

NATIONAL HEALTH ACCOUNTS 2020



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ACRONYMS

СНС	Community Health Centre
CHE	Current Health Expenditure
CHL	Central Health Laboratory
EA	Enumeration Area
EMS	Economic Mission Statement
FA	Classification of Financing Agents
FDI	Foreign Direct Investment
FS	Classification of Revenues of Healthcare Financing Schemes
GDP	Gross Domestic Product
GGE	General Government Expenditure
GGHE	General Government Health Expenditure
GHSS	Government Health Service Statistics
GMIS	Government Medical Insurance Scheme
НАРТ	Health Accounts Production Tool
HBS	Household Budget Surveys
нс	Classification of Healthcare Functions
HDI	Human Development Index
HF	Classification of Healthcare Financing Schemes
НР	Classification of Healthcare Providers
HSR	Health Statistics Report
ICHA	International Classification of Health Accounts
IEC	Information, Education and Communication

IMR	Infant Mortality Rate					
монw	Ministry of Health and Wellness					
MRA	Mauritius Revenue Authority					
MRI	Magnetic Resonance Imaging					
NBTS	National Blood Transfusion Service					
NCD	Non-Communicable Diseases					
NGOs	Non-Governmental Organizations					
NHA	National Health Accounts					
NPISH	Non-profit Institutions Serving Households					
OECD	Organization for Economic Cooperation and Development					
ООР	Out-of-Pocket					
РНС	Primary Health Care					
PvtHE	Private Health Expenditure					
QEH	Queen Elizabeth Hospital					
RDI	Relative Development Index					
RRA	Rodrigues Regional Assembly					
SHA	System of Health Accounts					
SIDS	Small Island Developing State					
SNA	System of National Accounts					
тне	Total Health Expenditure					
USAID	United States Agency for International Development					
wно	World Health Organization					

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FOREWORD



It is with great honour that I present the National Health Accounts (NHA) 2020 Report encompassing the progress made in healthcare financing by both public and private stakeholders involved in health.

Health spending is one among the fundamentals that influences health outcomes and the NHA measures the "financial pulse" of a country's response to its health needs.

These accounts offer a systematic approach to mapping the flow of financial resources spent on healthcare services by both the public and private sectors, including Non-Government Organizations, households and donors.

The current NHA Report, which indicates that, estimated Total Health Expenditure for the Republic of Mauritius, including the island of Rodrigues, in 2019, amounted to Rs 30.7 billion, representing US\$ 853 million.

Out of the estimated Total Health Expenditure of Rs 30.7 billion, General Government Health Expenditure was Rs 14.2 billion and Private Health Expenditure was Rs 16.5 billion. Per capita spending on health increased from Rs 20,023 in 2016 to Rs 20,483 in 2017 and reached Rs 24,273 in 2019. Total Health Expenditure as a percentage of the Gross Domestic Product was 6.16%. An estimated amount of Rs 19.33 billion was spent on the treatment of Non-Communicable Diseases (NCDs), out of which, Rs 4.0 billion, were spent on cardiovascular diseases and Rs 893.9 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 1.4 billion. The country spent some Rs 1.2 billion on mental and behavioural disorders and neurological conditions. Over the years, Government has sustained the investments on the management of NCDs and according to the Mauritius NCD Survey 2021, improvements have been observed in the status of NCDs and their risk factors as compared to the situation in 2015. Nevertheless, NCDs remain a major public health problem in Mauritius and require constant attention.

Government has always stood guided by one sole objective that is, putting the health and the wellness of our citizens as an absolute priority. Government is leaving no stone unturned to upgrade existing infrastructures and to build new and modern hospitals and primary health care institutions. Over the years, investment in the public health system has been sustained thus making it more resilient, with an interlocking set of primary, secondary and specialized healthcare services.

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.

Last but not least, I wish to thank all staff of the Health Economics Unit of my Ministry for their dedication in producing this Report.

Dr the Hon Kailesh Kumar Singh JAGUTPAL MINISTER OF HEALTH AND WELLNESS

September 2022

EXECUTIVE SUMMARY

Mauritius has adopted the Sustainable Development Goal 3 which includes a firm commitment to "Achieve universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all". In 2019, Mauritius being a member state of the African Union, has also committed to implement the Africa Leadership Meeting-Investing in Health Declaration.

In this context, the country requires reliable information on health financing and trends which are crucial to underpin monitoring, decision-making, efficient use of funds and encourage the use of sustainable funding models. Financial resources tracking is even more important in the context of the shifts generated by the unprecedented pandemics, the economic uncertainties and the need to ensure transparency.

Since the last few years, the World Health Organization (WHO) has been supporting Mauritius for the development of National Health Accounts (NHA). NHA 2020 is the fifth round of health accounts that has been developed in close collaboration with the WHO. The findings of NHA 2020 have been validated by the WHO.

For the current study, Total Health Expenditure (THE) incurred in the Republic of Mauritius by both public and private sectors, for the period 01 January to 31 December 2019, was estimated at Rs 30.7 billion, out of which, Current Health Expenditure (CHE) was Rs 29.2 billion and Capital Formation was Rs 1.5 billion. THE in the main island of Mauritius was estimated at Rs 29.8 billion and THE in Rodrigues was approximately Rs 908 million. Moreover, out of the estimated amount of Rs 30.7 billion, General Government Health Expenditure was Rs 14.2 billion and spending on health in the private sector, including out-of-pocket expenditure by households, was estimated at Rs 16.5 billion. In 2019, total health expenditure as a percentage of GDP, was 6.16%.

THE of Rs 30.7 billion, in 2019, represents an increase of 42.75% from 2014. Relatively the same trend has been observed for the CHE. However, a significant increase of 98.27% has been noted in the Capital Formation from the year 2014 to 2019 which was mainly due to investment in the public health sector infrastructures.

Government spending on healthcare in the Republic of Mauritius, in 2019, was 46.2% of Total Health Expenditure. This percentage represents an estimated amount of Rs 14.2 billion, which includes spending by Government through various financing agents in the public sector.

General Government Health Expenditure (GGHE) as a percentage of GDP increased slightly from 2.67 % in 2014 to 2.85% in 2019. In 2019, GGHE as a percentage of General Government Expenditure was 7.18% and the average for the past few years was 8.53%.

In 2019, private health expenditure, was 53.8 % of Total Health Expenditure, representing an estimated amount of Rs 16.5 billion including Household Out-of-Pocket (OOP) Expenditure on Health up to an estimated amount of Rs 13.7 billion. In Mauritius, the high household OOP expenditure on health may

be mainly attributed to the increasing per capita income, a rise in the standard of living of the population and the rising prices of pharmaceutical products and healthcare services in the private sector.

As such, private health expenditure takes the largest proportion of THE in the Republic of Mauritius. However, it has been observed that the GGHE and Voluntary Health Insurance expenditure increased by 35.50% and 45.15%, respectively while Household OOP Expenditure on Health increased by 27.16% from 2014 to 2019. An increase in both GGHE and health insurance help to improve universal health coverage and these trends should be encouraged to reduce OOP expenditure and enable more people to have access to the health care services that they need without undue financial hardship.

Moreover, curative services, provided in both public and private hospitals, continued to use the largest share of healthcare spending, accounting for Rs 17.3 billion and representing 59.2% of total spending in 2019. An increase of 60.5% in expenditure on curative services has been noted from 2014 to 2019.

The NHA 2020 recommends amongst others, the scaling up the production of Health Financing Information to support decision-making, the development of a National Health Financing Strategy based on the WHO approach, increasing the fiscal space (budget) of the Ministry of Health and Wellness, undertake economic studies on harmonization of rates in the private sector for in patients and out patients for common pathologies in collaboration with development partners, development of policies for achieving more financial protection for people choosing healthcare services from the private sector and ensuring adherence to International and Regional Commitments on Health Financing.

ABOUT 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.

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?"

ABOUT THIS REPORT

NHA 2020 tracks national spending on healthcare services for calendar year 2019, starting from **01 January to 31 December 2019**, in the Republic of Mauritius, including, the island of Rodrigues. The study 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.

The accounts were exclusively developed in line with the WHO/OECD System of Health Accounts (SHA) 2011 Framework and by using the Health Account Production Tool (HAPT). The SHA 2011 is an analytical framework which is an international standardized tool used to track all health spending of a country over a defined period of time irrespective of the entity or institution that financed and managed the spending.

The current report stages internationally comparable health accounts which are compatible with other aggregated economic and social accounts of Mauritius.

The findings of the report have been validated by NHA experts at the level of the WHO local office as well as the WHO Regional Office for Africa.

OBJECTIVES OF NHA 2020

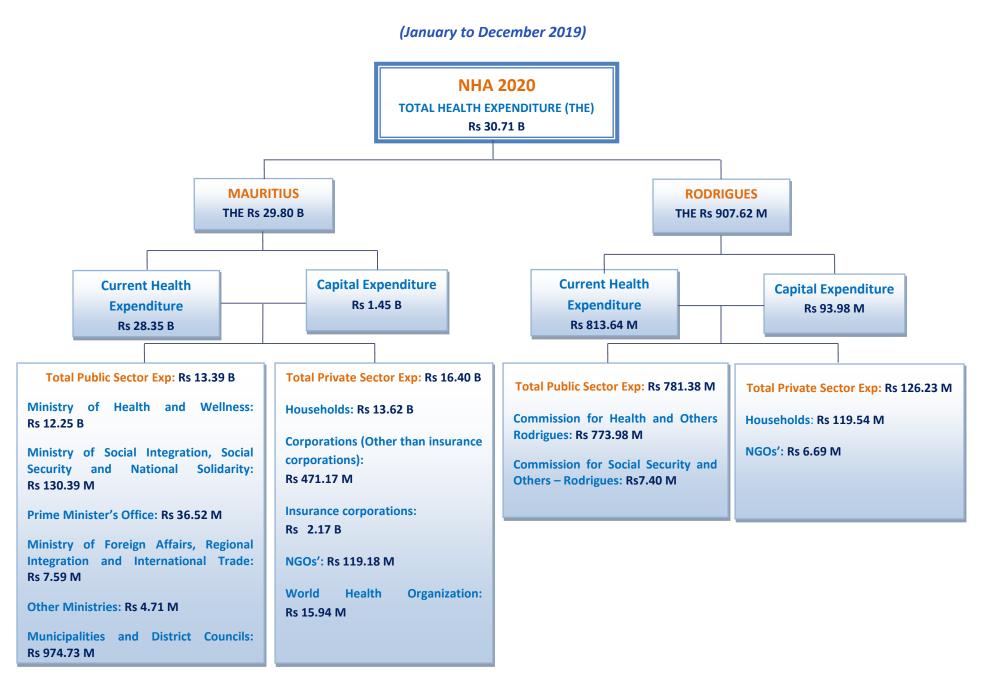
NHA 2020 is the fifth round of health accounts and its main objective is to strengthen health system governance and to support decision-making in the health sector.

The specific objectives of NHA 2020 are as follows:

Track and monitor health expenditure trends, both public and private, including spending on health by households and funding by external entities.

- Make financial projections for the public health sector.
- Provide evidence to enhance Health in All Policies.
- Support the monitoring of Universal Health Coverage.
- Provide evidence for monitoring progress of Sustainable Development Goal 3.
- Support investment by the private business community, both domestic and foreign.
- Use international indicators to compare the country's health system performance with that of other countries.
- Contribute to update the World Health Organization's Global Health Observatory.

NATIONAL HEALTH ACCOUNTS (NHA) 2020



HIGHLIGHTS OF NHA 2020

Total Health Expenditure (THE)

The current report estimates that, the Republic of Mauritius, including the island of Rodrigues, spent an estimated amount of **Rs 30.7 billion on healthcare in 2019**. This amount includes spending on health by Government, households and other entities of the private sector.

Out of the total estimated amount of Rs 30.7 billion, Total Health Expenditure in the main island of Mauritius was estimated at Rs 29.8 billion and Total Health Expenditure in Rodrigues was approximately Rs 908 million.

The total health expenditure of Rs 30.7 billion, in 2019, represents an increase of 42.75% from 2014. Relatively the same trend has been observed for the Current Health Expenditure.

Out of these estimated amounts, the main island of Mauritius spent Rs 1.45 billion on capital formation, in 2019, while Rodrigues made a capital investment of approximately Rs 94.0 million.

A significant increase of 98.27% has been noted in the Capital Formation from the year 2014 to 2019. The Increase is mainly brought about by Government which is around 80% and also reflects the ongoing massive investment in public health infrastructure such as the New ENT Hospital, the New Cancer Hospital amongst others.

The trend in health expenditures for the period 2014 to 2019 and a summary of the National Health Accounts 2020 have been provided in **Figure I and Table I** respectively.

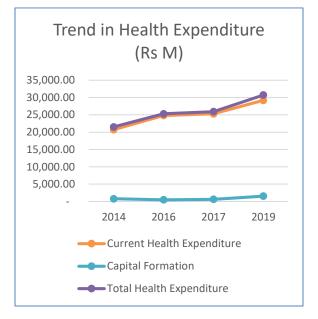


Figure I: Trend in Health Expenditure

Distribution of the Health Expenditure

Government spending on healthcare, in 2019, was 46.2% of Total Health Expenditure. This percentage represents an estimated amount of Rs 14.2 billion, which includes spending by Government through various financing agents in the public sector.

The Ministry of Health and Wellness was the main Financing Agent in the public sector, with an expenditure envelope, estimated at Rs 12.2 billion in 2019.

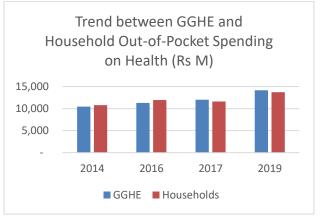
The proportion of private healthcare expenditure was 53.8% of Total Health Expenditure which represents an amount of around Rs 16.5 billion, which includes spending by households up to an estimated amount of Rs 13.7 billion. Private insurers estimated payments amounted to some Rs 2.17 billion on behalf of around 160,000 lives covered by private voluntary health insurance policies.

National Health Accounts	Island of	Island of	Republic of	Change
Jan - Dec 2019	Mauritius	Rodrigues	Mauritius	(2014-2019)
	(Rs M)	(Rs M)	(Rs M)	
Current Health Expenditure (CHE)	28,351.33	813.64	29,164.97	40.66%
Gross Capital Formation (GCF)	1,451.71	93.98	1,545.69	98.27%
Total Health Expenditure (THE) (A+B)	29,803.04	907.62	30,710.66	42.75%
A. General Government Health Expenditure (GGHE)	13,399.49	781.38	14,180.88	35.50%
Ministry of Health and Wellness	12,245.57	-	12,245.57	33.55%
Ministry of Social Integration, Social Security and	130.39	-	130.39	87.99%
National Solidarity				
Prime Minister's Office	36.52	-	36.52	n/a
Ministry of Foreign Affairs, Regional Integration and	7.59	-	7.59	n/a
International Trade				
Other Ministries	4.71	-	4.71	n/a
Municipalities and Districts Councils	974.73	-	974.73	21.38%
Commission for Health and Others – Rodrigues	-	773.98	773.98	152.91%
Commission for Social Security – Rodrigues	-	7.40	7.40	48.59%
B. Private Health Expenditure (PvtHE)	16,403.55	126.24	16,529.78	50.22%
Households	13,624.85	119.54	13,744.39	27.16%
Corporations (Other than insurance corporations)	471.17	-	471.17	22.83%*
Insurance corporations	2,172.40	-	2,172.40	45.15%*
Non-profit institutions serving households (NPISH):				
NGOs'	119.18	6.69	125.88	-2.52%
World Health Organization	15.94	-	15.94	-63.72%

Table I: Summary of National Health Accounts 2020

*Change from 2016 to 2019

During the period 2014 to 2019, General Government Health Expenditure (GGHE) increased by 35.50% while Private Health Expenditure (PvtHE), increased by 50.22%. PvtHE takes the largest proportion of THE in the Republic of Mauritius. However, it has been observed that GGHE was higher than the Household Out-of-Pocket Expenditure on health (OOP) and was estimated at Rs 14.18 billion while the latter was Rs 13.74 billion in 2019. GGHE increased by 35.50% while OOP increased by 27.16% from 2014 to 2019. The trend between GGHE and Household OOP Expenditure on health has reversed as from the year 2017 and GGHE has surpassed the Household OOP Expenditure as compared to previous years as shown in **Figure II**.





