



REPUBLIC OF MAURITIUS

NATIONAL HEALTH ACCOUNTS 2017

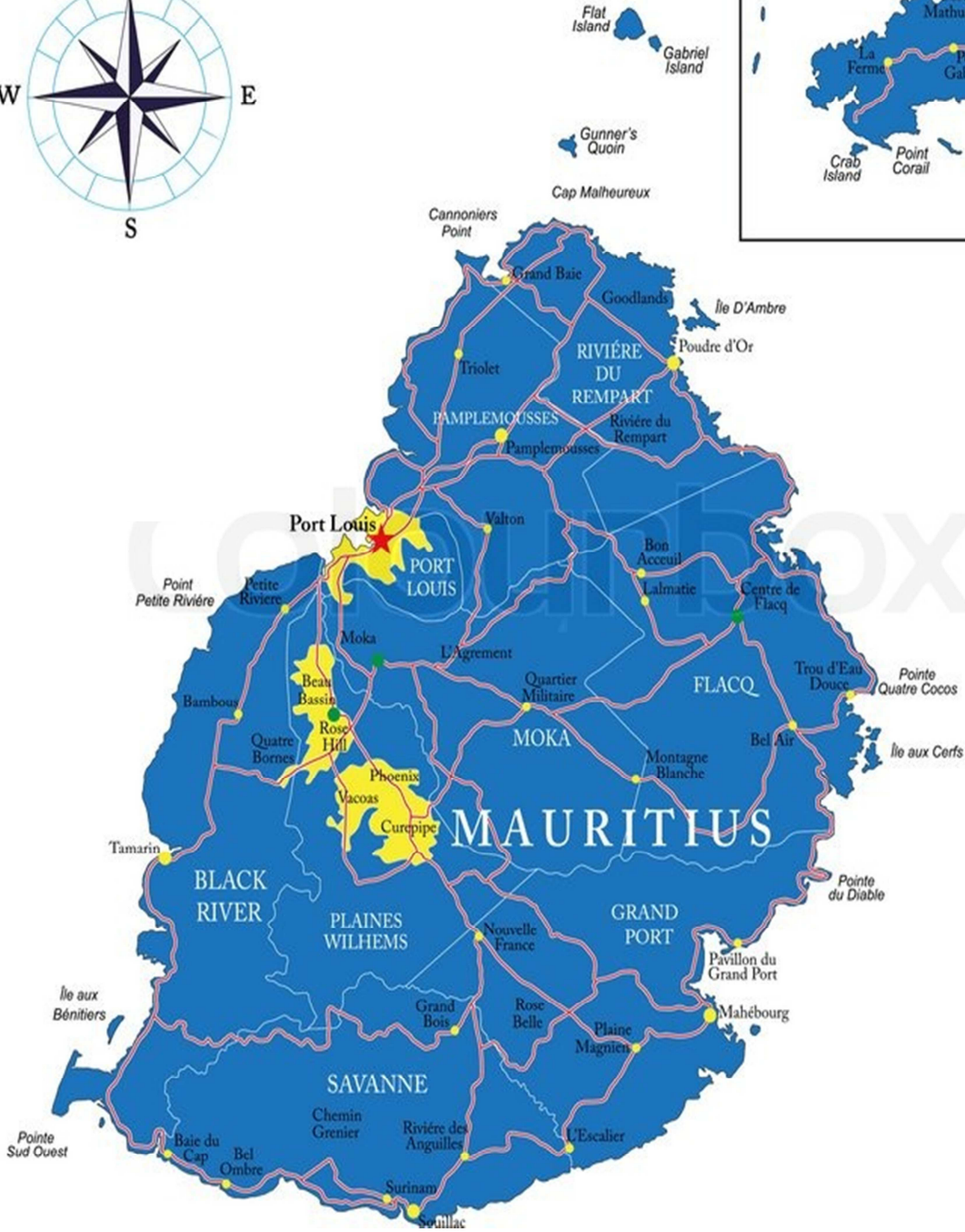
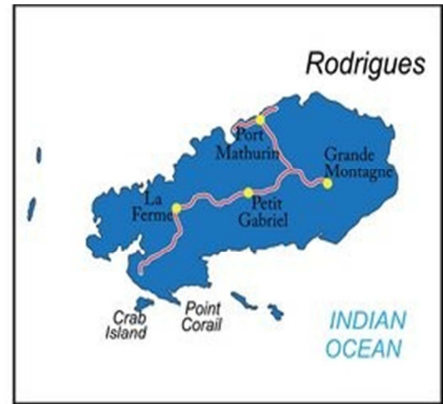
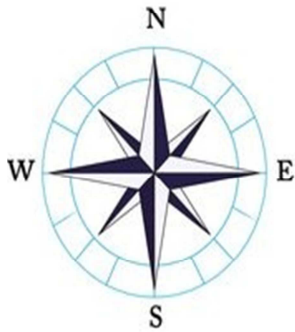


MINISTRY OF HEALTH & QUALITY OF LIFE



World Health
Organization

**NATIONAL HEALTH ACCOUNTS
2017**



Contents

List of Tables	iii
List of Figures	iv
List of Annexes	v
Acronyms	vi
National Health Accounts Committee	vii
Acknowledgements	viii
Foreword	ix
Vision & Mission Statement of the Ministry of Health and Quality of Life	x
Executive Summary	xi
1. Background	1
1.1 Economic Context	1
1.2 The National Healthcare System.....	4
1.3 Health System in Rodrigues	7
1.4 Healthcare Financing.....	9
1.5 Health Status.....	9
1.6 Challenges	10
2. About this Report	12
2.1 National Health Accounts 2017	12
2.2 Boundaries	12
2.3 Classification ICHA-Codes for NHA 2017.....	13
2.4 NHA 2017 Matrices	14
3. Objectives of NHA 2017	16
4. Methodology and Data Sources	17
4.1 Introduction	17
4.2 Collection of Primary data from the Financing Perspective	17
4.3 Collection of Primary data from Providers.....	18
4.4 Consumption side perspective.....	18
4.5 Secondary Data	19
4.6 Estimation of Health Expenditure by Diseases	19

4.7 Health Accounts Production Tool (HAPT)	20
4.8 Validation of NHA 2017	20
4.9 Limitations.....	21
5. An Outline of National Health Accounts 2017	22
6. National Health Accounts 2017: Analytical Findings.....	26
6.1 Revenues of Healthcare Financing Schemes (FS).....	26
6.2 Healthcare Financing Schemes (HF).....	27
6.3 Financing Agents (FA).....	29
6.4 Healthcare Providers (HP).....	30
6.5 Healthcare Functions (HC)	33
7. Expenditure by Type of Diseases (DIS).....	38
8. Capital Formation (HK)	41
9. International Comparison	42
10. Conclusion	45
11. Recommendations	47
References.....	49

List of Tables

TABLE I: Economic Indicators, Republic of Mauritius, 2016	2
TABLE II: International Benchmarks for Mauritius	3
TABLE III: Country Context, Human Resources for Health, Mauritius	6
TABLE IV: Services Provided at Queen Elizabeth Hospital	8
TABLE V: Summary of Work Performed in 2016	8
TABLE VI: Key Health Indicators, Main Island of Mauritius, 2016	9
TABLE VII: UHC Service Coverage Index	10
TABLE VIII: Summary of National Health Accounts, 2016	22
TABLE IX: National Health Accounts Indicators, 2016	25
TABLE X: Expenditure by Revenues of Healthcare Financing Schemes (FS), 2016	26
TABLE XI: Expenditure by Healthcare Financing Schemes (HF), 2016	28
TABLE XII: Expenditure by Financing Agents (FA), 2016	29
TABLE XIII: Expenditure by Healthcare Providers (HP), 2016	31
TABLE XIV: Expenditure by Healthcare Functions (HC), 2016	33
TABLE XV: Expenditure by Diseases (DIS), 2016	39
TABLE XVI: Capital Formation (HK), 2016	41
TABLE XVII: Comparison of NHA Indicators and Key Health Indicators, 2015	43
TABLE XVIII: Comparison of NHA and Key Health Indicators, SIDS (WHO African Region) 2015	44

List of Figures

FIGURE I: Economic Growth Rate, 2013-2019	1
FIGURE II: Sectoral Contribution to GDP (%)	2
FIGURE III: Health Challenges, Republic of Mauritius	11
FIGURE IV: Graphical Representation of the SHA 2011 Financing Framework	13
FIGURE V: Health Accounting Dimensions	14
FIGURE VI: Specific Objectives	16
FIGURE VII: Integrative Methodology	17
FIGURE VIII: Key Features of the Health Accounts Production Tool	20
FIGURE IX: Distribution of Total Health Expenditure, 2016	23
FIGURE X: Distribution of Total Health Expenditure, 2014 & 2016	24
FIGURE XI: Expenditures on Healthcare Functions as a percentage of CHE	36
FIGURE XII: Healthcare Functions as a percentage of CHE, 2014 and 2016	37
FIGURE XIII: Breakdown of Disease Categories, 2016	40
FIGURE XIV: Selected Countries' Per-Capita Healthcare Spending (US\$), 2015	42

Annexes

ANNEX I: Members of the NHA Working Team	52
ANNEX II: Integrative Approach for Estimating Household OOP Expenditure on Health, Republic of Mauritius, 2016, (Rs Million)	53
ANNEX III – Matrix I: Revenues of Healthcare Financing Schemes x Healthcare Financing Schemes (HFxFS)	54
ANNEX IV – Matrix II: Financing Agents x Healthcare Financing Schemes (HFxFA).....	55
ANNEX V – Matrix III: Healthcare Financing Schemes x Healthcare Providers (HPxHF).....	57
ANNEX VI – Matrix IV: Healthcare Financing Schemes x Healthcare Functions (HCxHF)	59
ANNEX VII – Matrix V: Healthcare Providers x Healthcare Functions (HCxHP)	62
ANNEX VIII – Matrix VI: Healthcare Financing Schemes x Diseases (DISxHF)	64
ANNEX IX – Matrix VII: Financing Agents x Capital Formation (HKxFA).....	66

Acronyms

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

National Health Accounts Committee

<p>Ministry of Health and Quality of Life</p> <ul style="list-style-type: none"> ▪ Mr Y. Ramful - Lead Health Analyst, (Chairperson) ▪ Mr R.K. Bunjun - Deputy Permanent Secretary ▪ Mrs N. J-Dulhunsing - Analyst/Senior Analyst (Health) ▪ Mrs H. B-Kassee - Analyst/Senior Analyst (Health) ▪ Mr A. Li Yuk Tong - Senior Analyst ▪ Mr S. Ramphul - Director Pharmaceutical Services ▪ Mr N. Jeeanody - Chief Health Statistician ▪ Mrs R.D.L-Ramsoorooop - Assistant Permanent Secretary (Secretary) <p>Prime Minister's Office</p> <p>Mr H.K. Dussoye - Manager Financial Operations</p> <p>Ministry of Finance and Economic Development</p> <p>Mr L. Ghoorah - Lead Analyst</p> <p>Ministry of Financial Services, Good Governance and Institutional Reforms</p> <p>Mr M.S. Emrith - Assistant Manager Financial Operations</p> <p>Ministry of Local Government and Outer Islands</p> <p>Mr N. Mungroo – Analyst</p> <p>Ministry of Social Security, National Solidarity and Environment and Sustainable Development</p> <p>Dr (Mrs) Y. S Lutchmun - Director Medical Unit</p> <p>Ministry of Defence and Rodrigues</p> <p>Mrs A.D. Poreema</p>	<p>Ministry of Gender Equality, Child Development and Family Welfare</p> <p>Mr D. Pothegadoo - Statistician</p> <p>Statistics Mauritius</p> <p>Mr Y. Thorabally - Statistician</p> <p>Mrs. H. Devi Ramlukon - Ag. Statistician</p> <p>World Health Organization, Local Office</p> <p>Dr F. Sheikh - Technical Officer</p> <p>Insurers' Association of Mauritius</p> <p>Mr V. Ramkhalawon - Secretary General</p> <p>Business Mauritius</p> <p>Mrs M. Foolessur - Skills Development Administrator</p> <p>Private Medical Practitioners Association</p> <p>Dr S. Mahadea - Vice Secretary</p> <p>Association of Private Health Plans & Administrators</p> <p>Mr S. Pascal - Executive Secretary</p> <p>Pharmaceutical Association of Mauritius</p> <p>Ms S. Facknath - Secretary</p> <p>Mauritius Dental Association</p> <p>Dr (Mrs) R. Sonah Jaria - Vice President</p>
---	--

Acknowledgements

Members of the National Health Accounts (NHA) Committee extend their deep appreciation to **Dr the Hon. M. Anwar Husnoo, MBChB, DCh, MRCP, Minister of Health and Quality of Life** for his support in the successful realization of the NHA 2017 Project.

