by Disease and Conditions: 2022–2024



Source: NHA Survey Data 2022-2024

5.2 Breakdown of CHE by Diseases and Conditions

Table 18 provides a detailed breakdown of CHE by specific diseases and conditions during the period under review. Expenditure on HIV/AIDS and other sexually transmitted diseases (STDs) accounted for the largest share of CHE across all three years. It represented 30.0 percent (ZMW 7.24 billion) in 2022, declined to 22.46 percent (ZMW 5.81 billion) in 2023, and then increased substantially to 33.40 percent (ZMW 10.27 billion) in 2024. The consistently high level of expenditure reflects the continued prioritisation of HIV/AIDS and STD prevention, treatment, and long-term management.

Malaria accounted for the second-largest share of disease-specific CHE. Spending on malaria rose from 9.16 percent (ZMW 2.21 billion) in 2022 to 9.85 percent (ZMW 2.55 billion) in 2023, before declining slightly to 7.78 percent (ZMW 2.39 billion) in 2024. This pattern may reflect changes in malaria control programming, including mass distribution campaigns and fluctuations in commodity and operational costs. Expenditure on other and unspecified infectious and parasitic diseases accounted for 7.34 percent (ZMW 1.77 billion) in 2022, increased to 8.04 percent (ZMW 2.08 billion) in 2023, and declined slightly to 7.08 percent (ZMW 2.18 billion) in 2024. These expenditures capture the costs of diagnosing and managing a range of communicable conditions not classified under specific programmes.

A similar pattern was observed for unspecified reproductive health conditions, which accounted for 5.79 percent (ZMW 1.40 billion) in 2022, 5.04 percent (ZMW 1.30 billion) in 2023, and 5.31 percent (ZMW 1.63 billion) in 2024. Expenditure on other and unspecified NCDs also remained substantial. This category represented 7.48 percent (ZMW 1.81 billion) in 2022, increased to 8.06 percent (ZMW 2.09 billion) in 2023, and declined slightly to 7.42 percent (ZMW 2.28 billion) in 2024. This likely reflects increased service utilisation for chronic and complex conditions.

Table 18: Breakdown of CHE by disease and conditions (ZMW Million): 2022–2024

Diseases/Conditions	2022		2023		2024	
	Amount (ZMW, Millions)	Share (%)	Amount (ZMW, Millions)	Share (%)	Amount (ZMW, Millions)	Share (%)
HIV/AIDS and Other Sexually Transmitted Diseases (STDs)	7,245.61	30.00	5,812.93	22.46	10,272.60	33.40
Tuberculosis (TB)	509.59	2.11	932.66	3.60	490.83	1.60
Malaria	2,210.92	9.16	2,549.23	9.85	2,391.75	7.78
Respiratory infections	708.65	2.93	862.95	3.33	866.58	2.82
Diarrheal diseases	386.94	1.60	469.72	1.81	498.90	1.62
Neglected tropical diseases	0.05	0.00	-		-	
Vaccine preventable diseases	678.60	2.81	212.52	0.82	232.59	0.76
Public Health Emergencies of International Concern (PHEICs)	108.13	0.45	39.23	0.15	54.01	0.18
Other and unspecified infectious and parasitic diseases (n.e.c.)	1,772.70	7.34	2,081.05	8.04	2,176.31	7.08
Maternal conditions	767.28	3.18	1,042.06	4.03	1,241.90	4.04
Perinatal conditions	287.30	1.19	431.69	1.67	542.32	1.76
Contraceptive management (family planning)	92.37	0.38	800.93	3.09	670.53	2.18
Unspecified reproductive health conditions (n.e.c.)	1,398.86	5.79	1,304.22	5.04	1,631.94	5.31
Nutritional deficiencies	677.88	2.81	712.59	2.75	434.27	1.41
Neoplasms	743.81	3.08	852.07	3.29	1,016.51	3.31
Endocrine and metabolic disorders	605.06	2.51	713.65	2.76	832.37	2.71
Cardiovascular diseases	785.66	3.25	909.18	3.51	995.79	3.24
Mental & behavioural disorders, and Neurological conditions	853.73	3.54	1,040.86	4.02	1,031.12	3.35
Respiratory diseases	550.73	2.28	669.72	2.59	682.49	2.22
Diseases of the digestive	667.54	2.76	806.27	3.11	824.64	2.68
Diseases of the genito-urinary system	31.89	0.13	35.76	0.14	33.22	0.11
Sense organ disorders	501.76	2.08	613.32	2.37	602.66	1.96
Oral diseases	109.66	0.45	149.06	0.58	160.31	0.52
Other and unspecified noncommunicable diseases (n.e.c.)	1,806.60	7.48	2,086.36	8.06	2,280.82	7.42
Injuries	612.95	2.54	695.76	2.69	747.95	2.43
Other and unspecified diseases/conditions (n.e.c.)	33.77	0.14	61.40	0.24	42.10	0.14
Total	**24,148.03**	**100**	**25,885.18**	**100**	**30,754.52**	**100**

Source: NHA Survey Data 2022-2024

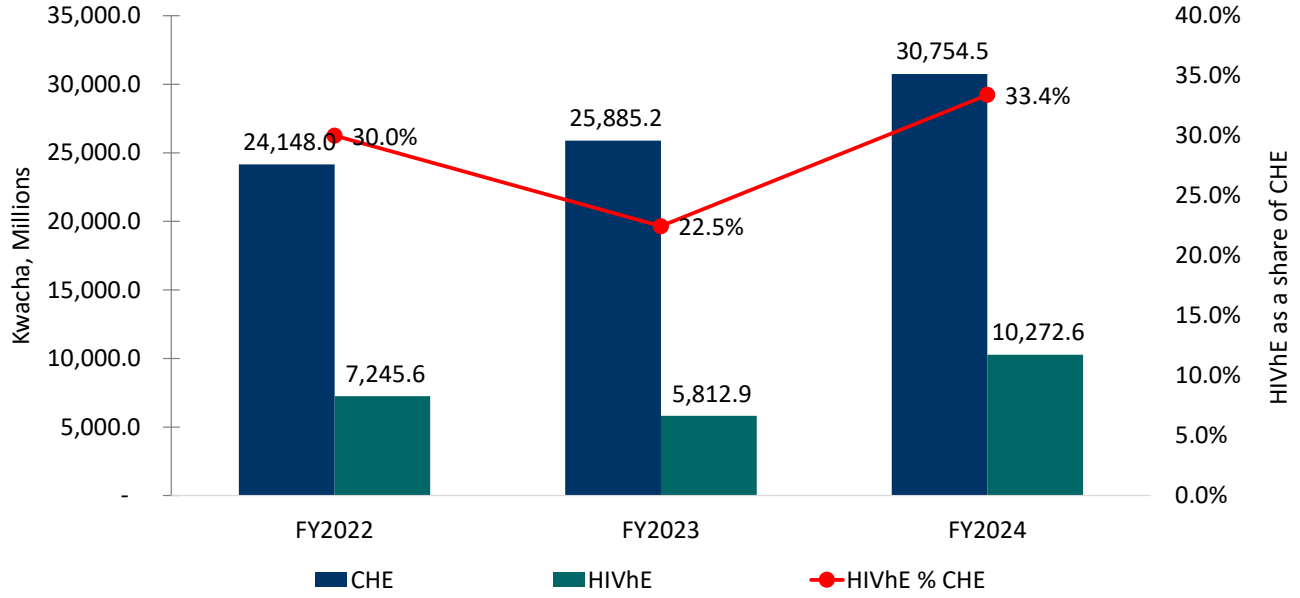
5.3 HIV/AIDS Sub-Account

This sub-section focuses on CHE specific to HIV and AIDS. A discussion of various aspects of CHE on HIV/ AIDS is provided including sources of financing, health care functions and healthcare providers attributed to all expenditures on HIV/AIDS.

5.3.1 General HIV/AIDS CHE

Between 2022 and 2024, HIV/AIDS CHE showed considerable year-to-year variation against a backdrop of rising overall CHE. Expenditure on HIV/AIDS declined from ZMW 7,245.6 million in 2022 to ZMW 5,812.9 million in 2023, before increasing sharply to ZMW 10,272.6 million in 2024 (**Figure 12**). As a share of total CHE, HIV/AIDS expenditure fell from 30.0 percent in 2022 to 22.5 percent in 2023, before rising to 33.4 percent in 2024.

Figure 12: Total Current Health Expenditure on HIV/AIDS – 2022-2024



Source: NHA Survey Data 2022-2024

5.3.2 Financing sources for HIV/AIDS CHE

As shown in Figure 13 and Table 19, HIV/AIDS expenditure was financed predominantly by the rest of the world, with external donors and development partners contributing the overwhelming majority of resources throughout the period. External financing accounted for 97.1 percent (ZMW 7,036.5 million) in 2022, 95.8 percent (ZMW 5,570.5 million) in 2023, and 98.2 percent (ZMW 10,087.9 million) in 2024.

Government contributions remained relatively modest, representing 2.2 percent (ZMW 158.8 million) in 2022, 3.3 percent (ZMW 192.9 million) in 2023, and 1.4 percent (ZMW 144.9 million) in 2024. Household and corporate contributions were minimal across all three years, collectively accounting for 0.7 percent in 2022, 0.9 percent in 2023, and 0.4 percent in 2024. This reflects the fact that most HIV/AIDS services in Zambia are provided free at the point of use.

Figure 13: Financing sources for HIV/AIDS CHE 2022-2024

	2022	2023	2024
Rest of the world	97.1%	95.8%	98.2%
Households	0.6%	0.7%	0.3%
Corporations	0.1%	0.2%	0.1%
Government	2.2%	3.3%	1.4%

Source: NHA Survey Data 2022-2024

Table 19: Total HIV/AIDS CHE By FSRI – 2022-2024 (ZMW Million)

FSRI	2022		2023		2024	
	Amounts	%	Amounts	%	Amounts	%
Government	158.81	2.2	192.93	3.3	144.89	1.4
Corporations	5.4	0.1	9.9	0.2	8.7	0.1
Households	44.88	0.6	39.58	0.7	31.13	0.3
Rest of the world	7,036.52	97.10	5,570.51	95.8	10,087.88	98.2
Total	**7,245.61**	**100**	**5,812.93**	**100**	**10,272.60**	**100**

Source: NHA Survey Data 2022-2024

5.3.3 HIV/AIDS Spending (CHE) by Healthcare Provider

Table 20 and Figure 14 present the distribution of HIV/AIDS expenditure by healthcare provider for 2022–2024. Hospitals and providers of preventive care accounted for the largest shares of HIV/AIDS spending. Hospital expenditure represented 56.4 percent (ZMW 4,085.3 million) in 2022, declined sharply to 30.0 percent (ZMW 1,743.2 million) in 2023, and increased slightly to 32.2 percent (ZMW 3,308.0 million) in 2024. Over the same period, spending through providers of preventive care increased markedly, rising from 13.9 percent (ZMW 1,009.6 million) in 2022 to 40.1 percent (ZMW 2,331.7 million) in 2023 and to 41.7 percent (ZMW 4,282.6 million) in 2024. This suggests a shift in the use of HIV/AIDS resources towards prevention-focused interventions.

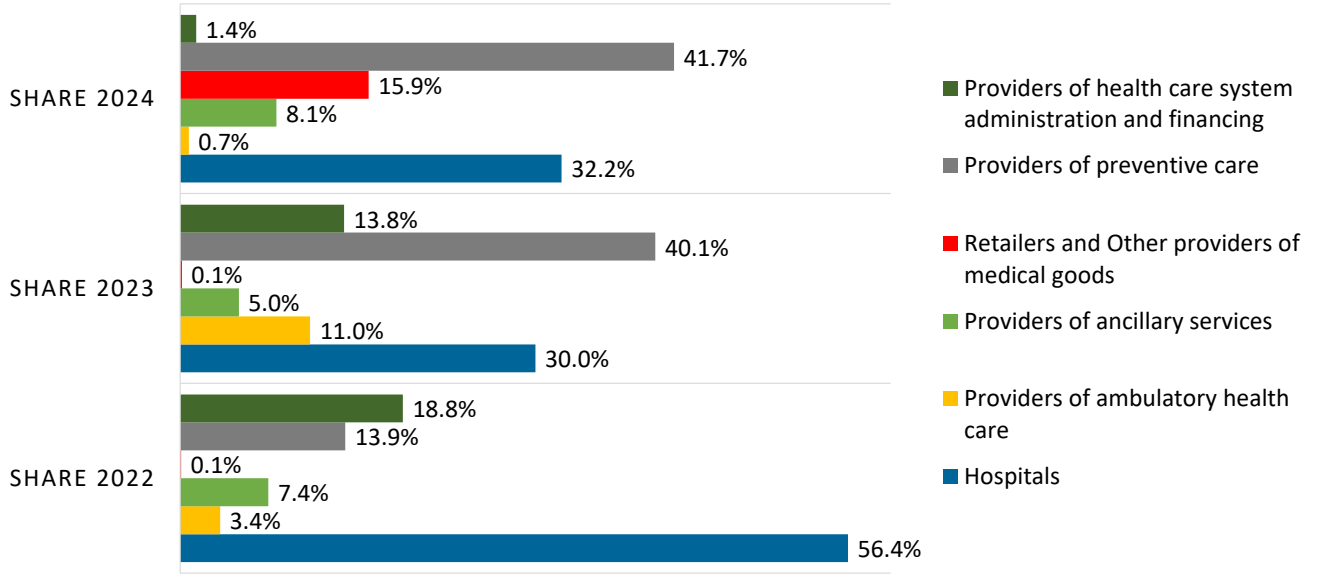
Expenditure through providers of the health care system administration and financing declined substantially, falling from 18.8 percent (ZMW 1,361.5 million) in 2022 to 13.8 percent (ZMW 804.1 million) in 2023 and 1.4 percent (ZMW 139.0 million) in 2024. Expenditure through ancillary service providers and retailers of medical goods remained comparatively small throughout the period.

Table 20: HIV/AIDS CHE by Healthcare Provider 2022-2024 (ZMW' Millions)

Provider	2022	Share 2022	2023	Share 2023	2024	Share 2024
Hospitals	4,085.3	56.4%	1,743.2	30.0%	3,308.0	32.2%
Providers of ambulatory health care	244.5	3.4%	637.7	11.0%	74.4	0.7%
Providers of ancillary services	539.4	7.4%	288.0	5.0%	834.8	8.1%
Retailers and Other providers of medical goods	5.4	0.1%	8.3	0.1%	1,633.7	15.9%
Providers of preventive care	1,009.6	13.9%	2,331.7	40.1%	4,282.6	41.7%
Providers of health care system administration and financing	1,361.5	18.8%	804.1	13.8%	139.0	1.4%
Total	**7,245.6**	**100**	**5,812.9**	**100**	**10,272.6**	**100**

Source: NHA Survey Data 2022-2024

Figure 14: HIV/AIDS CHE by Healthcare Provider 2022-2024



Source: NHA Survey Data 2022-2024

5.3.4 HIV/AIDS CHE by Function

Table 21 and Figure 15 show how HIV/AIDS funds were allocated across healthcare functions. The largest share of HIV/AIDS expenditure was allocated to preventive care, accounting for 31.8 percent (ZMW 2,304.5 million) in 2022, increasing to 53.5 percent (ZMW 3,112.2 million) in 2023, and remaining high at 51.5 percent (ZMW 5,287.6 million) in 2024.

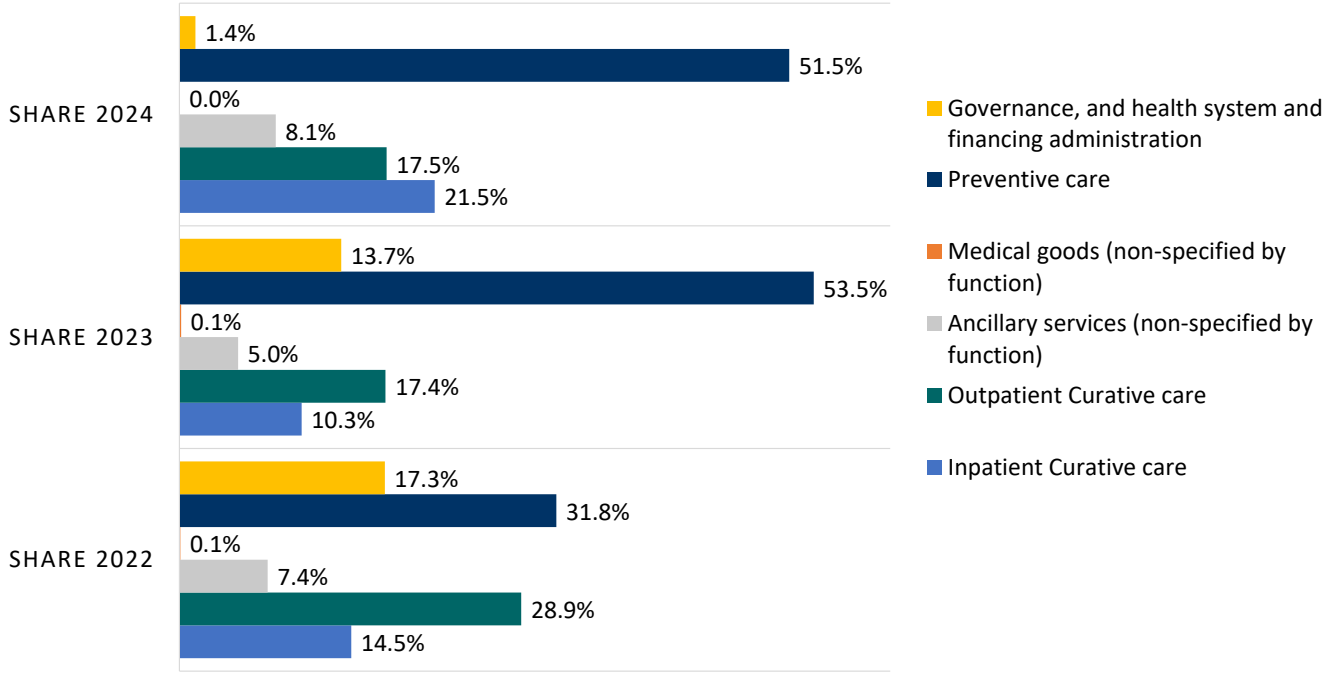
Outpatient curative care represented the second-largest category, accounting for 28.9 percent (ZMW 2,090.4 million) in 2022, 17.4 percent (ZMW 1,011.1 million) in 2023, and 17.5 percent (ZMW 1,796.4 million) in 2024. Inpatient curative care accounted for 14.5 percent (ZMW 1,050.2 million) in 2022, declined to 10.3 percent (ZMW 599.4 million) in 2023, and then increased sharply to 21.5 percent (ZMW 2,212.5 million) in 2024. Expenditure on governance, health system, and financing administration declined steadily over the period, falling from 17.3 percent in 2022 to 13.7 percent in 2023 and 1.4 percent in 2024.

Table 21: HIV/AIDS CHE by Function 2022-2024 (ZMW' Millions)

Function	2022		2023		2024	
	Amount	%	Amount	%	Amount	%
Inpatient Curative care	1,050.2	14.5%	599.4	10.3%	2,212.5	21.5%
Outpatient Curative care	2,090.4	28.9%	1,011.1	17.4%	1,796.4	17.5%
Ancillary services (non-specified by function)	539.4	7.4%	288.0	5.0%	834.8	8.1%
Medical goods (non-specified by function)	5.3	0.1%	8.3	0.1%	2.2	0.0%
Preventive care	2,304.5	31.8%	3,112.2	53.5%	5,287.6	51.5%
Governance, and health system and financing administration	1,255.8	17.3%	793.9	13.7%	139.0	1.4%
Total	**7,245.6**	**100**	**5,812.9**	**100**	**10,272.6**	**100**

Source: NHA Survey Data 2022-2024

Figure 15: HIV/AIDS CHE by Function 2022-2024



Source: NHA Survey Data 2022-2024

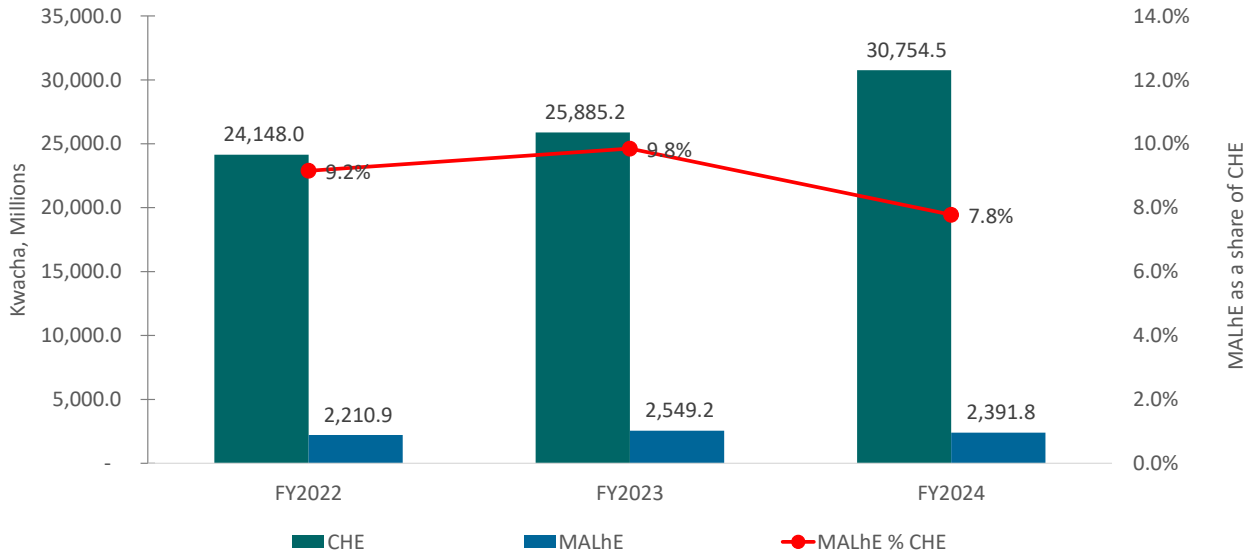
5.4 Malaria Sub-Account

This sub-section focuses on CHE for Malaria. A discussion of various aspects of CHE on Malaria is provided including sources of financing, health care functions and healthcare providers attributed to all expenditures on Malaria.

5.4.1 General Malaria CHE

Malaria CHE accounted for a moderate but relatively stable share of Zambia's total CHE over the period under review. Expenditure increased from ZMW 2,210.9 million in 2022 to ZMW 2,549.2 million in 2023, before declining slightly to ZMW 2,391.8 million in 2024. As a share of CHE, malaria expenditure increased from 9.2 percent in 2022 to 9.8 percent in 2023, before declining to 7.8 percent in 2024.

Figure 16: Total Current Health Expenditure on Malaria – 2022-2024

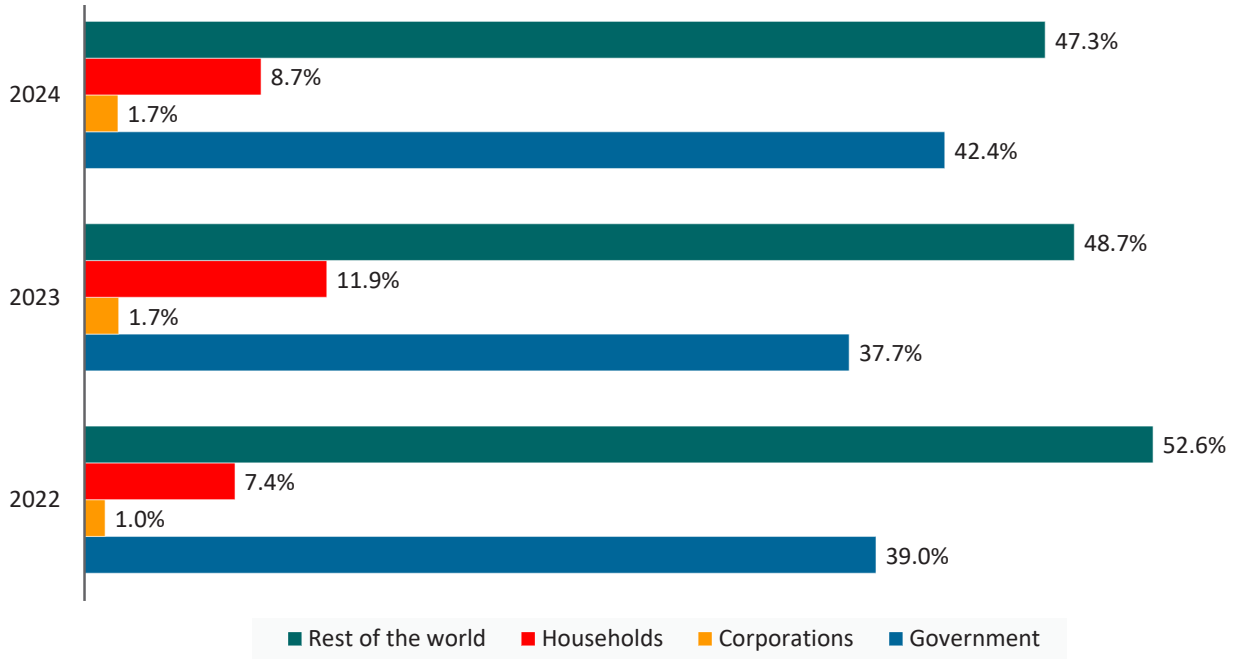


Source: NHA Survey Data 2022-2024

5.4.2 Financing sources for Malaria CHE

Malaria expenditure was financed primarily through government and external sources throughout the period (**Figure 17**). Government financing decreased from 39.0 percent in 2022 to 37.7 percent in 2023 and then increased to 42.4 percent in 2024. External financing from the Rest of the World (ROW) remained substantial at 52.6 percent in 2022. However, this expenditure was observed to decline from 48.7 percent in 2023 to 47.3 percent in 2024. Largely, malaria remained a significant component of Zambia's disease-specific health expenditure, characterised by moderate year-to-year variation and a financing structure anchored mainly on government and external resources.

