

**MAURITIUS
NATIONAL HEALTH ACCOUNTS
2018**

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Acronyms

CHC	Community Health Centre	IMR	Infant Mortality Rate
CHE	Current Health Expenditure	MOHW	Ministry of Health and Wellness
CHL	Central Health Laboratory	MRA	Mauritius Revenue Authority
EA	Enumeration Area	MRI	Magnetic Resonance Imaging
EMS	Economic Mission Statement	NBTS	National Blood Transfusion Service
FA	Classification of Financing Agents	NCD	Non-Communicable Diseases
FDI	Foreign Direct Investment	NGOs	Non-Governmental Organizations
FS	Classification of Revenues of Healthcare Financing Schemes	NHA	National Health Accounts
GDP	Gross Domestic Product	NPISH	Non-profit Institutions Serving Households
GGE	General Government Expenditure	OECD	Organization for Economic Cooperation and Development
GGHE	General Government Health Expenditure	OOP	Out-of-Pocket
GHSS	Government Health Service Statistics	PHC	Primary Health Care
GMIS	Government Medical Insurance Scheme	PvtHE	Private Health Expenditure
HAPT	Health Accounts Production Tool	QEH	Queen Elizabeth Hospital
HBS	Household Budget Surveys	RDI	Relative Development Index
HC	Classification of Healthcare Functions	RRA	Rodrigues Regional Assembly
HDI	Human Development Index	SHA	System of Health Accounts
HF	Classification of Healthcare Financing Schemes	SIDS	Small Island Developing State
HP	Classification of Healthcare Providers	SNA	System of National Accounts
HSR	Health Statistics Report	THE	Total Health Expenditure
ICHA	International Classification of Health Accounts	USAID	United States Agency for International Development
IEC	Information, Education and Communication	WHO	World Health Organization

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Last but not least, the Ministry is also grateful to all members of the NHA Committee for their valuable contribution in the development of NHA 2018.

A special word of thanks goes to Mr N. Beerjbhookhun, Management Support Officer for his dedication in developing this Report.

Foreword



I am delighted to present to the Nation the National Health Accounts (NHA) 2018 Report.

Government is committed to improving the health of the population. The Health Sector Strategic Plan (HSSP) 2020-2024, adopted by Government in July this year substantiates this fundamental commitment.

Health spending is one among the fundamentals that influences health outcomes. The successful implementation of the HSSP 2020-2024, which aims at pulling off optimal health outcomes, hinges on healthcare spending in the country and the cost-effective prioritization and allocation of financial resources.

To have a solid grasp on our health financing landscape for the prioritization and allocation of resources, it is imperative to undertake regular analysis of health spending. NHA which enable us to understand the source, magnitude, and flow of funds, from both the public and private sectors, provide powerful insights of healthcare spending in our national health system and which are eventually used for health financing policy.

Global spending on health was estimated at US\$ 7.8 trillion in 2017. How much did Mauritius spend on health out of this amount? The answer to this question is given in the current NHA Report, which indicates that, estimated Total Health Expenditure for the Republic of Mauritius, including the island of Rodrigues, in 2017, amounted to Rs 25.91 billion, representing US\$ 745 million.

During the same year, General Government Health Expenditure was Rs 12.04 billion and Private Health Expenditure was Rs 13.87 billion. Per capita spending on health increased from Rs 20,023 in 2016 to Rs 20,483 in 2017. Total Health Expenditure as a percentage of the Gross Domestic Product was 5.67%.

An estimated amount of Rs 17.20 billion was spent on the treatment of Non-Communicable Diseases, out of which, Rs 3.6 billion, were spent on cardiovascular diseases and Rs 973.4 million on hypertensive diseases. Spending on diabetes was estimated at Rs 1.2 billion, whereas expenditure on endocrine and metabolic disorders were to the extent of, Rs 1.5 billion. The country spent some Rs 1.2 billion on mental and behavioural disorders and neurological conditions.

I seize this opportunity to thank the World Health Organization for its sustained support to my Ministry. I extend my deepest gratitude to all stakeholders, both public and private, and members of the National Health Accounts Committee, for their contribution in the development of these health accounts.

A special note of thanks goes to Mr Yogendr'nath Ramful, Lead Health Analyst and officers of the Health Economics Unit of my Ministry for their dedication given in the development of the current health accounts and in the production of this Report.



20 October 2020

Dr the Hon Kailesh Kumar Singh JAGUTPAL
Minister of Health and Wellness

Vision & Mission Statement of the Ministry of Health and Wellness

VISION

A healthy nation with a constantly improving quality of life and well-being

MISSION

Reinforce our health services into a modern high performing quality health system, that is patient- centred, accessible, equitable, efficient and innovative.

Improve quality of life and well-being of the population through the prevention of communicable and non-communicable diseases, promote healthy lifestyles and an environment conducive to health.

Harness the full potential of Information and Communication technology to empower people to live healthy lives.

Ensure that the available human, financial and physical resources lead to the achievement of better health outcomes.

Facilitate the development of the Republic of Mauritius into a medical and knowledge hub and support the advancement of health tourism.

Executive Summary

The Republic of Mauritius spent some 25.91 Billion Rupees on healthcare in 2017, up by 2.4% from 2016

Total Health Expenditure, in Mauritius, was estimated at 25.39 Billion Rupees and Rodrigues spent approximately 527.10 Million Rupees in 2017

Spending by the Ministry of Health and Wellness was 10.76 Billion Rupees in 2017

Households' spending on healthcare amounted to some 11.63 Billion Rupees in 2017

Total Per Capita Expenditure on Health in 2017 amounted to some 20,483 Rupees

17.20 Billion Rupees were spent on Non-Communicable Diseases, including diabetes, cardiovascular diseases, cancer, respiratory diseases and cataract

What are National Health Accounts?

National Health Accounts (NHA) provides a systematic description of the financial flows of the overall consumption of healthcare goods and services in both public and private sectors. They constitute the systematic, comprehensive and consistent monitoring of resource flows in the national health system over a specified period of time.

Health accounts are usually displayed in standard sets of tables containing comprehensive, consistent, comparable, compatible and timely national health expenditure. NHA gives replies to key policy questions, such as, "Who pays for healthcare?", "How much does each entity in the system spend", "On what kind of services the money is spent?", "How these funds are distributed among the various health service providers?", "Who benefit from health spending?", "What diseases and conditions are consuming healthcare resources, and by how much?"

NHA is designed to facilitate the successful implementation of national health system goals and universal health coverage. The process of carrying out NHA promotes policy dialogue on key policy issues. Health accounts provide a vital input to the planning process and the establishment of overall resource envelopes. Besides, they are critical for the monitoring of the Sustainable Development Goals 3.8 and 3.9c and for the regular updating of the World Health Organization (WHO) Global Health Expenditure Database.

About this Report

NHA 2018 tracks national spending on healthcare services for calendar year 2017, starting from 01 January to 31 December 2017, in the Republic of Mauritius, including, the island of Rodrigues. The study 2018 was undertaken in close collaboration with Statistics Mauritius, which is the principal depository for all statistics produced in the country and with the support of the WHO.

In view of the fact that the accounts were exclusively developed in line with the WHO/OECD System of Health Accounts (SHA) 2011 Framework, the current report stages internationally comparable health accounts which are compatible with other aggregated economic and social accounts of Mauritius.

Methodology

To ensure the generation of accurate and reliable data for the current study, the adopted methodology was based on the integrative approach and the System of Health Accounts (SHA) 2011, as recommended by the World Health Organization. The integrative approach combines two methodologies, that is, primary data collection from both the financing and provider sides' perspectives.

A national survey on out-of-pocket expenditure on health was carried out to collect data and other relevant information from households. The survey was based on a multi-stage stratified cluster sample. It included a representative sample of 2,700 households in the main island of Mauritius and 675 households in Rodrigues. Households' coverage comprised 11,197 persons with 5,443 and 5,754 of the opposite sex. The coverage was representative of all regions, both urban and rural, across the two islands.

Non-stochastic (non-random) surveys were also conducted to collect data and other necessary information from private hospitals and laboratories, private firms, insurance companies, Government, and Local Government institutions as well as the Mauritius Revenue Authority (MRA). Information on expenditure related to the import of pharmaceutical products, medical disposables and medical non-durables were retrieved from the Customs Department, which operates under the aegis of the MRA.

Secondary data and health statistics were retrieved from "off-the-shelf" records. The Health Accounts Production Tool (HAPT), which is an internationally standardized software application, developed jointly by the World Health Organization and the USAID's Health Finance and Governance Project, was used to develop NHA 2018.

NHA 2018: Key Findings

Total Health Expenditure 2017

The current study reveals that the Republic of Mauritius, including the island of Rodrigues, spent an estimated total amount of Rs 25.91 billion on health in 2017. This estimated amount represents an increase of 2.4% compared to 2016, when Total Health Expenditure (THE) was Rs 25.30 billion.

Out of the estimated amount of Rs 25.91 billion, General Government Health Expenditure was Rs 12.04 billion and spending on health in the private sector, including out-of-pocket expenditure by households, was estimated at Rs 13.87 billion.

Total Health Expenditure, in the main island of Mauritius, was estimated at Rs 25.39 billion and Rodrigues spent around Rs 527 million on health. Gross Capital Formation amounted to approximately Rs 574 million and 41.6 million in Mauritius and the island of Rodrigues respectively.

Public Sector: “On what main healthcare services and goods, the money was spent, by Government, in 2017?”



Hospital Services
Rs 8.69 Billion



Ambulatory Services at
PHC Level
Rs 656 Million



Medication
Rs 1.05 Billion



Governance/ Administration
Rs 720 Million

Hospital services consumed the lion’s share of public healthcare spending in 2017, with an estimated expenditure of Rs 8.69 billion. Outpatient curative care services at the primary care level were provided at an estimated cost of Rs 656 million. Government spent approximately Rs 1.05 billion on pharmaceutical products. In addition, some Rs 720 million were spent on governance and health system administration in the public sector.

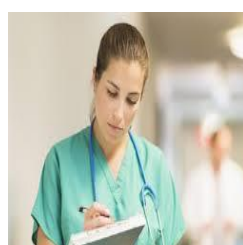
Private Sector: “On what main healthcare services and goods, households spent their money in 2017?”

Mauritians spend significantly on health in the private sector. High OOP spending on health is mainly, attributed to the increasing per capita income, more people going for private health insurance and soaring and unregulated prices for healthcare services in the private sector.

In 2017, household out-of-pocket (OOP) expenditure on health was estimated at Rs 11.54 billion in the main island of Mauritius, representing a decrease of 2.7 % compared to 2016. On the other hand, household OOP expenditure on health in Rodrigues, increased by 13%, from Rs 79 million in 2016 to Rs 89 million in 2017.



Medication
Rs 4.03 Billion



Consultation Fees
Rs 3.0 Billion



Private Hospitals
Rs 1.67 Billion



Ancillary Services
Rs 711 Million

In addition to the above, households spent approximately Rs 494 million on glasses and other vision products and some Rs 107 million on orthopedic appliances and prosthetics, including hearing aids. Furthermore, in 2017, an estimated amount of Rs 382 million was spent on inland transportation by Mauritians seeking care in both the public and private sectors. On the other hand, inhabitants in Rodrigues disbursed around Rs 11.7 million on health-related transport, which include both inland and air transportation costs.

Which NCDs, in 2017, consumed the largest share of healthcare expenditure, and by how much?

NHA 2018 is the second round of health accounts which track healthcare expenditure by diseases. 68% of the estimated current health expenditure of Rs 25.30 billion was spent on non-communicable diseases.



- Cardiovascular & Hypertensive Diseases: Rs 3.6 Billion
- Diabetes: Rs 1.2 Billion
- Cancer: Rs 988 Million
- Vision Disorders, including Cataract: Rs 1.1 Billion
- Respiratory Diseases: Rs 1.8 Billion
- Mental & Behavioral Disorders and Neurological Conditions: Rs 1.2 Billion
- Diseases of the Genito-Urinary System: Rs 1.8 Billion

Key Insights, 2017

Revenues of Healthcare Financing Schemes (FS)

(Where did the funds come from to finance healthcare services and what were the respective amounts?)

- Transfers from Government Domestic Revenue: Rs 11.45 billion
- Transfers distributed by Government from Foreign origin: Rs 20.89 million
- Voluntary Prepayment: Rs 1.75 billion
- Revenues from Households: Rs 11.63 billion
- Direct Foreign Transfers: Rs 44.26 million

Healthcare Financing Schemes (HF)

(How were health resources managed and organized and through which healthcare services were paid for and obtained by people?)

- Central Government Schemes: Rs 10.79 billion
- Municipalities and District Councils: Rs 642 million
- Voluntary Healthcare Payment Schemes: Rs 2.23 billion
- Household Out-of-Pocket Payment: Rs 11.63 billion

Financing Agents (FA)

(Which were the institutions that administered healthcare financing schemes, and how much did each of them administer?)

- Ministry of Health and Wellness: Rs 10.2 billion
- Other Ministries and Public units, including Commission for Health and Others and Commission for Social Security and Others in Rodrigues: Rs 585.76 million
- Commercial Insurance Companies: Rs 1.75 billion
- Non-profit Institutions Serving Households (NPISH): Rs 106.64 million
- Households: Rs 11.63 billion

Healthcare Providers (HP)

(What were the entities responsible to deliver healthcare goods and services, and by how much?)

- Public Hospitals: Rs 7.1 billion
- Private Hospitals: Rs 3.2 billion
- Mental Hospitals: Rs 463.3 million
- Other Specialized Hospitals: Rs 1.1 billion
- Providers of Preventive Care: Rs 832.6 million
- Providers of Ambulatory Healthcare: Rs 3.4 billion
- Providers of Ancillary Services: Rs 466.6 million
- Retailers and other Providers of Medical Goods: Rs 6.4 billion
- Providers of Healthcare System Administration and Financing: Rs 901.8 million
- Rest of Economy: Rs 862.6 million

Healthcare Functions (HC)

(On what services and goods the money was spent?)

- Curative care: Rs 15.0 billion
- Rehabilitative care: Rs 378.8 million
- Long-term care : Rs 332.8 million
- Laboratory services: Rs 254.0 million
- Imaging services: Rs 197.5 million
- Patient Transportation: Rs 393.6 million
- Pharmaceuticals and Other Medical Non-Durable Goods: Rs 5.5 billion, of which,
 - Prescribed Medicines: Rs 3.4 billion
 - Over-The-Counter Medicines: Rs 1.4 billion
 - Other Medical Non-Durable Goods: Rs 657.8 million
- Therapeutic Appliances and Other Medical Goods: Rs 827.8 million
- Preventive Care: Rs 790 million
- Governance, and Health System and Financing Administration: Rs 901.8 million
- Other Healthcare Services: Rs 627.3 million

Expenditure by Diseases (DIS)

- Infectious and Parasitic Diseases: Rs 1.8 billion
- Reproductive health: Rs 970.7 million
- Non-Communicable Diseases: Rs 17.2 billion, of which,
 - Cancer: Rs 987.9 million
 - Diabetes: Rs 1.2 billion
 - Cardiovascular Diseases: Rs 3.6 billion
 - Mental & Behavioral Disorders, and Neurological Conditions: Rs 1.2 billion
 - Respiratory Diseases: Rs 1.8 billion
 - Diseases of the Digestive: Rs 880.1 million
 - Diseases of the Genito-Urinary System: Rs 1.8 billion
 - Vision Disorders, including Cataract: Rs 1.1 billion
 - Other Sense Organ Disorders: Rs 1.3 billion
 - Oral Diseases: Rs 977.6 million

Capital Formation (HK)

(On which main types of assets investment was made by healthcare providers and by how much?)

- | | |
|---|--|
| <ul style="list-style-type: none"> ▪ Infrastructure: Rs 234.6 million ▪ Machinery and Equipment: Rs 351.4 million | <ul style="list-style-type: none"> ▪ Medical Equipment: Rs 290.2 million ▪ Unspecified Gross Fixed Capital Formation: Rs 17.48 million |
|---|--|

Other Health Financing Indicators

In 2017, per capita expenditure on health was approximately Rs 20,483 in the Republic of Mauritius. This corresponds to an increase of 2.3% compared to 2016. Per capita spending on health was estimated at Rs 20,770 in the main island of Mauritius, while in the island of Rodrigues, it was around Rs 12,310. Total Health Expenditure, as a percentage of the Gross Domestic Product, in the country was 5.67 % in 2017.

Per Capita spending on medical goods, including pharmaceutical products, in 2017, was Rs. 5,172.06 in the main island of amuritius, while in Rodrigues it was Rs. 1,340.93. That's very much less than the United States which spend around US\$ 1,457 (Rs. 52,160) per person.

International Comparison

NHA 2018 confirms the high correlation between per capita spending on health and the general health status of a population. In the United Kingdom and Singapore, where current health expenditure per capita is more than US\$ 2,500, life expectancy is over 80 years and child health indicators are figured at one digit.

On the other hand, in countries like Mauritius and Seychelles where per capita spending on health is below US\$ 800, life expectancy is in the range of 66 to 75 years and Infant Mortality Rate (IMR) ranges between 12.0 and 15.0 per thousand live births.

In 2017, Infant Mortality Rate (IMR) and under-five mortality rate per thousand live births in Singapore were 2.20 and 2.80 respectively, while, in Mauritius, IMR and under-five mortality rate per thousand live births were 12.20 and 14.30 respectively. In 2017, 8 maternal deaths per 100,000 live births were recorded in Singapore, while Mauritius recorded a maternal death rate of 74 per 100,000 live births.

Recommendations

Recommendations of the NHA 2018 include, the development of a National Health Financing Strategy, the review of resource allocation formula to ensure cost-effective allocation of resources to priority areas, the institutionalization of the Hospital Cost Centre Project in all Regional, District and Specialized Hospitals, amendment to the Private Health Institutions Act of 1989 for the collection of data from private health stakeholders and undertake regular surveys on household out-of-pocket expenditure on health and catastrophic expenditure on health.

1. Background

1.1 Economic Context

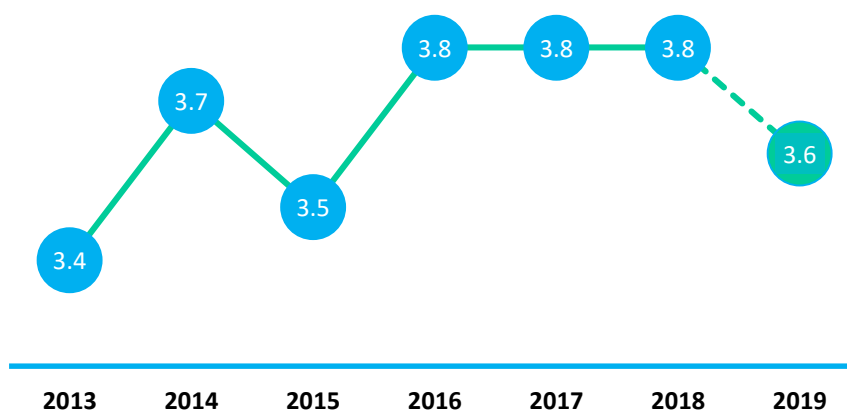
1.1.1 Mauritius is located off the south east coast of the Africa Continent in the Indian Ocean, about 900 kilometers east of Madagascar. The territory of Mauritius also incorporates the island of Rodrigues situated 560 kilometers north east to Mauritius mainland. In addition, there are two tiny dependencies, namely, the Agalega Islands and the Cargados Carajos.

1.1.2 The country's independence from Britain was proclaimed on 12 March 1968. Mauritius has a Westminster-type parliamentary system of Government and general elections are held once every five years. As at end of 2017, the population of the Republic of Mauritius was 1,265,309.

1.1.3 Mauritius was a sugar-based monoculture economy, with a stagnating GDP per capita of approximately US\$ 250 at the time of independence in 1968. Agriculture made up 25% of the Gross Domestic Product (GDP), and sugar accounted for over 90% of total exports. Unemployment was estimated at 20%.

1.1.4 The country has steadily made headway from a low-income agricultural-based economy to a diversified upper middle income economy. GDP growth was estimated at 3.8% in 2017, edging up from 3.4% in 2013. GDP per capita was Rs 361,456 or US\$ 10,393. [FIGURE I](#) illustrates the trend of economic growth rate in Mauritius from 2013 to 2019.

FIGURE I: Economic Growth Rate, 2013-2019



1.1.5 The combination of political stability, strong institutional framework, favourable regulatory environment and open trade policies has strongly contributed to a sustained economic growth. The main macroeconomic indicators of the Republic of Mauritius for the year 2017 are illustrated in [TABLE I](#).

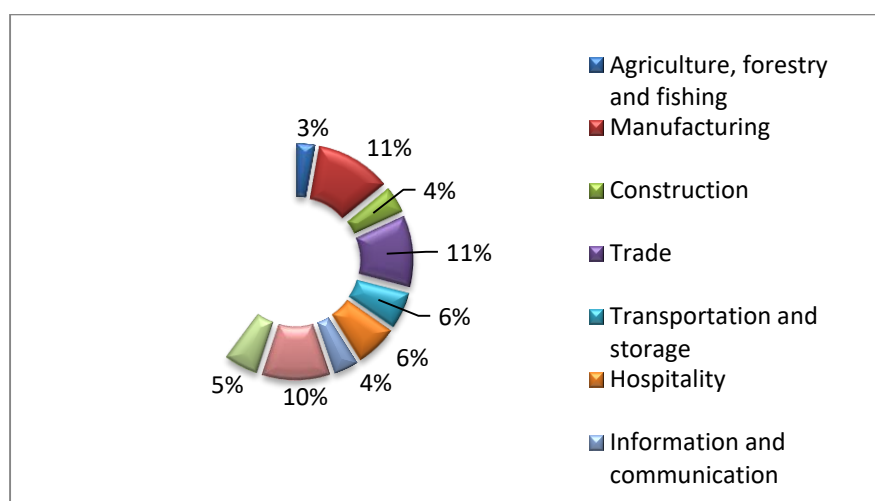
TABLE I: Economic Indicators, Republic of Mauritius, 2017

Indicators	Value: 2017
Gross Domestic Product at current market prices	Rs 457.2 billion (US \$ 13.1 billion)
Per Capita Income	Rs 361,456 (US \$ 10,393)
Economic Growth Rate	3.8 %
Total Exports of Goods and Services (f.o.b.)	Rs 194.1 billion (US \$ 5.6 billion)
Total Imports of Goods and Services (f.o.b.)	Rs 251.1 billion (US \$ 7.2 billion)
Investment Rate	17.4 %
Rate of Inflation	3.7 %
Unemployment Rate	7.1 %
Tourist Arrivals	1,341,860
Gross Earnings from Tourism	Rs 60.3 billion (US \$ 1.7 billion)

Source: Statistics Mauritius

1.1.6 Since the last two decades, the medical tourism and health tourism sectors have experienced a healthy growth and have attracted significant domestic and Foreign Direct Investment (FDI) in the country. The performance of Mauritius for its excellent doing business regime and transparency is globally acknowledged. The country is today acclaimed as a leading investment destination. The leading economic segments in Mauritius remain the services sector, as demonstrated in FIGURE II.

FIGURE II: Sectoral Contribution to GDP (%) 2018



Source: Statistics Mauritius

1.1.7 The number of foreign patients seeking medical care in the country has increased from 1,000 in 2005 to more than 12,000 in 2012. According to the Economic Development Board, more than 19,000 foreign patients travelled to Mauritius for both inpatient and outpatient procedures in 2017.