Overview of Health Financing Indicators

Indicators	Island of	Island of	Republic of
	Mauritius	Rodrigues	Mauritius
Total Health Expenditure (THE) as a % of GDP	-	-	6.16%
General Government Health Expenditure (GGHE) as a % of GDP	-	-	2.85%
Private Health Expenditure (PvtHE) as a % of GDP	-	-	3.32%
Current Health Expenditure (CHE) as a % of THE	95.13%	89.65%	94.97%
General Government Health Expenditure (GGHE) as a % of THE	44.96%	86.09%	46.18%
Private Health Expenditure (PvtHE) as a % of THE	55.04%	13.91%	53.82%
Household OOP Expenditure on Health as a % of THE	45.72%	13.17%	44.75%
Household OOP Expenditure on Health as a % of PvtHE	83.06%	94.70%	83.15%
General Government Health Expenditure (GGHE) as a % of GGE*	6.94%	17.63%	7.18%
Total Health Expenditure (THE) / capita (Rs)	24,395.47	20,846.54	24,273.34
			(USD 673.89)*
Current Health Expenditure (CHE) / capita (Rs)	23,207.16	18,687.97	23,051.65 (USD 639.97)*
Gross Capital Formation (GCF) / capita (Rs)	1,188.31	2,158.57	1,221.70
			(USD 33.92)*
General Government Health Expenditure (GGHE) / capita (Rs)	10,968.24	17,947.12	11,208.40
			(USD 311.17)*
Private Health Expenditure (PvtHE) / capita (Rs)	13,427.23	2,899.43	13,064.95
			(USD 362.71)*
Household OOP Expenditure on Health / capita (Rs)	11,152.71	2,745.69	10,863.41
			(USD 301.59)*

Table II: National Health Accounts-Health Financing Indicators, Jan-Dec 2019

*Rate of Exchange 2019: 1 USD = MUR 36.02

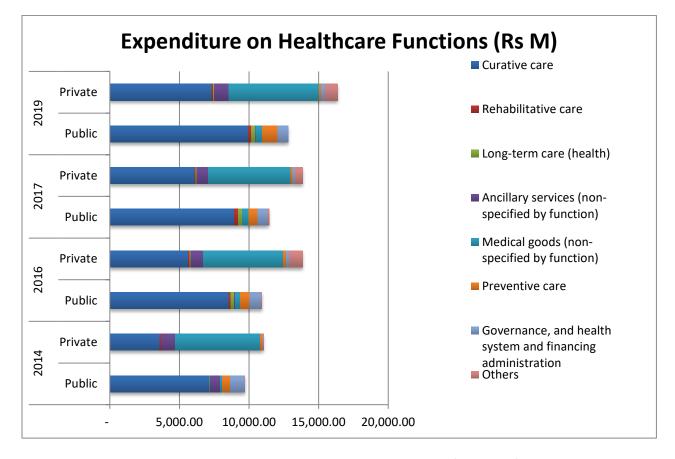
In 2019, total health expenditure as a percentage of GDP, was 6.16%, which represents an increase of 12.2 % from 2014. General Government Health Expenditure as a percentage of GDP increased slightly from 2.67 % in 2014 to 2.85% in 2019. In 2019, GGHE as a percentage of General Government Expenditure was 7.18% and the average for the past few years was 8.53%.

On the other hand, Private Health Expenditure as a percentage of GDP increased from 2.81% in

2014 to reach 3.32% in 2019. Per capita expenditure on health, in 2019, was estimated at Rs 24,273 in the Republic of Mauritius. This corresponds to an increase of 42.33% from 2014.

In the main island of Mauritius, there has been an improvement of 41.02 % in the per capita spending on health from 2014 to 2019.

In Rodrigues, per capita spending on health increased from Rs 9,911.46 in 2014 to reach Rs 20,847 in 2019, representing a sharp increase of 110.33%.



Healthcare Functions and their Financial Implications

Figure III: Trend in expenditure on Healthcare Functions (2014-2019)

Public Health Sector: "On what main healthcare services and goods, the money was spent, by Government, in 2019?"

As shown in **Figure III**, in 2019, likewise previous years, the curative services took a larger share of Government spending on health and constituted 77.5% of the Current Health Expenditure.

The bulk of public healthcare spending in 2019 was on hospital services with an estimated expenditure of Rs 9.55 billion. Outpatient curative care services at the primary care level

were provided at an estimated cost of Rs 704 million.

Preventive care constituted the second major share of Government expenditure and was estimated at 8.72% in 2019.

Government spent approximately Rs 1.15 billion on pharmaceutical products. In addition, some Rs 750 million were spent on governance and health system administration in the public sector.

HOSPITAL 😲		
	REAL REAL REAL REAL REAL REAL REAL	



Hospital Services Rs 9.55 billion

Medication Rs 1.15 billion

Private Health Sector: "On what main healthcare services and goods, households spent their money in 2019?

In the private sector, curative services equally took the largest share and were estimated at 44.79% of the current spending, followed by 39.77% on medical goods in 2019.

In 2019, household out-of-pocket (OOP) expenditure on health was estimated at Rs 13.62 billion in the main island of Mauritius, representing an increase of 18% compared to 2017.





Medication Rs 3.86 billion

Consultation Fees Rs 3.8 billion

Apart the above spending on medication and consultation fees, households spent approximately Rs 1.9 billion at private hospitals, Rs 524.2 million on glasses and other vision products and some Rs 120.4 million on orthopaedic appliances and prosthetics, including hearing aids. Furthermore, in 2019, an estimated amount of Rs 427.7 million was spent on inland transportation by Mauritians seeking care in both the public and private sectors and

inhabitants in Rodrigues disbursed around Rs 13.2 million on health-related transport.

It should be noted that the volume of work in the private sector is lower than that in the public sector as per the latest Household OOP Expenditure Survey undertaken in Mauritius which indicates that approximately 72.8% of the health needs of the population are catered by public health institutions for outpatient and inpatient services, while 27.2% are catered by the private sector.

Thus, it is believed that high household OOP expenditure on health may be mainly attributed to the increasing per capita income, a rise in the standard of living of the population and rising and unregulated prices for healthcare services in the private sector.

The NHA study revealed that, in 2019, one of the major drivers of OOP payments on health by households were pharmaceutical products. Some international studies have shown that there is a misconception that brand name medicines are more effective than generic ones. In Mauritius, a substantial number of households prefer to pay for brand name medicines instead of taking generic medicines from public health facilities. (Cited in Nundoochan et al, 2019)

A survey on Medicine Prices in Mauritius informed that originator brand medicines were priced at nearly 20 times their international reference price. On average, originator brand premium of medicines was also at least threefold costlier compared to the lowest generics medicine products in the private sector. (Cited in Nundoochan et al, 2019)

Moreover, patients also resort to selfmedication and purchase medicines over the counter which have important cost implications for the household. Spending on Diseases by sector: Which diseases, in 2019, consumed the largest share of healthcare expenditure and by how much?

NHA 2020 also tracked the healthcare expenditure by diseases. Some 66.3% of the estimated current health expenditure of Rs 29.16 billion was spent on non-communicable

diseases, representing an estimated amount of Rs 19.3 billion.



Classification of Diseases		HF 1		HF 2		HF 3	HF 3			All HF		
		Governm Scheme			Volunt Health o payme	care		Househol paymo				
		Rs (million)	% HF	% DIS	Rs (million)	% HF	% DIS	Rs (million)	% HF	% DIS	Rs (million)	% DIS
DIS.1	Infectious and parasitic diseases	1,562.12	77.6	12.2	69.28	3.4	2.7	381.64	19.0	2.8	2,013.04	6.9
DIS.2	Reproductive health	776.53	71.0	6.1	54.14	5.0	2.1	262.62	24.0	1.9	1,093.29	3.7
DIS.3	Nutritional deficiencies	126.5	98.7	1.0	0.79	0.62	0.03	0.92	0.72	0.01	128.21	0.4
DIS.4	Non- Communicable Diseases	8,077.85	41.8	63.1	1,459.94	7.6	55.9	9,789.34	50.7	71.2	19,327.13	66.3
DIS.5	Injuries	1,085.25	67.3	8.5	68.38	4.2	2.6	458.29	28.4	3.3	1,611.92	5.5
DIS.6	Non-disease specific	749.76	73.6	5.9	269.28	26.4	10.3	0	0	0	1,019.04	3.5
DIS.nec	Other and unspecified diseases	430.48	10.8	3.4	690.29	17.4	26.4	2,851.59	71.8	20.7	3,972.36	13.6
	TOTAL	12808.49			2612.1			13744.4			29,164.99	100.0

Table III: Expenditure on Diseases by Financing Schemes, Jan-Dec 2019

Out of this amount, Government spent some Rs 8.08 billion on NCDS in 2019 representing 63.1% of the current health expenditure spent on all diseases in the public sector. On the other hand, the Households spent 71.2% of their current spending on NCDS. When analysed by Financing Schemes, Government Schemes and Households

OOP financed 41.8% and 50.7% of the NCDS in 2019, respectively. In addition, Government financed 77.6% and 71.0% of the spending on Infectious and parasitic diseases and reproductive health while the Households OOP financed 19% and 24% of these diseases, respectively.

International Comparison of Health Indicators and per capita spending on health:

NHA 2020 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.

NHAs substantiate 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.

Figure IV displays some selected countries with their respective current health expenditure per capita for the year 2019. An analysis of the per capita health spending and the life expectancy in some selected countries revealed that countries with higher per capita current spending on health have higher life expectancy at birth as shown in **Figure V**.



Figure IV: Selected Countries' Per-Capita Current Healthcare Spending (US\$), 2019

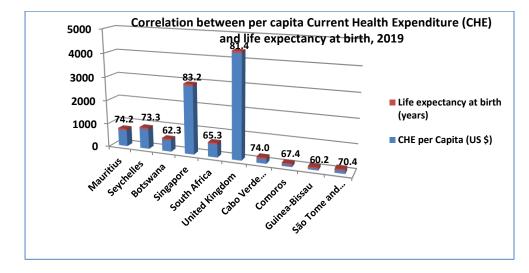


Figure V: Correlation between per capita CHE and life expectancy at birth, 2019

At the 32nd Ordinary Session of the Assembly of the African Union meeting in 2019, the Heads of State and Government of the African Union, reviewed the progress, challenges and next steps needed for increased financing to strengthen health systems and achieve Universal Health Coverage (UHC) which refers to all people having access to the health care services that they need without undue financial hardship.

It was noted that Government spending in health has grown, however, only few countries in SADC Region have met the target for the benchmarks on domestic health financing **(Table IV)**.

Government spending on health	Target	Member States (MS) that met target in 2019	MS that didn't meet the target in 2019
Per capita (US\$)	86.30	Botswana, Eswatini, Mauritius (USD 311), Namibia, Republic of South Africa, Seychelles	Angola, Comoros, DRC, Lesotho, Madagascar, Malawi, Mozambique, Zambia, Zimbabwe
As a % of GDP	5%	Botswana, Lesotho, Republic of South Africa	Angola, Comoros, DRC, Madagascar, Malawi, Mauritius (2.85%), Mozambique, Namibia, Seychelles, Zambia, Zimbabwe, Eswatini
As a % of Government budget	15%	Republic of South Africa	Angola, Botswana, Comoros, DRC, Lesotho, Malawi, Mauritius (7.18%), Mozambique, Seychelles, Zambia, Zimbabwe, Namibia, Madagascar, Eswatini

Table IV: Performance against the 3 benchmarks of the Africa Scorecard on Domestic Health Financing in SADC countries

Source: WHO - Government Health Expenditure Database, accessed in 2022, (Note: Mauritius figures are from NHA 2020)

As far as health financing is concerned, Mauritius has a per capita Government spending on health of US\$ 311 which is well-above target set of US\$ 86.30. However, as for the other two health financing indicators, the country is still mid-way (2.85% and 7.18%) in spite of the efforts made in recent years.

It was also noted that the UHC service coverage index was positively correlated with Government per capita health spending in the SADC region. However, at each level of spending per capita, countries achieve very different levels of health coverage. The difference in health spending per capita for Member States with similar health outcomes could be as high as three times. This shows how increased health spending is necessary but insufficient on its own to improve UHC effective service coverage.

Improvement of health systems inefficiencies (notably related to health workforce and medical products procurement and supply management) is an area where Member States were requested to take immediate steps to ensure spending of available funds is optimised.

Key Economic Indicators: Healthcare Expenditure and Economic Performance

Healthcare expenditure can result in better provision of health opportunities, which can strengthen human capital and improve the productivity, thereby contributing to economic performance. Investment on health also creates employment in the country. The key economic indicators for 2019 are as follows:

Table V: Key Economic Indicators 2019

Indicators	Value: 2019			
Gross Domestic Product at current market prices	Rs 498.3 billion (US \$ 13.8 billion)			
Economic Growth Rate	3.0 %			
Total Exports of Goods and Services (f.o.b.)	Rs 191.7 billion (US \$ 5.3 billion)			
Total Imports of Goods and Services (f.o.b.)	Rs 267.4 billion (US \$ 7.4 billion)			
Investment Rate	19.6 %			
Rate of Inflation	0.5 %			
Unemployment Rate	6.7 %			

A positive correlation has been noted between the GDP and the total health spending in the country from 2014 to 2019.

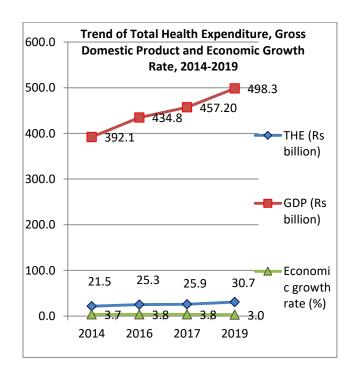


Figure VI: Trend of Total Health Expenditure, Gross Domestic Product and Economic Growth Rate, 2014-2019

1. OVERVIEW OF THE NATIONAL HEALTHCARE SYSTEM

1.1 HEALTH SYSTEM IN MAURITIUS

1.1.1 The national healthcare system in Mauritius operates on a dual-track basis encompassing the public and the private sectors. 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.

Public Sector

1.1.2 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.

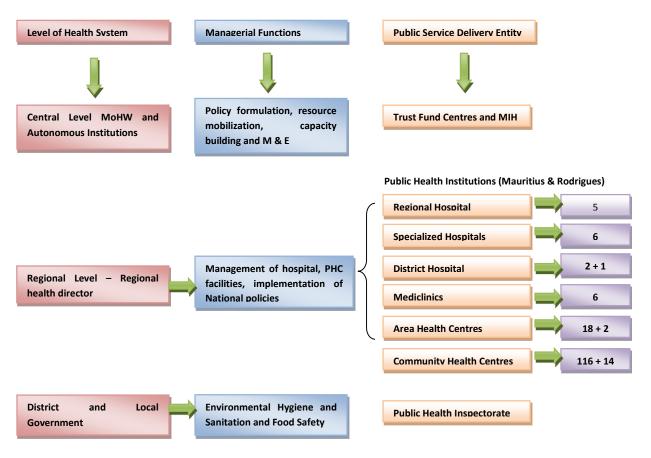


Figure VII: Overview of the Public Health System

1.1.3 In 2019, 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 2019, 5,032,641 attendances were recorded at the primary healthcare institutions.

1.1.4 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.

1.1.5 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 3,768 in 2019. During the same year, the regional hospitals and the two district hospitals admitted 175,261 patients and undertook 35,357 surgical interventions. In addition, they recorded 3,012,678 outpatient cases in 2019.

1.1.6 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

Main Achievements (Public Hospitals), 2019

- Total Bed Capacity: 3,768
- Average Bed Occupancy Rate: 75.4%
- Ambulatory Care Attendances (Sorted & Unsorted): 1,628,049
- Attendances at Accident/ Emergency Department: 1,766,553
- Inpatient Admission: 194,659
- Surgical Intervention: 51,082
- Attendances at Dental Clinic: 265,051
- Attendances for Specialised Dental Care: 21,361
- Cardiac Surgeries: 991
- Angiographies/Angioplasties: 4,790
- Attendances-Nephrology (sorted outpatient): 9,043
- Attendances-Neurosurgery (sorted outpatient): 13,499
- SAMU Services: 12,749

of biochemistry, haematology, bacteriology, parasitology, virology and molecular biology, histopathology, cytopathology and blood transfusion services. In 2019, 15,819,448 pathological tests were carried out.

1.1.7 The National Blood Transfusion Service (NBTS) caters for the need of blood and blood components for all public and private health care institutions. In 2019, 47,864 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.

1.1.8 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 25,418CT scans and 4,186 MRI were carried out in the public sector in 2019.

1.1.9 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.

1.1.10 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.

1.1.11 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.

Private Sector

1.1.12 The number of private hospitals increased from 12 in 2005 to 19 in 2019. Bed capacity in the sector which was 517 in 2005 improved to 730 in 2019. The private hospitals are mainly providers of curative and specialized services and their role in promoting Mauritius as a medical tourism hub is noteworthy.

Human Resources

1.1.13 In 2019, the public health sector employed approximately 16,000 of the national health workforce. During the same year, there were 3,290 doctors, out of whom, 1,568 including 354 specialists were working in the public sector. The number of doctors per 10,000 population

Key Indicators, Private Health Sector in 2019 Private Medical Laboratories: 58 Imaging & Diagnostic Centres: 4 Pharmacies: 360 Doctors, including Specialists: 1,722 Dentists: 346 Pharmacists: 500 Private Hospitals: 19 Bed capacity: 730 Patients Treated: 281,056 Surgical Interventions: 27, 184 Deliveries: 3,675 (30.2% of all births) NGOS: 60 (approx) Sugar Estate Dispensaries: 11

was 26.0 in 2019. As far as dual practice is concerned, some 315 specialists working in the public sector were allowed to undertake private practice in 2019.

1.1.14 Out of the total number of 412 dentists, 66 of them were employed by the State and 346 were working exclusively in the private sector. The number of dentists per 10,000 population stood at 3.3 in 2019. 536 pharmacists were registered in 2019, out of whom only 36 were working in the public health institutions and 500 were practicing in the private sector. The number of pharmacists per 10,000 population was 4.2.

1.1.15 Qualified nurses and midwives at work in the public sector, in 2019, numbered 3,958 out of a total number of 4,494. Other paramedical personnel employed in the public sector, included, 1,881 Hospital Attendants, 1,145 Health Care Assistants (General), 233 Medical Laboratory Technologists, 211 Pharmacy Technicians (including Store Manager) and 392 Health Records personnel.

1.1.16 The country context for Human Resources for Health in Mauritius is indicated in TABLE VI.

Year	20	03	20	08	20	12	20	17	20	19
Grade	Number	Per 10,000 population								
Doctor	1173	9.6	1,450	11.6	1,722	13.7	2,927	23.1	3,290	26.0
Employed MOH	765	6.2	852	6.8	1,000	8	1,514	12.0	1,568	12.4
Private Sector	408	3.4	598	4.8	722	5.7	1,413	11.1	1,722	13.6
Dentist	154	1.3	235	1.9	301	2.4	401	3.2	412	3.3
Employed MOH	54	0.4	61	0.5	59	0.5	68	0.5	66	0.5
Private Sector	100	0.9	174	1.4	242	1.9	333	2.5	346	2.8
Pharmacist	279	2.3	348	2.8	432	3.4	531	4.2	536	4.2
Employed MOH	20	0.2	20	0.2	23	0.2	37	0.3	36	0.3
Private Sector	259	2.1	328	2.6	409	3.2	494	3.9	500	3.9
Qualified Nurse & Midwife	2,958	24.1	3,400	27.3	3,737	29.7	4,445	35.1	4,494	35.5
Employed MOH	2,799	22.8	3,179	25.5	3,051	24.3	4,016	31.7	3,958	31.3
Private Sector	159	1.3	221	1.8	686	5.4	429	3.4	536	4.2

Table VI: Country Context, Human Resources for Health, Mauritius

Source: Health Statistics Report 2019, MOHW

1.2 HEALTH SYSTEM IN RODRIGUES

1.2.1 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.