Figure 17: Financing sources for Malaria CHE 2022-2024



Source: NHA Survey Data 2022-2024

5.4.3 Malaria Spending (CHE) by Healthcare Provider

Table 22 shows the distribution of Malaria expenditure by Provider over the period 2022–2024. The data shows notable shifts in spending patterns, reflecting changes in programmatic priorities and implementation modalities.

Total malaria CHE increased from ZMW 2,210.9 million in 2022 to ZMW 2,549.2 million in 2023, before declining to ZMW 2,391.8 million in 2024.Hospital spending increased steadily in both nominal terms and relative share, rising from 18.9 percent (ZMW 417.3 million) in 2022 to 23.4 percent (ZMW 597.8 million) in 2023 and 28.9 percent (ZMW 690.9 million) in 2024. By contrast, ambulatory health care providers accounted for the largest share in 2022 at 30.5 percent (ZMW 674.9 million), but this declined to 27.9 percent in 2023 and 19.9 percent in 2024.

Table 22: Malaria CHE by Healthcare Provider 2022-2024 (ZMW' Millions)

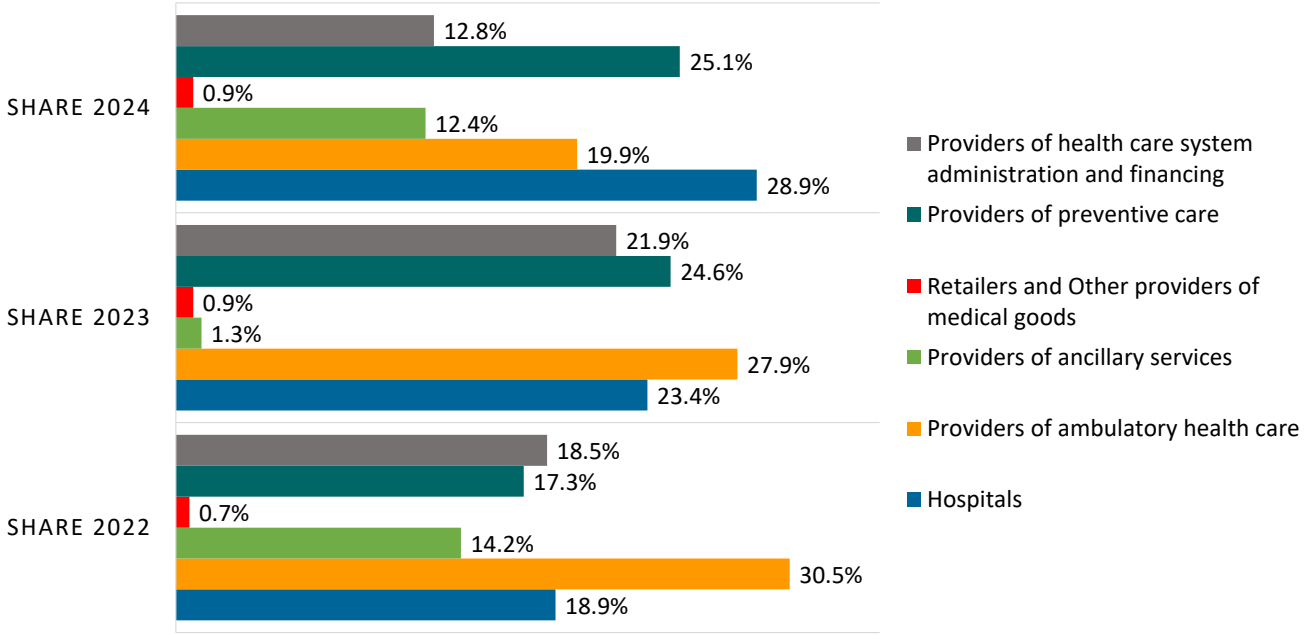
Provider	2022	Share 2022	2023	Share 2023	2024	Share 2024
Hospitals	417.3	18.9%	597.8	23.4%	690.9	28.9%
Providers of ambulatory health care	674.9	30.5%	711.7	27.9%	477.1	19.9%
Providers of ancillary services	313.3	14.2%	32.5	1.3%	296.8	12.4%
Retailers and Other providers of medical goods	14.9	0.7%	22.0	0.9%	20.7	0.9%
Providers of preventive care	382.5	17.3%	627.1	24.6%	599.4	25.1%
Providers of health care system administration and financing	408.1	18.5%	558.1	21.9%	306.9	12.8%
Total	**2,210.9**	**100**	**2,549.2**	**100**	**2,391.8**	**100**

Source: NHA Survey Data 2022-2024

Expenditure on providers of preventive care increased from 17.3 percent (ZMW 382.5 million) in 2022 to 24.6 percent (ZMW 627.1 million) in 2023 and remained high at 25.1 percent (ZMW 599.4 million) in 2024.Expenditure on ancillary services fluctuated considerably, dropping from 14.2 percent in 2022 to 1.3 percent in 2023, before rebounding to 12.4 percent in 2024. Spending on health care system administration and financing increased in 2023 but declined in 2024, while retailers and medical goods providers consistently accounted for a very small share (**Figure 18**).

Overall, the pattern suggests a gradual shift in malaria expenditure toward hospital-based care and preventive services, alongside reduced relative spending on ambulatory care and administration by 2024.

Figure 18: Malaria CHE by Healthcare Provider 2022-2024



Source: NHA Survey Data 2022-2024

5.4.4 Malaria CHE by Function

Table 23 presents malaria CHE by function for 2022–2024.

Table 23: Malaria CHE by Function 2022-2024 (ZMW' Millions)

Function	2022	Share 2022	2023	Share 2023	2024	Share 2024
Inpatient Curative care	224.3	10.1%	265.4	10.4%	247.5	10.3%
Outpatient Curative care	734.2	33.2%	791.5	31.0%	805.9	33.7%
Ancillary services (non-specified by function)	313.3	14.2%	32.5	1.3%	296.8	12.4%
Medical goods (non-specified by function)	14.5	0.7%	22.0	0.9%	20.7	0.9%
Preventive care	516.5	23.4%	879.7	34.5%	714.1	29.9%
Governance, and health system and financing administration	408.1	18.5%	558.1	21.9%	306.7	12.8%
Total	**2,210.9**	**100**	**2,549.2**	**100**	**2,391.8**	**100**

Source: NHA Survey Data 2022-2024

Inpatient curative care remained relatively stable over the period, accounting for just over 10% of total malaria expenditure each year, 10.1% in 2022, 10.4% in 2023, and 10.3% in 2024. This stability suggests that while severe malaria cases requiring hospitalization continue to require dedicated resources, the overall burden remains predominantly managed in the outpatient setting.

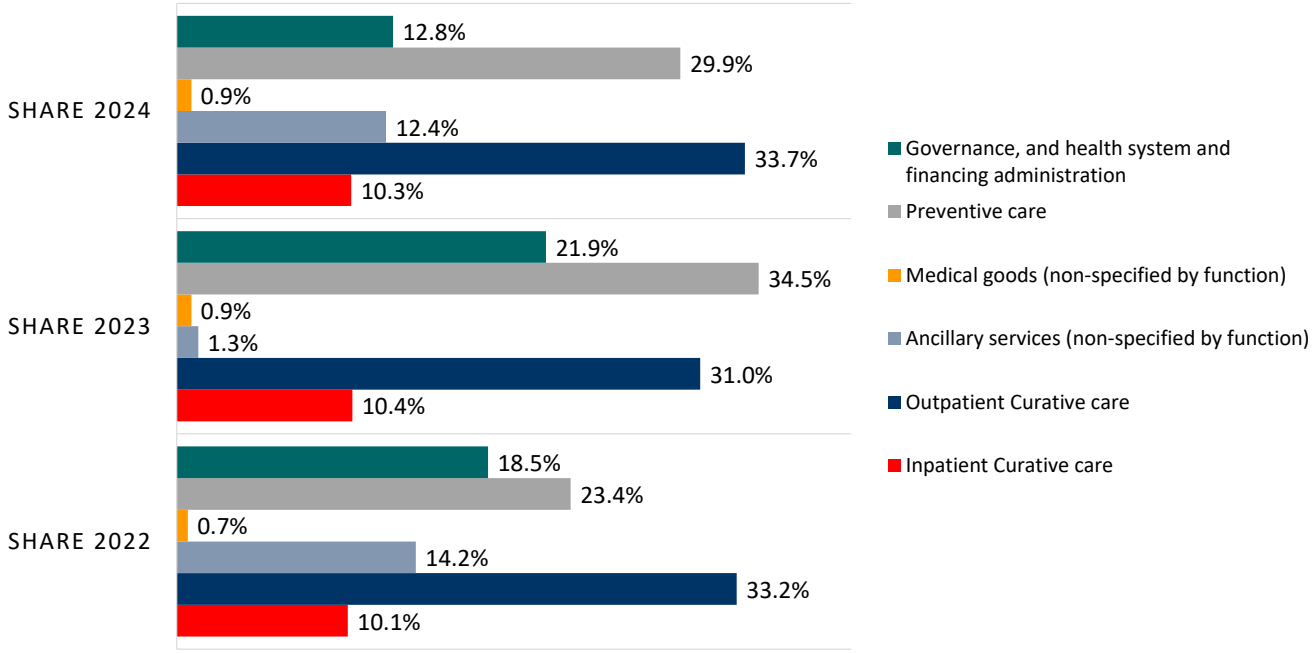
Expenditure on preventive care showed a marked increase between 2022 and 2023, rising from ZMW 516.5 million (23.4%) to ZMW 879.7 million (34.5%), before declining to ZMW 714.1 million (29.9%) in 2024. Despite the reduction in 2024, preventive services had a substantial share of malaria spending, underscoring sustained investment in vector control, surveillance, and community-based interventions aimed at reducing transmission.

Spending on ancillary services (non-specified by function) fluctuated considerably, decreasing sharply from ZMW 313.3 million (14.2%) in 2022 to ZMW 32.5 million (1.3%) in 2023, before rebounding to ZMW 296.8 million (12.4%) in 2024. Such variation may reflect the timing of expenditures related to diagnostics, laboratory services, and other support functions that are often influenced by procurement cycles and program implementation phases.

Expenditure on governance, health system and financing administration increased from ZMW 408.1 million (18.5%) in 2022 to ZMW 558.1 million (21.9%) in 2023, then declined notably to ZMW 306.7 million (12.8%) in 2024. The reduction in 2024 indicates a comparatively greater concentration of resources toward direct service delivery functions relative to system administration. Spending on medical goods (non-specified by function) remained minimal throughout the period, consistently below 1% of total malaria expenditure.

In summary, malaria expenditure over the three-year period was primarily driven by outpatient curative services and preventive interventions. The data reflect a health financing pattern aligned with the epidemiological profile of malaria, emphasizing early diagnosis and treatment at the outpatient level, alongside strong preventive programming, while maintaining relatively stable allocations for inpatient care and system-level functions.

Figure 19: Malaria CHE by Function 2022-2024



Source: NHA Survey Data 2022-2024

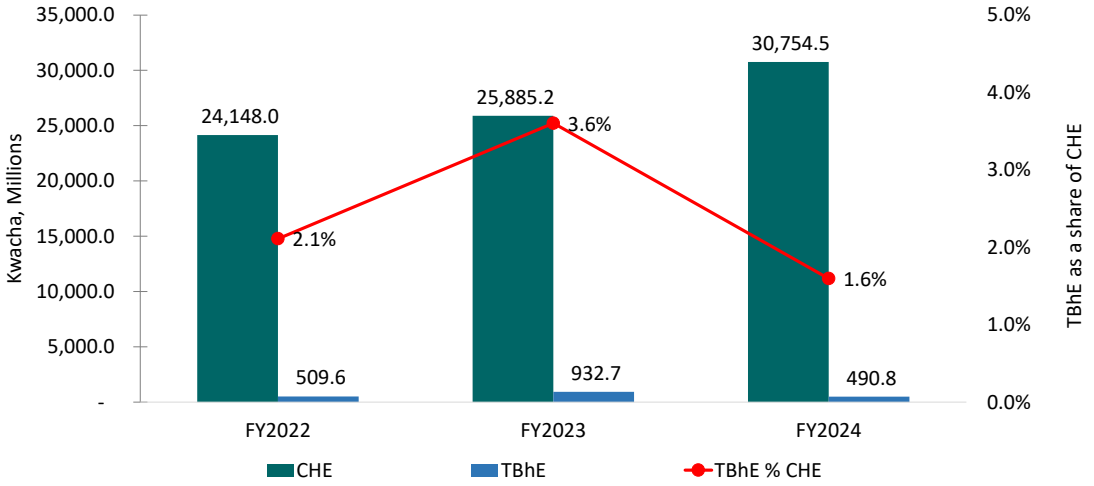
5.5 Tuberculosis (TB) Sub-Account

This subsection presents the Current Health Expenditure (CHE) on tuberculosis (TB) in Zambia. It examines TB-related expenditure across overall spending levels, financing sources, healthcare providers, and healthcare functions over the period 2022–2024.

5.5.1 General TB CHE

Tuberculosis Current Health Expenditure (TB-CHE) accounted for a relatively small share of Zambia's total CHE during the period under review. TB-CHE increased from ZMW 509.6 million in 2022 to ZMW 932.7 million in 2023, before declining to ZMW 490.8 million in 2024. As a share of total CHE, TB-CHE rose from 2.1 percent in 2022 to 3.6 percent in 2023, before falling to 1.6 percent in 2024. This pattern suggests a temporary increase in TB-related expenditure in 2023, followed by a contraction in 2024.

Figure 20: Total Current Health Expenditure on TB – 2022-2024



Source: NHA Survey Data 2022-2024

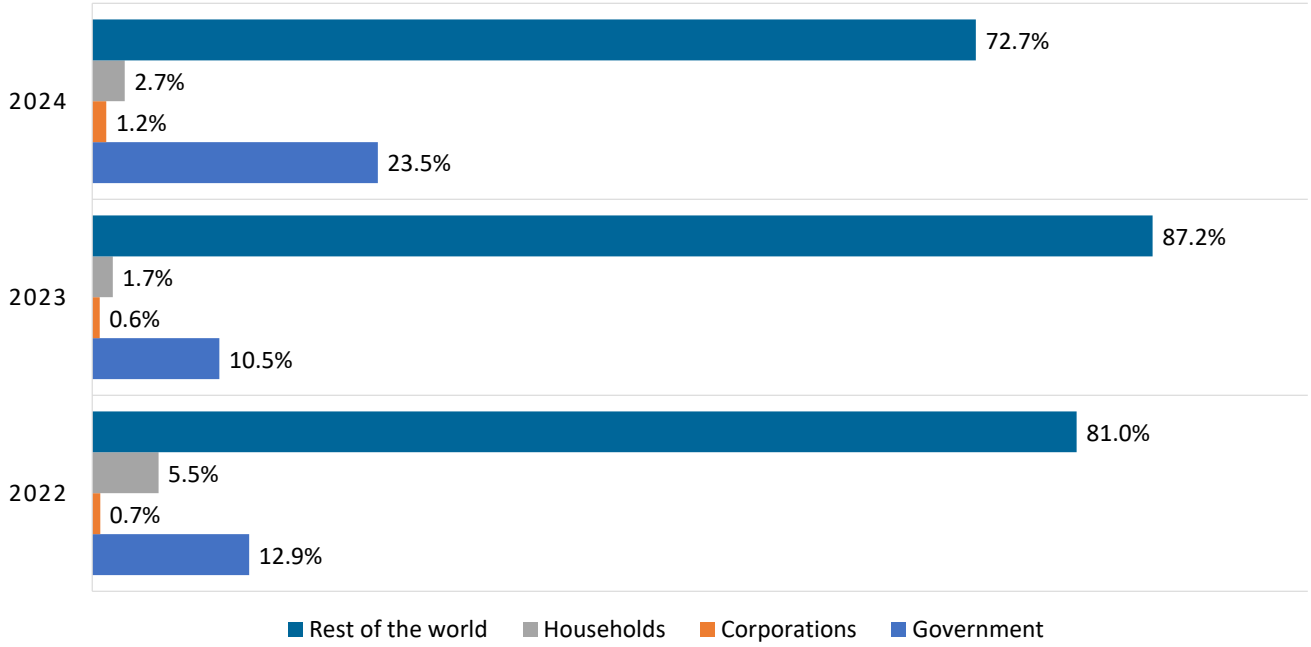
5.5.2 Financing sources for TB CHE

TB-CHE was financed primarily through external donor support over the period under review. External financing increased from ZMW 412.66 million (81.0 percent) in 2022 to ZMW 813.50 million (87.2 percent) in 2023, before declining to ZMW 356.76 million (72.7 percent) in 2024. Government expenditure on TB increased in nominal terms over the three years, rising from ZMW 65.7 million (12.9 percent) in 2022 to ZMW 97.5 million (10.5 percent) in 2023, and further to ZMW 115.2 million (23.5 percent) in 2024. This indicates a gradual strengthening of domestic public financing for TB services, although donor resources remained the dominant funding source.

Household contributions declined over the period, from ZMW 27.8 million (5.5 percent) in 2022 to ZMW 15.8 million (7.1 percent) in 2023 and ZMW 13.1 million (2.7 percent) in 2024. Corporate contributions remained relatively small, increasing from ZMW 3.3 million (0.7 percent) in 2022 to ZMW 5.7 million (12.9 percent) in 2023, before declining slightly to ZMW 5.6 million in 2024.

Overall, the financing structure shows that TB services in Zambia remained heavily dependent on external resources, with a modest but increasing contribution from Government and limited contributions from households and corporations.

Figure 21: Financing sources for TB CHE 2022-2024



Source: NHA Survey Data 2022-2024

5.5.3 TB Spending (CHE) by Healthcare Provider

Table 24 and figure 22 present the distribution of Tuberculosis (TB) spending CHE by healthcare provider for the period 2022–2024. It shows prominent shifts in funding levels and provider shares over the said time. In 2022, total TB CHE amounted to ZMW 509.6 million. The largest share of expenditure was allocated to providers of ancillary services at 30.7 percent (ZMW 156.6 million), followed by hospitals at 27.4 percent (ZMW 139.6 million) and providers of ambulatory health care at 25.9 percent (ZMW 131.9 million). Providers of preventive care accounted for 8.4 percent (ZMW 42.7 million), while health system administration and financing represented 6.7 percent (ZMW 34.3 million). Retailers and other providers of medical goods received the smallest share at 0.9 percent (ZMW 4.5 million).

In 2023, total TB CHE increased substantially to ZMW 932.7 million, nearly doubling compared to 2022. The largest share shifted to providers of preventive care at 32.2 percent (ZMW 300.6 million), reflecting a strong expansion in prevention focused interventions. Hospitals accounted for 29.3 percent (ZMW 273.7 million), and ambulatory care providers for 27.4 percent (ZMW 255.3 million). Spending on health system administration rose to 10.1 percent (ZMW 93.9 million). In contrast, expenditure on ancillary services dropped sharply to 0.2 percent (ZMW 1.7 million), while retailers and medical goods providers remained low at 0.8 percent (ZMW 7.4 million).

The year 2024 saw, total TB CHE decline to ZMW 490.8 million, returning to a level similar to 2022. The largest share of expenditure was allocated to providers of preventive care at 41.5 percent (ZMW 203.8 million), thereby consolidating the shift toward prevention. Providers of ancillary services rebounded significantly to 30.2 percent (ZMW 148.3 million). Hospital spending decreased markedly to 15.1 percent (ZMW 73.9 million), and ambulatory care providers experienced a sharp reduction to 4.4 percent (ZMW 21.8 million). Health system administration accounted for 7.3 percent (ZMW 35.8 million), while retailers and medical goods providers increased slightly to 1.5 percent (ZMW 7.2 million).

Overall, this period shows three (3) key trends:

- A sharp funding surge in 2023 followed by a decline in 2024;
- A strategic shift toward preventive care, especially in 2023 and 2024; and
- A significant volatility in allocations to ancillary and ambulatory care providers.

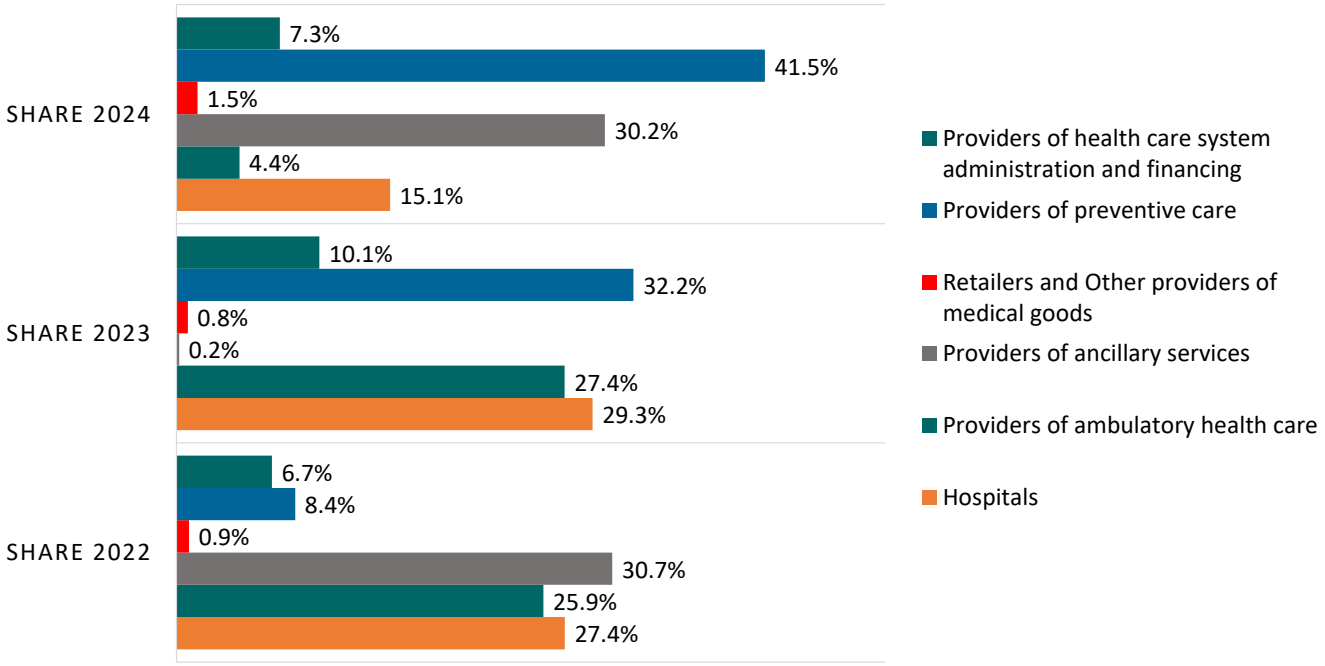
These trends likely reflect changing programmatic priorities and possible variations in donor and Government financing across the three years.