1.1.8 Mauritius is classified among the countries having achieved high human development. The 2018 United Nations Development Program Human Development Report (HDR) ranked Mauritius 65th among 189 countries. As regard its Human Development Index (HDI), the country has made constant progress.

Between 1990 and 2017, the HDI value of Mauritius has increased from 0.619 to 0.790, representing an increase of 27.6 percent.

1.1.9 The Economic Mission Statement (EMS) of Government is mainly directed towards Achieving the Second Economic Miracle and Vision 2030. The intention is to position Mauritius into the league of high income economies. The EMS lays emphasis on three core areas on which the development of Mauritius will be centered to transform the economy. These three key areas are, namely, a revamped and dynamic manufacturing base, development of the ocean industry and revisiting the services sector.

1.2 The National Healthcare System

1.2.1 Overview: The national healthcare system in Mauritius operates on a dual-track basis encompassing the public and the private sectors. Based on a total per capita expenditure on health of Rs 20,483 (US\$ 589), the country has one among the most expensive health-care systems in the Africa Region. Around 73% of the healthcare needs of the population are managed, free of any user cost, at the point of use, in the public sector. The remaining 27% of healthcare needs are dealt with in the private sector, on a fee basis, either through out-of-pocket payments, including deductibles or payments effected by private health insurers.

1.2.2 Public Sector: A dynamic public healthcare system is in place in Mauritius. It responds to changes within the evolving nature of medicine, changing patterns of diseases, the ageing of the baby boom generation population and increasing expectations of health consumers for enhanced quality of care. Government provides free health services, from primary and secondary services to specialized services, to the population.

1.2.3 The healthcare system in the public sector is best described as an interlocking set of primary, secondary and specialized healthcare institutions. Primary healthcare institutions serve a dual function. First, they provide direct provision of first-contact services. Second, they coordinate patients' health care services to ensure continuity of care.

1.2.4 In 2017, the PHC network, in the island of Mauritius, comprised 18 Area Health Centres, 116 Community Health Centres, 5 Medi-clinics and 2 Community hospitals. In 2017, 4,803,243 attendances were recorded at the primary healthcare institutions.

1.2.5 Services provided at the primary care level include prevention and treatment of common diseases and injuries, basic emergency services, referrals to and coordination with other levels of care, primary maternity care and healthy child development, specialized clinics, disease prevention and screening, health promotion, surveillance of communicable diseases, reproductive health and rehabilitation services.

1.2.6 General curative and specialized services are provided through a network of five regional hospitals, two district hospitals, one ophthalmology hospital, one ear/nose/throat hospital, one mental hospital, one chest hospital, one vascular centre and one cardiac centre. Total bed capacity of these hospitals was

3,707 in 2017. During the same year, the regional hospitals and the two district hospitals admitted 181,203 patients and undertook 37,390 surgical interventions. In addition, they recorded 2,463,154 outpatient cases in 2017.

1.2.7 Support services are critical for the provision of efficient, quality and cost-effective health services. The Central Health Laboratory (CHL) undertakes tests in the field of biochemistry, haematology, bacteriology, parasitology, virology and molecular biology, histopathology, cytopathology and blood transfusion services. In 2017, 14,586,794 pathological tests were carried out.

1.2.8 The National Blood Transfusion Service (NBTS) caters for the need of blood and blood components for all public and private health care institutions. In 2017, 44,406 pints of blood were collected with the assistance of the civil society, the Blood Donors Association, the Association of Blood Donation Organizers and other NGOs.

1.2.9 Imaging diagnostics comprise a variety of services that make use of imaging technology, such as x-rays and radiation for the diagnosis and monitoring of patients. A total number of 20,294 CT scans and 3,224 MRI were carried out in the public sector in 2017.

1.2.10 In line with its national policy and strategies on medicines, the Ministry of Health and Wellness ensures that patients attending public health institutions have access to essential medicines and health products they need, that the medicines and health products are safe, effective and of assured quality and that they are prescribed in the appropriate dosage forms and they are used rationally.

1.2.11 Furthermore, the responsibility for public health services, which includes sanitation, control of infectious diseases and health promotion, is shared between the Ministry of Health and Wellness and the Ministry of Local Government, Disaster and Risk Management, through Municipalities and District Councils.

1.2.12 Other entities in the public sector which are engaged in health, include the Ministry of Social Integration, Social Security and National Solidarity, Ministry of Education, Tertiary Education, Science and Technology, Ministry of Gender Equality and Family Welfare, Ministry of Local Government, Disaster and Risk Management, Ministry of Youth Empowerment, Sports and Recreation, Ministry of Defence, Home Affairs and External Communications, Ministry of Foreign Affairs, Regional Integration and International Trade and Ministry for Rodrigues, Outer Islands and Territorial Integrity.

1.2.13 Private Sector: The number of private hospitals increased from 12 in 2005 to 17 in 2017. Bed capacity in the sector which was 517 in 2005 improved to 664 in 2017. The private hospitals are mainly providers of curative and specialized services and their role in promoting Mauritius as a medical tourism hub is noteworthy. In 2017, private hospitals catered for some 236,789 patients, undertook some 24,329 surgical operations and also managed 3,650 birth deliveries, representing 29% of all births.

1.2.14 The private health sector also comprised some 30 private medical laboratories, 3 imaging and diagnostic centers and around 342 pharmaceutical retail outlets in 2017. In addition, there were around 40 Non-Governmental Organizations (NGOs) which were primarily involved in health promotion activities.

1.2.15 **Human Resources:** In 2017, the public health sector employed approximately 16,000 of the national health workforce. During the same year, there were 2,927 doctors, out of whom, 1514 including 326 specialists were working in the public sector. The number of doctors per 10,000 population was 23.1 in 2017. As far as dual practice is concerned, 299 specialists working in the public sector were allowed to undertake private practice in 2017.

1.2.16 Out of the total number of 401 dentists, 68 of them were employed by the State and 333 were working exclusively in the private sector. The number of dentists per 10,000 population stood at 3.2 in 2017. 531 pharmacists were registered in 2017, out of whom only 37 were working in the public health institutions and 494 were practicing in the private sector. The number of pharmacists per 10,000 population was 4.2.

1.2.17 Qualified nurses and midwives at work in the public sector, in 2017, numbered 4,016 out of a total number of 4,445. Other paramedical personnel employed in the public sector, included, 2,149 Hospital Attendants, 1,153 Health Care Assistants (General), 225 Medical Laboratory Technologists, 217 Pharmacy Technicians (including Store Manager) and 407 Health Records personnel.

1.2.18 The country context for Human Resources for Health in Mauritius is indicated in [TABLE II](#).

TABLE II: Country Context, Human Resources for Health, Mauritius

Year	2003		2008		2012		2017	
Grade	Number	Per 10,000 population	Number	Per 10,000 population	Number	Per 10,000 population	Number	Per 10,000 population
Doctor	1173	9.6	1,450	11.6	1,722	13.7	2,927	23.1
<i>Employed MOH</i>	765	6.2	852	6.8	1,000	8	1,514	12.0
<i>Private Sector</i>	408	3.4	598	4.8	722	5.7	1,413	11.1
Dentist	154	1.3	235	1.9	301	2.4	401	3.2
<i>Employed MOH</i>	54	0.4	61	0.5	59	0.5	68	0.5
<i>Private Sector</i>	100	0.9	174	1.4	242	1.9	333	2.5
Pharmacist	279	2.3	348	2.8	432	3.4	531	4.2
<i>Employed MOH</i>	20	0.2	20	0.2	23	0.2	37	0.3
<i>Private Sector</i>	259	2.1	328	2.6	409	3.2	494	3.9
Qualified Nurse & Midwife	2,958	24.1	3,400	27.3	3,737	29.7	4,445	35.1
<i>Employed MOH</i>	2,799	22.8	3,179	25.5	3,051	24.3	4,016	31.7
<i>Private Sector</i>	159	1.3	221	1.8	686	5.4	429	3.4

Source: Health Statistics Reports MOHW

1.3 Health System in Rodrigues



1.3.1 The island of Rodrigues, which is a constituency of the Republic of Mauritius, is located at approximately 560 km to the North East of the main island of Mauritius. With a surface area of 104 square kilometres, the estimated population of Rodrigues, as at end of December 2017, was 42,818. The main sources of income and economic activities are tourism, fishing and agriculture.

1.3.2 In October 2002, Rodrigues was granted a degree of autonomy resulting in the establishment of the Rodrigues Regional Assembly (RRA). The RRA is composed of 18 members with the Chief Commissioner who is responsible to oversee the administration of the internal affairs of the island.

1.3.3 The healthcare delivery system in Rodrigues falls under the purview of the Ministry of Health and Wellness. The latter is responsible to formulate the overall policy for health in the island. It is the Commission for Health and Others which is responsible for all health matters in Rodrigues.

1.3.4 In line with the overall social policies of the Republic of Mauritius, healthcare services from primary healthcare to curative care, including specialized services, are provided, free of any user cost, at the point of use, to the population in the island. Special arrangements have been made with the national carrier, Air Mauritius, to convey emergency cases to the main island of Mauritius.

1.3.5 The healthcare delivery system in Rodrigues comprises one main hospital, that is, the Queen Elizabeth Hospital (QEH) located at Crève Coeur, Port Mathurin and two Area Health Centres with inpatient facilities at Mont Lubin and La Ferme. There is also a network of fourteen primary health care centres across the island.

1.3.6 The Queen Elizabeth Hospital provides both ambulatory and inpatient services. In 2017, the bed capacity of the hospital was 171. [TABLE III](#) highlights some of the clinical services provided by the Queen Elizabeth Hospital.

TABLE III: Services Provided at Queen Elizabeth Hospital

Clinical Services		
Accident & Emergency	Physical Medicine	Dental Clinics
Outpatient Clinics	Neurosurgery	Orthodontics/Oral Surgery
Laboratory Services	Plastic Surgery	Ophthalmology
General Medicine	Cardiology	ENT
General Surgery	NCD Clinics	Oncology
Inpatient Services	Dispensing of drugs	STDs Clinics
Infectious Diseases	Dermatology	Gynaecology
Orthopaedics	Paediatric	Imaging Facilities
Psychiatry	Anaesthesia	Intensive Care
Renal Dialysis	Prenatal & Postnatal	

1.3.7 The two Area Health Centres at Mont Lubin and La Ferme, with a total bed capacity of 26, provide primary services and selective inpatient services on a twenty-four-hour basis. Some healthcare data for the QEH and primary care institutions for 2017 are indicated in TABLE IV.

TABLE IV: Summary of Work Performed in 2017

Institution	Bed Capacity	Outpatient Contacts	Admissions	Bed Occupancy Rate	Deliveries	Surgical Interventions
QEH	145	85,546	9,863	66.0	769	1,870
Mont Lubin A.H.C	22	63,658	1,151	24.8	12	-
La Ferme A.H.C	4	54,607	249	0.2	10	-
CHCs*	-	44,700	-	-	-	-
Total	171	248,511	11,263	58.7	791	1,870

1.3.8 In 2017, the private health sector, in Rodrigues, comprised two private pharmacies and two retail optician outlets. Eleven NGOs, including the Mauritius Family Planning Association, Action Familiale, Diabetic Pro Association, Association Lutte et Espoir and CRAC Anti-Drug Group, were also operating in the island.

1.3.9 In 2017, the health institutions in Rodrigues were manned by a team of 29 doctors, 3 dentists, 179 qualified nurses and midwives and other paramedical and manual workers. This represented one doctor for every 1,476 inhabitants, one dentist for every 14,273 inhabitants and one nurse/midwife for every 239 inhabitants in 2017.

1.3.10 Medical and dental personnel who are on the establishment of the Ministry of Health and Wellness are posted to the island on a tour of service basis. The Ministry of Health and Wellness, at the request of the Commission for Health and Others, provides technical support of specialists, as and when required.

1.4 Healthcare Financing

1.4.1 The healthcare financing system in Mauritius has undergone a transformation, since the sixties, from a mostly public funded system to a combination of both public and private financing mechanism. Publicly funded healthcare services are financed with general revenue raised through taxation, such as personal income tax and corporate taxes, sales taxes, including “sin taxes”, levies and other revenue.

1.4.2 The private sector provides healthcare services on a user fee basis, which is mainly collected through direct out-of-pocket payments and to a lesser extent, through private voluntary health insurance.

1.4.3 Prepayment healthcare financing, whereby people contribute to the cost of health care through voluntary health insurance schemes, provides financial protection to households who seek care in the private sector. Employment-based insurance policies include health insurance schemes covering employees of private firms. These policies are financed through contributions from both the employee and employer.

1.4.4 The trend of government spending on health through the Ministry of Health and Wellness has significantly increased in nominal value from Rs 22 million in 1968 to Rs 11.7 billion in 2017/18. Per capita public expenditure on health increased from Rs 28 to Rs 9,230 during the same period of time.

1.5 Health Status

1.5.1 Mauritius is performing well on the three health indicators which are commonly used to compare the health status among countries. In the last thirty years, life expectancy at birth has increased from 65 years to 74.8 years in 2017. Infant mortality rate per thousand live births has improved from 18.6 in 1991 to 12.2 in 2017. Maternal mortality rate which was 0.77 per thousand live births in 1991 declined to 0.74 in 2017. The incidence of HIV in the population was around 1% in the population in 2017.

1.5.2 The key health indicators, for the Republic of Mauritius, are illustrated in [TABLE V](#).

TABLE V: Key Health Indicators, Republic of Mauritius, 2017

Health Indicators	Value
Life Expectancy at Birth (Male)	71.5 years
Life Expectancy at Birth (Female)	78.1 years
Infant Mortality Rate (per 1000 live births)	12.2
Maternal Mortality Ratio (per 1000 live births)	0.74
Under-Five Mortality Rate (per 1000 live births)	14.3
Immunization Coverage (Public and Private sectors)	>95%
Prevalence Rate of HIV infection	1%
Prevalence of Type 2 Diabetes (20-74 years)(Mauritius)	20.5% (2015)
Burden of Non-Communicable Diseases (Mauritius)	80% (2015)

Source: Health Statistic Report 2017 and NCD Survey 2015

1.5.3 Premature morbidity and mortality associated with infectious, parasitic and water-borne diseases have significantly decreased. Most of these diseases are no longer a matter of critical concern for the country. Mauritius has also successfully implemented its reproductive health programme. In 2017, fertility rate was controlled at 1.40 in the island of Mauritius from a high level of 6.0 in the 1960s. The population growth rate between 2016 and 2017 was 0.1%.

1.5.4 According to the 2017 WHO Global Monitoring Report, the Universal Health Coverage Index for Mauritius was 64 in 2015. The Report also indicates that, in Mauritius, the percentage of people who spent more than 10% of their household budget on out-of-pocket health payments was 6.8% in 2015 and the percentage of people who spent more than 25% of their household budget on health was 1.0%.

1.5.5 TABLE VI below gives an indication of UHC Service Coverage Index and population with large health expenditures as a share of total expenditure or income.

TABLE VI: UHC Service Coverage Index

Selected Countries	UHC Service Coverage Index	Population with large health expenditures as a share of total expenditure or income*	
		Greater than 25%	Greater than 10%
1. Botswana	60	1.8%	8.5%
2. Canada	>=80	0.5%	2.6%
3. Fiji	66	0.2%	3.4%
4. Germany	79	0.1%	1.4%
5. U.S.A	>=80	0.8%	4.8%
6. Switzerland	>=80	6.7%	19.7%
7. Seychelles	68	N.A	N.A
8. Singapore	>80	N.A	N.A
9. U.K	>=80	0.5%	1.6%
10. Mauritius	64	1.0%	6.8%

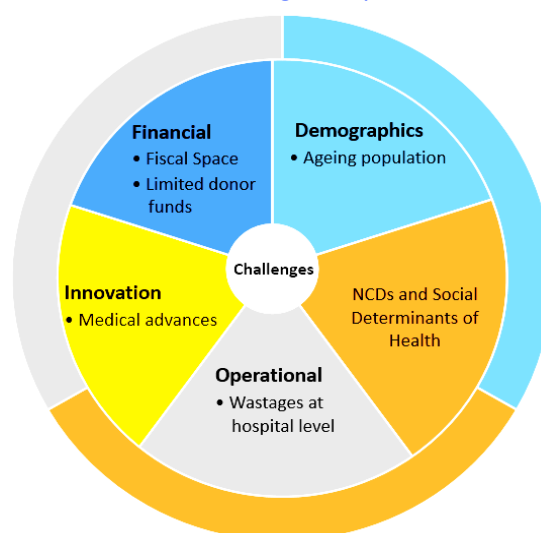
Source: Global Health Observatory, World Health Organization. *Percentage of people who spend more than 10% or 25% of their household budget on out-of-pocket health payments.

1.6 Challenges

1.6.1 The healthcare system in Mauritius is currently facing complex challenges, stemming partly from pressures, such as the growing prevalence of non-communicable diseases, an ageing population, rising labour costs, intensive use of expensive, yet vital lifesaving medical technologies, and higher expectations of patients for state-of-the-art services. In addition, the socio-economic determinants of health which enfold the behavioral, economic, social, lifestyle and environmental factors are also having a significant impact on the national health system of Mauritius.

1.6.2 FIGURE III shows the main challenges facing the national health system in Mauritius, including the island of Rodrigues.

FIGURE III: Health Challenges, Republic of Mauritius



1.6.3 Non communicable diseases, which include, cardiovascular diseases, diabetes, hypertension and cancer constitute nearly 80% of the burden of diseases in the country. The Mauritius NCD Survey 2015 estimated that there were some 257,442 people between the ages of 25 and 74 years with diabetes in the country. 32.3% of mortality in 2017 was due to cardiovascular diseases compared to 35.8% in 2000.

1.6.4 In 2017, 2,461 new cases of cancer were registered, out of which there were 1,488 new female cases and 973 new male cases. Cancer was the cause of the death of 1,402 persons in 2017, bringing the percentage of mortality caused by the disease to 11.1% of all deaths in that year.

1.6.5 The health gains of the past few decades in Rodrigues are also being threatened by the rising prevalence of non-communicable diseases, namely diabetes, hypertension and cardiovascular diseases. In 2017, out of 226 deaths, 30.5% were attributed to diseases of the heart and other circulatory diseases, while 15.9% deaths occurred due to diabetes and other endocrine, nutritional and metabolic diseases.

1.6.6 Mauritius is experiencing an ageing of its population, a trend that is projected to continue for the years to come. The ageing of the population is due to a combination of declining birth rates, leading to fewer young people, and increasing life expectancy, so that more people live into old age. If present fertility rates are maintained, it is projected that by 2034, the country will experience a decline in its population. Subsequently, the proportion of people aged 60 years and above will increase from around 18.3% in 2018 to 35.7% in 2058.

2. About this Report

2.1 National Health Accounts 2018

2.1.1 Collection, compilation, analysis and dissemination of official statistical indicators relating to the economic and social activities of Mauritius are undertaken by Statistics Mauritius. These macroeconomic indicators like Gross Domestic Product (GDP), economic growth rate, national income per capita and other socio-economic markers are extensively used by Government and the domestic private business community as well as the international community for analysis, decision-taking and policy-making. Likewise, it is essential to assemble information on the financial flows related to the consumption of healthcare goods and services in a country.

2.1.2 Health accounts describe a health system from an expenditure perspective. They provide a systematic description of the financial flows related to the consumption of healthcare goods and services in a country for a given period of time. NHA is mainly used for improving governance and accountability.

2.1.3 NHA organizes health expenditure data into tables that show the amount spent as well as the flow of resources, from financing sources to financing agents, then to providers of services and to the various healthcare goods and services provided, and diseases. By doing so, NHA provides answers to key health sector policy questions such as,

- How much does a country spend on healthcare?
- Who finances health in the country?
- How and by whom are health resources managed?
- Who are the key providers of healthcare services?
- What goods and services are provided?
- Who is paying and for what services?
- How much is allocated to priority health programmes?
- On which diseases/conditions the money is spent?

2.1.4 NHA 2018 is the country's fourth round of health accounts and is the second cycle making use of the SHA 2011 methodology and the Health Accounts Production Tool (HAPT). Besides, it is the second round which tracks healthcare spending on diseases.

2.2 Boundaries

2.2.1 Time and space boundaries are vital for the accurate production of health accounts. For the current study, estimated data were based on cash accounting, that is, actual health expenditures incurred during calendar year 2017, from 01 January to 31 December 2017.

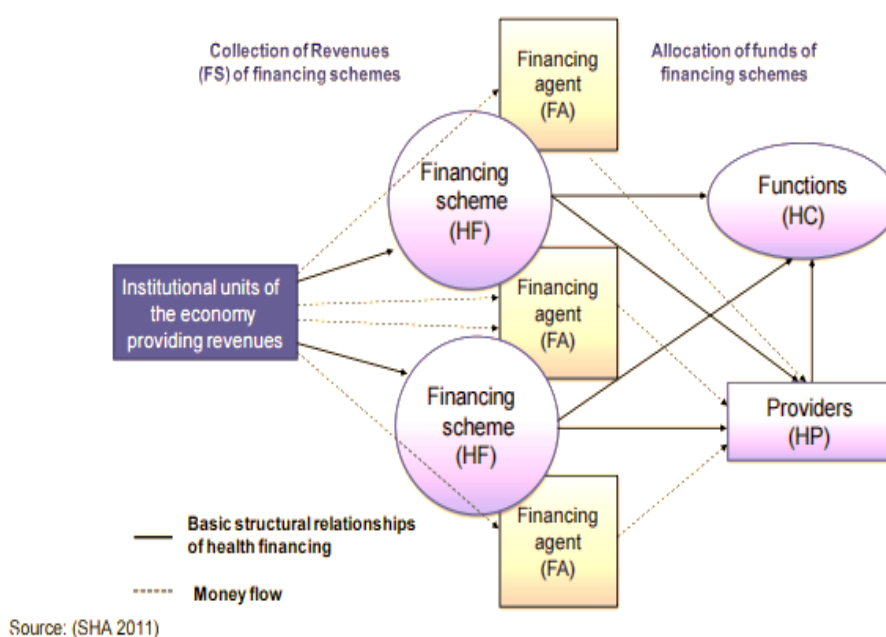
2.2.2 SHA 2011 focuses on final consumption of healthcare goods and services by the resident population, irrespective of where it takes place. Accordingly, NHA 2017 incorporates all expenditures made within the geographic boundary of the Republic of Mauritius, including the island of Rodrigues and spending by citizens abroad.

2.3 Classification ICHA-Codes for NHA 2018

2.3.1 NHA 2018 has been produced in line with the SHA 2011 financing framework which uses a tri-axial recording of each transaction to enable understanding of resource flows between financing, provision, and consumption. This approach ensures that the value of all healthcare goods and services consumed equals the value of healthcare goods and services financed and provided.