1.2.2 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.

1.2.3 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.

1.2.4 The two Area Health Centres at Mont Lubin and La Ferme, with a total bed capacity of 43, provide primary services and selective inpatient services on a twenty-four-hour basis. Some healthcare data for the QEH and primary care institutions for 2019 are indicated in **TABLE VII**.

Institution	Bed Capacity	Outpatient Contacts	Admissions	Bed Occupancy Rate	Deliveries	Surgical Interventions
QEH	168	78,607	9,913	55.8	763	1,614
Mont Lubin A.H.C	22	72,661	596**	12.0	14	-
La Ferme A.H.C	21	45,709	131	4.6	9	-
CHCs*	-	46,436	-	-	-	-
Total	211	243,413	10,640	47.9	786	1,614

Table VII: Summary of Work Performed in 2019

**The centre was on renovation as from September 2019

1.2.5 In 2019, the health institutions in Rodrigues were manned by a team of 28 doctors, 2 dentists, 221 qualified nurses and midwives and other paramedical and manual workers. This represented one doctor for every 1,555 inhabitants, one dentist for every 21,769 inhabitants and one nurse/midwife for every 197 inhabitants in 2019.

1.2.6 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 also provides technical support of specialists, at the request of the Commission for Health and Others, , as and when required.

1.2.7 In 2019, the private health sector, in Rodrigues, consisted 2 private pharmacies and 11 NGOs.

1.3 HEALTHCARE FINANCING

1.3.1 Government of Mauritius is committed to the provision of free universal, accessible and quality health services to all residents. The largely Government-led and funded public service in Mauritius is designed to ensure universal health coverage, that is, every citizen has access to different levels of free healthcare in a timely, cost-effective and seamless manner.

1.3.2 Healthcare spending in the public sector is funded through taxation (direct and indirect taxes). 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. Being a Welfare State, there is no social or compulsory health insurance in Mauritius and assistance from Donors on health is very limited.

1.3.3 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.

1.3.4 The trend of Government spending on health through the Ministry of Health and Wellness has risen significantly in nominal value from Rs 9.2 billion in 2014 to Rs 12.95 billion for FY 2019/2020, representing an increase of around 40.76% over the past six years.

1.3.5 Catastrophic health expenditure has been defined as out-of-pocket payments above a share of total household expenditure or non-food expenditure that forces households to sacrifice other basic needs, sell assets, incur debts or become impoverished. In Mauritius, according to the 2019 WHO Global Monitoring Report, the percentage of people who spent more than 25% of their household budget on health was only 1.8%.

1.4 HEALTH STATUS

1.4.1 According to the WHO and the World Bank, the UHC Service Coverage Index for Mauritius was 65 in 2019 on a zero to 100% scale. Universal health coverage has been remarkably evidenced through the improvement of the overall health status of the population since independence. Mauritius has already achieved some of the health-related Sustainable Development Goals targets set for 2030.

1.4.2 Life expectancy at birth has favourably improved to reach 70.9 years for male and 77.7 for female in 2019. Infant mortality rate and under five mortality rate was 14.5 and 16.0, respectively, per thousand live births in 2019. Maternal mortality rate was 62 per 100,000 live births in 2019.

1.4.3 The incidence of HIV in the population is around 1%. The proportion of births attended by skilled personnel is 100% and immunization rate is >95%.

1.4.4 In respect to the national health workforce, it is worth noting that for every 10,000 population, Mauritius had a workforce of 26.0 doctors and 35.5 nurses in 2019.

2. METHODOLOGY

2.1 SYSTEMS OF HEALTH ACCOUNTS (SHA) 2011 FINANCING FRAMEWORK

2.1.1 The NHA 2020 estimation was undertaken in accordance with the SHA 2011 Financing Framework and by using the Health Accounts Production Tool (HAPT). This Framework uses a tri-axial recording of each transaction to enable understanding of **resource flows between financing, provision, and consumption**.

2.1.2 This approach ensures that the value of all healthcare goods and services consumed equals the value of healthcare goods and services financed and provided.

2.1.3 **Figure VIII** displays a graphical representation of the SHA 2011 financing framework and it demonstrates the relationship between the key entities of the health financing system and how the money flows across the system.

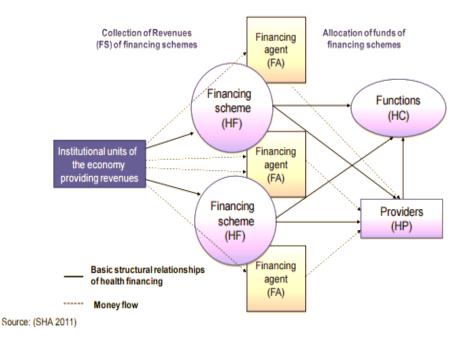


Figure VIII: Graphical Representation of the SHA 2011 Financing Framework

2.1.4 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 below:

Revenue of Healthcare Financing Schemes (FS)	•Types of revenue-raising transactions or the mix of revenue sources for each Healthcare Financing Scheme e.g. voluntary prepayment by individuals/ households used to fund the purchases of voluntary prepayment schemes.
Financing Schemes (HF)	•Financing arrangements through which people obtain health and care services. (Examples direct payments by households, third-party financing arrangements, such as private health insurance schemes).
Financing Agents (FA)	 Institutional units (e.g. Government, households and private insurance corporations) that manage Healthcare Financing Schemes. They are the entities that control the flow of funds from the financing sources to the Healthcare Providers through Healthcare Financing Schemes.
Healthcare Providers (HP)	•All organizations and actors involved in the provision of healthcare goods and services.
Healthcare Functions (HC)	•Groups of healthcare goods and services consumed with a defined health purpose. They are grouped according to the type of need of the consumer (e.g. cure, care, prevention, etc.).
Gross Capital Formation (HK)	 Assets intended to be used over a period of one year or more for the production of other goods and services.
Diseases	•Disease/conditions of those who obtain healthcare goods and services or benefits from health activities

2.2 DATA SOURCES

2.2.1 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 country.

2.2.2 These studies also make use of non-stochastic (non-random) surveys which 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.

2.2.3 For NHA 2020 study, a combination of both primary and secondary sources of data was used similarly to the previous rounds of NHAs.

2.3 PRIMARY DATA COLLECTION FROM THE FINANCING PERSPECTIVE

2.3.1 Data collected from the 2017 Survey on Household Out-of-Pocket (OOP) Expenditure on Health was used to extrapolate Household Out-of-Pocket Expenditure on Health for the period 01 January to 31 December 2019.

2.3.2 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.

2.3.3 The 2017 Survey on household OOP expenditure on health encompassed 2,700 households in the island of Mauritius and 675 households in Rodrigues. The 3,375 households interviewed, in the Republic of Mauritius, covered 11,197 persons with 5,443 (48.6%) male and 5,754 (51.4%) female.

2.4 PRIMARY DATA COLLECTION FROM PROVIDERS

2.4.1 The aim of the non-stochastic surveys was to collect health expenditure data, consistent with the SHA 2011 framework, from various heath stakeholders, including Ministries and public institutions, private hospitals, private firms, non-Governmental organizations, private health insurers, private laboratories, sugar estate dispensaries and donor agencies.

2.4.2 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 of the Mauritius Revenue Authority.

2.5 CONSUMPTION SIDE PERSPECTIVE

2.5.1 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.

2.5.2 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.

2.6 USE OF INTEGRATIVE APPROACH

2.6.1 The integrative approach, which is recommended by WHO and the Institute for Health Metrics and Evaluation, was used to estimate the household OOP expenditure on health, in the Republic of Mauritius, for the period starting 01 January to 31 December 2019. This approach combines expenditure from the funding side, provider side and consumption side perspective in order to obtain a composite estimate that are more robust, more comprehensive and of higher quality.

- Financing side perspective: estimates that are based on financing sources data which include the extrapolated 2019 Household Out-of-Pocket Expenditure on Health and primary data captured from private health insurers and the Mauritius Revenue Authority.
- Provider side perspective: estimates that are based on healthcare providers' data which are gathered from non-stochastic surveys carried out with private hospitals, private laboratories and private imaging centres.
- Consumption side perspective: estimates that are based on data collected, from the nonstochastic surveys, on healthcare services consumed.

2.6.2 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 by a WHO local consultant to obtain the most reliable data on household out-of-pocket spending on health for the year 2019.

2.6.3 The integrative methodology used for the present exercise (ANNEXES I and II) estimates that households spent approximately Rs 13.74 billion on health in 2019. This estimated amount as validated by the WHO, represents the real expenditure value that has been used for developing NHA 2020.

2.7 SECONDARY DATA COLLECTION

2.7.1 A wide range of secondary data and information were gathered, from different sources, for NHA 2020, including:

- Actual expenditure incurred, in 2019, by the Ministry of Health and Wellness (MOHW) and the Commission for Health and Others;
- Health Statistics Report 2019, Government Health Services Statistics 2019 and Team-Based Hospital Efficiency Costing Project (TBHECP), Victoria Hospital, Ministry of Health and Wellness;
- "Tableau De Bord 2022" and Household Budget Survey 2017, Statistics Mauritius.

2.8 NHA 2020 MATRICES

2.8.1 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:

- 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 (DISxHF). (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)

2.8.2 It should be noted that the estimated Current Health Expenditure in the different Matrices totalled to the same amount thus reconciling with the adopted approach which ensures that the value of all healthcare goods and services consumed equals the value of healthcare goods and services financed and provided.

2.9 VALIDATION OF NHA 2020

2.9.1 The findings of the report including all data on household out-of-pocket expenditure on health for 2019 have been validated by NHA experts at the level of the WHO Country office as well as the WHO Regional Office for Africa.

2.9.2 The NHA 2020 Report has been validated by the NHA Committee 2020 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.

2.10 LIMITATIONS

2.10.1 Significant improvements have been brought in the quality of data used to estimate NHA 2020. However, the current study has some degree of limitation, as expected in the development of NHA in any country. NHA 2020 emphasizes only on healthcare spending as the framework is limited to the tracking of healthcare expenditures. Therefore, NHA 2020 cannot be used to assess the efficiency and effectiveness of the country's health system in view of the fact that the exercise does not track the desired output of investment in healthcare.

2.10.2 It should also be noted that the NHA tracks the spending in the private sector which also include profit margins and as public health services are free in Mauritius, the health spending made by Government is tracked at cost price.

2.10.3 The above limitations do not lessen the usefulness of the NHA 2020 Report.

3.0 NATIONAL HEALTH ACCOUNTS 2020: ANALYTICAL FINDINGS

3.1 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?"

Revenues of Healthcare Financing Schemes (FS)

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

- Transfers from Government Domestic Revenue: **Rs 12.83 billion**
- Transfers distributed by Government from Foreign origin: Rs 18.43 million
- Voluntary Prepayment: *Rs 2.17 billion*
- Revenues from Households: Rs 13.74 billion
- Direct Foreign Transfers: *Rs* 27.27 million

3.1.1 TABLE VIII indicates where funds were obtained for healthcare spending in the Republic of Mauritius, including the island of Rodrigues, for 2019.

ICHA-Code	Description	Island of Ma	Island of Mauritius		Island of Rodrigues		of us
		Rs M	%	Rs M	%	Rs M	%
FS.1	Transfers from Government domestic revenue (allocated to health purposes)	12,135.37	42.80	689.96	84.80	12,825.34	43.98
FS.1.1	Internal transfers and grants	12,102.10	42.69	687.40	84.49	12,789.50	43.85
FS.1.4	Other transfers from Government domestic revenue	33.27	0.12	2.56	0.31	35.83	0.12
FS.2	Transfers distributed by Government from foreign origin	18.43	0.06	-	-	18.43	0.06
FS.5	Voluntary prepayment	2,172.40	7.66	-	-	2,172.40	7.45
FS.5.1	Voluntary prepayment from individuals/households	308.22	1.09	-	-	308.22	1.06
FS.5.2	Voluntary prepayment from employers	1,864.18	6.58	-	-	1,864.18	6.39
FS.6	Other domestic revenues n.e.c.	13,998.32	49.37	123.21	15.14	14,121.53	48.42

Table VIII: Expenditure by Revenues of Healthcare Financing Schemes (FS), 2019

FS.6.1	Other revenues from households	13,624.85	48.06	119.54	14.69	13,744.39	47.13
	n.e.c.						
FS.6.2	Other revenues from corporations	323.12	1.14	0.87	0.11	323.99	1.11
	n.e.c.						
FS.6.3	Other revenues from NPISH n.e.c.	50.35	0.18	2.80	0.34	53.15	0.18
FS.6.3.1	Sale of goods and services and	5.10	0.02	0.46	0.06	5.56	0.02
	through self-raising fund activities						
FS.6.3.nec	Other Other revenues from NPISH	45.25	0.16	2.34	0.29	47.59	0.16
	n.e.c.						
FS.7	Direct foreign transfers	26.81	0.09	0.46	0.06	27.27	0.09
FS.7.1	Direct foreign financial transfers	26.81	0.09	0.46	0.06	27.27	0.09
FS.7.1.2	Direct multilateral financial	22.63	0.08	-	-	22.63	0.08
	transfers						
FS.7.1.3	Other direct foreign financial	4.18	0.01	0.46	0.06	4.65	0.02
	transfers						
	Current Health Expenditure	28,351.33	-	813.64	-	29,164.97	-
	Gross Capital Formation	1,451.71	-	93.98	-	1,545.69	-
	Total Health Expenditure	29,803.04	-	907.62	-	30,710.66	-

3.1.2 In 2019, Government allocated Rs 12.8 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 1.37 billion for capital investment. The Ministry of Health and Wellness also benefited from a transfer of approximately Rs 18.4 million from The Global Fund.

3.1.3 Households raised an estimated amount of Rs 13.7 billion in 2019, 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 2.17 billion.

3.1.4 Other domestic financing sources for private health expenditure included Rs 496 million from corporations (Rs 324 million for current health expenditure and Rs 172 million for capital outlays) and Rs 54.9 million from NGOs (Rs 53.2 million for current health expenditure and Rs 1.74 million for capital outlays). Revenues of Healthcare Financing Schemes from the Rest of the World amounted to approximately Rs 27.3 million.

3.1.5 From 2017 to 2019, sources of funds from Government increased by 12.0%, direct financing by households has gone up by 18.2% and financing sources from NGOs experienced a sharp rise of 302%. The growth in NGOs' financing sources is due to better data availability. For NHA 2019, expenditures for NGOs, that did not respond to the non-stochastic survey, was captured through the National Social Inclusion Foundation (NSIF), where financial allocations to NGOs are available.

3.1.6 However, direct financing by corporations and direct foreign transfers declined by 17.4% and 38.4% respectively from 2017 to 2019.

3.2 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.

Healthcare Financing Schemes (HF)

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

- Central Government Schemes: Rs 11.84 billion
- Municipalities and District Councils: Rs 966.66 million
- Voluntary Healthcare Payment Schemes: Rs 2.61 billion
- Household Out-of-Pocket Payment: Rs 13.74 billion

3.2.1 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.

3.2.2 Government Healthcare Financing Schemes increased from Rs 12.0 billion to Rs 14.2 billion, representing an increase of 17.7% over the period 2017 to 2019. In 2019, Government Schemes, in the island of Mauritius, pooled approximately Rs 12.1 billion for current health expenditure and Rs 1.28 billion for funding capital investments.

3.2.3 In the island of Rodrigues, Government Healthcare Financing Schemes in 2019 were estimated at Rs 781 million, out of which, Rs 687 million were allocated to meet current health expenditures and Rs 94.0 million for capital investment.

3.2.4 Household Out-of-Pocket payment schemes, excluding cost-sharing, were estimated at Rs 13.7 billion in 2019. During the same year, voluntary health insurance schemes, in the Republic of Mauritius, were estimated at Rs 2.17 billion.

3.2.5 NPISH financing schemes were estimated at Rs 140 million in 2019, out of which, resident foreign agencies schemes were Rs 15.9 million and other NPISH financing schemes (NGOs) were around Rs 124 million. Enterprise financing schemes decreased from Rs 376 million in 2017 to Rs 300 million in 2019.

3.2.6 TABLE IX illustrates the respective amount of funds that flowed through various Healthcare Financing Schemes in the Republic of Mauritius, including the island of Rodrigues, in 2019.