Table 24: TB CHE by Healthcare Provider 2022-2024 (ZMW' Millions)

Provider	2022	Share 2022	2023	Share 2023	2024	Share 2024
Hospitals	139.6	27.4%	273.7	29.3%	73.9	15.1%
Providers of ambulatory health care	131.9	25.9%	255.3	27.4%	21.8	4.4%
Providers of ancillary services	156.6	30.7%	1.7	0.2%	148.3	30.2%
Retailers and Other providers of medical goods	4.5	0.9%	7.4	0.8%	7.2	1.5%
Providers of preventive care	42.7	8.4%	300.6	32.2%	203.8	41.5%
Providers of health care system administration and financing	34.3	6.7%	93.9	10.1%	35.8	7.3%
Total	**509.6**	**100**	**932.7**	**100**	**490.8**	**100**

Source: NHA Survey Data 2022-2024

Figure 22: TB CHE by Healthcare Provider 2022-2024



Source: NHA Survey Data 2022-2024

5.5.4 TB CHE by Function

Table 25 and Figure 23 present TB CHE by function for the period 2022–2024, highlighting changes in both expenditure levels and resources allocation across functional categories. Overall, TB CHE increased from ZMW 509.6 million in 2022 to ZMW 932.7 million in 2023, before declining to ZMW 490.8 million in 2024.

In 2022, the largest share of TB expenditure was allocated to outpatient curative care, accounting for 33.7 percent (ZMW 172.0 million). This was followed by ancillary services at 30.7 percent (ZMW 156.6 million). Inpatient curative care represented 16.7 percent (ZMW 85.1 million), while preventive care accounted for 11.2 percent (ZMW 57.2 million). Expenditure on governance, health system, and financing administration accounted for 6.7 percent (ZMW 34.3 million), while medical goods represented the smallest share at 0.9 percent (ZMW 4.4 million).

In 2023, total TB expenditure rose sharply, accompanied by notable changes in the spending mix. Outpatient curative care remained the largest category at 37.4 percent (ZMW 348.8 million). However, preventive care increased substantially to 35.0 percent (ZMW 326.6 million), indicating a stronger emphasis on TB prevention activities. Inpatient curative care remained relatively stable at 16.5 percent (ZMW 154.2 million). Meanwhile, expenditure on ancillary services declined sharply to 0.2 percent (ZMW

1.7 million). Spending on governance and administration increased to 10.1 percent (ZMW 93.9 million), while medical goods remained minimal at 0.8 percent (ZMW 7.4 million).

By 2024, total TB CHE had declined substantially. Preventive care became the dominant expenditure category, accounting for 43.0 percent (ZMW 211.0 million), indicating a sustained strategic emphasis on prevention. Ancillary services rebounded strongly to 30.2 percent (ZMW 148.3 million). In contrast, both outpatient curative care and inpatient curative care declined markedly, accounting for 10.9 percent (ZMW 53.4 million) and 7.2 percent (ZMW 35.2 million), respectively. Spending on governance and health system administration fell to 7.3 percent (ZMW 35.8 million), while expenditure on medical goods increased slightly to 1.5 percent (ZMW 7.2 million).

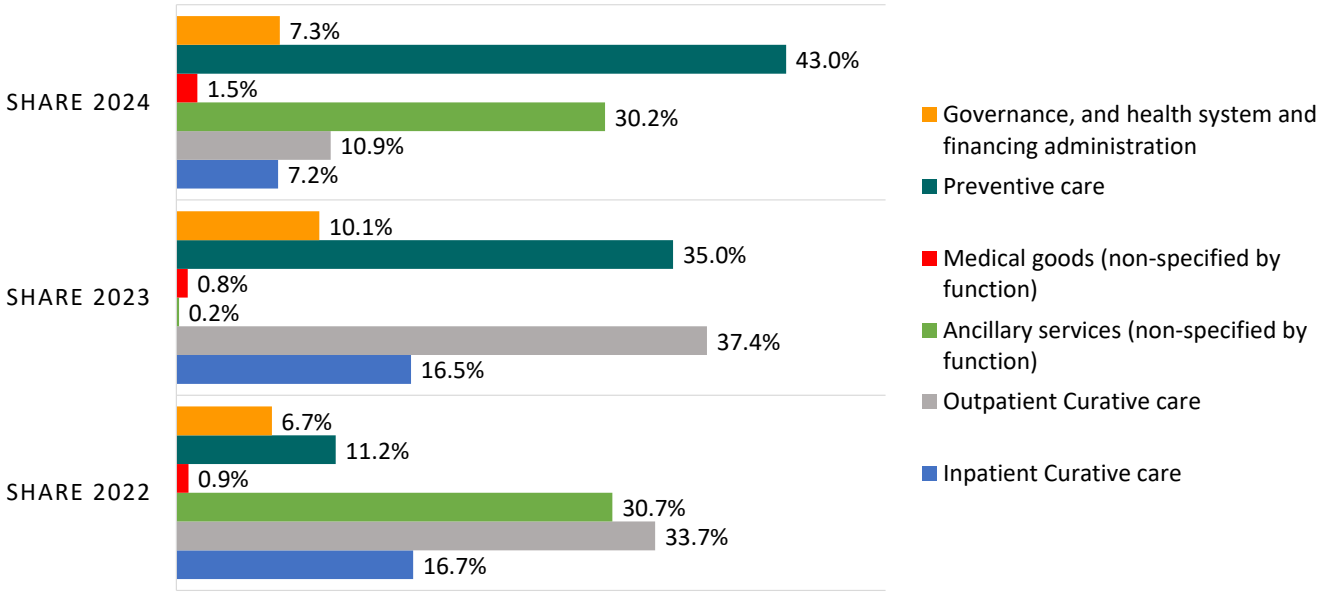
Taken together, the three-year period shows a sharp funding increase in 2023, followed by a contraction in 2024. It also reveals a clear shift from a predominantly curative care profile in 2022 toward greater emphasis on preventive care in 2023 and 2024, alongside substantial fluctuations in expenditure on ancillary services

Table 25: TB CHE by Function 2022-2024 (ZMW' Millions)

Function	2022		2023		2024	
	Amount (ZMW, Millions)	Share (%)	Amount (ZMW, Millions)	Share (%)	Amount (ZMW, Millions)	Share (%)
Inpatient Curative care	85.1	16.7%	154.2	16.5%	35.2	7.2%
Outpatient Curative care	172.0	33.7%	348.8	37.4%	53.4	10.9%
Ancillary services (non-specified by function)	156.6	30.7%	1.7	0.2%	148.3	30.2%
Medical goods (non-specified by function)	4.4	0.9%	7.4	0.8%	7.2	1.5%
Preventive care	57.2	11.2%	326.6	35.0%	211.0	43.0%
Governance, and health system and financing administration	34.3	6.7%	93.9	10.1%	35.8	7.3%
Total	**509.6**	**100**	**932.7**	**100**	**490.8**	**100**

Source: NHA Survey Data 2022-2024

Figure 23: TB CHE by Function 2022-2024



Source: NHA Survey Data 2022-2024

5.6 Reproductive Health (RH) Sub-Account

This subsection focuses on CHE for Reproductive Health and Nutrition (RHNutri). It examines expenditure on RHNutri in terms of overall spending levels, financing sources, financing schemes, financing agents, and healthcare providers over the period 2022–2024.

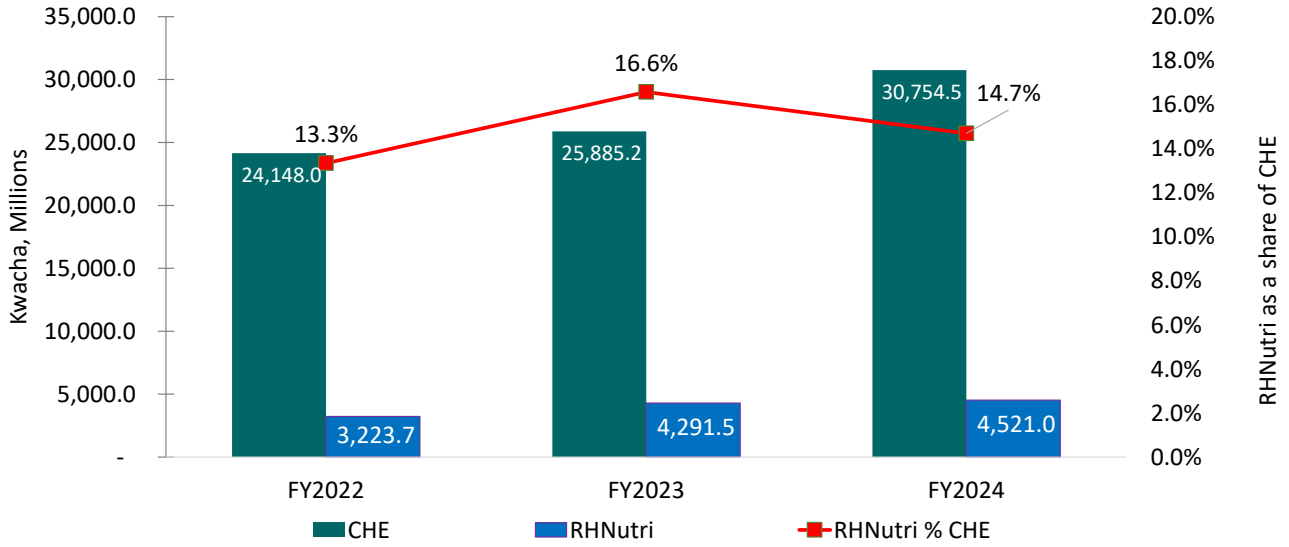
5.6.1 General RH CHE

Figure 24 presents Reproductive Health and Nutrition (RHNutri) expenditure as a share of Current Health Expenditure (CHE) for the period 2022–2024. The health sector recorded notable growth in financial outlays during the review period, with total CHE increasing from ZMW 24.1 billion in 2022 to ZMW 30.8 billion in 2024. This reflects Government's continued commitment to financing the health sector amid rising service delivery demands.

Over the same period, expenditure on Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition (RHNutri) also increased in nominal terms, from ZMW 3.2 billion in 2022 to ZMW 4.5 billion in 2024, indicating expanded funding for these priority programmes. RHNutri's share of CHE increased from 13.3 percent in 2022 to 16.6 percent in 2023, it declined to 14.7 percent in 2024. This suggests that, in the most recent year, the growth in total health expenditure outpaced the increase in RHNutri spending.

Overall, these trends indicate a relative decline in the prioritisation of RHNutri within an expanding health budget. This highlight the need to sustain and protect investment in these areas to improve maternal, newborn, child, adolescent health and nutrition outcomes.

Figure 24: Total Current Health Expenditure on Reproductive Health and Nutrition – 2022-2024



Source: NHA Survey Data 2022-2024

5.6.2 Financing sources for RH CHE

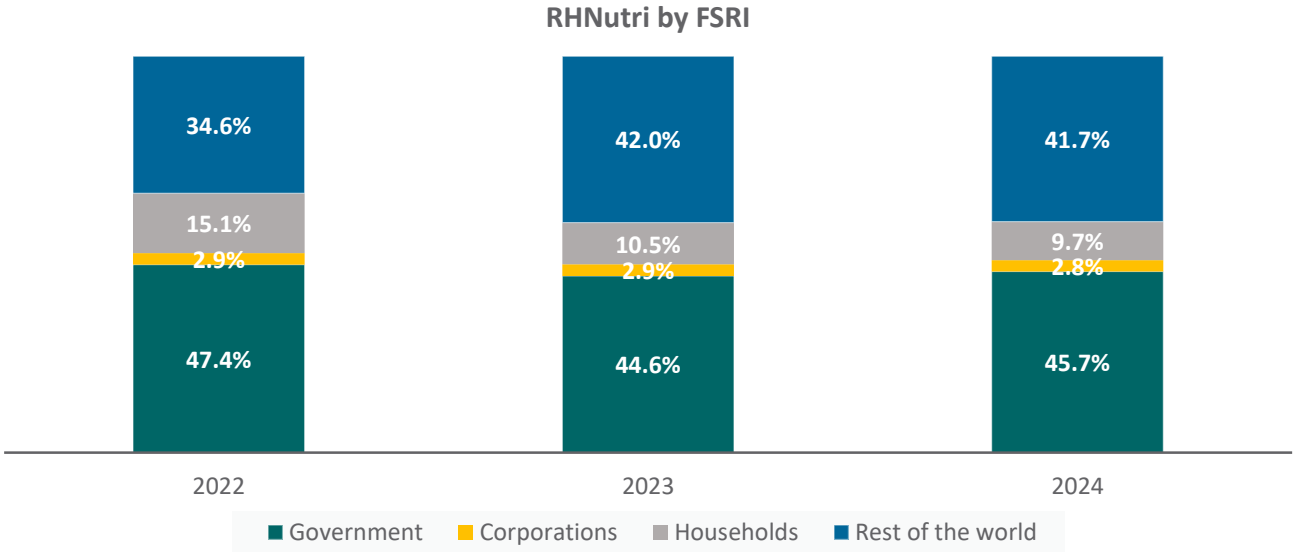
Figure 25 shows that Government remained the principal source of financing for RHNutri throughout the period, contributing between 44.6 percent and 47.4 percent of total RHNutri expenditure. This indicates sustained public sector commitment to RHNutri priorities.

Support from the rest of the world also increased, rising from 34.6 percent in 2022 to over 41 percent in both 2023 and 2024, underscoring continued support from cooperating partners for RHNutri programmes.

At the same time, household contributions declined steadily from 15.1 percent to 9.7 percent, suggesting some progress in reducing out-of-pocket expenditure and strengthening financial protection for households.

Financing from corporations remained modest and relatively stable at below 3 percent, contributing only a small share to overall RHNutri financing. Taken together, these trends suggest a gradually strengthening and more protective financing environment for RHNutri, supported by Government leadership and complementary external financing.

Figure 25: Financing sources for Reproductive Health and Nutrition CHE 2022-2024



Source: NHA Survey Data 2022-2024

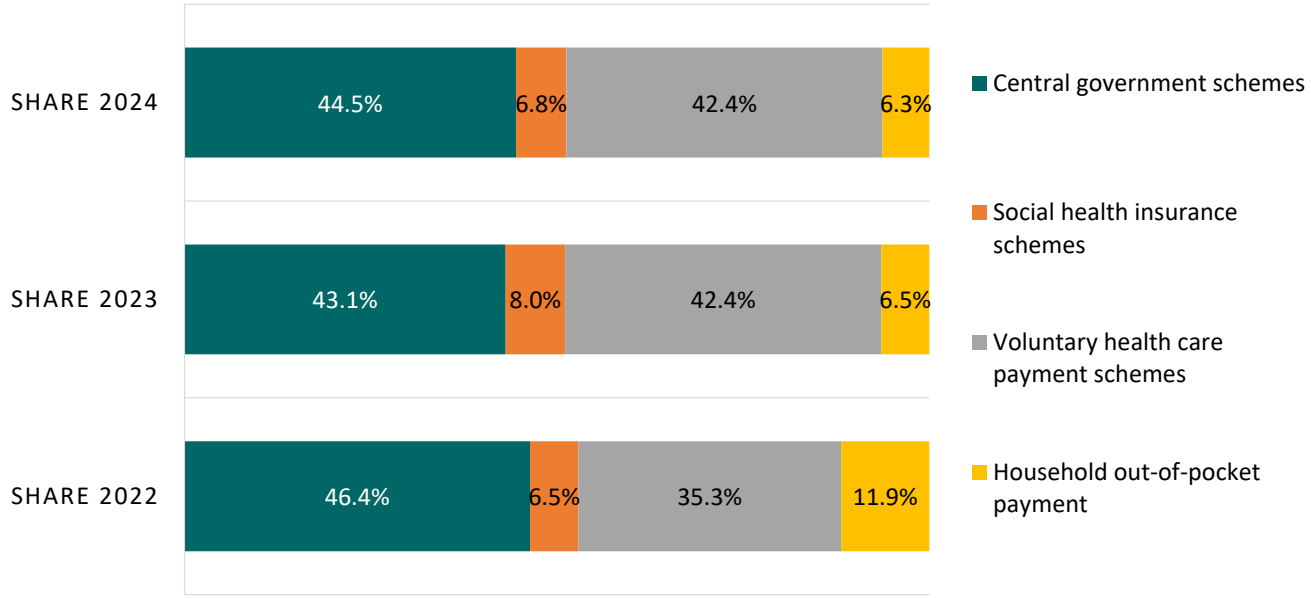
5.6.3 Distribution of RH CHE by Financing Schemes

Figure 26 illustrates the composition of RHNutri financing schemes during 2022–2024 and indicates a gradual shift towards more pooled and prepaid financing mechanisms. Central government schemes remained the dominant financing arrangement, accounting for 46.4 percent in 2022, 43.1 percent in 2023, and 44.5 percent in 2024. This underscores Government's continued leadership in financing RHNutri services.

Social health insurance schemes made a modest but fairly stable contribution, increasing from 6.5 percent in 2022 to 8.0 percent in 2023, before declining slightly to 6.8 percent in 2024. This pattern suggests gradual, though still limited, progress in insurance-based financing. Voluntary health care payment schemes increased markedly from 35.3 percent in 2022 to 42.4 percent in both 2023 and 2024, indicating growing use of organised non-government financing arrangements.

Notably, household out-of-pocket payments declined substantially from 11.9 percent in 2022 to 6.5 percent in 2023 and 6.3 percent in 2024, indicating improved financial protection for households. Overall, the financing structure suggests positive movement toward stronger risk pooling and reduced reliance on direct household payments, which is consistent with national health financing reforms and universal health coverage (UHC) objectives.

Figure 26: Reproductive Health and Nutrition CHE by Financing Schemes-2022-2024



Source: NHA Survey Data 2022-2024

5.6.4 Financing Agents for RH CHE

Table 26 presents RHNutri expenditure by financing agent for the period 2022–2024. RHNutri represents the summation of expenditure on general reproductive health services and direct nutrition care services in the country. The distribution of RHNutri expenditure by financing agents reinforces the broader financing patterns discussed above. General government remained the leading financing agent, accounting for 48.3 percent of total RHNutri expenditure in 2022, increasing to 50.8 percent in 2023, and returning to 48.3 percent in 2024. This reflects sustained Government stewardship and prioritisation of RHNutri interventions, driven largely by central government financing, while contributions from the social security agency remained marginal.

Non-profit institutions serving households (NPISH) also remained a major and growing source of RHNutri financing. Their contribution increased in absolute terms from ZMW 1.1 billion in 2022 to ZMW 1.9 billion in 2024, and by 2024 they accounted for 45.7 percent of total RHNutri expenditure. This highlights the continued and substantial role of cooperating partners and non-state actors in supporting RHNutri programmes.

Financing from insurance corporations and other private corporations remained modest throughout the period, suggesting only limited private sector participation in RHNutri financing. Consistent with earlier findings, household contributions declined in both absolute and relative terms, falling from 7.7 percent in 2022 to 5.4 percent in 2024. This further supports the observed shift toward pooled financing mechanisms and indicates some improvement in household financial protection.

Overall, the financing agent profile points to a relatively positive financing trajectory, characterised by strong public sector leadership, sustained partner support, and reduced dependence on direct household payments.

Table 26: Reproductive Health and Nutrition CHE by Financing Agents-2022-2024

Financing Agents (FA)	2022		2023		2024	
	Amount (ZMW, Millions)	Share (%)	Amount (ZMW, Millions)	Share (%)	Amount (ZMW, Millions)	Share (%)
General government	1,704.9	48.3%	2,193.7	50.8%	2,318.6	48.3%
- Central government	1,695.0	47.9%	2,192.0	50.7%	2,317.4	48.3%
- Social security agency	9.9	0.4%	1.7	0.1%	1.2	0.0%
Insurance corporations	15.0	0.4%	15.9	0.3%	16.6	0.3%
Corporations (Other than insurance corporations) (part of HF.RI.1.2)	17.4	0.4%	4.4	0.2%	15.8	0.3%
Non-profit institutions serving households (NPISH)	1,104.0	43.3%	1,800.2	42.2%	1,885.3	45.7%
Households	382.3	7.7%	277.3	6.5%	284.6	5.4%
Total	**3,223.7**	**100**	**4,291.5**	**100**	**4,521.0**	**100**

Source: NHA Survey Data 2022-2024

5.6.5 RH Spending (CHE) by Healthcare Provider

Table 27 presents the distribution of RH CHE by healthcare provider for the period 2022–2024. The results show that hospitals and providers of preventive care were the principal providers of RH services throughout the review period. Expenditure through providers of preventive care accounted for 30.2 percent in 2022, declined to 18.3 percent in 2023, and then increased to 25.8 percent in 2024. This suggests some year-to-year variation in the balance between preventive and facility-based RH interventions. Hospitals accounted for 31.5 percent of RH CHE in 2022, 27.4 percent in 2023, and 32.7 percent in 2024, indicating their continued central role in the provision of RH services.

Providers of health care system administration and financing also accounted for a substantial share of RH expenditure, particularly in 2023, when they represented 35.7 percent of RH CHE. Their share was lower in 2022 (10.8 percent) but remained high in 2024 (25.9 percent). This may reflect variations in programme management, coordination, and administrative costs over the period. By contrast, expenditure through providers of ambulatory health care declined steadily, from 25.1 percent in 2022 to 15.5 percent in 2023 and 13.1 percent in 2024. Spending on providers of ancillary services and retailers and other providers of medical goods remained relatively small throughout the period.

Overall, the provider distribution suggests that RH expenditure in Zambia was concentrated mainly in hospitals, preventive care services, and health system administration, with ambulatory care playing a declining role over time.

Table 27: Breakdown of RH CHE by Healthcare Provider (ZMW Million): 2022–2024

Healthcare Provider	2022	%	2023	%	2024	%
Hospitals	1,016.50	31.50%	1,176.90	27.40%	1,478.40	32.70%
Providers of ambulatory health care	808.2	25.10%	663.6	15.50%	593.8	13.10%
Providers of ancillary services	22.7	0.70%	43.3	1.00%	0.2	0.00%
Retailers and Other providers of medical goods	55.1	1.70%	90.9	2.10%	112.4	2.50%
Providers of preventive care	973.7	30.20%	783.7	18.30%	1,167.30	25.80%
Providers of health care system administration and financing	347.5	10.80%	1,533.10	35.70%	1,168.90	25.90%
Total	**3,223.70**	**100**	**4,291.50**	**100**	**4,521.00**	**100**

Source: NHA Survey Data 2022-2024

6.0 CONCLUSION

The analysis provides important insights into how health resources are allocated across disease priorities and highlights key trends in financing, service delivery, and programmatic focus. Overall, the results show that infectious and parasitic diseases continue to account for the largest share of disease-specific health expenditure in Zambia. Among these, HIV/AIDS remains the single largest driver of disease-related spending, reflecting the scale of the epidemic and the continued need for sustained investments in prevention, treatment, and long-term care. Expenditure on malaria also represented a significant share of CHE, consistent with the country's ongoing malaria control efforts. Tuberculosis accounted for a comparatively smaller share of expenditure, although notable fluctuations were observed over the review period.

The analysis also highlights a growing allocation of resources toward preventive care, particularly in the case of HIV/AIDS, tuberculosis, and malaria. This shift suggests increased emphasis on prevention-oriented interventions, including disease control programmes, surveillance, and community-based health initiatives. At the same time, outpatient services remain a critical component of disease management, especially for conditions such as malaria and tuberculosis, where the majority of cases are diagnosed and treated at primary or outpatient levels.

In terms of financing, the results indicate that several disease programmes, particularly HIV/AIDS and tuberculosis, remain highly dependent on external donor funding. While Government contributions have increased modestly in some areas, external financing continues to play a dominant role in sustaining key disease programmes. This underscores the importance of strengthening domestic resource mobilisation and long-term financial sustainability in the health sector.

The findings also demonstrate that Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition (RHNutri) continue to receive significant attention within the health system. Although expenditure on RHNutri increased in absolute terms between 2022 and 2024, its share of total CHE declined slightly in the most recent year, indicating that growth in overall health spending outpaced increases in RHNutri allocations. Continued prioritisation of these services remains critical for improving maternal and child health outcomes.

From a service delivery perspective, hospitals and providers of preventive care emerged as the main providers of disease-related health services, while ambulatory care providers and ancillary services played more variable roles depending on the disease area. These patterns reflect the structure of Zambia's health system and the balance between facility-based services and public health interventions. Overall, the results highlight the evolving structure of health expenditure in Zambia, characterised by continued prioritisation of infectious diseases, increased investment in preventive care, strong reliance

on external financing for key programmes, and gradual shifts in the distribution of resources across providers and functions.

Going forward, strengthening domestic financing mechanisms, improving efficiency in resource allocation, and sustaining investment in priority health programmes will be essential to ensure the long-term resilience of the health system and to support progress toward universal health coverage and improved population health outcomes.

7.0 POLICY RECOMMENDATIONS

1. **Accelerate domestic resource mobilisation and strengthen budget commitments** to progressively reduce reliance on external financing for HIV, tuberculosis, malaria, and other priority programmes, while safeguarding the continuity of essential health services. Government could also continue encouraging corporate organisations to contribute more towards the health sector.