A special word of thanks also goes to **Mr Girish Gunesh, Senior Chief Executive**, Ministry of Health and Quality of Life for all his support.

This Report was the product of the collective effort of the NHA Working Team, led by the Lead Health Analyst. Appreciation goes to,

- Mr Yogendr'nath Ramful, Lead Health Analyst and Chairman, NHA Committee
- Mr R.K. Bunjun, Deputy Permanent Secretary,
- Dr. Maryam Timol, Acting Director General Health Services, and
- All other members of the NHA Working Team.

The Ministry of Health and Quality of Life expresses its gratitude to the World Health Organization (WHO) for all financial and technical support given to promote and sustain the development of NHA in Mauritius. The Ministry wishes, in particular, to extend its gratitude to Dr Laurent Musango, WHO Representative, for his sustained collaboration, in the institutionalization process of NHA in Mauritius.

The constructive guidance and precious inputs of Ms. Cherilova Veneta of the Department of Health Systems Governance and Financing, WHO, Geneva, Mr Cor Van Mosseveld, WHO Consultant and Mr E.M. Jummo, WHO Local Counterpart are also acknowledged.

The Ministry of Health and Quality of Life is particularly indebted to all other Ministries, including, Statistics Mauritius, the Mauritius Revenue Authority, Local Government Institutions, the Commission for Health and Others and the Commission for Social Security and Others of the Rodrigues Regional Assembly and, all private stakeholders for their support in the successful development of the current health accounts.

The Ministry of Health and Quality of Life also extends its appreciation to all officers who worked for the Household Out-of-Pocket Expenditure Survey 2017 and thanks members of the public in general for participating in the Survey. Last but not least, the Ministry is also grateful to all members of the NHA Committee for their valuable contribution in the development of NHA 2017.

The contribution of Ms. Meervashi Bhavna Devi Ramful, Graphic Designer for the cover design and graphic layout of this Report is well acknowledged and the Ministry of Health and Quality of Life extends its gratitude to her.

A special word of thanks goes to Mr A.K.S. Seeburn, Management Support Officer and Ms V.D. Chinapyel, YEP Trainee, for their contribution.

The Ministry of Health and Quality of Life wishes to thank, in advance, all readers of this Report.

Foreword



I am pleased to release the third National Health Accounts (NHA) Report, which provides a systematic description of the financial flows of the overall consumption of healthcare goods and services in Mauritius.

In 2016, the world spent an estimated amount of US 7.5 trillion dollars on health. What was the share of Mauritius out this estimated global amount of health expenditure? The reply to this question is indicated in the current NHA Report which reveals that the Republic of Mauritius spent approximately US 706.7 million dollars, that is, 25.30 billion rupees on health in that year.

Per capita spending on health was estimated at Rs 20,023 and total healthcare expenditure as a percentage of the Gross Domestic Product was 5.83% in 2016. The largest share of total spending, in the public and private sectors, is accounted for hospital inpatient services.

The NHA Report 2017 also indicates that the country spent an estimated amount of Rs 16.5 billion on Non-Communicable Diseases, out of which, spending on cardiovascular diseases and diabetes were to the extent of Rs 3.57 billion and Rs 1.2 billion respectively.

The publicly funded health care system remains dynamic and continues to respond to the evolving nature of medicine and technology, and to peoples' aspiration for an enhanced quality of care. Our basics in Government remain the same, that is, sustaining free universal coverage of quality healthcare services provided on the basis of need, to the population.

NHA 2017 provides all stakeholders, both public and private, with evidence-based information for decision-making and policy implications. I wish to extend my deep appreciation to all public and private stakeholders for providing the necessary data needed for the production of the health accounts. I thank all those, including members of the National Health Accounts Committee, for their contribution to the current exercise.

Last but not least, I wish to thank the World Health Organization for its continuous support to my Ministry. I congratulate all officers of the Health Economics Unit of my Ministry for their assiduous efforts in producing this Report.

A handwritten signature in black ink that reads "A. Husnoo".

Dr the Hon. M. Anwar Husnoo,
MBChB, DCh, MRCP
Minister of Health and Quality of Life

**VISION & MISSION STATEMENT
OF THE
MINISTRY OF HEALTH AND QUALITY OF LIFE**

VISION

A healthy nation with a constantly improving quality of life.

MISSION

Transform existing health services into a modern high performing quality health system that is patient centered, accessible, equitable, efficient and innovative.

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

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

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

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

Executive Summary

The Republic of Mauritius spent some 25.30 Billion Rupees on healthcare in 2016, up by 17.60% from 2014

Total Health Expenditure, in Mauritius, was estimated at 24.82 Billion Rupees and the Rodrigues spent approximately 478.11 Million Rupees in 2016

Spending by the Ministry of Health and Quality of Life was 10.11 Billion Rupees in 2016

Households' spending on healthcare amounted to some 11.95 Billion Rupees in 2016

Total Per Capita Expenditure on Health in 2016 amounted to some 20,023 Rupees

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

What are National Health Accounts?

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

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

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

About this Report

NHA 2017 tracks national spending on healthcare services for calendar year 2016, starting from 01 January to 31 December 2016, in the Republic of Mauritius, including, the island of Rodrigues. The study 2017 was undertaken in close collaboration with Statistics Mauritius, which is the principal depository for all statistics produced in the country and with the support of the WHO.

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

Methodology

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

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

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

Secondary data and health statistics were retrieved from "off-the-shelf" records. The Health Accounts Production Tool (HAPT), which is an internationally standardized software application, developed jointly by the World Health Organization and the USAID's Health Finance and Governance Project, was used to develop NHA 2017.

NHA 2017: Key Findings

Total Health Expenditure 2016

The current study reveals that the Republic of Mauritius, including the island of Rodrigues, spent an estimated total amount of Rs 25.30 billion on health in 2016. This estimated amount represents an increase of 17.60% over the year 2014, when Total Health Expenditure (THE) was Rs 21.51 billion.

Out of the estimated amount of Rs 25.30 billion, General Government Health Expenditure was Rs 11.32 billion and spending on health in the private sector, including out-of-pocket expenditure by households, was estimated at Rs 13.98 billion.

Total Health Expenditure, in the main island of Mauritius, was estimated at Rs 24.82 billion and Rodrigues spent around Rs 478 million on health. Gross Capital Formation amounted to approximately Rs 457 million and Rs 32 million in Mauritius and the island of Rodrigues respectively.

Public Sector: “On what main healthcare services and goods, the money was spent, by Government, in 2016?”



Hospital Services
Rs 7.2 Billion



Ambulatory Services at
PHC Level
Rs 673 Million



Medication
Rs 1.03 Billion



Governance/ Administration
Rs 631 Million

Hospital services consumed the lion’s share of public healthcare spending in 2016, with an estimated expenditure of Rs 7.2 billion. Outpatient curative care services at the primary care level were provided at an estimated cost of Rs 673 million. Government spent approximately Rs 1.03 billion on pharmaceutical products. In addition, some Rs 631 million were spent on governance and health system administration in the public sector.

Private Sector: “On what main healthcare services and goods, households spent their money in 2016?”

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

In 2016, household out-of-pocket (OOP) expenditure on health was estimated at Rs 11.87 billion in the main island of Mauritius, representing an increase of 10.8% over 2014. On the other hand, because of additional and improved quality of public healthcare services in Rodrigues, household OOP expenditure on health in the island, shrunk by 16%, from Rs 94 million in 2014 to Rs 79 million in 2016.



Medication
Rs 4.03 Billion



Consultation Fees
Rs 2.80 Billion



Private Hospitals
Rs 2.14 Billion



Ancillary Services
Rs 810 Million

In addition to the above, households spent approximately Rs 480 million on glasses and other vision products and some Rs 173 million on orthopedic appliances and prosthetics, including hearing aids. Furthermore, in 2016, an estimated amount of Rs 392 million was spent on inland transportation by Mauritians seeking care in both the public and private sectors. On the other hand, inhabitants in Rodrigues disbursed around Rs 38 million on health-related transport, which include both inland and air

transportation costs. An estimated amount of Rs 76 million was spent by households on traditional, complementary and alternative medicine in 2016.

Which Non-Communicable Diseases, in 2016, consumed the largest share of healthcare expenditure, and by how much?

NHA 2017 is the first round of health accounts which track healthcare expenditure by diseases. 66.5% of the estimated current health expenditure of Rs 24.81 billion was spent on non-communicable diseases.