ICHA-	Description	Island of Ma	uritius	Island of Roo	drigues	Republic of	
Code						Mauritius	
		Rs M	%	Rs M	%	Rs M	%
HF.1	Government schemes and	12,121.09	42.75	687.40	84.49	12,808.49	43.92
	compulsory contributory health						
	care financing schemes						
HF.1.1	Government schemes	12,121.09	42.75	687.40	84.49	12,808.49	43.92
HF.1.1.1	Central Government schemes	11,154.42	39.34	687.40	84.49	11,841.82	40.60
HF.1.1.2	State/regional/local Government schemes	966.66	3.41	-	-	966.66	3.31
HF.2	Voluntary health care payment schemes	2,605.39	9.19	6.69	0.82	2,612.09	8.96
HF.2.1	Voluntary health insurance schemes	2,172.40	7.66	-	-	2,172.40	7.45
HF.2.1.1	Primary/substitutory health insurance schemes	2,172.40	7.66	-	-	2,172.40	7.45
HF.2.1.1.1	Employer-based insurance (Other than enterprises schemes)	1,864.18	6.58	-	-	1,864.18	6.39
HF.2.1.1.3	Other primary coverage schemes	308.22	1.09	-	-	308.22	1.06
HF.2.2	NPISH financing schemes (including development agencies)	133.38	0.47	6.69	0.82	140.08	0.48
HF.2.2.2	Resident foreign agencies schemes	15.94	0.06	-	-	15.94	0.05
HF.2.2.ne c	Unspecified NPISH financing schemes (n.e.c.)	117.44	0.41	6.69	0.82	124.13	0.43
HF.2.3	Enterprise financing schemes	299.61	1.06	-	-	299.61	1.03
HF.2.3.1	Enterprises (except health care providers) financing schemes	299.61	1.06	-	-	299.61	1.03
HF.3	Household out-of-pocket payment	13,624.85	48.06	119.54	14.69	13,744.39	47.13
HF.3.1	Out-of-pocket excluding cost- sharing	13,624.85	48.06	119.54	14.69	13,744.39	47.13
	Current Health Expenditure	28,351.33	-	813.64	-	29,164.97	-
	Gross Capital Formation	1,451.71	-	93.98	-	1,545.69	-
	Total Health Expenditure	29,803.04	-	907.62	-	30,710.66	-

Table IX: Expenditure by Healthcare Financing Schemes (HF), 2019

3.3 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.

Financing Agents (FA)

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

- Ministry of Health and Wellness: Rs 10.98 billion
- Other Ministries and Public units, including Commission for Health and Others and Commission for Social Security and Others in Rodrigues: Rs 870.11 million
- Commercial Insurance Companies: Rs 2.17 billion
- Non-profit Institutions Serving Households (NPISH): Rs 140.08 million
- Households: Rs 13.74 billion

3.3.1 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, Prime Minister's Office, 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.

3.3.2 TABLE X 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 2019.

ICHA- Code	Description	Island of Mauritius		Island of Roc	lrigues	Republic of Mauritius	
		Rs M	%	Rs M	%	Rs M	%
FA.1	General Government	12,124.59	42.77	687.40	84.49	12,811.99	43.93
FA.1.1	Central Government	11,157.93	39.36	687.40	84.49	11,845.33	40.61
FA.1.1.1	Ministry of Health and Wellness	10,975.22	38.71	-	-	10,975.22	37.63
FA.1.1.2	Other ministries and public units (belonging to central Government)	182.71	0.64	687.40	84.49	870.11	2.98
FA.1.2	State/Regional/Local Government	966.66	3.41	-	-	966.66	3.31

Table X: Expenditure by Financing Agents (FA), 2019

FA.2	Insurance corporations	2,172.40	7.66	-	-	2,172.40	7.45
FA.2.1	Commercial insurance companies	2,172.40	7.66	-	-	2,172.40	7.45
FA.3	Corporations (Other than insurance corporations) (part of HF.RI.1.2)	296.10	1.04	-	-	296.10	1.02
FA.3.2	Corporations (Other than providers of health services)	296.10	1.04	-	-	296.10	1.02
FA.4	Non-profit institutions serving households (NPISH)	133.38	0.47	6.69	0.82	140.08	0.48
FA.5	Households	13,624.85	48.06	119.54	14.69	13,744.39	47.13
	Current Health Expenditure	28,351.33	-	813.64	-	29,164.97	-
	Gross Capital Formation	1,451.71	-	93.98	-	1,545.69	-
	Total Health Expenditure	29,803.04	-	907.62	-	30,710.66	-

3.3.3 In 2019, households, with an estimated current healthcare spending Rs 13.6 billion, remained the principal financing agent, in the main island of Mauritius, as it was the case in 2017. Private health insurance companies spent an estimated amount of Rs 2.17 billion in 2019. Corporations (other than insurance companies) managed 1.04% of current healthcare expenditure, that is, Rs 296 million in 2019 compared to 1.51% in 2017.

3.3.4 The Ministry of Health and Wellness spent approximately Rs 11.0 billion of current health expenditure in 2019 compared to Rs 10.2 billion in 2017. Other Ministries, including the Ministry of Social Integration, Social Security and National Solidarity, Prime Minister's Office and Ministry of Foreign Affairs, Regional Integration and International Trade, administered Rs 183 million of current health expenditure in 2019.

3.3.5 Non-Profit Institutions serving households include NGOs and the World Health Organization. In 2019, NGOs managed 0.41% of current health expenditure, that is, Rs 117 million. Management of funds by the World Health Organization decreased from 0.16% of current health expenditure in 2017 to 0.06%, that is, Rs 15.9 million in 2019. Municipalities and district councils managed around Rs 967 million of current health expenditure during the same year. Compared to 2017, management of funds for healthcare purposes by municipalities and district councils increased by Rs 325 million.

3.3.6 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 2019, the two Commissions managed 84.5% of current health expenditure, representing an estimated amount of Rs 687 million compared to 80.2% in 2017. Management of funds for healthcare purposes, as a percentage of current healthcare expenditure, by households increased by 34.7%, while NGOs decreased by 10.9% from 2017 to 2019.

3.4 HEALTHCARE PROVIDERS (HP)

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

Healthcare Providers (HP)

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

- Public Hospitals: Rs 7.51 billion
- Private Hospitals: Rs 3.79 billion
- Mental Hospitals: Rs 486.87 million
- Other Specialized Hospitals: Rs 1.55 billion
- Providers of Preventive Care: Rs 1.21 billion
- Providers of Ambulatory Healthcare: Rs
 4.32 billion

- Providers of Ancillary Services: Rs 973.48 million
- Retailers and other Providers of Medical Goods: Rs7.04 billion
- Providers of Healthcare System Administration and Financing: Rs 1.03 billion
- Rest of Economy: Rs 521.71 million

3.4.1 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.

3.4.2 In 2019, the largest share of Government Schemes, up to an estimated amount of Rs 9.55 billion, was utilized for the funding of current health expenditures of public hospitals. Out of this estimated amount, Rs 9.08 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 467 million.

3.4.3 An estimated amount of Rs 704 million (Rs 625 million for the island of Mauritius and Rs 79.5 million for Rodrigues) was spent by state-owned primary healthcare institutions. From 2017 to 2019, there has been an increase of 7.39 % in expenditures for the provision of primary care services to the community at the peripheral level.

3.4.4 Healthcare expenditure incurred, by Mauritian patients, in private hospitals was approximately Rs 3.77 billion in 2019. Spending by patients from Rodrigues seeking treatment in private hospital, established in Mauritius, increased from Rs 11.2 million in 2017 to Rs 19.5 million in 2019. The value of pharmaceutical products and consumables delivered by the private sector, including private pharmacies, in the Republic of Mauritius, decreased from Rs 4.07 billion in 2017 to Rs 3.92 billion in 2019.

3.4.5 The distribution of expenditures by Healthcare Providers (HP) for the year 2019 is illustrated in **TABLE XI.**

ICHA-Code	Description	Island of Ma	uritius	Island of Roo	drigues	Republic Mauriti	
		Rs M	%	Rs M	%	Rs M	%
HP.1	Hospitals	12,850.36	45.33	486.31	59.77	13,336.67	45.73
HP.1.1	General hospitals	10,813.28	38.14	486.31	59.77	11,299.60	38.74
HP.1.1.1	General hospitals (Public sector)	7,044.62	24.85	466.80	57.37	7,511.42	25.75
HP.1.1.2	General hospitals (Private sector)	3,768.66	13.29	19.51	2.40	3,788.17	12.99
HP.1.2	Mental health hospitals	486.87	1.72	-	-	486.87	1.67
HP.1.3	Specialised hospitals (Other than mental health hospitals)	1,550.21	5.47	-	-	1,550.21	5.32
HP.1.3.1	Ear, nose and throat hospital	965.65	3.41	-	-	965.65	3.31
HP.1.3.2	Opthalmology hospital	235.39	0.83	-	-	235.39	0.81
HP.1.3.3	Cardiac centre	285.77	1.01	-	-	285.77	0.98
HP.1.3.4	Chest clinic	63.40	0.22	-	-	63.40	0.22
HP.3	Providers of ambulatory health care	4,236.01	14.94	88.31	10.85	4,324.33	14.83
HP.3.1	Medical practices	2,886.58	10.18	0.45	0.06	2,887.03	9.90
HP.3.1.nec	Unspecified medical practices (n.e.c.)	2,886.58	10.18	0.45	0.06	2,887.03	9.90
HP.3.2	Dental practice	515.20	1.82	0.40	0.05	515.60	1.77
HP.3.3	Other health care practitioners	6.19	0.02	0.05	0.01	6.24	
HP.3.3.2	Traditional medicine practitioners	6.19	0.02	0.05	0.01	6.24	
HP.3.4	Ambulatory health care centres	724.45	2.56	80.50	9.89	804.95	2.76
HP.3.4.5	Non-specialised ambulatory health care centres	624.50	2.20	79.53	9.78	704.04	2.41
HP.3.4.9	All Other ambulatory centres	99.94	0.35	0.97	0.12	100.91	0.35
HP.3.5	Providers of home health care services	63.64	0.22	6.91	0.85	70.55	0.24

Table XI: Expenditure by Healthcare Providers (HP), 2019

HP.3.nec	Unspecified providers of ambulatory health care (n.e.c.)	39.95	0.14	-	-	39.95	0.14
HP.4	Providers of ancillary services	965.98	3.41	7.50	0.92	973.48	3.34
HP.4.1	Providers of patient transportation and emergency rescue	342.58	1.21	6.57	0.81	349.15	1.20
HP.4.2	Medical and diagnostic laboratories	364.93	1.29	0.53	0.07	365.46	1.25
HP.4.3	Imaging centres	258.47	0.91	0.40	-	258.87	0.89
HP.5	Retailers and Other providers of medical goods	6,946.95	24.50	88.77	10.91	7,035.72	24.12
HP.5.1	Pharmacies	4,232.89	14.93	71.59	8.80	4,304.48	14.76
HP.5.2	Retail sellers and Other suppliers of durable medical goods and medical appliances	1,540.51	5.43	11.32	1.39	1,551.83	5.32
HP.5.9	All Other miscellaneous sellers and Other suppliers of pharmaceuticals and medical goods	1,173.55	4.14	5.86	0.72	1,179.41	4.04
HP.6	Providers of preventive care	1,155.92	4.08	53.20	6.54	1,209.12	4.15
HP.7	Providers of health care system administration and financing	975.70	3.44	50.03	6.15	1,025.73	3.52
HP.7.1	Government health administration agencies	699.73	2.47	50.03	6.15	749.76	2.57
HP.7.3	Private health insurance administration agencies	269.28	0.95	-	-	269.28	0.92
HP.7.9	Other administration agencies	6.69	0.02	-	-	6.69	0.02
HP.8	Rest of economy	512.92	1.81	8.79	1.08	521.71	1.79
HP.8.1	Households as providers of home health care	104.28	0.37	0.25	0.03	104.53	0.36
HP.8.2	All Other industries as secondary providers of health care	408.64	1.44	8.54	1.05	417.18	1.43
HP.9	Rest of the world	460.41	1.62	30.72	3.78	491.13	1.68
HP.nec	Unspecified health care providers (n.e.c.)	247.08	0.87	-	-	247.08	0.85
	Current Health Expenditure	28,351.33	-	813.64	-	29,164.97	-
	Gross Capital Formation	1,451.71	-	93.98	-	1,545.69	-
	Total Health Expenditure	29,803.04	-	907.62	-	30,710.66	-

3.5 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?"

Healthcare Functions (HC)

On what services and goods the money was mainly spent?

- Curative care: Rs 17.26 billion
- Rehabilitative care: **Rs 335.48 million**
- Long-term care: Rs 359.09 million
- Laboratory services: **Rs378.63 million**
- Imaging services: Rs 259.68 million
- Patient Transportation: Rs 440.89 million
- Therapeutic Appliances and Other Medical Goods: Rs 833.28 million
- Preventive Care: **Rs 1.26 billion**

- Pharmaceuticals and Other Medical Non-Durable Goods: Rs 5.85 billion, of which,
 - Prescribed Medicines: Rs 3.28 billion
 - Over-The-Counter Medicines: Rs1.39
 billion
 - Other Medical Non-Durable Goods: Rs
 1.17 billion
- Governance, and Health System and Financing Administration: Rs 1.03 billion
- Other Healthcare Services: Rs 883.18 million

3.5.1 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.

3.5.2 TABLE XII indicates the distribution of health expenditure by healthcare functions in the Republic of Mauritius, including the island of Rodrigues, for the year 2019.

ICHA-Code	Description	Island of M	Island of Mauritius Island of Rodrigues				of us
		Rs M	%	Rs M	%	Rs M	%
HC.1	Curative care	16,656.53	58.75	603.38	74.16	17,259.91	59.18
HC.1.1	Inpatient curative care	10,008.65	35.3	420.9	51.73	10,429.55	35.76
HC.1.1.2	Specialised inpatient curative care	2,028.98	7.16	31.29	3.85	2,060.27	7.06
HC.1.1.nec	Unspecified inpatient curative care (n.e.c.)	7,979.67	28.15	389.61	47.89	8,369.28	28.7
HC.1.2	Day curative care	830	2.93	29.94	3.68	859.94	2.95

Table XII: Expenditure by Healthcare Functions (HC), 2019

		400 7	0.46			400 7	0.14
HC.1.2.2	Specialised day curative care	129.7	0.46	-	-	129.7	0.44
HC.1.2.nec	Unspecified day curative care (n.e.c.)	700.3	2.47	29.94	3.68	730.24	2.5
HC.1.3	Outpatient curative care	5,817.88	20.52	152.54	18.75	5,970.42	20.47
HC.1.3.2	Dental outpatient curative care	693.18	2.44	0.63	0.08	693.81	2.38
HC.1.3.3	Specialised outpatient curative care	424.71	1.5	0.62	0.08	425.33	1.46
HC.1.3.nec	Unspecified outpatient curative care (n.e.c.)	4,699.98	16.58	151.29	18.59	4,851.28	16.63
HC.2	Rehabilitative care	334.44	1.18	1.05	0.13	335.48	1.15
HC.2.1	Inpatient rehabilitative care	77.36	0.27	-	-	77.36	0.27
HC.2.2	Day rehabilitative care	83.68	0.3	-	-	83.68	0.29
HC.2.3	Outpatient rehabilitative care	130.32	0.46	0.8	0.1	131.11	0.45
HC.2.4	Home-based rehabilitative care	43.08	0.15	0.25	0.03	43.33	0.15
HC.3	Long-term care (health)	359.01	1.27	0.08	0.01	359.09	1.23
HC.3.1	Inpatient long-term care (health)	273.95	0.97	0.08	0.01	274.03	0.94
HC.3.2	Day long-term care (health)	16.92	0.06	-	-	16.92	0.06
HC.3.3	Outpatient long-term care (health)	1.51	0.01	-	-	1.51	0.01
HC.3.4	Home-based long-term care (health)	66.63	0.24	-	-	66.63	0.23
HC.4	Ancillary services (non-specified by function)	1,065.12	3.76	14.08	1.73	1,079.20	3.7
HC.4.1	Laboratory services	378.1	1.33	0.53	0.07	378.63	1.3
HC.4.2	Imaging services	259.28	0.91	0.4	0.05	259.68	0.89
HC.4.3	Patient transportation	427.74	1.51	13.15	1.62	440.89	1.51
HC.5	Medical goods (non-specified by function)	6,878.17	24.26	83.46	10.26	6,961.63	23.87
HC.5.1	Pharmaceuticals and Other medical non-durable goods	5,769.79	20.35	76.88	9.45	5,846.67	20.05
HC.5.1.1	Prescribed medicines	3,256.74	11.49	18.82	2.31	3,275.56	11.23
HC.5.1.2	Over-the-counter medicines	1,338.01	4.72	52.77	6.49	1,390.78	4.77
HC.5.1.2.1	Traditional, Complementary and Alternative Medicines (TCAM)	21.44	0.08	-	-	21.44	0.07
HC.5.1.2.nec	Other Over-the-counter medicines	1,316.56	4.64	52.77	6.49	1,369.34	4.7
HC.5.1.3	Other medical non-durable goods	1,163.33	4.1	5.29	0.65	1,168.62	4.01
HC.5.1.4	Prescribed and Over-the-counter medicines	11.71	0.04	-	-	11.71	0.04
HC.5.2	Therapeutic appliances and Other medical goods	826.71	2.92	6.58	0.81	833.28	2.86
HC.5.2.1	Glasses and Other vision products	643.21	2.27	4.53	0.56	647.74	2.22
HC.5.2.2	Hearing aids	63.06	0.22	0.54	0.07	63.6	0.22
HC.5.2.3	Other orthopaedic appliances and prosthetics (excluding glasses and hearing aids)	75.85	0.27	0.59	0.07	76.44	0.26
HC.5.2.9	All Other medical durables, including medical technical devices	44.58	0.16	0.92	0.11	45.5	0.16
HC.5.nec	Unspecified medical goods (n.e.c.)	281.67	0.99	-	-	281.67	0.97
HC.6	Preventive care	1,207.58	4.26	53.16	6.53	1,260.74	4.32
HC.6.1	Information, education and counseling (IEC) programmes	60.88	0.21	1.1	0.13	61.98	0.21

HC.6.1.1	Addictive substances IEC programmes	39.22	0.14	0.44	0.05	39.67	0.14
HC.6.1.1.nec	Other and unspecified addictive substances IEC programmes (n.e.c.)	39.22	0.14	0.44	0.05	39.67	0.14
HC.6.1.3	Safe sex IEC programmes	2.42	0.01	0.27	0.03	2.69	0.01
HC.6.1.nec	Other and unspecified IEC programmes (n.e.c.)	19.23	0.07	0.39	0.05	19.62	0.07
HC.6.2	Immunisation programmes	110.01	0.39	2.87	0.35	112.88	0.39
HC.6.2.1	Maternal and child health - Vaccination	61.32	0.22	2.33	0.29	63.65	0.22
HC.6.2.nec	Other Immunisation programmes	48.69	0.17	0.54	0.07	49.23	0.17
HC.6.3	Early disease detection programmes	91.66	0.32	3.47	0.43	95.14	0.33
HC.6.4	Healthy condition monitoring programmes	10.74	0.04	-	-	10.74	0.04
HC.6.5	Epidemiological surveillance and risk and disease control programmes	75.99	0.27	9.73	1.2	85.72	0.29
HC.6.5.4	Interventions	5.1	0.02	0.52	0.06	5.62	0.02
HC.6.5.4.nec	Other and unspecified interventions (n.e.c.)	5.1	0.02	0.52	0.06	5.62	0.02
HC.6.5.nec	Unspecified epidemiological surveillance and risk and disease control programmes (n.e.c.)	70.9	0.25	9.21	1.13	80.1	0.27
HC.6.nec	Unspecified preventive care (n.e.c.)	858.29	3.03	36	4.42	894.28	3.07
HC.7	Governance, and health system and financing administration	975.7	3.44	50.03	6.15	1,025.73	3.52
HC.7.1	Governance and Health system administration	706.42	2.49	50.03	6.15	756.45	2.59
HC.7.1.nec	Other governance and Health system administration (n.e.c.)	706.42	2.49	50.03	6.15	756.45	2.59
HC.7.2	Administration of health financing	269.28	0.95	-	-	269.28	0.92
HC.9	Other health care services not elsewhere classified (n.e.c.)	874.79	3.09	8.39	1.03	883.18	3.03
	Current Health Expenditure	28,351.33	-	813.64	-	29,164.97	-
	Gross Capital Formation	1,451.71	-	93.98	-	1,545.69	-
	Total Health Expenditure	29,803.04	-	907.62	-	30,710.66	-
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3.5.3 Curative Care: Curative services, provided in both public and private hospitals, continue to use the largest share of healthcare spending, accounting for Rs 17.3 billion and representing 59.2% of total spending in 2019. An increase of 14.7% in expenditure on curative services has been noted from 2017 to 2019.