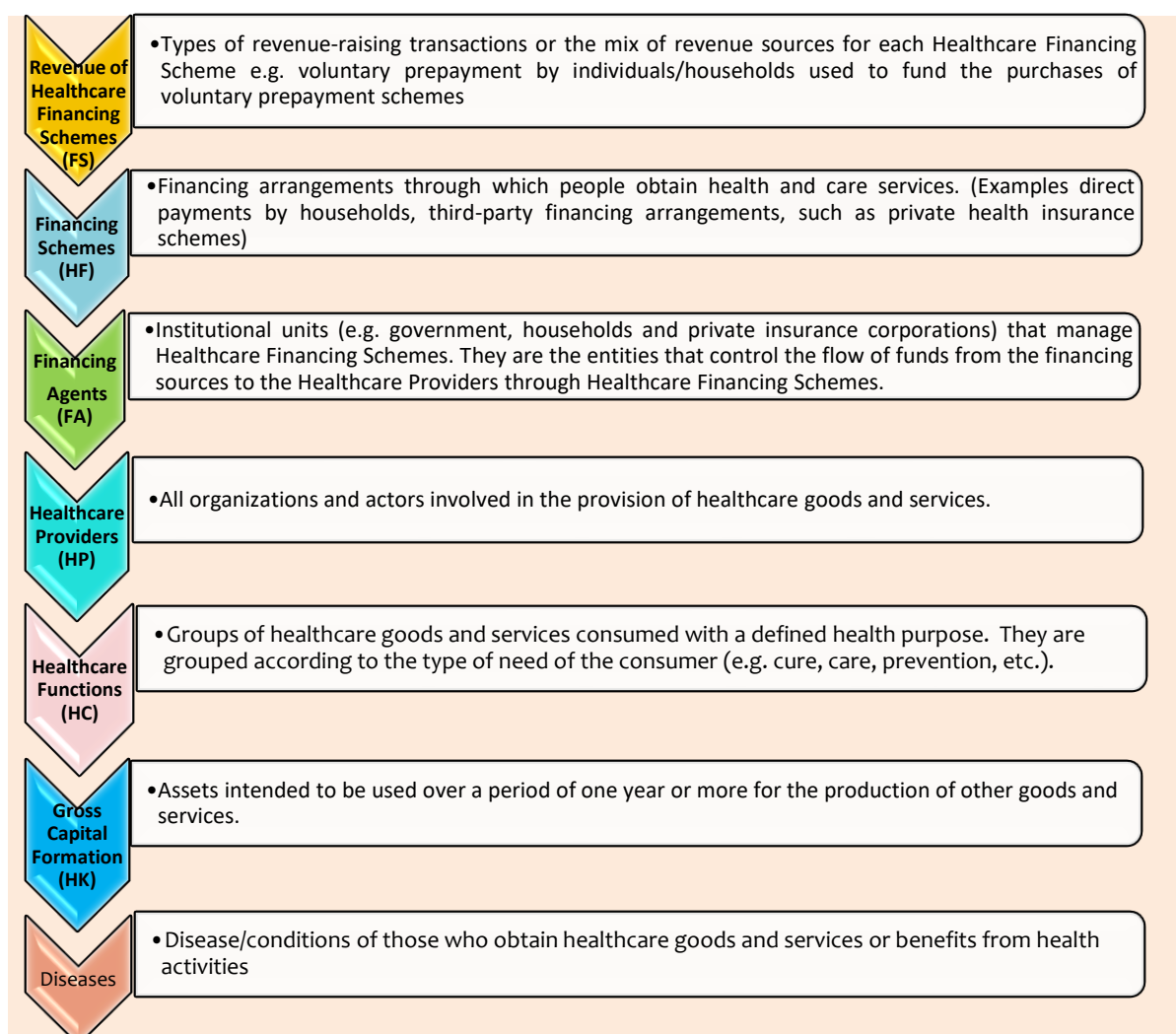
2.3.2 FIGURE IV displays a graphical representation of the SHA 2011 financing framework and it demonstrates the relationship between the key entities of the health financing system.

FIGURE IV: Graphical Representation of the SHA 2011 Financing Framework



2.3.3 Furthermore, SHA 2011 includes an associated set of classifications of financial flows known as the International Classification of Health Accounts (ICHA). The Classification ICHA-codes for Revenues of Healthcare Financing Schemes (FS), Healthcare Financing Schemes (HF), Financing Agents (FA), Healthcare Providers (HP), Healthcare Functions (HC), Diseases (DIS) and Gross Capital Formation (HK) categorize healthcare expenditures and describe how financial resources are generated, allocated and used in health systems. The definition of each of the health accounting dimensions is given in FIGURE V.

FIGURE V: Health Accounting Dimensions



2.4 NHA 2018 Matrices

2.4.1 In line with the SHA 2011 Framework, seven matrices have been developed for the current study. Each of the NHA matrices displays multiple facets of healthcare expenditure cross-tabulated by two of the dimensions as mentioned below:

- Health Expenditure by Revenues of Healthcare Financing Schemes and by Healthcare Financing Schemes (HF x FS), which analyses the ways and means a particular financing scheme collects its revenues. ([ANNEX III](#))
- Health Expenditure by Financing Agents and by Healthcare Financing Schemes (HF x FA), the purpose of which is to hint at the various types of institutional arrangements in place to govern

the funds of financing schemes. It replies to the question of “How is healthcare financing managed in the country?” ([ANNEX IV](#))

- Health Expenditure by Healthcare Financing Schemes and by Healthcare Providers (HP x HF), which tracks the flow of funds to the various providers of healthcare services. This table provides answers to questions like “Where does the money go?” and “From which providers are the services purchased under the particular financing schemes?” ([ANNEX V](#))
- Health Expenditure by Healthcare Financing Schemes and by Healthcare Functions (HC x HF), which answers the questions: “What kinds of services are ensured (purchased) under the different financing schemes?” and “How are the resources of the different financing schemes allocated among the different services?” ([ANNEX VI](#))
- Health Expenditure by Healthcare Providers and by Healthcare Functions (HC x HP), which tracks the flow of money from providers to the delivery of health goods and services. ([ANNEX VII](#))
- Health Expenditure by Healthcare Financing Schemes and by Diseases (DIS x HF). ([ANNEX VIII](#))
- Health Expenditure by Financing Agents and by Capital Goods (HK x FA), which displays how the acquisition of capital goods is financed. It answers the question “Who pays for investment?” ([ANNEX IX](#))

3. Objectives of NHA 2018

3.1 NHA 2018 is the fourth round of health accounts and its main objective is to strengthen health system governance and to support decision-making in the health sector.

3.2 The specific objectives of NHA 2018 are indicated in [FIGURE VI](#).

FIGURE VI: Specific Objectives



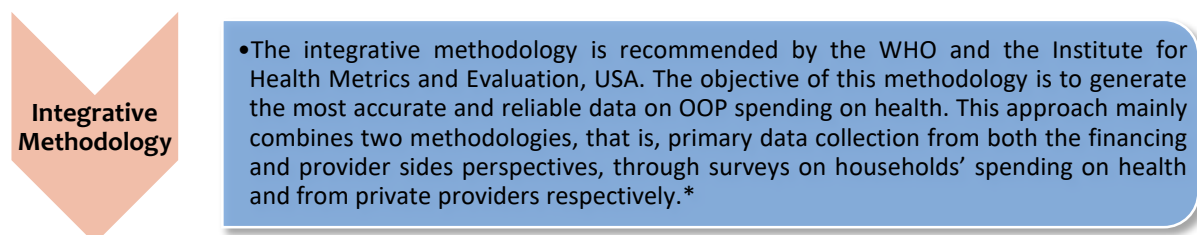
4. Methodology and Data Sources

4.1 Introduction

4.1.1 For its previous NHA studies undertaken in 2014 and 2016, the Ministry of Health and Wellness laid down a concrete and reliable methodological foundation for the collection of financial information on the flows of healthcare expenditures and revenues in Mauritius. This adopted methodology is based on the integrative approach (FIGURE VII) and the international classification of the System of Health Accounts (SHA) 2011. This methodology brings health accounting exercises in Mauritius in line with the best international practices.

4.1.2 The integrative strategy involves the analysis of all available data sources and weighing estimates of expenditure flows from different agents in the national health system. For example, at the household level, the integrative approach involves looking at expenditure from the perspectives of providers, that is, primary data collected from providers and also data collected from surveys on households' out-of-pocket expenditure on health. The current NHA is built upon this practice, with refinements.

FIGURE VII: Integrative Methodology



*Source: *Estimating out-of-pocket spending for national health accounts*, WHO, Geneva, 2010

4.2 Collection of Primary data from the Financing Perspective

4.2.1 NHA studies require the use of national surveys on Household Out-of-Pocket (OOP) expenditure on health to collect data on the flows of healthcare expenditure among households. These surveys provide a statistically accurate and representative picture of healthcare financing variables across the entire population of the Republic of Mauritius, including the island of Rodrigues.

4.2.2 Data were obtained from the latest national survey on household expenditure on health covering the period January to October 2017. This survey was based on a multi-stage stratified cluster sample and included a representative sample of 2,700 households in the main island of Mauritius and 675 households in Rodrigues. The total number of households in Mauritius was estimated at 370,683 and for Rodrigues, 10,849 in 2017. To estimate the Household OOP expenditure on health incurred in 2017, the extrapolation method was used.

Extrapolation is a process in which the value is estimated beyond the specific range of a given variable. It provides the estimate of the observation below or above the given values. The method of linear extrapolation, among the different methods of extrapolation available, was used. It is particularly useful when a linear function is given. It is done by drawing a tangent line at the endpoint of given graph and extending it beyond the limit. Linear extrapolation does provide good results when the point to be predicted is not too far from the given data.

4.2.3 The sample results were worked out for the whole population in Mauritius and Rodrigues and for the calendar year 2017 (twelve-month period). The questionnaire for the survey was designed in accordance with the SHA 2011 Framework. The classification of disease/ conditions by Global Burden of Disease (GBD) category was adapted.

4.3 Collection of Primary data from Providers

4.3.1 Non-stochastic (non-random) surveys are characterized by use of a non-representative but deterministic sampling, that is, a deliberate selection of respondents. These surveys generate a fairly large amount of information and they provide in-depth understanding of the healthcare financing system.

4.3.2 Questionnaires designed, in line with the SHA 2011, were sent to private hospitals, private firms, private laboratories, insurance companies, sugar estate dispensaries, commercial banks, and Non-Governmental Organizations, amongst others.

4.3.3 In addition, data were also collected, through non-random surveys, from governmental and local government institutions, as well as, the Mauritius Revenue Authority. Information on expenditure on the import of pharmaceutical products, medical disposables and medical non-durables, were retrieved from the Customs Department which operates under the aegis of the Mauritius Revenue Authority.

4.3.4 As recommended in the SHA Guide, section 10.4 (ONS, 2004), expenditure flows were examined from both the financing and provider perspectives, taking into account their respective strengths and weaknesses. The different estimates were weighed against each other to obtain the most reliable data on household out-of-pocket spending on health for the year 2017.

4.4 Consumption side perspective

4.4.1 The consumption side perspective represents estimations using data on the consumption of services e.g. composition of household spending on particular goods or services. Household Budget Surveys (HBS) undertaken by Statistics Mauritius are not dedicated surveys on health and provide estimates on value added. HBS surveys are undertaken to review/update the consumer price basket used for calculating inflation. Estimates with value-added are not compared with real expenditure on health.

4.4.2 On the other hand, data collected from household surveys on OOP expenditure on health may be compared with the gross output estimation of the health sector. However, the gross output estimation of

the health sector excludes spending on pharmaceuticals, hospital consumables and medical supplies, spending on glasses, wheelchairs etc., as these items are classified in wholesale and retail trade. Besides, spending on private health insurance and transport and overseas treatment are also excluded in the gross output estimation of the health sector.

4.4.3 The integrative methodology used for the present exercise ([ANNEX II](#)) estimates that households spent approximately Rs 11.63 billion on health in 2017. This estimated amount which represents the real expenditure value has been used for developing NHA 2018.

4.5 Secondary Data

4.5.1 Useful and reliable secondary financial data and health statistics were retrieved from “off-the-shelf” records. These secondary data were collected from different sources, including, audited accounts of the Ministry of Health and Wellness, Ministry of Social Integration, Social Security and National Solidarity, Ministry of Education, Tertiary Education, Science and Technology, Ministry of Gender Equality and Family Welfare, Ministry of Defence, Home Affairs and External Communications, Ministry of Foreign Affairs, Regional Integration and International Trade, Ministry of Local Government, Disaster and Risk Management, Ministry of Youth Empowerment, Sports and Recreation and Ministry for Rodrigues, Outer Islands and Territorial Integrity and the Commission for Health and Others and Commission for Social Security and Others, Rodrigues.

4.5.2 Other secondary data/ health indicators were obtained from the Health Statistics Report (HSR) 2017, Government Health Services Statistics (GHSS) 2017, MOHW and data from the Cost Analysis of Hospital Services, Victoria and Flacq Regional Hospitals, 2015.

4.6 Estimation of Health Expenditure by Diseases

4.6.1 Health expenditures by diseases were estimated using data from the Health Statistics Report (HSR) 2017, GHSS 2017 and the 2015 Cost Analysis of Hospital Services, Victoria and Flacq Regional Hospitals.

4.6.2 Inpatient expenditures by diseases, for the Ministry of Health and Wellness and Commission for Health and Others, Rodrigues, were estimated through the use of a proportion of total inpatient expenditure based on the utilization data from the HSR 2017 and the average length of stay from the GHSS 2017 for each disease.

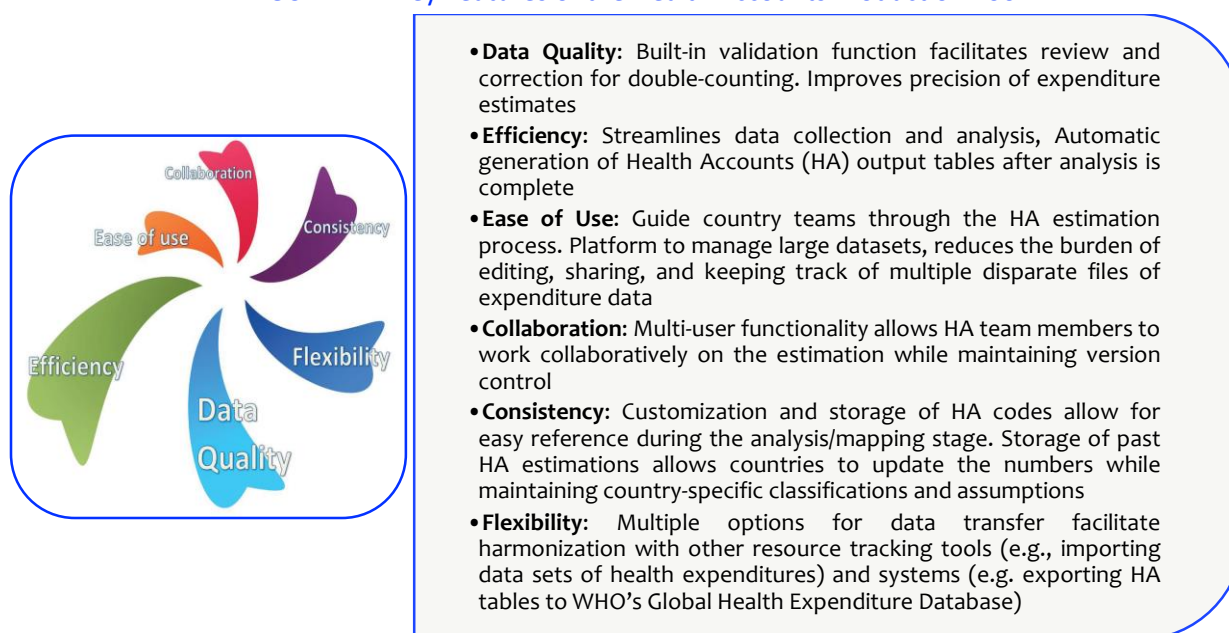
4.6.3 The estimation of outpatient expenditure by diseases was calculated by multiplying the utilization data in the HSR 2017 with the unit cost per outpatient visit as indicated in the Cost Analysis of Hospital Services, Victoria and Flacq Regional Hospitals, 2015. For other Ministries and public units, expenditure by diseases was obtained from non-stochastic surveys.

4.6.4 Household OOP spending by diseases were captured during the 2017 OOP Survey. For other entities operating in the private sector, health expenditure by diseases was obtained from non-stochastic surveys.

4.7 Health Accounts Production Tool (HAPT)

4.7.1 The Health Accounts Production Tool (HAPT) is an internationally standardized software application that provides core classifications of the SHA 2011. HAPT measures financial resource flows in the health sector to develop NHA. Key features of the HAPT are illustrated in [FIGURE VIII](#).

FIGURE VIII: Key Features of the Health Accounts Production Tool



4.7.2 The development of NHA 2018 focused on extensive data cleaning prior to their export into the HAPT. The tool assisted the NHA Team in the estimation of most reliable health accounts for the calendar year 2017 and in the development of the seven NHA matrices.

4.8 Validation of NHA 2018

4.8.1 The findings of this current study were validated by the NHA Committee 2019 which comprises representatives of the Ministry of Health and Wellness and other Ministries, including the representatives of Statistics Mauritius, the World Health Organization and the private sector. In addition, all data on household out-of-pocket expenditure on health for 2017 were validated by the World Health Organization.

4.9 Limitations

4.9.1 Health accounting is both an art and a science. To cite from paragraph 1.40 of chapter 1 of the Guide to producing national health accounts, with special applications for low-income and middle-income countries,

“It is never possible to estimate health expenditure perfectly and without error. All countries, no matter how sophisticated their systems, combine “hard” financial figures with “soft” estimates and extrapolations of hard-to-measure items. The NHA team should be prepared for some uncertainty, and should focus their attention on the big items, without becoming bogged down in small items of inaccuracy.” End of Citation.

4.9.2 The NHA 2018 Study has some degree of limitations. It does not allow for the measurement of the level of efficiency and effectiveness of the national health system because the SHA Framework is limited to the tracking of healthcare spending by different stakeholders. NHA does not deal with production costs or unit costs per intervention.

4.9.3 The above limitations do not detract the reliance and usefulness of the NHA 2018 Report.

5. An Outline of National Health Accounts 2018

5.1 The current report estimates, that, the Republic of Mauritius, including the island of Rodrigues, spent an estimated amount of Rs 25.90 billion on healthcare in 2017. This amount includes spending on health by Government, households and other entities of the private sector.

5.2 TABLE VII displays a summary of the health accounts of the Republic of Mauritius, including the island of Rodrigues, for the calendar year 2017, starting 01st January to 31st December 2017.

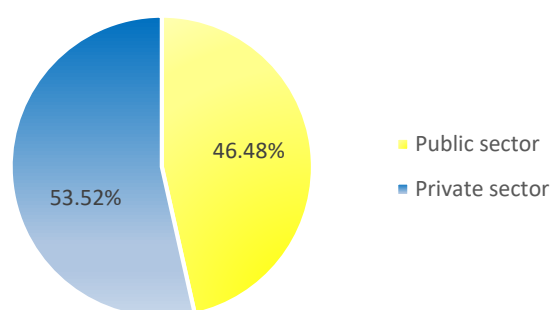
TABLE VII: Summary of National Health Accounts 2018

National Health Accounts Jan –Dec 2017	Island of Mauritius	Island of Rodrigues	Republic of Mauritius
	(Rs M)	(Rs M)	(Rs M)
Current Health Expenditure	24,810.64	485.55	25,296.20
Capital Formation	574.38	41.55	615.93
Total Health Expenditure	25,385.02	527.10	25,912.12
General Government Health Expenditure	11,613.72	430.83	12,044.55
Ministry of Health and Wellness	10,763.24	-	10,763.24
Ministry of Social Integration, Social Security and National Solidarity	165.79	-	165.79
Ministry of Defence, Home Affairs and External Communications	13.81	-	13.81
Ministry of Foreign Affairs, Regional Integration and International Trade	3.77	-	3.77
Other Ministries	13.11	-	13.11
Municipalities and District Councils	654.00	-	654.00
Commission for Health and Others - Rodrigues	-	424.85	424.85
Commission for Social Security and Others - Rodrigues	-	5.98	5.98
Private Health Expenditure	13,771.30	96.27	13,867.58
Households	11,541.40	88.77	11,630.17
Corporations (Other than insurance corporations)	378.35	-	378.35
Insurance corporations	1,747.54	-	1,747.54
NGOs'	64.85	7.51	72.36
World Health Organization	39.16	-	39.16

5.3 Out of the total estimated amount of Rs 25.90 billion, Total Health Expenditure, in the main island of Mauritius, was estimated at Rs 25.40 billion and Total Health Expenditure, in Rodrigues was Rs 527.10 million. Out of these estimated amounts, the main island of Mauritius spent Rs 574.40 million on capital formation, in 2017, while Rodrigues made a capital investment of approximately Rs 41.60 million.

5.4 The proportion of health expenditure, by Government and by private entities, including households, is illustrated in FIGURE IX.

FIGURE IX: Distribution of Total Health Expenditure, 2017



5.5 FIGURE IX indicates that Government spending on healthcare, in 2017, was 46.5% of Total Health Expenditure. This ratio represents an estimated amount of Rs 12.0 billion, which includes, spending by Government, through various financing agents in the public sector.

5.6 The Ministry of Health and Wellness was the main Financing Agent in the public sector, with an expenditure envelope, estimated at Rs 10.8 billion in 2017. Ministry of Social Integration, Social Security and National Solidarity spent approximately Rs 166 million, on healthcare goods and services, while the Ministry of Defence, Home Affairs and External Communications spent around Rs 13.8 million.

5.7 Healthcare spending by other Ministries, including the Ministry of Foreign Affairs, Regional Integration and International Trade amounted to some Rs 16.9 million. Municipalities and District Councils spent Rs 654 million on health.

5.8 In Rodrigues, the Commission for Health and Others and the Commission for Social Security and Others, in their capacity as financing agents, spent approximately Rs 424.90 million and Rs 5.98 million on healthcare services, respectively.

5.9 The chart above also indicates that, in 2017, the proportion of private healthcare expenditure was 53.5% of Total Health Expenditure. The figure of 53.5% represents an amount of around Rs 13.90 billion and includes, spending by households, up to an estimated amount, of Rs 11.60 billion. Private insurers paid some Rs 1.75 billion on behalf of people having private voluntary health insurance policies.

5.10 Furthermore, the chart illustrates that in 2017, Non-Governmental Organizations involved in healthcare activities, spent around Rs 72.4 million, while spending by the World Health Organization amounted to Rs 39.2 million. Private firms spent approximately Rs 378 million on health related services.

5.11 Approximately Rs 8.42 billion were spent by public hospitals, including specialized healthcare institutions for the provision of curative services, including amongst others, the treatment of 203,211 inpatients and the undertaking of 48,380 surgical interventions in 2017.

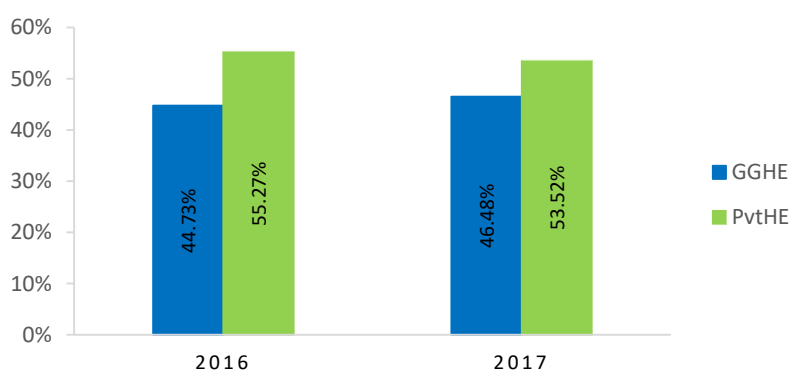
5.12 In 2017, the 17 private hospitals catered for around 236,789 patients, carried out 24,329 surgical interventions and 3,650 birth deliveries, amongst many other clinical activities, at an estimated cost of Rs 3.15 billion.

5.13 Total spending on medications, in 2017, amounted to approximately, Rs 5.52 billion in the Republic of Mauritius. Besides, an estimated amount of Rs 254 million was spent on laboratory services and approximately Rs 197.5 million on imaging diagnostics.