- Cardiovascular & Hypertensive Diseases: Rs 3.6 Billion
- Diabetes: Rs 1.2 Billion
- Cancer: Rs 955 Million
- Vision Disorders , including Cataract: Rs 987 Million
- Respiratory Diseases: Rs 2.0 Billion
- Mental & Behavioral Disorders and Neurological Conditions: Rs 1.2 Billion
- Diseases of the Genito-Urinary System: Rs 1.7 Billion

Key Insights, National Health Accounts 2016

Revenues of Healthcare Financing Schemes (FS)

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

- Transfers from Government Domestic Revenue: Rs 10.94 billion
- Transfers distributed by Government from Foreign origin: Rs 9.5 million
- Voluntary Prepayment: Rs 1.50 billion
- Revenues from Households: Rs 11.95 billion
- Direct Foreign Transfers: Rs 47 million

Healthcare Financing Schemes (HF)

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

- Central Government Schemes: Rs 10.26 billion
- Municipalities and District Councils: Rs 675 million
- Voluntary Healthcare Payment Schemes: Rs 1.93 billion
- Household Out-of-Pocket Payment: Rs 11.95 billion

Financing Agents (FA)

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

- Ministry of Health and Quality of Life: Rs 9.8 billion
- Other Ministries and Public units, including Commission for Health and Others and Commission for Social Security and Others in Rodrigues: Rs 486 million

Healthcare Providers (HP)

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

- Public Hospitals: Rs 7.2 billion
- Private Hospitals: Rs 3.3 billion
- Mental Hospitals: Rs 413 million
- Other Specialized Hospitals: Rs 669 million
- Providers of Preventive Care: Rs 1.0 billion

- Commercial Insurance Companies: Rs 1.5 billion
 - Non-profit Institutions Serving Households (NPISH): Rs 151 million
 - Households: Rs 11.95 billion
- Providers of Ambulatory Healthcare: Rs 3.3 billion
 - Providers of Ancillary Services: Rs 641 million
 - Retailers and other Providers of Medical Goods: Rs 6.0 billion
 - Providers of Healthcare System Administration and Financing: Rs 855 million
 - Rest of Economy: Rs 772 million

Healthcare Functions (HC)

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

- Curative care: Rs 14.2 billion
- Rehabilitative care: Rs 244 million
- Long-term care : Rs 309 million
- Laboratory services: Rs 275 million
- Imaging services: Rs 290 million
- Patient Transportation: Rs 430 million
- Pharmaceuticals and Other Medical Non-Durable Goods: Rs 4.9 billion, of which,
 - Prescribed Medicines: Rs 3.0 billion
 - Over-The-Counter Medicines: Rs 1.4 billion
 - Other Medical Non-Durable Goods: Rs 540 million
- Therapeutic Appliances and Other Medical Goods: Rs 1.1 billion
- Preventive Care: Rs 871 million
- Governance, and Health System and Financing Administration: Rs 1.0 billion
- Other Healthcare Services, including Traditional, Complementary and Alternative Medicines: Rs 1.0 billion

Expenditure by Diseases (DIS)

- Infectious and Parasitic Diseases: Rs 1.9 billion
- Reproductive health: Rs 1.1 billion
- Non-Communicable Diseases: Rs 16.5 billion, of which,
 - Cancer: Rs 955 million
 - Diabetes: Rs 1.2 billion
 - Cardiovascular Diseases: Rs 3.6 billion
 - Mental & Behavioral Disorders, and Neurological Conditions: Rs 1.2 billion
 - Respiratory Diseases: Rs 2.0 billion
 - Diseases of the Digestive: Rs 868 million
 - Diseases of the Genito-Urinary System: Rs 1.7 billion
 - Vision Disorders, including Cataract: Rs 987 million
 - Other Sense Organ Disorders: Rs 856 million
 - Oral Diseases: Rs 881 million

Capital Formation (HK)

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

- Infrastructure: Rs 145 million
- Machinery and Equipment: Rs 210 million
- Medical Equipment: Rs 140 million
- Unspecified Gross Fixed Capital Formation: Rs 105 million

Other Health Financing Indicators

In 2016, per capita expenditure on health was approximately Rs 20,023 in the Republic of Mauritius. This corresponds to an increase of 17.41% over 2014. Per capita spending on health was estimated at Rs 20,327 in the main island of Mauritius, while in the island of Rodrigues, it was around Rs 11,277. Total Health Expenditure, as a percentage of the Gross Domestic Product, in the country was 5.83 % in 2016.

Per capita spending on medical goods, including pharmaceutical products, in 2016, was Rs 4,949 in the main island of Mauritius, while in Rodrigues it was Rs 1,191. That's very much less than the United States, which spend around US\$ 1,457 (Rs 52,160) per person.

International Comparison

NHA 2017 confirms the high correlation between per capita spending on health and the general health status of a population. In the United Kingdom and Singapore, where current health expenditure per capita is more than US\$ 2,200, life expectancy is over 80 years and child health indicators are figured at one digit.

On the other hand, in countries like Mauritius and Seychelles where per capita spending on health is below US\$ 500, life expectancy is in the range of 66 to 75 years and Infant Mortality Rate (IMR) ranges between 11.0 and 14.0 per thousand live births.

In 2016, IMR and under-five mortality rate per thousand live births in Singapore were 2.61 and 2.80 respectively, while, in Mauritius, infant mortality rate and under-five mortality rate per thousand live births were 11.8 and 13.3 respectively. In 2016, only 4.8 maternal deaths per 100,000 live births were recorded in Singapore, while Mauritius recorded a maternal death rate of 46 per 100,000 live births.

Recommendations

The NHA Report 2017 recommends, amongst others, that,

- In line with the recommendation of the World Health Organization, the fiscal space of the Ministry of Health and Quality of Life be gradually increased, so that, Government Expenditure on Health as a percentage of the Gross Domestic Product increases from 2.61% in 2016 to 5.0% by 2030,
- Government invests more on health promotion programmes in order to contain increasing costs of NCDs and also to attain Targets 3.4 and 3.6 of the health-related Sustainable Development Goals,
- Government considers the possibility of regulating user fees in the private sector,
- the Government Medical Insurance Scheme (GMIS), as advocated in the Pay Research Bureau Report 2016, be implemented in order to strengthen financial risk protection for people seeking care in the private sector, and
- Government considers the possibility of increasing the allowable reliefs for income tax purposes for people holding private health insurance policies.

1. Background

1.1 Economic Context

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

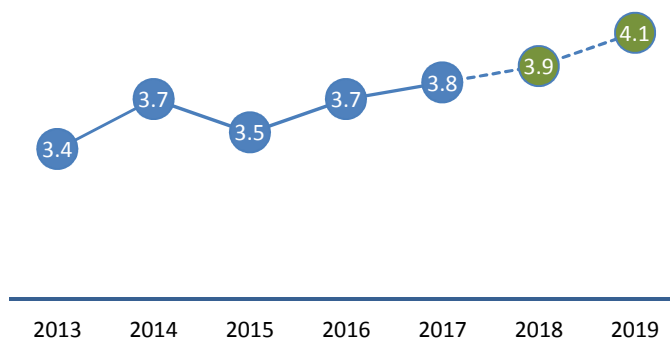
1.1.2 The country's independence from Britain was proclaimed on 12 March 1968. Mauritius has a Westminster-type parliamentary system of Government and general elections are held once every five years. As at end of 2016, the population of the Republic of Mauritius was 1,263,546.

1.1.3 The total area of Mauritius, including its dependencies is 2,040 square kilometres. The Exclusive Economic Zone (EEZ) of the country extends over an area of about 2.3 million Km² (including approx. 400,000 km² jointly managed with the Seychelles) and this makes Mauritius the 20th country in the world with the largest EEZ. The country has exclusive rights with regards to environment protection, fish stocks and mineral resources in the Indian Ocean.

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

1.1.5 The country has steadily made headway from a low-income agricultural-based economy to a diversified upper middle income economy. GDP growth was estimated at 3.8% in 2017, edging up from 3.4% in 2013. GDP per capita was Rs 344,668 or US\$ 9,627. GDP growth rates are projected to increase to 3.9 % in 2018 and 4.1% in 2019. **FIGURE I** illustrates the trend of economic growth rate in Mauritius from 2013 to 2019 and projected growth rates for 2018 and 2019.

FIGURE I: Economic Growth Rate, 2013-2019



1.1.6 The combination of political stability, strong institutional framework, favourable regulatory environment and open trade policies has strongly contributed to a sustained economic growth. The main macroeconomic indicators of the Republic of Mauritius for the year 2016 are illustrated in **TABLE I**.

TABLE I: Economic Indicators, Republic of Mauritius, 2016

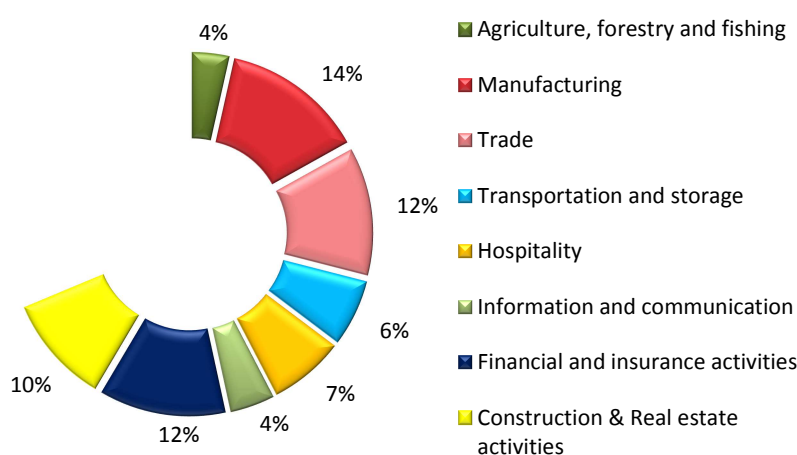
Indicators	Value: 2016
Gross Domestic Product at current market prices	Rs 434.2 billion (US \$ 12.1 billion)
Per Capita Income	Rs 344,700 (US \$ 9,627)
Economic Growth Rate	3.8 %
Total Exports of Goods and Services (f.o.b.)	Rs 193.8 billion (US \$ 5.4 billion)
Total Imports of Goods and Services (f.o.b.)	Rs 234.1 billion (US \$ 6.5 billion)
Investment Rate	17.2 %
Rate of Inflation	1.0 %
Unemployment Rate	7.3 %
Tourist Arrivals	1,275,227
Gross Earnings from Tourism	Rs 55.9 million (US \$ 1.6 million)

Source: Statistics Mauritius

1.1.7 Since the last two decades, the medical tourism and health tourism sectors have experienced a healthy growth and have attracted significant domestic and Foreign Direct Investment (FDI) in the country. The number of foreign patients seeking medical care in the country has increased from 1,000 in 2005 to more than 12,000 in 2012 and approximately 16,000 in 2016.

1.1.8 The leading economic segment in Mauritius remains the services sector, as demonstrated in **FIGURE II**.

FIGURE II: Sectoral Contribution to GDP (%)



1.1.9 The performance of Mauritius for its excellent doing business regime and transparency is globally acknowledged. The country is today acclaimed as a leading investment destination. Some of the recent international benchmarks for Mauritius are indicated in **TABLE II**.

TABLE II: International Benchmarks for Mauritius

Index	Year	Global Rank	Africa Rank
World Bank Doing Business	2018	25 out of 190 countries	1st
Global Competitiveness Index	2017-2018	45 out of 137 countries	1st
International Property Rights Index	2016	34 out of 128 countries	3rd
Mo Ibrahim Index of African Governance	2017	-	1st
Index of Economic Freedom - (Heritage Foundation)	2018	21 out of 180 countries	1st
Economic Freedom of the World - (Fraser Institute)	2017	7 out of 159 countries	1st
Human Development Index	2016	64 out of 188 countries	2nd
Democracy Index – The Economist Intelligence Unit	2017	16 out of 167 countries	1st
Knowledge Economy Index - World Bank	2012	62 out of 145 countries	1st
Global Enabling Trade Report - World Economic Forum	2016	39 out of 136 countries	1st
Environmental Performance Index	2016	77 out of 180 countries	1st
Mercer's 2016 Quality of Living Survey	2016	83 out of 230 countries	1st
E-Government Development Index	2016	58 out of 193 countries	1st
Forbes Survey of Best Countries for Business	2017	39 out of 139 countries	1st
The Travel and Tourism Competitiveness	2017	55 out of 136 countries	2nd
Social Progress Index 2016	2016	40 out of 133 countries	1st

Source: 2018, Economic Development Board, Mauritius

1.1.10 Mauritius is classified among the countries having achieved high human development. The 2016 United Nations Development Program Human Development Report (HDR) ranked Mauritius 64th among 188 countries. As regard its Human Development Index (HDI), the country has made constant progress. HDI for Mauritius has improved from 0.654 in 1980 to 0.781 in 2015.