3.5.4 In 2019, expenditure on curative care was estimated at Rs 16.7 billion, representing 58.8 % of current health expenditure, in the main island of Mauritius, and Rs 603 million, that is, 74.2% of current health expenditure in Rodrigues.

3.5.5 **Pharmaceuticals, including traditional medicine:** Total spending on medications, in 2019, amounted to approximately, Rs 5.85 billion in the Republic of Mauritius. In 2019, Mauritius spent Rs 4,621

(US\$ 106) per person on medication, representing an increase of 5.87% from 2017. The per capita spending on medication of US\$ 106 is very much less than the United States which has a pharmaceutical spending per capita of around US\$ 1,367.

3.5.6 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 379 million in 2019.

3.5.7 **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 260 million in 2019.

3.5.8 **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 648 million was spent on glasses and other vision products in 2019.

3.5.9 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 441 million in 2019. The amount spent by Mauritians on health-related transport was Rs 428 million, while inhabitants in Rodrigues spent some Rs 13.2 million, which include both inland and air transportation costs.

3.5.10 **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 2019, Rs 1.26 billion were spent on preventive care in the Republic of Mauritius, out of which Rs 1.21 billion were spent in the main island of Mauritius and Rs 53.2 million in Rodrigues. From 2017 to 2019, expenditure on preventive care as a percentage of current health expenditure has increased by 59.6%.

3.5.11 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 52.5% in expenditure on IEC over the period 2017 to 2019. Mauritius spent around Rs 60.9 million on IEC, while spending in Rodrigues was Rs 1.10 million in 2019.

3.5.12 **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 85.4 million in 2017 to Rs 95.1 million in 2019.

3.5.13 **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 113 million in 2019. Spending on immunization in Mauritius amounted to approximately Rs 110 million, while the island of Rodrigues spent around Rs 2.87 million.

3.5.14 **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 21.4 million were spent on TCAM in 2019.

3.5.15 **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 10.7 million in 2019.

3.5.16 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 2019, Mauritius spent an estimated overall amount of Rs 1.03 billion on governance and health system and financing administration, out of which Rs 976 million were spent in the main island of Mauritius and Rs 50.0 million in the island of Rodrigues.

3.6 EXPENDITURE BY TYPE OF DISEASES (DIS)

On which main diseases were expenditures made and by how much?

- Infectious and Parasitic Diseases: Rs 2.01 billion
- Reproductive health: Rs 970.7 million
- Non-Communicable Diseases: Rs 19.33 billion, of which,
 - Cancer: **Rs 1.12 billion**
 - > Diabetes: Rs1.19 billion
 - Cardiovascular Diseases: Rs 3.98 billion
 - Mental & Behavioral Disorders, and Neurological Conditions: Rs 1.19 billion
 - Respiratory Diseases: Rs 1.66 billion
 - > Diseases of the Digestive: Rs 905.88 million
 - > Diseases of the Genito-Urinary System: Rs 2.14 billion
 - Vision Disorders, including Cataract: Rs 1.12 billion
 - Oral Diseases: Rs 1.48 billion

3.6.1 NHA 2020 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.

3.6.2 Non-Communicable Diseases (NCDs), which include, amongst others, cardiovascular diseases, diabetes, hypertension and cancer constitute nearly 66.3% of the burden of diseases in the country. In 2019, Mauritius spent an estimated amount of Rs 19.3 billion on NCDs, the largest share of current health expenditure on diseases. From 2017 to 2019, NCDs has increased by Rs 2.13 billion which represents a growth rate of 12.4%.

3.6.3 Similar to 2017, in 2019 the largest share of the current health expenditure on NCDS was spent on the treatment of cardiovascular diseases, with an estimated paid out invoice of Rs 3.98 billion. Besides, the nation spent approximately Rs 1.19 billion on diabetes in 2019, compared to Rs 1.20 billion in 2017. Spending on cancer amounted to some Rs 1.12 billion in 2019, representing an increase of Rs 131 million from 2017. Expenditures on mental and behavioural disorders and neurological conditions were estimated at Rs 1.19 billion in 2019, representing a decline of Rs 17.0 million. 3.6.4 An estimated amount of Rs 1.12 billion was spent on vision disorders, including cataract, in both the public and private sectors, in 2019, and constituted 3.84% of the current health expenditure. Spending on other sense organ disorders was to the order of Rs 1.42 billion, that is, 4.88% of current health expenditure. From 2017 to 2019, expenditure on sense organ disorders has grown by 3.27%.

3.6.5 Spending on non-infective respiratory diseases, including asthma and bronchitis has dropped from Rs 1.84 billion in 2017 to nearly Rs 1.66 billion in 2019. In addition, the amount spent on injuries in 2019 were estimated at Rs 1.61 billion while in 2017 expenditure on injuries amounted to some Rs 1.35 billion. Rodrigues spent some Rs 73.0 million on injuries in 2019.

3.6.6 Approximately, Rs 2.01 billion (6.90% of CHE) were spent on infectious and parasitic diseases in 2019, representing an increase of 10.4% from 2017. Out of the Rs 2.01 billion, spending on HIV/AIDS and Other Sexually Transmitted Diseases (STDs) amounted to Rs 107 million, expenditure on respiratory infections was approximately Rs 770 million, while spending on diarrheal diseases was Rs 146 million. Reproductive health services with an estimated amount of Rs 1.09 billion constituted 3.75% of CHE compared to 3.84% in 2017.

3.6.7 TABLE XIII indicates the distribution of healthcare expenditure by diseases, in the Republic of Mauritius, including the island of Rodrigues for 2019.

ICHA-Code	Description	Island of Ma	uritius	Island of Rod	rigues	Republic of Ma	auritius
		Rs M	%	Rs M	%	Rs M	%
DIS.1	Infectious and parasitic diseases	1,928.31	6.80	84.72	10.41	2,013.03	6.90
DIS.1.1	HIV/AIDS and Other Sexually Transmitted Diseases (STDs)	102.25	0.36	4.93	0.61	107.18	0.37
DIS.1.1.1	HIV/AIDS and Opportunistic Infections (OIs)	98.67	0.35	4.78	0.59	103.45	0.35
DIS.1.1.1.1	HIV/AIDS	98.67	0.35	4.78	0.59	103.45	0.35
DIS.1.1.2	STDs Other than HIV/AIDS	1.24	0.00	0.13	0.02	1.38	0.00
DIS.1.1.nec	Unspecified HIV/AIDS and Other STDs (n.e.c.)	2.34	0.01	0.02	0.00	2.35	0.01
DIS.1.2	Tuberculosis (TB)	0.25	0.00	0.00	0.00	0.25	0.00
DIS.1.2.nec	Unspecified tuberculosis (n.e.c.)	0.25	0.00	0.00	0.00	0.25	0.00
DIS.1.4	Respiratory infections	717.45	2.53	52.11	6.40	769.56	2.64
DIS.1.5	Diarrheal diseases	142.00	0.50	4.13	0.51	146.13	0.50
DIS.1.7	Vaccine preventable diseases	49.22	0.17	0.51	0.00	49.74	
DIS.1.nec	Other and unspecified infectious and parasitic diseases (n.e.c.)	917.14	3.23	23.03	2.83	940.18	3.22
DIS.2	Reproductive health	1,039.95	3.67	53.35	6.56	1,093.29	3.75
DIS.2.1	Maternal conditions	544.93	1.92	19.74	2.43	564.67	1.94
DIS.2.2	Perinatal conditions	131.91	0.47	7.37	0.91	139.28	0.48

Table XIII: Expenditure by Diseases (DIS), 2019

National Health Accounts 2020

DIS.2.3	Contraceptive management (family planning)	44.77	0.16	6.57	0.81	51.35	0.18
DIS.2.nec	Unspecified reproductive health conditions (n.e.c.)	318.34	1.12	19.66	2.42	337.99	1.16
DIS.3	Nutritional deficiencies	120.46	0.42	7.74	0.95	128.20	0.44
DIS.4	Noncommunicable diseases	18,858.40	66.52	468.73	57.61	19,327.13	66.27
DIS.4.1	Neoplasms	1,072.96	3.78	46.17	5.67	1,119.13	3.84
DIS.4.2	Endocrine and metabolic disorders	1,359.87	4.80	31.67	3.89	1,391.54	4.77
DIS.4.2.1	Diabetes	1,160.56	4.09	27.55	3.39	1,188.11	4.07
DIS.4.2.nec	Other and unspecified endocrine and metabolic disorders (n.e.c.)	199.32	0.70	4.12	0.51	203.43	0.70
DIS.4.3	Cardiovascular diseases	3,904.39	13.77	79.18	9.73	3,983.56	13.66
DIS.4.3.1	Hypertensive diseases	872.65	3.08	21.27	2.61	893.91	3.07
DIS.4.3.nec	Other and unspecified cardiovascular diseases (n.e.c.)	3,031.74	10.69	57.91	7.12	3,089.65	10.59
DIS.4.4	Mental &behavioural disorders, and Neurological conditions	1,154.02	4.07	35.00	4.30	1,189.02	4.08
DIS.4.4.1	Mental (psychiatric) disorders	719.37	2.54	19.55	2.40	738.92	2.53
DIS.4.4.3	Neurological conditions	59.96	0.21	5.89	0.72	65.86	0.23
DIS.4.4.nec	Unspecified mental &behavioural disorders and neurological conditions (n.e.c.)	374.69	1.32	9.55	1.17	384.24	1.32
DIS.4.5	Respiratory diseases	1,605.88	5.66	50.37	6.19	1,656.25	5.68
DIS.4.6	Diseases of the digestive	862.16	3.04	43.73	5.37	905.88	3.11
DIS.4.7	Diseases of the genito-urinary system	2,071.24	7.31	66.97	8.23	2,138.21	7.33
DIS.4.8	Sense organ disorders	2,522.22	8.90	21.36	2.62	2,543.58	8.72
DIS.4.8.1	Vision disorders, including cataract	1,105.90	3.90	14.87	1.83	1,120.77	3.84
DIS.4.8.nec	Other Sense organ disorders	1,416.32	5.00	6.49	0.80	1,422.81	4.88
DIS.4.9	Oral diseases	1,454.36	5.13	27.29	3.35	1,481.66	5.08
DIS.4.nec	Other and unspecified non- communicable diseases (n.e.c.)	2,851.29	10.06	67.01	8.24	2,918.30	10.01
DIS.5	Injuries	1,538.92	5.43	73.00	8.97	1,611.91	5.53
DIS.6	Non-disease specific	969.01	3.42	50.03	6.15	1,019.04	3.49
DIS.nec	Other and unspecified diseases/conditions (n.e.c.)	3,896.29	13.74	76.07	9.35	3,972.36	13.62
	Current Health Expenditure	28,351.33	-	813.64	-	29,164.97	-
	Gross Capital Formation	1,451.71	-	93.98	-	1,545.69	-
	Total Health Expenditure	29,803.04	-	907.62	-	30,710.66	-

3.7 CAPITAL FORMATION (HK)

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

- Infrastructure: Rs 1.08 million
- Machinery and Equipment: Rs 278.00 million
- Medical Equipment: Rs 204.63 million
- Unspecified Gross Fixed Capital Formation: Rs 181.36 million

3.7.1 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.

3.7.2 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 ear in the production of health services.

3.7.3 TABLE XIV presents the types of assets that healthcare providers have acquired from 01 January to 31 December 2019.

ICHA-Code	Description	Island of Ma	uritius	Island of Ro	drigues	Republic Mauritiu	
		Rs M	%	Rs M	%	Rs M	%
HK.1	Gross capital formation	1,270.35	87.51	93.98	100.00	1,364.33	88.27
HK.1.1	Gross fixed capital formation	1,264.25	87.09	90.29	96.07	1,354.54	87.63
HK.1.1.1	Infrastructure	1,017.93	70.12	58.61	62.37	1,076.54	69.65
HK.1.1.1.1	Residential and non-residential buildings	1,017.93	70.12	58.61	62.37	1,076.54	69.65
HK.1.1.2	Machinery and equipment	246.32	16.97	31.68	33.70	278.00	17.99
HK.1.1.2.1	Medical equipment	172.96	11.91	31.68	33.70	204.63	13.24

Table XIV: Capital Formation (HK), 2019

HK.1.1.2.2	Transport equipment	49.72	3.42	-	-	49.72	3.22
HK.1.1.2.3	ICT equipment	5.79	0.40	-	-	5.79	0.37
HK.1.1.2.4	Machinery and equipment n.e.c.	17.86	1.23	-	-	17.86	1.16
HK.1.nec	Unspecified gross capital formation (n.e.c.)	6.10	0.42	3.69	3.93	9.79	0.63
HK.nec	Unspecified gross fixed capital formation (n.e.c.)	181.36	12.49	-	-	181.36	11.73
	Total Gross Capital Formation	1,451.71	-	93.98	-	1,545.69	-

3.7.4 In 2019, capital investment, in the Republic of Mauritius, amounted to approximately Rs 1.55 billion, which represents an increase of 151% from 2017. Out of the Rs 1.55 billion, Government financed Rs 1.37 billion while corporations and NGOs financed Rs 172 million and Rs 1.74 million respectively.

4.0 CONCLUSION

4.1 Total Health Expenditure (THE) incurred in the Republic of Mauritius, for the period 01 January to 31 December 2019, was estimated at Rs 30.7 billion, out of which, current health expenditure (CHE) was Rs 29.2 billion and capital formation was Rs 1.5 billion. THE in the main island of Mauritius was estimated at Rs 29.8 billion and THE in Rodrigues was approximately Rs 908 million. Moreover, out of the estimated amount of Rs 30.7 billion, General Government Health Expenditure was Rs 14.2 billion and spending on health in the private sector, including out-of-pocket expenditure by households, was estimated at Rs 16.5 billion. In 2019, total health expenditure as a percentage of GDP, was 6.16%.

4.2 THE of Rs 30.7 billion, in 2019, represents an increase of 42.75% from 2014. Relatively the same trend has been observed for the CHE. However, a significant increase of 98.27% has been noted in the Capital Formation from the year 2014 to 2019 which was mainly due to investment in the public health sector infrastructures.

4.3 Government spending on healthcare, in 2019, was 46.2% of Total Health Expenditure. This percentage represents an estimated amount of Rs 14.2 billion, which includes spending by Government through various financing agents in the public sector.

4.4 Similar to NHA 2018, private health expenditure in the Republic of Mauritius, in 2019 takes the largest share of THE, with Rs 16.5 billion (53.8%) including Household Out-of-Pocket (OOP) Expenditure on Health up to an estimated amount of Rs 13.7 billion.

4.5 However, it has been observed that General Government Health Expenditure (GGHE) was higher than the household spending on health and was estimated at Rs 14.2 billion while the latter was Rs 13.7 billion in 2019. It has also been observed that GGHE and Voluntary Health Insurance expenditure increased by 35.50% and 45.15%, respectively while Household OOP Expenditure on Health increased by 27.16% from 2014 to 2019. An increase in both GGHE and health insurance help to improve universal health coverage and these trends should be encouraged to reduce OOP expenditures and enable more people to have access to the health care services that they need without undue financial hardship.

4.6 Moreover, high out-of-Pocket spending on health may be mainly attributed to the increasing per capita income, a rise in the standard of living of the population and rising and unregulated prices for healthcare services in the private sector. Moreover, in 2019, the major driver of OOP payments on health by households were pharmaceutical products. It should also be noted that the NHA tracks the spending in the private sector by including profit margins while public health services are free in Mauritius and the spending by the Government is tracked at cost price.

4.7 In 2019, the largest share of Government Schemes, up to an estimated amount of Rs 9.55 billion, was utilized for the funding of current health expenditures of public hospitals. Out of this estimated

amount, Rs 9.08 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 467 million.

