

MOZAMBIQUE
NATIONAL HEALTH ACCOUNTS
(2004 – 2006)

Preface

It is with great satisfaction that the Ministry of Health presents the outcomes of the 1st study on the National Health Accounts for the 2004-2006 fiscal years, data of which were gathered between the months of July and December of 2008. This report presents the total public expenditure incurred in the health sector and the flow of funds within the sector disaggregated by financing sources, financial agents, providers and functions.

The completion of National Health Accounts study is very important for two reasons. First because we are convinced that the information collected from this exercise which is part of this report, will be used for assessing the efficiency in the use of resources allocated to the health sector, an issue of special importance for the decision-makers at all the levels of the National Health Services. Second, the available data will contribute for further improving the knowledge on health financing issues in Mozambique, key information for the definition of the National Health Policy.

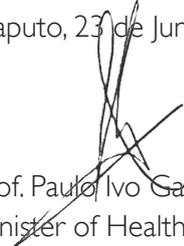
The merit of this first report on National Health Accounts is that it provides information on the role of the Ministry of Health and other Government sectors that contribute for preserving and maintaining the health of Mozambican population and the role of the donor community in the development of the National Health System, useful information to initiate the discussion on the Financing Strategy for the Health Sector.

I wish to express my acknowledgement to all entities, singular and collective, who contributed for the completion of the National Health Accounts in Mozambique and, in particular, the World Health Organization (WHO) and the United States Agency for International Development (USAID).

I also wish to express my acknowledgement to all the institutions that accepted and collaborated in the provision of information, as well as to the technical team, whose participation and dedication were important for the success of the study.

Finally, I would like to encourage the Directorate of Planning and Cooperation of the Ministry of Health to continue in the short term with the process of compilation of National Accounts in the health sector; at least for the period of 2007 to 2009 involving, whenever deemed necessary, inter-institutional partnerships.

Maputo, 23 de Junho de 2010



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Acronyms

AIDI	Integrated Management for Child Illnesses
ATS	Health Counselling and Testing
MTEF	Medium Term Fiscal and expenditure framework
CMH	Commission of Macroeconomics and Health
NHA	National Health Accounts
CO	Emergency Obstetric Care
DAF	Directorate of Administration and Finance
HC	Health Care Functions
HF	Financial Agents
HIV	Human Immunodeficiency Virus
HP	Health Providers
IAF	Household Survey
DHS	Demographic and Health Survey
IHP	International Health Partnership
INE	National Institute of Statistics
IPC	Consumer Price Index
STI	Sexually Transmitted Infections
MoH	Ministry of Health
MTS	Meticais
NASA	National Aids Spending Assessment (HIV/AIDS National Expenditure Measurement)
OCDE	Organization for Economic Development Cooperation
WHO	World Health Organization
ONG	Non-Government Organization
PES	Economic and Social Plan
PESS	Health Sector Strategic Plan
GDP	Gross Domestic Product (GDP)
SIDA	Acquired Immunodeficiency Syndrome
HIS	Health Information System
SSR	Sexual and Reproductive Health
TARV	Anti-Retroviral Treatment
IPT	Intermittent Presumptive Treatment
HU	Health Units
USAID	United States Agency for International Development

Executive Summary

The study was conducted with the purpose of providing additional elements on health issues in Mozambique and to contribute for filling existing financial information gap. The main findings show that the total expenditure on health in Mozambique in the period being analyzed was about 6.224.717 thousand MTs in 2004, 8.439.418 thousand MTs in 2005 and 9.380.619 thousand MTs in 2006, representing a *per capita* expenditure of 14 USD in 2004, 19 USD in 2005 and 21 USD in 2006, that is, below \$34 *per capita* per year recommended in 2001 by the Commission of Macroeconomics and Health for the provision of the basic essential care in the developing countries.

The total expenditure on health represented 5,3% of the Gross Domestic Product in 2006, one of the lowest rates among the member states of the Southern Africa Development Community (SADC). The public expenditure on health represented about 6% of the total public expenditure. The proportion of public resources allocated to the health sector was about 9% and it was below the Abuja target of 15%. The donors were the major source of financing for health care provision and acquisition of health goods, with more than 50%, followed by the public sector. The central and provincial bodies of the Ministry of Health managed about 70% of the health sector financing.

The curative services and the acquisition of goods and services consumed the highest percentage of the budget in the period being studied, about 50%, followed by the preventive and administrative services with about 20% and 24% respectively.

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The team pays special *tribute to the memory of dr. Manuel Ndimande* who first initiated the discussions on developing National Health Accounts.

CHAPTER I

I. INTRODUCTION

The National Health Accounts (NHA) are a useful and workable tool that provides a general framework for the Health System. The National Health Accounts are used internationally as a tool for assessing the Health System for further development of solid financial policies with the purpose of improving of the health status of the population. Using standard methodologies, the National Health Accounts also allows for comparison on allocations and use of resources between countries.

The health sector financing is one of the key roles of the Health System. The information on expenditure provided by the National Health Accounts allows improving the knowledge on the financial flows, aiming at improving the Health system performance and also allowing to assess the functioning of the three health components: resource generation, resource allocation and its utilization.

Several resolutions and global initiatives on health financing strengthening were approved. These include: (i) Resolution 58 of the World Health Assembly, (WHA 58), on sustainable health ,financing, health social insurance and universal coverage; (ii) the Abuja Declaration (2001) urging the member states to allocate , at least, 15% of their budget to the health sector; (iii) the Ougadougou Declaration on Primary Health Care (PHC) and health systems in Africa that guide the member states to develop and implement health financing plans and policies.

The attainment of the Millenium Development Goals requires a substancial investment in health. The Mozambican health system is characterized by insufficiency of resources and by increased demand due to demographic increase, epidemiological transition, emergence of major public health problems, such as HIV/AIDS and re-emergence of diseases that in the past were easily treated with few financial resources as, for example: the resurgence of chloroquine resistant strain.

In Mozambique, the situation itself indicates the need of the political decision-makers to be equipped with reliable information on source and utlization of resources, information that can be provided by the National Health Accounts. It was in this scope that the Ministry of Health, in collaboration with the World Health Organization (WHO) and the United States Agency for International Development (USAID), decided to set up a team responsible for conducting the first exercise of the (2004-2006) National Health Accounts. The first study on health financing consisted of the review of the Health Expenditure incurred in 1998, based on the 1997 data.

I.1 National Health Accounts (NHA)

The National Health Accounts (NHA) are a subsystem of accounts adopted by several countries in the world with the purpose of systematizing and monitoring the flow of funds in the health system for a given period of time in order to facilitate the choice of health financing policies.

The National Health Accounts allow measuring the total expenditure on the health area, that is, public expenditure, private and the other contributions from the external partners. They present the flow of funds within the health system disaggregated by: (i) Financing Sources, that is, the Ministry of Finance, external partners, households; (ii) Financial Agents, that is, entities deciding on funds utilization and management, for example: the Ministry of Health, Non-Government Organizations; (iii) Providers, for example: Hospitals, Clinics, Pharmacies; and (iv) Functions such as Curative Care, Preventive, Rehabilitation, Administration and Management.

In summary, the National Health Accounts respond to four main questions on Health financing policy:

- What is the total health expenditure?
- Who pays for health and how much?
- Who are the main actors of health financing and, in care provision, how important are they in terms of health expenditure?
- How are the funds distributed to the services and to the interventions undertaken by the health system?

The National Health Accounts model measures the expenditure incurred on health, using a matrix with four categories: financing sources, financial agents, providers and functions (activities).

The structure of basic matrixes organizes the data on health expenditure in the form of tables as presented below:

- Matrix 1. Financing Sources by Financial Agents.
- Matrix 2. Financial Agents by Providers.
- Matrix 3. Financial Agents by Functions (activities).
- Matrix 4. Providers by Functions (activities).

I.2 General Objective

Provide information on health expenditure for the 2004-2006 period in Mozambique, in accordance with the international classification.

I.3 Specific Objectives

1. Quantify the total health expenditure;
2. Document the flow of financial resources in the health system by financing sources and financial agents;
3. Describe the distribution of the total expenditure according to the utilization, that is, by providers and functions;

4. Provide information for assessing the health sector financing policy, with particular emphasis on sustainability issues and of direct payments by households;
5. Provide information for assessing the health sector expenditure policy, for example, the expenditure on prevention and curative care.

I.4 Study Limitations

During the planning process of the present work, the main difficulties faced are as indicated below:

- Lack of disaggregated financial information that leads to the utilization of the existing information and of completed studies;
- Information collected lacked consistency ;
- Limited institutional cooperation, making the data collection process slow and, in some cases, the information was not collected;
- Absence of recent surveys on the households expenditure profile , for this study, the information on the households results from extrapolation of the households expenditure as per Household Survey (IAF 2002/2003);
- External funding is underestimated, mainly in the projects funds component.

I.5 Report Structure

The report on the findings of the first exercise of the National Health Accounts (2004- 2006) in Mozambique is structured as follows:

- Chapter I refers to Introduction
- Chapter II describes the country profile (demographic conditions, economic environment and epidemiological profile)
- Chapter III refers to the methodology used
- Chapter IV presents the outcomes of the 2004 – 2006 National Health Accounts;
- Chapter V presents the conclusion and recommendations.

CHAPTER II

2. COUNTRY PROFILE

2.1 Socio-Demographic Characteristics

Mozambique is located in the south-eastern strip of the African Continent, between the parallels 10°27' and 26°52' of latitude south and between the meridians 30°12' and 40°51' longitude south. To the North, it shares the border with Tanzania; to the West with Malawi, Zambia, Zimbabwe and Swaziland; and to the South with South Africa.

In the Eastern strip is the Indian Ocean covering an area of 2,470 km. This area is of vital importance both for Mozambique and for the hinterland neighbouring countries linked to the sea through the Mozambican ports. The area of the Mozambican territory is 799,380km².

According to the last census, held in 2007, the total population is about 20,530,714 million inhabitants, with an average population density of 25.6 inhabitants per square km. The average life expectancy at birth is 41.8 years and the infant mortality rate is 158/1000. The illiteracy rate is 60%, females representing the highest rate with (71.3%). The population density, as well as the main indicators of the health status of population, present a great variation between the Provinces.

2.2 Economic Environment

Mozambique is a developing country with an annual per capita income of US\$294 (2007) and with a human development index of 0.479 (2007), which is one of the lowest among all the countries of the Southern Africa Development Community (SADC¹). Table I shows that the country witnessed a permanent growth rate of the Gross Domestic Product (GDP) of about 8% in real terms between 2004 and 2007².

Despite the considerable achievements in poverty reduction in the past years, in 2002/03³, 54% of the population continued living below the poverty⁴ line, with limited access to health and education. The Gini⁵ Index remained about 0.40 between 1997 and 2003⁶, showing high inequalities between the population and where urban areas presented the worse ratios.

¹ Source: World Bank Indicators (2007)

² Source: INE, Anuário Estatístico 2007.

³ PARPA, 2005-09

⁴ 69% in 1996/97 for 54%. Lowering from the poverty line is officially having 1 dollar da day.

⁵ The Gini Index measures income distribution between the individuals in an economy. The measure varies from 0 to 100, a Gini index of 0 implies a perfect equality in the distribution of income, while a Gini index of 100 implies a perfect unbalance.

⁶ Republic of Mozambique (2005): Millenium Development Goals Report

Table 1: Economic Development (2004-2007)

	2004	2005	2006	2007
GDP per capita (U\$D) ⁽¹⁾	281	286	284	294
GNI per capita (103 Mt) ⁽¹⁾	6.786	7.812	9.063	10.095
GDP Growth (%) ⁽¹⁾	7,9	8,4	8,7	7,3
Population below the Poverty Line ⁽²⁾	54 % (em 2003)			
Inflation Rate ⁽¹⁾	12,6%	7%	13,6%	8,2%
IDH ⁽³⁾	0,454	0,463	0,471	0,479

Source: (1) INE, Anuário Estatístico, (2) INE, Inquérito aos Agregados Familiares (2002/2003), (3) Banco Mundial, World Development Indicators (2004-2007).

Between 2000 and 2006, the macroeconomic framework remained relatively stable with a positive trend. The average inflation rate was about 12%. Despite the increase in the Gross Domestic Product (GDP), the public expenditure remained at about 15% of the GDP and the public finance presented a budget deficit of above 10%⁷ before grants.

The main productive activities occur in the sectors of agriculture, fisheries, mineral and in the mega projects related with natural resources. The construction sector has been very much encouraged in the past years by the cumulative effects of the investment policies on the infra-structure and foreign investment.

The main exports products are sugar cane, cotton, tobacco, cashew, prawns, mineral such as aluminium and coal and hydroelectric power generated by the Cahora Bassa Dam in the central part of the country. The country imports mainly fuel, consumer goods and manufactured products⁸.

The dependence rate of the economically active population is 89%. Most of the population in the productive age work in activities related with the primary sector of the informal⁹ type.

2.3 Epidemiological Profile

Mozambique has an epidemiological profile that is typical of developing countries, with significant levels of infant malnutrition and predominancy of infectious diseases (malaria, tuberculosis, AIDS). This profile is worsened by natural disasters such as droughts and floods¹⁰, making the population vulnerable to diseases of epidemiological nature, with emphasis on cholera, dysentery and other diarrhoeal diseases. Some indicators of the health status of population are presented in table 2.

⁷ Source: INE, Anuário Estatístico.

⁸ INE, website

⁹ INE, IFTRAB 2004/2005

¹⁰ Ferrinho, P e Omar, C., 2004

Table 2. Health Status Indicators (2004, 2006, 2008)

Indicator	1997	2003	2008 ¹¹
Life Expectancy	44	40.7 anos	
Poverty Incidence	69,4%	54%	
Infant Mortality Rate	135	124	93
Children Mortality Rate <5 years	245	178	138
Maternal Mortality Ratio	690/100.000 NV	408/100 000 NV	
Net schooling rate (total)			87.1% (2006)
Population with access to sanitation services	23,8%	36% (2006)	43% (2008)

Source: INE (1998, 2004), Balanço do PES Saúde (2006)

Children die and suffer due to low birth weight at, avitaminosis associated to high levels of poverty and to the degree of food insecurity in the country. Four out of ten children (44%) under 5 year old are shorter in relation to the height that they are deemed to have at their age or suffer from chronic underfeeding, and 4% suffer from acute malnutrition (low weight to the height) (MISAU, BdP 2007).

Other causes of death in children under five years are prematurity, neonatal infections, malaria, diarrhoeal diseases, bronchopneumonia and other acute respiratory infections, anaemia, measles, neonatal tetanus, meningitis and other preventable diseases, trauma (accidents, burning, mines, intoxications), tuberculosis, intestinal and vesical parasitosis, asthma, rheumatic fever; etc.

Our adults also suffer; they are admitted in hospitals or the overwhelming majority die of malaria, AIDS, other sexually transmitted infections, tuberculosis, anaemia, intestinal and vesical parasitosis, asthma, diabetes and many other diseases.

The occurrence of natural disasters and the vulnerability of our population make them remain pron to epidemical diseases, with emphasis on cholera, dysentery and other diarrhoeal diseases.

Table 3 compares some country indicators with those of the Sub-Saharan Africa and the rest of the World.

Table 3: Indicators compared with the rest of the World (2006)

Indicator	Mozambique	Sub-Saharan Africa	World
Infant mortality rate (by 1.000 still-borns)	138*	160	68
Fertility rate (%)	4,6	5.2	2.5

Source: Unicef, World Bank, * Value for 2008, UNICEF MICS.

¹¹ MICS 2008

2.4 Health Policy (Mission and Vision)

The vision for health development in Mozambique for the horizon of 2020 is to ensure health for the Mozambican population, based under conducive socioeconomic context, a National Health Service that is universally accessible, effective and equitable.

The Ministry of Health mission consists of “Promoting Health and well-being of the Mozambicans, with special attention to the vulnerable groups through innovative interventions and provision of good quality and sustainable health care, making the health care services gradually available, with equity and efficiency, to all the Mozambicans.”.

The Health National Policy is based on Primary Health Care, the approach includes equity, community involvement and inter-sector collaboration.

2.5 System for Service Provision

The health system in Mozambique is composed by the public sector, the private for profit, and the non-for profit private sector.

Among these and up to now, the **public sector**, which is the National Health System (NHS) is the main provider of health services nationwide. At central level, it plays the stewardship role in defining policies, developing strategic plans, resource mobilization and allocation as well as developing cooperation relations. In order to increase the response capacity of the system, there are 10 provincial health directorates, 128 district health, women and social welfare directorates that supervise and follow up the implementation health care provision in **1277 health¹² units**. **The NHS** is organized into four levels of care, levels I and II, the most peripheral ones, meant for implementing the Primary Health Care (PHC) strategy and serve as a referral for the clinical conditions that do not have response at Level I. Levels III and IV are fundamentally meant for more specialized curative care and serve as a referral for the immediately inferior levels.

The for-profit private sector is gradually developing, especially in the big cities where the number of individual and collective private clinics is increasing in the different specialities, but it is constrained to the increase of households income. The current health policy in force recognizes the role of the private sector in providing health care to the citizens.

Provision of care by the **non for profit private sector** is, essentially, done by foreign Non-Government Organizations (NGOs) and some religious entities in common agreement with the Ministry of Health. The national NGOs are gradually being developed and mainly implement community health programmes in the areas of prevention, disease control, information and education. These partnerships have not yet been sufficiently explored in terms of their maximum potential, particularly in the disadvantaged regions.

The **non-allopathic Sector** is dominated by traditional medicine practitioners, herbalists, and others. The typology of these practitioners is not updated. The current health policy is in favour of collaboration with the traditional medicine sector.

¹² Number of Health Units in 2007.

2.6 Health Financing

The financing to the Public Health Sector comes from: a) internal funds; b) external funds, consisting of the Common Fund and of projects managed by the agencies themselves; and c) revenues of the sector, own and entrusted ones.

Table 4 shows the distribution and the evolution of the financing by the different sources of funds during 2004-2008 period and shows that in global terms, there is an increase of financing.

Table 4. 2004-2008 Health Expenditure

	(Million of Mt)				
Source	2004	2005	2006	2007	2008
State Budget	2.730	2.704	2.808	3.302	3.588
Common Fund	1.638	2.756	2.574	3.250	1.924
Vertical Funds	2.210	3.380	3.666	3.900	7.800
Total Expenditure	6.578	8.840	9.048	10.452	13.312

Source: MISAU – DPC: Relatório IHP.

Exchange-rate applied, 1 USD=26Mt

Between 2001 and 2005, the allocations to the health sector increased from 9.9% to 12.2%, this increase of public expenditure for health was due to the increase in the State Budget resources.

Table 5: Historical Public Financing

	2001	2002	2003	2004	2005	2006
State Budget allocated to Health ¹³	9.9%	12.6%	13.6%	12.3%	12.2%	14.5%

Source: MISAU – DAG: 2000 – 2004 Budget Execution Report, Ministry of Finance – Directorate of Public Accountancy, 2004, 2005, 2006 State General Accounts.

In the years being analyzed, the **internal funds** to the sector increased constantly, although at different pace, in the component of Recurrent Budget, or in the internal component of the Investment Budget.

The external funds to the sector have been increasing¹⁴. The sector benefits from the support of about 26 bilateral and multilateral¹⁵ cooperation agencies. The loans also constitute external financing, loans provided by development banks and managed by the Ministry of Health in order to implement specific projects and **grants** that are provided and managed by a variety of mechanisms.

Some grants are channelled to the sector through the **Common Fund** called PROSAUDE II. There are also grants that finance specific projects (**vertical funds**) managed by the Ministry of Health at central, provincial and district levels or managed directly by the financing agencies or by Non-Government Organization.

¹³ Does not include CNCS. It includes external financing inscribed in the State Budget.

¹⁴ The increase also reflects the increase of the funds inscribed in the State Budget and the accountability of the accounts of these financings.

¹⁵ In 2007.

The **sector's, revenues** or donated revenues, consist mainly of consultation and user fees and revenues from the sale of medicine, which represent a modest contribution.

The public sector is moving towards **gratuitousness of services**. In the current situation, the children under five years and pregnant women do not pay for health services. The chronic patients are also exempted from consultation and admission fees. Medicines in Mozambique are subsidized by the government.

2.7 Access and utilization of services

In accordance with the Household Survey (IAF2002-2003), only 50% of the population has **access** to an acceptable level of health care, 36% of the population has access to health care in a radius of 30 minutes from their houses, there are high disparities between rural (20,9%) and urban area (68,1%), as well as between provinces (for example 21,5% in Zambézia and 75,2% in Maputo City). In the rural area, 4% or more households take 2 hours or more to reach the nearest health unit.

The infrastructure network, especially at primary and secondary level, presents relevant differences between provinces.