5.14 Non-Communicable Diseases (NCDs) consumed the lion's share of total healthcare expenditure in 2017. An estimated amount of Rs 3.64 billion was spent on cardiovascular diseases, Rs 1.20 billion on diabetes, Rs 1.80 billion on diseases of the genito-urinary system, Rs 1.12 billion on vision disorders, including cataract, Rs 1.21 billion on mental and behavioural disorders, including neurological conditions and Rs 1.84 billion on respiratory diseases, amongst others.

5.15 FIGURE X gives an indication of the proportion of General Government Health Expenditure (GGHE) and Private Health Expenditure (PvtHE) out of Total Health Expenditure for 2016 and 2017.

FIGURE X: Distribution of Total Health Expenditure, 2016 & 2017



5.16 The Total Health Expenditure (THE) of Rs 25.9 billion, in 2017, represents an increase of 2.42% from 2016. In 2017, Current Health Expenditure (CHE), accounted for 97.6% (Rs 25.3billion) of THE. Capital formation was estimated at Rs 616 million, representing 2.4% of THE. Private Health Expenditure, in 2017, including expenditure by the World Health Organization was 0.82% lower than that in 2016. General Government Health Expenditure increased by 6.43% during the period 2016 to 2017.

Other Healthcare Financing Indicators

5.17 TABLE VIII indicates various healthcare indicators based on findings of the current study.

TABLE VIII: National Health Accounts Indicators, Jan-Dec 2017

Indicators	Island of Mauritius	Island of Rodrigues	Republic of Mauritius
Total Health Expenditure (THE) as a % of GDP	-	-	5.67%
General Government Health Expenditure (GGHE) as a % of GDP	-	-	2.63%
Private Health Expenditure (PvtHE) as a % of GDP	-	-	3.03%
Current Health Expenditure (CHE) as a % of THE	97.74%	92.12%	97.62%
General Government Health Expenditure (GGHE) as a % of THE	45.75%	81.74%	46.48%
Private Health Expenditure (PvtHE) as a % of THE	54.25%	18.26%	53.52%
Household OOP Expenditure on Health as a % of THE	45.47%	16.84%	44.88%
Household OOP Expenditure on Health as a % of PvtHE	83.81%	92.20%	83.87%
General Government Health Expenditure (GGHE) as a % of GGE*	8.47%	12.05%	8.56%
Total Health Expenditure (THE) / capita (Rs)	20,769.65	12,310.25	20,483.33
Current Health Expenditure (CHE) / capita (Rs)	20,299.70	11,339.95	19,996.44
Capital Formation (HK) / capita (Rs)	469.95	970.30	486.89
General Government Health Expenditure (GGHE) / capita (Rs)	9,502.18	10,061.81	9,521.12
Private Health Expenditure (PvtHE) / capita (Rs)	11,267.48	2,248.44	10,962.21
Household OOP Expenditure on Health / capita (Rs)	9,443.01	2,073.08	9,193.55

* General Government Expenditure based on revised estimates for FY 2017/18

5.18 In 2017, Total Health Expenditure, as a percentage of GDP, was 5.67%, which represents a decline of 0.16% from 2016. General Government Health Expenditure as a percentage of GDP increased from 2.61% in 2016 to 2.63% in 2017. On the other hand, Private Health Expenditure as a percentage of GDP decreased by 0.19% during the same period of time.

5.19 Per capita expenditure on health, in 2017, was estimated at Rs 20,483 in the Republic of Mauritius. This corresponds to an increase of 2.30% from 2016. There has been an improvement of 2.18%, in the per capita spending on health from 2016 to 2017, in the main island of Mauritius.

5.20 In Rodrigues, per capita spending on health increased from Rs 11,277 in 2016 to Rs 12,310 in 2017, representing an increase of 9.16%.

6. National Health Accounts 2018: Analytical Findings

6.1 Revenues of Healthcare Financing Schemes (FS)

Revenues of Healthcare Financing Schemes are the various types of revenue received or collected by financing schemes. They inquire and reply to: "How much revenue is collected?" "In what ways the revenue is collected?" and "From which institutional units are revenues raised for each financing scheme?"

6.1.1 TABLE IX indicates where funds were obtained for healthcare spending, in the Republic of Mauritius, including the island of Rodrigues in 2017.

TABLE IX: Expenditure by Revenues of Healthcare Financing Schemes (FS), 2017

ICHA-Code	Description	Island of Mauritius		Island of Rodrigues		Republic of Mauritius	
		Rs M	%	Rs M	%	Rs M	%
FS.1	Transfers from government domestic revenue (allocated to health purposes)	11,054.43	44.56	393.47	81.04	11,447.91	45.26
FS.1.1	Internal transfers and grants	11,024.48	44.43	389.28	80.17	11,413.76	45.12
FS.1.4	Other transfers from government domestic revenue	29.96	0.12	4.19	0.86	34.15	0.13
FS.2	Transfers distributed by government from foreign origin	20.89	0.08	-	-	20.89	0.08
FS.5	Voluntary prepayment	1,747.54	7.04	-	-	1,747.54	6.91
FS.5.1	Voluntary prepayment from individuals/households	619.19	2.50	-	-	619.19	2.45
FS.5.2	Voluntary prepayment from employers	1,128.36	4.55	-	-	1,128.36	4.46
FS.6	Other domestic revenues n.e.c.	11,943.88	48.14	91.71	18.89	12,035.59	47.58
FS.6.1	Other revenues from households n.e.c.	11,541.40	46.52	88.77	18.28	11,630.17	45.98
FS.6.2	Other revenues from corporations n.e.c.	391.29	1.58	0.91	0.19	392.19	1.55
FS.6.3	Other revenues from NPISH n.e.c.	11.19	0.05	2.04	0.42	13.23	0.05
FS.6.3.1	Sale of goods and services and through self-raising fund activities	2.39	0.01	0.44	0.09	2.83	0.01
FS.6.3.nec	Other Other revenues from NPISH n.e.c.	8.80	0.04	1.60	0.33	10.40	0.04
FS.7	Direct foreign transfers	43.89	0.18	0.37	0.08	44.26	0.17
FS.7.1	Direct foreign financial transfers	43.89	0.18	0.37	0.08	44.26	0.17
FS.7.1.2	Direct multilateral financial transfers	40.01	0.16	-	-	40.01	0.16
FS.7.1.3	Other direct foreign financial transfers	3.88	0.02	0.37	0.08	4.25	0.02
	Current Health Expenditure	24,810.64	-	485.55	-	25,296.20	-
	Capital Formation	574.38	-	41.55	-	615.93	-
	Total Health Expenditure	25,385.02	-	527.10	-	25,912.12	-

6.1.2 In 2017, Government allocated Rs 11.45 billion for the financing of healthcare services, in both the main island of Mauritius and island of Rodrigues. This amount was exclusively used for current health expenditures. In addition, Government allocated Rs 608 million for capital investment. The Ministry of Health and Wellness also benefited from a transfer of approximately Rs 20.9 million from The Global Fund.

6.1.3 Households raised an estimated amount of Rs 11.6 billion in 2017, for the purchase of healthcare services in the private sector. The financing of healthcare services, in the private sector also included voluntary health insurance prepayment which amounted to some Rs 1.75 billion.

6.1.4 Other domestic financing sources for private health expenditure included Rs 395 million from corporations (Rs 392.19 million for current health expenditure and Rs 2.75 million for capital outlays) and Rs 18.1 million from NGOs (Rs 13.23 million for current health expenditure and Rs 4.88 million for capital outlays). Revenues of Healthcare Financing Schemes from the Rest of the World amounted to approximately Rs 44.3 million.

6.1.5 From 2016 to 2017, sources of funds from Government increased by 4.6% and corporations increased by 22.1%. However, direct financing by households declined by 2.67%, NGOs and direct foreign transfers declined by 69.4% and 5.01% respectively from 2016 to 2017.

6.2 Healthcare Financing Schemes (HF)

Healthcare Financing Schemes are the main “building blocks” of a country’s health financing system. They are the main types of financing arrangements through which health services are paid for and obtained by people.

6.2.1 Healthcare Financing Schemes, with ICHA-code HF, are defined as “financing arrangements through which health services are paid for and obtained by people”. They are the financial mechanisms through which funds flow from Revenues of Healthcare Financing Schemes to Financing Agents.

6.2.2 Government Healthcare Financing Schemes increased from Rs 11.3 billion to Rs 12.0 billion, representing an increase of 6.43% over the period 2016 to 2017. In 2017, Government Schemes, in the island of Mauritius, pooled approximately Rs 11.05 billion for current health expenditure and Rs 566.75 million for funding capital investments.

6.2.3 In the island of Rodrigues, the Government Healthcare Financing Schemes in 2017 were estimated at Rs 430.83 million, out of which, Rs 389.28 million were allocated to meet current health expenditures and Rs 41.55 million for capital investment.

6.2.4 Household Out-of-Pocket payment schemes, excluding cost-sharing, were estimated at Rs 11.6 billion in 2017, representing a decrease of Rs 319 million since 2016. During the same year, voluntary health insurance schemes, in the Republic of Mauritius, were estimated at Rs 1.75 billion.

6.2.5 NPISH financing schemes were estimated at Rs 106.64 million in 2017, out of which, resident foreign agencies schemes were Rs 39.2 million and other NPISH financing schemes (NGOs) were around Rs 67.5 million. NGOs financing schemes decreased from an estimated amount of Rs 144.50 million in 2016, to approximately Rs 67.5 million in 2017. Enterprise financing schemes increased from Rs 283.80 million in 2016 to Rs 375.60 million in 2017.

6.2.6 TABLE X illustrates the respective amount of funds that flowed through various Healthcare Financing Schemes in the Republic of Mauritius, including the island of Rodrigues, in 2017.

TABLE X: Expenditure by Healthcare Financing Schemes (HF), 2017

ICHA-Code	Description	Island of Mauritius		Island of Rodrigues		Republic of Mauritius	
		Rs M	%	Rs M	%	Rs M	%
HF.1	Government schemes and compulsory contributory health care financing schemes	11,046.97	44.53	389.28	80.17	11,436.25	45.21
HF.1.1	Government schemes	11,046.97	44.53	389.28	80.17	11,436.25	45.21
HF.1.1.1	Central government schemes	10,404.88	41.94	389.28	80.17	10,794.16	42.67
HF.1.1.2	State/regional/local Government schemes	642.09	2.59	-	-	642.09	2.54
HF.2	Voluntary health care payment schemes	2,222.27	8.96	7.51	1.55	2,229.78	8.81
HF.2.1	Voluntary health insurance schemes	1,747.54	7.04	-	-	1,747.54	6.91
HF.2.1.1	Primary/substitutory health insurance schemes	1,747.54	7.04	-	-	1,747.54	6.91
HF.2.1.1.1	Employer-based insurance (Other than enterprises schemes)	1,128.36	4.55	-	-	1,128.36	4.46
HF.2.1.1.3	Other primary coverage schemes	619.19	2.50	-	-	619.19	2.45
HF.2.2	NPISH financing schemes (including development agencies)	99.13	0.40	7.51	1.55	106.64	0.42
HF.2.2.2	Resident foreign agencies schemes	39.16	0.16	-	-	39.16	0.15
HF.2.2.nec	Unspecified NPISH financing schemes (n.e.c.)	59.97	0.24	7.51	1.55	67.48	0.27
HF.2.3	Enterprise financing schemes	375.59	1.51	-	-	375.59	1.48
HF.2.3.1	Enterprises (except health care providers) financing schemes	375.59	1.51	-	-	375.59	1.48
HF.3	Household out-of-pocket payment	11,541.40	46.52	88.77	18.28	11,630.17	45.98
HF.3.1	Out-of-pocket excluding cost-sharing	11,541.40	46.52	88.77	18.28	11,630.17	45.98
	Current Health Expenditure	24,810.64	-	485.55	-	25,296.20	-
	Capital Formation	574.38	-	41.55	-	615.93	-
	Total Health Expenditure	25,385.02	-	527.10	-	25,912.12	-

6.3 Financing Agents (FA)

Financing Agents are institutions and units that administer healthcare financing schemes. They implement the revenue collection and/or the purchasing of goods and services.

6.3.1 Financing agents that administer healthcare financing schemes in the country, include, the Ministry of Health and Wellness, Ministry of Social Integration, Social Security and National Solidarity, Ministry of Defence, Home Affairs and External Communications, Ministry of Foreign Affairs, Regional Integration and International Trade, Municipalities and District Councils, the Commission for Health and Others and the Commission for Social Security and Others in Rodrigues, insurance corporations, NGOs, Households and Rest of the World.

6.3.2 TABLE XI displays the various Financing Agents, both in the main island of Mauritius and the island of Rodrigues, that were responsible to manage multiple Healthcare Financing Schemes, along with their respective expenditures for 2017.

TABLE XI: Expenditure by Financing Agents (FA), 2017

ICHA-Code	Description	Island of Mauritius		Island of Rodrigues		Republic of Mauritius	
		Rs M	%	Rs M	%	Rs M	%
FA.1	General government	11,046.97	44.53	389.28	80.17	11,436.25	45.21
FA.1.1	Central government	10,404.88	41.94	389.28	80.17	10,794.16	42.67
FA.1.1.1	Ministry of Health and Wellness	10,208.40	41.15	-	-	10,208.40	40.36
FA.1.1.2	Other ministries and public units (belonging to central government)	196.48	0.79	389.28	80.17	585.76	2.32
FA.1.2	State/Regional/Local government	642.09	2.59	-	-	642.09	2.54
FA.2	Insurance corporations	1,747.54	7.04	-	-	1,747.54	6.91
FA.2.1	Commercial insurance companies	1,747.54	7.04	-	-	1,747.54	6.91
FA.3	Corporations (Other than insurance corporations) (part of HF.RI.1.2)	375.59	1.51	-	-	375.59	1.48
FA.3.2	Corporations (Other than providers of health services)	375.59	1.51	-	-	375.59	1.48
FA.4	Non-profit institutions serving households (NPISH)	99.13	0.40	7.51	1.55	106.64	0.42
FA.5	Households	11,541.40	46.52	88.77	18.28	11,630.17	45.98
	Current Health Expenditure	24,810.64	-	485.55	-	25,296.20	-
	Capital Formation	574.38	-	41.55	-	615.93	-
	Total Health Expenditure	25,385.02	-	527.10	-	25,912.12	-

6.3.3 In 2017, households, with an estimated current healthcare spending Rs 11.5 billion, remained the principal financing agent, in the main island of Mauritius, as it was the case in 2016. Private health insurance companies spent an estimated amount of Rs 1.75 billion in 2017. Corporations (other than insurance companies) managed 1.51% of current healthcare expenditure, that is, Rs 375.60 million in 2017, compared to 1.16% in 2016.

6.3.4 The Ministry of Health and Wellness spent approximately Rs 10.2 billion of current health expenditure in 2017 compared to Rs 9.77 billion in 2016. Other Ministries, including the Ministry of Social Integration, Social Security and National Solidarity, Ministry of Defence, Home Affairs and External Communications and Ministry of Foreign Affairs, Regional Integration and International Trade, administered Rs 196.48 million of current health expenditure in 2017.

6.3.5 Non-Profit Institutions serving households include NGOs and the World Health Organization. In 2017, NGOs managed 0.24% of current health expenditure, that is, Rs 59.97 million. Management of funds by the World Health Organization increased from 0.03% of current health expenditure in 2016 to 0.16%, that is, Rs 39.16 million in 2017. Municipalities and district councils managed around Rs 642.09 million of current health expenditure during the same year. Compared to 2016, management of funds for healthcare purposes by municipalities and district councils decreased by Rs 32.6 million.

6.3.6 The Commission for Health and Others and the Commission for Social Security and Others remain the principal financing agents in the health system of Rodrigues. In 2017, the two Commissions managed 80.2% of current health expenditure, representing an estimated amount of Rs 389.28 million compared to 81.0% in 2016. Management of funds for healthcare purposes, as a percentage of current healthcare expenditure, by households and NGOs, increased by 12.7% and 29.35% respectively, from 2016 to 2017.

6.4 Healthcare Providers (HP)

Healthcare Providers encompass all organizations and actors involved in the provision of healthcare goods and services.

6.4.1 Healthcare providers encompass all stakeholders that deliver healthcare goods and services as their primary activity as well as those for which healthcare provision is only one among a number of activities. Primary providers are those whose principal activity is to deliver healthcare goods and services, such as, general and specialized physicians, hospitals and primary healthcare institutions. Secondary providers are those that deliver healthcare services in addition to their principal activities, which might be partially or not at all related to health.

6.4.2 The distribution of expenditures by Healthcare Providers (HP) for the year 2017 is illustrated in [TABLE XII](#).

TABLE XII: Expenditure by Healthcare Providers (HP), 2017

ICHA-Code	Description	Island of Mauritius		Island of Rodrigues		Republic of Mauritius	
		Rs M	%	Rs M	%	Rs M	%
HP.1	Hospitals	11,574.85	46.65	276.19	56.88	11,851.04	46.85
HP.1.1	General hospitals	9,967.04	40.17	276.19	56.88	10,243.22	40.49
HP.1.1.1	General hospitals (Public sector)	6,816.17	27.47	265.02	54.58	7,081.19	27.99
HP.1.1.2	General hospitals (Private sector)	3,150.87	12.70	11.16	2.30	3,162.03	12.50
HP.1.2	Mental health hospitals	463.30	1.87	-	-	463.30	1.83
HP.1.3	Specialised hospitals (Other than mental health hospitals)	1,144.52	4.61	-	-	1,144.52	4.52
HP.1.3.1	Ear, nose and throat hospital	608.29	2.45	-	-	608.29	2.40
HP.1.3.2	Ophthalmology hospital	239.73	0.97	-	-	239.73	0.95
HP.1.3.3	Cardiac centre	228.20	0.92	-	-	228.20	0.90
HP.1.3.4	Chest clinic	68.30	0.28	-	-	68.30	0.27
HP.3	Providers of ambulatory health care	3,316.70	13.37	51.90	10.69	3,368.60	13.32
HP.3.1	Medical practices	2,040.39	8.22	0.38	0.08	2,040.77	8.07
HP.3.1.nec	Unspecified medical practices (n.e.c.)	2,040.39	8.22	0.38	0.08	2,040.77	8.07
HP.3.2	Dental practice	490.60	1.98	0.28	0.06	490.88	1.94
HP.3.3	Other health care practitioners	5.90	0.02	0.04	0.01	5.94	
HP.3.3.2	Traditional medicine practitioners	5.90	0.02	0.04	0.01	5.94	
HP.3.4	Ambulatory health care centres	656.48	2.65	45.59	9.39	702.07	2.78
HP.3.4.5	Non-specialised ambulatory health care centres	610.79	2.46	44.83	9.23	655.62	2.59
HP.3.4.9	All Other ambulatory centres	45.69	0.18	0.76	0.16	46.45	0.18
HP.3.5	Providers of home health care services	107.18	0.43	5.61	1.16	112.79	0.45
HP.3.nec	Unspecified providers of ambulatory health care (n.e.c.)	16.15	0.07	-	-	16.15	0.06
HP.4	Providers of ancillary services	464.99	1.87	1.62	0.33	466.61	1.84
HP.4.1	Providers of patient transportation and emergency rescue	26.71	0.11	0.84	0.17	27.55	0.11
HP.4.2	Medical and diagnostic laboratories	241.47	0.97	0.44	0.09	241.91	0.96
HP.4.3	Imaging centres	196.81	0.79	0.34	-	197.15	0.78
HP.5	Retailers and Other providers of medical goods	6,307.11	25.42	61.82	12.73	6,368.93	25.18
HP.5.1	Pharmacies	4,434.09	17.87	36.71	7.56	4,470.81	17.67
HP.5.2	Retail sellers and Other suppliers of durable medical goods and medical appliances	1,215.20	4.90	9.31	1.92	1,224.51	4.84
HP.5.9	All Other miscellaneous sellers and Other suppliers of pharmaceuticals and medical goods	657.82	2.65	15.80	3.25	673.62	2.66
HP.6	Providers of preventive care	804.76	3.24	27.80	5.72	832.55	3.29
HP.7	Providers of health care system administration and financing	868.56	3.50	33.26	6.85	901.82	3.57
HP.7.1	Government health administration agencies	686.40	2.77	33.26	6.85	719.67	2.84
HP.7.3	Private health insurance administration agencies	182.15	0.73	-	-	182.15	0.72

HP.8	Rest of economy	846.25	3.41	16.35	3.37	862.60	3.41
HP.8.1	Households as providers of home health care	93.06	0.38	0.20	0.04	93.26	0.37
HP.8.2	All Other industries as secondary providers of health care	753.19	3.04	16.15	3.33	769.34	3.04
HP.9	Rest of the world	398.36	1.61	16.62	3.42	414.98	1.64
HP.nec	Unspecified health care providers (n.e.c.)	229.07	0.92	-	-	229.07	0.91
	Current Health Expenditure	24,810.64	-	485.55	-	25,296.20	-
	Gross Capital Formation	574.38	-	41.55	-	615.93	-
	Total Health Expenditure	25,385.02	-	527.10	-	25,912.12	-

6.4.3 In 2017, the largest share of Government Schemes, up to an estimated amount of Rs 8.69 billion, was utilized for the funding of current health expenditures of public hospitals. Out of this estimated amount, Rs 8.42 billion were used up by public hospitals, including specialized health institutions, in the main island of Mauritius and the Queen Elizabeth Hospital in Rodrigues spent Rs 265 million.

6.4.4 An estimated amount of Rs 655.62 million (Rs 610.79 million for the island of Mauritius and Rs 44.83 million for Rodrigues) was spent by State-owned primary healthcare institutions. From 2016 to 2017, there has been a decrease of 2.60% in expenditures for the provision of primary care services to the community at the peripheral level.

6.4.5 Healthcare expenditure incurred by private hospitals was approximately Rs 3.15 billion in 2017. Spending by private hospital in favour of patients from Rodrigues increased slightly from Rs 11.1 million in 2016 to Rs 11.2 million in 2017. The value of pharmaceutical products and consumables delivered by the private sector, including private pharmacies, in the Republic of Mauritius, increased from Rs 3.99 billion in 2016 to Rs 4.07 billion in 2017.

6.5 Healthcare Functions (HC)

Healthcare Functions account for the estimation of spending on healthcare goods and services consumed by the final users, i.e. households and individuals. They give replies to the question “On what services and goods the money has been spent?”

6.5.1 The functional classification in the SHA 2011 Framework focuses on the estimation of current spending and involves the contact of the population with the health system for the purpose of satisfying health needs.

6.5.2 TABLE XIII indicates the distribution of health expenditure by healthcare functions in the Republic of Mauritius, including the island of Rodrigues, for the year 2017.