4.8 Curative services, provided in both public and private hospitals, continue to use the largest share of healthcare spending, accounting for Rs 17.3 billion and representing 59.2% of total spending in 2019. An increase of 60.5% in expenditure on curative services has been noted from 2014 to 2019.

4.9 In 2019, non-communicable diseases accounted for the largest share of CHE (66.3%) in the Republic of Mauritius, while infectious and parasitic diseases, reproductive health, injuries and non-disease specific, as a % of CHE, was 6.90%, 3.75%, 5.53% and 3.49% respectively.

4.10 Mauritius is a signatory of the Abuja Declaration on Health (2001) which demands countries to allocate 15% of General Government Expenditure (GGE) to health budget. Moreover, Mauritius' performance against the 3 benchmarks of the Africa Scorecard on Domestic Health Financing in SADC countries is also important.

4.13 Mauritius has a per capita Government spending on health of US\$ 311 which is well-above target set of US\$ 86.30. However, as for the other two health financing indicators namely Government spending on health being at least 5% of GDP and 15% of General Government Expenditure, the country is still midway in spite of the efforts made in recent years. It has been noted that General Government Health Expenditure (GGHE) as a percentage of GDP increased slightly from 2.67 % in 2014 to 2.85% in 2019. Moreover, GGHE as a percentage of General Government Expenditure was 7.18% in 2019 and the average for the past few years was 8.53%.

4.14 At the AU Africa Leadership Meeting on Investing in Health in 2019, Member States recommitted to increase domestic investments and urged the private sector and global health financing mechanisms to increase investments to address health priorities in African countries. At the same time, it was also recognized that increased health spending is necessary but insufficient on its own to improve UHC effective service coverage. Tackling health systems inefficiencies (notably related to health workforce and medical products procurement and supply management) was identified as an area where Member States were requested to take immediate steps to ensure spending of available funds is optimised.

5.0 RECOMMENDATIONS

5.1 Health financing is of a particular importance through influencing the three Universal Health Care dimensions of equity, quality, and financial protection and hence achieving targets set under Sustainable Development Goal 3. The growing financial dimension of the national healthcare system in Mauritius demands 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. The following recommendations are being proposed based on the findings of the current NHA 2020 and the strategic actions related to healthcare financing as stipulated the Health Sector Strategic Plan 2020-2024:

Scaling up the collection and provision of Health Financing Information to support decision-making

- Undertake health expenditure tracking at regular intervals including assessment of out-of-pocket payments and catastrophic health expenditure through household surveys.
- Undertake assessments to produce data on unmet needs to help to explain the differences in the composition of out-of-pocket health spending among households.
- Introduce up-to-date software for setting up of unit cost of clinical and non-clinical interventions in public hospitals and linking the Hospital Costing Services to the E-Health project.

Development of a National Health Financing Strategy based on the WHO approach

- Collaborate with WHO to finalize the Health Financing Progress Matrix (HFPM) and identify key areas of health financing policy which need to be addressed in order to make progress towards UHC, and highlight priority areas for action.
- Feed information from the HFPM to guide the development of policies and financing strategies in Mauritius with the support of WHO.
- Review of resource allocation to ensure sufficient financing to preventive, curative, primary health levels, public health and wellness

Policies to provide more financial protection from direct payment for health services

- Develop and implement measures including local production of medicines and regressive markup regime for selected pharmaceutical products which may entail a reduction in prices of certain medicines and make them more affordable for the population.
- Undertake economic studies jointly with Development partners on harmonization of rates in the private sector for in patients and out patients for common pathologies.
- Implement the Government Medical Insurance Scheme (GMIS) for public officers and look into the possibility to review employment laws for mandatory healthcare coverage of employees in other sectors.
- Further increase the reliefs on health insurance policies for income tax purposes to encourage people choosing healthcare services from the private sector to be covered.

 Increase bilateral, multilateral and local initiatives for more collaboration and financing of healthcare projects involving the Ministry of Health and Wellness, the private sector as well as NGOS.

Strengthening Capacity of the Health Financing Supporting Team

- 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 and training of staff for the Cost Centre Project.

Adhering to International and Regional Commitments on Health Financing and increasing the public health budget

In spite of the efforts made in recent years, the country is still mid-way in achieving some of the international health financing targets. It is, therefore, recommended that:

- The fiscal space (budget) of the Ministry of Health and Wellness could be further increased for better public health delivery.
- Increases in public spending on health or reductions in out-of-pocket spending are not enough to improve financial protection in all contexts. The way in which coverage is designed, implemented and governed as well as addressing health systems inefficiencies play a key role in determining financial hardship. Accordingly, technical assistance could be sought from development partners including the future Regional Health Financing Hub for the SADC region to support the Ministry to ensure spending of available funds is optimised.

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ANNEXES

ANNEX I - INTEGRATIVE APPROACH FOR ESTIMATING HOUSEHOLD OOP EXPENDITURE ON HEALTH, ISLAND OF MAURITIUS, 2019

Description	Funding P	erspective	Provider	Integrative
	Household	Other	Perspective	Approach
	OOP Survey	Primary Data		
	(Rs M)	(Rs M)	(Rs M)	(Rs M)
Doctors' consultation fees - Private hospitals	22.88		464.51	464.51
Day curative care	33.91			33.91
Doctors' consultation fees - Ambulatory care	800.10		2,795.41	2,795.41
Opticians' fees	94.62		54.49	94.62
Traditional medicine practitioners'	6.19			6.19
consultation fees				
Dentists' fees	264.51		482.82	482.82
Users' fees - Private hospitals	1,884.71		1,377.25	1,884.71
Overseas treatment	458.28			458.28
Treatment of Rodriguan patients in Mauritius				
Day rehabilitative care	26.10			26.1
Outpatient rehabilitative care	8.24			8.24
Home-based rehabilitative care	37.65			37.65
Inpatient long-term care (health)	4.69			4.69
Day long-term care (health)	10.42			10.42
Outpatient long-term care (health)	1.51			1.51
Home-based long-term care (health)	66.63			66.63
Laboratory services	139.66		359.42	359.42
Imaging services	220.12		252.30	252.30
Patient transportation	314.20		8.34	314.2
Prescribed medicines	1,925.97	2,499.26		2,499.26
Traditional, Complementary and Alternative	19.33		14.43	19.33
Medicines (TCAM)				
Other over-the-counter medicines	998.51	1,316.56		1,316.56
Other medical non-durable goods	161.08	1,154.22		1,154.22
Glasses and other vision products	519.75			519.75
Hearing aids	48.25			48.25
Other orthopaedic appliances and prosthetics	71.41			71.41
(excluding glasses and hearing aids)				
All other medical durables, including medical	39.39			39.39
technical devices				
Other medical goods and products		280.02		280.02
Immunisation programmes	8.75		35.74	35.74
Users' fees - NGOs			5.10	5.10
Other health care services not elsewhere	286.76			286.76
classified (n.e.c.)				
TOTAL	8,473.62			13,577.40

ANNEX II - INTEGRATIVE APPROACH FOR ESTIMATING HOUSEHOLD OOP EXPENDITURE ON HEALTH, ISLAND OF RODRIGUES, 2019

Description	Funding Po	erspective		
	Household OOP Survey	Other Primary Data	Provider Perspective	Integrative Approach
	(Rs M)	(Rs M)	(Rs M)	(Rs M)
Doctors' consultation fees - Ambulatory care	0.45			0.45
Opticians' fees	0.62			0.62
Traditional medecine practitioners' consultation fees	0.05			0.05
Dentists' fees	0.40			0.4
Overseas treatment	10.38			10.38
Treatment of Rodriguan patients in Mauritius	25.50			25.5
Home-based rehabilitative care	0.25			0.25
Inpatient long-term care (health)	0.08			0.08
Laboratory services	0.53			0.53
Imaging services	0.40			0.4
Patient transportation	5.11			5.11
Prescribed medicines	4.90	6.40		6.40
Traditional, Complementary and Alternative Medicines (TCAM)	0.57			0.57
Other over-the-counter medicines	40.39	52.77		52.77
Other medical non-durable goods	1.75	5.29		5.29
Glasses and other vision products	4.47			4.47
Hearing aids	0.54			0.54
Other orthopaedic appliances and prosthetics (excluding glasses and hearing aids)	0.19			0.19
All other medical durables, including medical technical devices	0.92			0.92
Immunisation programmes	0.04			0.04
Users' fees - NGOs	0.52		0.47	0.52
Other health care services not elsewhere classified (n.e.c.)	4.06			4.06
TOTAL	102.12			119.54

ANNEX III: NHA MATRIX I

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 F	FS.1.4.1 I	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
Financing schemes	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	12,789.50	12,789.50				18.43										0.56	0.56	0.56		12,808.49
HF.1.1	Government schemes	12,789.50	12,789.50				18.43	6									0.56	0.56	0.56		12,808.49
HF.1.1.1	Central government schemes	11,822.84	11,822.84				18.43										0.56	0.56	0.56		11,841.82
HF.1.1.2	State/regional/local government schemes	966.66	966.66																		966.66
HF.2	Voluntary health care payment schemes	35.83		35.83	16.56	19.28		2,172.40	308.22	1,864.18	377.14		323.99	53.15	5.56	47.59	26.72	26.72	22.07	4.65	2,612.09
HF.2.1	Voluntary health insurance schemes							2,172.40	308.22	1,864.18											2,172.40
HF.2.1.1	Primary/substitutory health insurance schemes							2,172.40	308.22	1,864.18											2,172.40
HF.2.1.1.1	Employer-based insurance (Other than enterprises schemes)							1,864.18		1,864.18											1,864.18
HF.2.1.1.3	Other primary coverage schemes							308.22	308.22												308.22
HF.2.2	NPISH financing schemes (including development agencies)	35.83		35.83	16.56	19.28					77.53	b .	24.38	53.15	5.56	47.59	26.72	26.72	22.07	4.65	140.08
HF.2.2.2	Resident foreign agencies schemes																15.94	15.94	15.94		15.94
HF.2.2.nec	Unspecified NPISH financing schemes (n.e.c.)	35.83		35.83	16.56	19.28					77.53		24.38	53.15	5.56	47.59	10.77	10.77	6.13	4.65	124.13
HF.2.3	Enterprise financing schemes										299.61		299.61								299.61
HF.2.3.1	Enterprises (except health care providers)										299.61		299.61								299.61
HF.3	financing schemes Household out-of-pocket payment										13 744 30	13,744.39									13,744.39
HF.3.1	Out-of-pocket excluding cost-sharing											13,744.39									13,744.39
		12.825.34	12,789.50	35.82	16.56	19.28	10 / 2	2,172.40	308 22	1 86/ 10	•	13,744.39		53 15	5.56	17 50	27.27	27.27	22.63	1 65	29,164.97
		12,020.04	12,709.30	55.65	10.00	19.20	10.43	2,172.40	300.22	1,004.10	14,121.00	13,744.39	323.99	55.15	5.50	47.09	21.21	21.21	22.03	4.00	29,104.97

ANNEX IV: NHA MATRIX II

REPUBLIC OF MAURI	TIUS
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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	Mauritius rupees (MUR), Million	General government	Central government	Ministry of Health	Other ministries and public units (belonging to central government)	State/Regional/Local gov ernment	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.1	Government schemes and compulsory contributory health care financing schemes	12,808.49	11,841.82	10,975.22	866.60	966.66							12,808.49
HF.1.1	Government schemes	12,808.49	11,841.82	10,975.22	866.60	966.66							12,808.49
HF.1.1.1	Central government schemes		11,841.82	10,975.22	866.60								11,841.82
HF.1.1.2	State/regional/local government schemes	966.66				966.66							966.66
HF.2	Voluntary health care payment schemes	3.50	3.50		3.50		2,172.40	2,172.40	296.10	296.10	140.08		2,612.09
HF.2.1	Voluntary health insurance schemes						2,172.40	2,172.40					2,172.40
HF.2.1.1	Primary/substitutory health insurance schemes						2,172.40	2,172.40					2,172.40
HF.2.1.1.1	Employer-based insurance (Other than enterprises schemes)						1,864.18	1,864.18					1,864.18
HF.2.1.1.3	Other primary coverage schemes						308.22	308.22					308.22
HF.2.2	NPISH financing schemes (including development agencies)										140.08		140.08
HF.2.2.2	Resident foreign agencies schemes										15.94		15.94
HF.2.2.nec	Unspecified NPISH financing schemes (n.e.c.)										124.13		124.13
HF.2.3	Enterprise financing schemes	3.50	3.50		3.50				296.10	296.10			299.61
HF.2.3.1	Enterprises (except health care providers) financing schemes	3.50	3.50		3.50				296.10	296.10			299.61
HF.3	Household out-of-pocket payment											13,744.39	13,744.39
HF.3.1	Out-of-pocket excluding cost- sharing											13,744.39	13,744.39
All HF		12,811.99	11,845.33	10,975.22	870.11	966.66	2,172.40	2,172.40	296.10	296.10	140.08	13,744.39	29,164.97

ANNEX V: NHA MATRIX III

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
Health care providers	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/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	
HP.1	Hospitals	9,547.11	9,547.11	9,547.11		1,288.51	1,286.50	1,286.50	1,098.73	187.77	2.01	1.51	0.50			2,501.06	-	13,336.67
HP.1.1	General hospitals	7,510.03	7,510.03	7,510.03		1,288.51	1,286.50	1,286.50	1,098.73	187.77	2.01	1.51	0.50			2,501.06	2,501.06	11,299.60
HP.1.1.1	General hospitals (Public sector)	7,509.91	7,509.91	7,509.91		1.51					1.51	1.51						7,511.42
HP.1.1.2	General hospitals (Private sector)	0.11	0.11	0.11		1,287.00	1,286.50	1,286.50	1,098.73	187.77	0.50		0.50			2,501.06	2,501.06	3,788.17
HP.1.2	Mental health hospitals	486.87	486.87	486.87														486.87
HP.1.3	Specialised hospitals (Other than mental health hospitals)	1,550.21	1,550.21	1,550.21														1,550.21
HP.1.3.1	Ear, nose and throat hospital	965.65	965.65	965.65														965.65
HP.1.3.2	Opthalmology hospital	235.39	235.39	235.39														235.39
HP.1.3.3	Cardiac centre	285.77	285.77	285.77														285.77
HP.1.3.4	Chest clinic	63.40	63.40	63.40														63.40
HP.3	Providers of ambulatory health care	855.21	855.21	855.21		183.80	123.55	123.55	108.38	15.18	60.25		60.25			3,285.32	3,285.32	4,324.33
HP.3.1	Medical practices					91.17	91.17	91.17	79.39	11.78						2,795.86	2,795.86	2,887.03
HP.3.1.nec	Unspecified medical practices (n.e.c.)					91.17	91.17	91.17	79.39	11.78						2,795.86	2,795.86	2,887.03
HP.3.2	Dental practice					32.38	32.38	32.38	28.99	3.40						483.22	483.22	515.60
HP.3.3	Other health care practitioners															6.24	6.24	6.24
HP.3.3.2	Traditional medicine practitioners															6.24	6.24	6.24
HP.3.4	Ambulatory health care centres	744.70	744.70	744.70		60.25					60.25		60.25					804.95
HP.3.4.5	Non-specialised ambulatory health care centres	704.04	704.04	704.04														704.04
HP.3.4.9	All Other ambulatory centres	40.66	40.66	40.66		60.25					60.25		60.25					100.91
HP.3.5	Providers of home health care services	70.55	70.55	70.55														70.55
HP.3.nec	Unspecified providers of ambulatory health care (n.e.c.)	39.95	39.95	39.95														39.95
HP.4	Providers of ancillary services	29.84	29.84	29.84		11.69	10.59	10.59	8.76	1.83	1.09	1.09				931.95	931.95	973.48
HP.4.1	Providers of patient transportation and emergency rescue	29.84	29.84	29.84												319.31	319.31	349.15

		IVIAI	RIX III: H	EALTHC	ARE FI	NANCI	NG SCHI	EIVIES X	HEALTH	CARE PI	ROVIDE	RS (HP)	KHF)					
	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 providers	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 heatth 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	
HP.4.2	Medical and diagnostic laboratories					5.51	4.42	4.42	3.65	0.76	1.09	1.09				359.95	359.95	365.46
HP.4.3	Imaging centres					6.17	6.17	6.17	5.11	1.07						252.70	252.70	258.87
HP.5	Retailers and Other providers of medical goods	389.30	389.30	389.30		235.40	235.40	235.40	213.01	22.39						6,411.03	6,411.03	7,035.72
HP.5.1	Pharmacies	389.30	389.30	389.30		40.19	40.19	40.19	34.90	5.29						3,875.00	3,875.00	4,304.48
HP.5.2	Retail sellers and Other suppliers of durable medical goods and medical appliances					195.21	195.21	195.21	178.11	17.11						1,356.62	1,356.62	1,551.83
HP.5.9	All Other miscellaneous sellers and Other suppliers of pharmaceuticals and medical goods															1,179.41	1,179.41	1,179.41
HP.6	Providers of preventive care	1,105.84	1,105.84	500.20	605.64	67.50					67.50	6.65	60.85			35.78	35.78	1,209.12
HP.7	Providers of health care system administration and financing	749.76	749.76	388.74	361.03	275.97	269.28	269.28	228.64	40.64	6.69	6.69						1,025.73
HP.7.1	Government health administration agencies	749.76	749.76	388.74	361.03													749.76
HP.7.3	Private health insurance administration agencies					269.28	269.28	269.28	228.64	40.64								269.28
HP.7.9	Other administration agencies					6.69					6.69	6.69						6.69
HP.8	Rest of economy					299.61								299.61	299.61	222.10	222.10	521.71
HP.8.1	Households as providers of home health care															104.53	104.53	104.53
HP.8.2	All Other industries as secondary providers of health care					299.61								299.61	299.61	117.57	117.57	417.18
HP.9	Rest of the world	131.43	131.43	131.43		2.54					2.54		2.54			357.16	357.16	491.13
HP.nec	Unspecified health care providers (n.e.c.)					247.08	247.08	247.08	206.67	40.41								247.08
Alihp		12,808.49	12,808.49	11,841.82	966.66	2,612.09	2,172.40	2,172.40	1,864.18	308.22	140.08	15.94	124.13	299.61	299.61	13,744.39	13,744.39	29,164.97