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

1.2 The National Healthcare System

1.2.1 Overview: The national healthcare system in Mauritius operates on a dual-track basis encompassing the public and the private sectors. Based on a total per capita expenditure on health of US\$ 559, the country has one among the most expensive health-care systems in the Africa Region. Around 73% of the healthcare needs of the population are managed, free of any user cost, at the point of use, in the public sector. The remaining 27% of healthcare needs are dealt with in the private sector, on a fee basis, either through out-of-pocket payments, including deductibles or payments effected by private health insurers.

1.2.2 Public Sector: A dynamic public healthcare system is in place in Mauritius. It responds to changes within the evolving nature of medicine, changing patterns of diseases, the ageing of the baby boom generation population and increasing expectations of health consumers for enhanced quality of care. However, the basics remain the same, that is, Government sustains the provision of necessary primary, secondary and specialized services provided on the basis of need, free of any user cost, at the point of use, to the population.

Government Programme 2015-2019,

“Government is committed to providing universal, accessible and quality health services, free of any user cost, with emphasis on customer satisfaction.”

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

1.2.4 In 2016, the PHC network, in the island of Mauritius, comprised 18 Area Health Centres, 116 Community Health Centres, 5 Medi-clinics and 2 Community hospitals. In 2016, 4,732,358 attendances were recorded at the primary healthcare institutions.

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

1.2.6 General curative and specialized services are provided through a network of five regional hospitals, two district hospitals, one ophthalmology hospital, one ear/nose/throat hospital, one mental hospital, one chest hospital, one vascular centre and one cardiac centre. Total bed capacity of these hospitals was 3,629 in 2016. During the same year, the regional hospitals and the two district hospitals admitted 185,945 patients and undertook 35,242 surgical interventions. In addition, they recorded 2,513,543 outpatient cases in 2016.

1.2.7 Support services are critical for the provision of efficient, quality and cost-effective health services. The Central Health Laboratory (CHL) undertakes tests in the field of biochemistry, haematology, bacteriology, parasitology, virology and molecular biology, histopathology, cytopathology and blood transfusion services. In 2016, 13,702,710 pathological tests were carried out.

1.2.8 The National Blood Transfusion Service (NBTS) caters for the need of blood and blood components for all public and private health care institutions. 43,723 pints of blood were collected with the assistance of the civil society, the Blood Donors Association, the Association of Blood Donation Organizers and other NGOs in 2016.

1.2.9 Imaging diagnostics comprise a variety of services that make use of imaging technology, such as x-rays and radiation for the diagnosis and monitoring of patients. A total number of 17,298 CT scans and 3,349 MRI were carried out in the public sector in 2016.

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

1.2.11 Furthermore, the responsibility for public health services, which includes sanitation, control of infectious diseases and health promotion, is shared between the Ministry of Health and Quality of Life and the Ministry of Local Government and Outer Islands, through Municipalities and District Councils.

1.2.12 Other entities in the public sector which are engaged in health, include the Ministry of Defence and Rodrigues, Ministry of Social Security, National Solidarity and Environment and Sustainable Development, Ministry of Education and Human Resources, Tertiary Education and Scientific Research and the Ministry of Youth & Sports.

1.2.13 Private Sector: The number of private hospitals increased from 12 in 2005 to 17 in 2016. Bed capacity in the sector which was 517 in 2005 improved to 653 in 2016. The private hospitals are mainly providers of curative and specialized services and their role in promoting Mauritius as a medical tourism hub is noteworthy. In 2016, private hospitals catered for some 233,966 patients, undertook some 25,006 surgical operations and also managed 3,606 birth deliveries, representing 29% of all births.

1.2.14 The private health sector also comprised 30 private medical laboratories, 3 imaging and diagnostic centers and around 342 pharmaceutical retail outlets in 2016. In addition, there were around 40 Non-Governmental Organizations (NGOs) which were primarily involved in health promotion activities.

1.2.15 Human Resources: In 2016, the public health sector employed approximately 14,000 of the national health workforce. During the same year, there were 2,769 doctors, out of whom, 1,155 including 314 specialists were working in the public sector. The number of doctors per 10,000

population was 21.9 in 2016. As far as dual practice is concerned, 167 specialists working in the public sector were allowed to undertake private practice in 2016.

1.2.16 Out of the total number of 385 dentists, 69 of them were employed by the State and 316 were working exclusively in the private sector. The number of dentists per 10,000 population stood at 3.04 in 2016. 514 pharmacists were registered in 2016, out of whom only 27 were working in the public health institutions and 487 were practicing in the private sector. The number of pharmacists per 10,000 population was 4.1.

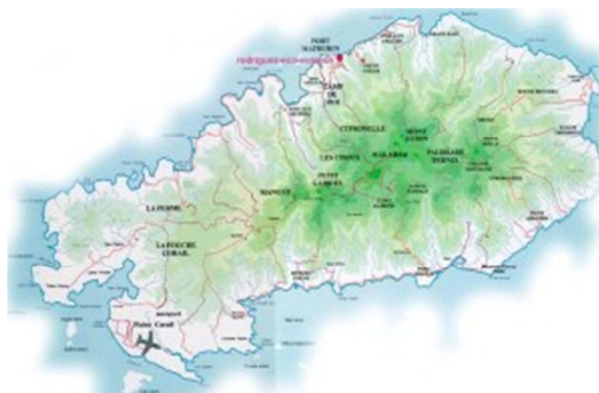
1.2.17 Qualified nurses and midwives at work in the public sector, in 2016, numbered 3,686 out of a total number of 4,138. Other paramedical personnel employed in the public sector, included, 1,765 Hospital Attendants, 1,188 Health Care Assistants (General), 217 Medical Laboratory Technicians, 227 Pharmacy Technicians (including Store Manager) and 377 Health Records personnel.

1.2.18 The country context for Human Resources for Health in Mauritius is indicated in **TABLE III**.

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

Year	2001		2006		2011		2016	
Grade	Number	Per 10,000 population	Number	Per 10,000 population	Number	Per 10,000 population	Number	Per 10,000 population
Doctor	1,107	9.5	1,400	11.1	1,561	12.4	2,769	21.9
<i>Employed MOH</i>	694	6	856	6.8	970	7.7	1,155	9.1
<i>Private Sector</i>	413	3.5	544	4.3	571	4.7	1,614	12.8
Dentist	149	1.3	193	1.5	268	2.1	385	3.0
<i>Employed MOH</i>	49	0.1	56	0.4	66	0.5	69	0.5
<i>Private Sector</i>	100	1.2	137	1.1	202	1.6	316	2.5
Pharmacist	225	1.9	302	2.4	408	3.3	514	4.1
<i>Employed MOH</i>	19	0.2	22	0.2	23	0.2	27	0.2
<i>Private Sector</i>	226	1.7	280	2.2	385	3.1	487	3.9
Qualified Nurse & Midwife			3,087	24.6	3,670	29.3	4,138	32.7
<i>Employed MOH</i>	2,726	23.4	2,905	23.1	3,089	24.6	3,686	29.2
<i>Private Sector</i>			182	1.5	581	4.7	452	3.5

1.3 Health System in Rodrigues



1.3.1 The island of Rodrigues, which is a constituency of the Republic of Mauritius, is located at approximately 560 km to the North East of the main island of Mauritius. With a surface area of 104 square kilometres, the estimated population of Rodrigues, as at end of December 2016, was 42,396. The main sources of income and economic activities are tourism, fishing and agriculture.

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

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

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

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

1.3.6 The Queen Elizabeth Hospital provides both ambulatory and inpatient services. In 2016, the bed capacity of the hospital was 137. **TABLE IV** highlights some of the clinical services provided by the Queen Elizabeth Hospital.

TABLE IV: Services Provided at Queen Elizabeth Hospital

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

1.3.7 The two Area Health Centres at Mont Lubin and La Ferme, with a total bed capacity of 32, provide primary services and selective inpatient services on a twenty four hour basis. Some healthcare data for the QEH and primary care institutions for 2016 are indicated in **TABLE V**.

TABLE V: Summary of Work Performed in 2016

Institution	Bed Capacity	Outpatient Contacts	Admissions	Bed Occupancy Rate	Deliveries	Surgical Interventions
QEH	146	75,200	9,350	58.2	725	1,905
Mont Lubin A.H.C	24	72,345	920	22.4	8	-
La Ferme A.H.C	8	47,894	576	11.5	8	-
CHCs*	-	45,107	-	-	-	-
Total	178	240,546	10,846	47.6	741	1,905

1.3.8 In 2016, the private health sector, in Rodrigues, comprised two private pharmacies and two retail optician outlets. Eleven NGOs, including the Mauritius Family Planning Association, Action Familiale, Diabetic Pro Association, Association Lutte et Espoir and CRAC Anti-Drug Group, were also operating in the island.

1.3.9 In 2016, the health institutions in Rodrigues were manned by a team of 25 doctors, 3 dentists, 183 qualified nurses and midwives and other paramedical and manual workers. This represented one doctor for every 1,696 inhabitants, one dentist for every 14,132 inhabitants and one nurse/midwife for every 232 inhabitants in 2016.

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

1.4 Healthcare Financing

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

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

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

1.4.4 The trend of government spending on health through the Ministry of Health and Quality of Life has significantly increased in nominal value from Rs 22 million in 1968 to Rs 10.9 billion in 2016/17. Per capita public expenditure on health increased from Rs 28 to Rs 8,631 during the same period of time.

1.5 Health Status

1.5.1 Mauritius is performing well on the three health indicators which are commonly used to compare the health status among countries. In the last thirty years, life expectancy at birth has increased from 65 years to 74.6 years in 2016. Infant mortality rate per thousand live births has improved from 18.6 in 1991 to 11.6 in 2016. Maternal mortality rate which was 0.77 per thousand live births in 1991 declined to 0.46 in 2016. The incidence of HIV in the population was less than 1% in the population in 2016.

1.5.2 The key health indicators, for the main island of Mauritius, are illustrated in **TABLE VI**.

TABLE VI: Key Health Indicators, Main Island of Mauritius, 2016

Health Indicators	Value
Life Expectancy at Birth (Male)	71.2 years
Life Expectancy at Birth (Female)	77.9 years
Infant Mortality Rate (per 1000 live births)	11.6
Maternal Mortality Ratio (per 1000 live births)	0.49
Under-Five Mortality Rate (per 1000 live births)	13.2
Immunization Coverage (Public and Private sectors)	100%
Prevalence Rate of HIV infection	<1%
Prevalence of Type 2 Diabetes (20-74 years)	20.5%
Burden of Non-Communicable Diseases	80%

Source: Health Statistic Report 2016 and NCD Survey 2015

1.5.3 Premature morbidity and mortality associated with infectious, parasitic and water-borne diseases have significantly decreased. Most of these diseases are no longer a matter of critical concern for the country. Mauritius has also successfully implemented its reproductive health programme. In 2016, fertility rate was controlled at 1.40 in the Republic of Mauritius from a high level of 6.0 in the 1960s. The population growth rate between 2015 and 2016 was 0.1%.