2. **Strengthen and expand the National Health Insurance Management Authority (NHIMA)** as the primary pooled financing mechanism, with particular emphasis on increasing enrolment among informal sector workers, innovative measures especially those targeting informal sector through more simplified contribution process. This will improve contribution compliance, and enhance financial capacity for strategic purchasing to improve efficiency and quality of health services.

3. **Implement targeted measures to reduce household out-of-pocket expenditure**, particularly for vulnerable populations, by addressing key cost drivers such as user fees and gaps in service availability.

4. **Strengthen systems for health resource mapping, tracking, and reporting to improve transparency**, coordination, and evidence-based decision-making in health financing and resource allocation.

5. **Increase and protect funding for primary health care (PHC)** by reallocating resources toward high-impact frontline services, including reproductive, maternal, newborn, child and adolescent health and nutrition (RMNCAH-N), strengthening service readiness, and ensuring timely release and effective execution of PHC budgets, while reviewing high hospital spending and administrative overheads to improve productivity and efficiency.

6. **Strengthen public financial management (PFM), accountability, and value for money** in the health sector through improved budget credibility and execution, strengthened procurement and expenditure controls, and routine public reporting on key health financing indicators.

7. **Strengthen systems for joint planning, implementation, and reporting** to enhance coordination among Government, cooperating partners, and other stakeholders.

8. **Increase the share of resources allocated to preventive care** within the particularly for disease prevention, health promotion, and community-based interventions.

9. **Increase funding for the prevention and management of non-communicable diseases (NCDs) and RMNCAH-N services**, in response to the evolving disease burden and the growing importance of addressing both communicable and non-communicable health challenges.

8.0 REFERENCES

1. ZamStats. Preliminary Annual GDP 2024 - Zambia Statistics Agency [Internet]. 2025 [cited 2026 Mar 5]. Available from: https://www.zamstats.gov.zm/preliminary-annual-gdp-2024/

2. The Global Economy. Zambia Economic growth, percent change in quarterly real GDP, September, 2025 - data, chart | TheGlobalEconomy.com [Internet]. 2025 [cited 2026 Mar 5]. Available from: https://www.theglobaleconomy.com/Zambia/gdp_growth/

3. Simar L, Wilson PW. Estimation and Inference in Two-Stage, Semi-Parametric Models of Production Processes. J Econom. 2007;136(1):31–64. doi:10.1016/j.jeconom.2005.07.009

4. Mwiya T, Simaundu BM, Nyau M, Phiri J. Assessing the Effects of Exchange Rate Volatility on Zambia's Economic Growth: Evidence from ARDL and NARDL Models. Economies. 2024 Sep 1;12(9). doi:10.3390/economies12090224

5. Chipili JM. Inflation dynamics in Zambia. Cogent Economics and Finance. 2025 Dec 31;13(1). doi:10 .1080/23322039.2025.2567493

6. Dept. IMFundA, Dept. IMFundA. Statement by Mr. Adriano Isaias Ubisse and Ms. Linda Motsumi on Zambia December 16, 2024. IMF Staff Country Reports. 2024 Dec 17;2024(350). doi:10.5089/9798400296376.002.A003

7. ZamStats. Year-on-Year Inflation for July 2024 at 15.4 Percent - Zambia Statistics Agency [Internet]. 2025 [cited 2026 Mar 5]. Available from: https://www.zamstats.gov.zm/year-on-year-inflation-for-july-2024-at-15-4-percent/

8. WHO. Malaria 2024 Zambia country profile [Internet]. 2024 [cited 2026 Mar 5]. Available from: https://www.who.int/publications/m/item/malaria-2024-zmb-country-profile

9. Malaria Overview — Zambia National Malaria Elimination Centre [Internet]. [cited 2026 Mar 5]. Available from: https://www.nmec.org.zm/malaria-overivew

10. Ministry of Health Master Facility List: https://mfl.moh.gov.zm/

9.0 ANNEXES

Annex 1: Detailed definitions and examples of each classification used

Classification	Definition	Examples
Revenues of Financing Sources (FS)	Funds collected/mobilised by institutional units that act as financing sources, showing where health care funding comes from.	Taxes, social or health insurance contributions, premiums, donor funds, household payments, direct foreign financial transfers, internal Government transfers and grants, voluntary prepayments from individuals/households, and voluntary prepayments from employers.
Financing Schemes (HF)	Arrangements that pool and manage health revenues to purchase health services.	Government schemes, not-for-profit institutions serving households (NPISH), corporations, and the rest of the world.
Financing Agents (FA)	Institutions that manage and allocate resources from financing schemes to purchase or provide health services.	Ministry of Health, Local Authorities, NHIMA, private insurers, health-related NGOs, and international organisations.
Health Providers (HP)	Entities delivering health goods and services.	Central and provincial hospitals, district hospitals, health centres and posts, mission facilities (e.g., CHAZ), private clinics, pharmacies, and laboratories.
Health Care Functions (HC)	Types of health care services consumed.	Curative care, preventive services (EPI, RMNCAH), medical goods, administration, governance, surveillance.
Health Care-Related Functions (HCR)	Activities that are indirectly related to health care delivery but are necessary for the health system to function.	Nutrition programmes, water and sanitation, health system infrastructure, electronic health records (EHR), and digital health investments.
Capital Formation (HK)	Investments that expand, maintain, or upgrade the capacity of the health system.	Construction and rehabilitation of health facilities, procurement of medical equipment, and investments in fleet and information and communication technology (ICT).
Disease/Condition (DIS)	ICD-10 or programme-based categories to which health expenditure is allocated.	HIV/AIDS, tuberculosis (TB), malaria, non-communicable diseases (NCDs), maternal and neonatal health, and trauma-related injuries.
Factors of Provision (FP)	Inputs required for producing health services.	Salaries, health and non-health goods, and consumption of capital.

Annex 2: NHA Key Tables for Zambia (2022-2024)

HFXFS (2022)

Financing schemes			Revenues of health care financing schemes *Kwacha (ZMK), Million*	FS.1 Transfers from government domestic revenue	FS.1.1 Internal transfers and grants	FS.2 Transfers distributed by government	FS.3 Social insurance contributions	FS.3.1 Social insurance contributions from employees	FS.3.2 Social insurance contributions from employers	FS.3.3 Social insurance contributions from self-employed	FS.5 Voluntary prepayment	FS.5.1 Voluntary prepayment from individuals/household	FS.5.2 Voluntary prepayment from employers	FS.6 Other domestic revenues n.e.c.	FS.6.1 Other revenues from households n.e.c.	FS.6.2 Other revenues from corporations n.e.c.	FS.7 Direct foreign transfers	FS.7.1 Direct foreign financial transfers	FS.7.1.1 Direct bilateral financial transfers	FS.7.1.2 Direct multilateral financial transfers	FS.7.1.3 Other direct foreign financial transfers	All FS	Share of HF
HF.1			**Government schemes and compulsory**	**10,543.29**	**10,543.29**	**76.23**	**1,159.71**	**575.87**	**575.87**	**7.98**												**11,779.24**	**48.78**
	HF.1.1		Government	**10,543.29**	10,543.29	**76.23**																**10,619.52**	**43.98**
		HF.1.1.1	Central government	**10,543.29**	10,543.29	**76.23**																**10,619.52**	**43.98**
	HF.1.2		Compulsory contributory health				**1,159.71**	575.87	575.87	7.98												**1,159.71**	**4.80**
		HF.1.2.1	Social health				**1,159.71**	575.87	575.87	7.98												**1,159.71**	**4.80**
HF.2			**Voluntary health care payment**								**92.64**	**3.18**	**89.46**	**109.90**		**109.90**	**10,055.74**	**10,055.74**	**6,893.61**	**2,598.83**	**563.30**	**10,258.28**	**42.48**
	HF.2.1		Voluntary health								**92.64**	3.18	89.46									**92.64**	**0.38**
		HF.2.1.1	Primary/substitutory health insurance								**92.64**	3.18	89.46									**92.64**	**0.38**
		HF.2.1.1.1	Employer-based insurance (Other								**92.64**	3.18	89.46									**92.64**	**0.38**
	HF.2.2		NPISH financing schemes (including														**10,055.74**	10,055.74	6,893.61	2,598.83	563.30	**10,055.74**	**41.64**
		HF.2.2.1	NPISH financing schemes (excluding														**10,055.74**	10,055.74	6,893.61	2,598.83	563.30	**10,055.74**	**41.64**
	HF.2.3		Enterprise financing											**109.90**		109.90						**109.90**	**0.46**
		HF.2.3.1	Enterprises (except health care											**66.69**		66.69						**66.69**	**0.28**
		HF.2.3.2	Health care providers financing											**43.21**		43.21						**43.21**	**0.18**
HF.3			**Household out-of-**											**2,110.51**	**2,110.51**							**2,110.51**	**8.74**
	HF.3.1		Out-of-pocket excluding cost-											**2,110.51**	2,110.51							**2,110.51**	**8.74**
All HF				10,543.29	10,543.29	76.23	1,159.71	575.87	575.87	7.98	92.64	3.18	89.46	2,220.41	2,110.51	109.90	10,055.74	10,055.74	6,893.61	2,598.83	563.30	24,148.02	100.00
Share of FS				43.66	43.66	0.32	4.80	2.38	2.38	0.03	0.38	0.01	0.37	9.19	8.74	0.46	41.64	41.64	28.55	10.76	2.33	100.00	

HFXFS (2023)

Financing schemes			Revenues of health care financing schemes *Kwacha (ZMK), Million*	FS.1 Transfers from government domestic revenue	FS.1.1 Internal transfers and grants transfers distributed by government	FS.2 Social insurance contributions	FS.3 Social insurance contributions from employees	FS.3.1 Social insurance contributions from employers	FS.3.2 Social insurance contributions from self-employed	FS.3.3 Voluntary prepayment	FS.5 Voluntary prepayment from individuals/household	FS.5.1 Voluntary prepayment from employers	FS.5.2 Other domestic revenues n.e.c.	FS.6 Other revenues from households n.e.c.	FS.6.1 Other revenues from corporations n.e.c.	FS.6.2 Direct foreign transfers	FS.7 Direct foreign financial transfers	FS.7.1 Direct bilateral financial transfers	FS.7.1.1 Direct multilateral financial transfers	FS.7.1.2 Other direct foreign financial transfers	FS.7.1.3 All FS	Share of HF
HF.1			**Government schemes and compulsory**	**11,792.65**	**11,792.65**	**12.97**	**2,014.08**	**994.44**	**994.44**	**25.19**											**13,819.70**	**53.39**
	HF.1.1		Government	**11,792.65**	11,792.65	**12.97**															**11,805.62**	**45.61**
		HF.1.1.1	Central government	**11,792.65**	11,792.65	**12.97**															**11,805.62**	**45.61**
	HF.1.2		Compulsory contributory health				**2,014.08**	994.44	994.44	25.19											**2,014.08**	**7.78**
		HF.1.2.1	Social health				**2,014.08**	994.44	994.44	25.19											**2,014.08**	**7.78**
HF.2			**Voluntary health care payment**								**91.97**	**0.15**	**91.82**	**34.34**		**34.34**	**9,811.26**	**9,811.26**	**5,104.04**	**3,352.90**	**1,354.32**	**9,937.57**	**38.39**
	HF.2.1		Voluntary health								**91.97**	0.15	91.82									**91.97**	**0.36**
		HF.2.1.1	Primary/substitutory health insurance								**91.97**	0.15	91.82									**91.97**	**0.36**
			HF.2.1.1.1 Employer-based insurance (Other								**91.97**	0.15	91.82									**91.97**	**0.36**
	HF.2.2		NPISH financing schemes (including														**9,811.26**	9,811.26	5,104.04	3,352.90	1,354.32	**9,811.26**	**37.90**
		HF.2.2.1	NPISH financing schemes (excluding														**9,811.26**	9,811.26	5,104.04	3,352.90	1,354.32	**9,811.26**	**37.90**
	HF.2.3		Enterprise financing											**34.34**		34.34						**34.34**	**0.13**
		HF.2.3.1	Enterprises (except health care											**7.16**		7.16						**7.16**	**0.03**
		HF.2.3.2	Health care providers financing											**27.18**		27.18						**27.18**	**0.10**
HF.3			**Household out-of-**											**2,127.92**	**2,127.92**							**2,127.92**	**8.22**
	HF.3.1		Out-of-pocket excluding cost-											**2,127.92**	2,127.92							**2,127.92**	**8.22**
All HF				11,792.65	11,792.65	12.97	2,014.08	994.44	994.44	25.19	91.97	0.15	91.82	2,162.26	2,127.92	34.34	9,811.26	9,811.26	5,104.04	3,352.90	1,354.32	25,885.18	100.00
Share of FS				45.56	45.56	0.05	7.78	3.84	3.84	0.10	0.36	0.00	0.35	8.35	8.22	0.13	37.90	37.90	19.72	12.95	5.23	100.00	

HFXFS (2024)

Financing schemes	Revenues of health care financing schemes Kwacha (ZMK), Million	FS.1 Transfers from government domestic revenue	FS.1.1 Internal transfers and grants	FS.2 Transfers distributed by government	FS.3 Social insurance contributions	FS.3.1 Social insurance contributions from employees	FS.3.2 Social insurance contributions from employers	FS.3.3 Social insurance contributions from self-employed	FS.5 Voluntary prepayment	FS.5.2 Voluntary prepayment from employers	FS.6 Other domestic revenues n.e.c.	FS.6.1 Other revenues from households n.e.c.	FS.6.2 Other revenues from corporations n.e.c.	FS.7 Direct foreign transfers	FS.7.1 Direct foreign financial transfers	FS.7.1.1 Direct bilateral financial transfers	FS.7.1.2 Direct multilateral financial transfers	FS.7.1.3 Other direct foreign financial transfers	All FS	Share of HF
HF.1	**Government schemes and compulsory**	**12,707.89**	**12,707.89**	**8.87**	**1,748.37**	**859.83**	**859.83**	**28.72**											**14,465.13**	**47.03**
HF.1.1	Government	**12,707.89**	12,707.89	**8.87**															**12,716.76**	**41.35**
HF.1.1.1	Central government	**12,707.89**	12,707.89	**8.87**															**12,716.76**	**41.35**
HF.1.2	Compulsory contributory health				**1,748.37**	859.83	859.83	28.72											**1,748.37**	**5.68**
HF.1.2.1	Social health				**1,748.37**	859.83	859.83	28.72											**1,748.37**	**5.68**
HF.2	**Voluntary health care payment**								**102.18**	**102.18**	**96.78**		**96.78**	**14,134.87**	**14,134.87**	**10,212.19**	**2,513.47**	**1,409.21**	**14,333.83**	**46.61**
HF.2.1	Voluntary health								**102.18**	102.18									**102.18**	**0.33**
HF.2.1.1	Primary/substitutory health insurance								**102.18**	102.18									**102.18**	**0.33**
HF.2.1.1.1	Employer-based insurance (Other								**102.18**	102.18									**102.18**	**0.33**
HF.2.2	NPISH financing schemes (including													**14,134.87**	14,134.87	10,212.19	2,513.47	1,409.21	**14,134.87**	**45.96**
HF.2.2.1	NPISH financing schemes (excluding													**14,134.87**	14,134.87	10,212.19	2,513.47	1,409.21	**14,134.87**	**45.96**
HF.2.3	Enterprise financing										**96.78**		96.78						**96.78**	**0.31**
HF.2.3.1	Enterprises (except health care										**46.18**		46.18						**46.18**	**0.15**
HF.2.3.2	Health care providers financing										**50.60**		50.60						**50.60**	**0.16**
HF.3	**Household out-of-**										**1,955.56**	**1,955.56**							**1,955.56**	**6.36**
HF.3.1	Out-of-pocket excluding cost-										**1,955.56**	1,955.56							**1,955.56**	**6.36**
All HF		12,707.89	12,707.89	8.87	1,748.37	859.83	859.83	28.72	102.18	102.18	2,052.34	1,955.56	96.78	14,134.87	14,134.87	10,212.19	2,513.47	1,409.21	30,754.52	100.00
Share of FS		41.32	41.32	0.03	5.68	2.80	2.80	0.09	0.33	0.33	6.67	6.36	0.31	45.96	45.96	33.21	8.17	4.58	100.00	

HCXHP (2022)

Health care functions				Health care providers Kwacha (ZMK), Million	HP.1	HP.1.1	HP.1.2	HP.1.3	HP.3	HP.3.4	HP.4	HP.4.2	HP.4.9	HP.5	HP.6	HP.7	HP.9	HP.nec	All HP	Share of HC
					Hospitals	Non-Specialized Hospitals	Mental health hospitals	Specialized hospitals (Other than mental health	Providers of ambulatory health care	Ambulatory health care centres	Providers of ancillary services	Medical and diagnostic laboratories	Other providers of ancillary services	Other providers of medical	Providers of preventive care	health care system administration	Rest of the world	Unspecified health care providers (n.e.c.)		
HC.1				Curative care	8,268.59	7,909.84	59.16	299.59	4,704.50	4,704.50							39.24		13,012.33	53.89
	HC.1.1			Inpatient curative	4,318.61	4,081.53	44.37	192.71	3.77	3.77							39.24		4,361.63	18.06
		HC.1.1.1		General inpatient	3,574.51	3,569.26		5.25	2.21	2.21							11.77		3,588.49	14.86
		HC.1.1.2		Specialised inpati	744.10	512.28	44.37	187.46	1.56	1.56							27.47		773.14	3.20
	HC.1.3			Outpatient curativ	3,949.98	3,828.31	14.79	106.88	4,700.73	4,700.73									8,650.71	35.82
		HC.1.3.1		General outpatient	3,182.92	3,182.92		0.01	4,469.06	4,469.06									7,651.98	31.69
		HC.1.3.2		Dental outpatient c	194.85	194.85			230.63	230.63									425.48	1.76
		HC.1.3.3		Specialised outpat	572.20	450.54	14.79	106.87	1.04	1.04									573.25	2.37
HC.2				Rehabilitative ca	14.79		14.79												14.79	0.06
	HC.2.3			Outpatient rehabil	14.79		14.79												14.79	0.06
HC.1+HC.2				Curative care an	8,283.38	7,909.84	73.95	299.59	4,704.50	4,704.50							39.24		13,027.12	53.95
	HC.1.1+HC.2.1			Inpatient curative	4,318.61	4,081.53	44.37	192.71	3.77	3.77							39.24		4,361.63	18.06
	HC.1.3+HC.2.3			Outpatient curativ	3,964.77	3,828.31	29.58	106.88	4,700.73	4,700.73									8,665.50	35.88
HC.3				Long-term care	150.75	150.75													150.75	0.62
	HC.3.3			Outpatient long-te	150.75	150.75													150.75	0.62
HC.4				Ancillary services (non-specified by function)							1,122.75	1,122.04	0.71						1,122.75	4.65
	HC.4.1			Laboratory services							1,065.70	1,065.70							1,065.70	4.41
	HC.4.2			Imaging services							56.33	56.33							56.33	0.23
	HC.4.nec			Unspecified ancillary services (n.e.c.)							0.71		0.71						0.71	0.00
HC.5				Medical goods (non-specified by function)										272.53					272.53	1.13
	HC.5.1			Pharmaceuticals and Other medical non-durable goods										270.50					270.50	1.12
		HC.5.1.1		Prescribed medicines										270.50					270.50	1.12
	HC.5.2			Therapeutic appliances and Other medical goods										0.01					0.01	0.00
		HC.5.2.1		Glasses and Other vision products										0.01					0.01	0.00
	HC.5.nec			Unspecified medical goods (n.e.c.)										1.42					1.42	0.01
HC.6				Preventive care	1,360.02	1,360.02			1,547.43	1,547.43					2,702.52	87.60			5,697.57	23.59
	HC.6.1			Information, educa	29.08	29.08			34.66	34.66					689.28				753.02	3.12
		HC.6.1.2		Nutrition IEC progr	9.69	9.69									573.69				583.39	2.42
		HC.6.1.3		Safe sex IEC prog	9.69	9.69			1.40	1.40					96.21				107.30	0.44
		HC.6.1.nec		Other and unspec	9.69	9.69			33.27	33.27					19.37				62.33	0.26
	HC.6.2			Immunisation programmes					526.14	526.14					50.82				576.96	2.39
		HC.6.2.1		Routine immunisation											50.82				50.82	0.21
		HC.6.2.nec		Other immunisation programmes					526.14	526.14									526.14	2.18
	HC.6.3			Early disease dete	3.88	3.88									492.36				496.24	2.05
	HC.6.4			Healthy condition	5.82	5.82			1.07	1.07					552.41	0.39			559.69	2.32
	HC.6.5			Epidemiological su	31.49	31.49			9.97	9.97					504.13	1.58			547.16	2.27
		HC.6.5.2		Monitoring & Evalu	9.69	9.69													9.69	0.04
		HC.6.5.4		Interventions	12.10	12.10			7.84	7.84					219.55				239.48	0.99
			HC.6.5.4.1	Male circumcision	12.10	12.10													12.10	0.05
			HC.6.5.4.2	Condom promotion and distribution											12.39				12.39	0.05
			HC.6.5.4.nec	Other and unspecified interventions (n.e.c.)					7.84	7.84					207.16				215.00	0.89
		HC.6.5.nec		Unspecified epide	9.69	9.69			2.14	2.14					284.58	1.58			297.99	1.23
	HC.6.6			Preparing for disaster and emergency response programmes											84.71				84.71	0.35
	HC.6.nec			Unspecified preve	1,289.76	1,289.76			975.59	975.59					328.82	85.63			2,679.80	11.10
HC.7				Governance, and health system and financing administration												3,823.48			3,823.48	15.83
	HC.7.1			Governance and Health system administration												3,373.16			3,373.16	13.97
		HC.7.1.1		Planning & Management												1,325.42			1,325.42	5.49
		HC.7.1.2		Monitoring & Evaluation (M&E)												1,143.96			1,143.96	4.74
		HC.7.1.3		Procurement & supply management												842.83			842.83	3.49
		HC.7.1.nec		Other governance and Health system administration (n.e.c.)												60.95			60.95	0.25
	HC.7.2			Administration of health financing												322.20			322.20	1.33
	HC.7.nec			Unspecified governance, and health system and financing administration (n.e.c.)												128.12			128.12	0.53
HC.9				Other health care services not elsewhere classified (n.e.c.)												20.06		33.77	53.83	0.22
All HC					9,794.15	9,420.61	73.95	299.59	6,251.94	6,251.94	1,122.75	1,122.04	0.71	272.53	2,702.52	3,931.13	39.24	33.77	24,148.02	
Share of HP					40.56	39.01	0.31	1.24	25.89	25.89	4.65	4.65	0.00	1.13	11.19	16.28	0.16	0.14		

HCXHP (2023)