Table 6: Distribution of health units by levels and type, according to provinces in 2007

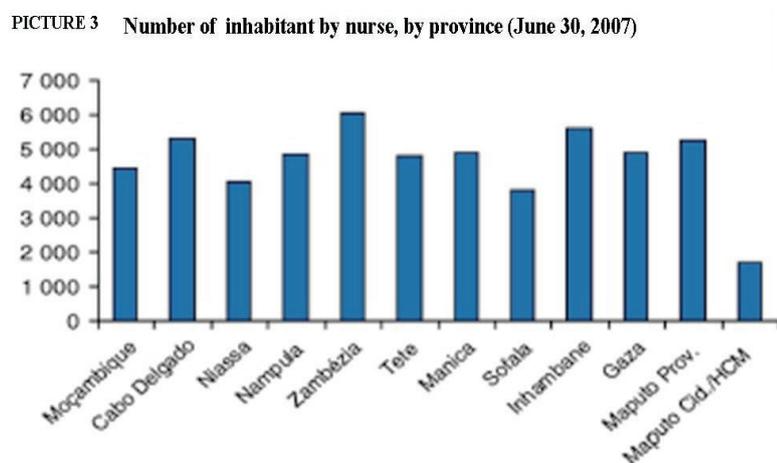
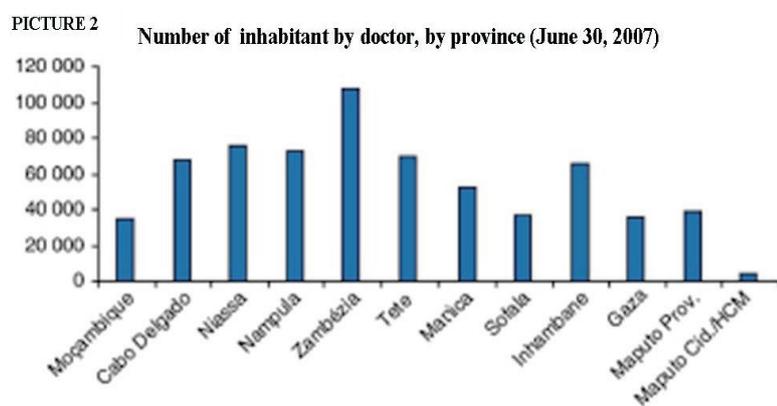
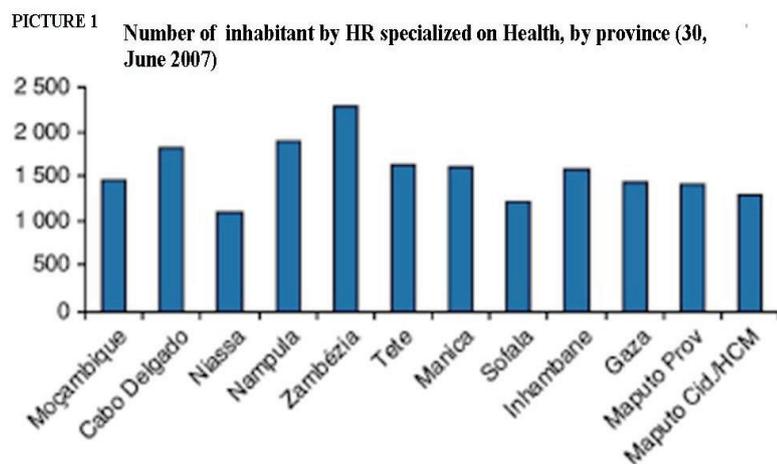
Provinces	Hospitals						Urban Health Centres			Rural H. C.		Health Post	Total US
	HC	HE	HP	HD	HR	HG	TypeA	Type A	TypeC	Type1	Type2		
Total	3	2	7	8	27	6	25	48	31	143	612	365	1.277
Niassa			1		1		1	2		9	25	98	137
C. Delgado			1	1	3		2	4	5	15	57	12	100
Nampula	1	1		2	4	2	2	1	5	25	76	74	193
Zambézia			1	2	4		1	9	4	16	89	53	179
Tete			1		3		2	3	1	16	58	18	102
Manica			1	3	1		1	3	1	11	58	4	83
Sofala	1				4		4	1	2	16	78	33	139
Inhambane			1		2				6	14	69	12	104
Gaza			1		4		1	14	2	10	51	45	128
Maputo P.					1	1	4	2	4	11	49	8	80
Maputo C.	1	1				3	7	9	1		3	7	32

Note: HC-Central Hospital; HE-Specialized Hospital; HP-Provincial Hospitals, HD-District Hospitals, HR – Rural Hospitals, HG – General Hospitals, US – Health Units, C.S. – Health Centres.

Source: Health Infrastructure National Inventory, Services and Resources, Republic of Mozambique, Ministry of Health, National Institute of Health (2007).

Despite the efforts endeavoured by the Ministry of Health to overcome the shortage of human resources, the human resources deficit is still notorious in the provinces of Zambézia, Nampula, Cabo Delgado and Tete. Figure 1 shows the ratios of inhabitants by health professional, doctors and nurses.

Figure I: Health Staff by Province



Source: MISAU – DRH: National Plan of Development of Health Human Resources (PNDRH) 2008-2015.

Concerning the **utilization** of health services, the IAF 2000/03 shows that 37% of the people in need of medical assistance received health care at a Health Post, 32% at a Health Centre, 11% at an Hospital, 14% at a traditional healer and only 0,9% were assisted at a private¹⁶ clinic. Table 7 shows the level of utilization of the health services by the population.

¹⁶ Source: IAF 2002-2003.

Table 7: Utilization of Services and Health Interventions

Indicators	Value	Year
Institutional deliveries	55%	2008
Households with Mosquito Nets treated with Long lasting Insecticide*	31%	2008
House Spraying in relation with the target houses of the target districts	53%	2007
Intermittent treatment during pregnant, at least 2 doses for ante-natal consultations users	27%	2007
Patients in ART	128,000	2008

Source: MISAU – DPC, *UNICEF – MICS 2008.

CHAPTER III

3. METHODOLOGY

The estimation methodology and techniques defined in the guide for production of National Health Accounts, recommended for medium and low income countries, published in 2003 by the World Health Organization, were used in the present study. The study timeframe is 2004-2006 period and covers country II provinces.

The determination of the period of analysis was based on the fact of making this exercise comparable to that of Measuring HIV/AIDS Expenditures in 2004-2006 “National Aids Spending Assessment, in Moçambique (NASA)”, conducted in 2007, report of which was completed in 2008. The NASA outcomes allow inferring the expenditure on HIV/AIDS.

Guiding principles for data collection:

- Health Expenditure Definition – Expenditure incurred by institutions or individuals undertaking activities with the main objective of improving, restoring and maintaining health.
- GeoFigure boundary – Expenditure incurred in Mozambique by mozambicans and by other residents in 2004-2006 period. Attempts to collect data on the expenditure incurred by mozambicans outside the country, through data from the Ministry of Finance, were also made.
- Time boundary – Expenditure incurred in the years of 2004, 2005 and 2006 (Annual calendar).

3.1 Definition of Categories in NHA

Financing Source

Institutions and entities that provide funds used in the system by the financial agents.

Answer the question: “What is the source of the financial resources?”

E.g. Ministry of Finance, Households, Rest of the World.

Financial Agent

Entities or Institutions managing the funds received from the financing sources for payment or purchase of activities within the boundaries of the health accounts. Financial Agents: control the utilization of funds, that is, they have programmatic responsibilities.

Answer the question: “Who manages and redistributes the funds?”

Providers

Entities receiving money in exchange of or in anticipation for provision of health care, they are the final users of the health funds.

Answer the question: “Where is the money allocated?”

Eg. Hospitals, clinics, health centres, pharmacies.

Health Activities

They are the services rendered and the activities implemented.

Answer the question: "What types of services are provided?"

Eg. Curative care, preventive care, pharmaceutical products, administration and management.

Direct expenditure

They are the payments made directly by the households for health care.

Rest of the World

Rest of the world are the international, bilateral and multilateral partners.

3.2 Information Sources

For the present exercise of the National Health Accounts, the primary data collection was done through questionnaires. Secondary data were also collected in order to estimate the expenditure incurred by households and estimate the ratios of expenditure on health and validate the primary data.

3.2.1 Secondary Data

The secondary data used were obtained from:

- Household Survey (IAF), 2002/2003;
- Budget Execution Reports, Administration and Finance Directorate (2004, 2005 and 2006);
- State General Account (2004-2006)
- Activity Reports from the General and Specialized Hospitals (2004-2006)
- Activity Reports from the Provincial Health Directorates (2004-2006)
- Database of external funds, website www.odamoz.org.mz

3.2.2 Primary Data

Research Tool

The estimates of the health expenditure were used to collect the primary data; questionnaires were adapted and sent to the ministries, employers, partners, non-government organizations and providers.

Questionnaires administration

Before the data collection process, the technical team for National Health Accounts attended a training from 14 to 17th April 2008, where basic concepts on National Health Accounts and the use of questionnaires that were later customized, were acquired. Each questionnaire was handed over to

the respondent with a deadline of 15 to 20 days for feedback. The information collection process was conducted between July and November of 2008.

Sample

The sample was defined during the Training Course on National Health Accounts, having the following institutions been selected:

- Public Sector Institutions, that is, those providing and receiving funds for health – Ministry of Finance, Ministry of Health, Ministry of Defense, National Aids Council;
- Bilateral and Multilateral Partners;
- Employers¹⁷;
- Insurance Companies¹⁸;
- Health Care Providers, such as: Clinics, Consulting Rooms, Pharmacies, including the Maputo, Beira and Nampula Military Hospitals;
- National and International Non-Government Organizations working in the health sector.

Data from public providers, namely Maputo, Beira and Nampula central hospitals, the provincial hospitals, the Infulene Psychiatric Hospital, district hospitals, health centres, provincial and district directorates was collected through interviews and consultation to secondary information sources. This was very useful since it allowed obtaining secondary information where the primary information was not available. The questionnaires were distributed to 229 institutions¹⁹, of which only 113 responded.

Table 8: Responded Questionnaires

Category of Respondent	Responded
Donors	29
NGOs	14
Employers	15
Pharmacies	15
Clinics and Private Consultation Rooms	2
Health Centres and Posts	10
Public Health Units	24
Public Institutions	4

¹⁷ A convenience approach was used for the private sector, having the institutions located in Maputo City been selected.

¹⁸ Insurance companies data were not collected since they did not have health insurance in the period being analyzed, 2004-2006.

¹⁹ The questionnaires were distributed to the following institutions: Donors: 31, NGOs: 40, Employers: 30, Insurance Companies: 5, Pharmacies: 30, Clinic and Private Consultation Rooms: 30, Health Centres and Posts: 30, Public Health Units (General, Provincial and Central Hospitals): 24, Public Institutions: 5, Private laboratories: 2.

3.3 Tabulation and analysis

The secondary and primary data collected were presented in an Excel sheet, using tables that allowed to cross check the information and identify the main information gaps, which were resolved. The analysis and verification of information consistency took place from December 2008 to February, 2009. The data analysis allowed the completion of 4 basic matrixes of National Health Accounts for the years of 2004, 2005 and 2006.

FSxHF- Financing Sources x Financial Agents

HFxHP –Financial Agents x Health Providers

HFxHC – Financial Agents x Health Activities

HPxHC- Health Providers x Health Activities

Government

The information from the public sector institutions that provide and receive funds for health was collected from four bodies, namely: the Ministry of Finance, the Ministry of Health, the Ministry of Defense and the National Aids Council .

Providers

In order to collect data on expenditure and type of provider, a questionnaire was sent to the main institutions providing health care. Information from the public sector institutions providing financing and investment expenditure, including medicines in the central, general, military, district hospitals and in the type I health centres, that is, those providing health care in ambulatory and admission regimes, was collected. Health expenditure information by private providers (clinics, workplace health posts and pharmacies) was also collected.

It was not possible to obtain information on curative care in the admission and ambulatory regimes from the public health care providers. In order to have the desegregation a proxy method was used, based on similar studies for assessing hospitals performance in South Africa and the method on Technical Efficiency of Hospitals in Namibia (2004), which consisted on the use of PDE (Patient day equivalent), which are based on the hypothesis that inpatients consume 3 times more resources than outpatients. PDE is calculated through the following formula:

- $PDE = \text{inpatients} + 1/3 \text{ outpatients}$

Private Employers

The data collection on the employers' health expenditure and their workers at the workplace covered the 2004 - 2006 period, they were given questionnaires to complete.

Insurance Companies

It was not possible to obtain information related on health expenditure in the private insurance companies since at that period (2004 to 2006), the private insurance companies did not have health insurance. Thus, the health insurance expenditure is not included in the present estimates of National Health Accounts.

Health Partners

Partners resources for public health services are mainly “off budget” resources (resources that are channelled directly to the financial agent without being registered in the State Budget). In order to account

for these resources, a questionnaire was sent to all partners involved in the health sector in Mozambique, the questionnaire was followed by visits of the technical team aimed at collecting information. Questionnaires were also sent to non-government organizations, but due to low response rate the information obtained through partners was used instead since these partners are the main financing source for the non-government organizations.

Households

The expenditure on Out of Pocket Payments for services (OOPs) refers to the expenditure incurred directly by a member of the household for health care received. Unavailability of data on the households' health expenditure incurred in 2004, 2005 and 2006 has led to the use data extrapolation technique. Some of the sources available on the household health expenditure are a result of the Household Survey (IAF) conducted by the National Statistics Institute (INE), which conducts this survey every five years, the first of which took place in 1996/97 and the second in 2002/2003, and data is ongoing for the third survey. The household health expenditure, included in the National Health Accounts (2004 to 2006) were extrapolated from the 2002/2003 Household Survey.

The data extrapolation on household expenditure was based on inflation, which is one of the methods recommended by the guide of production of National Health Accounts. In this study, the health expenditure did not change much specially in the public sector health units, for example: the user fee is set in meticaís for more than 30 years. Therefore, the inflation shows an acceptable increase of the cost of health, including the medicines component.

The data extrapolation process related to the household expenditure in the 2004-2006 period, using inflation, started with an aggregation of consumption expenditure of the households and its structuring, in accordance with the outcomes of IAF 02/03, see table below.

Table 9: Monthly Expenditure per Capita by Household According to Expenditure Category

(em MT)

Expenditure Category	Monthly Average Expenditure		Expenditure Structure by Household
	Per capita	By Household	
Total Expenditure	320.39	1,558.92	100
Health Expenditure	3.83	18.39	1.2

Source: INE, IAF 2002/03.

Table 9 presents the monthly average. In order to obtain the annual average, factor 12 was applied for the health sector average expenditure data and respective totals. Table 10 shows the annual total average expenditure for health sector, per capita, and by household.

Table 10: Health expenditure, per capita and by household (2002/2003)

(in MT)

Category of Expenditure	Annual Average Expenditure	
	Per capita	By Household
Total expenditure	3.844,73	18.706,99
Health Expenditure	45,92	220,69

After having calculated the health expenditure *per capita* of the families in 2002 and by household, the accumulated inflation rate was applied, which allowed to estimate the expenditure by household for the subsequent²⁰ years, as it is recommended by the Guide of production of National Health Accounts.

Having the values by household and multiplying them by the total number of households, the total value of the households was obtained. For 2003, there is a total amount of 939 million meticaís of household expenditure on health in Mozambique. Table I I shows the outcomes of the health expenditure extrapolation.

Table I I: Outcomes of the Extrapolation of the Households annual Health Expenditure

Description	Years				
	2002	2003	2004	2005	2006
Series data	221				
Annual inflation – health class (%)		10,29	2,64	4,94	11,58
Deflator – health class		1,103	1,026	1,049	1,116
Expenditure by household (Mt)		243	250	262	293
Population	18.521.246	18.972.396	19.436.452	19.931.777	
Average number of members by household	4,8	4,8	4,8	4,8	4,8
Total number of households	3.858.593	3.952.583	4.049.261	4.152.454	
Total Expenditure of the Households (1.000 Mts)		939.215	987.526	1.061.676	1.214.821
Total Expenditure per capita (Mts)		51	52	55	61

Source: INE: * IPC; ** Annual projects on population, census 1997; *** IAF02/03

In general, the extrapolations must be used with cautious as we have to presume the function behaviour in the regions where the information is not known, or not available.

²⁰ For example, for the year of 2002, the annual expenditure by household was about 221 meticaís and the health class annual inflation for 2003 was 10.39%, applying a rate of 1.1039 in the amount of 2002, the amount of 243 Mts by household was reached. For the subsequent years, the same method was used for calculating the expenditure of the current year.

CHAPTER IV

4. Findings

This section presents the findings of the 2004-2006 National Health Accounts and discusses their main policy implications. It also presents the basic tables recommended by the study, answering the following questions:

- What are the main financing sources in Mozambique?
- Who manages the health funds?
- Who provides the health services?
- On what activities are health funds spent?

The comparison of Mozambique outcomes with those of Southern Africa Development Community and of the Sub-Saharan Africa and with those of the high income countries is also presented in this section.

4.1 Total Health Expenditure

The behaviour of **Total Health Expenditure** illustrates an increasing trend in the period being studied, having increased from 6.2 Billion Mtn in 2004 to 9.4 Billion Mtn in 2006, that is, about 51% in nominal terms. The increase between 2004 and 2005 was more significant than that reported in the 2005- 2006 period (36% vs 11%).

The macroeconomic indicators show a positive trend in the same period. The Gross Domestic Product presents a constant growth rate of about 18% and the national public expenditure increased about 25% between 2004 and 2005 and about 21% between 2005 and 2006; this rising trend created conditions for the increase of health expenditure in the country. The macroeconomic and strategic vision of the Mozambican Government in 2005 placed the improvement and expansion of the national health network at the top of the priorities, having internal and external financial resources been allocated to infrastructure development and in the training area of human resources.

Table II: 2004 – 2006 Total Health Expenditure in Mozambique

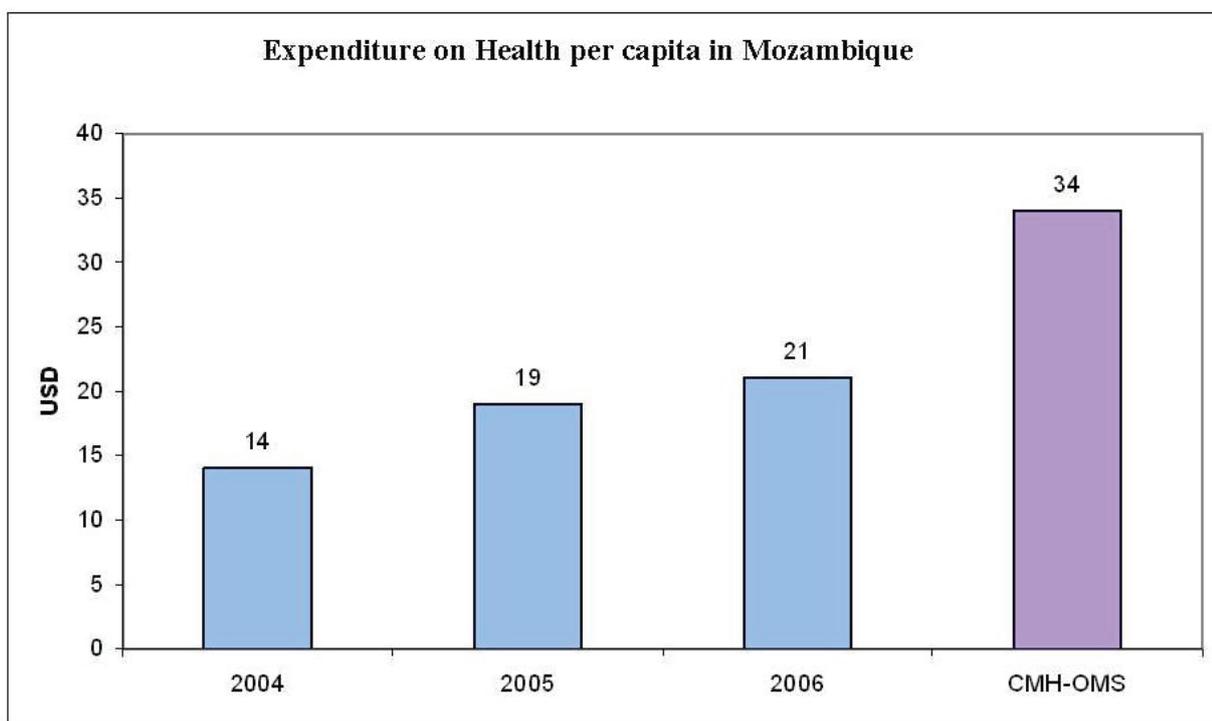
	10 ³ Mt		
	2004	2005	2006
Total Population ¹	18.972.396	19.436.452	19.913.777
GDP - Current Prices ² , (MTs)	128.668.292	151.706.912	180.241.664
Total Public Expenditure ³ , (MTs)	29.597.005	36.893.819	44.809.794
Average Inflation ⁴ , (%)	12,6	7,0	13,6
Exchange Rate ⁵ , (USD/MTs)	23,3	22,1	22,9
Total Expenditure on Health, TEH (Thousand MTs)	6.224.717	8.439.418	9.380.619
Total Expenditure on Health, TEH (Million USD)	267,2	381,9	409,6
National Expenditure on Health, (Thousand MTs)	6.328.083	8.619.034	9.530.850
National Expenditure on Health, (Million USD)	271,6	390,0	416,2
T E H Per capita (MTs)	328	434	471
T E H Per capita (USD)	14,1	19,6	20,6
T E H as % of GDP	4,8	5,6	5,2
Total Public Expenditure on Health, PEH (Hundred Mts)	1.967.086	2.873.349	2.701.581
Total Public Expenditure on Health, PEH (Hundred Mts)	84.424	130.016	117.973
P E H Per capita (MTs)	104	148	136
P E H Per capita (USD)	4,4	6,7	5,9
P E H as % of Total Public Expenditure	6,6	7,8	6,0
P E H as % of TEH	31,6	34,0	28,8

NOTE: (1) INE, Survey Projections 1997; (2) INE, National Accounts; (3) Ministry of Finances, General State Account; (4) INE, Consumers Price Index; (5) Bank of Mozambique.

The substantial growth of the Total Health Expenditure was translated into an increase of 46% of the Total Health Expenditure (THE) *per capita*: from USD14 in 2004 to about USD21 in 2006. Despite this increase, the total health expenditure per capita is still far below USD34 recommended by the Commission of Macroeconomics and Health (CMH) of the WHO as being the minimum necessary for providing a basic package of health interventions in the developing countries.

The growth of the health expenditure per capita was more significant between 2004 and 2005 due to the substantial increase in the internal and external financing.