REPUBLIC OF MAURITIUS

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

ANNEX VI: NHA MATRIX IV

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	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/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	9,934.14	9,934.14	9,934.14		1,440.74	1,257.70	1,257.70	1,094.07	163.63	23.35	1.51	21.84	159.69	159.69	5,885.03	5,885.03	17,259.91
HC.1.1	Inpatient curative care	7,499.72	7,499.72	7,499.72		992.22	912.28	912.28	796.20	116.08	3.33		3.33	76.60	76.60	1,937.61	1,937.61	10,429.55
HC.1.1.2	Specialised inpatient curative care	1,652.11	1,652.11	1,652.11		11.70	11.70	11.70	10.21	1.49						396.46	396.46	2,060.27
HC.1.1.nec	Unspecified inpatient curative care (n.e.c.)	5,847.61	5,847.61	5,847.61		980.52	900.59	900.59	785.99	114.60	3.33		3.33	76.60	76.60	1,541.15	1,541.15	8,369.28
HC.1.2	Day curative care	407.23	407.23	407.23		51.32	41.45	41.45	36.13	5.32	9.87		9.87			401.39	401.39	859.94
HC.1.2.2	Specialised day curative care	61.36	61.36	61.36		7.69	6.84	6.84	5.96	0.88	0.85		0.85			60.65	60.65	129.70
HC.1.2.nec	Unspecified day curative care (n.e.c.)	345.87	345.87	345.87		43.62	34.61	34.61	30.16	4.44	9.02		9.02			340.74	340.74	730.24
HC.1.3	Outpatient curative care	2,027.19	2,027.19	2,027.19		397.20	303.97	303.97	261.74	42.23	10.15	1.51	8.64	83.09	83.09	3,546.03	3,546.03	5,970.42
HC.1.3.2	Dental outpatient curative care	4.89	4.89	4.89		115.66	107.95	107.95	96.62	11.32				7.71	7.71	573.26	573.26	693.81
HC.1.3.3	Specialised outpatient curative care	304.09	304.09	304.09		15.28	15.28	15.28	12.49	2.79						105.97	105.97	425.33
HC.1.3.nec	Unspecified outpatient curative care (n.e.c.)	1,718.21	1,718.21	1,718.21		266.26	180.74	180.74	152.63	28.12	10.15	1.51	8.64	75.37	75.37	2,866.81	2,866.81	4,851.28
HC.2	Rehabilitative care	239.20	239.20	239.20		17.65					17.65		17.65			78.62	78.62	335.48
HC.2.1	Inpatient rehabilitative care	73.32	73.32	73.32												4.04	4.04	77.36
HC.2.2	Day rehabilitative care	47.18	47.18	47.18		8.05					8.05		8.05			28.45	28.45	83.68
HC.2.3	Outpatient rehabilitative care	118.70	118.70	118.70		4.18					4.18		4.18			8.24	8.24	131.11
HC.2.4	Home-based rehabilitative care					5.43					5.43		5.43			37.90	37.90	43.33
HC.1+HC.2	Curative care and rehabilitative care	10,173.34	10,173.34	10,173.34		1,458.39	1,257.70	1,257.70	1,094.07	163.63	41.00	1.51	39.49	159.69	159.69	5,963.66	5,963.66	17,595.39
HC.1.1+HC.2.1	Inpatient curative and rehabilitative care	7,573.05	7,573.05	7,573.05		992.22	912.28	912.28	796.20	116.08	3.33		3.33	76.60	76.60	1,941.64	1,941.64	10,506.91
	Day curative and rehabilitative care	454.41	454.41	454.41		59.37	41.45	41.45	36.13	5.32	17.92		17.92			429.84	429.84	943.62
HC.1.3+HC.2.3	Outpatient curative and rehabilitative care	2,145.88	2,145.88	2,145.88		401.38	303.97	303.97	261.74	42.23	14.32	1.51	12.81	83.09	83.09	3,554.27	3,554.27	6,101.53
HC.1.4+HC.2.4	Home-based curative and rehabilitative care					5.43					5.43		5.43			37.90	37.90	43.33
HC.3	Long-term care (health)	269.26	269.26	269.26		6.50					6.50		6.50			83.33	83.33	359.09
HC.3.1	Inpatient long-term care (health)	269.26	269.26	269.26												4.77	4.77	274.03
HC.3.2	Day long-term care (health)					6.50					6.50		6.50			10.42	10.42	16.92
HC.3.3	Outpatient long-term care (health)															1.51	1.51	1.51
HC.3.4	Home-based long-term care (health)															66.63	66.63	66.63

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	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/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.4	Ancillary services (non- specified by function)	43.01	43.01	43.01		13.57	10.59	10.59	8.76	1.83	2.98	1.09	1.89			1,022.62	1,022.62	1,079.20
HC.4.1	Laboratory services	13.17	13.17	13.17		5.51	4.42	4.42	3.65	0.76	1.09	1.09				359.95	359.95	378.63
HC.4.2	Imaging services					6.98	6.17	6.17	5.11	1.07	0.81		0.81			252.70	252.70	259.68
HC.4.3	Patient transportation	29.84	29.84	29.84		1.08					1.08		1.08			409.97	409.97	440.89
HC.5	Medical goods (non-specified by function)	456.10	456.10	456.07	0.03	506.08	379.42	379.42	324.28	55.15	4.19		4.19	122.47	122.47	5,999.45	5,999.45	6,961.63
HC.5.1	Pharmaceuticals and Other medical non-durable goods	429.22	429.22	429.19	0.03	382.95	259.77	259.77	213.80	45.97	1.22		1.22	121.96	121.96	5,034.51	5,034.51	5,846.67
HC.5.1.1	Prescribed medicines	389.30	389.30	389.30		380.60	259.77	259.77	213.80	45.97				120.83	120.83	2,505.66	2,505.66	3,275.56
HC.5.1.2	Over-the-counter medicines	21.44	21.44	21.44												1,369.34	1,369.34	1,390.78
HC.5.1.2.1	Traditional, Complementary and Alternative Medicines (TCAM)	21.44	21.44	21.44														21.44
HC.5.1.2.nec	Other Over-the-counter medicines															1,369.34	1,369.34	1,369.34
HC.5.1.3	Other medical non-durable goods	9.11	9.11	9.11												1,159.51	1,159.51	1,168.62
HC.5.1.4	Prescribed and Over-the-Counter medicines	9.36	9.36	9.34	0.03	2.35					1.22		1.22	1.13	1.13			11.71
HC.5.2	Therapeutic appliances and Other medical goods	26.88	26.88	26.88		121.48	119.65	119.65	110.47	9.18	1.32		1.32	0.51	0.51	684.92	684.92	833.28
HC.5.2.1	Glasses and Other vision products	3.50	3.50	3.50		120.02	119.51	119.51	110.35	9.16				0.51	0.51	524.22	524.22	647.74
HC.5.2.2	Hearing aids	14.67	14.67	14.67		0.14	0.14	0.14	0.12	0.02						48.79	48.79	63.60
HC.5.2.3	Other orthopaedic appliances and prosthetics (excluding glasses and hearing aids)	4.78	4.78	4.78		0.06					0.06		0.06			71.60	71.60	76.44
HC.5.2.9	All Other medical durables, including medical technical devices	3.94	3.94	3.94		1.26					1.26		1.26			40.31	40.31	45.50
HC.5.nec	Unspecified medical goods (n.e.c.)					1.65					1.65		1.65			280.02	280.02	281.67
HC.6	Preventive care	1,117.01	1,117.01	511.40	605.61	91.00	0.18	0.18	0.18		73.37	6.65	66.72	17.45	17.45	52.74	52.74	1,260.74
HC.6.1	Information, education and counseling (IEC) programmes	26.45	26.45	26.45		24.20					24.20	0.17	24.03			11.34	11.34	61.98
HC.6.1.1	Addictive substances IEC programmes	25.56	25.56	25.56		2.77					2.77		2.77			11.34	11.34	39.67
HC.6.1.1.nec	Other and unspecified addictive substances IEC programmes (n.e.c.)	25.56	25.56	25.56		2.77					2.77		2.77			11.34	11.34	39.67

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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	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/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.6.1.3	Safe sex IEC programmes					2.69					2.69		2.69					2.69
HC.6.1.nec	Other and unspecified IEC programmes (n.e.c.)	0.89	0.89	0.89		18.73					18.73	0.17	18.56					19.62
HC.6.2	Immunisation programmes	74.42	74.42	74.42		2.67					2.67	2.24	0.43			35.78	35.78	112.88
HC.6.2.1	Maternal and child health - Vaccination	46.86	46.86	46.86		0.43					0.43		0.43			16.35	16.35	63.65
HC.6.2.nec	Other Immunisation programmes	27.57	27.57	27.57		2.24					2.24	2.24				19.43	19.43	49.23
HC.6.3	Early disease detection programmes	90.56	90.56	90.56		4.57					4.57		4.57					95.14
HC.6.4	Healthy condition monitoring programmes	1.58	1.58		1.58	9.16					0.24		0.24	8.93	8.93			10.74
HC.6.5	Epidemiological surveillance and risk and disease control programmes	79.77	79.77	78.72	1.05	0.33					0.33	0.33				5.62	5.62	85.72
HC.6.5.4	Interventions															5.62	5.62	5.62
HC.6.5.4.nec	Other and unspecified interventions (n.e.c.)															5.62	5.62	5.62
HC.6.5.nec	Unspecified epidemiological surveillance and risk and disease control programmes (n.e.c.)	79.77	79.77	78.72	1.05	0.33					0.33	0.33						80.10
HC.6.nec	Unspecified preventive care (n.e.c.)	844.22	844.22	241.24	602.98	50.06	0.18	0.18	0.18		41.36	3.91	37.45	8.52	8.52			894.28
HC.7	Governance, and health system and financing administration	749.76	749.76	388.74	361.03	275.97	269.28	269.28	228.64	40.64	6.69	6.69						1,025.73
HC.7.1	Governance and Health system administration	749.76	749.76	388.74	361.03	6.69					6.69	6.69						756.45
HC.7.1.nec	Other governance and Health system administration (n.e.c.)	749.76	749.76	388.74	361.03	6.69					6.69	6.69						756.45
HC.7.2	Administration of health financing					269.28	269.28	269.28	228.64									269.28
HC.9	Other health care services not elsewhere classified (n.e.c.)					260.58	255.23	255.23	208.25	46.97	5.35		5.35			622.61	622.61	883.18
All HC		12,808.49	12,808.49	11,841.82	966.66	2,612.09	2,172.40	2,172.40	1,864.18	308.22	140.08	15.94	124.13	299.61	299.61	13,744.39	13,744.39	29,164.97

ANNEX VII: NHA MATRIX V

REPUBLIC OF MAURITIUS

MATRIX V: HEALTHCARE PROVIDERS x HEALTHCARE FUNCTIONS (HCxHP)

		104		D111		4.0 104.0	10404	10400				10.0.4	1004 11		0.00000											-	050	170.0	107		70 100	1004		100		
	Health care providers	HP.1	HP.1.1 F	12.1.1.1	1P.1.1.2 HP.		HP.1.3.1	HP.1.3.2	HP.1.3.3 HP	1.3.4	P.3 F	1P.3.1 I	HP.3.1.nec H	P.3.2 HP.3.	.3 HP.3.3.2	2 HP.3.4	HP.3.4.5	HP.3.4.9 F	1P.3.5 H	P.3.nec	P.4	HP.4.1 HP.4.2	HP.4.3	P.5		IP.5.2 F	₽.5.9 `ठ च	HP.6	HP.7	HP.7.1 HP.7.3 HF	.7.9 HP.8 %	HP.8.1	HP.8.2	HP.9 F	P.nec /	
Health care functions	Mauritius rupees (MUR), Million	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 hospita	Opthalmobgy hospital	Cardiac centre	Chest clinic	Providens of ambulatory health care	Medical practices	Unspecified medical practices (n.e.c.)	Dental practice Other health care	practitioners Traditional medicine practitioners	Ambulatory heath care centres	Non-specialised ambulatory health care centres	All Other ambulatory centres	Providers of home health care services Unemorified providers of	ambulatory heath care (n.e.c.)	Providers of ancillary services	Providers of patient transportation and emergency rescue Medical and diagnostic laboratories	Imaging centres	recellers and Other providers of medical goods	Pharmacies	Ketall sellers and Other suppliers of durable medical goods and medical appliances	All Other miscellaneous sellers and Other suppliers - pharmaceuticals and medic goods	Providers of preventive care	Providers of health care system administration and financing	Government health administration agencies Private health insurance administration agencies	Other administration agenow 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.)	
HC.1	Curative care										1,152.46	2,887.03	2,887.03 5	515.60 6.2	24 6.2	4 708.74	690.87	17.87	6.54	28.30				170.80		170.80		0.93			186.60			491.13		17,259.91
HC.1.1	Inpatient curative care					0.54 1,261.8																						0.29			102.81			489.61		10,429.55
HC.1.1.2	Specialised inpatient curative care	1,553.75				0.54 1,261.8	83 776.84	189.36	242.27	53.36																					25.52			481.00		2,060.27
HC.1.1.nec	Unspecified inpatient curative care (n.e.c.)	8,283.08	8,283.08 5	5,841.54	2,441.54																							0.29	1		77.30	2	77.30	8.61		8,369.28
HC.1.2	Day curative care	843.53	782.17	339.33	442.84	61.3	36 49.33	12.03			16.39					9.85		9.85	6.54									0.02								859.94
HC.1.2.2	Specialised day curative care	128.85	67.49		67.49		36 49.33				0.85					0.85		0.85																		129.70
HC.1.2.nec	Unspecified day curative care (n.e.c.)	714.68	714.68	339.33	375.35						15.54					9.00		9.00	6.54									0.02								730.24
HC.1.3 HC.1.3.2	Outpatient curative care	1,577.64		1,003.92 3.01		7.07 227.0	02 139.48	34.00	43.50			2,887.03	2,887.03 5	515.60 6.2 515.60	24 6.2	4 698.89 1.88		8.02		28.30				170.80		170.80 75.56		0.62			83.78		83.78 7.71		_	5,970.42 693.81
HC.1.3.2 HC.1.3.3	Dental outpatient curative care Specialised outpatient curative care	93.05 330.09		3.01		7.07 227.0	120 420	24.00	42.50		517.48		5	015.00		1.88	1.88							75.56 95.24		75.56 95.24					7.71		7.71			425.33
	Unspecified outpatient curative care	1.154.50		1 000 91		1.01 221.0	JZ 139.48	34.00	43.30		618.58	2 887 03	2,887.03	6.	24 6.2	4 697 01	688.99	8.02		28.30				80.24		93.24		0.62			76.07		76.07	1.52		425.33
	(n.e.c.)	1,104.00	.,	.,200.01						ľ	,	2,007.00	2,007.00	0.1			300.08	0.02		20.00								0.02			10.07		10.07			.,
HC.2	Rehabilitative care	214.71		173.96							81.42					16.19		16.19	64.01	1.21								1.46			37.90	37.90				335.48
HC.2.1	Inpatient rehabilitative care	77.36			4.04					Γ	T										T		T													77.36
HC.2.2	Day rehabilitative care	64.15		35.70							18.85					7.37		7.37										0.68			_					83.68
HC.2.3	Outpatient rehabilitative care	73.20	73.20	64.96	8.24						57.55					3.81 5.02			52.53	1.21								0.37								131.11
HC.2.4 HC.1+HC.2	Home-based rehabilitative care Curative care and rehabilitative	40 479 74	10 704 90 7	7 404 50	9 220 22 24	7.81 1.660.2	24 08E 8E	295 90	205 77	89.40 4	5.02	997 09	2,887.03 5		24 82		800 97	5.02 34.06	70 SE	20.52	_			170.80		170.80		0.41				37.90	186.60	401 12		43.33 17,595.39
10.1110.2	care	12,412.11	10,704.08	1,404.00	3,220.33 ZI	1.01 1,000.2	21 800.00	200.00	200.77	00.40	,200.07	2,007.00	2,007.03 0	10.00 0.2	24 0.2	4 /24.00	000.07	34.00	70.00	20.02				170.00		170.00		2.00			224.00	37.80	100.00	401.13		17,395.39
HC.1.1+HC.2.1	Inpatient curative and rehabilitative	9,914.19	8,511.82 6	6,040.65	2,471.17 14	0.54 1,261.8	33 776.84	189.36	242.27	53.36																		0.29			102.81	1	102.81	489.61	1	10,506.91
	care																														_					
HC.1.2+HC.2.2	Day curative and rehabilitative care	907.68	846.32	375.03	471.29	61.3	36 49.33	12.03			35.24					17.22		17.22	18.02									0.70								943.62
HC.1.3+HC.2.3	Outpatient curative and rehabilitative	1,650.83	1.346.75	1.068.88	277.87 7	7.07 227.0	02 139.48	34.00	43.50	10.04 4	.193.61	2.887.03	2,887.03 5	515.60 6.2	24 6.2	4 702.70	690.87	11.83	52.53	29.52				170.80		170.80		0.98			83.78	8	83.78	1.52		6,101.53
	care	.,	.,	.,									-,																							-,
HC.1.4+HC.2.4	Home-based curative and rehabilitative										5.02					5.02		5.02										0.41			37.90	37.90				43.33
HC.3	care Long-term care (health)	285.96	16.70		16.70 26	0.96				_	6.50					6.50		6.50			_									-	60.00	66.63				359.09
HC.3.1	Inpatient long-term care (health)	274.03			4.77 26						0.00					0.00		0.00													00.00	00.00				274.03
HC.3.2	Day long-term care (health)	10.42	10.42		10.42						6.50					6.50		6.50																		16.92
HC.3.3	Outpatient long-term care (health)	1.51	1.51		1.51																															1.51
HC.3.4	Home-based long-term care (health)																														66.63	66.63				66.63
HC.4	Anciliary services (non-specified										13.98					13.96	13.17	0.81		97	73.48	349.15 365.46	258.87					1.08			90.66	3	90.66			1,079.20
HC.4.1	by function)										13.17					12.17	13.17				65.46	365.46														378.63
HC.4.1	Laboratory services Imaging services										0.81					0.81	13.17	0.81			58.87		258.87													259.68
HC.4.3	Patient transportation										0.01					0.01		0.01				349.15	200.01					1.08			90.66	5	90.66			440.89
HC.5	Medical goods (non-specified by	246.46	246.46	26.87	219.59						32.63					25.63		25.63		7.00				3,548.58	4,304.48	1,084.59	1,159.51				122.47		122.47			6,961.63
	function)																																			
HC.5.1	Pharmaceuticals and Other medical non-durable goods	242.08	242.08	22.49	219.59						10.12					3.12		3.12		7.00			1	5,463.99	4,304.48		1,159.51	8.52			121.96	5	121.96			5,846.67
HC.5.1.1	Prescribed medicines	219.59	219.59		219.59																			2,935.15	2,935.15		_				120.83		120.83			3,275.56
HC.5.1.2	Over-the-counter medicines	21.44	21.44	21.44																					1,369.34											1,390.78
HC.5.1.2.1	Traditional, Complementary and	21.44	21.44	21.44																												L _				21.44
H0512ac	Alternative Medicines (TCAM)																							1 900 94	1 260 24											1 260 24
	Other Over-the-counter medicines	1.05	1.05	1.05																				1,369.34 1,159.51	1,369.34		1,159.51	8.07								1,369.34
HC.5.1.3 HC.5.1.4	Other medical non-durable goods Prescribed and Over-the-Counter	1.05	1.00	1.03							10.12					3.12		3.12		7.00				1,108.01			1,109.51	0.46			1.13		1.13			1,168.62
	medicines		[J.12		3.12										0.40	1	1	1.10	1	1.13			
HC.5.2	Therapeutic appliances and Other	4.38	4.38	4.38							22.50					22.50		22.50						804.57		804.57		1.32			0.51		0.51			833.28
10504	medical goods										3.50					0.55		3.50						643.73		643.73					0.51		0.51			647.74
HC.5.2.1 HC.5.2.2	Glasses and Other vision products Hearing aids										3.50 14.67					3.50 14.67		3.50 14.67						643.73 48.93		643.73 48.93	_				0.61	4	0.51			647.74 63.60
HC.5.2.2 HC.5.2.3	Other orthopaedic appliances and	4.38	4.38	4.38							0.40					0.40		0.40						46.93		48.93		0.06								76.44
	prosthetics (excluding glasses and		4.00	4.00												0.40		0.40		1										1		1				10.44
	hearing aids)																																			
HC.5.2.9	All Other medical durables, including medical technical devices										3.94					3.94		3.94						40.31		40.31		1.26								45.50
	Unspecified medical goods (n.e.c.)																							280.02		280.02		1.65								281.67
HC.5.nec																													· · · · · ·	1						