TABLE XIII: Expenditure by Healthcare Functions (HC), 2017

ICHA-Code	Description	Island of Mauritius		Island of Rodrigues		Republic of Mauritius	
		Rs M	%	Rs M	%	Rs M	%
HC.1	Curative care	14,693.23	59.22	348.39	71.75	15,041.62	59.46
HC.1.1	Inpatient curative care	9,049.32	36.47	239.30	49.28	9,288.62	36.72
HC.1.1.2	Specialised inpatient curative care	1,712.87	6.90	17.70	3.65	1,730.58	6.84
HC.1.1.nec	Unspecified inpatient curative care (n.e.c.)	7,336.44	29.57	221.60	45.64	7,558.04	29.88
HC.1.2	Day curative care	829.66	3.34	13.47	2.77	843.13	3.33
HC.1.2.2	Specialised day curative care	60.30	0.24	-	-	60.30	0.24
HC.1.2.nec	Unspecified day curative care (n.e.c.)	769.36	3.10	13.47	2.77	782.83	3.09
HC.1.3	Outpatient curative care	4,814.26	19.40	95.62	19.69	4,909.88	19.41
HC.1.3.2	Dental outpatient curative care	643.95	2.60	0.30	0.06	644.26	2.55
HC.1.3.3	Specialised outpatient curative care	345.43	1.39	0.39	0.08	345.82	1.37
HC.1.3.nec	Unspecified outpatient curative care (n.e.c.)	3,824.87	15.42	94.93	19.55	3,919.80	15.50
HC.2	Rehabilitative care	377.14	1.52	1.63	0.34	378.78	1.50
HC.2.1	Inpatient rehabilitative care	75.25	0.30	-	-	75.25	0.30
HC.2.2	Day rehabilitative care	102.38	0.41	0.02	0.00	102.40	0.40
HC.2.3	Outpatient rehabilitative care	155.99	0.63	1.41	0.29	157.40	0.62
HC.2.4	Home-based rehabilitative care	43.52	0.18	0.20	0.04	43.72	0.17
HC.3	Long-term care (health)	332.76	1.34	0.08	0.02	332.84	1.32
HC.3.1	Inpatient long-term care (health)	262.65	1.06	0.07	0.01	262.72	1.04
HC.3.2	Day long-term care (health)	9.30	0.04	0.00	0.00	9.30	0.04
HC.3.3	Outpatient long-term care (health)	1.35	0.01	0.00	0.00	1.35	0.01
HC.3.4	Home-based long-term care (health)	59.46	0.24	-	-	59.46	0.24
HC.4	Ancillary services (non-specified by function)	832.59	3.36	12.48	2.57	845.07	3.34
HC.4.1	Laboratory services	253.59	1.02	0.44	0.09	254.03	1.00
HC.4.2	Imaging services	197.13	0.79	0.34	0.07	197.47	0.78
HC.4.3	Patient transportation	381.87	1.54	11.70	2.41	393.57	1.56
HC.5	Medical goods (non-specified by function)	6,321.38	25.48	57.42	11.82	6,378.79	25.22
HC.5.1	Pharmaceuticals and Other medical non-durable goods	5,469.53	22.05	51.98	10.71	5,521.52	21.83
HC.5.1.1	Prescribed medicines	3,365.61	13.57	10.65	2.19	3,376.26	13.35
HC.5.1.2	Over-the-counter medicines	1,396.03	5.63	26.06	5.37	1,422.10	5.62
HC.5.1.2.1	Traditional, Complementary and Alternative Medicines (TCAM)	17.59	0.07	-	-	17.59	0.07
HC.5.1.2.nec	Other Over-the-counter medicines	1,378.44	5.56	26.06	5.37	1,404.50	5.55
HC.5.1.3	Other medical non-durable goods	642.48	2.59	15.27	3.14	657.75	2.60
HC.5.1.4	Prescribed and Over-the-counter medicines	65.40	0.26	-	-	65.40	0.26
HC.5.2	Therapeutic appliances and Other medical goods	822.36	3.31	5.43	1.12	827.79	3.27
HC.5.2.1	Glasses and Other vision products	662.24	2.67	3.78	0.78	666.02	2.63
HC.5.2.2	Hearing aids	44.70	0.18	0.44	0.09	45.14	0.18
HC.5.2.3	Other orthopaedic appliances and prosthetics (excluding glasses and hearing aids)	72.15	0.29	0.46	0.09	72.61	0.29
HC.5.2.9	All Other medical durables, including medical technical devices	43.27	0.17	0.75	0.15	44.02	0.17

HC.5.nec	Unspecified medical goods (n.e.c.)	29.49	0.12	-	-	29.49	0.12
HC.6	Preventive care	763.09	3.08	26.89	5.54	789.98	3.12
HC.6.1	Information, education and counseling (IEC) programmes	39.27	0.16	1.37	0.28	40.65	0.16
HC.6.1.1	Addictive substances IEC programmes	30.77	0.12	0.94	0.19	31.71	0.13
HC.6.1.1.nec	Other and unspecified addictive substances IEC programmes (n.e.c.)	30.77	0.12	0.94	0.19	31.71	0.13
HC.6.1.3	Safe sex IEC programmes	2.37	0.01	0.26	0.05	2.64	0.01
HC.6.1.nec	Other and unspecified IEC programmes (n.e.c.)	6.14	0.02	0.17	0.03	6.30	0.02
HC.6.2	Immunisation programmes	75.39	0.30	1.28	0.26	76.67	0.30
HC.6.2.1	Maternal and child health - Vaccination	40.15	0.16	1.05	0.22	41.20	0.16
HC.6.2.nec	Other Immunisation programmes	35.24	0.14	0.23	0.05	35.47	0.14
HC.6.3	Early disease detection programmes	84.04	0.34	1.39	0.29	85.43	0.34
HC.6.4	Healthy condition monitoring programmes	5.84	0.02	-	-	5.84	0.02
HC.6.5	Epidemiological surveillance and risk and disease control programmes	73.99	0.30	5.72	1.18	79.71	0.32
HC.6.5.2	Monitoring & Evaluation (M&E)	0.15	0.00	-	-	0.15	0.00
HC.6.5.4	Interventions	2.39	0.01	0.47	0.10	2.86	0.01
HC.6.5.4.nec	Other and unspecified interventions (n.e.c.)	2.39	0.01	0.47	0.10	2.86	0.30
HC.6.5.nec	Unspecified epidemiological surveillance and risk and disease control programmes (n.e.c.)	71.45	0.29	5.25	1.08	76.70	0.30
HC.6.nec	Unspecified preventive care (n.e.c.)	484.57	1.95	17.12	3.53	501.69	1.98
HC.7	Governance, and health system and financing administration	868.56	3.50	33.26	6.85	901.82	3.57
HC.7.1	Governance and Health system administration	686.40	2.77	33.26	6.85	719.67	2.84
HC.7.1.nec	Other governance and Health system administration (n.e.c.)	686.40	2.77	33.26	6.85	719.67	2.84
HC.7.2	Administration of health financing	182.15	0.73	-	-	182.15	0.72
HC.9	Other health care services not elsewhere classified (n.e.c.)	621.89	2.51	5.40	1.11	627.29	2.48
	Current Health Expenditure	24,810.64	-	485.55	-	25,296.20	-
	Gross Capital Formation	574.38	-	41.55	-	615.93	-
	Total Health Expenditure	25,385.02	-	527.10	-	25,912.12	-

6.5.3 Curative Care: Curative services, provided in both public and private hospitals, continue to use the largest share of healthcare spending, accounting for Rs 15.0 billion and representing 59.50% of total spending in 2017. An increase of 5.94% in expenditure on curative services has been noted from 2016 to 2017.

6.5.4 In 2017, expenditure on curative care was estimated at Rs 14.69 billion, representing 59.22 % of current health expenditure, in the main island of Mauritius, and Rs 348.39 million, that is, 71.75% of current health expenditure in Rodrigues.

6.5.5 Pharmaceuticals, including traditional medicine: Total spending on medications, in 2017, amounted to approximately, Rs 5.52 billion in the Republic of Mauritius. In 2017, Mauritius spent Rs 4,365 (US\$ 118) per person on medication. That's very much less than the United States with a per capita spending of around US\$ 1,457 on pharmaceutical products.

6.5.6 Laboratory Services: Laboratory services form an integral part of the consumption of healthcare services and constitute a critical guide for diagnosis and effective treatment. These items comprise a variety of tests of clinical specimens aimed at obtaining information on the health of the patient. Total estimated spending on these items amounted to Rs 254 million in 2017.

6.5.7 Imaging Diagnostics: These items comprise a variety of services that make use of imaging technology, such as x-rays and radiation for the diagnosis and monitoring of patients. The SHA classification includes an array of imaging technologies to diagnose and treat diseases, which, include amongst others, plain x-ray, bone and soft tissue imaging, contrast x-rays or photo-imaging, diagnostic ultrasound, Computer-assisted Tomography (CAT) and Magnetic Resonance Imaging (MRI). Estimated total expenditure on imaging diagnostic services amounted to approximately Rs 197.47 million in 2017.

6.5.8 Glasses and Other Vision Products: Glasses and other vision products have a direct health purpose. These items comprise corrective eye-glasses and contact lenses as well as the corresponding cleansing fluid and the fittings by opticians. An estimated amount of Rs 666 million was spent on glasses and other vision products in 2017.

6.5.9 Health-Related Transport: This item comprises the cost of inland transportation of patients to a private or public health care facility. Estimated spending on this item amounted to Rs 393.57 million in 2017. The amount spent by Mauritians on health-related transport was Rs 381.87 million, while inhabitants in Rodrigues spent some Rs 11.7 million, which include both inland and air transportation costs.

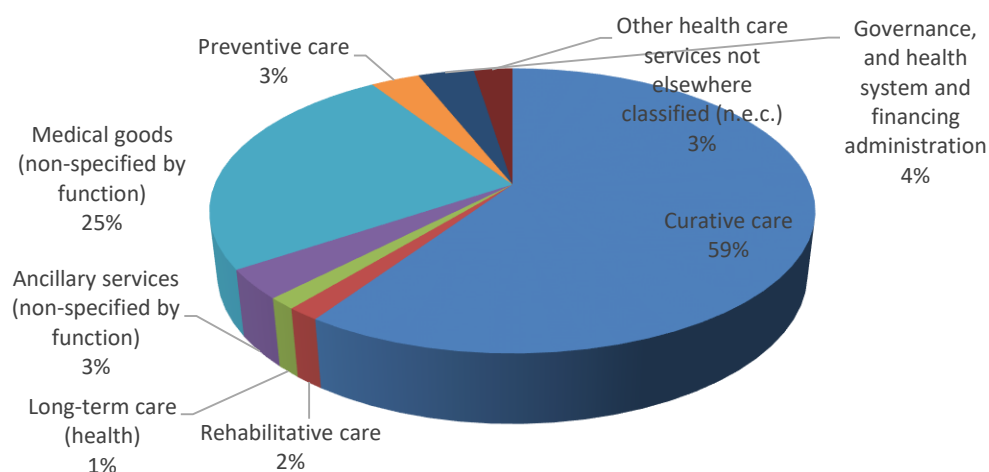
6.5.10 Preventive Care: Prevention is any measure that aims to avoid or reduce the number or the severity of injuries and diseases, their sequels and complications. In 2017, Rs 790 million were spent on preventive care in the Republic of Mauritius, out of which Rs 763 million were spent in the main island of Mauritius and Rs 26.9 million in Rodrigues. From 2016 to 2017, expenditure on preventive care as a percentage of current health expenditure has declined by 9.27%.

6.5.11 Information, Education and Communication (IEC): IEC combines strategies, approaches and methods to enable individuals, families, groups and communities to play active roles in achieving, protecting and sustaining their own health. There has been an improvement of 18.41% in expenditure on IEC over the period 2016 to 2017. Mauritius spent around Rs 39.3 million on IEC, while spending in Rodrigues was Rs 1.37 million in 2017.

6.5.12 Early Disease Detection Programmes: This item concerns the active search for a disease early in its course, before symptoms appear, within the risk groups, as organized programme activities. This can involve screening, diagnostic tests and medical examinations. These are directed to specific diseases, including breast cancer, cervical cancer, colon rectal cancer, diabetes and HIV/AIDS. Spending on early disease detection programmes has substantially increased from Rs 47.8 million in 2016 to Rs 85.4 million in 2017.

6.5.13 FIGURE XI illustrates the proportion of expenditures in respect to healthcare functions.

FIGURE XI: Expenditures on Healthcare Functions as a percentage of CHE



6.5.14 Immunization Programmes: This item includes expenditures incurred on the prevention of the development of a disease, before or after exposure, through the use of pharmaceutical products such as vaccines. Estimated spending by Government and households on this item amounted to Rs 76.7 million in 2017. Spending on immunization in Mauritius amounted to approximately Rs 75.4 million, while the island of Rodrigues spent around Rs 1.28 million.

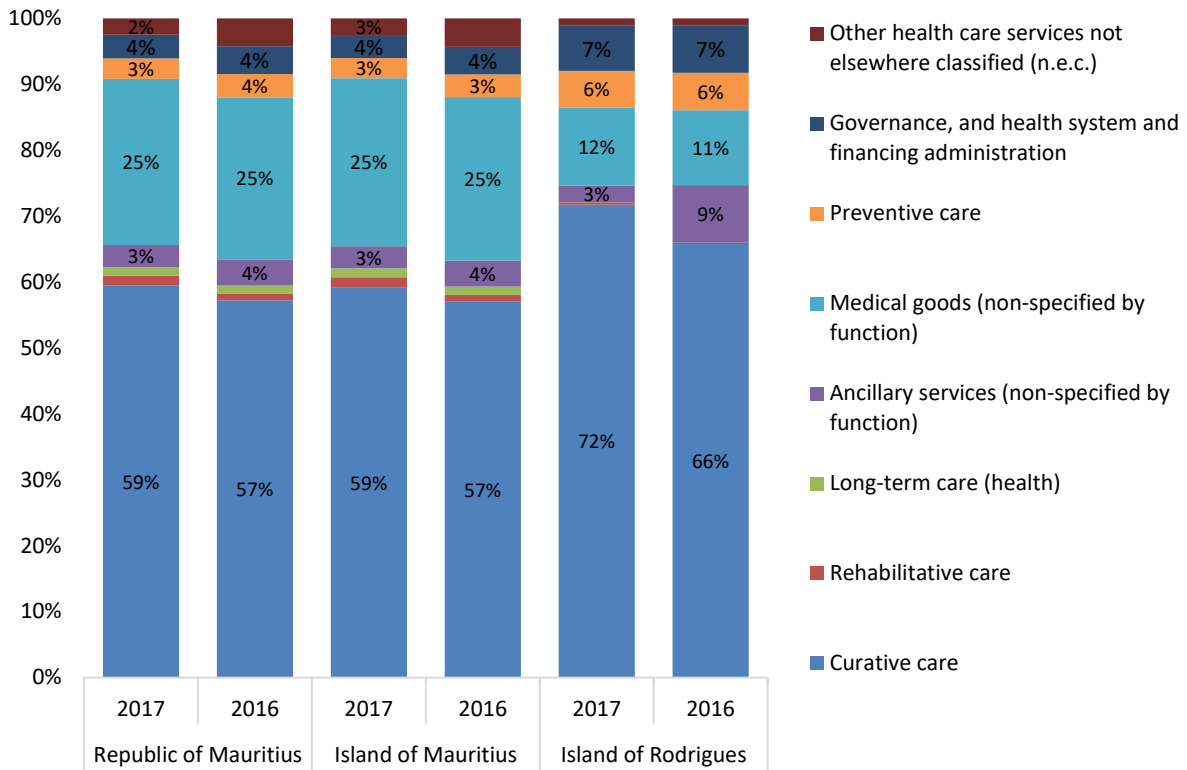
6.5.15 Traditional, Complementary and Alternative Medicines (TCAM): TCAM has been identified as policy relevant in many countries. In the Republic of Mauritius, an estimated amount of Rs 17.6 million was spent on TCAM in 2017.

6.5.16 Healthy Condition Monitoring Programmes: This item concerns the active monitoring of healthy conditions and is not focused on specific diseases and target specific conditions such as pregnancy (antenatal and postnatal care) or specific age groups such as children (e.g. child growth and development) or ageing groups, or specific health domains, such as dental and general health check-ups. In Mauritius, expenditure on healthy condition monitoring programmes was estimated at Rs 5.84 million in 2017.

6.5.17 Governance and health system and financing administration: These services direct and support health system functioning, aiming at increasing the effectiveness and efficiency of the health system. In 2017, the Republic of Mauritius spent an estimated overall amount of Rs 902 million on governance and health system and financing administration, out of which Rs 869 million were spent in the main island of Mauritius and Rs 33.3 million in the island of Rodrigues.

6.5.18 FIGURE XII displays healthcare functions as a percentage of current health expenditure for 2016 and 2017.

FIGURE XII: Healthcare Functions as a percentage of CHE, 2016 and 2017



7. Expenditure by Type of Diseases (DIS)

7.1 NHA 2018 also tracks healthcare spending by diseases in the Republic of Mauritius, including the island of Rodrigues. These data have been developed under the frameworks of the System of Health Accounts (SHA 2011) and the classification of diseases/conditions by the Global Burden of Disease (GBD) category. Expenditures by type of diseases data provide valuable information for use in policy analysis and resource allocation.

7.2 Non-Communicable Diseases (NCDs), which include, amongst others, cardiovascular diseases, diabetes, hypertension and cancer constitute nearly 67.99% of the burden of diseases in the Republic of Mauritius. In 2017, an estimated amount of Rs 17.2 billion was spent on NCDs representing the largest share of current health expenditure on diseases. From 2016 to 2017, NCDs has increased by Rs 693.92 million which represents a growth rate of 4.20%.

7.3 Similar to 2016, in 2017 the lion's share of the current health expenditure on NCDs was spent on the treatment of cardiovascular diseases, with an estimated paid out invoice of Rs 3.64 billion. Besides, the nation spent approximately Rs 1.20 billion on diabetes in 2017, compared to Rs 1.22 billion in 2016. Spending on cancer amounted to some Rs 987.91 million in 2017, representing an increase of Rs 32.65 million from 2016. Expenditures on mental and behavioral disorders and neurological conditions were estimated at Rs 1.21 billion in 2017, representing a slight decline of Rs 1.12 million.

7.4 An estimated amount of Rs 1.12 billion was spent on vision disorders, including cataract, in both the public and private sectors, in 2017 and constituted 4.41% of the current health expenditure. Spending on other sense organ disorders was to the order of Rs 1.35 billion, that is, 5.33% of current health expenditure. From 2016 to 2017, expenditure on sense organ disorders has grown by 33.6%.

7.5 Spending on non-infective respiratory diseases, including asthma and bronchitis has dropped from Rs 1.99 billion in 2016 to nearly Rs 1.84 billion in 2017. In addition, the amount spent on injuries in 2017 were estimated at Rs 1.35 billion while in 2016 expenditure on injuries amounted to some Rs 1.4 billion. Rodrigues spent some Rs 41.7 million on injuries in 2017.

7.6 Approximately, Rs 1.82 billion (7.21% of CHE) were spent on infectious and parasitic diseases in 2017, representing a decrease of 1.62% from 2016. Out of the Rs 1.82 billion, spending on HIV/AIDS and Other Sexually Transmitted Diseases (STDs) amounted to Rs 109 million, expenditure on respiratory infections was approximately Rs 703 million, while spending on diarrheal diseases was Rs 483 million. Reproductive health services with an estimated amount of Rs 970.70 billion constituted 3.84% of CHE compared to 4.36% in 2016.

7.7 TABLE XIV indicates the distribution of healthcare expenditure by diseases, in the Republic of Mauritius, including the island of Rodrigues for 2017.

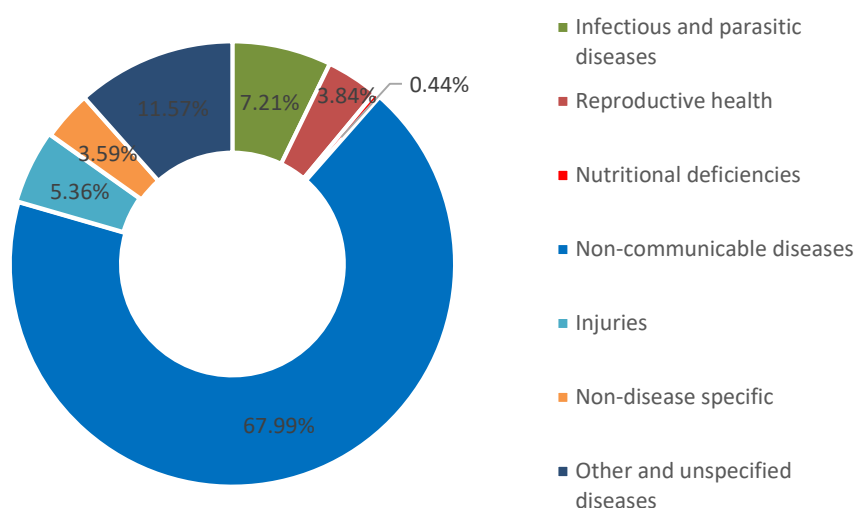
TABLE XIV: Expenditure by Diseases (DIS), 2017

ICHA-Code	Description	Island of Mauritius		Island of Rodrigues		Republic of Mauritius	
		Rs M	%	Rs M	%	Rs M	%
DIS.1	Infectious and parasitic diseases	1,762.99	7.11	60.36	12.43	1,823.35	7.21
DIS.1.1	HIV/AIDS and Other Sexually Transmitted Diseases (STDs)	102.77	0.41	5.76	1.19	108.54	0.43
DIS.1.1.1	HIV/AIDS and Opportunistic Infections (OIs)	69.01	0.28	5.66	1.16	74.67	0.30
DIS.1.1.1.1	HIV/AIDS	69.01	0.28	5.66	1.16	74.67	0.30
DIS.1.1.2	STDs Other than HIV/AIDS	1.05	0.00	0.06	0.01	1.11	0.00
DIS.1.1.nec	Unspecified HIV/AIDS and Other STDs (n.e.c.)	32.71	0.13	0.05	0.01	32.76	0.13
DIS.1.2	Tuberculosis (TB)	0.22	0.00	0.00	0.00	0.22	0.00
DIS.1.2.nec	Unspecified tuberculosis (n.e.c.)	0.22	0.00	0.00	0.00	0.22	0.00
DIS.1.3	Malaria	0.46	0.00	-	-	0.46	0.00
DIS.1.4	Respiratory infections	674.92	2.72	27.77	5.72	702.69	2.78
DIS.1.5	Diarrheal diseases	479.39	1.93	3.15	0.65	482.53	1.91
DIS.1.7	Vaccine preventable diseases	39.59	0.16	0.20	0.00	39.78	
DIS.1.nec	Other and unspecified infectious and parasitic diseases (n.e.c.)	465.65	1.88	23.48	4.84	489.13	1.93
DIS.2	Reproductive health	940.99	3.79	29.72	6.12	970.70	3.84
DIS.2.1	Maternal conditions	518.26	2.09	11.30	2.33	529.57	2.09
DIS.2.2	Perinatal conditions	83.62	0.34	3.27	0.67	86.89	0.34
DIS.2.3	Contraceptive management (family planning)	39.01	0.16	4.01	0.83	43.02	0.17
DIS.2.nec	Unspecified reproductive health conditions (n.e.c.)	300.09	1.21	11.13	2.29	311.23	1.23
DIS.3	Nutritional deficiencies	108.28	0.44	4.05	0.83	112.33	0.44
DIS.4	Non communicable diseases	16,911.00	68.16	287.44	59.20	17,198.44	67.99
DIS.4.1	Neoplasms	958.16	3.86	29.75	6.13	987.91	3.91
DIS.4.2	Endocrine and metabolic disorders	1,438.65	5.80	21.37	4.40	1,460.02	5.77
DIS.4.2.1	Diabetes	1,183.10	4.77	18.29	3.77	1,201.39	4.75
DIS.4.2.nec	Other and unspecified endocrine and metabolic disorders (n.e.c.)	255.55	1.03	3.08	0.63	258.63	1.02
DIS.4.3	Cardiovascular diseases	3,588.85	14.46	50.09	10.32	3,638.95	14.39
DIS.4.3.1	Hypertensive diseases	958.39	3.86	15.02	3.09	973.41	3.85
DIS.4.3.nec	Other and unspecified cardiovascular diseases (n.e.c.)	2,630.46	10.60	35.08	7.22	2,665.54	10.54
DIS.4.4	Mental & behavioural disorders, and Neurological conditions	1,187.37	4.79	18.63	3.84	1,206.00	4.77
DIS.4.4.1	Mental (psychiatric) disorders	922.03	3.72	14.20	2.92	936.23	3.70
DIS.4.4.3	Neurological conditions	16.39	0.07	2.94	0.61	19.33	0.08
DIS.4.4.nec	Unspecified mental & behavioural disorders and neurological conditions (n.e.c.)	248.95	1.00	1.49	0.31	250.43	0.99
DIS.4.5	Respiratory diseases	1,806.69	7.28	30.99	6.38	1,837.68	7.26

DIS.4.6	Diseases of the digestive	854.51	3.44	25.57	5.27	880.08	3.48
DIS.4.7	Diseases of the genito-urinary system	1,761.97	7.10	36.62	7.54	1,798.59	7.11
DIS.4.8	Sense organ disorders	2,449.34	9.87	13.75	2.83	2,463.08	9.74
DIS.4.8.1	Vision disorders, including cataract	1,106.09	4.46	9.26	1.91	1,115.35	4.41
DIS.4.8.nec	Other Sense organ disorders	1,343.25	5.41	4.48	0.92	1,347.74	5.33
DIS.4.9	Oral diseases	964.66	3.89	12.90	2.66	977.56	3.86
DIS.4.nec	Other and unspecified non communicable diseases (n.e.c.)	1,900.80	7.66	47.77	9.84	1,948.57	7.70
DIS.5	Injuries	1,312.97	5.29	41.66	8.58	1,354.63	5.36
DIS.6	Non-disease specific	876.05	3.53	33.26	6.85	909.32	3.59
DIS.nec	Other and unspecified diseases/conditions (n.e.c.)	2,898.37	11.68	29.06	5.98	2,927.43	11.57
	Current Health Expenditure	24,810.64	-	485.55	-	25,296.20	-
	Gross Capital Formation	574.38	-	41.55	-	615.93	-
	Total Health Expenditure	25,385.02	-	527.10	-	25,912.12	-

7.8 FIGURE XIII displays the distribution of current health expenditure by disease categories in the Republic of Mauritius for the year 2017.