Figure 2: 2004 – 2006 Total Expenditure Per capita in Mozambique



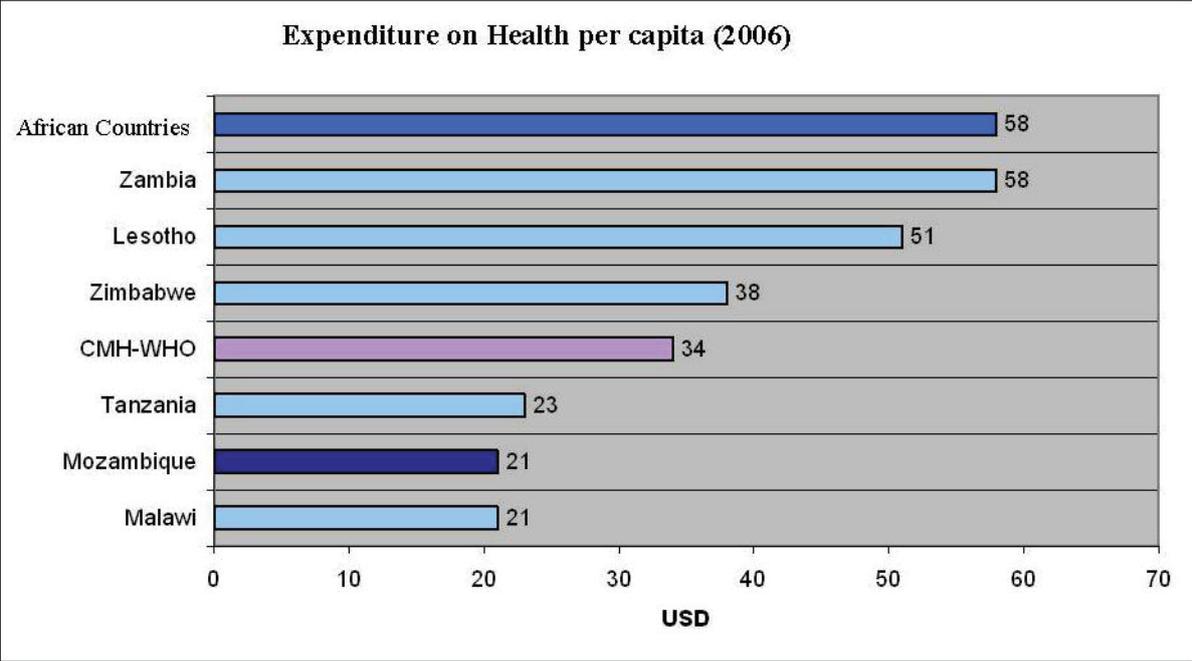
Source MISAU - DPC, CNS 2004 - 2006.

The amount of USD34 is a general reference and it allows for comparison with other countries. Figure 3 compares the health expenditure per capita in Mozambique with the southern region countries.

It can be noticed that, despite the fact that Mozambique is below the USD34 recommended by the Commission of Macroeconomics and Health (CMH) is at an acceptable position, equal to Malawi and close to that of Tanzania. In the same Figure it can be seen that some countries like Zimbabwe, Lesotho and Zambia have overcome the recommended average. It is worth stressing that the African average is estimated at USD58. It is also worth noting that the Total Health Expenditure *per capita* in the same year reached USD 425 in South Africa, USD 4.012 on average in the high income countries and USD 716 on average in the World.

Although the basic health care package has not yet been defined and, consequently, it is difficult to estimate as to how much should be spent on health in Mozambique, the comparison indicates that Mozambique is below some countries in the region.

Figure 3: Total Health Expenditure Per Capita in Mozambique and in the neighbouring Countries (2006)



Note: The expenditure on Health per capita in 2006 was calculated applying the annual exchange rate average. Other countries not included in the graphic: South Africa: 425 USD, High Income Countries 4.012 USD, World Average: 716.

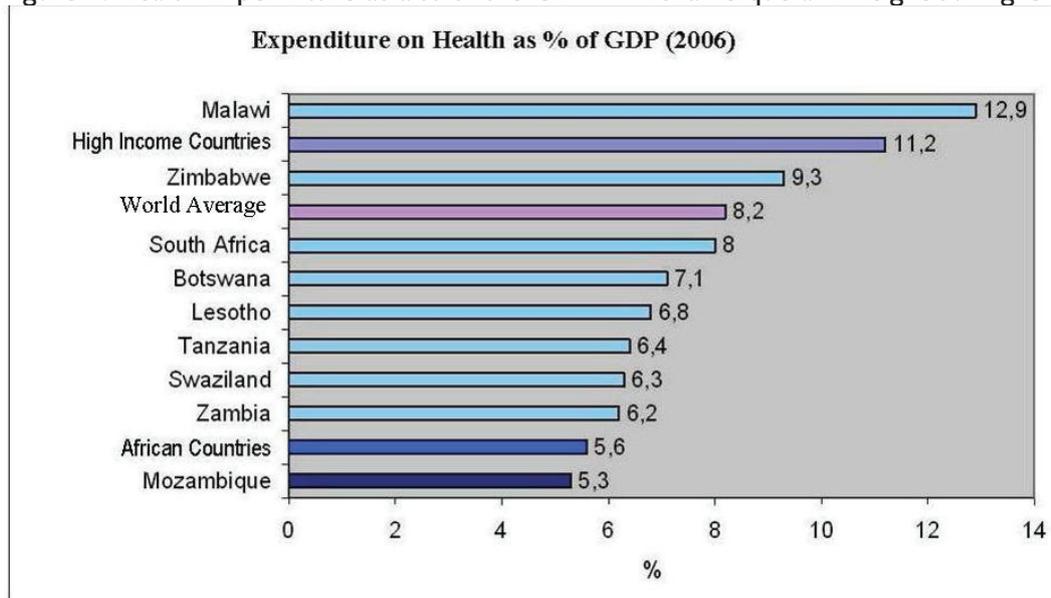
Source : Moçambique: MISAU - DPC, CNS 2004 - 2006, Outros Países: OMS, World Health Statistics 2009.

The poverty Reduction Strategy Paper II (PRSP II) indicates that the public services and the necessary infrastructures for the broadbased economic growth and balance will deserve more attention and more funds during the 5 year period. As such, an integrated vision of human capital development which was translated into an investment in actions that allow the creation of conditions for a lasting, sustainable development and with more impact people’s lives was prioritized. For example, for education, the allocation of public resources represented between 2005/2006, about 20.2%, against 14.1% allocated to health²¹.

The **Total Health Expenditure as a % of the GDP** increased from 4.8% up to 5.3% in 2006; therefore, it remains below the level of many other countries, as illustrated in Figure 4

²¹ Source: MF – DNO, Relatório 2005/2006.

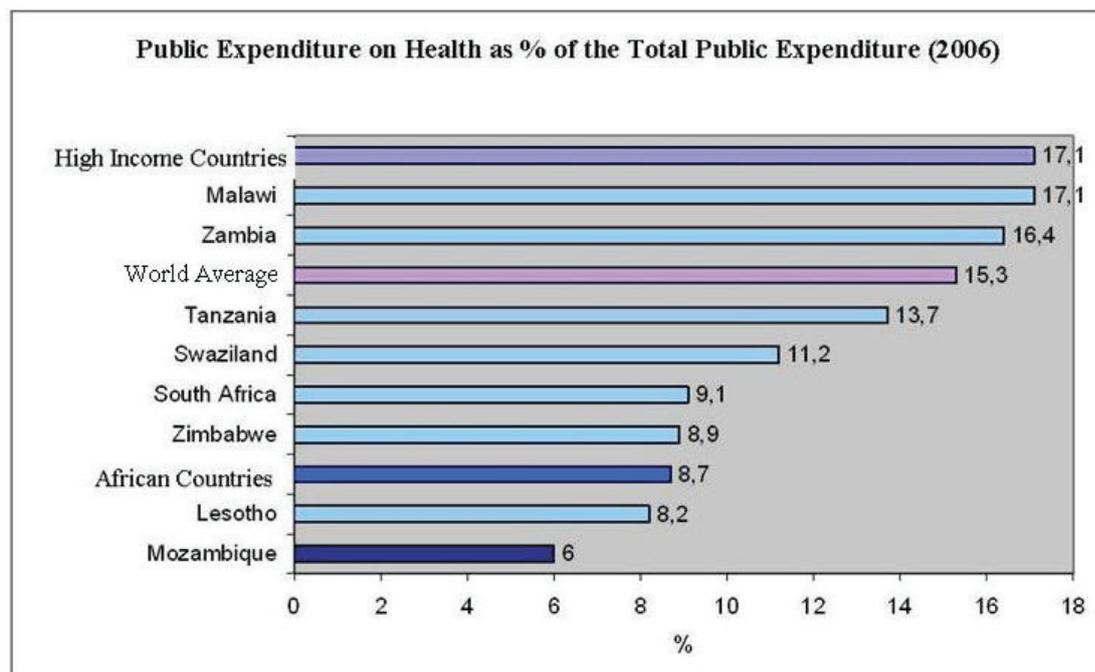
Figure 4: Health Expenditure as a % of the GDP in Mozambique and neighbouring Countries (2006)



Source : Moçambique: MISAU - DPC, CNS 2004 - 2006, Outros Países: OMS, World Health Statistics 2009.

The **Public Expenditure on Health as a % of the Total Public Expenditure** increased, in Mozambique, from 6,6% to 7,8%, between 2004 and 2005 and decreased to 6% in 2006, as a result of the decrease in public financing to the sector in the same year. Comparing with other countries, the value remains below the average of the African countries in the same year and below the expenditure level observed in the neighbouring countries.

Figure 5: Public Expenditure on Health as a % of the Total Public Expenditure



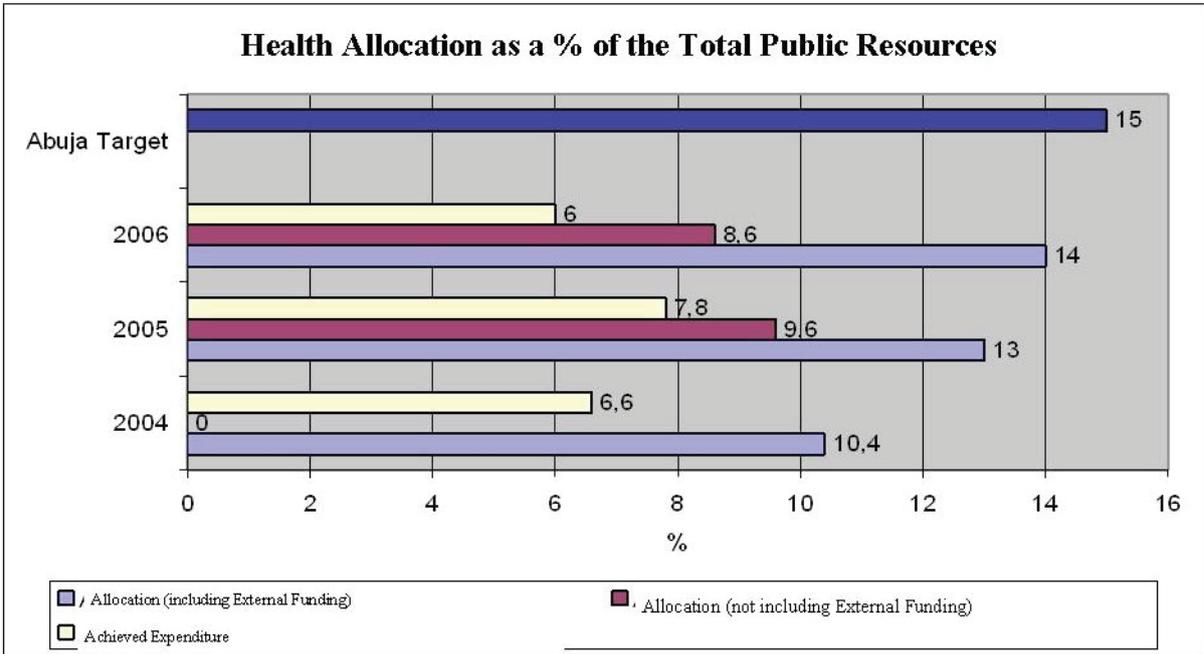
Source : Moçambique: MISAU - DPC, CNS 2004 - 2006, Outros Países: OMS, World Health Statistics 2009.

The Government of Mozambique signed the Abuja Declaration in 2001, taking the commitment of allocating 15% of the public financing to the health sector. Although the resources allocation is close to the target, the actual expenditure is not.

Figure 6 compares the **allocation of resources to Health Sector**, including to the central and provincial level institutions of the Ministry of Health and of the National Aids Council with expenditure incurred.²²

The allocation, also including the external contribution to the state budget, rises to 14%, while the proportional allocation of domestic funds decrease.

Figure 6: Allocation and Public Expenditure on Health as a % of the Total Public Expenditure in Mozambique (2004-2006)



Source : **Alocação: Contas Gerais do Estado de Moçambique 2004, 2005 e 2006, Despesa Realizada: MISAU - DPC, CNS 2004-2006.**

Note: 1) The allocation, including external funding, was not available for 2004. 2) The allocation, is referring to the funding allocated to MISAU and to CNS in what concerns to the Total Public Allocation. 3) The incurred expenditure is referring to the expenditure made in all public institutions of Mozambique (it also includes the expenditure on health achieved on the military hospitals).

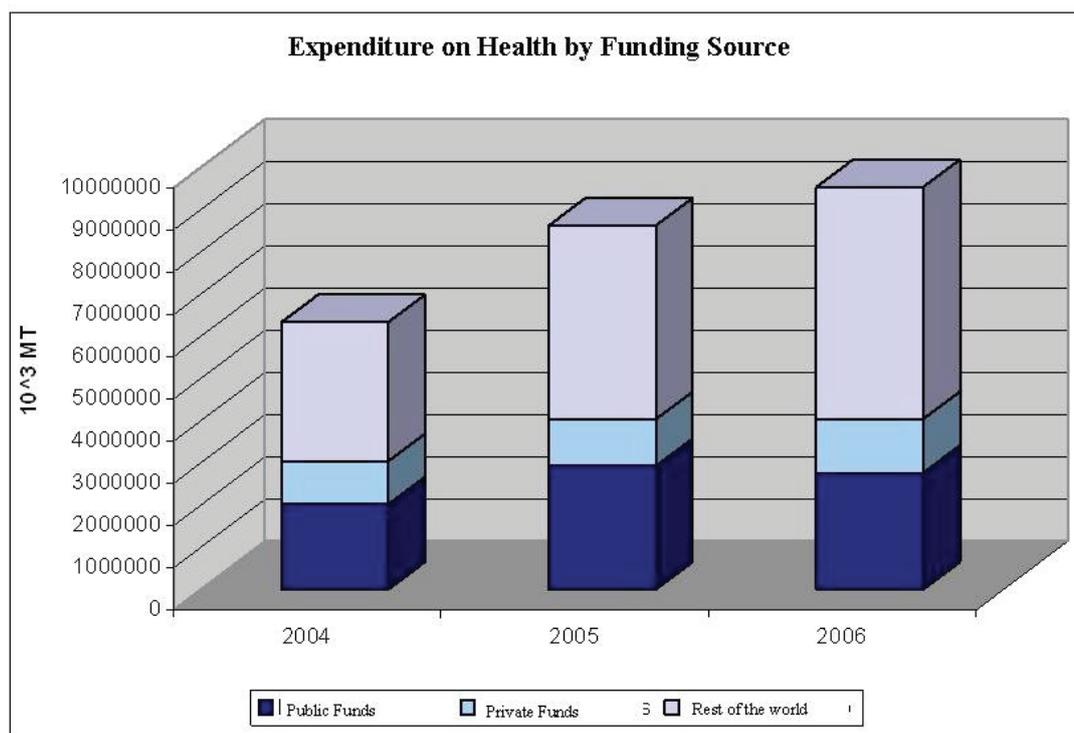
Although there is no ideal measure as to how much a country should spend on health, an analysis of the total expenditure and of the public expenditure on health, in the light of the macroeconomic framework of the country in the same period, indicates the existence of a huge opportunity for increasing the financial resources for the sector.

²² It also includes the expenditure incurred in the Defense institutions – the Military Hospitals. The inclusion of the military hospitals expenditure does not invalidate the big comparison.

4.2. Total Health Expenditure by Financing Source

The table below presents the health expenditure disaggregated by financing sources. Most of the expenditure on health in Mozambique in the 2004-2006 period was funded with resources coming from international partners, consisting of bilateral and multilateral sources and resources channelled through non-government organizations. The domestic public financing was privileged by the State Budget, providing about one third and the remaining was funded by direct payments of households.

Figure 7: Distribution of the Total Expenditure by Financing Source (2004-2006)



Source: MISAU - DPC, CNS 2004-2006.

Table 12: Distribution of the Total Expenditure by Financing Source (2004-2006)

Funding Sources	2004	2005	2006	GROWTH		PROPORTION		
	10 ³ Mt	10 ³ Mt	10 ³ Mt	2005	2006	2004	2005	2006
				%	%	%	%	%
FS.2 Public Funds	2.011.537	2.916.614	2.759.649	45	-5	32	34	29
FS.1.1.1.1 Ministry of Finances	2.011.537	2.916.614	2.759.649	45	-5	32	34	29
FS.2 Private Funds	1.024.229	1.113.159	1.275.979	9	15	16	13	13
FS.2.1 Employers Funds	36.649	51.425	61.092	40	19	1	1	1
FS.2.1.1 Private Companies Funds	21.311	31.415	38.298	47	22	0	0	0
FS.2.1.2 Public Companies Funds	15.338	20.011	22.794	30	14	0	0	0
FS.2.2 Households Funds	987.580	1.061.733	1.214.887	8	14	16	12	13
FS.2.3 Non-for profits institutions	0	0	0	0	0	0	0	0
FS.2.4 Other Private Funds	0	0	0	0	0	0	0	0
FS.3 REST OF THE WORLD	3.292.317	4.589.261	5.495.222	39	20	52	53	58
TOTAL	6.328.083	8.619.034	9.530.850	36	11	100	100	100

Source: MISAU - DPC, CNS 2004-2006.

A more detailed analysis shows how the substantial increase expenditures in 2005 was sustained by the public financing and by partners, while the most moderate increase reported between 2005 and 2006 was sustained by external financing, which compensated the reduction of government funds.

The **public funds** are mainly composed by the funding from the Ministry of Finance. These funds had an increase of 45% between 2004 and 2005 and a decrease of 5% from 2005 to 2006. The increase reflected a renovation of the Government commitment to Human Capital development. The reduction of public financing between 2005 and 2006 was, partly, due to the low execution witnessed in 2005, which was linked to changes in the priority setting for the sector in the areas of health systems development such as personnel training, expansion of the health network and its equipment, areas whose expenditure demand a pluri-annual planning. The 2005 execution was, on average, about 60%, with 80% for Recurrent and about 25% for Investment Budget.

Most of the expenditure increase was funded through **partners contribution** that increased substantially from 2004 to 2005 (39%), and maintained a high growth rate (20%) from 2005 to 2006.

In 2003, a Memorandum of Understanding on the Common Fund, called PROSAÚDE, was signed which disbursements started flowing in 2004 and the consolidation of the process observed in 2005.

The **private** financing consists mainly of direct payments made by the households and represented 13% of the financing in 2006, having reported an increase of 8% and 14% in 2005 and 2006 respectively.

On one hand, the comparison of the expenditure on health per capita in 2004 (328 Mt), with the expenditure on health *per capita* by household in 2003 (46 Mt)²³, shows that, in fact, most of the expenditure is covered directly by the households. On the other hand, the level of payment by the households, among the private financing, shows that there was no coverage from health insurance.

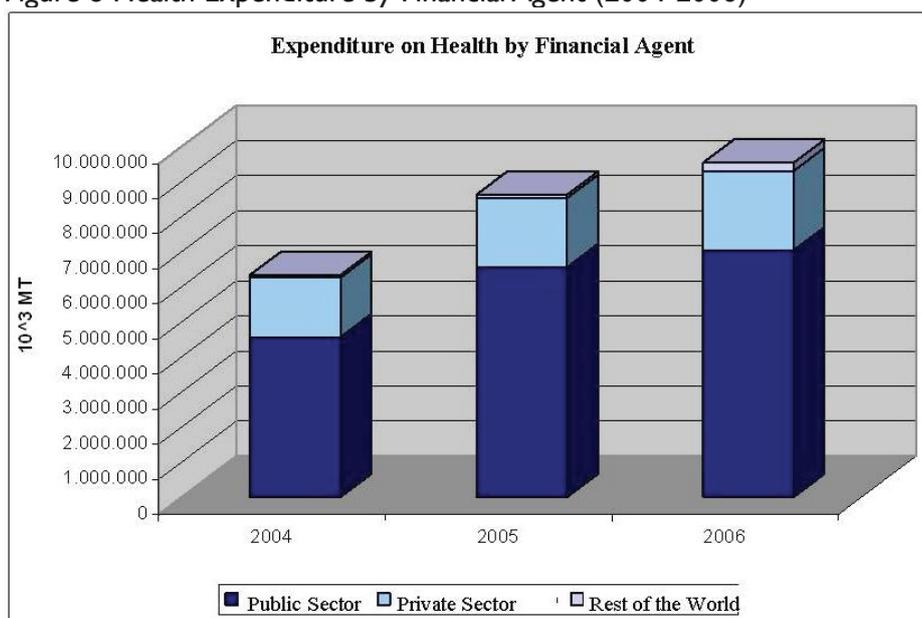
4.3. Total Health Expenditure by Financial Agents

The **financial agents** are individuals or institutions holding control of the use and management of the funds. In this context, the financial intermediaries are subdivided into: Public (eg: Ministry of Health, Ministry of Defense, Provincial Health Directorates); National Aids Council; Private (eg: Households, non-for profit National Organizations and other foreign financial agents (Agencies and international NGOs).

Figure 13 illustrates the health expenditure by financial agent and shows the public sector as the main financial agent, holding control of more than 70% of the funds. The second major financial agent is the private sector (24%-27%) and it includes households and non-for profit organizations. However, the foreign financial agents represent a minimal percentage (1-2%).

²³ 2003 Household Survey.

Figure 8 Health Expenditure by Financial Agent (2004-2006)



Source: MISAU - DPC, CNS 2004-2006.