																	- (· ·	• /····/									
1	Health care providers	HP.1	HP.1.1 HP.1.1	1.1 HP.1.1.2 HP.1.3	2 HP.1.3 HP	P.1.3.1 HP.1.3.2	HP.1.3.3 HP.1.3.4	HP.3	HP.3.1 H	P.3.1.nec HP.3.	.2 HP.3.3 HP.	3.3.2 HP.3.4 HP	2.3.4.5 HP.3.4.9 H	P.3.5 HP.3.nec H	P.4 HP.4	.4.1 HP.4.2 HP.4.3	HP.5	HP.5.1 HP.5.2 I	HP.5.9	HP.6	HP.7	HP.7.1 HP.7.3 HP.7.9	HP.8	HP.8.1 HP.8.2	HP.9	HP.nec	All HP
Health care functions	Mauritius rupees (MUR), Million	Hospitals	General hospitals General hospitals (Public	sector) General hospitals (Private sector) Mental heatth hospitals	Specialised hospitals (Offier than mental health hospitals)	Ear, nose and throat hospital Opthalmobgy 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 medicina	practitioners Ambulatory health care centres	Non-specialistic ambulatory health care centres All Other ambulatory centres	Providens of home health care services Unspecified providens 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 selvers and Other supplers of durable medical goods and medical applances	All Other miscelaneous sellers and Other suppliers of pharmaceuticals and medical goods	Providers of preventive care	Providers of health care system administration and financing	Government heath adminis ration agencies Private heath ins urance adminis ration agencies Other 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.)	
HC.6	Preventive care	11.52		11.52				37.31				33.87	33.87	3.44			5.62	5.62		1,188.85			17.45	17.4	5		1,260.74
HC.6.1	Information, education and counseling	11.34	11.34	11.34				10.02				9.04	9.04	0.98						40.62							61.98
HC.6.1.1	(IEC) programmes	11.34	11.34					1.12				0.14	0.14	0.98						27.21							39.67
HU.0.1.1	Addictive substances IEC programmes	11.39	11.34	11.34				1.12				0.14	0.14	0.98						27.21							39.67
HC.6.1.1.nec	Other and unspecified addictive	11.34	11.34	11.34				1.12				0.14	0.14	0.98						27.21							39.67
	substances IEC programmes (n.e.c.)																										
HC.6.1.3	Safe sex IEC programmes																			2.69							2.69
HC.6.1.nec	Other and unspecified IEC programmes							8.90				8.90	8.90							10.72							19.62
HC.6.2	(n.e.c.) Immunisation programmes							15.83				15.83	15.83							97.05							112.88
HC.6.2.1	Maternal and child health - Vaccination							10.00				13.05	13.05							63.65							63.65
16.0.2.1	Waternal and child health - Vaccination																			03.00							03.05
HC.6.2.nec	Other Immunisation programmes							15.83				15.83	15.83							33.41							49.23
HC.6.3	Early disease detection programmes							1.30				0.50	0.50	0.79						93.84							95.14
HC.6.4	Healthy condition monitoring																			1.82			8.93	8.9	3		10.74
	programmes																			80.10							
HC.6.5	Epidemiological surveillance and risk and disease control programmes																5.62	5.62		80.10							85.72
HC.6.5.4	Interventions																5.62	5.62									5.62
HC.6.5.4.nec	Other and unspecified interventions																5.62										5.62
	(n.e.c.)																										
HC.6.5.nec	Unspecified epidemiological																			80.10							80.10
	surveillance and risk and disease																										
	control programmes (n.e.c.)							10.16												875.42			8.52				
HC.6.nec	Unspecified preventive care (n.e.c.)	0.18	0.18	0.18				10.16				8.50	8.50	1.66	_					875.42		749.76 269.28 6.69		8.5	2		894.28 1.025.73
nu./	Governance, and health system and financing administration																				1,025.73	148.70 208.28 6.69					1,025.73
HC.7.1	Governance and Health system																				756.45	749.76 6.69					756.45
	administration																										
HC.7.1.nec	Other governance and Health system																				756.45	749.76 6.69					756.45
	administration (n.e.c.)																										
HC.7.2	Administration of health financing											••			_						269.25	269.28					269.28
HC.9	Other health care services not elsewhere classified (n.e.c.)	320.03	320.03	320.03				0.04				0.04	0.04				310.72		19.90							247.08	883.18
AII HC		13,336.67	11,299.60 7,511	.42 3,788.17 486.8	87 1,550.21 9	965.65 235.3	285.77 63.40	4,324.33	2,887.03	2,887.03 515.	60 6.24	6.24 804.95 7	04.04 100.91	70.55 39.95 9	73.48 3	349.15 365.46 258.87	7,035.72	4,304.48 1,551.83	1,179.41	1,209.12	1,025.73	8 749.76 269.28 6.69	521.71	104.53 417.1	8 491.13	247.08	29,164.97

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MATRIX V: HEALTHCARE PROVIDERS x HEALTHCARE FUNCTIONS (HCxHP)

ANNEX VIII: NHA MATRIX VI

						REPUD												
			MA	TRIX VI:	HEALTH	ICARE FI	NANCIN	IG SCHE	MES x DI	SEASES ([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	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/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	1,562.12	1,562.12	956.48	605.64	69.28	24.03	24.03	20.34	3.69	37.98	2.80	35.18	7.26	7.26	381.64	381.64	2,013.03
DIS.1.1	HIV/AIDS and Other Sexually	58.45	58.45	58.45		35.33	0.10	0.10	0.09	0.02	35.18		35.18	0.05	0.05	13.40	13.40	107.18
DIS.1.1.1	Transmitted Diseases (STDs) HIV/AIDS and Opportunistic Infections (Ols)	57.07	57.07	57.07		35.04					35.04		35.04			11.34	11.34	103.45
DIS.1.1.1.1	HIV/AIDS	57.07	57.07	57.07		35.04					35.04		35.04			11.34	11.34	103.45
DIS.1.1.2	STDs Other than HIV/AIDS	1.38	1.38	1.38														1.38
DIS.1.1.nec	Unspecified HIV/AIDS and Other STDs (n.e.c.)					0.29	0.10	0.10	0.09	0.02	0.14		0.14	0.05	0.05	2.06	2.06	2.35
DIS.1.2	Tuberculosis (TB)	0.02	0.02	0.02		0.23					0.23	0.23						0.25
DIS.1.2.nec	Unspecified tuberculosis (n.e.c.)	0.02	0.02	0.02		0.23					0.23	0.23						0.25
DIS.1.4	Respiratory infections	498.48	498.48	498.48		17.81	12.64	12.64	10.53					5.18	5.18	253.26	253.26	769.56
DIS.1.5	Diarrheal diseases	54.46	54.46	54.46		13.33	11.29	11.29	9.73	1.57				2.04	2.04	78.33	78.33	146.13
DIS.1.7	Vaccine preventable diseases	11.71	11.71	11.71		2.24					2.24	2.24				35.78	35.78	49.74
DIS.1.nec	Other and unspecified infectious and parasitic diseases (n.e.c.)	938.98	938.98	333.34	605.64	0.33					0.33	0.33				0.86	0.86	940.18
DIS.2	Reproductive health	776.53	776.53	776.53		54.14	34.74	34.74	29.83	4.91	12.30		12.30	7.10	7.10	262.62	262.62	1,093.29
DIS.2.1	Maternal conditions	291.00	291.00	291.00		40.98	33.16	33.16	28.54	4.62	1.59		1.59	6.23	6.23	232.69	232.69	564.67
DIS.2.2	Perinatal conditions	107.93	107.93	107.93		2.45	1.58	1.58	1.29	0.29				0.87	0.87	28.90	28.90	139.28
DIS.2.3	Contraceptive management (family planning)	42.43	42.43	42.43		8.92					8.92		8.92					51.35
DIS.2.nec	Unspecified reproductive health conditions (n.e.c.)	335.17	335.17	335.17		1.79					1.79		1.79			1.03	1.03	337.99
DIS.3	Nutritional deficiencies	126.50	126.50	126.50		0.79					0.79	0.65	0.14			0.92	0.92	128.20
DIS.4	Noncommunicable diseases	8,077.85	8,077.85	8,077.85		1,459.94	1,191.37	1,191.37	1,034.65	156.71	55.28	4.97	50.31	213.30	213.30	9,789.34	9,789.34	19,327.13
DIS.4.1	Neoplasms	675.19	675.19	675.19		69.03	48.02	48.02	41.35	6.67	12.26		12.26	8.76	8.76	374.91	374.91	1,119.13
DIS.4.2	Endocrine and metabolic disorders	401.83	401.83	401.83		143.77	105.28	105.28	90.39	14.89	16.73	3.28	13.44	21.76	21.76	845.94	845.94	1,391.54
DIS.4.2.1	Diabetes	358.74	358.74	358.74		133.52	98.32	98.32	84.63	13.70	16.73	3.28	13.44	18.47	18.47	695.85	695.85	1,188.11
DIS.4.2.nec	Other and unspecified endocrine and metabolic disorders (n.e.c.)	43.09	43.09	43.09		10.24	6.96	6.96	5.76					3.28	3.28	150.10	150.10	203.43
DIS.4.3	Cardiovascular diseases	1,182.04	1,182.04	1,182.04		303.79	249.69	249.69	214.14			0.17	0.89	53.05	53.05	2,497.73	2,497.73	3,983.56
DIS.4.3.1	Hypertensive diseases	236.04	236.04	236.04		38.41	26.10	26.10	21.60	4.49				12.31	12.31	619.46	619.46	893.91

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	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	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/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.4.3.nec	Other and unspecified	946.00	946.00	946.00		265.38	223.59	223.59	192.54	31.05	1.05	0.17	0.89	40.74	40.74	1,878.27	1,878.27	3,089.65
DIS.4.4	cardiovascular diseases (n.e.c.) Mental & behavioural disorders, and Neurological conditions	1,015.58	1,015.58	1,015.58		39.73	19.18	19.18	16.51	2.67	16.95		16.95	3.60	3.60	133.71	133.71	1,189.02
DIS.4.4.1	Mental (psychiatric) disorders	580.86	580.86	580.86		26.42	19.18	19.18	16.51	2.67	3.64		3.64	3.60	3.60	131.65	131.65	738.92
DIS.4.4.3	Neurological conditions	61.86	61.86	61.86		4.00					4.00		4.00					65.86
DIS.4.4.nec	Unspecified mental & behavioural disorders and neurological conditions (n.e.c.)	372.86	372.86	372.86		9.32					9.32		9.32			2.07	2.07	384.24
DIS.4.5	Respiratory diseases	753.56	753.56	753.56		130.71	110.04	110.04	94.71	15.33				20.67	20.67	771.98	771.98	1,656.25
DIS.4.6	Diseases of the digestive	591.78	591.78	591.78		20.58	14.61	14.61	12.17	2.43				5.98	5.98	293.52	293.52	905.88
DIS.4.7	Diseases of the genito-urinary system	860.64	860.64	860.64		161.31	136.45	136.45	117.50	18.95				24.86	24.86	1,116.26	1,116.26	2,138.21
DIS.4.8	Sense organ disorders	1,436.42	1,436.42	1,436.42		162.47	155.43	155.43	141.29	14.15				7.03	7.03	944.69	944.69	2,543.58
DIS.4.8.1	Vision disorders, including cataract	379.86	379.86	379.86		120.02	119.51	119.51	110.35	9.16				0.51	0.51	620.88	620.88	1,120.77
DIS.4.8.nec	Other sense organ disorders including ear, nose and throat	1,056.56	1,056.56	1,056.56		42.44	35.92	35.92	30.94	4.99				6.52	6.52	323.81	323.81	1,422.81
DIS.4.9	Oral diseases	257.98	257.98	257.98		150.67	131.30	131.30	115.95	15.35	0.64	0.64		18.73	18.73	1,073.01	1,073.01	1,481.66
DIS.4.nec	Other and unspecified noncommunicable diseases (n.e.c.)	902.83	902.83	902.83		277.88	221.37	221.37	190.63	30.74	7.66	0.88	6.78	48.85	48.85	1,737.59	1,737.59	2,918.30
DIS.5	Injuries	1,085.25	1,085.25	1,085.25		68.38	57.56	57.56	49.55	8.02				10.81	10.81	458.29	458.29	1,611.91
DIS.6	Non-disease specific	749.76	749.76	388.74	361.03	269.28	269.28	269.28	228.64	40.64								1,019.04
DIS.nec	Other and unspecified diseases/conditions (n.e.c.)	430.48	430.48	430.48		690.29	595.42	595.42	501.17	94.25	33.73	7.52	26.21	61.14	61.14	2,851.59	2,851.59	3,972.36
All DIS		12,808.49	12,808.49	11,841.82	966.66	2,612.09	2,172.40	2,172.40	1,864.18	308.22	140.08	15.94	124.13	299.61	299.61	13,744.39	13,744.39	29,164.97

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MATRIX VI: HEALTHCARE FINANCING SCHEMES x DISEASES (DISxHF)

ANNEX IX: NHA MATRIX VII

	MATRIX VII: FINA	NCING A	GENTS x	CAPITAL F	ORMATIC	N (HKx	FA)			
	Financing agents	FA.1	FA.1.1	FA.1.1.1	FA.1.1.2	FA.1.2	FA.3	FA.3.1	FA.4	All FA
Capital Account	Mauritius rupees (MUR), Million	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.R.1.2)	Health management and provider corporations	Non-profit institutions serving households (NPISH)	
HK.1	Gross capital formation	1,364.33	1,364.33	1,270.35	93.98					1,364.33
HK.1.1	Gross fixed capital formation	1,354.54	1,354.54	1,264.25	90.29					1,354.54
HK.1.1.1	Infrastructure	1,076.54	1,076.54	1,017.93	58.61					1,076.54
HK.1.1.1.1	Residential and non-residential buildings	1,076.54	1,076.54	1,017.93	58.61					1,076.54
HK.1.1.2	Machinery and equipment	278.00	278.00	246.32	31.68					278.00
HK.1.1.2.1	Medical equipment	204.63	204.63	172.96	31.68					204.63
HK.1.1.2.2	Transport equipment	49.72	49.72	49.72						49.72
HK.1.1.2.3	ICT equipment	5.79	5.79	5.79						5.79
HK.1.1.2.4	Machinery and equipment n.e.c.	17.86	17.86	17.86						17.86
HK.1.nec	Unspecified gross capital formation (n.e.c.)	9.79	9.79	6.10	3.69					9.79
HK.nec	Unspecified gross fixed capital formation (n.e.c.)	8.06				8.06	171.56	171.56	1.74	181.36
All HK		1,372.39	1,364.33	1,270.35	93.98	8.06	171.56	171.56	1.74	1,545.69

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