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

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

TABLE VII: UHC Service Coverage Index

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

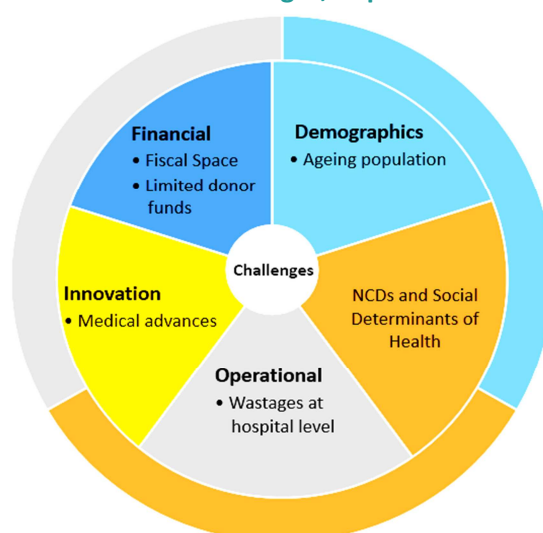
Source: Global Health Observatory, World Health Organization. *Percentage of people who spend more than 10% or 25% of their household budget on out-of-pocket health payments.

1.6 Challenges

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

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

FIGURE III: Health Challenges, Republic of Mauritius



1.6.3 Non-communicable diseases, which include, cardiovascular diseases, diabetes, hypertension and cancer constitute nearly 80% of the burden of diseases in the country. The Mauritius NCD Survey 2015 estimated that there were some 257,442 people between the ages of 25 and 74 years with diabetes in the country. 35.2% of mortality in 2016 was due to cardiovascular diseases compared to 35.8% in 2000.

1.6.4 In 2016, 2,607 new cases of cancer were registered, out of which there were 1,549 new female cases and 1,058 new male cases. Cancer was the cause of the death of 1,294 persons in 2016, bringing the percentage of mortality caused by the disease to 12.7% of all deaths in that year.

1.6.5 The health gains of the past few decades in Rodrigues are also being threatened by the rising prevalence of non-communicable diseases, namely diabetes, hypertension and cardiovascular diseases. In 2016, out of 254 deaths, 45.7% were attributed to diseases of the heart and other circulatory diseases, while 13.4% deaths occurred due to diabetes and other endocrine, nutritional and metabolic diseases.

1.6.6 Mauritius is experiencing an ageing of its population, a trend that is projected to continue for the years to come. The ageing of the population is due to a combination of declining birth rates, leading to fewer young people, and increasing life expectancy, so that more people live into old age. If present fertility rates are maintained, it is projected that by 2034, the country will experience a decline in its population. Subsequently, the proportion of people aged 60 years and above will increase from around 15.4% in 2016 to 25.6% in 2034.

2. About this Report

2.1 National Health Accounts 2017

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

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

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

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

2.1.4 NHA 2017 is the country's third round of health accounts and is the second cycle making use of the SHA 2011 methodology and the Health Accounts Production Tool (HAPT). Besides, it is the first round which tracks healthcare spending on diseases.

2.2 Boundaries

2.2.1 Time and space boundaries are vital for the accurate production of health accounts. For the current study, estimated data were based on cash accounting, that is, actual health expenditures incurred during calendar year 2016, from 01 January to 31 December 2016.

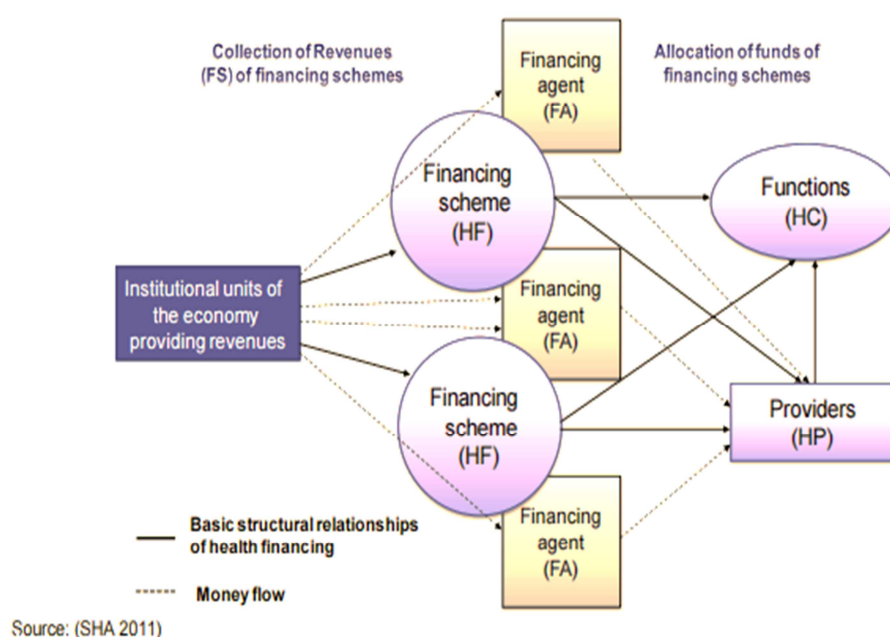
2.2.2 SHA 2011 focuses on final consumption of healthcare goods and services by the resident population, irrespective of where it takes place. Accordingly, NHA 2017 incorporates all expenditures made within the geographic boundary of the Republic of Mauritius, including the island of Rodrigues and spending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

2.3 Classification ICHA-Codes for NHA 2017

2.3.1 NHA 2017 has been produced in line with the SHA 2011 financing framework which uses a tri-axial recording of each transaction to enable understanding of resource flows between financing, provision, and consumption. This approach ensures that the value of all healthcare goods and services consumed equals the value of healthcare goods and services financed and provided.

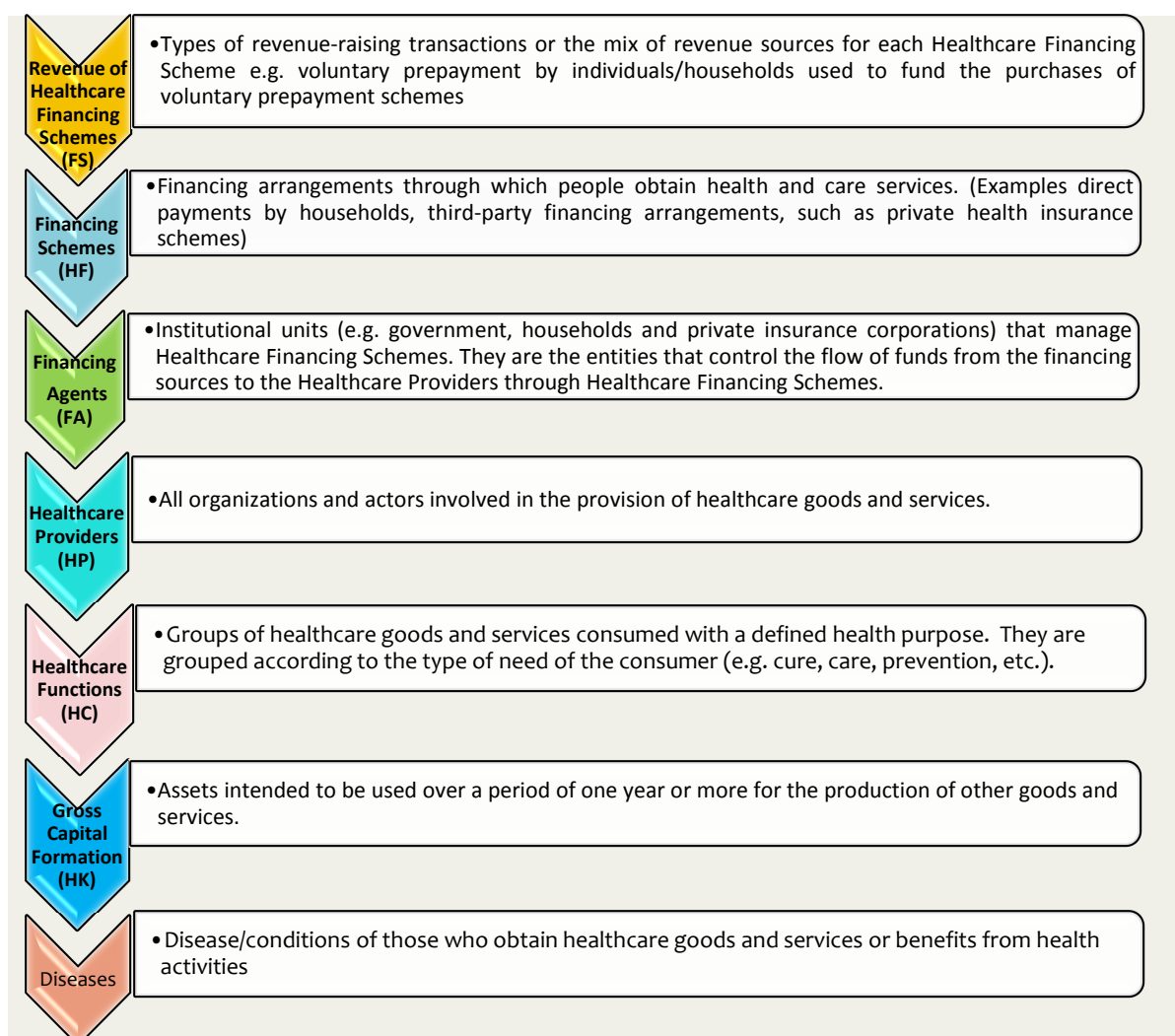
2.3.2 **FIGURE IV** displays a graphical representation of the SHA 2011 financing framework and it demonstrates the relationship between the key entities of the health financing system.

FIGURE IV: Graphical Representation of the SHA 2011 Financing Framework



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

FIGURE V: Health Accounting Dimensions



2.4 NHA 2017 Matrices

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

- Health Expenditure by Revenues of Healthcare Financing Schemes and by Healthcare Financing Schemes (HF x FS), which analyses the ways and means a particular financing scheme collects its revenues. (ANNEX III)
- Health Expenditure by Financing Agents and by Healthcare Financing Schemes (HF x FA), the purpose of which is to hint at the various types of institutional arrangements in place to govern the funds of financing schemes. It replies to the question of “How is healthcare financing managed in the country?” (ANNEX IV)

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

3. Objectives of NHA 2017

3.1 NHA 2017 is the third round of health accounts and its main objective aims at strengthening health system governance and to support decision-making in the Republic of Mauritius, including the island of Rodrigues.

3.2 The specific objectives of NHA 2017 are indicated in **FIGURE VI**.

FIGURE VI: Specific Objectives



4. Methodology and Data Sources

4.1 Introduction

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

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

FIGURE VII: Integrative Methodology



•The integrative methodology is recommended by the WHO and the Institute for Health Metrics and Evaluation, USA. The objective of this methodology is to generate the most accurate and reliable data on OOP spending on health. This approach mainly combines two methodologies, that is, primary data collection from both the financing and provider sides perspectives, through surveys on households' spending on health and from private providers respectively.*

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

4.2 Collection of Primary data from the Financing Perspective

4.2.1 A national survey on out-of-pocket expenditure on health was undertaken to collect data on the flows of healthcare expenditure among households for the current study. The survey provides a statistically accurate and representative picture of healthcare financing variables across the entire population of the Republic of Mauritius, including the island of Rodrigues. The integrative methodology was used for both surveys, that is, capturing data from both the financing perspective and from healthcare providers.

4.2.2 The survey was based on a multi-stage stratified cluster sample and included a representative sample of 2,700 households in the main island of Mauritius and 675 households in Rodrigues.

4.2.3 A stratified two stage sampling design was used to ensure that the sample is representative along with a high degree of statistical accuracy. The first stage involved a selection of 50 Enumeration Areas (EAs) out of a total of 3,615 EAs, while the second stage constituted a proportionately selection of 40 households, from each EA.