Table 13: Distribution of Health Expenditure by Financial Agent (2004-2006)

FINANCIAL AGENTS	2004 10 ³ Mt	2005 10 ³ Mt	2006 10 ³ Mt	GROWTH		PROPORTION		
				2005	2006	2004	2005	2006
				%	%	%	%	%
HF.1 PUBLIC SECTOR	4.557.446	6.554.511	7.034.817	44	7	72	76	74
HF.1.1 Territorial Government	4.542.107	6.534.501	7.012.023	44	7	72	76	74
HF.1.1.1 CENTRAL GOVERNMENT	3.180.511	4.557.938	4.876.212	43	7	50	53	51
HF.1.1.1.1 Ministry of Health	2.485.976	3.893.907	3.817.998	57	-2	39	45	40
HF.1.1.1.2 Ministry of Defense	15.925	27.005	36.205	70	34	0	0	0
HF.1.1.1.3 National Council For Fighting Against AIDS	232.220	307.349	434.768	32	41	4	4	5
HF.1.1.1.4 Central Hospitals	446.391	329.677	587.242	-26	78	7	4	6
HF.1.1.2 PROVINCIAL GOVERNMENT	1.361.596	1.976.562	2.135.811	45	8	22	23	22
HF.1.1.2.1 Provincial Health Directorate	1.361.596	1.976.562	2.135.811	45	8	22	23	22
HF.1.1.3 Local and Municipal Governments	0	0	0	0	0	0	0	0
HF.1.2 Welfare Fund	15.338	20.011	22.794	30	14	0	0	0
HF.2 .NON PUBLIC SECTOR	1.696.613	1.966.841	2.259.290	16	15	27	23	24
HF.2.1.2 Private Companies Insurance	34.390	31.415	38.298	-9	22	1	0	0
HF.2.3 Direct Payments to Families	987.580	1.061.733	1.214.887	8	14	16	12	13
HF.2.4 Non-for Profit Institutions (NGOs)	674.644	873.693	1.006.105	30	15	11	10	11
HF.3 Rest of the World	74.024	97.682	236.743	32	142	1	1	2
TOTAL	6.328.083	8.619.034	9.530.850	36	11	100	100	100

Source : MISAU - DPC, CNS 2004-2006.

The major public financial agent is the Ministry of Health, both at central (30% up to 45%) and at provincial level through the provincial health directorates (22% up to 23%).

The proportions do not vary significantly in the period being analyzed. Therefore, they do not seem to stress a financial decentralization in the period being referred to. The health sector specificity makes most of the investments on the secondary infrastructure. The acquisition of medicines and equipment remain

under the responsibility of the central level, but its implementation and distribution occur in the provinces and districts. This situation explains the relevant difference between the percentage of funds managed by the central and provincial level.

The **National Aids Council** manages a substantial proportion of funds to face the HIV/AIDS pandemic and coordinates the actions undertaken by the different Government sectors and by the civil society organizations, in the scope of mitigating the effects of the pandemic.

The **Ministry of Defense** also represents a minor financial agent and manages funds channeled to the military hospitals, services of which are meant for a specific and restricted group.

Among the **non-public financial agents**, the main ones are the **households** with a proportion that reduced from 16% in 2004 to 13% in 2006. It is worth noting that these percentages correspond to the total expenditure incurred by the households without health insurance. The lowering of the percentage of payments made directly by the households, together with the increase of the expenditure managed by public institutions and the services rendered, is directly related with the Government commitment to instituting free of charge essential basic health care for pregnant women, children and other patients suffering from chronic diseases.

The data comparison on the direct payment by the households, health **insurance** and by the private companies, stresses that private companies providing medical assistance to their workers did so through direct payments and not through the insurance companies in the period being referred to. The health insurance sector is a reality that is still emerging in the country and it is centered in the provincial capitals.

There is a stable trend of about 10% in the proportion of the resources managed by non-government organizations and by the non-for profit national institutions.

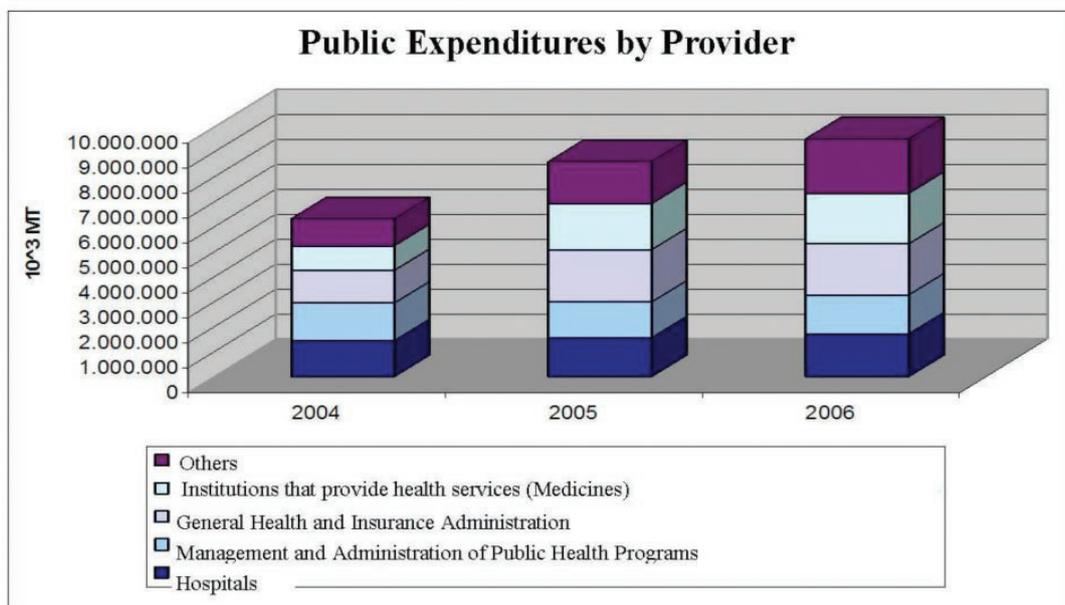
The third category of financial agents is the **rest of the world** (including **agencies and international NGOs**) that manages a small proportion of funds and basically remain constant over the period in analysis. It is difficult to comment on the data of funds managed directly by international cooperation agencies and by international NGOs due to the difficulty in obtaining information (particularly on the funds managed directly by the organizations). Therefore, these information may be underestimated.

4.4. Total Health Expenditure by Type of Provider

From 2004 to 2006, most of the expenditure was absorbed by the curative and preventive health care providers. The major providers were the central, provincial and some general hospitals, the Public Health Management and Administration of Programmes, general administration of health, including funds to the Provincial Health Directorates, related to the health units activities on primary care provision and the institutions providing health related services, of which, during the period being referred to, 60 to 73% represent the expenditure on medicines and 7% to 24% are capital expenditure.

It is worth stressing that in the first exercise of National Health Accounts in Mozambique there were some difficulties in disaggregating and classifying the information in accordance with the standardized categories. Despite this limiting factor, an attempt was made to comply with the universal manual of Health²⁴ National Accounts. Table 14 illustrates the desegregation details.

Figure 14: Expenditure on Health by Provider (2004-2006)



Source: MISAU - DPC, CNS 2004-2006.

Note: Other includes: Ambulatory Health Care Providers, Retail Sell and other medical material providers, others institutions providing services related to health - rest of the world

Table 14: Expenditure on Health by Provider (2004-2006)

Providers	2004	2005	2006	GROWTH		PROPORTION		
	10 ³ Mt	10 ³ Mt	10 ³ Mt	2005 %	2006 %	2004 %	2005 %	2006 %
HP.1 Hospitals	1.443.064	1.558.546	1.715.046	8	10	23	18	18
HP.1.1 General Hospitals	1.436.632	1.540.605	1.707.580	7	11	23	18	18
HP.1.2 Psychiatric Hospitals	6.432	17.941	7.466	179	-58	0	0	0
HP.3 Ambulatory Health Services Providers	23.082	35.003	44.132	52	26	0	0	0
HP.4 Retail Sell and other medical material providers	670.221	717.963	815.261	7	14	10	8	8
HP.5 Public Health Programs Management and Administration	1.500.753	1.426.439	1.563.308	-5	10	24	17	16
HP.6 General Health and Insurance Administration	1.308.747	2.098.425	2.039.223	60	-3	21	24	21
HP.6.1, Governmental Health Administration	1.308.747	2.098.425	2.039.223	60	-3	21	24	21
HP.6.9 All other Health Administration Providers	0	0	0	0	0	0	0	0
HP.8 Institutions Providing health services	1.340.184	2.704.587	3.281.357	102	21	21	31	35
From which (medicines)	986.712	1.843.299	2.023.958	87	10	16	21	21
HP.9 Rest of the World	42.030	78.070	72.521	86	-7	1	1	1
TOTAL	6.328.083	8.619.034	9.530.850	36	11	100	100	100

Source: MISAU - DPC, CNS 2004-2006.

²⁴ The exceptions will be earmarked in the discussion on specific categories.

The **general hospitals**²⁵ absorbed 23% and 18% of the expenditure on health between 2004 and 2006 respectively. The expenditure increased in 7% in 2005 and 11% in 2006, which guaranteed a level of almost constant expenditure in real terms. The expenditure incurred by specialized hospitals (Psychiatric Hospital in the case of Mozambique) is almost proportionally insignificant, but the financing increased substantially in 2005 due to the increase in capital expenditure.

The expenditure from health care providers of outpatient services²⁶ also represents a small proportion, although it is necessary to consider that the expenditures incurred by the units providing services (primary level) is included in the governmental category of health administration due to the difficulty in disaggregating the budget of provincial health directorates.

The **retail sale and providers of medical materials** refers to private²⁷ pharmacies, opticians, sale of prothesis, etc., which represented a maximum proportion of 10%.

The expenditure on **public health programmes management and administration** remained constant during the period. The figure represents an approximation of prevention expenditures.

The expenditure by providers of **general administration of health services and insurance** basically consists of the expenditure incurred by **governmental health administration**, which increased during the period and remained proportionally stable, despite having reported a very high figure in 2005. This category also includes the expenditure on the operation of health centres and posts, budget of which is included in the budget of the provincial health directorates.

The category of **institutions providing health related services** includes the expenditure on medicines, prevention and public health services, health research and development and, finally, control of food, drinking-water and hygiene. The table below presents the desegregation.

Table 15: Disagregation of Institutions providing Health Related Care

Description	Percentage Structure (%)		
	2004	2005	2006
Medicines	73.6	68.2	61.7
Prevention and Public Health Services	11.7	6.9	10.0
Gross Capital (Investment)	7.4	18.9	24.1
Personnel Education and Training on Health	5.3	5.6	3.7
Health research and development	0.4	0.2	0.3
Control of food, drinking -water and hygiene	1.6	0.2	0.3

²⁵ The category of general hospitals defined by the classification includes health units with admission capacity and, therefore, central hospitals, provincial hospitals and those general hospitals whereby it was possible to separate the respective budget from the budget of the provincial directorates.

²⁶ National Health Accounts classification includes, in this category, the health units without admission capacity.

²⁷ In Mozambique, the medicines distributed by the SNS (National Health System) are purchased by the central bodies-Central de Medicamentos e Artigos Médicos and then distributed all over the country. This expenditure is included in the institutions rendering health related services.

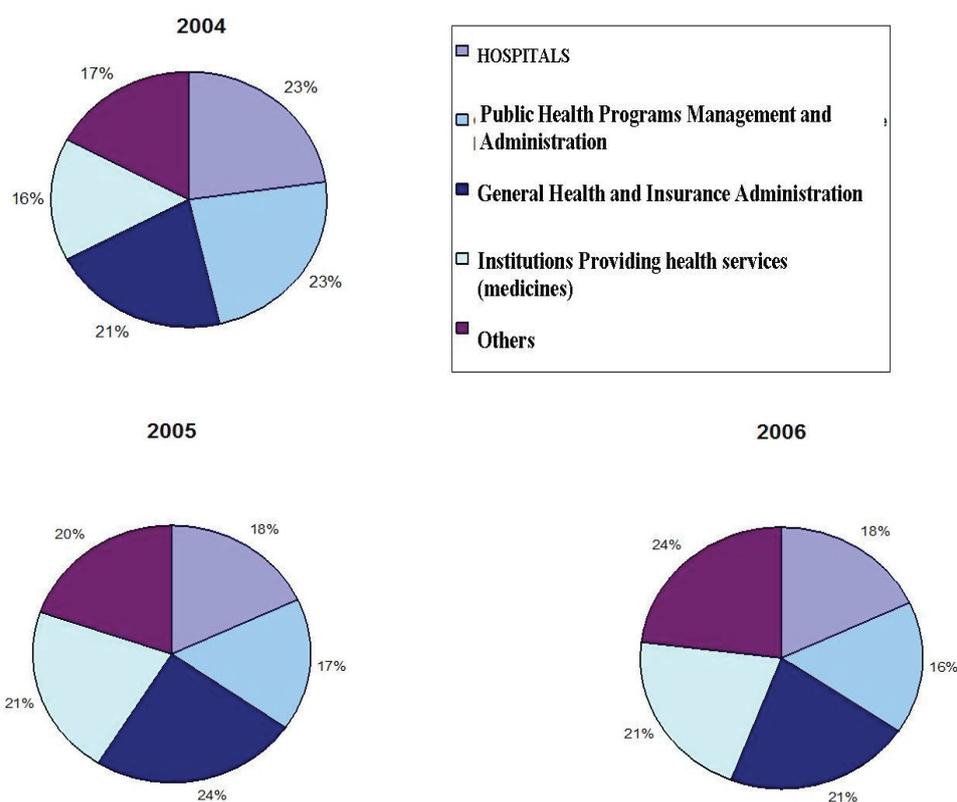
The expenditure on medicines and on investments represented the main components and the increase of the expenditure on medicines was substantial between 2004 and 2005, while the expenditure on investments determined the proportional increase of this category in 2006.

The expenditure incurred by institutions providing health staff training services, health research and development, control of food quality, drinking-water and hygiene, represented an extremely restricted component of the health expenditure.

Figure 15 analyzes the proportional evolution of the expenditure incurred by the different providers. The components increased in absolute terms due to the increase in the health sector financing.

In proportional terms, the administration remained constant, the expenditure on care provision in the hospitals and the expenditure on medicines and medical surgery materials increased slightly due to the increase on medicines expenditure and, finally, the expenditure on health programmes administration decreased 7% while, on the other hand, the investment increased.

Figure 15: Expenditure evolution by Provider (2004-2006)



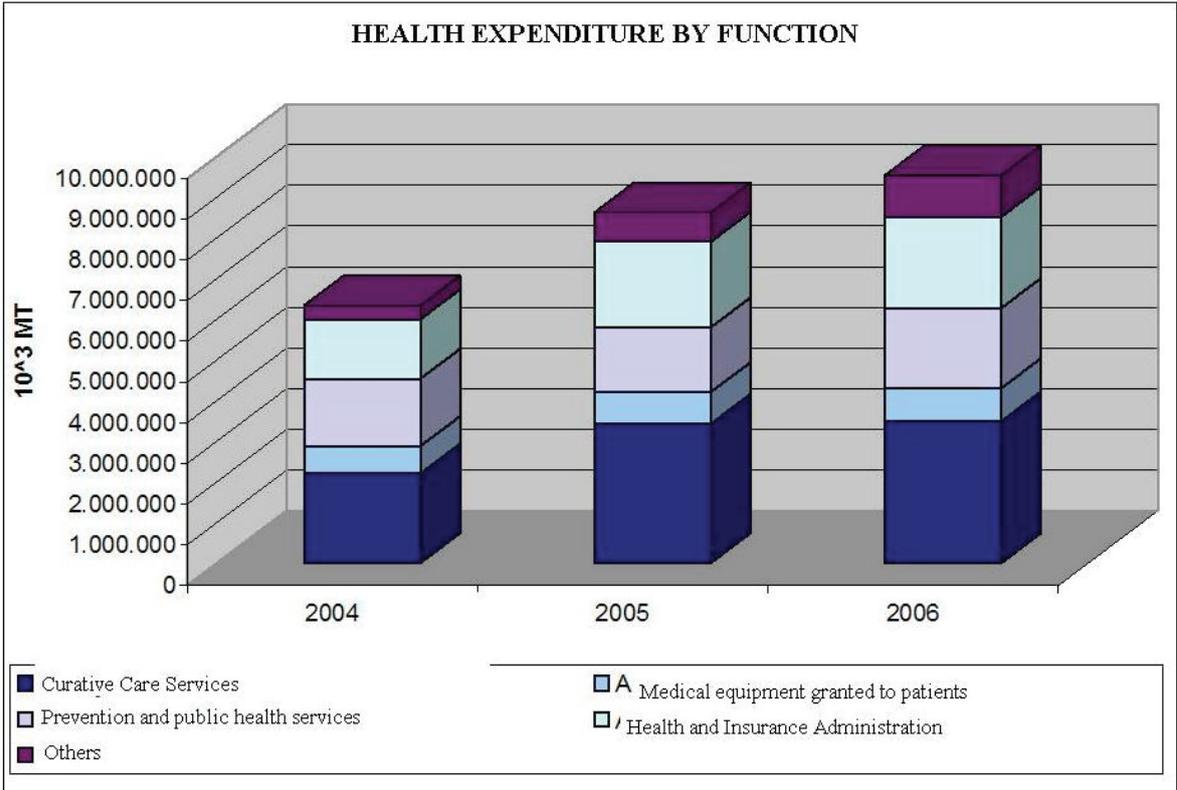
Source: **MISAU - DPC, CNS 2004-2006.**

Note: Others include: Ambulatory Health Services Providers. Retail Sell and other medical material providers, other institutions that provide health services and rest of the world

4.5. Total Health Expenditure by Type of Activity (Function)

In terms of activities, the disaggregation of the expenditure highlights how the majority of the funds are channelled to the providers of curative, preventive and support services. A marginal proportion of funds were channelled, in a growing manner, to capital expenditure of institutions providing health care, education, training for health professionals, health research and development, food, drinking-water and hygiene quality control and environmental health. The increase of funds to the sector resulted in the increase of expenditure in all categories of activities.

Figure 16: Health Expenditure by Activity (Functions) (2004-2006)



Source : MISAU - DPC, CNS 2004-2006.

Note: Others include: Rehabilitation care services, medical auxiliary care services, training of capital for care provision, Education and training of Health staff, health research and development, food control, drinking water and environmental health.

Table 16: Health Expenditure by Activity (2004-2006)

ACTIVITY	2004	2005	2006	Growth		Proportion		
	10 ³ Mt	10 ³ Mt	10 ³ Mt	2005 %	2006 %	2004 %	2005 %	2006 %
HC.1 Curative care services	2.198.428	3.419.166	3.480.970	56	2	35	40	36,52
HC.1.1 Curative Care of Internal patients	1.275.546	2.082.931	2.096.305	63	1	20	24	21,99
HC.1.3 Curative Care of external patients	922.881	1.336.235	1.384.666	45	4	15	16	14,53
HC.2 Rehabilitation care services	0	0	0	na	na	0	0	0,00
HC.4 Medical auxiliary care service	18.033	1.757	9.296	-90	429	0	0	0,10
HC.5 Equipment granted to external patients	673.606	779.663	815.853	16	5	11	9	8,56
HC.6 Prevention and public health service	1.657.581	1.590.970	1.970.126	-4	24	26	18	20,67
HC.7 Administration and health insurance	1.461.406	2.104.247	2.244.227	44	7	23	24	23,55
HC.7. General governmental health administration	1.461.406	2.104.247	2.244.227	44	7	23	24	23,55
HC.7.2 Private health administration	0	0	0	0	0	0	0	0,00
Total HC	6.009.053	7.895.803	8.520.473	31	8	95	92	89,40
HC.R.1 Capital training for service provision	215.664	543.615	860.146	152	58	3	6	9,02
Total HC e HR1	6.224.717	8.439.418	9.380.619	36	11	98	98	98,42
HC.R.2 Health staff education and training	71.267	164.946	122.824	131	-26	1	2	1,29
HC.R.3 Health development and research	11.287	7.312	18.955	-35	159	0	0	0,20
HC.R.4 Food control, drinking-water and hygiene	20.813	7.357	8.452	-65	15	0	0	0,09
HC.R.5 Environmental health	0	0	0	0	0	0	0	0,00
TOTAL	6.328.083	8.619.034	9.530.850	36	11	100	100	100

Source: MISAU - DPC, CNS 2004-2006.

Most of the expenditure on the provision of **curative care**, particularly for inpatients, also includes the expenditure on medicines acquired by the Warehouse of Medicines and Medical Supplies.

The **medical care auxiliary services** mainly consist of support services to diagnosis and do not have a significant weight.

The quantity of **medical supplies granted to outpatients** reflects the value of medicines sold by the private pharmacies. It was not possible to disaggregate the value of medicines supplied free of charge by the public pharmacies.

Expenditure on **prevention** services was estimated through the expenditure on public health programmes, including administration, and remained basically constant during the period being analyzed. The other components of health related services, such as **health research and development, food, drinking-water and hygiene quality control and environmental health** are regarded as activities that are strongly meant for prevention. These activities also represent a non-relevant proportion in the entire health expenditure and, therefore, the need of increasing funds channeling to these investment areas that allow for stable and sustainable improvement of the health status of population.