Health care functions	Health care providers Kwacha (ZMK), Million	HP.1 Hospitals	HP.1.1 Non-Specialized hospitals	HP.1.2 Mental health hospitals	HP.1.3 Specialized hospitals (Other than mental health	HP.3 Providers of ambulatory health care	HP.3.4 Ambulatory health care centres	HP.4 Providers of ancillary services	HP.4.2 Medical and diagnostic laboratories	HP.4.9 Other providers of ancillary services	HP.5 Providers of medical products, appliances and equipment	HP.6 Providers of preventive care	HP.7 Governance and health care system administration	HP.8 Rest of economy	HP.8.2 All other industries as secondary providers of health care	HP.8.3 Community health workers (or village health workers)	HP.9 Rest of the world	HP.nec Unspecified health care providers (n.e.c.)	All HP	Share of HC
HC.1	**Curative care**	7,868.95	7,452.42	68.16	368.38	4,725.87	4,725.87										26.55		12,641.37	48.84
HC.1.1	Inpatient curative	4,037.73	3,750.48	51.12	236.13	87.40	87.40										26.55		4,151.68	16.04
HC.1.1.1	General inpatient	3,289.76	3,278.65		11.11	86.66	86.66										7.96		3,384.38	13.07
HC.1.1.2	Specialised inpatie	747.97	471.83	51.12	225.02	0.75	0.75										18.58		767.30	2.96
HC.1.3	Outpatient curativ	3,851.22	3,701.94	17.04	132.24	4,638.46	4,638.46												8,489.69	32.80
HC.1.3.1	General outpatient	3,104.21	3,104.20		0.01	4,451.27	4,451.27												7,555.48	29.19
HC.1.3.2	Dental outpatient c	54.35	54.35			187.20	187.20												241.55	0.93
HC.1.3.3	Specialised outpat	692.66	543.38	17.04	132.23														692.66	2.68
HC.2	**Rehabilitative ca**	17.04		17.04															17.04	0.07
HC.2.3	Outpatient rehabil	17.04		17.04															17.04	0.07
HC.1+HC.2	**Curative care an**	7,905.99	7,452.42	85.20	368.38	4,725.87	4,725.87										26.55		12,658.41	48.90
HC.1.1+HC.2.1	Inpatient curative	4,037.73	3,750.48	51.12	236.13	87.40	87.40										26.55		4,151.68	16.04
HC.1.3+HC.2.3	Outpatient curativ	3,868.26	3,701.94	34.08	132.24	4,638.46	4,638.46												8,506.73	32.86
HC.4	**Ancillary services (non-specified by function)**							615.80	481.16	134.64									615.80	2.38
HC.4.1	Laboratory services							449.18	315.38	133.80									449.18	1.74
HC.4.2	Imaging services							165.86	165.86										165.86	0.64
HC.4.nec	Unspecified ancillary services (n.e.c.)							0.76		0.76									0.76	0.00
HC.5	**Medical goods (non-specified by function)**										439.78								439.78	1.70
HC.5.1	Pharmaceuticals and Other medical non-durable goods										436.59								436.59	1.69
HC.5.1.1	Prescribed medicines										436.59								436.59	1.69
HC.5.2	Therapeutic appliances and Other medical goods										1.66								1.66	0.01
HC.5.2.1	Glasses and Other vision products										1.66								1.66	0.01
HC.5.nec	Unspecified medical goods (n.e.c.)										1.52								1.52	0.01
HC.6	**Preventive care**	628.86	628.86			1,153.92	1,153.92					4,746.12	542.36	451.02	483.30	47.73			7,522.29	29.06
HC.6.1	Information, educa	22.30	22.30			29.72	29.72					627.92	303.60						983.54	3.80
HC.6.1.2	Nutrition IEC progr	7.06	7.06									456.48	202.40						665.94	2.57
HC.6.1.3	Safe sex IEC prog	8.18	8.18			1.67	1.67					143.22	101.20						254.26	0.98
HC.6.1.nec	Other and unspec	7.06	7.06			28.05	28.05					28.22							63.33	0.24
HC.6.2	Immunisation prog	14.23	14.23			21.39	21.39					141.68	35.42						212.71	0.82
HC.6.2.1	Routine immunisati	14.17	14.17			21.25	21.25					141.68	35.42						212.52	0.82
HC.6.2.nec	Other immunisatio	0.06	0.06			0.13	0.13												0.19	0.00
HC.6.3	Early disease dete	1.41	1.41			3.36	3.36					1,061.02		86.10	80.66	5.44			1,151.89	4.45
HC.6.4	Healthy condition	2.12	2.12			5.04	5.04					1,564.72	0.11	129.16	120.99	8.17			1,701.15	6.57
HC.6.5	Epidemiological su	18.00	18.00			157.42	157.42					1,236.20	203.22	234.61	201.65	32.96			1,849.45	7.14
HC.6.5.1	Planning & Management											167.99							167.99	0.65
HC.6.5.2	Monitoring & Evalu	0.15	0.15			11.23	11.23					14.85	0.36						26.59	0.10
HC.6.5.4	Interventions	14.32	14.32			137.79	137.79					873.41	202.40	19.35		19.35			1,247.27	4.82
HC.6.5.4.1	Male circumcision	7.26	7.26			7.26	7.26												14.52	0.06
HC.6.5.4.2	Condom promotion and distribution											7.85							7.85	0.03
HC.6.5.4.nec	Other and unspec	7.06	7.06			130.53	130.53					865.56	202.40	19.35		19.35			1,224.90	4.73
HC.6.5.nec	Unspecified epide	3.53	3.53			8.41	8.41					179.94	0.46	215.26	201.65	13.61			407.59	1.57
HC.6.6	Preparing for disa	0.60	0.60			0.91	0.91					3.02		1.15		1.15			5.69	0.02
HC.6.nec	Unspecified preve	570.20	570.20			936.08	936.08					111.56							1,617.85	6.25
HC.7	**Governance, and health system and financing administration**												4,587.49						4,587.49	17.72
HC.7.1	Governance and Health system administration												4,258.14						4,258.14	16.45
HC.7.1.1	Planning & Management												2,061.92						2,061.92	7.97
HC.7.1.2	Monitoring & Evaluation (M&E)												1,217.80						1,217.80	4.70
HC.7.1.3	Procurement & supply management												969.58						969.58	3.75
HC.7.1.nec	Other governance and Health system administration (n.e.c.)												8.84						8.84	0.03
HC.7.2	Administration of health financing												327.49						327.49	1.27
HC.7.nec	Unspecified governance, and health system and financing administration (n.e.c.)												1.87						1.87	0.01
HC.9	**Other health care services not elsewhere classified (n.e.c.)**																	61.40	61.40	0.24
All HC		8,534.86	8,081.28	85.20	368.38	5,879.79	5,879.79	615.80	481.16	134.64	439.78	4,746.12	5,129.85	451.02	483.30	47.73	26.55	61.40	25,885.18	
Share of HP		32.97	31.22	0.33	1.42	22.71	22.71	2.38	1.86	0.52	1.70	18.34	19.82	1.74	1.56	0.18	0.10	0.24		

HCXHP (2024)

Health care functions	Health care providers	HP.1	HP.1.1 Hospitals	HP.1.2 Non-Specialized Hospitals	HP.1.3 Mental health hospitals (specialized hospitals (Other than mental health	HP.3 Providers of ambulatory health care	HP.3.1 Medical practices	HP.3.4 Ambulatory health care centres	HP.4 Providers of ancillary services	HP.4.2 Medical and diagnostic laboratories	HP.4.9 Other providers of ancillary services	HP.5 Other providers of medical goods	HP.6 Providers of preventive care	HP.7 Governance, and health care system administration	HP.8 Rest of economy	HP.9 Rest of the world	HP.nec Unspecified health care providers (n.e.c.)	All HP	Share of HC
Kwacha (ZMK) Million																			
HC.1	**Curative care**	**10,747.30**	**10,265.28**	**66.21**	**415.81**	**3,672.20**		**3,672.20**				**1,305.20**				**37.58**		**15,762.29**	**51.25**
HC.1.1	Inpatient curative	**5,084.98**	4,771.87	49.66	263.45							734.18				37.58		5,856.74	19.04
HC.1.1.1	General inpatient	**4,318.07**	4,308.51		9.57							734.18				10.81		5,063.06	16.46
HC.1.1.2	Specialised inpati	**766.91**	463.36	49.66	253.88											26.77		793.68	2.58
HC.1.3	Outpatient curativ	**5,662.32**	5,493.41	16.55	152.36	3,648.30		3,648.30				571.03						9,881.65	32.13
HC.1.3.1	General outpatient	**4,797.24**	4,797.23		0.01	3,485.86		3,485.86				571.03						8,854.13	28.79
HC.1.3.2	Dental outpatient	**117.52**	117.52			162.44		162.44										279.96	0.91
HC.1.3.3	Specialised outpat	**747.56**	578.65	16.55	152.35													747.56	2.43
HC.1.nec	Unspecified curative care (n.e.c.)					23.90		23.90										23.90	0.08
HC.2	**Rehabilitative ca**	**16.55**		**16.55**														16.55	0.05
HC.2.3	Outpatient rehabil	**16.55**		16.55														16.55	0.05
HC.1+HC.2	**Curative care an**	**10,763.86**	**10,265.28**	**82.77**	**415.81**	**3,672.20**		**3,672.20**				**1,305.20**				**37.58**		**15,778.85**	**51.31**
HC.1.1+HC.2.1	Inpatient curative	**5,084.98**	4,771.87	49.66	263.45							734.18				37.58		5,856.74	19.04
HC.1.3+HC.2.3	Outpatient curativ	**5,678.88**	5,493.41	33.11	152.36	3,648.30		3,648.30				571.03						9,898.20	32.18
HC.1.nec + HC.2.nec	Other curative and rehabilitative care					23.90		23.90										23.90	0.08
HC.4	**Ancillary services (non-specified by function)**								**1,281.35**	**1,280.60**	**0.75**							**1,281.35**	**4.17**
HC.4.1	Laboratory services								850.26	850.26								850.26	2.76
HC.4.nec	Unspecified ancillary services (n.e.c.)								431.09	430.34	0.75							431.09	1.40
HC.5	**Medical goods (non-specified by function)**											614.20						614.20	2.00
HC.5.1	Pharmaceuticals and Other medical non-durable goods											393.25						393.25	1.28
HC.5.1.1	Prescribed medicines											393.25						393.25	1.28
HC.5.2	Therapeutic appliances and Other medical goods											7.39						7.39	0.02
HC.5.2.1	Glasses and Other vision products											7.39						7.39	0.02
HC.5.nec	Unspecified medical goods (n.e.c.)											213.56						213.56	0.69
HC.6	**Preventive care**	**1,286.96**	**1,286.96**			721.67	0.79	720.88				326.30	4,154.18	44.37	2,821.83			9,355.32	30.42
HC.6.1	Information, educa	**1.28**	1.28			27.14	0.39	26.74					881.88		4.10			914.40	2.97
HC.6.1.2	Nutrition IEC programmes												97.11					97.11	0.32
HC.6.1.3	Safe sex IEC prog	**1.28**	1.28			1.92		1.92					740.06					743.27	2.42
HC.6.1.nec	Other and unspecified IEC programmes (n.e.c.)					25.21	0.39	24.82					44.71		4.10			74.02	0.24
HC.6.2	Immunisation prog	**70.95**	70.95			22.50		22.50					147.98	37.27				278.71	0.91
HC.6.2.1	Routine immunisati	**14.91**	14.91			22.36		22.36					147.98	37.27				222.53	0.72
HC.6.2.nec	Other immunisatio	**56.04**	56.04			0.13		0.13										56.18	0.18
HC.6.3	Early disease dete	**1.22**	1.22			0.09		0.09					132.57					133.88	0.44
HC.6.4	Healthy condition	**1.83**	1.83			0.52		0.52					836.12	1.42				839.88	2.73
HC.6.5	Epidemiological su	**14.14**	14.14			18.49	0.39	18.10					268.81	5.68	2,817.73			3,124.85	10.16
HC.6.5.1	Planning & Management														2,660.18			2,660.18	8.62
HC.6.5.2	Monitoring & Evaluation (M&E)														167.56			167.56	0.54
HC.6.5.4	Interventions	**11.10**	11.10			17.51	0.39	17.12					52.87					81.47	0.26
HC.6.5.4.1	Male circumcision	**11.10**	11.10			11.10		11.10										22.19	0.07
HC.6.5.4.2	Condom promotion and distribution												15.74					15.74	0.05
HC.6.5.4.nec	Other and unspecified interventions (n.e.c.)					6.41	0.39	6.02					37.13					43.54	0.14
HC.6.5.nec	Unspecified epide	**3.04**	3.04			0.99		0.99					215.94	5.68				225.65	0.73
HC.6.6	Preparing for disa	**2.20**	2.20			3.30		3.30					10.99					16.49	0.05
HC.6.nec	Unspecified preve	**1,195.34**	1,195.34			649.63		649.63				326.30	1,875.84					4,047.12	13.16
HC.7	**Governance, and health system and financing administration**													3,682.70				3,682.70	11.97
HC.7.1	Governance and Health system administration													3,219.42				3,219.42	10.47
HC.7.1.1	Planning & Management													1,733.50				1,733.50	5.64
HC.7.1.2	Monitoring & Evaluation (M&E)													829.80				829.80	2.70
HC.7.1.3	Procurement & supply management													644.94				644.94	2.10
HC.7.1.nec	Other governance and Health system administration (n.e.c.)													11.17				11.17	0.04
HC.7.2	Administration of health financing													403.06				403.06	1.31
HC.7.nec	Unspecified governance, and health system and financing administration (n.e.c.)													60.22				60.22	0.20
HC.9	**Other health care services not elsewhere classified (n.e.c.)**																42.10	42.10	0.14
All HC		**12,050.82**	**11,552.24**	**82.77**	**415.81**	**4,393.87**	**0.79**	**4,393.09**	**1,281.35**	**1,280.60**	**0.75**	**2,245.71**	**4,154.18**	**3,727.07**	**2,821.83**	**37.58**	**42.10**	**30,754.52**	
Share of HP		**39.18**	**37.56**	**0.27**	**1.35**	**14.29**	**0.00**	**14.28**	**4.17**	**4.16**	**0.00**	**7.30**	**13.51**	**12.12**	**9.18**	**0.12**	**0.14**		

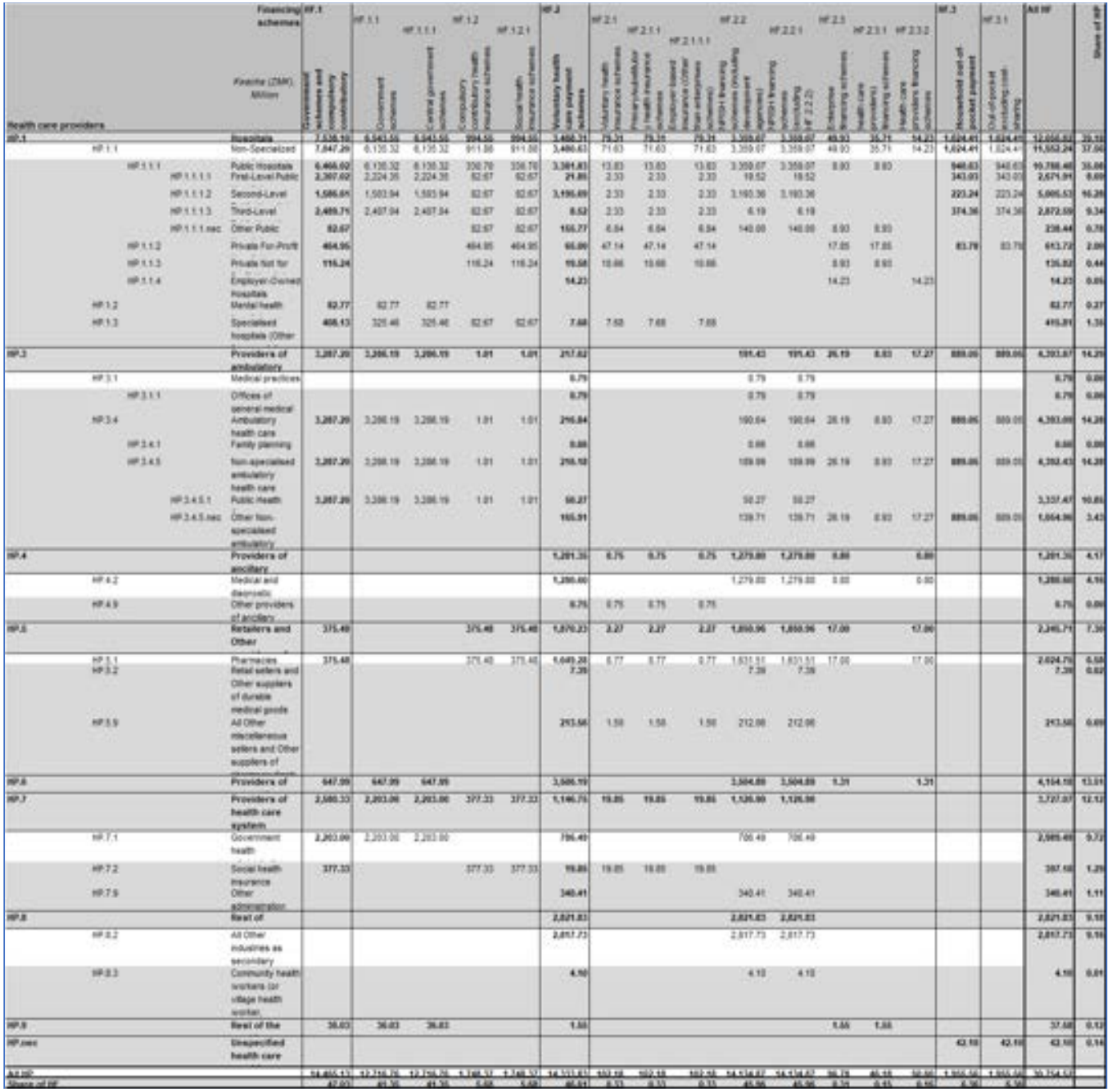
HPXHF (2022)

Health care providers	Financing schemes	Kwacha (ZMK) Million	HF.1 Government schemes and compulsory contributory	HF.1.1 Government schemes	HF.1.1.1 Central government schemes	HF.1.2 Compulsory contributory health insurance schemes	HF.1.2.1 Social health insurance schemes	HF.2 Voluntary health care payment schemes	HF.2.1 Voluntary health insurance schemes	HF.2.1.1 Primary/substitute health insurance schemes	HF.2.1.1.1 Employer-based insurance (Other than enterprises schemes)	HF.2.2 NPISH financing schemes (including development agencies)	HF.2.2.1 NPISH financing schemes (excluding HF.2.2.2)	HF.2.3 Enterprise financing schemes	HF.2.3.1 Health care providers financing schemes	HF.2.3.2 Health care providers financing schemes	HF.3 Household out-of-pocket payment	HF.3.1 Out-of-pocket excluding cost-sharing	All HF	Share of HP
HP.1		Hospitals	4,366.04	3,857.08	3,857.08	496.96	496.96	4,353.31	84.23	84.23	84.23	4,218.37	4,218.37	50.71	28.83	21.88	1,084.81	1,084.81	9,794.16	40.56
	HP.1.1	Non-Specialized	3,993.69	3,537.43	3,537.43	456.16	456.16	4,342.22	73.14	73.14	73.14	4,218.37	4,218.37	50.71	28.83	21.88	1,084.81	1,084.81	9,420.61	39.01
		HP.1.1.1 Public Hospitals	3,708.66	3,537.43	3,537.43	171.22	171.22	4,239.80	30.23	30.23	30.23	4,202.36	4,202.36	7.21	7.21		1,015.16	1,015.16	8,963.60	37.12
		HP.1.1.1.1 First-Level Public	1,442.56	1,399.75	1,399.75	42.80	42.80	889.74	6.49	6.49	6.49	883.25	883.25				370.21	370.21	2,702.51	11.19
		HP.1.1.1.2 Second-Level	1,022.94	980.14	980.14	42.80	42.80	1,332.91	6.49	6.49	6.49	1,326.42	1,326.42				240.92	240.92	2,596.78	10.75
		HP.1.1.1.3 Third-Level	1,200.34	1,157.54	1,157.54	42.80	42.80	1,074.30	6.49	6.49	6.49	1,067.81	1,067.81				404.02	404.02	2,678.67	11.09
		HP.1.1.1.nec Other Public	42.80			42.80	42.80	942.83	10.75	10.75	10.75	924.88	924.88	7.21	7.21				985.64	4.08
		HP.1.1.2 Private For-Profit	227.95			227.95	227.95	60.27	35.18	35.18	35.18	10.67	10.67	14.41	14.41		69.65	69.65	357.87	1.48
		HP.1.1.3 Private Not for	56.99			56.99	56.99	20.28	7.73	7.73	7.73	5.34	5.34	7.21	7.21				77.26	0.32
		HP.1.1.4 Employer-Owned Hospitals						21.88						21.88		21.88			21.88	0.09
	HP.1.2	Mental health	73.95	73.95	73.95														73.95	0.31
	HP.1.3	Specialised hospitals (Other	288.50	245.69	245.69	42.80	42.80	11.09	11.09	11.09	11.09								299.59	1.24
HP.3		Providers of ambulatory	4,642.67	4,642.53	4,642.53	0.14	0.14	617.33				597.80	597.80	19.53	17.31	2.22	991.94	991.94	6,251.94	25.89
	HP.3.4	Ambulatory health care	4,642.67	4,642.53	4,642.53	0.14	0.14	617.33				597.80	597.80	19.53	17.31	2.22	991.94	991.94	6,251.94	25.89
		HP.3.4.1 Family planning						0.97				0.97	0.97						0.97	0.00
		HP.3.4.5 Non-specialised ambulatory health care	4,642.67	4,642.53	4,642.53	0.14	0.14	616.36				596.83	596.83	19.53	17.31	2.22	991.94	991.94	6,250.97	25.89
		HP.3.4.5.1 Public Health	4,642.67	4,642.53	4,642.53	0.14	0.14	223.71				223.71	223.71						4,866.38	20.15
		HP.3.4.5.nec Other Non-specialised ambulatory						392.65				373.12	373.12	19.53	17.31	2.22	991.94	991.94	1,384.59	5.73
HP.4		Providers of ancillary	112.67			112.67	112.67	1,010.08	0.71	0.71	0.71	1,009.35	1,009.35	0.02		0.02			1,122.75	4.65
	HP.4.2	Medical and diagnostic	112.67			112.67	112.67	1,009.37				1,009.35	1,009.35	0.02		0.02			1,122.04	4.65
	HP.4.9	Other providers of ancillary						0.71	0.71	0.71	0.71								0.71	0.00
HP.5		Retailers and Other	233.07			233.07	233.07	39.46	3.94	3.94	3.94	0.61	0.61	34.90	18.85	16.05			272.53	1.13
	HP.5.1	Pharmacies	233.07			233.07	233.07	37.42	2.52	2.52	2.52			34.90	18.85	16.05			270.50	1.12
	HP.5.2	Retail sellers and Other suppliers of durable medical goods						0.61				0.61	0.61						0.61	0.00
	HP.5.9	All Other miscellaneous sellers and Other suppliers of						1.42	1.42	1.42	1.42								1.42	0.01
HP.6		Providers of	87.13	87.13	87.13			2,615.39				2,610.65	2,610.65	4.74	1.70	3.04			2,702.52	11.19
HP.7		Providers of health care system	2,308.42	1,993.55	1,993.55	314.87	314.87	1,622.72	3.76	3.76	3.76	1,618.96	1,618.96						3,931.13	16.28
	HP.7.1	Government health	1,993.55	1,993.55	1,993.55			999.17				999.17	999.17						2,992.72	12.39
	HP.7.2	Social health insurance	314.87			314.87	314.87	476.02				476.02	476.02						790.89	3.28
	HP.7.3	Private health insurance						3.76	3.76	3.76	3.76								3.76	0.02
	HP.7.9	Other administration						143.76				143.76	143.76						143.76	0.60
HP.9		Rest of the	39.24	39.24	39.24														39.24	0.16
HP.nec		Unspecified health care															33.77	33.77	33.77	0.14
All HP			11,779.24	10,619.52	10,619.52	1,159.71	1,159.71	10,268.38	92.64	92.64	92.64	10,055.74	10,055.74	109.90	66.69	43.21	2,110.51	2,110.51	24,148.02	
Share of HF			48.79	43.98	43.98	4.80	4.80	42.48	0.38	0.38	0.38	41.64	41.64	0.46	0.28	0.18	8.74	8.74		

HPXHF (2023)