4.2.4 The EAs were classified into strata based on geographical districts in order to ensure well-balanced geographical distribution of the population. The Relative Development Index (RDI), as criteria, was applied to enable adequate representation of all socio-economic groups in the country. The RDI is a composite indicator which is generally used to classify EAs in relation to their socio-economic levels. The Enumeration Areas selected from the strata were fairly distributed to the RDI level of the population in each district.

4.2.5 Households' coverage comprised 11,197 persons, including 5,443 male (48.6%) and 5,754 female (51.4%). The coverage was representative of all regions, both urban and rural, across the two islands.

4.2.6 The questionnaire for the 2017 survey was designed in accordance with the SHA 2011 Framework. The classification of disease/ conditions by Global Burden of Disease (GBD) category was adapted. A module on people's use of and satisfaction with public and private health services in the country was also added.

4.3 Collection of Primary data from Providers

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

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

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

4.3.4 As recommended in the SHA Guide, section 10.4 (ONS, 2004), expenditure flows were examined from both the financing and provider perspectives, taking into account their respective strengths and weaknesses. The different estimates were weighed against each other to obtain the most reliable data on household out-of-pocket spending on health for the year 2016.

4.4 Consumption side perspective

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

used for calculating inflation. Estimates with value-added are not compared with real expenditure on health.

4.4.2 On the other hand, data collected from household surveys on OOP expenditure on health may be compared with the gross output estimation of the health sector. However, the gross output estimation of the health sector excludes spending on pharmaceuticals, hospital consumables and medical supplies, spending on glasses, wheelchairs etc., as these items are classified in wholesale and retail trade. Besides, spending on private health insurance and transport and overseas treatment are also excluded in the gross output estimation of the health sector.

4.4.3 The integrative methodology used for the present exercise (**ANNEX II**) estimates that households spent approximately Rs 11.949 billion on health in 2016. This estimated amount which represents the real expenditure value has been used for developing NHA 2017.

4.5 Secondary Data

4.5.1 Useful and reliable secondary financial data and health statistics were retrieved from “off-the-shelf” records. These secondary data were collected from different sources, including, audited accounts of the Ministry of Health and Quality of Life, Ministry of Defence and Rodrigues, Ministry of Social Security, National Solidarity and Environment and Sustainable Development, Ministry of Local Government and Outer Islands and Ministry of Social Integration and Economic Empowerment and the Commission for Health and Others and Commission for Social Security and Others, Rodrigues.

4.5.2 Other secondary data/ health indicators were obtained from the Health Statistics Report (HSR) 2016, Government Health Services Statistics (GHSS) 2016, MOH and QL and data from the Cost Analysis of Hospital Services, Victoria and Flacq Regional Hospitals, 2015.

4.6 Estimation of Health Expenditure by Diseases

4.6.1 Health expenditures by diseases were estimated using data from the Health Statistics Report (HSR) 2016, GHSS 2016 and the 2015 Cost Analysis of Hospital Services, Victoria and Flacq Regional Hospitals.

4.6.2 Inpatient expenditures by diseases, for the Ministry of Health and Quality of Life and Commission for Health and Others, Rodrigues, were estimated through the use of a proportion of total inpatient expenditure based on the utilization data from the HSR 2016 and the average length of stay from the GHSS 2016 for each disease.

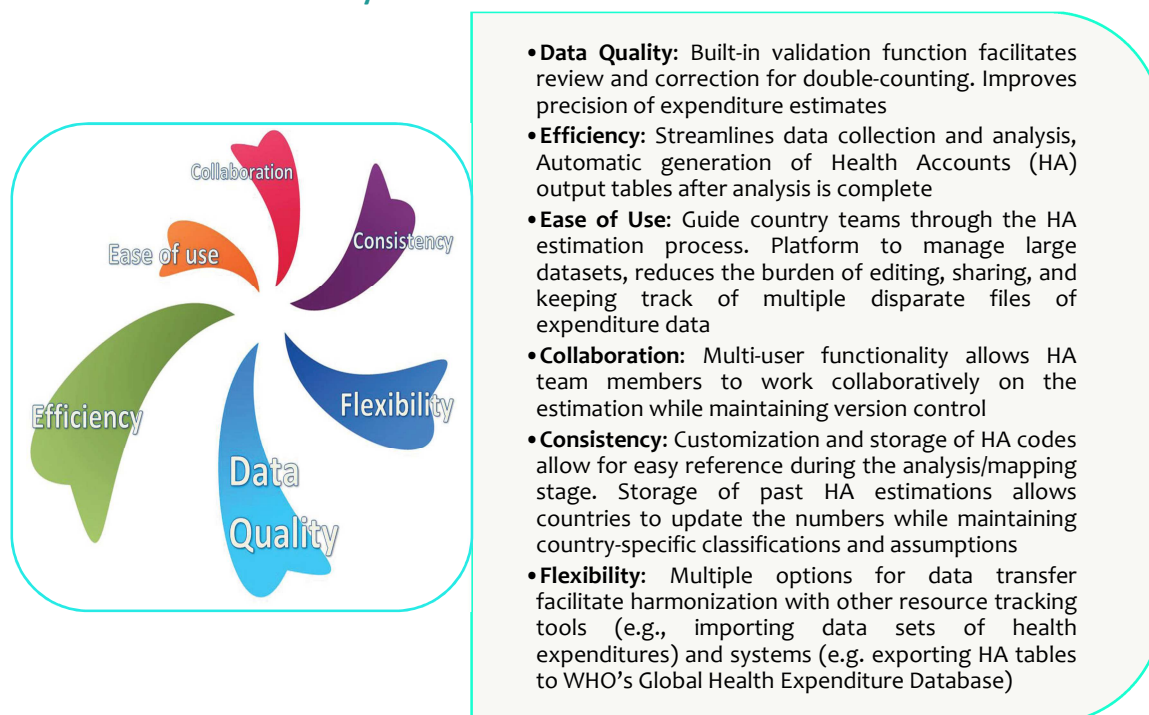
4.6.3 The estimation of outpatient expenditure by diseases was calculated by multiplying the utilization data in the HSR 2016 with the unit cost per outpatient visit as indicated in the Cost Analysis of Hospital Services, Victoria and Flacq Regional Hospitals, 2015. For other Ministries and public units, expenditure by diseases was obtained from non-stochastic surveys.

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

4.7 Health Accounts Production Tool (HAPT)

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

FIGURE VIII: Key Features of the Health Accounts Production Tool



4.7.2 The development of NHA 2017 focused on extensive data cleaning prior to their export into the HAPT. The tool assisted the NHA Team in the estimation of most reliable health accounts for the calendar year 2016 and in the development of the seven NHA matrices.

4.8 Validation of NHA 2017

4.8.1 The findings of this current study were validated by the NHA Committee 2017 which comprises representatives of the Ministry of Health and Quality of Life and other Ministries, including the representatives of Statistics Mauritius, the World Health Organization and the private sector. In addition, all data on household out-of-pocket expenditure on health for 2016 were validated by the World Health Organization.

4.9 Limitations

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

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

4.9.2 The NHA Study 2017 has some degree of limitations. It does not allow for the measurement of the level of efficiency and effectiveness of the national health system because the SHA Framework is limited to the tracking of healthcare spending by different stakeholders. NHA does not deal with production costs or unit costs per intervention.

4.9.3 The above limitations do not detract the reliance and usefulness of the NHA Report 2017.

5. An Outline of National Health Accounts 2017

5.1 The current report estimates, that, the Republic of Mauritius, including the island of Rodrigues, spent an estimated amount of Rs 25.30 billion on healthcare in 2016. This amount includes spending on health by Government, households and other entities of the private sector.

5.2 **TABLE VIII** displays a summary of the health accounts of the Republic of Mauritius, including the island of Rodrigues, for the calendar year 2016.

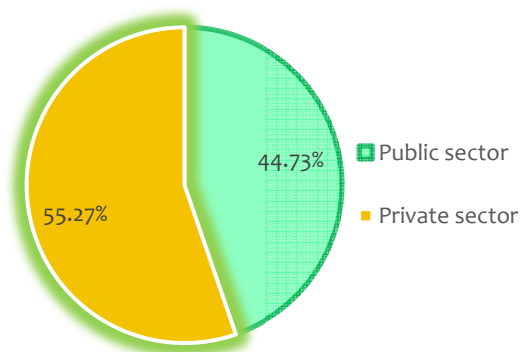
TABLE VIII: Summary of National Health Accounts, 2016

National Health Accounts 2016	Island of Mauritius	Island of Rodrigues	Republic of Mauritius
	(Rs M)	(Rs M)	(Rs M)
Current Health Expenditure	24,364.99	446.11	24,811.11
Capital Formation	456.77	32.00	488.76
Total Health Expenditure	24,821.76	478.11	25,299.87
General Government Health Expenditure	10,923.54	393.54	11,317.08
Ministry of Health and Quality of Life	10,114.32	-	10,114.32
Ministry of Social Security, National Solidarity and Environment and Sustainable Development	97.49	-	97.49
Ministry of Defence and Rodrigues	23.12	-	23.12
Ministry of Foreign Affairs, Regional Integration and International Trade	3.80	-	3.80
Other Ministries	0.02	-	0.02
Municipalities and Districts Councils	684.78	-	684.78
Commission for Health and Others - Rodrigues	-	380.19	380.19
Commission for Social Security and Others - Rodrigues	-	13.36	13.36
Private Health Expenditure	13,898.22	84.57	13,982.79
Households	11,870.46	78.76	11,949.22
Corporations (Other than insurance corporations)	383.59	-	383.59
Insurance corporations	1,496.61	-	1,496.61
NGOs'	141.10	5.80	146.91
World Health Organization	6.45	-	6.45

5.3 Out of the total estimated amount of Rs 25.30 billion, Total Health Expenditure, in the main island of Mauritius, was estimated at Rs 24.82 billion and Total Health Expenditure, in Rodrigues was Rs 478.11 million. Out of these estimated amounts, the main island of Mauritius spent Rs 456.77 million on capital formation, in 2016, while Rodrigues made a capital investment of approximately Rs 32.00 million.

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

FIGURE IX: Distribution of Total Health Expenditure, 2016



5.5 FIGURE IX indicates that Government spending on healthcare, in 2016, was 44.73% of Total Health Expenditure. This ratio represents an estimated amount of Rs 11.317 billion, which includes, spending by Government, through various financing agents in the public sector.

5.6 The Ministry of Health and Quality of Life was the main Financing Agent in the public sector, with an expenditure envelope, estimated at Rs 10.11 billion in 2016. The Ministry of Social Security, National Solidarity and Environment and Sustainable Development spent approximately Rs 97.49 million, on healthcare goods and services, while the Ministry of Defence and Rodrigues spent around Rs 23.12 million.

5.7 Healthcare spending by other Ministries, including the Ministry of Foreign Affairs, Regional Integration and International Trade amounted to some Rs 3.82 million. Municipalities and District Councils spent Rs 684.78 million on health.

5.8 In Rodrigues, the Commission for Health and Others and the Commission for Social Security and Others, in their capacity as financing agents, spent approximately Rs 380.19 million and Rs 13.36 million on healthcare services, respectively.

5.9 The chart above also indicates that, in 2016, the proportion of private healthcare expenditure was 55.27% of Total Health Expenditure. The figure of 55.27% represents an amount of around Rs 13.98 billion and includes, spending by households, up to an estimated amount, of Rs 11.95 billion. Private insurers paid some Rs 1.50 billion on behalf of people having private voluntary health insurance policies.