FIGURE XIII: Breakdown of Disease Categories, 2017



8. Capital Formation (HK)

8.1 It is critical to know how much the health system invests in infrastructure, machinery and equipment. This information is very relevant for policy making and analysis. Gross capital formation is the sum of the value of three components, namely, gross fixed capital formation, changes in inventories and acquisitions less disposals of valuables.

8.2 Gross fixed capital formation in the healthcare system is measured by the total value of the fixed assets that health providers have acquired during the accounting period (less the value of the disposals of assets) and that are used repeatedly or continuously for more than one year in the production of health services.

8.3 TABLE XV presents the types of assets that healthcare providers have acquired from 01 January to 31 December 2017.

TABLE XV: Capital Formation (HK), 2017

Capital Formation		Island of Mauritius		Island of Rodrigues		Republic of Mauritius	
		Rs M	%	Rs M	%	Rs M	%
HK.1	Gross capital formation	556.90	96.96	41.55	100.00	598.44	97.16
HK.1.1	Gross fixed capital formation	551.19	95.96	40.68	97.92	591.87	96.09
HK.1.1.1	Infrastructure	205.23	35.73	29.33	70.59	234.56	38.08
HK.1.1.1.1	Residential and non-residential buildings	205.23	35.73	29.33	70.59	234.56	38.08
HK.1.1.2	Machinery and equipment	340.01	59.19	11.35	27.33	351.36	57.05
HK.1.1.2.1	Medical equipment	278.86	48.55	11.35	27.33	290.22	47.12
HK.1.1.2.2	Transport equipment	39.63	6.90	-	-	39.63	6.43
HK.1.1.2.3	ICT equipment	3.71	0.65	-	-	3.71	0.60
HK.1.1.2.4	Machinery and equipment n.e.c.	17.80	3.10	-	-	17.80	2.89
HK.1.1.3	Intellectual property products	5.95	1.04	-	-	5.95	0.97
HK.1.1.3.1	Computer software and databases	5.95	1.04	-	-	5.95	0.97
HK.1.nec	Unspecified gross capital formation (n.e.c.)	5.71	0.99	0.86	2.08	6.57	1.07
HK.nec	Unspecified gross fixed capital formation (n.e.c.)	17.48	3.04	-	-	17.48	2.84
	Total Gross Capital Formation	574.38	-	41.55	-	615.93	-

8.4 In 2017, capital investment, in the Republic of Mauritius, amounted to approximately Rs 616 million, which represents an increase of 26.0% from 2016. Out of the Rs 616 million, Government financed Rs 608 million while corporations and NGOs financed Rs 2.75 million and Rs 4.88 million respectively.

9. International Comparison

9.1 NHA 2018 has been developed in line with SHA 2011 which provides the required standard framework for producing internationally comparable health accounts. Making cross-national comparisons provides a benchmark for judging the levels and structure of spending, the general health status of the population and progress made in attaining universal health coverage, in a country and for taking corrective measures to address weaknesses, if any.

9.2 NHA 2018 substantiates the high correlation between per capita spending on health and life expectancy across countries. For example, in countries, where per capita expenditure on health ranges between US\$ 2,500 and US\$ 3,800+, life expectancy is over 80 years. On the other hand, in countries like Mauritius, and Seychelles, where per capita spending on health is between US\$ 570 to US\$ 795, life expectancy is in the range of 74 to 75 years.

9.3 FIGURE XIV displays some selected countries with their respective current health expenditure per capita for the year 2017.

FIGURE XIV: Selected Countries' Per-Capita Healthcare Spending (US\$), 2017



Source: World Health Organization Global Health Expenditure Database (see <http://apps.who.int/nha/database> for most recent update)

9.4 TABLE XVI compares the performance of Mauritius with some selected countries, using NHA and key health indicators.

TABLE XVI: Comparison of NHA Indicators and Key Health Indicators, 2017

Indicators	Mauritius	Seychelles	Botswana	Singapore	South Africa	United Kingdom
Population (000)	1,265.309	94.74	2,291.66	5,708.84	56,717.16	65,844.14
GDP per Capita (US \$)	10,394	15,811.84	7,595.14	58,974.93	6,153.46	40,062.26
CHE (US\$ million)	727.32	75	1,067.75	14,949.81	28,315.47	254,070.82
CHE per Capita (US \$)	574.94	791.66	465.93	2,618.71	499.24	3,858.57
CHE as a % of GDP	5.53%	5.0%	6.13%	4.44%	8.11%	9.63%
GGHE as % of GGE	8.47%	10.14%	14.32%	12.57%	13.34%	18.74%
GGHE as % of CHE	47.61%	73.04%	75.66%	48.20%	53.61%	79.41%
Life expectancy at birth (years)	74.80	74	68.81	83	64	81
Infant Mortality Rate per 1000 live births	12.20	12.26	30.8	2.20	29.6	3.70
Under-Five Mortality Rate per 1000 live births	14.30	14.60	37.5	2.80	35.3	4.30
Maternal Deaths per 100,000 live births	74	53	144	8	119	7

Source: Global Health Expenditure Database, Global Health Observatory Data Repository, World Bank and Health Statistics Report 2017.

9.5 TABLE XVII indicates that, in 2017, CHE per capita in Singapore was US\$ 2618.71 with an average life expectancy at birth of 83 years, whereas Mauritius with a CHE per capita of US\$ 574.94 had a life expectancy at birth of 74.80 years in 2017.

9.6 The above matrix also testifies that there is a high correlation between per capita spending on health and other key health indicators, other than life expectancy. Infant mortality rate and under-five mortality rate per thousand live births in Singapore, in 2017, were 2.20 and 2.80 respectively, while infant mortality rate and under-five mortality rate per thousand live births, in Mauritius, were 12.20 and 14.30 respectively. In 2017, Singapore recorded only 8 maternal deaths per 100,000 live births, whereas in Mauritius, maternal deaths per 100,000 live births were 74.

9.7 Mauritius is a Small Island Developing State (SIDS). Following the Fifth Meeting of Ministers of Health of SIDS of the WHO African Region, it was agreed that SIDS Member States should conduct studies to estimate the total and per capita expenditure on health, and institutionalize National Health Accounts.

9.8 TABLE XVII illustrates a comparison of NHA and key health indicators among SIDS of the WHO African Region.

TABLE XVII: Comparison of NHA and Key Health Indicators, SIDS (WHO African Region) 2017

Indicators	Mauritius	Seychelles	Cabo Verde Republic	Comoros	Guinea-Bissau	São Tome and Príncipe
Population (000)	1,265.309	94.74	546.388	813.912	1861.283	204.327
GDP per Capita (current US \$)	10,394	15,811.84	3,244.41	795.75	723.61	1921.28
CHE (US\$ million)	727.32	75	91.57	47.83	97.46	24.46
CHE per Capita (US \$)	574.94	791.66	167.59	58.76	52.36	119.70
CHE as a % of GDP	5.53%	5.0%	5.17%	7.38%	7.24%	6.23%
GGHE as % of GGE	8.47%	10.14%	9.86%	3.37%	3.0%	10.76%
GGHE as % of CHE	47.61%	73.04%	60.25%	12.75%	8.20%	45.60%
Life expectancy at birth (years) (2016)	74.80	74	73	64	58	70
Infant Mortality Rate per 1000 live births	12.20	12.26	17.20	52.80	55.70	25.20
Under-5 mortality rate per 1000 live births	14.30	14.60	20.14	69.90	84.50	32.40
Maternal deaths per 100,000 live births	74	53	58	273	667	130

Source: Global Health Expenditure Database, Global Health Observatory Data Repository, World Bank and Health Statistics Report 2017

10. Conclusion

10.1 NHA 2018 tracks national healthcare spending for the period 01 January to 31 December 2017 in the Republic of Mauritius, including the island of Rodrigues. Similar to the NHA 2015 and NHA 2017, the current health accounts have been developed in line with SHA 2011, including the use of the Health Accounts Production Tool.

10.2 Total health expenditure incurred in the Republic of Mauritius, for the period 01 January to 31 December 2017, was estimated at Rs 25.9 billion, out of which, current health expenditure was Rs 25.3 billion and capital formation was Rs 616 million. From 2016 to 2017, THE, in the Republic of Mauritius, has increased by 2.42% while THE per capita has improved by 2.3%.

10.3 In 2017, THE in the island of Mauritius, amounted to some Rs 25.4 billion, representing a growth of 2.27% from 2016. THE in the island of Rodrigues increased from Rs 478 million in 2016 to Rs 527 million in 2017.

10.4 Similar to NHA 2016, private health expenditure, in the Republic of Mauritius, consumed the lion's share of THE, in 2017, with Rs 13.9 billion (53.5%). The share of general government health expenditure in THE improved from 44.7% in 2016 to 46.4% in 2017.

10.5 The largest share of Government Schemes, up to an estimated amount of Rs 8.69 billion, was utilized for the funding of current health expenditures of public hospitals in 2017. Out of this estimated amount, Rs 8.42 billion were used up by public hospitals, including specialized health institutions, in the main island of Mauritius and the Queen Elizabeth Hospital in Rodrigues spent Rs 265.02 million.

10.6 Curative services, provided in both public and private hospitals, continue to use the largest share of healthcare spending, accounting for Rs 15.0 billion and representing 59.5% of total spending in 2017. An increase of 5.94% in expenditure on curative services has been noted from 2016 to 2017.

10.7 Healthcare expenditure incurred by private hospitals was approximately Rs 3.15 billion in 2017 in the main island of Mauritius. Spending by private hospital in favour of patients from Rodrigues increased slightly from Rs 11.1 million in 2016 to Rs 11.2 million in 2017. The value of pharmaceutical products and consumables delivered by the private sector, including private pharmacies, in the Republic of Mauritius, increased from Rs 3.99 billion in 2016 to Rs 4.07 billion in 2017.

10.8 In 2017, non-communicable diseases accounted for the largest share of CHE (68.0%) in the Republic of Mauritius, while infectious and parasitic diseases, reproductive health, injuries and non-disease specific, as a % of CHE, was 7.21%, 3.84%, 5.36% and 3.59% respectively.

10.9 In 2017, capital investment, in the Republic of Mauritius, amounted to approximately Rs 616 million, which represents an increase of 26.0% from 2016. Out of the Rs 616 million, Government financed Rs 608 million while corporations and NGOs financed Rs 2.75 million and Rs 4.88 million respectively.

11. Recommendations

11.1 The growing financial dimension of the national healthcare system in Mauritius calls for a better understanding of the ways in which healthcare services are financed and for identifying cost-effective measures which can contribute to further improve the health gains already achieved. Based on the current NHA 2018 Report and the Strategic Actions of the Health Sector Strategic Plan 2020-2024, the following recommendations are being made:-

- **Develop a National Health Financing Strategy based on the WHO approach.**
- **Set up an appropriate mechanism for regular review of the service package costs in the healthcare sector.**
- **Reinforce the Health Economics Unit through the recruitment of additional Health Analysts to sustain the development of National Health Accounts and the Cost Centre Project.**
- **Build the capacity of the NHA country team.**
- **Undertake regular health expenditure tracking including assessment of out-of-pocket payments and catastrophic health expenditure.**
- **Operationalize the Efficiency Management Committee.**
- **Review the resource allocation formula to ensure cost-effective allocation of resources to priority areas.**
- **Introduce up-to-date software for setting up of unit cost of clinical and non-clinical interventions in hospitals.**
- **Institutionalize Hospital Cost Centre Project in all Regional, District and Specialized Hospitals.**
- **Increase budget allocation for health promotion activities.**
- **Bring amendment to the Private Health Institutions Act of 1989 or introduce a new legislation on NHA, for the collection of data and other relevant information from private health stakeholders.**

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Annexes

ANNEX I: Members of the NHA Working Team

Name	Designation	Assignment for NHA Report 2017
Mr. Y. Ramful	Lead Health Analyst	Team Leader
Mr G. Ramrekha	Deputy Permanent Secretary	Administrator
Dr S. Ramen	Director General Health Services	Technical Support for tracking expenditure on diseases
Mrs. H. B-Kassee	Analyst/Senior Analyst (Health)	Analysis of data / Report Writing
Mrs. N. J-Dulhunsing	Analyst/Senior Analyst (Health)	Analysis of data / Report Writing
Mr. N. Beerjbhookhun	Management Support Officer	Support Staff

ANNEX II: Integrative Approach for Estimating Household OOP Expenditure on Health, Republic of Mauritius, 2017, (Rs Million)

Description	Funding Perspective		Provider Perspective	Integrative Approach
	Household OOP Survey	Other Primary Data		
Doctors' consultation fees - Private hospitals	21.81		385.51	385.51
Day curative care	30.26			30.26
Doctors' consultation fees - Ambulatory care (Mauritius)	762.65		2,026.31	2,026.31
Doctors' consultation fees - Ambulatory care (Rodrigues)	0.38			0.38
Opticians' fees	83.17		41.76	83.17
Traditional medicine practitioners' consultation fees	5.94			5.94
Dentists' fees (Mauritius)	231.42		463.12	463.12
Dentists' fees (Rodrigues)	0.28			0.28
Users' fees - Private hospitals	1,668.08		1,143.87	1,668.08
Overseas treatment	450.6			450.60
Treatment of Rodriguan patients in Mauritius	20.33			20.33
Day rehabilitative care	23.30			23.30
Outpatient rehabilitative care	7.35			7.35
Home-based rehabilitative care	33.80			33.80
Inpatient long-term care (health)	4.25			4.25
Day long-term care (health)	9.30			9.30
Outpatient long-term care (health)	1.35			1.35
Home-based long-term care (health)	59.46			59.46
Laboratory services (Mauritius)	137.78		238.44	238.44
Laboratory services (Rodrigues)	0.44			0.44
Imaging services	192.92		116.89	192.92
Patient transportation	279.18		6.38	279.18
Prescribed medicines	1,679.67	2,626.88		2,626.88
Traditional, Complementary and Alternative Medicines	17.34		11.84	17.34
Other over-the-counter medicines	906.46	1,404.5		1,404.5
Other medical non-durable goods	111.57	656.28		656.28
Glasses and other vision products	494.40			494.40
Hearing aids	43.5			43.50
Other orthopaedic appliances and prosthetics (excluding glasses and hearing aids)	63.89			63.89
All other medical durables, including medical technical devices	35.90			35.90
Other medical goods and products (Mauritius)		29.08		29.08
Immunisation programmes (Mauritius)	7.66		31.08	31.08
Immunisation programmes (Rodrigues)	0.03			0.03
Users' fees - NGOs			2.86	2.86
Other health care services not elsewhere classified (n.e.c.)	240.65			240.65
TOTAL				11,630.16

ANNEX III - NHA Matrices

REPUBLIC OF MAURITIUS

MATRIX I: REVENUES OF HEALTHCARE FINANCING SCHEMES x HEALTHCARE FINANCING SCHEMES (HFxFS)

Revenues of health care financing schemes		FS.1	FS.1.1	FS.1.4	FS.1.4.1	FS.1.4.nec	FS.2	FS.5	FS.5.1	FS.5.2	FS.6	FS.6.1	FS.6.2	FS.6.3	FS.6.3.1	FS.6.3.nec	FS.7	FS.7.1	FS.7.1.2	FS.7.1.3	All FS
Mauritius rupees (MUR), Million		Transfers from government domestic revenue (allocated to health purposes)	Internal transfers and grants	Other transfers from government domestic revenue	Ministry of Health and Quality of Life	Other Other transfers from government domestic revenue	Transfers distributed by government from foreign origin	Voluntary prepayment	Voluntary prepayment from individuals/households	Voluntary prepayment from employers	Other domestic revenues n.e.c.	Other revenues from households n.e.c.	Other revenues from corporations n.e.c.	Other revenues from NPISH n.e.c.	Sale of goods and services and through self-raising fund activities	Other Other revenues from NPISH n.e.c.	Direct foreign transfers	Direct foreign financial transfers	Direct multilateral financial transfers	Other direct foreign financial transfers	
HF.1	Government schemes and compulsory contributory health care financing schemes	11,413.76	11,413.76				20.89										1.60	1.60		1.60	11,436.25
HF.1.1	Government schemes	11,413.76	11,413.76				20.89										1.60	1.60		1.60	11,436.25
HF.1.1.1	Central government schemes	10,771.67	10,771.67				20.89										1.60	1.60		1.60	10,794.16
HF.1.1.2	State/regional/local government schemes	642.09	642.09																		642.09
HF.2	Voluntary health care payment schemes	34.15		34.15	17.26	16.88		1,747.54	619.19	1,128.36	405.42		392.19	13.23	2.83	10.40	42.66	42.66	40.01	2.65	2,229.78
HF.2.1	Voluntary health insurance schemes							1,747.54	619.19	1,128.36											1,747.54
HF.2.1.1	Primary/substitutory health insurance schemes							1,747.54	619.19	1,128.36											1,747.54
HF.2.1.1.1	Employer-based insurance (Other than enterprises schemes)							1,128.36		1,128.36											1,128.36
HF.2.1.1.3	Other primary coverage schemes							619.19	619.19												619.19
HF.2.2	NPISH financing schemes (including development agencies)	34.15		34.15	17.26	16.88					29.83		16.60	13.23	2.83	10.40	42.66	42.66	40.01	2.65	106.64
HF.2.2.2	Resident foreign agencies schemes																39.16	39.16	39.16		39.16
HF.2.2.nec	Unspecified NPISH financing schemes (n.e.c.)	34.15		34.15	17.26	16.88					29.83		16.60	13.23	2.83	10.40	3.50	3.50	0.85	2.65	67.48
HF.2.3	Enterprise financing schemes										375.59		375.59								375.59
HF.2.3.1	Enterprises (except health care providers) financing schemes										375.59		375.59								375.59
HF.3	Household out-of-pocket payment										11,630.17	11,630.17									11,630.17
HF.3.1	Out-of-pocket excluding cost-sharing										11,630.17	11,630.17									11,630.17
All HF		11,447.91	11,413.76	34.15	17.26	16.88	20.89	1,747.54	619.19	1,128.36	12,035.59	11,630.17	392.19	13.23	2.83	10.40	44.26	44.26	40.01	4.25	25,296.20

ANNEX IV - NHA Matrices

REPUBLIC OF MAURITIUS

MATRIX II: FINANCING AGENTS x HEALTHCARE FINANCING SCHEMES (HFxFA)

Financing agents		FA.1	FA.1.1	FA.1.1.1	FA.1.1.2	FA.1.2	FA.2	FA.2.1	FA.3	FA.3.2	FA.4	FA.5	All FA
Financing schemes		General government	Central government	Ministry of Health	Other ministries and public units (belonging to central government)	State/Regional/Local government	Insurance corporations	Commercial insurance companies	Corporations (Other than insurance corporations) (part of HF.R.I.1.2)	Corporations (Other than providers of health services)	Non-profit institutions serving households (NPISH)	Households	
<i>Mauritius rupees (MUR), Million</i>													
HF.1	Government schemes and compulsory contributory health care financing schemes	11,436.25	10,794.16	10,208.40	585.76	642.09							11,436.25
HF.1.1	Government schemes	11,436.25	10,794.16	10,208.40	585.76	642.09							11,436.25
HF.1.1.1	Central government schemes	10,794.16	10,794.16	10,208.40	585.76								10,794.16
HF.1.1.2	State/regional/local government schemes	642.09				642.09							642.09
HF.2	Voluntary health care payment schemes						1,747.54	1,747.54	375.59	375.59	106.64		2,229.78
HF.2.1	Voluntary health insurance schemes						1,747.54	1,747.54					1,747.54
HF.2.1.1	Primary/substitutory health insurance schemes						1,747.54	1,747.54					1,747.54
HF.2.1.1.1	Employer-based insurance (Other than enterprises schemes)						1,128.36	1,128.36					1,128.36
HF.2.1.1.3	Other primary coverage schemes						619.19	619.19					619.19
HF.2.2	NPISH financing schemes (including development agencies)										106.64		106.64
HF.2.2.2	Resident foreign agencies schemes										39.16		39.16
HF.2.2.nec	Unspecified NPISH financing schemes (n.e.c.)										67.48		67.48

ANNEX IV - NHA Matrices

REPUBLIC OF MAURITIUS

MATRIX II: FINANCING AGENTS x HEALTHCARE FINANCING SCHEMES (HFxFA)

Financing agents		FA.1	FA.1.1	FA.1.1.1	FA.1.1.2	FA.1.2	FA.2	FA.2.1	FA.3	FA.3.2	FA.4	FA.5	All FA
Financing schemes		General government	Central government	Ministry of Health	Other ministries and public units (belonging to central government)	State/Regional/Local government	Insurance corporations	Commercial insurance companies	Corporations (Other than insurance corporations) (part of HF.RI.1.2)	Corporations (Other than providers of health services)	Non-profit institutions serving households (NPISH)	Households	
HF.2.3	Enterprise financing schemes								375.59	375.59			375.59
HF.2.3.1	Enterprises (except health care providers) financing schemes								375.59	375.59			375.59
HF.3	Household out-of-pocket payment											11,630.17	11,630.17
HF.3.1	Out-of-pocket excluding cost-sharing											11,630.17	11,630.17
All HF		11,436.25	10,794.16	10,208.40	585.76	642.09	1,747.54	1,747.54	375.59	375.59	106.64	11,630.17	25,296.20