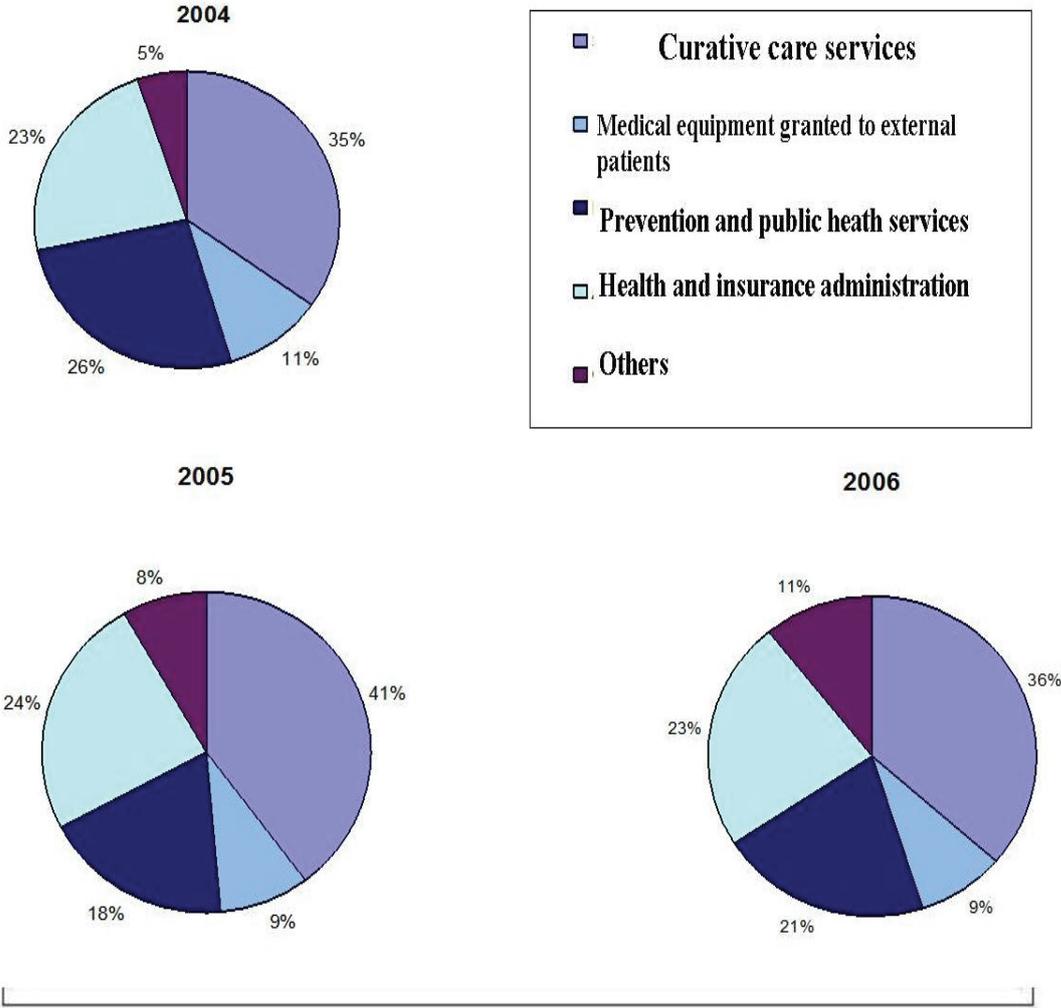
Expenditure on administration and health insurance consists of expenditure on **government administration** estimated through the budget allocated to the Ministry of Health, central bodies and to the provincial health directorates. Part of the expenditure incurred by the primary level health units is included in this activity.

The expenditure on **prevention** remained constant in absolute terms, but decreased in terms of percentage. The expenditure on **government health administration** remained proportionally constant, the

expenditure on **curative care** increased slightly, particularly in the component of admission and **training of care providers** increased proportionally at a rate of 6 percent, although representing a restricted proportion of the total expenditure. It is worth stressing that the government health administration also includes the expenditure on the management of health centres and posts, budget of which is included under district health directorates.

Figure 17 illustrates the evolution of expenditure structure incurred by activity and how the sector financing increase reflected in the expenditure increase in all activities, particularly in the provision of curative care (including the purchase of medicines) and investment.

Figure 17: Expenditure Evolution by Activity



Source : MISAU - DPC, CNS 2004-2006.

Note: Others include: Rehabilitation care services, medical auxiliary care services, training of capital for care provision, Education and training of Health staff, health research and development, food control, drinking water and environmental health.

4.6. Conclusion

The study demonstrates that, although health expenditure has increased at a good pace during the period with a peak in 2005, the health expenditure *per capita* still remains at low levels (US\$21 *per capita*), even in comparison with the neighbouring countries.

The external funding increased substantially in the period being analyzed and represented the major source of financing to the sector. The public financing continued increasing, having reached the peak in 2005 and represented about 30% of the financing to the sector. However, the public sector is the main manager of the sector funds, with about 75%.

Excluding the expenditure on medicines and medical supplies for the public²⁸ sector, most of the expenditure is incurred in a similar proportion by the hospitals, managers and administrators of public health programmes and government health administration.

Most of the expenditure are incurred in the provision of curative care, followed by the services of disease prevention and promotion of health and, finally, by the support services, among which administration remains outstanding.

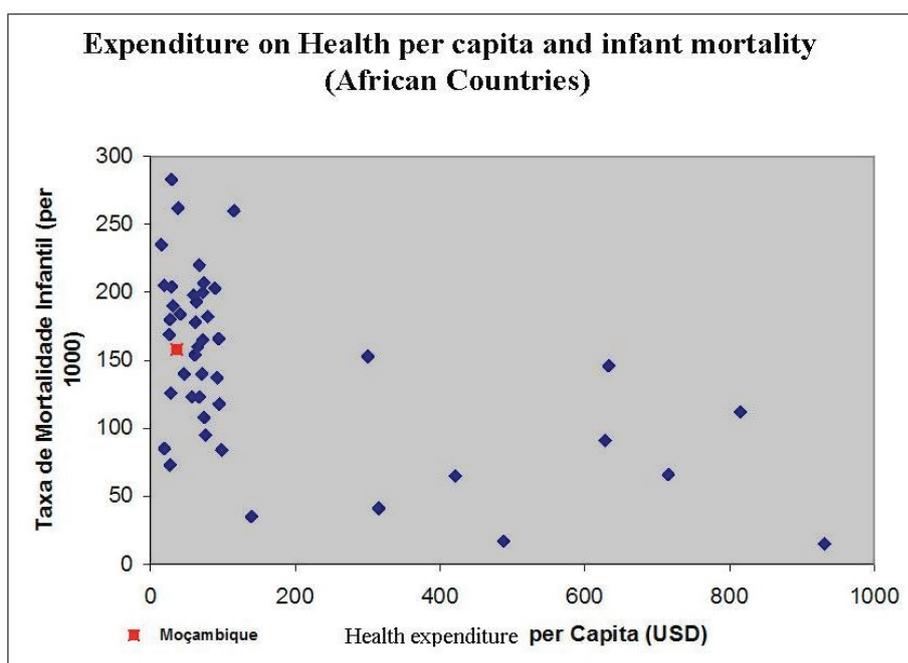
²⁸ Reference is made to expenditure on medicines incurred by CMAM, which alone represents about 20% of the health expenditure .

CHAPTER V

5. CONCLUSIONS AND RECOMMENDATIONS

An analysis of the health expenditure per capita in relation with the health status indicators of the population, suggests the existence of a positive correlation between these two variables, particularly in the African countries. Most of the countries of the Southern Africa Development Community (SADC) are in the group where expenditure increase would help improving the health of population, for example, represented by infant mortality rate.

Figure 18: Health Expenditure per capita and Infant Mortality (2006)



Nota:

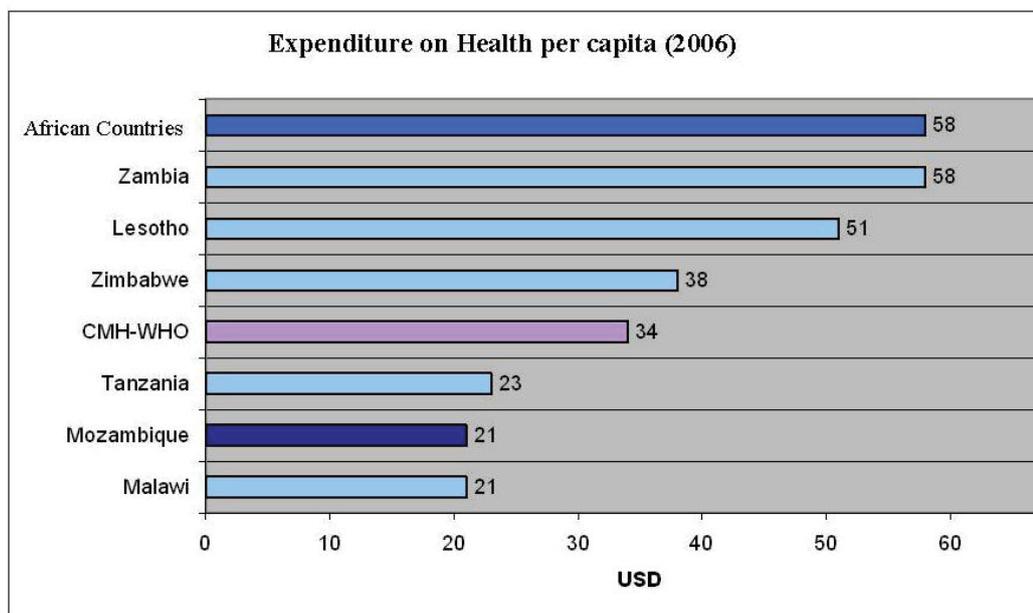
Taxa de Mortalidade Infantil (2003), fonte: WHO-Afro Statistics

Despesa em Saúde per Capita 2006 em USD (PPP), Fonte: WHO, World Health Statistics 2009

Mozambique is among the SADC countries with the lowest level of health expenditure *per capita* and with very high rate of infant mortality, which, first of all, suggests that there is a need of increasing the expenditure on health and of improving the efficiency of health expenditure.

In the positive correlation between the wealth of a nation (measured by the GDP *per capita*) and the health expenditure in Mozambique, this country is in the group of those with low GDP *per capita* and with a low expenditure *per capita* both in relation with the African countries in general and in relation with the SADC countries.

Figure 19: GDP *per capita* and Health Expenditure *per capita* (2006)



Note: The expenditure on Health per capita in 2006 was calculated applying the annual exchange rate average. Other countries not included in the graphic: South Africa: 425 USD, High Income Countries 4.012 USD, World Average: 716.

Source : Mozambique: MISAU - DPC, CNS 2004 - 2006, Outros Países: OMS, World Health Statistics 2009.

Health Expenditure Increase

Health has always been recognized as a key component in the interventions against poverty, both through the Government Five Year Programme (PQG) and through the Action Plan for Reduction of Absolute Poverty (PRSP). The renewal of the government intentions and the increase of the funds available were immediately translated into an increase of resources for the sector. However, taking into consideration the low Gross Domestic Product spent on Health, there are conditions for an *increase of the expenditure on health*, particularly, the growth of the GDP is supported²⁹.

The study documented a financing increase coming from all the major sources of funding of the sector. However, it is still necessary to increase the health expenditure *per capita*. Although some exercises were conducted in the past towards attaining such a goal, the necessary total amount has not yet been made available.

The US\$ 34 *per capita* is an indicative amount set by the Commission of Macroeconomics and Health as an indispensable standard for health expenditure *per capita*. This fact is conducive to the comparison between the countries, but it cannot reflect each country specific reality.

²⁹ In the analysis of the situation and of the possible strategies on the increase of the expenditure on health, it is necessary to consider that the expenditure on health represented 6% of the public expenditure in 2006, but the total public expenditure only represented about 25% of the GDP and, therefore, the expenditure on health in Mozambique (which is mainly public expenditure) cannot be directly proportional to the GDP.

In Mozambique, the basic health care package consists of Primary Health Care in all its components. Actions such as the definition of the load-type of the health units and the on-going reclassification of the health units are part of the process aimed at supporting the health services. Once the previous phase is implemented, the Primary Health Care expenses will be covered, allowing to obtain a reference value for the minimum expenditure that is necessary in order to ensure the provision of basic health care for the population. The existence of a reference value for the health expenditure *per capita* in Mozambique would represent an important step in the context of sector planning and financing, as well as in the process of mobilizing financial resources to be allocated to the Sector:

The prospects of increasing health expenditure must be analyzed taking into account the situation of the Mozambican health system, including the challenges to be faced and the on-going actions as indicated below:

a) External Financing Sustainability

The high flow of vertical funds and the limited predictability of external financing represent a huge challenge to the planning and harmonization of actions to be undertaken based on different sources of resources. In order to ensure an resource allocation that is not only equitable, but also efficient, a discussion and the consequent implementation of a long-term partnership strategy with the main donors would be fundamental.

The proportion of external financing also raises issues of sustainability of the sector in different points of views. A more sustainable strategy would imply an increase of internal financing and of private financing, for example, in the form of pre-payment schemes. However, these measures need a long-term strategy, particularly because the basic services are free of charge and there is a movement towards free health care in public service. The design of medium and long-term partnership strategies becomes indispensable in order to follow up the gradual increase of other sources of funding.

b) External Financing Sustainability

The analysis has shown the will of the Mozambican Government of increasing the resources channeled to the health sector and, at the same time, the rationality of allocating internal resources to the sectors that do not benefit from external financing, especially with reference to investment funding.

c) Abolition of User fees payable by the NHS

The funding to the health sector has become a fundamental issue for the Governments and for the citizens of the entire world. In many countries, the financial barrier has excluded the most disadvantaged population from the health services and the costs of health care result, many times, in problems for the patients and for their relatives. Currently, the abolition of consultation fees is being discussed. Specific groups of the Mozambican population, such as children under 5 years, pregnant women and patients suffering from chronic diseases are already benefiting from basic and essential services free of charge.

d) Private Financing

The study shows that the private financing is almost exclusively consisting of households' direct payments. The study also stresses a very limited utilization of health insurance in the country and the possibility of

developing these and other pre-payment schemes as measures for mitigating the direct payment by the households.

e) Expenditure Rationalization

The health sector is involved in a process of harmonization and rationalization of planning aimed at improving the efficiency in the resources utilization. The introduction of the methodology of program budgeting and the financial decentralization represent two important components of this process. The strengthening of the planning process represents a necessary condition for increasing the funding to the health sector and allows the attribution of resources to the priority areas, in light of the medium and long-term development strategy.

f) Private Sector Development

Despite the effort endeavoured by the **private sector**, the public-private partnership on financing and the provision of health care services have not yet been sufficiently explored. Problems like unbalanced geographical distribution of health units, inadequate infrastructure, lack of adequate referral system, lack of skilled human resources at different levels, insufficient technical assistance and the existence of workforce whose technical skills and competences were not adjusted to the increasing and changing needs of a overall Health System, affects the universal access to health care.

The present exercise of the NHA allowed obtaining key information for analysing and conceptualizing health sector financing policies, it also demonstrated the usefulness of institutionalization of National Health Accounts, as well as the need to continue with the reflection on the issues discussed above.

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ANNEXES

A.1 a) National Health Accounts Matrixes in Mozambique 2004-2006 (10³ Mt)

2004

10³Mt

		Fontes de Financiamento							Total	
		FS.1 Fundos Públicos		FS.2 Fundos Privados				FS.3 Resto do Mundo		
Agentes Financiadores		FS.1.1 Fundos do Governo Territorial	FS.1.1.1 Receitas do Governo Central	FS.2.1 Fundos de empregadores	FS.2.1.1 Fundos de Empresas Privadas	FS.2.1.2 Fundos de Empresas Públicas	FS.2.2 Fundos de Agregados Familiares	FS.2.3 Instituições sem fins lucrativos ao Serviço das Famílias	FS.2.4 Outros Fundos Privados	Total
HF.1 Sector Público		2.011.537	15.338	0	0	0	0	0	0	4.557.446
HF.1.1 Governo Territorial		2.011.537	0	0	0	0	0	0	0	4.542.107
HF.1.1.1 Governo Central		1.152.888	0	0	0	0	0	0	0	3.180.511
HF.1.1.1.1 Ministério da Saúde		656.204	0	0	0	0	0	0	0	2.485.976
HF.1.1.1.1.2 Ministério da Defesa		15.925	0	0	0	0	0	0	0	15.925
HF.1.1.1.1.3 Conselho Nacional de Combate a Sida		48.401	0	0	0	0	0	0	0	183.819
HF.1.1.1.1.4 Hospitais Centrais		432.359	0	0	0	0	0	0	0	14.032
HF.1.1.2 Governo Provincial		858.649	0	0	0	0	0	0	0	502.947
HF.1.1.2.1 Direcção Provincial da Saúde		858.649	0	0	0	0	0	0	0	502.947
HF.1.1.3 Governos locais e Municipais		0	0	0	0	0	0	0	0	0
HF.1.2 Fundo de segurança Social		0	0	0	0	15.338	0	0	0	15.338
HF.2 Sector Não Público		0	21.311	0	21.311	0	987.580	0	0	1.696.613
HF.2.1.2 Seguros de empresas Privadas		0	21.311	0	21.311	0	0	0	0	13.079
HF.2.3 Pagamentos directos das Famílias		0	0	0	0	0	987.580	0	0	987.580
HF.2.4 Instituições Sem Fins Lucrativos ao serviço das Famílias (ONGs)		0	0	0	0	0	0	0	0	674.644
HF.3 Resto do Mundo		0	0	0	21.311	15.338	987.580	0	0	3.292.317
Total		2.011.537	15.338	21.311	21.311	15.338	987.580	0	0	6.328.083

2004

10^3Mt

Provedores	Agentes Financeiros											Total	
	HF.1 Sector Público						HF.2 Sector Não Público						
	HF.1.1 Governo Territorial						HF.1.2 Fundo de Seguranca (Seguro para funcionrios pblicos e para estatal)	HF.2.1.2 Seguros de empresas Privadas	HF.2.3 Pagamentos directos das Familiares	HF.2.4 Insituies Sem Fins Lucrativos ao servio das Famlias (ONGs)	HF.3 Resto do Mundo		
	HF.1.1.1 Governo Central			HF.1.1.2 Governo Provincial									
HF.1.1.1.1 Ministrio da Sade	HF.1.1.1.2 Ministrio da Defesa	HF.1.1.1.3 Conselho Nacional de Combate a Sida	HF.1.1.1.4 Hospitais Centrais	HF.1.1.2.1 Direces Provinciais da Sade	HF.1.1.3 Governo locais ou Municipais								
HP.1 Hospitais	280.364	15.925	0	446.391	364.012	0	4.960	0	331.413	0	0	0	1.443.064
HP.1.1 Hospitais Gerais	280.364	15.925	0	446.391	357.580	0	4.960	0	331.413	0	0	0	1.436.632
HP.1.2 Hospitais Psiquitricos	0	0	0	0	6.432	0	0	0	0	0	0	0	6.432
HP.3 Provedores de cuidados de sade ambulatorrios (Clnicas e consultrios)	0	0	0	0	0	0	1.771	0	0	0	0	0	23.082
HP.4 Venda a retalho e outros provedores de materiais mdicos (Farmcias, centros pticos, Prteses, ...)	0	0	0	0	0	0	8.329	0	656.167	0	5.726	0	670.221
HP.5 Gesto e administrao dos Programas de sade pblica	381.410	0	0	0	366.823	0	0	0	9.578	0	668.918	74.024	1.500.753
HP.6 Administrao geral da sade e seguro	708.005	0	55.443	0	545.299	0	0	0	0	0	0	0	1.308.747
HP.6.1 Administrao Governamental da sade	708.005	0	55.443	0	545.299	0	0	0	0	0	0	0	1.308.747
HP.6.9 Todos outros provedores da administrao da sade	0	0	0	0	0	0	0	0	0	0	0	0	0
HP.8 Insituies provedoras de servios relacionados com sade	1.074.166	0	176.777	0	85.461,28	0	278	0	3.501	0	0	0	1.340.184
HP.9 Resto do Mundo	42.030	0	0	0	0	0	0	0	0	0	0	0	42.030
Total	2.485.976	15.925	232.220	446.391	1.361.596	0	15.338	0	987.580	0	674.644	74.024	6.328.083

Funções	Agentes Financeiros											Total
	HF.1 Sector Público					HF.2 Sector Não Público						
	HF.1.1 Governo Territorial					HF.1.2 Fundo de Segurança (Seguro para funcionários públicos e para estatal)	HF.2.1.2 Seguros de empresas Privadas	HF.2.3 Pagamentos directos das Familiars	HF.2.4 Instituições Sem Fins Lucrativos ao serviço das Famílias (ONGs)	HF.3 Resto do Mundo		
	HF.1.1.1 Governo Central		HF.1.1.2 Governo Provincial		HF.1.1.3 Governo locais ou Municipais							
HF.1.1.1.1 Ministério da Saúde	HF.1.1.1.2 Ministério da Defesa	HF.1.1.1.3 Conselho Nacional de Combate a Sida	HF.1.1.2.1 Direcções Provinciais da Saúde	HF.1.1.3 Governo locais ou Municipais								
HC.1 Serviços dos cuidados curativos	1.216.050	4.430	0	261.663	357.328	0	6.233	21.311	331.413	0	0	2.198.428
HC.1.1 Cuidados curativos de pacientes internos	824.710	2.953	0	174.442	238.219	0	3.832	14.207	17.183	0	0	1.275.546
HC.1.3 Cuidados curativos de pacientes externos	391.340	1.477	0	87.221	119.109	0	2.401	7.104	314.230	0	0	922.881
HC.2 Serviços de cuidados de reabilitação	0	0	0	0	0	0	0	0	0	0	0	0
HC.4 Serviços Auxiliares de cuidados médicos	16.091	1.664	0	0	0	0	278	0	0	0	0	18.033
HC.5 Artigos médicos dispensados a pacientes externos	0	0	0	3.384	0	0	8.329	0	656.167	5.726	0	673.606
HC.6 Prevenção e serviços de saúde pública	381.410	0	156.755	72	366.823	0	0	9.578	0	668.918	74.024	1.657.581
HC.7 Administração e seguro da saúde	711.729	9.831	55.443	159.458	524.945	0	0	0	0	0	0	1.461.406
HC.7.1 Administração governamental geral da saúde	711.729	9.831	55.443	159.458	524.945	0	0	0	0	0	0	1.461.406
HC.7.2 Administração privada de saúde	0	0	0	0	0	0	0	0	0	0	0	0
Coluna Totais e H0	2.325.280	15.925	212.198	424.578	1.249.096	0	14.840	30.889	987.580	674.644	74.024	6.009.053
HC.R.1 Formação de capital para as instituições provedoras de cuidados de saúde	124.905	0	0	15.716	74.545	0	498	0	0	0	0	215.664
Coluna Totais e HI	2.450.185	15.925	212.198	440.294	1.323.641	0	15.338	30.889	987.580	674.644	74.024	6.224.717
HC.R.2 Educação e formação do pessoal de saúde	28.834	0	20.022	0	22.410	0	0	0	0	0	0	71.267
HC.R.3 Pesquisa e desenvolvimento da saúde	1.689	0	0	6.097	0	0	0	3.501	0	0	0	11.287
HC.R.4 Controlo de alimentos, água potável e higiene	5.268	0	0	0	15.545	0	0	0	0	0	0	20.813
HC.R.5 Saúde ambiental	0	0	0	0	0	0	0	0	0	0	0	0
Total	2.485.976	15.925	232.220	446.391	1.361.596	0	15.338	34.390	987.580	674.644	74.024	6.328.083