Financing schemes					HF.1	HF.1.1		HF.1.2		HF.2	HF.2.1		HF.2.1.1	HF.2.2		HF.2.3			HF.3	HF.3.1	All HF	Share of HF
Health care providers				Kwacha (ZMK) Million	Government schemes and compulsory contributory	Government schemes	Central government schemes	Compulsory contributory health insurance schemes	Social health insurance schemes	Voluntary health care payment schemes	Voluntary health insurance schemes	Primary substitutory health insurance schemes	Employer-based insurance (Other than enterprise schemes)	Household out-of-pocket payment schemes (including development agencies)	Out-of-pocket (excluding HF.2.2.2)	Enterprise financing schemes	Health care providers financing schemes	Health care providers financing schemes	Household out-of-pocket payment	Out-of-pocket (excluding cost-sharing		
HP.1				Hospitals	5,808.61	4,869.61	4,869.61	939.01	939.01	1,597.85	71.16	71.16	71.16	1,529.41	1,529.41	6.29	2.93	3.36	1,128.39	1,128.39	8,534.86	32.97
	HP.1.1			Non-Specialized	5,360.63	4,504.10	4,504.10	856.53	856.53	1,502.25	65.56	65.56	65.56	1,520.41	1,520.41	6.29	2.93	3.36	1,128.39	1,128.39	8,881.26	31.22
		HP.1.1.1		Public Hospitals	4,834.01	4,504.10	4,504.10	329.91	329.91	861.25	10.37	10.37	10.37	849.36	849.36	1.57	0.73	0.84	1,060.87	1,060.87	6,755.33	26.10
			HP.1.1.1.1	First-Level Public	2,048.45	1,963.96	1,963.96	82.48	82.48	29.98	1.45	1.45	1.45	28.53	28.53				386.59	386.59	2,463.83	9.52
			HP.1.1.1.2	Second-Level	1,367.42	1,284.94	1,284.94	82.48	82.48	1.45	1.45	1.45	1.45						251.58	251.58	1,620.45	6.26
			HP.1.1.1.3	Third-Level	1,337.66	1,255.18	1,255.18	82.48	82.48	1.45	1.45	1.45	1.45						421.90	421.90	1,761.01	6.80
			HP.1.1.1.nec	Other Public	82.48			82.48	82.48	828.37	6.02	6.02	6.02	820.78	820.78	1.57	0.73	0.84			910.85	3.52
		HP.1.1.2		Private For-Profit	421.30			421.30	421.30	451.48	45.06	45.06	45.06	433.28	433.28	3.14	1.46	1.68	68.32	68.32	971.10	3.75
		HP.1.1.3		Private Not for	105.32			105.32	105.32	249.52	10.12	10.12	10.12	237.83	237.83	1.57	0.73	0.84			354.84	1.37
	HP.1.2			Mental health	85.20	85.20	85.20														85.20	0.33
	HP.1.3			Specialised hospitals (Other	362.78	280.30	280.30	82.48	82.48	5.60	5.60	5.60	5.60								368.38	1.42
HP.3				Providers of ambulatory	3,767.54	3,766.86	3,766.86	0.68	0.68	1,174.13				1,148.36	1,148.36	25.76	4.24	21.53	938.12	938.12	5,879.79	22.71
	HP.3.4			Ambulatory health care	3,767.54	3,766.86	3,766.86	0.68	0.68	1,174.13				1,148.36	1,148.36	25.76	4.24	21.53	938.12	938.12	5,879.79	22.71
		HP.3.4.1		Family planning						1.17				1.17	1.17						1.17	0.00
		HP.3.4.5		Non-specialised ambulatory health care	3,767.54	3,766.86	3,766.86	0.68	0.68	1,172.96				1,147.20	1,147.20	25.76	4.24	21.53	938.12	938.12	5,878.62	22.71
			HP.3.4.5.1	Public health	3,767.54	3,766.86	3,766.86	0.68	0.68	415.02				411.12	411.12	3.89	3.89				4,182.56	16.15
			HP.3.4.5.nec	Other Non-specialised ambulatory						757.94				736.07	736.07	21.87	0.34	21.53	938.12	938.12	1,696.06	6.55
HP.4				Providers of ancillary	331.69			331.69	331.69	284.11	0.76	0.76	0.76	283.33	283.33	0.01		0.01			615.80	2.38
	HP.4.2			Medical and diagnostic	331.69			331.69	331.69	149.46				149.45	149.45	0.01		0.01			481.16	1.86
	HP.4.9			Other providers of ancillary						134.64	0.76	0.76	0.76	133.88	133.88						134.64	0.52
HP.5				Retailers and Other	434.22			434.22	434.22	5.56	2.50	2.50	2.50	1.66	1.66	1.40		1.40			439.78	1.70
	HP.5.1			Pharmacies	434.22			434.22	434.22	2.37	0.97	0.97	0.97			1.40		1.40			436.59	1.69
	HP.5.2			Retail sellers and Other suppliers of durable medical goods						1.66				1.66	1.66						1.66	0.01
	HP.5.9			All Other miscellaneous sellers and Other suppliers of						1.52	1.52	1.52	1.52								1.52	0.01
HP.6				Providers of	697.76	697.76	697.76			4,048.37				4,047.49	4,047.49	0.88		0.88			4,746.12	18.34
HP.7				Providers of health care system	2,753.33	2,444.86	2,444.86	308.47	308.47	2,376.52	17.56	17.56	17.56	2,358.97	2,358.97						5,129.85	19.82
	HP.7.1			Government health	2,444.86	2,444.86	2,444.86			1,309.12				1,309.12	1,309.12						3,753.98	14.50
	HP.7.2			Social health insurance	308.47			308.47	308.47	17.56	17.56	17.56	17.56								326.03	1.26
	HP.7.9			Other administration						1,049.85				1,049.85	1,049.85						1,049.85	4.06
HP.8				Rest of						451.02				451.02	451.02						451.02	1.74
	HP.8.2			All Other industries as secondary						403.30				403.30	403.30						403.30	1.56
	HP.8.3			Community health workers (or village health worker						47.73				47.73	47.73						47.73	0.18
HP.9				Rest of the	26.55	26.55	26.55														26.55	0.10
HP.nec				Unspecified health care															61.40	61.40	61.40	0.24
All HP					13,849.70	11,805.62	11,805.62	2,044.08	2,044.08	9,937.47	94.97	94.97	94.97	9,845.36	9,845.36	34.54	7.46	27.08	2,127.92	2,127.92	25,885.09	
Share of HF					53.50	45.61	45.61	7.78	7.78	38.39	0.36	0.36	0.36	37.90	37.90	0.13	0.03	0.10	8.22	8.22		

HPXHF (2024)



Health care providers	Financing schemes Financing (ZMK) Million	HF.1 Government schemes and compulsory contributory	HF.1.1 Government schemes	HF.1.1.1 Central government schemes	HF.1.2 Compulsory contributory health insurance schemes	HF.1.2.1 Social health insurance schemes	HF.2 Voluntary health care payment schemes	HF.2.1 Voluntary health insurance schemes	HF.2.1.1 Primary (substitute) health insurance schemes	HF.2.1.1.1 Exclusive (and substitute) insurance (Other than enterprise schemes)	HF.2.2 Direct voluntary payment schemes (excluding HF.2.2.1)	HF.2.2.1 HF2021 financing schemes (excluding HF.2.2.2)	HF.2.3 Enterprise financing schemes	HF.2.3.1 Health care providers financing schemes	HF.2.3.2 Health care providers financing schemes	HF.3 Household out-of-pocket payment	HF.3.1 Out-of-pocket excluding cost sharing	All HF	Share of HF
HP.1	Hospitals	7,536.19	6,543.56	6,543.56	994.63	994.63	3,480.63	79.31	79.31	79.31	3,359.67	3,359.67	49.93	35.71	14.23	1,624.41	1,624.41	12,656.82	39.19
HP.1.1	Non-Specialized	7,047.29	6,135.32	6,135.32	911.98	911.98	3,480.63	71.63	71.63	71.63	3,359.67	3,359.67	49.93	35.71	14.23	1,624.41	1,624.41	11,552.24	37.06
HP.1.1.1	Public Hospitals	6,466.62	6,135.32	6,135.32	330.76	330.76	3,381.83	13.83	13.83	13.83	3,359.67	3,359.67	8.93	8.93		948.83	948.83	10,788.48	35.08
HP.1.1.1.1	First-Level Public	2,397.62	2,224.35	2,224.35	82.67	82.67	21.85	2.33	2.33	2.33	19.52	19.52				343.03	343.03	2,671.91	8.69
HP.1.1.1.2	Second-Level	1,586.61	1,503.94	1,503.94	82.67	82.67	3,195.69	2.33	2.33	2.33	3,193.36	3,193.36				223.24	223.24	5,005.53	16.28
HP.1.1.1.3	Third-Level	2,469.71	2,407.04	2,407.04	62.67	62.67	8.52	2.33	2.33	2.33	6.19	6.19				374.36	374.36	2,872.59	9.34
HP.1.1.1.nec	Other Public	82.67			82.67	82.67	155.77	6.84	6.84	6.84	140.00	140.00	8.93	8.93				238.44	0.78
HP.1.1.2	Private For-Profit	464.95			464.95	464.95	65.00	47.14	47.14	47.14			17.85	17.85		83.78	83.78	613.72	2.00
HP.1.1.3	Private Not for	115.24			115.24	115.24	15.58	10.66	10.66	10.66			8.93	8.93				139.82	0.44
HP.1.1.4	Employer-Owned Hospitals						14.23						14.23		14.23			14.23	0.05
HP.1.2	Mental health	82.77	82.77	82.77														82.77	0.27
HP.1.3	Specialized hospitals (Other	408.13	325.46	325.46	82.67	82.67	7.68	7.68	7.68	7.68								415.81	1.36
HP.2	Providers of ambulatory	3,287.20	3,286.19	3,286.19	1.01	1.01	217.62				191.43	191.43	26.19	8.93	17.27	889.05	889.05	4,393.87	14.29
HP.3.1	Medical practices						0.79				0.79	0.79						0.79	0.00
HP.3.1.1	Offices of general medical						0.79				0.79	0.79						0.79	0.00
HP.3.4	Ambulatory health care	3,287.20	3,286.19	3,286.19	1.01	1.01	216.84				190.64	190.64	26.19	8.93	17.27	889.05	889.05	4,393.09	14.29
HP.3.4.1	Family planning						0.68				0.68	0.68						0.68	0.00
HP.3.4.5	Non-specialised ambulatory health care	3,287.20	3,286.19	3,286.19	1.01	1.01	216.16				189.96	189.96	26.19	8.93	17.27	889.05	889.05	4,392.43	14.29
HP.3.4.5.1	Public Health	3,287.20	3,286.19	3,286.19	1.01	1.01	50.27				50.27	50.27						3,337.47	10.85
HP.3.4.5.nec	Other Non-specialised ambulatory						165.91				139.71	139.71	26.19	8.93	17.27	889.05	889.05	1,054.96	3.43
HP.4	Providers of ancillary						1,201.36	0.75	0.75	0.75	1,279.80	1,279.80	0.80		0.80			1,281.36	4.17
HP.4.2	Medical and diagnostic						1,280.60				1,279.80	1,279.80	0.80		0.80			1,280.60	4.16
HP.4.9	Other providers of ancillary						0.75	0.75	0.75	0.75								0.75	0.00
HP.5	Retailers and Other	375.48			375.48	375.48	1,870.23	2.27	2.27	2.27	1,850.96	1,850.96	17.00		17.00			2,245.71	7.30
HP.5.1	Pharmacies	375.48			375.48	375.48	1,645.20	0.77	0.77	0.77	1,831.51	1,831.51	17.00		17.00			2,024.71	6.58
HP.5.2	Retail sellers and Other suppliers of durable medical goods						7.39				7.39	7.39						7.39	0.02
HP.5.9	All Other miscellaneous sellers and Other suppliers of						213.56	1.50	1.50	1.50	212.66	212.66						213.56	0.69
HP.6	Providers of	647.00	647.00	647.00			3,506.19				3,504.89	3,504.89	1.31		1.31			4,154.19	13.51
HP.7	Providers of health care system	2,580.33	2,203.00	2,203.00	377.33	377.33	1,146.75	19.85	19.85	19.85	1,126.90	1,126.90						3,727.07	12.12
HP.7.1	Government health	2,203.00	2,203.00	2,203.00			706.49				706.49	706.49						2,909.49	9.72
HP.7.2	Social health insurance	377.33			377.33	377.33	99.85	19.85	19.85	19.85								387.18	1.29
HP.7.9	Other administration						340.41				340.41	340.41						340.41	1.11
HP.8	Rest of						2,821.53				2,821.53	2,821.53						2,821.53	9.18
HP.8.2	All Other industries as secondary						2,817.73				2,817.73	2,817.73						2,817.73	9.16
HP.8.3	Community health workers (or village health worker						4.10				4.10	4.10						4.10	0.01
HP.9	Rest of the	36.83	36.83	36.83			1.55						1.55	1.55				37.68	0.12
HP.nec	Unspecified health care															42.10	42.10	42.10	0.14
All HP		14,465.13	12,716.76	12,716.76	1,748.37	1,748.37	14,111.61	102.18	102.18	102.18	14,114.67	14,114.67	95.78	46.15	49.63	1,955.56	1,955.56	30,734.53	
Share of HF		47.05	41.38	41.38	5.69	5.69	45.91	0.33	0.33	0.33	45.96	45.96	0.31	0.15	0.16	6.36	6.36		

HCXHF (2022)

Health care functions				Financing schemes	HF.1	HF.1.1	HF.1.1.1	HF.1.2	HF.1.2.1	HF.2	HF.2.1	HF.2.1.1	HF.2.1.1.1	HF.2.2	HF.2.2.1	HF.2.3	HF.2.3.1	HF.2.3.2	HF.3	HF.3.1	All HF	Share of HC
				Kwacha (ZMK), Million	Government schemes and compulsory contributory	Government schemes	Central government schemes	Compulsory contributory health insurance schemes	Social health insurance schemes	Voluntary health care payment schemes	Voluntary health insurance schemes	Primary/substitutory health insurance schemes	Employer-based insurance (Other than enterprises schemes)	NPISH financing schemes (excluding HF.2.2.2)	NPISH financing schemes (excluding HF.2.2.2)	Enterprise financing schemes	Health care providers financing schemes	Health care providers financing schemes	Household out-of-pocket payment	Out-of-pocket excluding cost-sharing		
HC.1				Curative care	7,408.53	6,907.43	6,907.43	499.10	499.10	3,529.06	84.23	84.23	84.23	3,374.59	3,374.59	70.24	46.14	24.10	2,076.74	2,076.74	13,012.33	53.89
	HC.1.1			Inpatient curative (	2,627.68	2,493.81	2,493.81	133.87	133.87	1,008.63	26.83	26.83	26.83	946.51	946.51	35.29	14.41	20.88	725.32	725.32	4,361.63	18.06
		HC.1.1.1		General inpatient c	1,992.90	1,902.72	1,902.72	90.18	90.18	991.47	17.22	17.22	17.22	938.96	938.96	35.29	14.41	20.88	604.12	604.12	3,588.49	14.86
		HC.1.1.2		Specialised inpati	634.78	591.09	591.09	43.69	43.69	17.15	9.60	9.60	9.60	7.55	7.55				121.21	121.21	773.14	3.20
	HC.1.3			Outpatient curativ	4,778.86	4,413.62	4,413.62	365.24	365.24	2,520.43	57.41	57.41	57.41	2,428.08	2,428.08	34.95	31.73	3.22	1,351.42	1,351.42	8,650.71	35.82
		HC.1.3.1		General outpatient	4,050.95	3,862.99	3,862.99	187.96	187.96	2,330.42	32.13	32.13	32.13	2,263.34	2,263.34	34.95	31.73	3.22	1,270.61	1,270.61	7,651.98	31.69
		HC.1.3.2		Dental outpatient c	261.86	230.63	230.63	31.23	31.23	163.62	3.91	3.91	3.91	159.70	159.70						425.48	1.76
		HC.1.3.3		Specialised outpat	466.04	320.01	320.01	146.04	146.04	26.40	21.37	21.37	21.37	5.03	5.03				80.80	80.80	573.25	2.37
HC.2				Rehabilitative ca	14.79	14.79	14.79														14.79	0.06
	HC.2.3			Outpatient rehabil	14.79	14.79	14.79														14.79	0.06
HC.1+HC.2				Curative care an	7,421.32	6,922.22	6,922.22	499.10	499.10	3,529.06	84.23	84.23	84.23	3,374.59	3,374.59	70.24	46.14	24.10	2,076.74	2,076.74	13,027.12	53.95
	HC.1.1+HC.2.1			Inpatient curative (	2,627.68	2,493.81	2,493.81	133.87	133.87	1,008.63	26.83	26.83	26.83	946.51	946.51	35.29	14.41	20.88	725.32	725.32	4,361.63	18.06
	HC.1.3+HC.2.3			Outpatient curativ	4,793.65	4,428.41	4,428.41	365.24	365.24	2,520.43	57.41	57.41	57.41	2,428.08	2,428.08	34.95	31.73	3.22	1,351.42	1,351.42	8,665.50	35.88
HC.3				Long-term care (health)						150.75				150.75	150.75						150.75	0.62
	HC.3.3			Outpatient long-term care (health)						150.75				150.75	150.75						150.75	0.62
HC.4				Ancillary service	112.67			112.67	112.67	1,010.08	0.71	0.71	0.71	1,009.35	1,009.35	0.02		0.02			1,122.75	4.65
	HC.4.1			Laboratory servic	56.33			56.33	56.33	1,009.37				1,009.35	1,009.35	0.02		0.02			1,065.70	4.41
	HC.4.2			Imaging services	56.33			56.33	56.33												56.33	0.23
	HC.4.nec			Unspecified ancillary services (n.e.c.)						0.71	0.71	0.71	0.71								0.71	0.00
HC.5				Medical goods (	233.07			233.07	233.07	39.45	3.94	3.94	3.94	0.61	0.61	34.90	18.85	16.05			272.53	1.13
	HC.5.1			Pharmaceuticals a	233.07			233.07	233.07	37.42	2.52	2.52	2.52			34.90	18.85	16.05			270.50	1.12
		HC.5.1.1		Prescribed medici	233.07			233.07	233.07	37.42	2.52	2.52	2.52			34.90	18.85	16.05			270.50	1.12
	HC.5.2			Therapeutic appliances and Other medical goods						0.61				0.61	0.61						0.61	0.00
		HC.5.2.1		Glasses and Other vision products						0.61				0.61	0.61						0.61	0.00
	HC.5.nec			Unspecified medical goods (n.e.c.)						1.42	1.42	1.42	1.42								1.42	0.01
HC.6				Preventive care	1,703.75	1,703.75	1,703.75			3,993.82				3,989.08	3,989.08	4.74	1.70	3.04			5,697.57	23.59
	HC.6.1			Information, educa	9.45	9.45	9.45			743.57				739.77	739.77	3.80	0.80	3.00			753.02	3.12
		HC.6.1.2		Nutrition IEC progr	0.05	0.05	0.05			583.34				583.34	583.34						583.39	2.42
		HC.6.1.3		Safe sex IEC programmes						107.30				104.36	104.36	2.94	0.80	2.14			107.30	0.44
		HC.6.1.nec		Other and unspec	9.40	9.40	9.40			52.93				52.07	52.07	0.86		0.86			62.33	0.26
	HC.6.2			Immunisation prog	526.14	526.14	526.14			50.82				50.82	50.82						576.96	2.39
		HC.6.2.1		Routine immunisation						50.82				50.82	50.82						50.82	0.21
		HC.6.2.nec		Other immunisatio	526.14	526.14	526.14														526.14	2.18
	HC.6.3			Early disease dete	26.17	26.17	26.17			470.07				470.07	470.07						496.24	2.05
	HC.6.4			Healthy condition	39.37	39.37	39.37			520.32				520.32	520.32						559.69	2.32
	HC.6.5			Epidemiological su	17.49	17.49	17.49			529.68				528.74	528.74	0.94	0.90	0.04			547.16	2.27
		HC.6.5.2		Monitoring & Evaluation (M&E)						9.69				9.69	9.69						9.69	0.04
		HC.6.5.4		Interventions	0.10	0.10	0.10			239.38				238.44	238.44	0.94	0.90	0.04			239.48	0.99
			HC.6.5.4.1	Male circumcision						12.10				12.10	12.10						12.10	0.05
			HC.6.5.4.2	Condom promotion and distribution						12.39				11.45	11.45	0.94	0.90	0.04			12.39	0.05
			HC.6.5.4.nec	Other and unspec	0.10	0.10	0.10			214.89				214.89	214.89	0.00		0.00			215.00	0.89
		HC.6.5.nec		Unspecified epide	17.38	17.38	17.38			280.61				280.61	280.61						297.99	1.23
	HC.6.6			Preparing for disaster and emergency response programmes						84.71				84.70	84.70	0.01		0.01			84.71	0.35
	HC.6.nec			Unspecified preve	1,085.14	1,085.14	1,085.14			1,594.65				1,594.65	1,594.65						2,679.80	11.10
HC.7				Governance, an	2,308.42	1,993.55	1,993.55	314.87	314.87	1,515.06	3.76	3.76	3.76	1,511.29	1,511.29						3,823.48	15.83
	HC.7.1			Governance and f	1,993.55	1,993.55	1,993.55			1,379.61				1,379.61	1,379.61						3,373.16	13.97
		HC.7.1.1		Planning & Manag	797.42	797.42	797.42			528.00				528.00	528.00						1,325.42	5.49
		HC.7.1.2		Monitoring & Evalu	697.74	697.74	697.74			446.22				446.22	446.22						1,143.96	4.74
		HC.7.1.3		Procurement & su	498.39	498.39	498.39			344.45				344.45	344.45						842.83	3.49
		HC.7.1.nec		Other governance and Health system administration (n.e.c.)						60.95				60.95	60.95						60.95	0.25
	HC.7.2			Administration of f	314.87			314.87	314.87	7.33	3.76	3.76	3.76	3.56	3.56						322.20	1.33
	HC.7.nec			Unspecified governance, and health system and financing administration (n.e.c.)						128.12				128.12	128.12						128.12	0.53
HC.9				Other health care services not elsewhere classified (n.e.c.)						20.06				20.06	20.06				33.77	33.77	53.83	0.22
All HC					11,779.24	10,619.52	10,619.52	1,159.71	1,159.71	10,258.28	92.64	92.64	92.64	10,055.74	10,055.74	109.90	66.69	43.21	2,110.51	2,110.51	24,148.02	
Share of HF					48.78	43.98	43.98	4.80	4.80	42.48	0.38	0.38	0.38	41.64	41.64	0.46	0.28	0.18	8.74	8.74		

HCXHF (2023)