ANNEX V - NHA Matrices

REPUBLIC OF MAURITIUS

MATRIX III: HEALTHCARE FINANCING SCHEMES x HEALTHCARE PROVIDERS (HPxHF)

Financing schemes		HF.1	HF.1.1	HF.1.1.1	HF.1.1.2	HF.2	HF.2.1	HF.2.1.1	HF.2.1.1.1	HF.2.1.1.1.3	HF.2.2	HF.2.2.2	HF.2.2.nec	HF.2.3	HF.2.3.1	HF.3	HF.3.1	All HF
Mauritius rupees (MUR), Million		Government schemes and compulsory contributory health care financing schemes	Government schemes	Central government schemes	State/regional/local government schemes	Voluntary health care payment schemes	Voluntary health insurance schemes	Primary/subsidiary health insurance schemes	Employer-based insurance (Other than enterprises schemes)	Other primary coverage schemes NPISH financing schemes (including development agencies)	Resident foreign agencies schemes	Unspecified NPISH financing schemes (n.e.c.)	Enterprise financing schemes	Enterprises (except health care providers) financing schemes	Household out-of-pocket payment	Out-of-pocket excluding cost-sharing		
HP.1	Hospitals	8,688.08	8,688.08	8,688.08		1,022.46	1,021.38	1,021.38	466.01	555.36	1.09	1.09				2,140.49	2,140.49	11,851.04
HP.1.1	General hospitals	7,080.26	7,080.26	7,080.26		1,022.46	1,021.38	1,021.38	466.01	555.36	1.09	1.09				2,140.49	2,140.49	10,243.22
HP.1.1.1	General hospitals (Public sector)	7,080.10	7,080.10	7,080.10		1.09					1.09	1.09						7,081.19
HP.1.1.2	General hospitals (Private sector)	0.16	0.16	0.16		1,021.38	1,021.38	1,021.38	466.01	555.36						2,140.49	2,140.49	3,162.03
HP.1.2	Mental health hospitals	463.30	463.30	463.30														463.30
HP.1.3	Specialised hospitals (Other than mental health hospitals)	1,144.52	1,144.52	1,144.52														1,144.52
HP.1.3.1	Ear, nose and throat hospital	608.29	608.29	608.29														608.29
HP.1.3.2	Ophthalmology hospital	239.73	239.73	239.73														239.73
HP.1.3.3	Cardiac centre	228.20	228.20	228.20														228.20
HP.1.3.4	Chest clinic	68.30	68.30	68.30														68.30
HP.3	Providers of ambulatory health care	811.49	811.49	811.49		61.08	41.56	41.56	37.77	3.79	19.52		19.52			2,496.03	2,496.03	3,368.60
HP.3.1	Medical practices					14.08	14.08	14.08	12.47	1.61						2,026.69	2,026.69	2,040.77
HP.3.1.nec	Unspecified medical practices (n.e.c.)					14.08	14.08	14.08	12.47	1.61						2,026.69	2,026.69	2,040.77
HP.3.2	Dental practice					27.48	27.48	27.48	25.30	2.18						463.40	463.40	490.88
HP.3.3	Other health care practitioners															5.94	5.94	5.94
HP.3.3.2	Traditional medicine practitioners															5.94	5.94	5.94
HP.3.4	Ambulatory health care centres	682.55	682.55	682.55		19.52					19.52		19.52					702.07
HP.3.4.5	Non-specialised ambulatory health care centres	655.62	655.62	655.62														655.62
HP.3.4.9	All Other ambulatory centres	26.93	26.93	26.93		19.52					19.52		19.52					46.45
HP.3.5	Providers of home health care services	112.79	112.79	112.79														112.79

ANNEX V - NHA Matrices

REPUBLIC OF MAURITIUS																		
MATRIX III: HEALTHCARE FINANCING SCHEMES x HEALTHCARE PROVIDERS (HPxHF)																		
Health care providers	Financing schemes	HF.1 Government schemes and compulsory contributory health care financing schemes	HF.1.1 Government schemes	HF.1.1.1 Central government schemes	HF.1.1.2 State/regional/local government schemes	HF.2 Voluntary health care payment schemes	HF.2.1 Voluntary health insurance schemes	HF.2.1.1 Primary/substitutory health insurance schemes	HF.2.1.1.1 Employer-based insurance (Other than enterprises schemes)	HF.2.1.1.3 Other primary coverage schemes	HF.2.2 NPISH financing schemes (including development agencies)	HF.2.2.2 Resident foreign agencies schemes	HF.2.2.nec Unspecified NPISH financing schemes (n.e.c.)	HF.2.3 Enterprise financing schemes	HF.2.3.1 Enterprises (except health care providers) financing schemes	HF.3 Household out-of-pocket payment	HF.3.1 Out-of-pocket excluding cost-sharing	All HF
HP.3.nec	Unspecified providers of ambulatory health care (n.e.c.)	16.15	16.15	16.15														16.15
HP.4	Providers of ancillary services	24.92	24.92	24.92		7.26	7.26	7.26	6.42	0.85						434.42	434.42	466.61
HP.4.1	Providers of patient transportation and emergency rescue	24.92	24.92	24.92												2.63	2.63	27.55
HP.4.2	Medical and diagnostic laboratories					3.03	3.03	3.03	2.68	0.35						238.88	238.88	241.91
HP.4.3	Imaging centres					4.23	4.23	4.23	3.74	0.49						192.92	192.92	197.15
HP.5	Retailers and Other providers of medical goods	404.36	404.36	404.36		266.12	266.12	266.12	241.14	24.99						5,698.45	5,698.45	6,368.93
HP.5.1	Pharmacies	404.36	404.36	404.36		35.07	35.07	35.07	30.77	4.30						4,031.38	4,031.38	4,470.81
HP.5.2	Retail sellers and Other suppliers of durable medical goods and medical appliances					231.05	231.05	231.05	210.37	20.68						993.45	993.45	1,224.51
HP.5.9	All Other miscellaneous sellers and Other suppliers of pharmaceuticals and medical goods															673.62	673.62	673.62
HP.6	Providers of preventive care	715.41	715.41	412.84	302.57	86.03					86.03	38.07	47.96			31.11	31.11	832.55
HP.7	Providers of health care system administration and financing	719.67	719.67	380.15	339.52	182.15	182.15	182.15	160.87	21.28								901.82
HP.7.1	Government health administration agencies	719.67	719.67	380.15	339.52													719.67
HP.7.3	Private health insurance administration agencies					182.15	182.15	182.15	160.87	21.28								182.15

ANNEX V - NHA Matrices

REPUBLIC OF MAURITIUS																	
MATRIX III: HEALTHCARE FINANCING SCHEMES x HEALTHCARE PROVIDERS (HPxHF)																	
Financing schemes	HF.1	HF.1.1	HF.1.1.1	HF.1.1.2	HF.2	HF.2.1	HF.2.1.1	HF.2.1.1.1	HF.2.1.1.3	HF.2.2	HF.2.2.2	HF.2.2.nec	HF.2.3	HF.2.3.1	HF.3	HF.3.1	All HF
<i>Mauritius rupees (MUR), Million</i>																	
HP.8 Rest of economy					375.59								375.59	375.59	487.01	487.01	862.60
HP.8.1 Households as providers of home health care															93.26	93.26	93.26
HP.8.2 All Other industries as secondary providers of health care					375.59								375.59	375.59	393.75	393.75	769.34
HP.9 Rest of the world	72.33	72.33	72.33												342.65	342.65	414.98
HP.nec Unspecified health care providers (n.e.c.)					229.07	229.07	229.07	216.15	12.92								229.07
All HP	11,436.25	11,436.25	10,794.16	642.09	2,229.78	1,747.54	1,747.54	1,128.36	619.19	106.64	39.16	67.48	375.59	375.59	11,630.17	11,630.17	25,296.20

ANNEX VI - NHA Matrices

REPUBLIC OF MAURITIUS

MATRIX IV: HEALTHCARE FINANCING SCHEMES x HEALTHCARE FUNCTIONS (HCxHF)

Financing schemes		HF.1	HF.1.1	HF.1.1.1	HF.1.1.2	HF.2	HF.2.1	HF.2.1.1	HF.2.1.1.1	HF.2.1.1.3	HF.2.2	HF.2.2.2	HF.2.2.nec	HF.2.3	HF.2.3.1	HF.3	HF.3.1	All HF
Health care functions		Government schemes and compulsory contributory health care financing schemes	Government schemes	Central government schemes	State/regional/local government schemes	Voluntary health care payment schemes	Voluntary health insurance schemes	Primary/substitutory health insurance schemes	Employer-based insurance (Other than enterprises schemes)	Other primary coverage schemes	NPISH financing schemes (including development agencies)	Resident foreign agencies schemes	Unspecified NPISH financing schemes (n.e.c.)	Enterprise financing schemes	Enterprises (except health care providers) financing schemes	Household out-of-pocket payment	Out-of-pocket excluding cost-sharing	
HC.1	Curative care	8,941.03	8,941.03	8,941.03		1,111.85	936.71	936.71	508.82	427.90	17.21	1.09	16.12	157.93	157.93	4,988.74	4,988.74	15,041.62
HC.1.1	Inpatient curative care	6,739.44	6,739.44	6,739.44		775.64	675.33	675.33	335.38	339.95	6.45		6.45	93.87	93.87	1,773.54	1,773.54	9,288.62
HC.1.1.2	Specialised inpatient curative care	1,284.89	1,284.89	1,284.89		33.11	33.11	33.11	16.44	16.67						412.58	412.58	1,730.58
HC.1.1.1.nec	Unspecified inpatient curative care (n.e.c.)	5,454.55	5,454.55	5,454.55		742.53	642.22	642.22	318.94	323.28	6.45		6.45	93.87	93.87	1,360.95	1,360.95	7,558.04
HC.1.2	Day curative care	364.47	364.47	364.47		40.49	31.16	31.16	15.65	15.51	9.33	1.02	8.31			438.17	438.17	843.13
HC.1.2.2	Specialised day curative care	43.87	43.87	43.87		2.89					2.89	1.02	1.87			13.53	13.53	60.30
HC.1.2.1.nec	Unspecified day curative care (n.e.c.)	320.61	320.61	320.61		37.59	31.16	31.16	15.65	15.51	6.44		6.44			424.63	424.63	782.83
HC.1.3	Outpatient curative care	1,837.12	1,837.12	1,837.12		295.72	230.23	230.23	157.79	72.44	1.43	0.06	1.37	64.06	64.06	2,777.04	2,777.04	4,909.88
HC.1.3.2	Dental outpatient curative care	1.25	1.25	1.25		91.90	91.59	91.59	84.33	7.27				0.31	0.31	551.10	551.10	644.26
HC.1.3.3	Specialised outpatient curative care	243.89	243.89	243.89		9.94	9.94	9.94	4.86	5.07						91.99	91.99	345.82
HC.1.3.1.nec	Unspecified outpatient curative care (n.e.c.)	1,591.98	1,591.98	1,591.98		193.88	128.71	128.71	68.60	60.11	1.43	0.06	1.37	63.75	63.75	2,133.94	2,133.94	3,919.80
HC.2	Rehabilitative care	294.40	294.40	294.40		13.51					13.51		13.51			70.87	70.87	378.78
HC.2.1	Inpatient rehabilitative care	70.97	70.97	70.97												4.29	4.29	75.25
HC.2.2	Day rehabilitative care	67.02	67.02	67.02		9.95					9.95		9.95			25.43	25.43	102.40
HC.2.3	Outpatient rehabilitative care	147.53	147.53	147.53		2.52					2.52		2.52			7.35	7.35	157.40
HC.2.4	Home-based rehabilitative care	8.89	8.89	8.89		1.04					1.04		1.04			33.80	33.80	43.72

ANNEX VI - NHA Matrices

REPUBLIC OF MAURITIUS

MATRIX IV: HEALTHCARE FINANCING SCHEMES x HEALTHCARE FUNCTIONS (HCxHF)

Financing schemes		HF.1	HF.1.1	HF.1.1.1	HF.1.1.2	HF.2	HF.2.1	HF.2.1.1	HF.2.1.1.1	HF.2.1.1.3	HF.2.2	HF.2.2.2	HF.2.2.nec	HF.2.3	HF.2.3.1	HF.3	HF.3.1	All HF
Health care functions		Government schemes and compulsory contributory health care financing schemes	Government schemes	Central government schemes	State/regional/local government schemes	Voluntary health care payment schemes	Voluntary health insurance schemes	Primary/substitutory health insurance schemes	Employer-based insurance (Other than enterprises schemes)	Other primary coverage schemes	NPISH financing schemes (including development agencies)	Resident foreign agencies schemes	Unspecified NPISH financing schemes (n.e.c.)	Enterprise financing schemes	Enterprises (except health care providers) financing schemes	Household out-of-pocket payment	Out-of-pocket excluding cost-sharing	
HC.1+HC.2	Curative care and rehabilitative care	9,235.43	9,235.43	9,235.43		1,125.36	936.71	936.71	508.82	427.90	30.72	1.09	29.63	157.93	157.93	5,059.61	5,059.61	15,420.40
HC.1.1+HC.2.1	Inpatient curative and rehabilitative care	6,810.41	6,810.41	6,810.41		775.64	675.33	675.33	335.38	339.95	6.45		6.45	93.87	93.87	1,777.83	1,777.83	9,363.87
HC.1.2+HC.2.2	Day curative and rehabilitative care	431.50	431.50	431.50		50.44	31.16	31.16	15.65	15.51	19.28	1.02	18.26			463.60	463.60	945.53
HC.1.3+HC.2.3	Outpatient curative and rehabilitative care	1,984.64	1,984.64	1,984.64		298.24	230.23	230.23	157.79	72.44	3.95	0.06	3.89	64.06	64.06	2,784.39	2,784.39	5,067.28
HC.1.4+HC.2.4	Home-based curative and rehabilitative care	8.89	8.89	8.89		1.04					1.04		1.04			33.80	33.80	43.72
HC.3	Long-term care (health)	258.47	258.47	258.47												74.37	74.37	332.84
HC.3.1	Inpatient long-term care (health)	258.47	258.47	258.47												4.25	4.25	262.72
HC.3.2	Day long-term care (health)															9.30	9.30	9.30
HC.3.3	Outpatient long-term care (health)															1.35	1.35	1.35
HC.3.4	Home-based long-term care (health)															59.46	59.46	59.46
HC.4	Ancillary services (non-specified by function)	37.05	37.05	37.05		9.24	7.26	7.26	6.42	0.85	1.97		1.97			798.79	798.79	845.07
HC.4.1	Laboratory services	12.13	12.13	12.13		3.03	3.03	3.03	2.68	0.35						238.88	238.88	254.03
HC.4.2	Imaging services					4.55	4.23	4.23	3.74	0.49	0.31		0.31			192.92	192.92	197.47
HC.4.3	Patient transportation	24.92	24.92	24.92		1.66					1.66		1.66			366.99	366.99	393.57

ANNEX VI - NHA Matrices

REPUBLIC OF MAURITIUS

MATRIX IV: HEALTHCARE FINANCING SCHEMES x HEALTHCARE FUNCTIONS (HCxHF)

Financing schemes		HF.1	HF.1.1	HF.1.1.1	HF.1.1.2	HF.2	HF.2.1	HF.2.1.1	HF.2.1.1.1	HF.2.1.1.3	HF.2.2	HF.2.2.2	HF.2.2.nec	HF.2.3	HF.2.3.1	HF.3	HF.3.1	All HF
Health care functions		Government schemes and compulsory contributory health care financing schemes	Government schemes	Central government schemes	State/regional/local government schemes	Voluntary health care payment schemes	Voluntary health insurance schemes	Primary/substitutory health insurance schemes	Employer-based insurance (Other than enterprises schemes)	Other primary coverage schemes	NPISH financing schemes (including development agencies)	Resident foreign agencies schemes	Unspecified NPISH financing schemes (n.e.c.)	Enterprise financing schemes	Enterprises (except health care providers) financing schemes	Household out-of-pocket payment	Out-of-pocket excluding cost-sharing	
<i>Mauritius rupees (MUR), Million</i>																		
HC.5	Medical goods (non-specified by function)	449.11	449.11	449.10	0.01	575.25	372.88	372.88	235.58	137.30	0.54	0.54	201.83	201.83	5,354.43	5,354.43	6,378.79	
HC.5.1	Pharmaceuticals and Other medical non-durable goods	426.09	426.09	426.08	0.01	407.77	205.94	205.94	84.24	121.71				201.83	201.83	4,687.66	4,687.66	5,521.52
HC.5.1.1	Prescribed medicines	404.36	404.36	404.36		345.03	205.94	205.94	84.24	121.71				139.09	139.09	2,626.88	2,626.88	3,376.26
HC.5.1.2	Over-the-counter medicines	17.59	17.59	17.59												1,404.50	1,404.50	1,422.10
HC.5.1.2.1	Traditional, Complementary and Alternative Medicines (TCAM)	17.59	17.59	17.59														17.59
HC.5.1.2.nec	Other Over-the-counter medicines															1,404.50	1,404.50	1,404.50
HC.5.1.3	Other medical non-durable goods	1.47	1.47	1.47												656.28	656.28	657.75
HC.5.1.4	Prescribed and Over-the-Counter medicines	2.66	2.66	2.65	0.01	62.74								62.74	62.74			65.40
HC.5.2	Therapeutic appliances and Other medical goods	23.02	23.02	23.02		167.07	166.94	166.94	151.34	15.60	0.14		0.14			637.69	637.69	827.79
HC.5.2.1	Glasses and Other vision products	4.79	4.79	4.79		166.83	166.83	166.83	151.28	15.54						494.40	494.40	666.02
HC.5.2.2	Hearing aids	1.53	1.53	1.53		0.11	0.11	0.11	0.06	0.05						43.50	43.50	45.14
HC.5.2.3	Other orthopaedic appliances and prosthetics (excluding glasses and hearing aids)	8.72	8.72	8.72												63.89	63.89	72.61
HC.5.2.9	All Other medical durables, including medical technical devices	7.98	7.98	7.98		0.14					0.14		0.14			35.90	35.90	44.02
HC.5.nec	Unspecified medical goods (n.e.c.)					0.40					0.40		0.40			29.08	29.08	29.49

ANNEX VI - NHA Matrices

REPUBLIC OF MAURITIUS

MATRIX IV: HEALTHCARE FINANCING SCHEMES x HEALTHCARE FUNCTIONS (HCxHF)

Financing schemes		HF.1	HF.1.1	HF.1.1.1	HF.1.1.2	HF.2	HF.2.1	HF.2.1.1	HF.2.1.1.1	HF.2.1.1.3	HF.2.2	HF.2.2.2	HF.2.2.nec	HF.2.3	HF.2.3.1	HF.3	HF.3.1	All HF
Health care functions		Government schemes and compulsory contributory health care financing schemes	Government schemes	Central government schemes	State/regional/local government schemes	Voluntary health care payment schemes	Voluntary health insurance schemes	Primary/substitutory health insurance schemes	Employer-based insurance (Other than enterprises schemes)	Other primary coverage schemes	NPISH financing schemes (including development agencies)	Resident foreign agencies schemes	Unspecified NPISH financing schemes (n.e.c.)	Enterprise financing schemes	Enterprises (except health care providers) financing schemes	Household out-of-pocket payment	Out-of-pocket excluding cost-sharing	
<i>Mauritius rupees (MUR), Million</i>																		
HC.5	Medical goods (non-specified by function)	449.11	449.11	449.10	0.01	575.25	372.88	372.88	235.58	137.30	0.54	0.54	201.83	201.83	5,354.43	5,354.43	6,378.79	
HC.5.1	Pharmaceuticals and Other medical non-durable goods	426.09	426.09	426.08	0.01	407.77	205.94	205.94	84.24	121.71				201.83	201.83	4,687.66	4,687.66	5,521.52
HC.5.1.1	Prescribed medicines	404.36	404.36	404.36		345.03	205.94	205.94	84.24	121.71				139.09	139.09	2,626.88	2,626.88	3,376.26
HC.5.1.2	Over-the-counter medicines	17.59	17.59	17.59												1,404.50	1,404.50	1,422.10
HC.5.1.2.1	Traditional, Complementary and Alternative Medicines (TCAM)	17.59	17.59	17.59														17.59
HC.5.1.2.nec	Other Over-the-counter medicines															1,404.50	1,404.50	1,404.50
HC.5.1.3	Other medical non-durable goods	1.47	1.47	1.47												656.28	656.28	657.75
HC.5.1.4	Prescribed and Over-the-Counter medicines	2.66	2.66	2.65	0.01	62.74								62.74	62.74			65.40
HC.5.2	Therapeutic appliances and Other medical goods	23.02	23.02	23.02		167.07	166.94	166.94	151.34	15.60	0.14		0.14			637.69	637.69	827.79
HC.5.2.1	Glasses and Other vision products	4.79	4.79	4.79		166.83	166.83	166.83	151.28	15.54						494.40	494.40	666.02
HC.5.2.2	Hearing aids	1.53	1.53	1.53		0.11	0.11	0.11	0.06	0.05						43.50	43.50	45.14
HC.5.2.3	Other orthopaedic appliances and prosthetics (excluding glasses and hearing aids)	8.72	8.72	8.72												63.89	63.89	72.61
HC.5.2.9	All Other medical durables, including medical technical devices	7.98	7.98	7.98		0.14					0.14		0.14			35.90	35.90	44.02
HC.5.nec	Unspecified medical goods (n.e.c.)					0.40					0.40		0.40			29.08	29.08	29.49

ANNEX VI - NHA Matrices

REPUBLIC OF MAURITIUS

MATRIX IV: HEALTHCARE FINANCING SCHEMES x HEALTHCARE FUNCTIONS (HCxHF)

Financing schemes		HF.1	HF.1.1	HF.1.1.1	HF.1.1.2	HF.2	HF.2.1	HF.2.1.1	HF.2.1.1.1	HF.2.1.1.3	HF.2.2	HF.2.2.2	HF.2.2.nec	HF.2.3	HF.2.3.1	HF.3	HF.3.1	All HF
Health care functions		Government schemes and compulsory contributory health care financing schemes	Government schemes	Central government schemes	State/regional/local government schemes	Voluntary health care payment schemes	Voluntary health insurance schemes	Primary/substitutory health insurance schemes	Employer-based insurance (Other than enterprises schemes)	Other primary coverage schemes	NPISH financing schemes (including development agencies)	Resident foreign agencies schemes	Unspecified NPISH financing schemes (n.e.c.)	Enterprise financing schemes	Enterprises (except health care providers) financing schemes	Household out-of-pocket payment	Out-of-pocket excluding cost-sharing	
	<i>Mauritius rupees (MUR), Million</i>																	
HC.6	Preventive care	658.38	658.38	422.51	235.87	88.67	0.05	0.05	0.05		72.78	38.07	34.71	15.84	15.84	42.93	42.93	789.98
HC.6.1	Information, education and counseling (IEC) programmes	22.24	22.24	22.24		9.45					9.45		9.45			8.96	8.96	40.65
HC.6.1.1	Addictive substances IEC programmes	21.99	21.99	21.99		0.75					0.75		0.75			8.96	8.96	31.71
HC.6.1.1.nec	Other and unspecified addictive substances IEC programmes (n.e.c.)	21.99	21.99	21.99		0.75					0.75		0.75			8.96	8.96	31.71
HC.6.1.3	Safe sex IEC programmes					2.64					2.64		2.64					2.64
HC.6.1.nec	Other and unspecified IEC programmes (n.e.c.)	0.25	0.25	0.25		6.06					6.06		6.06					6.30
HC.6.2	Immunisation programmes	43.20	43.20	43.20		2.35					2.33	1.95	0.38	0.02	0.02	31.11	31.11	76.67
HC.6.2.1	Maternal and child health - Vaccination	26.79	26.79	26.79		0.40					0.38		0.38	0.02	0.02	14.00	14.00	41.20
HC.6.2.nec	Other Immunisation programmes	16.41	16.41	16.41		1.95					1.95	1.95				17.12	17.12	35.47
HC.6.3	Early disease detection programmes	78.18	78.18	78.18		7.25					7.25	1.91	5.34					85.43
HC.6.4	Healthy condition monitoring programmes	0.08	0.08		0.08	5.76								5.76	5.76			5.84
HC.6.5	Epidemiological surveillance and risk and disease control programmes	75.75	75.75	72.30	3.44	1.10					1.10	0.95	0.15			2.86	2.86	79.71
HC.6.5.2	Monitoring & Evaluation (M&E)					0.15					0.15		0.15					0.15
HC.6.5.4	Interventions															2.86	2.86	2.86
HC.6.5.4.nec	Other and unspecified interventions (n.e.c.)															2.86	2.86	2.86
HC.6.5.nec	Unspecified epidemiological surveillance and risk and disease control programmes (n.e.c.)	75.75	75.75	72.30	3.44	0.95					0.95	0.95						76.70