Funções	Provedores										Total
	HP.1 Hospitais		HP.3 Provedores de cuidados de saúde ambulatoriais (Clínicas e consultórios)	HP.4 Venda a retalho e outros provedores de materiais médicos (Farmácias, centros opticos, Proteses, ...)	HP.5 Gestão e administração dos Programas de saúde pública	HP.6 Administração Geral da saúde e seguro		HP.8 Instituições provedoras de serviços relacionados com saúde	HP.9 Resto do Mundo	Total	
	HP.1.1 Hospitais Gerais	HP.1.2 Hospitais Psiquiátricos				HP.6.1 Administração Governamental da saúde (O. centrais)					
HC.1 Serviços dos cuidados curativos	1.140.609	6.432	22.584	0	0	0	986.712	42.030	2.198.428		
HC.1.1 Cuidados curativos de pacientes internos	556.687	4.288	14.733	0	0	0	657.808	42.030	1.275.546		
HC.1.3 Cuidados curativos de pacientes externos	583.982	2.144	7.851	0	0	0	328.904	0	922.881		
HC.2 Serviços de cuidados de reabilitação	0	0	0	0	0	0	0	0	0		
HC.4 Serviços Auxílios de cuidados médicos	17.755	0	0	0	0	0	278	0	18.033		
HC.5 Artigos médicos dispensados a pacientes externos	3.384	0	0	670.221	0	0	0	0	673.606		
HC.6 Prevenção e serviços de saúde pública	72	0	0	0	1.500.753	0	156.755	0	1.657.581		
HC.7 Administração e seguro da saúde	173.013	0	0	0	0	0	1.288.393	0	1.461.406		
HC.7.1 Administração governamental geral da saúde	173.013	0	0	0	0	0	1.288.393	0	1.461.406		
HC.7.2 Administração privada de saúde	0	0	0	0	0	0	0	0	0		
Coluna Totais e H0	1.334.893	6.432	22.584	670.221	1.500.753	1.288.393	1.143.746	42.030	6.009.053		
HC.R.1 Formação de capital para as instituições provedoras de cuidados de saúde	95.643	0	498	0	0	20.354	99.169	0	215.664		
Coluna Totais e H1	1.430.535	6.432	23.082	670.221	1.500.753	1.308.747	1.242.915	42.030	6.224.716		
HC.R.2 Educação e formação do pessoal de saúde	0	0	0	0	0	0	71.267	0	71.267		
HC.R.3 Pesquisa e desenvolvimento da saúde	6.097	0	0	0	0	0	5.190	0	11.287		
HC.R.4 Controle de alimentos, água potável e higiene	0	0	0	0	0	0	20.813	0	20.813		
HC.R.5 Saúde ambiental	0	0	0	0	0	0	0	0	0		
Total	1.436.632	6.432	23.082	670.221	1.500.753	1.308.747	1.340.184	42.030	6.328.083		

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Agentes Financiadores		Fontes de Financiamento								Total	
		FS.1 Fundos Públicos		FS.2 Fundos Privados							FS.3 Resto do Mundo
		FS.1.1 Fundos do Governo Territorial	FS.2.1 Fundos de empregadores	FS.2.2 Fundos de Agregados Familiares	FS.2.3 Instituições sem fins lucrativos ao Serviço das Famílias	FS.2.4 Outros Fundos Privados					
FS.1.1.1 Receitas do Governo Central	FS.2.1.1 Fundos de Empresas Privadas	FS.2.1.2 Fundos de Empresas Públicas	FS.2.1.1.1 Ministério das Finanças	FS.2.1.1.2 Ministério da Saúde	FS.2.1.1.3 Conselho Nacional de Combate a Sida	FS.2.1.1.4 Hospitais Centrais	FS.2.1.2 Direcção Provincial da Saúde	FS.2.1.3 Governos locais e Municipais	FS.2.1.2 Fundo de segurança Social		
HF.1 Sector Público	2.916.614	0	20.011	0	0	0	0	0	0	3.617.887	6.554.511
HF.1.1 Governo Territorial	2.916.614	0	0	0	0	0	0	0	0	3.617.887	6.534.501
HF.1.1.1 Governo Central	1.504.087	0	0	0	0	0	0	0	0	3.053.851	4.557.938
HF.1.1.1.1 Ministério da Saúde	1.090.444	0	0	0	0	0	0	0	0	2.803.463	3.893.907
HF.1.1.1.2 Ministério da Defesa	27.005	0	0	0	0	0	0	0	0	0	27.005
HF.1.1.1.3 Conselho Nacional de Combate a Sida	71.376	0	0	0	0	0	0	0	0	235.973	307.349
HF.1.1.1.4 Hospitais Centrais	315.261	0	0	0	0	0	0	0	0	14.416	329.677
HF.1.1.2 Governo Provincial	1.412.527	0	0	0	0	0	0	0	0	564.036	1.976.562
HF.1.1.2.1 Direcção Provincial da Saúde	1.412.527	0	0	0	0	0	0	0	0	564.036	1.976.562
HF.1.1.3 Governos locais e Municipais	0	0	0	0	0	0	0	0	0	0	0
HF.1.2 Fundo de segurança Social	0	0	20.011	0	0	0	0	0	0	0	20.011
HF.2 Sector Não Público	0	31.415	0	1.061.733	0	0	0	0	0	873.693	1.966.841
HF.2.1.2 Seguros de empresas Privadas	0	31.415	0	0	0	0	0	0	0	0	31.415
HF.2.3 Pagamentos directos das Famílias	0	0	0	1.061.733	0	0	0	0	0	0	1.061.733
HF.2.4 Instituições Sem Fins Lucrativos ao serviço das Famílias (ONGs)	0	0	0	0	0	0	0	0	0	873.693	873.693
HF.3 Resto do Mundo	0	0	0	0	0	0	0	0	0	97.682	97.682
Total	2.916.614	31.415	20.011	1.061.733	0	0	0	0	0	4.589.261	8.619.034

Provedores	Agentes Financeiros											Total
	HF.1 Sector Público					HF.2 Sector Não Público					HF.3 Resto do Mundo	
	HF.1.1 Governo Territorial					HF.1.2 Fundo de Segurança (Seguro para funcionários públicos e para estatal)	HF.2.1.2 Seguros de empresas Privadas	HF.2.3 Pagamentos directos das Familiares	HF.2.4 Instituições Sem Fins Lucrativos ao serviço das Famílias (ONGs)			
	HF.1.1.1 Governo Central		HF.1.1.2 Governo Provincial		HF.1.1.3 Governo locais ou Municipais							
HF.1.1.1.1 Ministério da Saúde	HF.1.1.1.2 Ministério da Defesa	HF.1.1.1.3 Conselho Nacional de Combate a Sida	HF.1.1.1.4 Hospitais Centrais	HF.1.1.2.1 Direcções Provinciais da Saúde	HF.1.1.3	8.440	11.406	356.297	72647,04753	0		
HP.1 Hospitais	212.969	16.583	0	329.677	550.525	0	8.440	11.406	356.297	72647,04753	0	1.558.546
HP.1.1 Hospitais Gerais	212.969	16.583	0	329.677	532.585	0	8.440	11.406	356.297	72647,04753	0	1.540.605
HP.1.2 Hospitais Psiquiátricos	0	0	0	0	17.941	0	0	0	0	0	0	17.941
HP.3 Provedores de cuidados de saúde ambulatoriais (Clínicas e consultórios)	0	3764.456	0	0	0	0	3.165	20.008	0	8065,163576	0	35.003
HP.4 Venda a retalho e outros provedores de materiais médicos (Farmácias, centros ópticos, Próteses, ...)	0	0	0	0	0	0	8.405	0	705.436	4.121	0	717.963
HP.5 Gestão e administração dos Programas de saúde pública	337.709	0	0	0	255.985	0	0	0	0	735.063	97.682	1.426.439
HP.6 Administração geral da saúde e seguro	1.142.598	6657,68665	91.734	0	857.435	0	0	0	0	0	0	2.098.425
HP.6.1 Administração Governamental da saúde	1.142.598	6.658	91.734	0	857.435	0	0	0	0	0	0	2.098.425
HP.6.9 Todos outros provedores da administração da saúde	0	0	0	0	0	0	0	0	0	0	0	0
HP.8 Instituições provedoras de serviços relacionados com saúde	2.122.561	0	215.614	0	312.615,94	0	0	0	0	53796,21085	0	2.704.587
HP.9 Resto do Mundo	78.070	0	0	0	0	0	20.011	31.415	1.061.733	873.693	97.682	78.070
Total	3.893.907	27.005	307.349	329.677	1.976.562	0	20.011	31.415	1.061.733	873.693	97.682	8.619.034

Funções	Agentes Financeiros											Total
	HF.1 Sector Público					HF.2 Sector Não Público						
	HF.1.1 Governo Territorial					HF.1.2 Fundo de Seguranca (Seguro para funcionrios pblicos e para estatal)	HF.2.1.2 Seguros de empresas Privadas	HF.2.3 Pagamentos directos das Familiares	HF.2.4 Instituies Sem Fins Lucrativos ao servio das Famlias (ONGs)	HF.3 Resto do Mundo		
	HF.1.1.1 Governo Central		HF.1.1.2 Governo Provincial		HF.1.1.3 Governo locais ou Municipais							
HF.1.1.1.1 Ministrio da Sade	HF.1.1.1.2 Ministrio da Defesa	HF.1.1.1.3 Conselho Nacional de Combate a Sida	HF.1.1.1.4 Hospitais Centrais	HF.1.1.2.1 Direces Provinciais da Sade	0	0	0	0	0	0		
HC.1 Servios dos cuidados curativos	1.964.752	9.529	0	304.465	662.139	0	10.355	31.415	356.297	80.213	0	3.419.166
HC.1.1 Cuidados curativos de pacientes internos	1.335.858	6.353	0	202.977	441.426	0	6.656	20.943	18.473	50.245	0	2.082.931
HC.1.3 Cuidados curativos de pacientes externos	628.894	3.176	0	101.488	220.713	0	3.699	10.472	337.824	29.968	0	1.336.235
HC.2 Servios de cuidados de reabilitao	0	0	0	0	0	0	0	0	0	0	0	0
HC.4 Servios Auxiliares de cuidados mdicos	0	1.424	0	0	0	0	333	0	0	0	0	1.757
HC.5 Artigos mdicos dispensados a pacientes externos	54.229	6.204	0	768	0	0	8.405	0	705.436	4.620	0	779.663
HC.6 Preveno e servios de sade pblica	268.614	0	187.770	0	310.236	0	0	0	0	726.669	97.682	1.590.970
HC.7 Administrao e seguro da sade	1.148.419	6.658	91.734	0	857.435	0	0	0	0	0	0	2.104.247
HC.7.1 Administrao governamental geral da sade	1.148.419	6.658	91.734	0	857.435	0	0	0	0	0	0	2.104.247
HC.7.2 Administrao privada de sade	0	0	0	0	0	0	0	0	0	0	0	0
Coluna Totais e H0	3.436.014	23.815	279.505	305.234	1.829.810	0	19.093	31.415	1.061.733	811.502	97.682	7.895.803
HC.R.1 Formao de capital para as instituies provedoras de cuidados de sade	432.854	3.190	0	24.443	80.146	0	917	0	0	2.064	0	543.615
Coluna Totais e H1	3.868.869	27.005	279.505	329.677	1.909.956	0	20.011	31.415	1.061.733	813.566	97.682	8.439.418
HC.R.2 Educao e formao do pessoal de sade	19.351	0	27.844	0	59.863	0	0	0	0	57.887	0	164.946
HC.R.3 Pesquisa e desenvolvimento da sade	5.073	0	0	0	0	0	0	0	0	2.240	0	7.312
HC.R.4 Controle de alimentos, gua potvel e higiene	615	0	0	0	6.742	0	0	0	0	0	0	7.357
HC.R.5 Sade ambiental	0	0	0	0	0	0	0	0	0	0	0	0
Total	3.893.907	27.005	307.349	329.677	1.976.562	0	20.011	31.415	1.061.733	873.693	97.682	8.619.034

Funções	Provedores										Total
	HP.1 Hospitais		HP.3 Provedores de cuidados de saúde de cidadãos de saúde ambulatoriais (Clínicas e consultórios)	HP.4 Venda a retalho e outros provedores de materiais médicos (Farmácias, centros opticos, Proteses, ...)	HP.5 Gestão e administração dos Programas de saúde pública	HP.6 Administração Geral da saúde e seguro		HP.8 Instituições provedoras de serviços relacionados com saúde	HP.9 Resto do Mundo		
	HP.1.1 Hospitais Gerais	HP.1.2 Hospitais Psiquiátricos				HP.6.1 Administração Governamental da saúde (O. centrais)					
HC.1 Serviços dos cuidados curativos	1.453.756	17.941	29.822	0	0	0	1.839.577	78.070	3.419.166		
HC.1.1 Cuidados curativos de pacientes internos	751.926	11.960	14.590	0	0	0	1.226.385	78.070	2.082.931		
HC.1.3 Cuidados curativos de pacientes externos	701.830	5.980	15.232	0	0	0	613.192	0	1.336.235		
HC.2 Serviços de cuidados de reabilitação	0	0	0	0	0	0	0	0	0		
HC.4 Serviços Auxílios de cuidados médicos	1.757	0	0	0	0	0	0	0	1.757		
HC.5 Artigos médicos dispensados a pacientes externos	3.208	0	4.263	717.963	50.507	0	3.722	0	779.663		
HC.6 Prevenção e serviços de saúde pública	54.250	0	0	0	1.348.950	0	187.770	0	1.590.970		
HC.7 Administração e seguro da saúde	0	0	0	0	7.320	2.096.926	0	0	2.104.247		
HC.7.1 Administração governamental geral da saúde	0	0	0	0	7.320	2.096.926	0	0	2.104.247		
HC.7.2 Administração privada de saúde	0	0	0	0	0	0	0	0	0		
Coluna Totais e H0	1.512.971	17.941	34.085	717.963	1.406.777	2.096.926	2.031.069	78.070	7.895.803		
HC.R.1 Formação de capital para as instituições provedoras de cuidados de saúde	27.634	0	917	0	2.064	1.499	511.502	0	543.615		
Coluna Totais e H1	1.540.605	17.941	35.003	717.963	1.408.841	2.098.425	2.542.571	78.070	8.439.418		
HC.R.2 Educação e formação do pessoal de saúde	0	0	0	0	14.086	0	150.860	0	164.946		
HC.R.3 Pesquisa e desenvolvimento da saúde	0	0	0	0	2.898	0	4.415	0	7.312		
HC.R.4 Controle de alimentos, água potável e higiene	0	0	0	0	615	0	6.742	0	7.357		
HC.R.5 Saude ambiental	0	0	0	0	0	0	0	0	0		
Total	1.540.605	17.941	35.003	717.963	1.426.439	2.098.425	2.704.587	78.070	8.619.034		

Agentes Financiadores		Fontes de Financiamento								Total	
		FS.1 Fundos Públicos		FS.2 Fundos Privados							FS.3 Resto do Mundo
		FS.1.1 Fundos do Governo Territorial	FS.1.1.1 Receitas do Governo Central	FS.2.1 Fundos de empregadores	FS.2.2 Fundos de Agregados Familiares	FS.2.3 Instituições sem fins lucrativos ao Serviço das Famílias	FS.2.4 Outros Fundos Privados				
	FS.1.1.1.1 Ministério das Finanças	FS.2.1.1 Fundos de Empresas Privadas	FS.2.1.2 Fundos de Empresas Públicas								
HF.1 Sector Público		2.759.649	0	22.794	0	0	0	0	4.252.374	7.034.817	
HF.1.1 Governo Territorial		2.759.649	0	0	0	0	0	0	4.252.374	7.012.023	
HF.1.1.1 Governo Central		1.534.453	0	0	0	0	0	0	3.341.760	4.876.212	
HF.1.1.1.1 Ministério da Saúde		947.749	0	0	0	0	0	0	2.870.249	3.817.998	
HF.1.1.1.2 Ministério da Defesa		36.205	0	0	0	0	0	0	0	36.205	
HF.1.1.1.3 Conselho Nacional de Combate a Sida		62.226	0	0	0	0	0	0	372.542	434.768	
HF.1.1.1.4 Hospitais Centrais		488.273	0	0	0	0	0	0	98.969	587.242	
HF.1.1.2 Governo Provincial		1.225.197	0	0	0	0	0	0	910.614	2.135.811	
HF.1.1.2.1 Direcção Provincial da Saúde		1.225.197	0	0	0	0	0	0	910.614	2.135.811	
HF.1.1.3 Governos locais e Municipais		0	0	0	0	0	0	0	0	0	
HF.1.2 Fundo de segurança Social		0	0	22.794	0	0	0	0	0	22.794	
HF.2 Sector Não Público		0	38.298	0	1.214.887	0	0	0	1.006.105	2.259.290	
HF.2.1.2 Seguros de empresas Privadas		0	38.298	0	0	0	0	0	0	38.298	
HF.2.3 Pagamentos directos das Famílias		0	0	0	1.214.887	0	0	0	0	1.214.887	
HF.2.4 Instituições Sem Fins Lucrativos ao serviço das Famílias (ONGs)		0	0	0	0	0	0	0	1.006.105	1.006.105	
HF.3 Resto do Mundo		0	0	0	0	0	0	0	236.743	236.743	
Total		2.759.649	38.298	22.794	1.214.887	0	0	0	5,495,222	9,530,850	

Provedores	Agentes Financeiros											Total
	HF.1 Sector Público					HF.2 Sector Não Público					HF.3 Resto do Mundo	
	HF.1.1 Governo Territorial					HF.1.2 Fundo de Segurança (Seguro para funcionários públicos e para estata)	HF.2.1.2 Seguros de empresas Privadas	HF.2.3 Pagamentos directos das Familiares	HF.2.4 Instituições Sem Fins Lucrativos ao serviço das Famílias (ONGs)			
	HF.1.1.1 Governo Central		HF.1.1.2 Governo Provincial		HF.1.1.3 Governo locais ou Municipais							
HF.1.1.1.1 Ministério da Saúde	HF.1.1.1.2 Ministério da Defesa	HF.1.1.1.3 Conselho Nacional de Combate a stado	HF.1.1.1.4 Hospitais Centrais	HF.1.1.2.1 Direcções Provinciais da Saúde	HF.1.1.2.2	HF.1.1.2.3	HF.1.1.2.4	HF.1.2	HF.2.1.2	HF.2.3	HF.2.4	
HP.1 Hospitais	0	36.205	0	587.242	675.323	0	8.584	0	407.692	0	1.715.046	
HP.1.1 Hospitais Gerais	0	36.205	0	587.242	667.857	0	8.584	0	407.692	0	1.707.580	
HP.1.2 Hospitais Psiquiátricos	0	0	0	0	7.466	0	0	0	0	0	7.466	
HP.3 Provedores de cuidados de saúde ambulatoriais (Clínicas e consultórios)	0	0	0	0	0	0	5.834	0	38.298	0	44.132	
HP.4 Venda a retalho e outros provedores de materiais médicos (Farmácias, centros ópticos, Próteses, ...)	0	0	0	0	0	0	8.067	0	807.194	0	815.261	
HP.5 Gestão e administração dos Programas de saúde pública	91.223	0	0	0	229.237	0	0	0	0	1.006.105	1.563.308	
HP.6 Administração geral da saúde e seguro	948.657	0	92.295	0	998.272	0	0	0	0	0	2.039.223	
HP.6.1 Administração Governamental da saúde	948.657	0	92.295	0	998.272	0	0	0	0	0	2.039.223	
HP.6.9 Todos outros provedores da administração da saúde	0	0	0	0	0	0	0	0	0	0	0	
HP.8 Instituições provedoras de serviços relacionados com saúde	2.705.597	0	342.473	0	232.978,92	0	309	0	0	0	3.281.357	
HP.9 Resto do Mundo	72.521	0	0	0	0	0	22.794	0	38.298	0	72.521	
Total	3.817.998	36.205	434.768	587.242	2.135.811	0	22.794	0	1.214.887	1.006.105	9.530.850	