Health care functions	Financing schemes	Kwacha (ZMK), Million	HF.1 Government schemes and compulsory contributory	HF.1.1	HF.1.1.1 Government schemes	HF.1.2	HF.1.2.1 Social health insurance schemes	HF.2 Voluntary health care payment schemes	HF.2.1	HF.2.1.1	HF.2.1.1.1	HF.2.2	HF.2.2.1	HF.2.3	HF.2.3.1	HF.2.3.2	HF.3 Household out-of-pocket payment	HF.3.1 Out-of-pocket excluding cost-sharing	All HF	Share of HC
HC.1		Curative care	8,378.69	7,439.00	7,439.00	939.69	939.69	2,196.17	71.16	71.16	71.16	2,092.96	2,092.96	32.05	7.16	24.89	2,066.51	2,066.51	12,641.37	48.84
	HC.1.1	Inpatient curative (	2,664.37	2,326.44	2,326.44	337.93	337.93	732.76	27.30	27.30	27.30	702.32	702.32	3.14	1.46	1.68	754.55	754.55	4,151.68	16.04
		HC.1.1.1 General inpatient (	2,034.16	1,809.49	1,809.49	224.67	224.67	722.24	17.52	17.52	17.52	701.57	701.57	3.14	1.46	1.68	627.98	627.98	3,384.38	13.07
		HC.1.1.2 Specialised inpatie	630.21	516.95	516.95	113.25	113.25	10.53	9.78	9.78	9.78	0.75	0.75				126.57	126.57	767.30	2.96
	HC.1.3	Outpatient curative	5,714.32	5,112.56	5,112.56	601.77	601.77	1,463.41	43.86	43.86	43.86	1,390.64	1,390.64	28.91	5.70	23.21	1,311.96	1,311.96	8,489.69	32.80
		HC.1.3.1 General outpatient	4,883.59	4,573.18	4,573.18	310.41	310.41	1,444.31	24.76	24.76	24.76	1,390.64	1,390.64	28.91	5.70	23.21	1,227.58	1,227.58	7,555.48	29.19
		HC.1.3.2 Dental outpatient c	238.13	187.21	187.21	50.92	50.92	3.42	3.42	3.42	3.42								241.55	0.93
		HC.1.3.3 Specialised outpat	592.60	352.17	352.17	240.43	240.43	15.68	15.68	15.68	15.68						84.38	84.38	692.66	2.68
HC.2		Rehabilitative ca	17.04	17.04	17.04														17.04	0.07
	HC.2.3	Outpatient rehabil	17.04	17.04	17.04														17.04	0.07
HC.1+HC.2		Curative care an	8,395.73	7,456.04	7,456.04	939.69	939.69	2,196.17	71.16	71.16	71.16	2,092.96	2,092.96	32.05	7.16	24.89	2,066.51	2,066.51	12,658.41	48.90
	HC.1.1+HC.2.1	Inpatient curative (	2,664.37	2,326.44	2,326.44	337.93	337.93	732.76	27.30	27.30	27.30	702.32	702.32	3.14	1.46	1.68	754.55	754.55	4,151.68	16.04
	HC.1.3+HC.2.3	Outpatient curative	5,731.36	5,129.60	5,129.60	601.77	601.77	1,463.41	43.86	43.86	43.86	1,390.64	1,390.64	28.91	5.70	23.21	1,311.96	1,311.96	8,506.73	32.86
HC.4		Ancillary service	331.69			331.69	331.69	284.11	0.76	0.76	0.76	283.33	283.33	0.01		0.01			615.80	2.38
	HC.4.1	Laboratory servic	165.85			165.85	165.85	283.33				283.33	283.33						449.18	1.74
	HC.4.2	Imaging services	165.85			165.85	165.85	0.01						0.01		0.01			165.86	0.64
	HC.4.nec	Unspecified ancillary services (n.e.c.)						0.76	0.76	0.76	0.76								0.76	0.00
HC.5		Medical goods (	434.22			434.22	434.22	5.56	2.50	2.50	2.50	1.66	1.66	1.40		1.40			439.78	1.70
	HC.5.1	Pharmaceuticals a	434.22			434.22	434.22	2.37	0.97	0.97	0.97			1.40		1.40			436.59	1.69
		HC.5.1.1 Prescribed medica	434.22			434.22	434.22	2.37	0.97	0.97	0.97			1.40		1.40			436.59	1.69
	HC.5.2	Therapeutic appliances and Other medical goods						1.66				1.66	1.66						1.66	0.01
		HC.5.2.1 Glasses and Other vision products						1.66				1.66	1.66						1.66	0.01
	HC.5.nec	Unspecified medical goods (n.e.c.)						1.52	1.52	1.52	1.52								1.52	0.01
HC.6		Preventive care	1,904.72	1,904.72	1,904.72			5,617.56				5,616.68	5,616.68	0.88		0.88			7,522.29	29.06
	HC.6.1	Information, educa	12.12	12.12	12.12			971.42				970.70	970.70	0.72		0.72			983.54	3.80
		HC.6.1.2 Nutrition IEC progr	0.23	0.23	0.23			665.71				665.71	665.71						665.94	2.57
		HC.6.1.3 Safe sex IEC programmes						254.26				253.55	253.55	0.71		0.71			254.26	0.98
		HC.6.1.nec Other and unspec	11.89	11.89	11.89			51.44				51.43	51.43	0.01		0.01			63.33	0.24
	HC.6.2	Immunisation prog	0.19	0.19	0.19			212.52				212.52	212.52						212.71	0.82
		HC.6.2.1 Routine immunisation						212.52				212.52	212.52						212.52	0.82
		HC.6.2.nec Other immunisatio	0.19	0.19	0.19														0.19	0.00
	HC.6.3	Early disease dete	8.93	8.93	8.93			1,142.96				1,142.96	1,142.96						1,151.89	4.45
	HC.6.4	Healthy condition	673.64	673.64	673.64			1,027.51				1,027.51	1,027.51						1,701.15	6.57
	HC.6.5	Epidemiological su	3.05	3.05	3.05			1,846.40				1,846.24	1,846.24	0.16		0.16			1,849.45	7.14
		HC.6.5.1 Planning & Management						167.99				167.99	167.99						167.99	0.65
		HC.6.5.2 Monitoring & Evaluation (M&E)						26.59				26.59	26.59						26.59	0.10
		HC.6.5.4 Interventions	0.46	0.46	0.46			1,246.82				1,246.65	1,246.65	0.16		0.16			1,247.27	4.82
		HC.6.5.4.1 Male circumcision						14.52				14.52	14.52						14.52	0.06
		HC.6.5.4.2 Condom promotion and distribution						7.85				7.69	7.69	0.16		0.16			7.85	0.03
		HC.6.5.4.nec Other and unspec	0.46	0.46	0.46			1,224.45				1,224.45	1,224.45						1,224.90	4.73
		HC.6.5.nec Unspecified epide	2.59	2.59	2.59			405.00				405.00	405.00						407.59	1.57
	HC.6.6	Preparing for disaster and emergency response programmes						5.69				5.69	5.69						5.69	0.02
	HC.6.nec	Unspecified preve	1,206.78	1,206.78	1,206.78			411.06				411.06	411.06						1,617.85	6.25
HC.7		Governance, and	2,753.33	2,444.86	2,444.86	308.47	308.47	1,834.17	17.56	17.56	17.56	1,816.61	1,816.61						4,587.49	17.72
	HC.7.1	Governance and f	2,444.86	2,444.86	2,444.86			1,813.28				1,813.28	1,813.28						4,258.14	16.45
		HC.7.1.1 Planning & Manag	977.94	977.94	977.94			1,083.97				1,083.97	1,083.97						2,061.92	7.97
		HC.7.1.2 Monitoring & Evalu	855.70	855.70	855.70			362.10				362.10	362.10						1,217.80	4.70
		HC.7.1.3 Procurement & su	611.21	611.21	611.21			358.37				358.37	358.37						969.58	3.75
		HC.7.1.nec Other governance and Health system administration (n.e.c.)						8.84				8.84	8.84						8.84	0.03
	HC.7.2	Administration of f	308.47			308.47	308.47	19.01	17.56	17.56	17.56	1.46	1.46						327.49	1.27
	HC.7.nec	Unspecified governance, and health system and financing administration (n.e.c.)						1.87				1.87	1.87						1.87	0.01
HC.9		Other health care services not elsewhere classified (n.e.c.)															61.40	61.40	61.40	0.24
All HC			13,819.70	11,805.62	11,805.62	2,014.08	2,014.08	9,937.57	91.97	91.97	91.97	9,811.26	9,811.26	34.34	7.16	27.18	2,127.92	2,127.92	25,885.18	
Share of HF			53.39	45.61	45.61	7.78	7.78	38.39	0.36	0.36	0.36	37.90	37.90	0.13	0.03	0.10	8.22	8.22		

HCXHF (2024)

Health care functions	Financing schemes	Kwacha (ZMK), Million	HF.1	HF.1.1	HF.1.1.1	HF.1.2	HF.1.2.1	HF.2	HF.2.1	HF.2.1.1	HF.2.1.1.1	HF.2.2	HF.2.2.1	HF.2.3	HF.2.3.1	HF.2.3.2	HF.3	HF.3.1	All HF	Share of HC
			Government schemes and compulsory contributory	Government schemes	Central government schemes	Compulsory contributory health insurance schemes	Social health insurance schemes	Voluntary health care payment schemes	Voluntary health insurance schemes	Primary/substitutory health insurance schemes	Employer-based insurance (Other than enterprises schemes)	NPIGH financing schemes (excluding HF.2.2.2)	NPIGH financing schemes (including development agencies)	Enterprise financing schemes	Health care providers financing schemes	Health care providers financing schemes	Household out-of-pocket payment	Out-of-pocket excluding cost-sharing		
HC.1		Curative care	9,601.12	8,605.56	8,605.56	995.56	995.56	4,247.72	79.31	79.31	79.31	4,090.73	4,090.73	77.68	46.18	31.49	1,913.45	1,913.45	15,762.29	51.25
	HC.1.1	Inpatient curative	2,895.95	2,591.53	2,591.53	304.43	304.43	2,276.20	27.93	27.93	27.93	2,219.26	2,219.26	29.02	19.40	9.61	684.58	684.58	5,856.74	19.04
		HC.1.1.1 General inpatient	2,227.82	2,026.56	2,026.56	201.26	201.26	2,262.97	17.48	17.48	17.48	2,218.02	2,218.02	27.47	17.85	9.61	572.27	572.27	5,063.06	16.46
		HC.1.1.2 Specialised inpatie	668.13	564.96	564.96	103.17	103.17	13.24	10.45	10.45	10.45	1.24	1.24	1.55	1.55		112.31	112.31	793.68	2.58
	HC.1.3	Outpatient curative	6,705.17	6,014.04	6,014.04	691.13	691.13	1,847.61	51.38	51.38	51.38	1,847.57	1,847.57	48.66	26.78	21.88	1,228.87	1,228.87	9,881.65	32.13
		HC.1.3.1 General outpatient	5,776.75	5,420.35	5,420.35	356.40	356.40	1,923.38	28.39	28.39	28.39	1,846.33	1,846.33	48.66	26.78	21.88	1,154.00	1,154.00	8,854.13	28.79
		HC.1.3.2 Dental outpatient c	275.92	217.24	217.24	58.68	58.68	4.05	4.05	4.05	4.05								279.96	0.91
		HC.1.3.3 Specialised outpat	652.50	376.45	376.45	276.05	276.05	20.18	18.94	18.94	18.94	1.24	1.24				74.87	74.87	747.56	2.43
	HC.1.nec	Unspecified curative care (n.e.c.)	23.90					23.90				23.90	23.90						23.90	0.08
HC.2		Rehabilitative ca	16.55	16.55	16.55														16.55	0.05
	HC.2.3	Outpatient rehabil	16.55	16.55	16.55														16.55	0.05
HC.1+HC.2		Curative care an	9,617.68	8,622.12	8,622.12	995.56	995.56	4,247.72	79.31	79.31	79.31	4,090.73	4,090.73	77.68	46.18	31.49	1,913.45	1,913.45	15,778.85	51.31
	HC.1.1+HC.2.1	Inpatient curative	2,895.95	2,591.53	2,591.53	304.43	304.43	2,276.20	27.93	27.93	27.93	2,219.26	2,219.26	29.02	19.40	9.61	684.58	684.58	5,856.74	19.04
	HC.1.3+HC.2.3	Outpatient curative	6,721.72	6,030.59	6,030.59	691.13	691.13	1,847.61	51.38	51.38	51.38	1,847.57	1,847.57	48.66	26.78	21.88	1,228.87	1,228.87	9,898.20	32.18
	HC.1.nec + HC.2.nec	Other curative and rehabilitative care	23.90					23.90				23.90	23.90						23.90	0.08
HC.4		Ancillary services (non-specified by function)	1,281.35					1,281.35	0.75	0.75	0.75	1,279.80	1,279.80	0.80		0.80			1,281.35	4.17
	HC.4.1	Laboratory services	850.26					850.26				849.46	849.46	0.80		0.80			850.26	2.76
	HC.4.nec	Unspecified ancillary services (n.e.c.)	431.09					431.09	0.75	0.75	0.75	430.34	430.34						431.09	1.40
HC.5		Medical goods (	375.48			375.48	375.48	238.72	2.27	2.27	2.27	219.45	219.45	17.00		17.00			614.20	2.00
	HC.5.1	Pharmaceuticals a	375.48			375.48	375.48	17.77	0.77	0.77	0.77			17.00		17.00			393.25	1.28
		HC.5.1.1 Prescribed medici	375.48			375.48	375.48	17.77	0.77	0.77	0.77			17.00		17.00			393.25	1.28
	HC.5.2	Therapeutic appliances and Other medical goods	7.39					7.39				7.39	7.39						7.39	0.02
		HC.5.2.1 Glasses and Other vision products	7.39					7.39				7.39	7.39						7.39	0.02
	HC.5.nec	Unspecified medical goods (n.e.c.)	213.56					213.56	1.50	1.50	1.50	212.06	212.06						213.56	0.69
HC.6		Preventive care	1,891.64	1,891.64	1,891.64			7,463.67				7,462.37	7,462.37	1.31		1.31			9,355.32	30.42
	HC.6.1	Information, educa	16.60	16.60	16.60			897.80				896.60	896.60	1.21		1.21			914.40	2.97
		HC.6.1.2 Nutrition IEC progr	0.14	0.14	0.14			96.97				96.97	96.97						97.11	0.32
		HC.6.1.3 Safe sex IEC programmes	743.27					743.27				742.07	742.07	1.21		1.21			743.27	2.42
		HC.6.1.nec Other and unspec	16.46	16.46	16.46			57.56				57.56	57.56						74.02	0.24
	HC.6.2	Immunisation prog	56.18	56.18	56.18			222.53				222.53	222.53						278.71	0.91
		HC.6.2.1 Routine immunisation	222.53					222.53				222.53	222.53						222.53	0.72
		HC.6.2.nec Other Immunisatio	56.18	56.18	56.18														56.18	0.18
	HC.6.3	Early disease dete	9.87	9.87	9.87			124.01				124.01	124.01						133.88	0.44
	HC.6.4	Healthy condition	620.62	620.62	620.62			219.26				219.26	219.26						839.88	2.73
	HC.6.5	Epidemiological su	2.80	2.80	2.80			3,122.85				3,121.95	3,121.95	0.10		0.10			3,124.85	10.16
		HC.6.5.1 Planning & Management	2,650.18					2,650.18				2,650.18	2,650.18						2,650.18	8.62
		HC.6.5.2 Monitoring & Evaluation (M&E)	167.56					167.56				167.56	167.56						167.56	0.54
		HC.6.5.4 Interventions	0.27	0.27	0.27			81.20				81.10	81.10	0.10		0.10			81.47	0.26
		HC.6.5.4.1 Male circumcision	22.19					22.19				22.19	22.19						22.19	0.07
		HC.6.5.4.2 Condom promotion and distribution	15.74					15.74				15.64	15.64	0.10		0.10			15.74	0.05
		HC.6.5.4.nec Other and unspec	0.27	0.27	0.27			43.27				43.27	43.27						43.54	0.14
		HC.6.5.nec Unspecified epide	2.53	2.53	2.53			223.12				223.12	223.12						225.65	0.73
	HC.6.6	Preparing for disaster and emergency response programmes	16.49					16.49				16.49	16.49						16.49	0.05
	HC.6.nec	Unspecified preve	1,185.58	1,185.58	1,185.58			2,861.53				2,861.53	2,861.53						4,047.12	13.16
HC.7		Governance, an	2,580.33	2,203.00	2,203.00	377.33	377.33	1,102.37	19.85	19.85	19.85	1,082.53	1,082.53						3,682.70	11.97
	HC.7.1	Governance and H	2,203.00	2,203.00	2,203.00			1,016.42				1,016.42	1,016.42						3,219.42	10.47
		HC.7.1.1 Planning & Manag	881.20	881.20	881.20			852.30				852.30	852.30						1,733.50	5.64
		HC.7.1.2 Monitoring & Evalu	771.05	771.05	771.05			58.75				58.75	58.75						829.80	2.70
		HC.7.1.3 Procurement & su	550.75	550.75	550.75			94.19				94.19	94.19						644.94	2.10
		HC.7.1.nec Other governance and Health system administration (n.e.c.)	11.17					11.17				11.17	11.17						11.17	0.04
	HC.7.2	Administration of f	377.33			377.33	377.33	25.73	19.85	19.85	19.85	5.88	5.88						403.06	1.31
	HC.7.nec	Unspecified governance, and health system and financing administration (n.e.c.	60.22					60.22				60.22	60.22						60.22	0.20
HC.9		Other health care services not elsewhere classified (n.e.c.)															42.10	42.10	42.10	0.14
All HC			14,465.13	12,716.76	12,716.76	1,748.37	1,748.37	14,333.83	102.18	102.18	102.18	14,134.87	14,134.87	96.78	46.18	50.60	1,955.56	1,955.56	30,754.52	
Share of HF			47.03	41.35	41.35	5.68	5.68	46.61	0.33	0.33	0.33	45.96	45.96	0.31	0.15	0.16	6.36	6.36		

DISXFS.RI (2022)

Classification of diseases / conditions				Institutional units providing Kwacha (ZMK), Million	FS.RI.1.1 Government	FS.RI.1.2 Corporations	FS.RI.1.3 Households	FS.RI.1.5 Rest of the world	FS.RI.1.5.1 Bilateral donors	FS.RI.1.5.2 Multilateral donors	FS.RI.1.5.3 Private donors	All FS.RI	Share of DIS
DIS.1				Infectious and paras	3,769.31	150.83	764.93	8,936.10	6,854.73	1,893.36	188.00	13,621.18	56.41
	DIS.1.1			HIV/AIDS and Other S	158.81	5.40	44.88	7,036.52	6,507.39	466.37	62.76	7,245.61	30.00
		DIS.1.1.1		HIV/AIDS and Opportu	119.18	5.06	32.62	770.22	257.14	466.37	46.72	927.09	3.84
			DIS.1.1.1.1	HIV/AIDS	119.18	5.06	32.62	651.64	138.56	466.37	46.72	808.51	3.35
			DIS.1.1.1.2	TB/HIV				118.58	118.58			118.58	0.49
		DIS.1.1.nec		Unspecified HIV/AIDS	39.63	0.33	12.25	6,266.30	6,250.26		16.05	6,318.51	26.17
	DIS.1.2			Tuberculosis (TB)	65.77	3.36	27.80	412.66		412.66		509.59	2.11
		DIS.1.2.nec		Unspecified tuberculo	65.77	3.36	27.80	412.66		412.66		509.59	2.11
	DIS.1.3			Malaria	861.50	22.45	163.84	1,163.13	334.09	745.14	83.90	2,210.92	9.16
	DIS.1.4			Respiratory infections	578.93	12.62	99.43	17.67		4.95	12.71	708.65	2.93
	DIS.1.5			Diarrheal diseases	297.28	7.81	60.17	21.67	0.09	2.52	19.07	386.94	1.60
	DIS.1.6			Neglected tropical diseases				0.05	0.05			0.05	0.00
	DIS.1.7			Vaccine preventable d	526.14			152.46		152.46		678.60	2.81
	DIS.1.9			Public Health Emergencies of Interr	0.01			108.13	3.55	100.12	4.46	108.13	0.45
		DIS.1.9.2		Disease from coronavirus SARS-C	0.01			84.70		84.70		84.71	0.35
		DIS.1.9.nec		Other Public Health Emergencies of International Concern (				23.43	3.55	15.42	4.46	23.43	0.10
	DIS.1.nec			Other and unspecified	1,280.89	99.18	368.81	23.81	9.57	9.15	5.09	1,772.70	7.34
DIS.2				Reproductive health	1,369.33	78.65	472.22	625.60	24.06	333.26	268.28	2,545.80	10.54
	DIS.2.1			Maternal conditions	402.23	23.71	254.44	86.90	7.39	9.52	69.99	767.28	3.18
	DIS.2.2			Perinatal conditions	164.21	8.22	94.72	20.15	0.66	4.76	14.72	287.30	1.19
	DIS.2.3			Contraceptive manage	22.72	1.57	15.81	52.27	3.52	25.39	23.36	92.37	0.38
	DIS.2.nec			Unspecified reproduct	780.17	45.16	107.26	466.28	12.48	293.58	160.21	1,398.86	5.79
DIS.3				Nutritional deficienc	160.06	13.68	15.79	488.34		383.57	104.77	677.88	2.81
DIS.4				Noncommunicable d	5,061.49	229.67	1,286.71	78.58	14.33	58.15	6.10	6,656.45	27.57
	DIS.4.1			Neoplasms	560.32	16.12	132.10	45.27	14.33	24.84	6.10	743.81	3.08
	DIS.4.2			Endocrine and metabo	457.66	15.65	128.39	3.35		3.35		605.06	2.51
		DIS.4.2.1		Diabetes	77.05	0.57	23.83					101.45	0.42
		DIS.4.2.nec		Other and unspecified	380.61	15.08	104.56	3.35		3.35		503.60	2.09
	DIS.4.3			Cardiovascular diseas	600.50	19.44	161.30	4.42		4.42		785.66	3.25
		DIS.4.3.1		Hypertensive diseases	118.88	0.89	36.76					156.53	0.65
		DIS.4.3.nec		Other and unspecified	481.62	18.56	124.54	4.42		4.42		629.14	2.61
	DIS.4.4			Mental & behavioural d	684.70	18.26	145.97	4.80		4.80		853.73	3.54
		DIS.4.4.1		Mental (psychiatric) di	55.46							55.46	0.23
		DIS.4.4.2		Behavioural disorders	18.49							18.49	0.08
		DIS.4.4.3		Neurological condition	132.35	0.95	39.49					172.79	0.72
		DIS.4.4.nec		Unspecified mental & b	478.41	17.30	106.48	4.80		4.80		606.99	2.51
	DIS.4.5			Respiratory diseases	470.79	10.36	64.94	4.65		4.65		550.73	2.28
	DIS.4.6			Diseases of the digest	523.49	15.92	123.86	4.27		4.27		667.54	2.76
	DIS.4.7			Diseases of the genito	24.22	0.18	7.49					31.89	0.13
	DIS.4.8			Sense organ disorders	424.18	9.84	63.63	4.12		4.12		501.76	2.08
	DIS.4.9			Oral diseases	75.55	1.96	32.15					109.66	0.45
	DIS.4.nec			Other and unspecified	1,250.08	121.94	426.89	7.70		7.70		1,806.60	7.48
DIS.5				Injuries	453.54	33.11	122.94	3.35		3.35		612.95	2.54
DIS.nec				Other and unspecified diseases/conditio			33.77					33.77	0.14
All DIS					10,813.73	585.95	2,696.37	10,131.97	6,893.12	2,671.69	567.16	24,148.03	
Share of FS.RI					44.78	2.10	11.17	41.96	28.55	11.06	2.35		

DISXFS.RI (2023)

Classification of diseases / conditions				Institutional units providing Kwacha (ZMK), Million	FS.RI.1.1 Government	FS.RI.1.2 Corporations	FS.RI.1.3 Households	FS.RI.1.5 Rest of the world	FS.RI.1.5.1 Bilateral donors	FS.RI.1.5.2 Multilateral donors	FS.RI.1.5.3 Private donors	All FS.RI	Share of DIS
DIS.1				Infectious and paras	3,733.39	220.28	1,028.67	7,977.95	5,057.15	2,645.25	275.54	12,960.28	50.07
	DIS.1.1			HIV/AIDS and Other Se	192.93	9.90	39.58	5,570.51	4,563.15	889.41	117.94	5,812.93	22.46
		DIS.1.1.1		HIV/AIDS and Opportu	157.57	9.74	30.40	5,570.51	4,563.15	889.41	117.94	5,768.22	22.28
			DIS.1.1.1.1	HIV/AIDS	157.57	9.74	30.40	5,173.48	4,515.43	540.11	117.94	5,371.20	20.75
			DIS.1.1.1.2	TB/HIV				349.30		349.30		349.30	1.35
			DIS.1.1.1.nec	Unspecified HIV/AIDS and Ols (n.e.c.)				47.73	47.73			47.73	0.18
		DIS.1.1.nec		Unspecified HIV/AIDS	35.36	0.16	9.18					44.71	0.17
	DIS.1.2			Tuberculosis (TB)	97.59	5.74	15.83	813.50	167.99	645.51		932.66	3.60
		DIS.1.2.nec		Unspecified tuberculo	97.59	5.74	15.83	813.50	167.99	645.51		932.66	3.60
	DIS.1.3			Malaria	959.84	42.98	304.10	1,242.31	291.69	862.86	87.75	2,549.23	9.85
	DIS.1.4			Respiratory infections	616.79	25.30	209.93	10.93		0.84	10.09	862.95	3.33
	DIS.1.5			Diarrheal diseases	336.00	15.25	97.10	21.36	14.01	0.43	6.92	469.72	1.81
	DIS.1.7			Vaccine preventable diseases				212.52		212.52		212.52	0.82
	DIS.1.9			Public Health Emergencies of International Concern (PHEIC				39.23	5.97	31.45	1.81	39.23	0.15
		DIS.1.9.2		Disease from coronavirus SARS-CoV-2 (COVID-19)				33.19		31.37	1.81	33.19	0.13
		DIS.1.9.nec		Other Public Health Emergencies of International Concern (				6.05	5.97	0.07		6.05	0.02
	DIS.1.nec			Other and unspecified	1,530.24	121.10	382.12	67.59	14.32	2.24	51.03	2,081.05	8.04
DIS.2				Reproductive health	1,742.41	109.31	430.74	1,296.43	11.44	265.45	1,019.54	3,578.90	13.83
	DIS.2.1			Maternal conditions	657.50	36.53	216.97	131.06		16.74	114.31	1,042.06	4.03
	DIS.2.2			Perinatal conditions	247.40	12.37	75.94	95.97		8.71	87.26	431.69	1.67
	DIS.2.3			Contraceptive manage	40.44	2.46	3.92	754.10	0.16	145.60	608.35	800.93	3.09
	DIS.2.nec			Unspecified reproducti	797.07	57.95	133.91	315.30	11.28	94.40	209.62	1,304.22	5.04
DIS.3				Nutritional deficienc	169.71	16.98	20.50	505.41		430.55	74.86	712.59	2.75
DIS.4				Noncommunicable d	6,005.90	344.52	1,481.96	43.87	0.08	16.18	27.61	7,876.25	30.43
	DIS.4.1			Neoplasms	649.12	30.21	143.16	29.58		10.51	19.06	852.07	3.29
	DIS.4.2			Endocrine and metabo	571.84	28.78	112.39	0.65	0.08	0.57		713.65	2.76
		DIS.4.2.1		Diabetes	68.75	0.08	26.85					95.68	0.37
		DIS.4.2.nec		Other and unspecified	503.08	28.70	85.55	0.65	0.08	0.57		617.97	2.39
	DIS.4.3			Cardiovascular diseas	734.38	35.88	138.17	0.75		0.75		909.18	3.51
		DIS.4.3.1		Hypertensive diseases	106.08	0.12	41.68					147.88	0.57
		DIS.4.3.nec		Other and unspecified	628.30	35.76	96.49	0.75		0.75		761.30	2.94
	DIS.4.4			Mental & behavioural d	809.07	34.48	196.49	0.82		0.82		1,040.86	4.02
		DIS.4.4.1		Mental (psychiatric) di	63.90							63.90	0.25
		DIS.4.4.2		Behavioural disorders	21.30							21.30	0.08
		DIS.4.4.3		Neurological conditions	117.91	0.13	45.22					163.26	0.63
		DIS.4.4.nec		Unspecified mental & b	605.95	34.35	151.27	0.82		0.82		792.39	3.06
	DIS.4.5			Respiratory diseases	500.47	22.02	146.44	0.79		0.79		669.72	2.59
	DIS.4.6			Diseases of the digest	623.59	30.31	151.64	0.73		0.73		806.27	3.11
	DIS.4.7			Diseases of the genito	21.61	0.02	14.13					35.76	0.14
	DIS.4.8			Sense organ disorders	458.49	20.57	131.90	2.36		0.70	1.66	613.32	2.37
	DIS.4.9			Oral diseases	87.59	2.52	58.96					149.06	0.58
	DIS.4.nec			Other and unspecified	1,549.76	139.74	388.68	8.19		1.31	6.88	2,086.36	8.06
DIS.5				Injuries	529.96	40.80	124.43	0.57		0.57		695.76	2.69
DIS.nec				Other and unspecified diseases/conditio			61.40					61.40	0.24
All DIS					12,181.37	731.89	3,147.70	9,824.22	5,068.67	3,358.00	1,397.55	25,885.18	
Share of FS.RI					47.06	2.83	12.16	37.95	19.58	12.97	5.40		