5.10 Furthermore, the chart illustrates that in 2016, Non-Governmental Organizations involved in healthcare activities, spent around Rs 146.91 million, while spending by the World Health Organization amounted to Rs 6.45 million. Private firms spent approximately Rs 383.59 million on health related services.

5.11 Approximately Rs 8.27 billion were spent by public hospitals, including specialized healthcare institutions for the provision of curative services, including amongst others, the treatment of 185,945 inpatients and the undertaking of 35,245 surgical interventions in 2016.

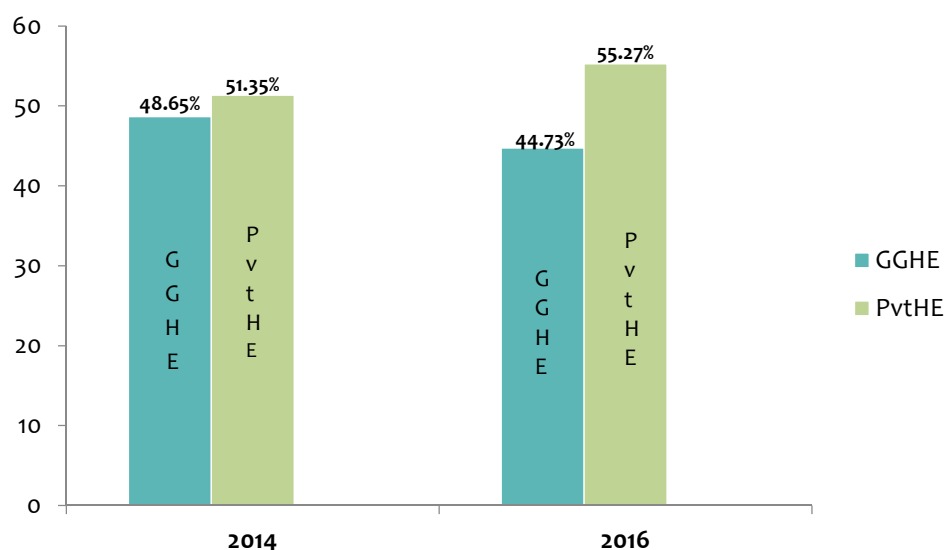
5.12 In 2016, the 17 private hospitals catered for around 233,966 patients, carried out 25,006 surgical interventions and 3,606 birth deliveries, amongst many other clinical activities, at an estimated cost of Rs 3.27 billion. Ambulatory healthcare providers in both the public and private sectors provided outpatient services at an estimated cost of Rs 3.31 billion.

5.13 Spending on drugs (prescription and non-prescription), therapeutic appliances and other medical goods by the State and households accounted for approximately 24.56% of current health expenditure in 2016. Besides, an estimated amount of Rs 275 million was spent on laboratory services and approximately Rs 290 million on imaging diagnostics.

5.14 Non-Communicable Diseases (NCDs) consumed the lion's share of total healthcare expenditure in 2016. An estimated amount of Rs 3.6 billion was spent on cardiovascular diseases, Rs 1.2 billion on diabetes, Rs 1.7 billion on diseases of the genito-urinary system, Rs 987 million on vision disorders, including cataract, Rs 1.2 billion on mental and behavioural disorders, including neurological conditions and Rs 2.0 billion on respiratory diseases, amongst others.

5.15 **FIGURE X** gives an indication of the proportion of General Government Health Expenditure (GGHE) and Private Health Expenditure (PvtHE) out of Total Health Expenditure for 2014 and 2016.

FIGURE X: Distribution of Total Health Expenditure, 2014 & 2016



5.16 The Total Health Expenditure (THE) of Rs 25.30 billion, in 2016, represents an increase of 17.60% from 2014. In 2016, Current Health Expenditure (CHE), accounted for 98.07% (Rs 24.81 billion) of THE. Capital formation was estimated at Rs 488.76 million, representing 1.93% of THE. Private Health Expenditure, in 2016, including expenditure by the World Health Organization was 26.58% higher than that in 2014. General Government Health Expenditure increased by 8.14% during the period 2014 to 2016.

Other Healthcare Financing Indicators

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

TABLE IX: National Health Accounts Indicators, 2016

Indicators	Island of Mauritius	Island of Rodrigues	Republic of Mauritius
Total Health Expenditure (THE) as a % of GDP	-	-	5.83%
General Government Health Expenditure (GGHE) as a % of GDP	-	-	2.61%
Private Health Expenditure (PvtHE) as a % of GDP	-	-	3.22%
Current Health Expenditure (CHE) as a % of THE	98.16%	93.31%	98.07%
General Government Health Expenditure (GGHE) as a % of THE	44.01%	82.31%	44.73%
Private Health Expenditure (PvtHE) as a % of THE	55.99%	17.69%	55.27%
Household OOP Expenditure on Health as a % of THE	47.82%	16.47%	47.23%
Household OOP Expenditure on Health as a % of PvtHE	85.41%	93.14%	85.46%
General Government Health Expenditure (GGHE) as a % of GGE*	8.47%	12.05%	8.56%
Total Health Expenditure (THE) / capita (Rs)	20,326.54	11,277.27	20,022.91
Current Health Expenditure (CHE) / capita (Rs)	19,952.50	10,522.56	19,636.09
Capital Formation (HK) / capita (Rs)	374.05	754.71	386.82
General Government Health Expenditure (GGHE) / capita (Rs)	8,945.29	9,282.55	8,956.61
Private Health Expenditure (PvtHE) / capita (Rs)	11,381.26	1,994.72	11,066.31
Household OOP Expenditure on Health / capita (Rs)	9,720.72	1,857.80	9,456.90

* General Government Expenditure based on revised estimates for FY 2016/17

5.18 In 2016, Total Health Expenditure, as a percentage of GDP, was 5.83%, which represents a growth of 0.34% from 2014. General Government Health Expenditure as a percentage of GDP declined from 2.67% in 2014 to 2.61% in 2016. On the other hand, Private Health Expenditure as a percentage of GDP increased by 0.41% during the same period of time.

5.19 Per capita expenditure on health, in 2016, was estimated at Rs 20,023 in the Republic of Mauritius. This corresponds to an increase of 17.41% from 2014. There has been an improvement of 17.50%, in the per capita spending on health from 2014 to 2016, in the main island of Mauritius.

5.20 In Rodrigues, per capita spending on health increased from Rs 9,911 in 2014 to Rs 11,277 in 2016, representing an increase of 13.78%.

6. National Health Accounts 2017: Analytical Findings

6.1 Revenues of Healthcare Financing Schemes (FS)

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

6.1.1 **TABLE X** indicates where funds were obtained for healthcare spending, in the Republic of Mauritius, including the island of Rodrigues in 2016.

TABLE X: Expenditure by Revenues of Healthcare Financing Schemes (FS), 2016

Revenues of Healthcare Financing Schemes		Island of Mauritius		Island of Rodrigues		Republic of Mauritius	
		Rs M	%	Rs M	%	Rs M	%
FS.1	Transfers from government domestic revenue (allocated to health purposes)	10,579.96	43.42	364.83	81.78	10,944.79	44.11
FS.1.1	Internal transfers and grants	10,559.44	43.34	361.55	81.04	10,920.99	44.02
FS.1.4	Other transfers from government domestic revenue	20.52	0.08	3.28	0.74	23.80	0.10
FS.2	Transfers distributed by government from foreign origin	9.48	0.04	-	-	9.48	0.04
FS.5	Voluntary prepayment	1,496.61	6.14	-	-	1,496.61	6.03
FS.5.1	Voluntary prepayment from individuals/households	140.84	0.58	-	-	140.84	0.57
FS.5.2	Voluntary prepayment from employers	1,355.77	5.56	-	-	1,355.77	5.46
FS.6	Other domestic revenues n.e.c.	12,232.54	50.21	81.09	18.18	12,313.63	49.63
FS.6.1	Other revenues from households n.e.c.	11,870.46	48.72	78.76	17.66	11,949.22	48.16
FS.6.2	Other revenues from corporations n.e.c.	320.46	1.32	0.67	0.15	321.12	1.29
FS.6.3	Other revenues from NPISH n.e.c.	41.62	0.17	1.66	0.37	43.28	0.17
FS.6.3.1	Sale of goods and services and through self-raising fund activities	14.61	0.06	0.39	0.09	15.00	0.06
FS.6.3.nec	Other Other revenues from NPISH n.e.c.	27.01	0.11	1.27	0.29	28.28	0.11
FS.7	Direct foreign transfers	46.40	0.19	0.20	0.04	46.60	0.19
FS.7.1	Direct foreign financial transfers	46.40	0.19	0.20	0.04	46.60	0.19
FS.7.1.2	Direct multilateral financial transfers	13.09	0.05	-	-	13.09	0.05
FS.7.1.3	Other direct foreign financial transfers	33.31	0.14	0.20	0.04	33.50	0.14
Current Health Expenditure		24,364.99	-	446.11	-	24,811.11	-
Capital Formation		456.77	-	32.00	-	488.76	-
Total Health Expenditure		24,821.76	-	478.11	-	25,299.87	-

6.1.2 In 2016, Government allocated Rs 10.94 billion for the financing of healthcare services, in both the main island of Mauritius and island of Rodrigues. This amount was exclusively used for current health expenditures. In addition, Government allocated Rs 386.62 million for capital investment. The Ministry of Health and Quality of Life also benefited from a transfer of approximately Rs 9.48 million from The Global Fund.

6.1.3 Households raised an estimated amount of Rs 11.95 billion in 2016, for the purchase of healthcare services in the private sector. The financing of healthcare services, in the private sector also included voluntary health insurance prepayment which amounted to some Rs 1.50 billion.

6.1.4 Other domestic financing sources for private health expenditure included Rs 420.88 million from corporations (Rs 321.12 million for current health expenditure and Rs 99.76 million for capital outlays) and Rs 45.67 million from NGOs. Revenues of Healthcare Financing Schemes from the Rest of the World amounted to approximately Rs 46.60 million.

6.1.5 From 2014 to 2016, sources of funds from Government increased by 12.73%, direct financing by households by 10.55%, while financing sources from corporations and NGOs increased by a much higher rate of 204.12% and 103.20% respectively. However, direct foreign transfers declined by 47.92% from 2014 to 2016.

6.2 Healthcare Financing Schemes (HF)

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

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

6.2.2 Government Healthcare Financing Schemes increased from Rs 10.45 billion to Rs 11.32 billion, representing an increase of 8.32% over the period 2014 to 2016. In 2016, Government Schemes, in the island of Mauritius, pooled approximately Rs 10.57 billion for current health expenditure and Rs 354.62 million for funding capital investments.

6.2.3 In the island of Rodrigues, the Government Healthcare Financing Schemes in 2016 were estimated at Rs 393.55 million, out of which, Rs 361.55 million were allocated to meet current health expenditures and Rs 32.00 million for capital investment.

6.2.4 Household out-of-pocket payment schemes, excluding cost-sharing, were estimated at Rs 11.95 billion in 2016, representing an increase of Rs 1.14 billion since 2014. During the same year, voluntary health insurance schemes, in the Republic of Mauritius, were estimated at Rs 1.50 billion.