ANNEX VI - NHA Matrices

REPUBLIC OF MAURITIUS

MATRIX IV: HEALTHCARE FINANCING SCHEMES x HEALTHCARE FUNCTIONS (HCxHF)

Financing schemes		HF.1	HF.1.1	HF.1.1.1	HF.1.1.2	HF.2	HF.2.1	HF.2.1.1	HF.2.1.1.1	HF.2.1.1.3	HF.2.2	HF.2.2.2	HF.2.2.nec	HF.2.3	HF.2.3.1	HF.3	HF.3.1	All HF
Health care functions		Government schemes and compulsory contributory health care financing schemes	Government schemes	Central government schemes	State/regional/local government schemes	Voluntary health care payment schemes	Voluntary health insurance schemes	Primary/substitutory health insurance schemes	Employer-based insurance (Other than enterprises schemes)	Other primary coverage schemes	NPISH financing schemes (including development agencies)	Resident foreign agencies schemes	Unspecified NPISH financing schemes (n.e.c.)	Enterprise financing schemes	Enterprises (except health care providers) financing schemes	Household out-of-pocket payment	Out-of-pocket excluding cost-sharing	
HC.6.nec	Unspecified preventive care (n.e.c.)	438.94	438.94	206.59	232.35	62.75	0.05	0.05	0.05		52.64	33.26	19.38	10.05	10.05			501.69
HC.7	Governance, and health system and financing administration	719.67	719.67	380.15	339.52	182.15	182.15	182.15	160.87	21.28								901.82
HC.7.1	Governance and Health system administration	719.67	719.67	380.15	339.52													719.67
HC.7.1.nec	Other governance and Health system administration (n.e.c.)	719.67	719.67	380.15	339.52													719.67
HC.7.2	Administration of health financing					182.15	182.15	182.15	160.87	21.28								182.15
HC.9	Other health care services not elsewhere classified (n.e.c.)	78.14	78.14	11.45	66.69	249.11	248.48	248.48	216.62	31.85	0.64		0.64			300.04	300.04	627.29
All HC		11,436.25	11,436.25	10,794.16	642.09	2,229.78	1,747.54	1,747.54	1,128.36	619.19	106.64	39.16	67.48	375.59	375.59	11,630.17	11,630.17	25,296.20

ANNEX VII - NHA Matrices

REPUBLIC OF MAURITIUS																																											
MATRIX V: HEALTHCARE PROVIDERS x HEALTHCARE FUNCTIONS (HCxHP)																																											
Health care providers	HP.1	HP.1.1	HP.1.1.1	HP.1.1.2	HP.1.2	HP.1.3	HP.1.3.1	HP.1.3.2	HP.1.3.3	HP.1.3.4	HP.3	HP.3.1	HP.3.1.nec	HP.3.2	HP.3.3	HP.3.3.2	HP.3.4	HP.3.4.5	HP.3.4.9	HP.3.5	HP.3.nec	HP.4	HP.4.1	HP.4.2	HP.4.3	HP.5	HP.5.1	HP.5.2	HP.5.9	HP.6	HP.7	HP.7.1	HP.7.3	HP.8	HP.8.1	HP.8.2	HP.9	HP.9.o	All HP				
Health care functions	Hospitals	General hospitals	General hospitals (Public sector)	General hospitals (Private sector)	Mental health hospitals	Specialised hospitals (Other than mental health hospitals)	Ear, nose and throat hospital	Ophthalmology hospital	Cardiac centre	Chest clinic	Providers of ambulatory health care	Medical practices	Unspecified medical practices (n.e.c.)	Dental practice	Other health care practitioners	Traditional medicine practitioners	Ambulatory health care centres	Non-specialised ambulatory health care centres	All Other ambulatory centres	Providers of home health care services	Unspecified providers of ambulatory health care (n.e.c.)	Providers of ancillary services	Providers of patient transportation and emergency rescue	Medical and diagnostic laboratories	Imaging centres	Retailers and Other providers of medical goods	Pharmacies	Retail sellers and Other suppliers of durable medical goods and medical appliances	All Other Miscellaneous sellers and Other suppliers of pharmaceuticals and medical goods	Providers of preventive care	Providers of health care system administration and financing	Government health administration agencies	Private health insurance administration agencies	Rest of economy	Households as providers of home health care	All Other industries as secondary providers of health care	Rest of the world	Unspecified health care providers (n.e.c.)	All HC				
HC.5.1.4											2.65								2.65																							65.40	
HC.5.2	8.42	8.42	8.42								14.60								14.60						804.63		804.63		0.14														827.79
HC.5.2.1																	4.79		4.79						661.23		661.23																666.02
HC.5.2.2																			1.53								43.61																45.14
HC.5.2.3	8.42	8.42	8.42								0.30								0.30								63.89															72.61	
HC.5.2.9																	7.98		7.98								35.90		0.14													44.02	
HC.5.nec																											29.08		0.40													29.49	
HC.6	9.01	9.01	9.01								16.02					16.02	16.02								2.86	2.86		747.25		15.84	15.84											789.98	
HC.6.1	8.96	8.96	8.96								2.28					2.28	2.28										29.40															40.66	
HC.6.1.1	8.96	8.96	8.96								0.03					0.03	0.03											22.71														31.71	
HC.6.1.1.nec	8.96	8.96	8.96								0.03					0.03	0.03											22.71														31.71	
HC.6.1.3																													2.84													2.64	
HC.6.1.nec											2.25					2.25	2.25												4.05													6.30	
HC.6.2											9.68					9.68	9.68												86.07		0.02	0.02											76.67
HC.6.2.1																												41.17		0.02	0.02											41.20	
HC.6.2.nec											9.68					9.68	9.68												25.79													35.47	
HC.6.3											1.07					1.07	1.07												84.38													85.43	
HC.6.4																												0.08		5.76	5.76											5.84	
HC.6.5																									2.86	2.86		76.85														79.71	
HC.6.5.2																												0.16													0.15		
HC.6.5.4																									2.86	2.86																2.86	
HC.6.5.4.nec																									2.86	2.86																2.86	
HC.6.5.nec																												76.70														76.70	
HC.6.nec	0.05	0.05	0.05								1.98					1.98	1.98											489.80			10.06	10.06											501.69
HC.7																													901.82	719.67	182.15												901.82
HC.7.1																													719.67	719.67													719.67
HC.7.1.nec																													719.67	719.67													719.67
HC.7.2																													182.15	182.15													182.15
HC.9	61.46	61.46	61.46								11.61					0.16	0.16		11.46								287.99	340.85	17.34	67.17													627.29
All HC	11,851.04	10,243.22	7,081.19	3,162.03	463.30	1,144.52	608.29	239.73	228.20	68.30	3,368.60	2,040.77	2,040.77	490.88	5.94	5.94	702.07	655.62	46.45	112.79	16.15	466.61	27.55	241.91	197.15	6,388.93	4,470.81	1,224.51	673.62	832.55	901.82	719.67	182.15	862.60	93.26	789.34	414.98	229.07				25,296.20	

ANNEX VIII - NHA Matrices																		
REPUBLIC OF MAURITIUS																		
MATRIX VI: HEALTHCARE FINANCING SCHEMES x DISEASES (DISxHF)																		
Classification of diseases / conditions	Financing schemes <i>Mauritius rupees (MUR), Million</i>	HF.1	HF.1.1	HF.1.1.1	HF.1.1.2	HF.2	HF.2.1	HF.2.1.1	HF.2.1.1.1	HF.2.1.1.3	HF.2.2	HF.2.2.2	HF.2.2.nec	HF.2.3	HF.2.3.1	HF.3	HF.3.1	All HF
		Government schemes and compulsory contributory health care financing schemes	Government schemes	Central government schemes	State/regional/local government schemes	Voluntary health care payment schemes	Voluntary health insurance schemes	Primary/substitutory health insurance schemes	Employer-based insurance (Other than enterprises schemes)	Other primary coverage schemes	NPISH financing schemes (including development agencies)	Resident foreign agencies schemes	Unspecified NPISH financing schemes (n.e.c.)	Enterprise financing schemes	Enterprises (except health care providers) financing schemes	Household out-of-pocket payment	Out-of-pocket excluding cost-sharing	
DIS.1	Infectious and parasitic diseases	1,099.01	1,099.01	872.52	226.49	167.57	132.50	132.50	64.99	67.51	19.59	3.38	16.21	15.48	15.48	556.77	556.77	1,823.35
DIS.1.1	HIV/AIDS and Other Sexually Transmitted Diseases (STDs)	86.22	86.22	86.22		17.00	0.53	0.53	0.25	0.28	16.28	0.06	16.21	0.19	0.19	5.32	5.32	108.54
DIS.1.1.1	HIV/AIDS and Opportunistic Infections (OIs)	62.99	62.99	62.99		11.68					11.68	0.06	11.62					74.67
DIS.1.1.1.1	HIV/AIDS	62.99	62.99	62.99		11.68					11.68	0.06	11.62					74.67
DIS.1.1.2	STDs Other than HIV/AIDS	1.11	1.11	1.11														1.11
DIS.1.1.nec	Unspecified HIV/AIDS and Other STDs (n.e.c.)	22.13	22.13	22.13		5.31	0.53	0.53	0.25	0.28	4.59		4.59	0.19	0.19	5.32	5.32	32.76
DIS.1.2	Tuberculosis (TB)	0.01	0.01	0.01		0.20					0.20	0.20						0.22
DIS.1.2.nec	Unspecified tuberculosis (n.e.c.)	0.01	0.01	0.01		0.20					0.20	0.20						0.22
DIS.1.3	Malaria					0.46					0.46	0.46						0.46
DIS.1.4	Respiratory infections	483.39	483.39	483.39		15.39	8.42	8.42	3.46	4.96				6.97	6.97	203.92	203.92	702.69
DIS.1.5	Diarrheal diseases	38.18	38.18	38.18		131.85	123.55	123.55	61.28	62.27				8.30	8.30	312.50	312.50	482.53
DIS.1.7	Vaccine preventable diseases	6.70	6.70	6.70		1.97					1.95	1.95		0.02	0.02	31.11	31.11	39.78
DIS.1.nec	Other and unspecified infectious and parasitic diseases (n.e.c.)	484.51	484.51	258.02	226.49	0.70					0.70	0.70				3.92	3.92	489.13

ANNEX VIII - NHA Matrices																		
REPUBLIC OF MAURITIUS																		
MATRIX VI: HEALTHCARE FINANCING SCHEMES x DISEASES (DISxHF)																		
Classification of diseases / conditions	Financing schemes	HF.1 Government schemes and compulsory contributory health care financing schemes	HF.1.1 Government schemes	HF.1.1.1 Central government schemes	HF.1.1.2 State/regional/local government schemes	HF.2 Voluntary health care payment schemes	HF.2.1 Voluntary health insurance schemes	HF.2.1.1 Primary/substitutory health insurance schemes	HF.2.1.1.1 Employer-based insurance (Other than enterprises schemes)	HF.2.1.1.3 Other primary coverage schemes	HF.2.2 NPISH financing schemes (including development agencies)	HF.2.2.2 Resident foreign agencies schemes	HF.2.2.nec Unspecified NPISH financing schemes (n.e.c.)	HF.2.3 Enterprise financing schemes	HF.2.3.1 Enterprises (except health care providers) financing schemes	HF.3 Household out-of-pocket payment	HF.3.1 Out-of-pocket excluding cost-sharing	All HF
DIS.2	Reproductive health	709.04	709.04	709.04		40.04	12.22	12.22	5.84	6.38	10.62		10.62	17.19	17.19	221.62	221.62	970.70
DIS.2.1	Maternal conditions	283.15	283.15	283.15		29.58	12.07	12.07	5.79	6.28	0.31		0.31	17.19	17.19	216.84	216.84	529.57
DIS.2.2	Perinatal conditions	83.62	83.62	83.62		0.15	0.15	0.05	0.11							3.11	3.11	86.89
DIS.2.3	Contraceptive management (family planning)	34.47	34.47	34.47		8.55					8.55		8.55					43.02
DIS.2.nec	Unspecified reproductive health conditions (n.e.c.)	307.80	307.80	307.80		1.76					1.76		1.76			1.67	1.67	311.23
DIS.3	Nutritional deficiencies	111.25	111.25	111.25		0.48					0.48		0.48			0.60	0.60	112.33
DIS.4	Noncommunicable diseases	7,294.90	7,294.90	7,294.65	0.26	1,257.45	975.77	975.77	569.98	405.79	30.03	3.65	26.39	251.64	251.64	8,646.09	8,646.09	17,198.44
DIS.4.1	Neoplasms	648.54	648.54	648.54		56.10	33.78	33.78	16.42	17.35	9.72	2.37	7.35	12.60	12.60	283.27	283.27	987.91
DIS.4.2	Endocrine and metabolic disorders	417.53	417.53	417.53		86.30	55.53	55.53	23.67	31.86	2.58	0.11	2.47	28.19	28.19	956.19	956.19	1,460.02
DIS.4.2.1	Diabetes	368.94	368.94	368.94		74.60	50.00	50.00	21.67	28.32	2.58	0.11	2.47	22.02	22.02	757.86	757.86	1,201.39
DIS.4.2.nec	Other and unspecified endocrine and metabolic disorders (n.e.c.)	48.59	48.59	48.59		11.70	5.53	5.53	1.99	3.53				6.17	6.17	198.33	198.33	258.63
DIS.4.3	Cardiovascular diseases	946.50	946.50	946.50		201.12	155.09	155.09	66.41	88.68	0.22		0.22	45.81	45.81	2,491.32	2,491.32	3,638.95
DIS.4.3.1	Hypertensive diseases	218.34	218.34	218.34		34.23	17.40	17.40	6.26	11.14				16.83	16.83	720.84	720.84	973.41
DIS.4.3.nec	Other and unspecified cardiovascular diseases (n.e.c.)	728.17	728.17	728.17		166.89	137.69	137.69	60.15	77.54	0.22		0.22	28.98	28.98	1,770.48	1,770.48	2,665.54
DIS.4.4	Mental & behavioural disorders, and Neurological conditions	870.43	870.43	870.43		78.40	56.96	56.96	27.68	29.28	5.73		5.73	15.71	15.71	257.17	257.17	1,206.00
DIS.4.4.1	Mental (psychiatric) disorders	607.50	607.50	607.50		75.83	56.96	56.96	27.68	29.28	3.16		3.16	15.71	15.71	252.90	252.90	936.23

ANNEX VIII - NHA Matrices																	
REPUBLIC OF MAURITIUS																	
MATRIX VI: HEALTHCARE FINANCING SCHEMES x DISEASES (DISxHF)																	
Financing schemes	HF.1	HF.1.1	HF.1.1.1	HF.1.1.2	HF.2	HF.2.1	HF.2.1.1	HF.2.1.1.1	HF.2.1.1.3	HF.2.2	HF.2.2.2	HF.2.2.nec	HF.2.3	HF.2.3.1	HF.3	HF.3.1	All HF
Classification of diseases / conditions	Government schemes and compulsory contributory health care financing schemes	Government schemes	Central government schemes	State/regional/local government schemes	Voluntary health care payment schemes	Voluntary health insurance schemes	Primary/substitutory health insurance schemes	Employer-based insurance (Other than enterprises schemes)	Other primary coverage schemes	NPIH financing schemes (including development agencies)	Resident foreign agencies schemes	Unspecified NPIH financing schemes (n.e.c.)	Enterprise financing schemes	Enterprises (except health care providers) financing schemes	Household out-of-pocket payment	Out-of-pocket excluding cost-sharing	
	Mauritius rupees (MUR), Million																
DIS.4.4.3	Neurological conditions	17.58	17.58	17.58	1.76					1.76		1.76					19.33
DIS.4.4.nec	Unspecified mental & behavioural disorders and neurological conditions (n.e.c.)	245.35	245.35	245.35	0.82					0.82		0.82			4.27	4.27	250.43
DIS.4.4	Mental & behavioural disorders, and Neurological conditions	870.43	870.43	870.43	78.40	56.96	56.96	27.68	29.28	5.73		5.73	15.71	15.71	257.17	257.17	1,206.00
DIS.4.4.1	Mental (psychiatric) disorders	607.50	607.50	607.50	75.83	56.96	56.96	27.68	29.28	3.16		3.16	15.71	15.71	252.90	252.90	936.23
DIS.4.4.3	Neurological conditions	17.58	17.58	17.58	1.76					1.76		1.76					19.33
DIS.4.4.nec	Unspecified mental & behavioural disorders and neurological conditions (n.e.c.)	245.35	245.35	245.35	0.82					0.82		0.82			4.27	4.27	250.43
DIS.4.5	Respiratory diseases	666.51	666.51	666.51	169.64	128.97	128.97	62.45	66.52				40.67	40.67	1,001.52	1,001.52	1,837.68
DIS.4.6	Diseases of the digestive	582.60	582.60	582.60	20.08	11.94	11.94	5.33	6.61				8.14	8.14	277.41	277.41	880.08
DIS.4.7	Diseases of the genito-urinary system	957.08	957.08	957.08	146.64	123.91	123.91	60.91	63.00				22.73	22.73	694.87	694.87	1,798.59
DIS.4.8	Sense organ disorders	1,030.42	1,030.42	1,030.42	268.38	258.46	258.46	196.09	62.37				9.92	9.92	1,164.28	1,164.28	2,463.08
DIS.4.8.1	Vision disorders, including cataract	370.73	370.73	370.73	166.83	166.83	166.83	151.28	15.54						577.79	577.79	1,115.35
DIS.4.8.nec	Other sense organ disorders including ear, nose and throat	659.69	659.69	659.69	101.55	91.63	91.63	44.81	46.82				9.92	9.92	586.49	586.49	1,347.74
DIS.4.9	Oral diseases	244.28	244.28	244.28	98.16	96.43	96.43	86.16	10.27	0.81	0.81		0.92	0.92	635.11	635.11	977.56
DIS.4.nec	Other and unspecified noncommunicable diseases (n.e.c.)	931.00	931.00	930.74	0.26	54.70	54.70	24.86	29.85	10.96	0.35	10.61	66.95	66.95	884.95	884.95	1,948.57

ANNEX VIII - NHA Matrices																		
REPUBLIC OF MAURITIUS																		
MATRIX VI: HEALTHCARE FINANCING SCHEMES x DISEASES (DISxHF)																		
Classification of diseases / conditions	Financing schemes	HF.1	HF.1.1	HF.1.1.1	HF.1.1.2	HF.2	HF.2.1	HF.2.1.1	HF.2.1.1.1	HF.2.1.1.3	HF.2.2	HF.2.2.2	HF.2.2.nec	HF.2.3	HF.2.3.1	HF.3	HF.3.1	All HF
	<i>Mauritius rupees (MUR), Million</i>	Government schemes and compulsory contributory health care financing schemes	Government schemes	Central government schemes	State/regional/local government schemes	Voluntary health care payment schemes	Voluntary health insurance schemes	Primary/substitutory health insurance schemes	Employer-based insurance (Other than enterprises schemes)	Other primary coverage schemes	NPISH financing schemes (including development agencies)	Resident foreign agencies schemes	Unspecified NPISH financing schemes (n.e.c.)	Enterprise financing schemes	Enterprises (except health care providers) financing schemes	Household out-of-pocket payment	Out-of-pocket excluding cost-sharing	
DIS.5	Injuries	1,065.34	1,065.34	1,065.34		29.40	10.22	10.22	4.95	5.26				19.19	19.19	259.89	259.89	1,354.63
DIS.6	Non-disease specific	719.67	719.67	380.15	339.52	189.65	182.15	182.15	160.87	21.28	7.50	7.50						909.32
DIS.nec	Other and unspecified diseases/conditions (n.e.c.)	437.04	437.04	361.22	75.83	545.19	434.68	434.68	321.72	112.96	38.42	24.64	13.78	72.09	72.09	1,945.20	1,945.20	2,927.43

ANNEX IX - NHA Matrices											
REPUBLIC OF MAURITIUS											
MATRIX VII: FINANCING AGENTS x CAPITAL FORMATION (HKxFA)											
Financing agents		FA.1	FA.1.1	FA.1.1.1	FA.1.1.2	FA.1.2	FA.3	FA.3.1	FA.3.2	FA.4	All FA
Capital Account		General government	Central government	Ministry of Health	Other ministries and public units (belonging to central government)	State/Regional/Local government	Corporations (Other than insurance corporations) (part of HF.RI.1.2)	Health management and provider corporations	Corporations (Other than providers of health services)	Non-profit institutions serving households (NPISH)	
<i>Mauritius rupees (MUR), Million</i>											
HK.1	Gross capital formation	596.38	596.38	554.83	41.55		0.61		0.61	1.45	598.44
HK.1.1	Gross fixed capital formation	590.42	590.42	549.73	40.68					1.45	591.87
HK.1.1.1	Infrastructure	233.80	233.80	204.48	29.33					0.76	234.56
HK.1.1.1.1	Residential and non-residential buildings	233.80	233.80	204.48	29.33					0.76	234.56
HK.1.1.2	Machinery and equipment	350.66	350.66	339.31	11.35					0.70	351.36
HK.1.1.2.1	Medical equipment	289.71	289.71	278.35	11.35					0.51	290.22
HK.1.1.2.2	Transport equipment	39.63	39.63	39.63							39.63
HK.1.1.2.3	ICT equipment	3.52	3.52	3.52						0.19	3.71
HK.1.1.2.4	Machinery and equipment n.e.c.	17.80	17.80	17.80							17.80
HK.1.1.3	Intellectual property products	5.95	5.95	5.95							5.95
HK.1.1.3.1	Computer software and databases	5.95	5.95	5.95							5.95
HK.1.nec	Unspecified gross capital formation (n.e.c.)	5.96	5.96	5.10	0.86		0.61		0.61		6.57
HK.nec	Unspecified gross fixed capital formation (n.e.c.)	11.92				11.92	2.14	2.14		3.43	17.48
All HK		608.30	596.38	554.83	41.55	11.92	2.75	2.14	0.61	4.88	615.93