DISXFS.RI (2024)

Classification of diseases / conditions				Institutional units providing Kwacha (ZMK), Million	FS.RI.1.1 Government	FS.RI.1.2 Corporations	FS.RI.1.3 Households	FS.RI.1.5 Rest of the world	FS.RI.1.5.1 Bilateral donors	FS.RI.1.5.2 Multilateral donors	FS.RI.1.5.3 Private donors	All FS.RI	Share of DIS
DIS.1				**Infectious and paras**	**3,745.62**	**214.31**	**893.97**	**12,129.67**	**10,156.09**	**1,603.43**	**370.14**	**16,983.57**	**55.22**
	DIS.1.1			HIV/AIDS and Other Se	**144.89**	**8.70**	**31.13**	**10,087.88**	9,481.09	510.34	96.45	**10,272.60**	**33.40**
		DIS.1.1.1		HIV/AIDS and Opportu	**104.65**	**8.36**	**25.28**	**10,087.42**	9,481.09	510.34	95.99	**10,225.71**	**33.25**
			DIS.1.1.1.1	HIV/AIDS	**104.65**	**8.36**	**25.28**	**9,979.59**	9,481.09	402.51	95.99	**10,117.88**	**32.90**
			DIS.1.1.1.2	TB/HIV				**107.82**		107.82		**107.82**	**0.35**
		DIS.1.1.nec		Unspecified HIV/AIDS	**40.24**	**0.34**	**5.85**	**0.46**			0.46	**46.89**	**0.15**
	DIS.1.2			Tuberculosis (TB)	**115.28**	**5.69**	**13.10**	**356.76**	191.11	165.64		**490.83**	**1.60**
		DIS.1.2.nec		Unspecified tuberculos	**115.28**	**5.69**	**13.10**	**356.76**	191.11	165.64		**490.83**	**1.60**
	DIS.1.3			Malaria	**1,012.96**	**39.47**	**208.08**	**1,131.24**	442.75	632.90	55.60	**2,391.75**	**7.78**
	DIS.1.4			Respiratory infections	**649.91**	**23.21**	**192.88**	**0.58**		0.58		**866.58**	**2.82**
	DIS.1.5			Diarrheal diseases	**355.51**	**14.06**	**91.87**	**37.46**	18.87	12.20	6.39	**498.90**	**1.62**
	DIS.1.7			Vaccine preventable diseases				**232.59**		232.59		**232.59**	**0.76**
	DIS.1.9			Public Health Emergencies of International Concern (PHEICs				**54.01**	2.75	48.13	3.14	**54.01**	**0.18**
		DIS.1.9.2		Disease from coronavirus SARS-CoV-2 (COVID-19)				**30.41**		27.27	3.14	**30.41**	**0.10**
		DIS.1.9.nec		Other Public Health Emergencies of International Concern (				**23.60**	2.75	20.86		**23.60**	**0.08**
	DIS.1.nec			Other and unspecified	**1,467.06**	**123.18**	**356.91**	**229.15**	19.52	1.06	208.56	**2,176.31**	**7.08**
DIS.2				**Reproductive health**	**1,893.04**	**111.33**	**421.45**	**1,660.88**	**33.45**	**745.06**	**882.37**	**4,086.70**	**13.29**
	DIS.2.1			Maternal conditions	**741.18**	**36.73**	**189.23**	**274.76**	0.11	32.09	242.56	**1,241.90**	**4.04**
	DIS.2.2			Perinatal conditions	**279.16**	**12.62**	**81.08**	**169.47**	0.05	16.04	153.37	**542.32**	**1.76**
	DIS.2.3			Contraceptive manage	**45.55**	**2.45**	**3.47**	**619.06**	1.74	428.99	188.33	**670.53**	**2.18**
	DIS.2.nec			Unspecified reproduct	**827.15**	**59.52**	**147.67**	**597.59**	31.55	267.93	298.11	**1,631.94**	**5.31**
DIS.3				**Nutritional deficienc**	**172.25**	**17.49**	**18.96**	**225.58**	**0.30**	**157.58**	**67.70**	**434.27**	**1.41**
DIS.4				**Noncommunicable d**	**6,655.76**	**346.66**	**1,340.98**	**116.53**	**22.35**	**15.88**	**78.30**	**8,459.93**	**27.51**
	DIS.4.1			Neoplasms	**831.14**	**31.51**	**121.39**	**32.48**	15.64	12.01	4.83	**1,016.51**	**3.31**
	DIS.4.2			Endocrine and metabo	**703.54**	**29.20**	**99.24**	**0.39**		0.39		**832.37**	**2.71**
		DIS.4.2.1		Diabetes	**78.25**	**0.56**	**20.80**					**99.61**	**0.32**
		DIS.4.2.nec		Other and unspecified	**625.29**	**28.64**	**78.43**	**0.39**		0.39		**732.76**	**2.38**
	DIS.4.3			Cardiovascular diseas	**787.33**	**33.67**	**174.27**	**0.51**		0.51		**995.79**	**3.24**
		DIS.4.3.1		Hypertensive diseases	**120.72**	**0.87**	**42.91**					**164.50**	**0.53**
		DIS.4.3.nec		Other and unspecified	**666.61**	**32.80**	**131.37**	**0.51**		0.51		**831.29**	**2.70**
	DIS.4.4			Mental & behavioural d	**855.07**	**32.10**	**143.00**	**0.96**		0.56	0.40	**1,031.12**	**3.35**
		DIS.4.4.1		Mental (psychiatric) dis	**62.08**			**0.11**			0.11	**62.18**	**0.20**
		DIS.4.4.2		Behavioural disorders	**20.69**			**0.08**			0.08	**20.77**	**0.07**
		DIS.4.4.3		Neurological conditions	**135.07**	**0.93**	**49.41**	**0.21**			0.21	**185.62**	**0.60**
		DIS.4.4.nec		Unspecified mental & b	**637.23**	**31.17**	**93.59**	**0.56**		0.56		**762.55**	**2.48**
	DIS.4.5			Respiratory diseases	**530.03**	**19.93**	**132.00**	**0.54**		0.54		**682.49**	**2.22**
	DIS.4.6			Diseases of the digest	**663.19**	**28.12**	**132.83**	**0.50**		0.50		**824.64**	**2.68**
	DIS.4.7			Diseases of the genito	**24.59**	**0.18**	**8.45**					**33.22**	**0.11**
	DIS.4.8			Sense organ disorders	**478.64**	**18.50**	**97.66**	**7.87**		0.48	7.39	**602.66**	**1.96**
	DIS.4.9			Oral diseases	**99.20**	**2.83**	**58.28**					**160.31**	**0.52**
	DIS.4.nec			Other and unspecified	**1,683.03**	**150.63**	**373.88**	**73.28**	6.70	0.90	65.68	**2,280.82**	**7.42**
DIS.5				**Injuries**	**567.29**	**42.86**	**126.73**	**11.08**		**0.39**	**10.68**	**747.95**	**2.43**
DIS.nec				**Other and unspecified diseases/conditio**			**42.10**					**42.10**	**0.14**
All DIS					**13,033.95**	**732.64**	**2,844.19**	**14,143.74**	**10,212.19**	**2,522.34**	**1,409.21**	**30,754.52**	
Share of FS.RI					**42.38**	**2.38**	**9.25**	**45.99**	**33.21**	**8.20**	**4.58**		

HPXFP (2022)

Health care providers				Factors of health care provision *Kwacha (ZMK), Million*	FP.1 Compensation of employees	FP.1.1 Wages and salaries	FP.1.2 Social contributions	FP.1.3 Other costs related to employees	FP.3 Materials and services used	FP.5 Other items of spending on inputs	FP.5.1 Taxes	FP.5.2 Other items of spending	FP.nec Unspecified factors of health care	All FP	Share of HP
HP.1				**Hospitals**	**4,101.02**	**3,766.95**		**334.07**	**5,247.22**	**445.91**		**445.91**		**9,794.15**	**40.56**
	HP.1.1			Non-Specialized H	**3,866.85**	3,540.79		326.06	**5,111.03**	**442.73**		442.73		**9,420.61**	**39.01**
		HP.1.1.1		Public Hospitals	**3,756.95**	3,522.88		234.06	**4,798.14**	**408.52**		408.52		**8,963.60**	**37.12**
			HP.1.1.1.1	First-Level Public	**1,432.79**	1,332.29		100.50	**1,177.17**	**92.55**		92.55		**2,702.51**	**11.19**
			HP.1.1.1.2	Second-Level Pub	**925.52**	917.51		8.01	**1,581.57**	**89.69**		89.69		**2,596.78**	**10.75**
			HP.1.1.1.3	Third-Level Public	**1,249.49**	1,140.54		108.95	**1,299.08**	**130.10**		130.10		**2,678.67**	**11.09**
			HP.1.1.1.nec	Other Public Hosp	**149.15**	132.54		16.61	**740.32**	**96.17**		96.17		**985.64**	**4.08**
		HP.1.1.2		Private For-Profit	**87.62**	14.33		73.29	**246.87**	**23.37**		23.37		**357.87**	**1.48**
		HP.1.1.3		Private Not for Pro	**18.01**	3.58		14.43	**52.69**	**6.56**		6.56		**77.26**	**0.32**
		HP.1.1.4		Employer-Owned	**4.28**			4.28	**13.33**	**4.28**		4.28		**21.88**	**0.09**
	HP.1.2			Mental health hos	**59.06**	59.06			**14.89**					**73.95**	**0.31**
	HP.1.3			Specialised hospit	**175.11**	167.10		8.01	**121.30**	**3.18**		3.18		**299.59**	**1.24**
HP.3				**Providers of am**	**1,269.81**	**931.62**		**338.19**	**4,863.20**	**118.93**	**0.01**	**118.92**		**6,251.94**	**25.89**
	HP.3.4			Ambulatory health	**1,269.81**	931.62		338.19	**4,863.20**	**118.93**	0.01	118.92		**6,251.94**	**25.89**
		HP.3.4.1		Family planning ce	**0.10**	0.10			**0.87**					**0.97**	**0.00**
		HP.3.4.5		Non-specialised a	**1,269.71**	931.53		338.19	**4,862.33**	**118.93**	0.01	118.92		**6,250.97**	**25.89**
			HP.3.4.5.1	Public Health Cent	**912.51**	897.30		15.21	**3,863.96**	**89.91**	0.01	89.91		**4,866.38**	**20.15**
			HP.3.4.5.nec	Other Non-specia	**357.21**	34.23		322.97	**998.37**	**29.01**		29.01		**1,384.59**	**5.73**
HP.4				**Providers of ancillary services**					**1,122.75**					**1,122.75**	**4.65**
	HP.4.2			Medical and diagnostic laboratories					**1,122.04**					**1,122.04**	**4.65**
	HP.4.9			Other providers of ancillary services					**0.71**					**0.71**	**0.00**
HP.5				**Retailers and Other providers of medical goods**					**272.53**					**272.53**	**1.13**
	HP.5.1			Pharmacies					**270.50**					**270.50**	**1.12**
	HP.5.2			Retail sellers and Other suppliers of durable medical goods a					**0.61**					**0.61**	**0.00**
	HP.5.9			All Other miscellaneous sellers and Other suppliers of pharm					**1.42**					**1.42**	**0.01**
HP.6				**Providers of pre**	**747.15**	**151.34**	**0.13**	**595.69**	**1,445.15**	**510.22**		**510.22**		**2,702.52**	**11.19**
HP.7				**Providers of he**	**1,533.28**	**1,239.93**	**0.47**	**292.88**	**1,296.67**	**1,101.18**		**1,101.18**		**3,931.13**	**16.28**
	HP.7.1			Government healt	**1,492.21**	1,216.57		275.64	**1,203.89**	**296.62**		296.62		**2,992.72**	**12.39**
	HP.7.2			Social health insurance agencies						**790.89**		790.89		**790.89**	**3.28**
	HP.7.3			Private health insu	**3.27**	2.80	0.47		**0.50**					**3.76**	**0.02**
	HP.7.9			Other administrati	**37.81**	20.56		17.24	**92.29**	**13.66**		13.66		**143.76**	**0.60**
HP.9				**Rest of the world**					**39.24**					**39.24**	**0.16**
HP.nec				**Unspecified health care providers (n.e.c.)**									**33.77**	**33.77**	**0.14**
All HP					**7,651.27**	**6,089.85**	**0.60**	**1,560.82**	**14,286.76**	**2,176.23**	**0.01**	**2,176.23**	**33.77**	**24,148.02**	
Share of FP					**31.68**	**25.22**	**0.00**	**6.46**	**59.16**	**9.01**	**0.00**	**9.01**	**0.14**		

HPXFP (2023)

Health care providers				Factors of health care provision *Kwacha (ZMK), Million*	FP.1	FP.1.1	FP.1.2	FP.1.3	FP.3	FP.5	FP.5.1	FP.5.2	FP.nec	All FP	Share of HP
					Compensation of employees	Wages and salaries	Social contributions	All Other costs related to employees	Materials and services used	Other items of spending on inputs	Taxes	Other items of spending	Unspecified factors of health care		
HP.1				**Hospitals**	**4,429.55**	**4,014.08**		**415.47**	**3,874.96**	**230.35**		**230.35**		**8,534.86**	**32.97**
	HP.1.1			Non-Specialized H	**4,163.34**	3,759.56		403.78	**3,692.28**	**225.66**		225.66		**8,081.28**	**31.22**
		HP.1.1.1		Public Hospitals	**4,000.42**	3,709.58		290.83	**2,635.46**	**119.46**		119.46		**6,755.33**	**26.10**
			HP.1.1.1.1	First-Level Public	**1,839.84**	1,731.71		108.14	**614.19**	**8.99**		8.99		**2,463.03**	**9.52**
			HP.1.1.1.2	Second-Level Pub	**1,072.90**	1,050.95		21.95	**542.87**	**4.69**		4.69		**1,620.45**	**6.26**
			HP.1.1.1.3	Third-Level Public	**1,004.20**	887.24		116.96	**709.93**	**46.88**		46.88		**1,761.01**	**6.80**
			HP.1.1.1.nec	Other Public Hosp	**83.48**	39.69		43.79	**768.47**	**58.90**		58.90		**910.85**	**3.52**
		HP.1.1.2		Private For-Profit I	**133.86**	39.98		93.88	**761.07**	**76.17**		76.17		**971.10**	**3.75**
		HP.1.1.3		Private Not for Pro	**29.07**	9.99		19.07	**295.75**	**30.03**		30.03		**354.84**	**1.37**
	HP.1.2			Mental health hosp	**71.99**	71.99			**13.22**					**85.20**	**0.33**
	HP.1.3			Specialised hospit	**194.22**	182.53		11.69	**169.47**	**4.69**		4.69		**368.38**	**1.42**
HP.3				**Providers of am**	**2,106.44**	**1,784.31**		**322.14**	**3,706.46**	**66.89**		**66.89**		**5,879.79**	**22.71**
	HP.3.4			Ambulatory health	**2,106.44**	1,784.31		322.14	**3,706.46**	**66.89**		66.89		**5,879.79**	**22.71**
		HP.3.4.1		Family planning ce	**0.06**	0.06			**1.11**					**1.17**	**0.00**
		HP.3.4.5		Non-specialised a	**2,106.38**	1,784.25		322.14	**3,705.35**	**66.89**		66.89		**5,878.62**	**22.71**
			HP.3.4.5.1	Public Health Cent	**1,727.92**	1,725.24		2.68	**2,436.47**	**18.17**		18.17		**4,182.56**	**16.16**
			HP.3.4.5.nec	Other Non-specia	**378.46**	59.01		319.46	**1,268.88**	**48.72**		48.72		**1,696.06**	**6.55**
HP.4				**Providers of ancillary services**					**615.80**					**615.80**	**2.38**
	HP.4.2			Medical and diagnostic laboratories					**481.16**					**481.16**	**1.86**
	HP.4.9			Other providers of ancillary services					**134.64**					**134.64**	**0.52**
HP.5				**Retailers and Other providers of medical goods**					**439.78**					**439.78**	**1.70**
	HP.5.1			Pharmacies					**436.59**					**436.59**	**1.69**
	HP.5.2			Retail sellers and Other suppliers of durable medical goods ar					**1.66**					**1.66**	**0.01**
	HP.5.9			All Other miscellaneous sellers and Other suppliers of pharma					**1.52**					**1.52**	**0.01**
HP.6				**Providers of pre**	**1,201.58**	**638.83**		**562.75**	**2,907.36**	**637.18**		**637.18**		**4,746.12**	**18.34**
HP.7				**Providers of he**	**2,217.11**	**1,749.00**	**0.66**	**467.45**	**2,172.79**	**739.95**	**12.86**	**727.09**		**5,129.85**	**19.82**
	HP.7.1			Government healt	**2,002.94**	1,614.89		388.05	**1,458.65**	**292.39**	12.86	279.53		**3,753.98**	**14.50**
	HP.7.2			Social health insu	**14.25**	2.26	0.66	11.33	**0.39**	**311.40**		311.40		**326.03**	**1.26**
	HP.7.9			Other administrati	**199.93**	131.85		68.08	**713.76**	**136.16**		136.16		**1,049.85**	**4.06**
HP.8				**Rest of econom**	**132.92**			**132.92**	**237.44**	**80.66**		**80.66**		**451.02**	**1.74**
	HP.8.2			All Other industrie	**120.99**			120.99	**201.65**	**80.66**		80.66		**403.30**	**1.56**
	HP.8.3			Community health	**11.93**			11.93	**35.79**					**47.73**	**0.18**
HP.9				**Rest of the wor**	**1.48**			**1.48**	**25.07**					**26.55**	**0.10**
HP.nec				**Unspecified health care providers (n.e.c.)**									**61.40**	**61.40**	**0.24**
All HP					**10,089.08**	**8,186.21**	**0.66**	**1,902.21**	**13,979.67**	**1,755.03**	**12.86**	**1,742.17**	**61.40**	**25,885.18**	
Share of FP					**38.98**	**31.63**	**0.00**	**7.35**	**54.01**	**6.78**	**0.05**	**6.73**	**0.24**		

HPXFP (2024)

Health care providers	Factors of health care provision *Kwacha (ZMK), Million*	FP.1	FP.1.1	FP.1.2	FP.1.3	FP.3	FP.5	FP.5.1	FP.5.2	FP.nec	All FP	Share of HP
		Compensation of employees	Wages and salaries	Social contributions	All Other costs related to employees	Materials and services used	Other items of spending on inputs	Taxes	Other items of spending	Unspecified factors of health care		
HP.1	**Hospitals**	**5,216.45**	**4,799.00**		**417.46**	**6,707.43**	**126.94**		**126.94**		**12,050.82**	**39.18**
HP.1.1	Non-Specialized H	**4,904.59**	4,500.83		403.76	**6,526.03**	**121.63**		121.63		**11,552.24**	**37.56**
HP.1.1.1	Public Hospitals	**4,714.62**	4,453.64		260.98	**6,001.90**	**71.95**		71.95		**10,788.48**	**35.08**
HP.1.1.1.1	First-Level Public	**2,182.85**	2,083.81		99.04	**483.75**	**5.31**		5.31		**2,671.91**	**8.69**
HP.1.1.1.2	Second-Level Pub	**1,317.45**	1,293.70		23.75	**3,682.77**	**5.31**		5.31		**5,005.53**	**16.28**
HP.1.1.1.3	Third-Level Public	**1,156.33**	1,048.83		107.49	**1,672.90**	**43.37**		43.37		**2,872.59**	**9.34**
HP.1.1.1.nec	Other Public Hosp	**58.00**	27.29		30.70	**162.48**	**17.96**		17.96		**238.44**	**0.78**
HP.1.1.2	Private For-Profit I	**153.65**	37.75		115.90	**422.66**	**37.40**		37.40		**613.72**	**2.00**
HP.1.1.3	Private Not for Pro	**32.97**	9.44		23.53	**93.43**	**9.42**		9.42		**135.82**	**0.44**
HP.1.1.4	Employer-Owned	**3.35**			3.35	**8.04**	**2.85**		2.85		**14.23**	**0.05**
HP.1.2	Mental health hos	**70.27**	69.87		0.39	**12.50**					**82.77**	**0.27**
HP.1.3	Specialised hospit	**241.60**	228.29		13.31	**168.89**	**5.31**		5.31		**415.81**	**1.35**
HP.3	**Providers of am**	**2,448.43**	**2,201.89**		**246.54**	**1,917.51**	**27.93**		**27.93**		**4,393.87**	**14.29**
HP.3.1	Medical practices						**0.79**		0.79		**0.79**	**0.00**
HP.3.1.1	Offices of general medical practitioners						**0.79**		0.79		**0.79**	**0.00**
HP.3.4	Ambulatory health	**2,448.43**	2,201.89		246.54	**1,917.51**	**27.14**		27.14		**4,393.09**	**14.28**
HP.3.4.1	Family planning ce	**0.16**			0.16	**0.49**					**0.66**	**0.00**
HP.3.4.5	Non-specialised a	**2,448.27**	2,201.89		246.38	**1,917.02**	**27.14**		27.14		**4,392.43**	**14.28**
HP.3.4.5.1	Public Health Cent	**2,183.55**	2,175.20		8.35	**1,149.14**	**4.78**		4.78		**3,337.47**	**10.85**
HP.3.4.5.nec	Other Non-specia	**264.71**	26.69		238.03	**767.88**	**22.36**		22.36		**1,054.96**	**3.43**
HP.4	**Providers of an**	**0.16**			**0.16**	**1,281.03**	**0.16**		**0.16**		**1,281.35**	**4.17**
HP.4.2	Medical and diagn	**0.16**			0.16	**1,280.28**	**0.16**		0.16		**1,280.60**	**4.16**
HP.4.9	Other providers of ancillary services					**0.75**					**0.75**	**0.00**
HP.5	**Retailers and Other providers of medical goods**					**2,245.71**					**2,245.71**	**7.30**
HP.5.1	Pharmacies					**2,024.75**					**2,024.75**	**6.58**
HP.5.2	Retail sellers and Other suppliers of durable medical goods ar					**7.39**					**7.39**	**0.02**
HP.5.9	All Other miscellaneous sellers and Other suppliers of pharma					**213.56**					**213.56**	**0.69**
HP.6	**Providers of pre**	**1,070.11**	**505.78**		**564.33**	**2,670.92**	**413.16**		**413.16**		**4,154.18**	**13.51**
HP.7	**Providers of he**	**2,069.48**	**1,727.27**	**1.00**	**341.20**	**1,066.89**	**590.71**	**0.05**	**590.66**		**3,727.07**	**12.12**
HP.7.1	Government healt	**1,958.64**	1,680.85		277.80	**874.20**	**156.65**	0.05	156.60		**2,989.49**	**9.72**
HP.7.2	Social health insu	**16.05**	2.06	1.00	12.98	**0.50**	**380.63**		380.63		**397.18**	**1.29**
HP.7.9	Other administrati	**94.79**	44.36		50.43	**192.19**	**53.43**		53.43		**340.41**	**1.11**
HP.8	**Rest of econom**	**846.34**			**846.34**	**1,411.94**	**563.55**		**563.55**		**2,821.83**	**9.18**
HP.8.2	All Other industrie	**845.32**			845.32	**1,408.87**	**563.55**		563.55		**2,817.73**	**9.16**
HP.8.3	Community health	**1.03**			1.03	**3.08**					**4.10**	**0.01**
HP.9	**Rest of the wor**	**2.02**	**0.47**		**1.55**	**35.56**					**37.58**	**0.12**
HP.nec	**Unspecified health care providers (n.e.c.)**									**42.10**	**42.10**	**0.14**
All HP		**11,652.99**	**9,234.40**	**1.00**	**2,417.58**	**17,336.99**	**1,722.43**	**0.05**	**1,722.39**	**42.10**	**30,754.52**	
Share of FP		**37.89**	**30.03**	**0.00**	**7.86**	**56.37**	**5.60**	**0.00**	**5.60**	**0.14**		