Funções	Agentes Financeiros													Total
	HF.1 Sector Público						HF.2 Sector Não Público						HF.3 Resto do Mundo	
	HF.1.1 Governo Central			HF.1.2 Governo Provincial			HF.1.1.3 Governo locais ou Municipais			HF.2.1.2 Seguros de empresas Privadas	HF.2.3 Pagamentos directos das Familiares	HF.2.4 Instituições Sem Fins Lucrativos ao serviço das Familias (ONGs)		
	HF.1.1.1	HF.1.1.1.1	HF.1.1.1.2	HF.1.1.1.3	HF.1.1.1.4	HF.1.1.2	HF.1.1.2.1	HF.1.1.3	HF.1.2 Fundo de Seguranca para funcionarios públicos e para estatal)					
HC.1 Serviços dos cuidados curativos	2.096.479	22.199	0	282.718	0	621.073	0	12.510	38.298	407.692	0	0	0	3.480.970
HC.1.1 Cuidados curativos de pacientes internos	1.421.827	14.799	0	188.479	0	416.537	0	7.992	25.532	21.138	0	0	0	2.096.305
HC.1.3 Cuidados curativos de pacientes externos	674.653	7.400	0	94.239	0	204.536	0	4.518	12.766	386.555	0	0	0	1.384.666
HC.2 Serviços de cuidados de reabilitação	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HC.4 Serviços Auxiliares de cuidados médicos	0	8.987	0	0	0	0	0	309	0	0	0	0	0	9.296
HC.5 Artigos médicos dispensados a pacientes externos	0	0	0	592	0	0	0	8.067	0	807.194	0	0	0	815.853
HC.6 Prevenção e serviços de saúde pública	91.223	0	326.608	25.960	0	283.487	0	0	0	0	1.006.105	236.743	0	1.970.126
HC.7 Administração e seguro da saúde	948.657	5.019	92.295	231.448	0	966.809	0	0	0	0	0	0	0	2.244.227
HC.7.1 Administração governamental geral da saúde	948.657	5.019	92.295	231.448	0	966.809	0	0	0	0	0	0	0	2.244.227
HC.7.2 Administração privada de saúde	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Coluna Totais e H0	3.136.359	36.205	418.903	540.719	1.871.369	0	20.885	38.298	1.214.887	1.006.105	236.743	0	0	8.520.473
HC.R.1 Formação de capital para as instituições provedoras de cuidados de saúde	588.867	0	0	37.125	232.245	0	1.909	0	0	0	0	0	0	860.146
Coluna Totais e H1	3.725.226	36.205	418.903	577.844	2.103.614	0	22.794	38.298	1.214.887	1.006.105	236.743	0	0	9.380.619
HC.R.2 Educação e formação do pessoal de saúde	76.692	0	15.864	0	30.267	0	0	0	0	0	0	0	0	122.824
HC.R.3 Pesquisa e desenvolvimento da saúde	9.557	0	0	9.398	0	0	0	0	0	0	0	0	0	18.955
HC.R.4 Controle de alimentos, água potável e higiene	6.523	0	0	0	1.929	0	0	0	0	0	0	0	0	8.452
HC.R.5 Saúde ambiental	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	3.817.998	36.205	434.768	587.242	2.135.811	0	22.794	38.298	1.214.887	1.006.105	236.743	0	0	9.530.850

Funções	Provedores										Total
	HP.1 Hospitais		HP.3 Provedores de cuidados de saúde ambulatoriais (Clínicas e consultórios)	HP.4 Venda a retalho e outros provedores de materiais médicos (Farmácias, centros ópticos, Próteses, ...)	HP.5 Gestão e administração dos Programas de saúde pública	HP.6 Administração Geral da saúde e seguro		HP.8 Instituições provedoras de serviços relacionados com saúde	HP.9 Resto do Mundo	Total	
	HP.1.1 Hospitais Gerais	HP.1.2 Hospitais Psiquiátricos				HP.6.1 Administração Governamental da saúde (O. centrais)					
HC.1 Serviços dos cuidados curativos	1.334.801	7.466	42.224	0	0	0	2.023.958	72.521	3.480.970		
HC.1.1 Cuidados curativos de pacientes internos	639.210	7.466	27.802	0	0	0	1.349.305	72.521	2.096.305		
HC.1.3 Cuidados curativos de pacientes externos	695.591	0	14.422	0	0	0	674.653	0	1.384.666		
HC.2 Serviços de cuidados de reabilitação	0	0	0	0	0	0	0	0	0		
HC.4 Serviços Auxílios de cuidados médicos	8.987	0	0	0	0	0	309	0	9.296		
HC.5 Artigos médicos dispensados a pacientes externos	592	0	0	815.261	0	0	0	0	815.853		
HC.6 Prevenção e serviços de saúde pública	80.210	0	0	0	1.563.308	0	326.608	0	1.970.126		
HC.7 Administração e seguro da saúde	236.467	0	0	0	0	2.007.761	0	0	2.244.227		
HC.7.1 Administração governamental geral da saúde	236.467	0	0	0	0	2.007.761	0	0	2.244.227		
HC.7.2 Administração privada de saúde	0	0	0	0	0	0	0	0	0		
Coluna Totais e H0	1.661.057	7.466	42.224	815.261	1.563.308	2.007.761	2.350.875	72.521	8.520.473		
HC.R.1 Formação de capital para as instituições provedoras de cuidados de saúde	37.125	0	1.909	0	0	31.463	789.650	0	860.146		
Coluna Totais e H1	1.698.182	7.466	44.132	815.261	1.563.308	2.039.223	3.140.525	72.521	9.380.619		
HC.R.2 Educação e formação do pessoal de saúde	0	0	0	0	0	0	122.824	0	122.824		
HC.R.3 Pesquisa e desenvolvimento da saúde	9.398	0	0	0	0	0	9.557	0	18.955		
HC.R.4 Controle de alimentos, água potável e higiene	0	0	0	0	0	0	8.452	0	8.452		
HC.R.5 Saúde ambiental	0	0	0	0	0	0	0	0	0		
Total	1.707.580	7.466	44.132	815.261	1.563.308	2.039.223	3.281.357	72.521	9.530.850		

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10³ USDA.1 b) National Health Accounts Matrixes in Mozambique 2004-2006 (10³ USD)

Agentes Financiadores		Fontes de Financiamento							Total
		FS.1 Fundos Públicos	FS.2 Fundos Privados				FS.3 Resto do Mundo		
FS.1.1 Fundos do Governo Territorial		FS.2.1 Fundos de empregadores		FS.2.2 Fundos de Agregados Familiares	FS.2.3 Instituições sem fins lucrativos ao Serviço das Famílias	FS.2.4 Outros Fundos Privados	Total		
FS.1.1.1 Receitas do Governo Central	FS.1.1.1.1 Ministério das Finanças	FS.2.1.1 Fundos de Empresas Privadas	FS.2.1.2 Fundos de Empresas Públicas						
HF.1 Sector Público		86.332	0	658	0	0	0	195.599	
HF.1.1 Governo Territorial		86.332	0	0	0	0	0	194.940	
HF.1.1.1 Governo Central		49.480	0	0	0	0	0	136.503	
HF.1.1.1.1 Ministério da Saúde		28.163	0	0	0	0	0	106.694	
HF.1.1.1.2 Ministério da Defesa		683	0	0	0	0	0	683	
HF.1.1.1.3 Conselho Nacional de Combate a Sida		2.077	0	0	0	0	0	9.967	
HF.1.1.1.4 Hospitais Centrais		18.556	0	0	0	0	0	19.158	
HF.1.1.2 Governo Provincial		36.852	0	0	0	0	0	58.438	
HF.1.2.1 Direcção Provincial da Saúde		36.852	0	0	0	0	0	58.438	
HF.1.1.3 Governos locais e Municipais		0	0	0	0	0	0	0	
HF.1.2 Fundo de segurança Social		0	0	658	0	0	0	658	
HF.2 Sector Não Público		0	915	0	42.385	0	0	72.816	
HF.2.1.2 Seguros de empresas Privadas		0	915	0	0	0	0	1.476	
HF.2.3 Pagamentos directos das Famílias		0	0	0	42.385	0	0	42.385	
HF.2.4 Instituições Sem Fins Lucrativos ao serviço das Famílias (ONGs)		0	0	0	0	0	0	28.955	
HF.3 Resto do Mundo		0	0	0	0	0	0	3.177	
Total		86.332	915	658	42.385	0	0	271.592	

Provedores	Agentes Financeiros											Total
	HF.1 Sector Público						HF.2 Sector Não Público					
	HF.1.1 Governo Territorial						HF.1.2 Fundo de Seguranga (Seguro para funcionários públicos e para estatal)	HF.2.1.2 Seguros de empresas Privadas	HF.2.3 Pagamentos directos das Familiares	HF.2.4 Instituições Sem Fins Lucrativos ao serviço das Famílias (ONGs)	HF.3 Resto do Mundo	
	HF.1.1.1 Governo Central		HF.1.1.2 Governo Provincial		HF.1.1.3 Governo locais ou Municipais							
HF.1.1.1.1	HF.1.1.1.2	HF.1.1.1.3	HF.1.1.1.4	HF.1.1.2.1	HF.1.1.3							
Ministério da Saúde	Ministério da Defesa	Conselho Nacional de Combate a Sida	Hospitais Centrais	Direcções Provinciais da Saúde	locais ou Municipais							
HP.1 Hospitais	12.033	683	0	19.158	15.623	0	213	0	14.224	0	0	61.934
HP.1.1 Hospitais Gerais	12.033	683	0	19.158	15.347	0	213	0	14.224	0	0	61.658
HP.1.2 Hospitais Psiquiátricos	0	0	0	0	276	0	0	0	0	0	0	276
HP.3 Provedores de cuidados de saúde ambulatoriais (Clínicas e consultórios)	0	0	0	0	0	0	76	915	0	0	0	991
HP.4 Venda a retalho e outros provedores de materiais médicos (Farmácias, centros ópticos, Próteses, ...)	0	0	0	0	0	0	357	0	28.162	246	0	28.765
HP.5 Gestão e administração dos Programas de saúde pública	16.370	0	0	0	15.743	0	0	411	0	28.709	3.177	64.410
HP.6 Administração geral da saúde e seguro	30.386	0	2.380	0	23.403	0	0	0	0	0	0	56.169
HP.6.1 Administração Governamental da saúde	30.386	0	2.380	0	23.403	0	0	0	0	0	0	56.169
HP.6.9 Todos outros provedores da administração da saúde	0	0	0	0	0	0	0	0	0	0	0	0
HP.8 Instituições provedoras de serviços relacionados com saúde	46.102	0	7.587	0	3.667,87	0	12	150	0	0	0	57.519
HP.9 Resto do Mundo	1.804	0	0	0	0	0	0	0	0	0	0	1.804
Total	106.694	683	9.967	19.158	58.438	0	658	1.476	42.385	28.955	3.177	271.592

Funções		Agentes Financeiros											Total	
		HF.1 Sector Público					HF.2 Sector Não Público							
		HF.1.1 Governo Territorial					HF.1.2 Fundo de Seguranc	HF.2.1.2 Seguros de empresas Privadas		HF.2.3 Pagamentos directos das Familiares		HF.2.4 Instituições Sem Fins Lucrativos ao serviço das Famílias (ONGs)		
		HF.1.1.1 Governo Central		HF.1.1.2 Governo Provincial			HF.1.1.3 Governo locais ou Municipais	HF.1.2.1	HF.2.1.1	HF.2.3.1	HF.2.3.2	HF.2.4.1		HF.2.4.2
HC.1	Serviços dos cuidados curativos	52.191	190	0	11.230	15.336	0	268	915	14.224	0	0	94.353	
HC.1.1	Cuidados curativos de pacientes internos	35.395	127	0	7.487	10.224	0	164	610	737	0	0	54.744	
HC.1.3	Cuidados curativos de pacientes externos	16.796	63	0	3.743	5.112	0	103	305	13.486	0	0	39.609	
HC.2	Serviços de cuidados de reabilitação	0	0	0	0	0	0	0	0	0	0	0	0	
HC.4	Serviços Auxiliares de cuidados médicos	691	71	0	0	0	0	12	0	0	0	0	774	
HC.5	Artigos médicos dispensados a pacientes externos	0	0	0	145	0	0	357	0	28.162	246	0	28.910	
HC.6	Prevenção e serviços de saúde pública	16.370	0	6.728	3	15.743	0	0	411	0	28.709	3.177	71.141	
HC.7	Administração e seguro da saúde	30.546	422	2.380	6.844	22.530	0	0	0	0	0	0	62.721	
HC.7.1	Administração governamental geral da saúde	30.546	422	2.380	6.844	22.530	0	0	0	0	0	0	62.721	
HC.7.2	Administração privada de saúde	0	0	0	0	0	0	0	0	0	0	0	0	
Coluna Totais e HO		99.797	683	9.107	18.222	53.609	0	637	1.326	42.385	28.955	3.177	257.899	
HC.R.1	Formação de capital para as instituições provedoras de cuidados de saúde	5.361	0	0	675	3.199	0	21	0	0	0	0	9.256	
Coluna Totais e HI		105.158	683	9.107	18.897	56.809	0	658	1.326	42.385	28.955	3.177	267.155	
HC.R.2	Educação e formação do pessoal de saúde	1.238	0	859	0	962	0	0	0	0	0	0	3.059	
HC.R.3	Pesquisa e desenvolvimento da saúde	72	0	0	262	0	0	0	150	0	0	0	484	
HC.R.4	Controle de alimentos, água potável e higiene	226	0	0	0	667	0	0	0	0	0	0	893	
HC.R.5	Saúde ambiental	0	0	0	0	0	0	0	0	0	0	0	0	
Total		106.694	683	9.967	19.158	58.438	0	658	1.476	42.385	28.955	3.177	271.592	

Funções	Provedores										Total
	HP.1 Hospitais		HP.3 Provedores de cuidados de saúde ambulatoriais (Clínicas e consultórios)	HP.4 Venda a retalho e outros provedores de materiais médicos (Farmácias, centros opticos, Proteses, ...)	HP.5 Gestão e administração dos Programas de saúde pública	HP.6 Administração Geral da saúde e seguro		HP.8 Instituições provedoras de serviços relacionados com saúde	HP.9 Resto do Mundo		
	HP.1.1 Hospitais Gerais	HP.1.2 Hospitais Psiquiátricos				HP.6.1 Administração Governamental da saúde (O. centrais)					
HC.1 Serviços dos cuidados curativos	48.956	276	969	0	0	0	42.348	1.804	0	94.353	
HC.1.1 Cuidados curativos de pacientes internos	23.892	184	632	0	0	0	28.232	1.804	0	54.744	
HC.1.3 Cuidados curativos de pacientes externos	25.064	92	337	0	0	0	14.116	0	0	39.609	
HC.2 Serviços de cuidados de reabilitação	0	0	0	0	0	0	0	0	0	0	
HC.4 Serviços Auxílios de cuidados médicos	762	0	0	0	0	0	12	0	0	774	
HC.5 Artigos médicos dispensados a pacientes externos	145	0	0	28.765	0	0	0	0	0	28.910	
HC.6 Prevenção e serviços de saúde pública	3	0	0	0	64.410	0	6.728	0	0	71.141	
HC.7 Administração e seguro da saúde	7.425	0	0	0	0	55.296	0	0	0	62.721	
HC.7.1 Administração governamental geral da saúde	7.425	0	0	0	0	55.296	0	0	0	62.721	
HC.7.2 Administração privada de saúde	0	0	0	0	0	0	0	0	0	0	
Coluna Totais e H0	57.292	276	969	28.765	64.410	55.296	49.088	1.804	0	257.899	
HC.R.1 Formação de capital para as instituições provedoras de cuidados de saúde	4.105	0	21	0	0	874	4.256	0	0	9.256	
Coluna Totais e H1	61.396	276	991	28.765	64.410	56.169	53.344	1.804	0	267.155	
HC.R.2 Educação e formação do pessoal de saúde	0	0	0	0	0	0	3.059	0	0	3.059	
HC.R.3 Pesquisa e desenvolvimento da saúde	262	0	0	0	0	0	223	0	0	484	
HC.R.4 Controle de alimentos, água potável e higiene	0	0	0	0	0	0	893	0	0	893	
HC.R.5 Saúde ambiental	0	0	0	0	0	0	0	0	0	0	
Total	61.658	276	991	28.765	64.410	56.169	57.519	1.804	0	271.592	

		Fontes de Financiamento							Total
		FS.1 Fundos Públicos		FS.2 Fundos Privados				FS.3 Resto do Mundo	
Agentes Financiadores		FS.1.1 Fundos do Governo Territorial	FS.2.1 Fundos de empregadores		FS.2.2 Fundos de Agregados Familiares	FS.2.3 Instituições sem fins lucrativos ao Serviço das Famílias	FS.2.4 Outros Fundos Privados	Total	
			FS.2.1.1 Fundos de Empresas Privadas	FS.2.1.2 Fundos de Empresas Públicas					
HF.1 Sector Público		131.973	0	905	0	0	0	296.584	
HF.1.1 Governo Territorial		131.973	0	0	0	0	0	295.679	
HF.1.1.1 Governo Central		68.058	0	0	0	0	0	206.242	
HF.1.1.1.1 Ministério da Saúde		49.341	0	0	0	0	0	176.195	
HF.1.1.1.2 Ministério da Defesa		1.222	0	0	0	0	0	1.222	
HF.1.1.1.3 Conselho Nacional de Combate a Sida		3.230	0	0	0	0	0	13.907	
HF.1.1.1.4 Hospitais Centrais		14.265	0	0	0	0	0	652	
HF.1.1.2 Governo Provincial		63.915	0	0	0	0	0	89.437	
HF.1.1.2.1 Direcção Provincial da Saúde		63.915	0	0	0	0	0	89.437	
HF.1.1.3 Governos locais e Municipais		0	0	0	0	0	0	0	
HF.1.2 Fundo de segurança Social		0	0	905	0	0	0	905	
HF.2 Sector Não Público		0	1.421	0	48.042	0	0	88.997	
HF.2.1.2 Seguros de empresas Privadas		0	1.421	0	0	0	0	1.421	
HF.2.3 Pagamentos directos das Famílias		0	0	0	48.042	0	0	48.042	
HF.2.4 Instituições Sem Fins Lucrativos ao serviço das Famílias (ONGs)		0	0	0	0	0	0	39.534	
HF.3 Resto do Mundo		0	0	0	48.042	0	0	4.420	
Total		131.973	1.421	905	48.042	0	0	390.002	

Provedores	Agentes Financeiros											Total	
	HF.1 Sector Público						HF.2 Sector Não Público						
	HF.1.1 Governo Territorial						HF.1.2 Fundo de Segurança (Seguro para funcionários públicos e para estatal)	HF.2.1.2 Seguros de empresas Privadas	HF.2.3 Pagamentos directos das Familiars	HF.2.4 Instituições Sem Fins Lucrativos ao serviço das Famílias (ONGs)	HF.3 Resto do Mundo		
	HF.1.1.1 Governo Central			HF.1.1.2 Governo Provincial									
HF.1.1.1.1 Ministério da Saúde	HF.1.1.1.2 Ministério da Defesa	HF.1.1.1.3 Conselho Nacional de Combate a Sida	HF.1.1.1.4 Hospitais Centrais	HF.1.1.2.1 Direcções Provinciais da Saúde	HF.1.1.2.2 Hospitais Locais ou Municipais								
HP.1 Hospitais	9.637	750	0	14.918	0	24.911	0	382	516	16.122	3.287,196721	0	70.522
HP.1.1 Hospitais Gerais	9.637	750	0	14.918	0	24.099	0	382	516	16.122	3.287,196721	0	69.711
HP.1.2 Hospitais Psiquiátricos	0	0	0	0	0	812	0	0	0	0	0	0	812
HP.3 Provedores de cuidados de saúde ambulatoriais (Clínicas e consultórios)	0	170.33738	0	0	0	0	0	143	905	0	364,9395283	0	1.584
HP.4 Venda a retalho e outros provedores de materiais médicos (Farmácias, centros ópticos, Próteses, ...)	0	0	0	0	0	0	0	380	0	31.920	186	0	32.487
HP.5 Gestão e administração dos Programas de saúde pública	15.281	0	0	0	0	11.583	0	0	0	0	33.261	4.420	64.545
HP.6 Administração geral da saúde e seguro	51.701	301,25279	4.151	0	38.798	0	0	0	0	0	0	0	94.951
HP.6.1 Administração Governamental da saúde	51.701	301,25279	4.151	0	38.798	0	0	0	0	0	0	0	94.951
HP.6.9 Todos outros provedores da administração da saúde	0	0	0	0	0	0	0	0	0	0	0	0	0
HP.8 Instituições provedoras de serviços relacionados com saúde	96.043	0	9.756	0	14.145,52	0	0	0	0	0	2434,217686	0	122.380
HP.9 Resto do Mundo	3.533	0	0	0	0	0	0	0	0	0	0	0	3.533
Total	176.195	1.222	13.907	14.918	0	89.437	0	905	1.421	48.042	39.534	4.420	390.002

Funções	Agentes Financeiros											Total
	HF.1 Sector Público					HF.2 Sector Não Público						
	HF.1.1 Governo Territorial					HF.1.2 Fundo de Seguranc						
	HF.1.1.1 Governo Central			HF.1.1.2 Governo Provincial		HF.1.1.3 Governo locais ou Municipais		HF.2.1.2 Seguros de empresas Privadas		HF.2.3 Pagamentos directos das Familiares		
HF.1.1.1.1	HF.1.1.1.2	HF.1.1.1.3	HF.1.1.1.4	HF.1.1.2.1	HF.1.1.3	HF.2.1.2	HF.2.3	HF.2.4	HF.2.1.2	HF.2.3	HF.2.4	HF.3 Resto do Mundo
HC.1 Serviços dos cidadãos curativos	88.903	431	0	13.777	29.961	0	469	1.421	16.122	3.630	0	154.713
HC.1.1 Cuidados curativos de pacientes internos	60.446	287	0	9.184	19.974	0	301	948	836	2.274	0	94.250
HC.1.3 Cuidados curativos de pacientes externos	28.457	144	0	4.592	9.987	0	167	474	15.286	1.356	0	60.463
HC.2 Serviços de cuidados de reabilitação	0	0	0	0	0	0	0	0	0	0	0	0
HC.4 Serviços Auxiliares de cuidados médicos	0	64	0	0	0	0	15	0	0	0	0	80
HC.5 Artigos médicos dispensados a pacientes externos	2.454	281	0	35	0	0	380	0	31.920	209	0	35.279
HC.6 Prevenção e serviços de saúde pública	12.154	0	8.496	0	14.038	0	0	0	0	32.881	4.420	71.990
HC.7 Administração e seguro da saúde	51.965	301	4.151	0	38.798	0	0	0	0	0	0	95.215
HC.7.1 Administração governamental geral da saúde	51.965	301	4.151	0	38.798	0	0	0	0	0	0	95.215
HC.7.2 Administração privada de saúde	0	0	0	0	0	0	0	0	0	0	0	0
Coluna Totais e H0	155.476	1.078	12.647	13.811	82.797	0	864	1.421	48.042	36.720	4.420	357.276
HC.R.1 Formação de capital para as instituições provedoras de cuidados de saúde	19.586	144	0	1.106	3.627	0	42	0	0	93	0	24.598
Coluna Totais e H1	175.062	1.222	12.647	14.918	86.423	0	905	1.421	48.042	36.813	4.420	381.874
HC.R.2 Educação e formação do pessoal de saúde	876	0	1.260	0	2.709	0	0	0	0	2.619	0	7.464
HC.R.3 Pesquisa e desenvolvimento da saúde	230	0	0	0	0	0	0	0	0	101	0	331
HC.R.4 Controle de alimentos, água potável e higiene	28	0	0	0	305	0	0	0	0	0	0	333
HC.R.5 Saúde ambiental	0	0	0	0	0	0	0	0	0	0	0	0
Total	176.195	1.222	13.907	14.918	89.437	0	905	1.421	48.042	39.534	4.420	390.002

Funções	Provedores										Total
	HP.1 Hospitais		HP.3 Provedores de cuidados de saúde ambulatoriais (Clínicas e consultórios)	HP.4 Venda a retalho e outros provedores de materiais médicos (Farmácias, centros ópticos, Proteses, ...)	HP.5 Gestão e administração dos Programas de saúde pública	HP.6 Administração Geral da saúde e seguro		HP.8 Instituições de serviços relacionados com saúde	HP.9 Resto do Mundo	Total	
	HP.1.1 Hospitais Gerais	HP.1.2 Hospitais Psiquiátricos				HP.6.1 Administração Governamental da saúde (O. centrais)					
HC.1 Serviços dos cuidados curativos	65.781	812	1.349	0	0	0	83.239	3.533	154.713		
HC.1.1 Cuidados curativos de pacientes internos	34.024	541	660	0	0	0	55.493	3.533	94.250		
HC.1.3 Cuidados curativos de pacientes externos	31.757	271	689	0	0	0	27.746	0	60.463		
HC.2 Serviços de cuidados de reabilitação	0	0	0	0	0	0	0	0	0		
HC.4 Serviços Auxílios de cuidados médicos	80	0	0	0	0	0	0	0	80		
HC.5 Artigos médicos dispensados a pacientes externos	145	0	193	32.487	2.285	0	168	0	35.279		
HC.6 Prevenção e serviços de saúde pública	2.455	0	0	0	61.038	0	8.496	0	71.990		
HC.7 Administração e seguro da saúde	0	0	0	0	331	94.884	0	0	95.215		
HC.7.1 Administração governamental geral da saúde	0	0	0	0	331	94.884	0	0	95.215		
HC.7.2 Administração privada de saúde	0	0	0	0	0	0	0	0	0		
Coluna Totais e H0	68.460	812	1.542	32.487	63.655	94.884	91.904	3.533	357.276		
HC.R.1 Formação de capital para as instituições provedoras de cuidados de saúde	1.250	0	42	0	93	68	23.145	0	24.598		
Coluna Totais e H1	69.711	812	1.584	32.487	63.748	94.951	115.048	3.533	381.874		
HC.R.2 Educação e formação do pessoal de saúde	0	0	0	0	637	0	6.826	0	7.464		
HC.R.3 Pesquisa e desenvolvimento da saúde	0	0	0	0	131	0	200	0	331		
HC.R.4 Controle de alimentos, água potável e higiene	0	0	0	0	28	0	305	0	333		
HC.R.5 Saúde ambiental	0	0	0	0	0	0	0	0	0		
Total	69.711	812	1.584	32.487	64.545	94.951	122.380	3.533	390.002		

Agentes Financiadores		Fontes de Financiamento							Total
		FS.1 Fundos Públicos	FS.2 Fundos Privados				FS.3 Resto do Mundo		
FS.1.1 Fundos do Governo Territorial		FS.1.1.1 Receitas do Governo Central	FS.2.1 Fundos de empregadores		FS.2.2 Fundos de Agregados Familiares	FS.2.3 Instituições sem fins lucrativos ao Serviço das Famílias	FS.2.4 Outros Fundos Privados	Total	
FS.1.1.1.1 Ministério das Finanças			FS.2.1.1 Fundos de Empresas Privadas	FS.2.1.2 Fundos de Empresas Públicas					
HF.1 Sector Público		120.509	0	995	0	0	0	307.197	
HF.1.1 Governo Territorial		120.509	0	0	0	0	0	306.202	
HF.1.1.1 Governo Central		67.007	0	0	0	0	0	212.935	
HF.1.1.1.1 Ministério da Saúde		41.386	0	0	0	0	0	166.725	
HF.1.1.1.1.2 Ministério da Defesa		1.581	0	0	0	0	0	1.581	
HF.1.1.1.1.3 Conselho Nacional de Combate a Sida		2.717	0	0	0	0	0	18.985	
HF.1.1.1.1.4 Hospitais Centrais		21.322	0	0	0	0	0	25.644	
HF.1.1.2 Governo Provincial		53.502	0	0	0	0	0	93.267	
HF.1.1.2.1 Direcção Provincial da Saúde		53.502	0	0	0	0	0	93.267	
HF.1.1.3 Governos locais e Municipais		0	0	0	0	0	0	0	
HF.1.2 Fundo de segurança Social		0	0	995	0	0	0	995	
HF.2 Sector Não Público		0	1.672	0	53.052	0	0	98.659	
HF.2.1.2 Seguros de empresas Privadas		0	1.672	0	0	0	0	1.672	
HF.2.3 Pagamentos directos das Famílias		0	0	0	53.052	0	0	53.052	
HF.2.4 Instituições Sem Fins Lucrativos ao serviço das Famílias (ONGs)		0	0	0	0	0	0	43.935	
HF.3 Resto do Mundo		0	0	0	0	0	0	10.338	
Total		120.509	1.672	995	53.052	0	0	416.194	

Provedores	Agentes Financeiros											Total	
	HF.1 Sector Público					HF.2 Sector Não Público							
	HF.1.1 Governo Territorial					HF.1.2 Fundo de Segurança (Seguro para funcionários públicos e para estatal)	HF.2.1.2 Seguros de empresas Privadas	HF.2.3 Pagamentos directos das Famílias	HF.2.4 Instituições Sem Fins Lucrativos ao serviço das Famílias (ONGs)	HF.3 Resto do Mundo			
	HF.1.1.1 Governo Central		HF.1.1.2 Governo Provincial		HF.1.1.3 Governo locais ou Municipais								
HF.1.1.1.1 Ministério da Saúde	HF.1.1.1.2 Ministério da Defesa	HF.1.1.1.3 Conselho Nacional de Combate a Sida	HF.1.1.1.4 Hospitais Centrais	HF.1.1.2.1 Direcções Provinciais da Saúde									
HP.1 Hospitais	0	1.581	0	25.644	29.490	0	375	0	17.803	0	0	0	74.893
HP.1.1 Hospitais Gerais	0	1.581	0	25.644	29.164	0	375	0	17.803	0	0	0	74.567
HP.1.2 Hospitais Psiquiátricos	0	0	0	0	326	0	0	0	0	0	0	0	326
HP.3 Provedores de cuidados de saúde ambulatoriais (Clínicas e consultórios)	0	0	0	0	0	0	255	1.672	0	0	0	0	1.927
HP.4 Venda a retalho e outros provedores de materiais médicos (Farmácias, centros ópticos, Próteses, ...)	0	0	0	0	0	0	352	0	35.249	0	0	0	35.601
HP.5 Gestão e administração dos Programas de saúde pública	3.984	0	0	0	10.010	0	0	0	0	0	43.935	10.338	68.267
HP.6 Administração geral da saúde e seguro	41.426	0	4.030	0	43.593	0	0	0	0	0	0	0	89.049
HP.6.1 Administração Governamental da saúde	41.426	0	4.030	0	43.593	0	0	0	0	0	0	0	89.049
HP.6.9 Todos outros provedores da administração da saúde	0	0	0	0	0	0	0	0	0	0	0	0	0
HP.8 Instituições provedoras de serviços relacionados com saúde	118.148	0	14.955	0	10.173,75	0	13	0	0	0	0	0	143.291
HP.9 Resto do Mundo	3.167	0	0	0	0	0	0	0	0	0	0	0	3.167
Total	166.725	1.581	18.985	25.644	93.267	0	995	1.672	53.052	43.935	10.338	0	416.194

Funções	Agentes Financeiros											Total
	HF.1 Sector Público						HF.2 Sector Não Público					
	HF.1.1 Governo Territorial						HF.1.2 Fundo de Seguranca (Seguro para funcionrios pblicos e para estatal)	HF.2.1.2 Seguros de empresas Privadas	HF.2.3 Pagamentos directos das Familiares	HF.2.4 Instituies Sem Fins Lucrativos ao servio das Famlias (ONGs)	HF.3 Resto do Mundo	
	HF.1.1.1 Governo Central		HF.1.1.2 Governo Provincial		HF.1.1.3 Governo locais ou Municipais							
HF.1.1.1.1 Ministrio da Sade	HF.1.1.1.2 Ministrio da Defesa	HF.1.1.1.3 Conselho Nacional de Combate a Sida	HF.1.1.1.4 Hospitais Centrais	HF.1.1.2.1 Direces Provinciais da Sade	HF.1.1.3							
HC.1 Servios dos cuidados curativos	91.549	969	0	12.346	27.121	0	546	1.672	17.803	0	152.007	
HC.1.1 Cuidados curativos de pacientes internos	62.088	646	0	8.231	18.189	0	349	1.115	923	0	91.542	
HC.1.3 Cuidados curativos de pacientes externos	29.461	323	0	4.115	8.932	0	197	557	16.880	0	60.466	
HC.2 Servios de cuidados de reabilitao	0	0	0	0	0	0	0	0	0	0	0	
HC.4 Servios Auxiliares de cuidados mdicos	0	392	0	0	0	13	0	0	0	0	406	
HC.5 Artigos mdicos dispensados a pacientes externos	0	0	0	26	0	0	352	0	35.249	0	35.627	
HC.6 Preveno e servios de sade pblica	3.984	0	14.262	1.134	12.379	0	0	0	43.935	10.338	86.032	
HC.7 Administrao e seguro da sade	41.426	219	4.030	10.107	42.219	0	0	0	0	0	98.001	
HC.7.1 Administrao governamental geral da sade	41.426	219	4.030	10.107	42.219	0	0	0	0	0	98.001	
HC.7.2 Administrao privada de sade	0	0	0	0	0	0	0	0	0	0	0	
Coluna Totais e H0	136.959	1.581	18.293	23.612	81.719	0	912	1.672	53.052	43.935	372.073	
HC.R.1 Formao de capital para as instituies provedoras de cuidados de sade	25.715	0	0	1.621	10.142	0	83	0	0	0	37.561	
Coluna Totais e H1	162.674	1.581	18.293	25.233	91.861	0	995	1.672	53.052	43.935	409.634	
HC.R.2 Educao e formao do pessoal de sade	3.349	0	693	0	1.322	0	0	0	0	0	5.363	
HC.R.3 Pesquisa e desenvolvimento da sade	417	0	0	410	0	0	0	0	0	0	828	
HC.R.4 Controle de alimentos, gua potvel e higiene	285	0	0	0	84	0	0	0	0	0	369	
HC.R.5 Sade ambiental	0	0	0	0	0	0	0	0	0	0	0	
Total	166.725	1.581	18.985	25.644	93.267	0	995	1.672	53.052	43.935	416.194	

Funções	Provedores										Total
	HP.1 Hospitais		HP.3 Provedores de cuidados de saúde de cidadãos de saúde ambulatoriais (Clínicas e consultórios)	HP.4 Venda a retalho e outros provedores de materiais médicos (Farmácias, centros opticos, Proteses, ...)	HP.5 Gestão e administração dos Programas de saúde pública	HP.6 Administração Geral da saúde e seguro		HP.8 Insituições provedoras de serviços relacionados com saúde	HP.9 Resto do Mundo		
	HP.1.1 Hospitais Gerais	HP.1.2 Hospitais Psiquiátricos				HP.6.1 Administração Governamental da saúde (O. centrais)					
HC.1 Serviços dos cuidados curativos	58.288	326	1.844	0	0	0	0	88.382	3.167	0	152.007
HC.1.1 Cuidados curativos de pacientes internos	27.913	326	1.214	0	0	0	0	58.922	3.167	0	91.542
HC.1.3 Cuidados curativos de pacientes externos	30.375	0	630	0	0	0	0	29.461	0	0	60.466
HC.2 Serviços de cuidados de reabilitação	0	0	0	0	0	0	0	0	0	0	0
HC.4 Serviços Auxílios de cuidados médicos	392	0	0	0	0	0	0	13	0	0	406
HC.5 Artigos médicos dispensados a pacientes externos	26	0	0	35.601	0	0	0	0	0	0	35.627
HC.6 Prevenção e serviços de saúde pública	3.503	0	0	0	68.267	0	0	14.262	0	0	86.032
HC.7 Administração e seguro da saúde	10.326	0	0	0	0	0	0	87.675	0	0	98.001
HC.7.1 Administração governamental geral da saúde	10.326	0	0	0	0	0	0	87.675	0	0	98.001
HC.7.2 Administração privada de saúde	0	0	0	0	0	0	0	0	0	0	0
Coluna Totais e H0	72.535	326	1.844	35.601	68.267	0	0	102.658	3.167	0	372.073
HC.R.1 Formação de capital para as institutos provedoras de cuidados de saúde	1.621	0	83	0	0	0	0	34.483	0	0	37.561
Coluna Totais e H1	74.156	326	1.927	35.601	68.267	0	0	137.141	3.167	0	409.634
HC.R.2 Educação e formação do pessoal de saúde	0	0	0	0	0	0	0	5.363	0	0	5.363
HC.R.3 Pesquisa e desenvolvimento da saúde	410	0	0	0	0	0	0	417	0	0	828
HC.R.4 Controle de alimentos, água potável e higiene	0	0	0	0	0	0	0	369	0	0	369
HC.R.5 Saúde ambiental	0	0	0	0	0	0	0	0	0	0	0
Total	74.567	326	1.927	35.601	68.267	0	0	143.291	3.167	0	416.194

A.1 c) Disaggregation of Institutions Providing Health Related Services

Description	Amount Spent		
	2004	2005	2006
Medicines	986,712	1,843,299	2,023,958
Prevention and public health services	156,755	...	326,608
FBK (Investment)	99,169	511,501.56	789,650
Health personnel education and training	71,267	150,860	122,824
Health research and development	5,190	4,415	9,557
Food control, drinking -water and hygiene	20,813	6,742	8,452
TOTAL(HP. 8 Institutions providing health related services)	1,339,906	2,516,817	3,281,049

A.1 4) Notes on the Matrixes

	Data Source	Method	Notes
Financing Sources			
Public Funds	Execution Reports of the MoF (2004, 2005 e 2006)		
Private Funds			
Employers	Questionnaires to institutions		
Households	IAF (2002 – 2003)	Data extrapolation based on IAF 2002/2003	
Other Private Funds			
Rest of the World	Questionnaires to partners and NGOs Database available at site:www.odamoz.mz		
Financial Agents			
Public Sector			
Misau	DAG Execution Reports (2004, 2005, 2006)		
Ministry of Defense	Questionnaire to the institution (Military Health National Directorate)		
CNCS	Questionnaire to the Institution and to the Ministry of Finance (Execution Reports)		
Central Hospital	Execution Reports of the MoF (2004, 2005 e 2006)		Amount received directly by the Central Hospitals from the Ministry of Finance
Provincial Health Directorates	DAG Execution Reports (2004, 2005, 2006) DPSs Reports (2004, 2005, 2006)		
Welfare Fund (public and para-state officials insurance)	Questionnaires to public companies		Survey on information related with medical assistance to workers
Non-Public Sector			
Private Companies Insurance	Questionnaires to private companies		Survey on information related with medical assistance to workers
Households Direct Payments		Data extrapolation based on IAF 2002/2003	
NGOs	Questionnaire to NGOs and consultation with Partners		
Rest of the World	Questionnaire to Partners		
Providers			
Hospitals	Questionnaires to Hospitals and Activity Reports (2004, 2005, 2006)		
General Hospitals	Central, Provincial and Rural Hospitals		
Mental Health	Psychiatric Hospitals		Includes the expenditure on the HPM and HPN
Ambulatory health care	Questionnaires to clinics, Consultation Rooms and private health posts		
Retail sale and other providers of medical materials	Questionnaires to Private and Public Pharmacies		The group of public Pharmacies was represented by Farmac
Public Health Programmes Management Administration	DAG Execution Reports, Questionnaires to NGOs and Partners		Amount spent on public health programmes administration
Health and Insurance General Administration	DAG Execution Reports, Provincial Reports		The data refer to the expenditure on administration at the central, provincial and district levels, the expenditure on health centres is included in the district level, but without including the expenditure on insurance.
Institutions providing health related services	DAG, DPS, Central Depo of Medicines Execution Reports		The data refer to the expenditure on medicines, surgical materials, CHAEM, training, construction and rehabilitation.
Rest of the World	MoF Execution Report (2004, 2005, 2006)		The data refer to payment of medical assistance abroad.
Activities			
Curative Care Services	Hospital Reports (2004, 2005, 2006) Provincial Directorate Reports (2004, 2005, 2006)	To split the curative care into internal and external patients, PDE (Patient day equivalent), which is based on the assumption that the internal patients consume 3 times more than the external patients was used.	The value of curative care includes the amount spent in the administration of hospitals and medicines
Internal patients			
External patients			
Rehabilitation Care Services			
Medical care auxiliary services			Comprises a variety of services like laboratory, radiology and transport of patients

Medical items provided to external patients			
Prevention and Public Health Services			
Administration and health insurance			
Establishment of Capital for institutions providing care services	DAG Reports (2004, 2005, 2006) Central Hospital Reports (2004, 2005, 2006) DPSs Report (2004, 2005, 2006)		
Health Personnel Education and Training	DAG Execution Reports (2004, 2005, 2006) Provincial Directorates Reports (2004, 2005, 2006) Hospitals Reports (2004, 2005, 2006) Questionnaire to Partners and NGOs		
Health research and Development	DAG Reports (2004, 2005, 2006) Central Hospital Reports (2004, 2005, 2006) Questionnaire to Partners		
Control of food, drinking water and hygiene	Provincial Directorate Reports		
Environmental Health			

A.2 African Countries Statistics

	Despesa em Saúde como % PIB (2006)	Despesa Pública em Saúde como % da Despesa Pública (2006)	Despesa Total em Saúde per capita USD (2006)	Despesa Total em Saúde per capita USD-PPP (2006)	PIB per capita USD PPP (2007)	Taxa de Mortalidade Infantil (2003)
Algeria	4,2	11,9	148	315	7740	41
Angola	2,6	5,0	71	115	5385	260
Benin	4,7	10,8	26	61	1312	154
Botswana	7,1	17,8	379	815	13604	112
Burkina Faso	6,3	15,8	27	73	1124	207
Burundi	8,7	2,4	10	31	341	190
Cameroon	4,6	6,7	45	94	2128	166
Cape Verde	4,9	11,1	112	139	3041	35
Central African Republic	4,0	10,9	14	27	713	180
Chad	4,9	13,8	29	72	1477	200
Comoros	3,2	8,4	16	27	1143	73
Congo	2,1	5,4	44	74	3511	108
Côte d'Ivoire	3,8	4,2	35	63	1690	193
Democratic Republic of the Congo	6,8	5,8	10	19	298	205
Equatorial Guinea	2,1	6,9	440	633	30627	146
Eritrea	3,6	4,2	8	19	626	85
Ethiopia	3,9	10,0	7	26	779	169
Gabon	4,5	14,0	351	628	15167	91
Gambia	5,0	11,2	15	57	1225	123
Ghana	5,1	4,4	33	76	1334	95
Guinea	5,8	4,7	20	65	1140	160
Guinea-Bissau	5,8	4,0	12	29	477	204
Kenya	4,6	9,7	29	67	1542	123
Lesotho	6,8	8,2	51	98	1541	84
Liberia	4,8	9,8	7	15	362	235
Madagascar	3,2	9,3	9	28	932	126
Malawi	12,9	17,1	21	62	761	178
Mali	5,8	12,2	31	67	1083	220
Mauritania	2,2	5,3	19	41	1927	184
Mauritius	3,9	9,4	230	488	11296	17
Mozambique	5,3	6,0	21	47	802	158
Namibia	8,7	11,1	281	421	5155	65
Niger	5,9	17,8	16	38	627	262
Nigeria	3,8	3,5	33	59	1969	198
Rwanda	10,9	18,8	33	89	866	203
Sao Tome and Principe	6,3	10,3	49	95	1638	118
Senegal	5,8	12,0	44	92	1666	137
Seychelles	6,3	8,8	565	931	16394	15
Sierra Leone	4,0	7,8	12	29	679	283
South Africa	8,0	9,1	425	715	9757	66
Swaziland	6,3	11,2	155	300	4789	153
Togo	6,0	5,8	21	46	1208	140
Uganda	7,0	8,9	24	71	788	140
United Republic of Tanzania	6,4	13,7	23	72	1059	165
Zambia	6,2	16,4	58	79	1358	182
Zimbabwe	9,3	8,9	38		..	126
Media Países Africanos	5,5	8,7	58	111		
Media Países Alto Rendimento	11,2	17,1	4012	3848		
Media no Mundo	8,7	14,3	716	790		

Fonte de Informação: 1) WHO - World Health Statistics 2009: Despesa em Saúde como % PIB (2006), Despesa Pública em Saúde como % da Despesa Pública (2006), Despesa Total em Saúde per capita USD (2006), Despesa Total em Saúde per capita USD-PPP (2006). 2) WHO - Afro Statistics: Taxa de Mortalidade Infantil (2003). 3) World Bank - World Development Indicators: PIB per capita USD PPP (2007). 4) Contas Nacionais de Saúde de Moçambique (2004-2006): Moçambique - Despesa em Saúde como % PIB (2006), Despesa Pública em Saúde como % da Despesa Pública (2006) e Despesa Total em Saúde per capita (2006).