6.2.5 NPISH financing schemes were estimated at Rs 150.97 million in 2016, out of which, resident foreign agencies schemes were Rs 6.45 million and other NPISH financing schemes (NGOs) were around Rs 144.52 million. NGOs financing schemes increased from an estimated amount of Rs 123.98 million in 2014, to approximately Rs 144.52 million in 2016. Enterprise financing schemes increased from Rs 83.30 million in 2014 to Rs 283.83 million in 2016.

6.2.6 **TABLE XI** illustrates the respective amount of funds that flowed through various Healthcare Financing Schemes in the Republic of Mauritius, including the island of Rodrigues, in 2016.

TABLE XI: Expenditure by Healthcare Financing Schemes (HF), 2016

Financing Schemes		Island of Mauritius		Island of Rodrigues		Republic of Mauritius	
		Rs M	%	Rs M	%	Rs M	%
HF.1	Government schemes and compulsory contributory health care financing schemes	10,568.92	43.38	361.55	81.04	10,930.47	44.05
HF.1.1	Government schemes	10,568.92	43.38	361.55	81.04	10,930.47	44.05
HF.1.1.1	Central government schemes	9,894.22	40.61	361.55	81.04	10,255.76	41.34
HF.1.1.2	State/regional/local Government schemes	674.70	2.77	-	-	674.70	2.72
HF.2	Voluntary health care payment schemes	1,925.62	7.90	5.80	1.30	1,931.42	7.78
HF.2.1	Voluntary health insurance schemes	1,496.61	6.14	-	-	1,496.61	6.03
HF.2.1.1	Primary/substitutory health insurance schemes	1,496.61	6.14	-	-	1,496.61	6.03
HF.2.1.1.1	Employer-based insurance (Other than enterprises schemes)	1,347.66	5.53	-	-	1,347.66	5.43
HF.2.1.1.3	Other primary coverage schemes	148.95	0.61	-	-	148.95	0.60
HF.2.2	NPISH financing schemes (including development agencies)	145.17	0.60	5.80	1.30	150.97	0.61
HF.2.2.2	Resident foreign agencies schemes	6.45	0.03	-	-	6.45	0.03
HF.2.2.nec	Unspecified NPISH financing schemes (n.e.c.)	138.72	0.57	5.80	1.30	144.52	0.58
HF.2.3	Enterprise financing schemes	283.83	1.16	-	-	283.83	1.14
HF.2.3.1	Enterprises (except health care providers) financing schemes	283.83	1.16	-	-	283.83	1.14
HF.3	Household out-of-pocket payment	11,870.46	48.72	78.76	17.66	11,949.22	48.16
HF.3.1	Out-of-pocket excluding cost-sharing	11,870.46	48.72	78.76	17.66	11,949.22	48.16
	Current Health Expenditure	24,364.99	-	446.11	-	24,811.11	-
	Capital Formation	456.77	-	32.00	-	488.76	-
	Total Health Expenditure	24,821.76	-	478.11	-	25,299.87	-

6.3 Financing Agents (FA)

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

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

6.3.2 **TABLE XII** displays the various Financing Agents, both in the main island of Mauritius and the island of Rodrigues, that were responsible to manage multiple Healthcare Financing Schemes, along with their respective expenditures for 2016.

TABLE XII: Expenditure by Financing Agents (FA), 2016

Financing Agents		Island of Mauritius		Island of Rodrigues		Republic of Mauritius	
		Rs M	%	Rs M	%	Rs M	%
FA.1	General government	10,568.92	43.38	361.55	81.04	10,930.47	44.05
FA.1.1	Central government	9,894.22	40.61	361.55	81.04	10,255.76	41.34
FA.1.1.1	Ministry of Health and Quality of Life	9,769.78	40.10	-	-	9,769.78	39.38
FA.1.1.2	Other ministries and public units (belonging to central government)	124.43	0.51	361.55	81.04	485.98	1.96
FA.1.2	State/Regional/Local government	674.70	2.77	-	-	674.70	2.72
FA.2	Insurance corporations	1,496.61	6.14	-	-	1,496.61	6.03
FA.2.1	Commercial insurance companies	1,496.61	6.14	-	-	1,496.61	6.03
FA.3	Corporations (Other than insurance corporations) (part of HF.RI.1.2)	283.83	1.16	-	-	283.83	1.14
FA.3.2	Corporations (Other than providers of health services)	283.83	1.16	-	-	283.83	1.14
FA.4	Non-profit institutions serving households (NPISH)	145.17	0.60	5.80	1.30	150.97	0.61
FA.5	Households	11,870.46	48.72	78.76	17.66	11,949.22	48.16
	Current Health Expenditure	24,364.99	-	446.11	-	24,811.11	-
	Capital Formation	456.77	-	32.00	-	488.76	-
	Total Health Expenditure	24,821.76	-	478.11	-	25,299.87	-

6.3.3 In 2016, households, with an estimated current healthcare spending Rs 11.87 billion, remained the principal financing agent, in the main island of Mauritius, as it was the case in 2014. Private health insurance companies spent an estimated amount of Rs 1.50 billion in 2016. Corporations (other than

insurance companies) managed 1.16% of current healthcare expenditure, that is, Rs 283.83 million in 2016, compared to 0.31% in 2014.

6.3.4 The Ministry of Health and Quality of Life spent nearly Rs 9.77 billion of current health expenditure in 2016 compared to Rs 8.47 billion in 2014. Other Ministries, including the Ministry of Defence and Rodrigues, Ministry of Social Security, National Solidarity and Environment and Sustainable Development, Ministry of Foreign Affairs, Regional Integration and International Trade and Ministry of Social Integration and Economic Empowerment, administered Rs 124.43 million of current health expenditure in 2016.

6.3.5 Non-Profit Institutions serving households include NGOs and the World Health Organization. In 2016, NGOs managed 0.57% of current health expenditure, that is, Rs 138.72 million. Management of funds by the World Health Organization decreased from 0.15% of current health expenditure in 2014 to only 0.03%, that is, Rs 6.45 million in 2016. On the other hand, municipalities and district councils managed around Rs 674.70 million of current health expenditure during the same year. Compared to 2014, management of funds for healthcare purposes by municipalities and district councils decreased by Rs 90.88 million.

6.3.6 The Commission for Health and Others and the Commission for Social Security and Others remain the principal financing agents in the health system of Rodrigues. In 2016, the two Commissions managed 81.04% of current health expenditure, representing an estimated amount of Rs 361.55 million compared to 73.67% in 2014. However, management of funds for healthcare purposes, as a percentage of current healthcare expenditure, by households and NGOs, decreased by 16.33% and 18.24%, respectively, from 2014 to 2016.

6.4 Healthcare Providers (HP)

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

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

6.4.2 The distribution of expenditures by Healthcare Providers (HP) for the year 2016 is illustrated in **TABLE XIII**.

TABLE XIII: Expenditure by Healthcare Providers (HP), 2016

Healthcare Providers		Island of Mauritius		Island of Rodrigues		Republic of Mauritius	
		Rs M	%	Rs M	%	Rs M	%
HP.1	Hospitals	11,310.58	46.42	229.14	51.36	11,539.72	46.51
HP.1.1	General hospitals	10,228.50	41.98	229.14	51.36	10,457.64	42.15
HP.1.1.1	General hospitals (Public sector)	6,966.24	28.59	218.03	48.87	7,184.27	28.96
HP.1.1.2	General hospitals (Private sector)	3,262.26	13.39	11.11	2.49	3,273.37	13.19
HP.1.2	Mental health hospitals	412.80	1.69	-	-	412.80	1.66
HP.1.3	Specialized hospitals (Other than mental health hospitals)	669.29	2.75	-	-	669.29	2.70
HP.1.3.1	Ear, nose and throat hospital	157.11	0.64	-	-	157.11	0.63
HP.1.3.2	Ophthalmology hospital	204.24	0.84	-	-	204.24	0.82
HP.1.3.3	Cardiac centre	237.24	0.97	-	-	237.24	0.96
HP.1.3.4	Chest clinic	70.70	0.29	-	-	70.70	0.28
HP.2	Residential long-term care facilities	11.47	0.05	-	-	11.47	0.05
HP.2.1	Long-term nursing care facilities	4.93	0.02	-	-	4.93	0.02
HP.2.2	Mental health and substance abuse facilities	6.54	0.03	-	-	6.54	0.03
HP.3	Providers of ambulatory health care	3,258.57	13.37	50.79	11.38	3,309.36	13.34
HP.3.1	Medical practices	2,025.87	8.31	0.36	0.08	2,026.23	8.17
HP.3.1.nec	Unspecified medical practices (n.e.c.)	2,025.87	8.31	0.36	0.08	2,026.23	8.17
HP.3.2	Dental practice	450.63	1.85	0.22	0.05	450.85	1.82
HP.3.4	Ambulatory health care centres	675.50	2.77	44.19	9.91	719.69	2.90
HP.3.4.5	Non-specialized ambulatory healthcare centres	630.75	2.59	42.40	9.50	673.14	2.71
HP.3.4.9	All Other ambulatory centres	44.76	0.18	1.79	0.40	46.55	0.19
HP.3.5	Providers of home health care services	1.67	0.01	5.54	1.24	7.21	0.03
HP.3.6	Providers of Traditional, Complementary and Alternative Medicines (TCAM)	81.77	0.34	0.49	0.11	82.26	0.33
HP.3.nec	Unspecified providers of ambulatory health care (n.e.c.)	23.12	0.09	-	-	23.12	0.09
HP.4	Providers of ancillary services	607.96	2.50	32.69	7.33	640.65	2.58
HP.4.1	Providers of patient transportation and emergency rescue	52.23	0.21	31.95	7.16	84.18	0.34
HP.4.2	Medical and diagnostic laboratories	554.49	2.28	0.74	0.17	555.23	2.24
HP.4.2.1	Imaging centers	287.16	1.18	0.32	0.07	287.48	1.16
HP.4.2.nec	Other Medical and diagnostic laboratories	267.33	1.10	0.42	0.09	267.75	1.08
HP.4.9	Other providers of ancillary services	1.24	0.01	-	-	1.24	0.01
HP.5	Retailers and Other providers of medical goods	5,987.49	24.57	51.45	11.53	6,038.94	24.34
HP.5.1	Pharmacies	4,233.26	17.37	41.89	9.39	4,275.14	17.23

Healthcare Providers		Island of Mauritius		Island of Rodrigues		Republic of Mauritius	
		Rs M	%	Rs M	%	Rs M	%
HP.5.2	Retail sellers and Other suppliers of durable medical goods and medical appliances	1,250.22	5.13	8.62	1.93	1,258.84	5.07
HP.5.2.1	Opticians	645.37	2.65	4.05	0.91	649.42	2.62
HP.5.2.nec	Other Retail sellers and Other suppliers of durable medical goods and medical appliances	604.85	2.48	4.57	1.02	609.42	2.46
HP.5.9	All Other miscellaneous sellers and Other suppliers of pharmaceuticals and medical goods	504.02	2.07	0.94	0.21	504.96	2.04
HP.6	Providers of preventive care	993.15	4.08	24.30	5.45	1,017.45	4.10
HP.7	Providers of health care system administration and financing	823.56	3.38	31.69	7.10	855.25	3.45
HP.7.1	Government health administration agencies	599.44	2.46	31.69	7.10	631.13	2.54
HP.7.3	Private health insurance administration agencies	224.12	0.92	-	-	224.12	0.90
HP.8	Rest of economy	760.13	3.12	11.65	2.61	771.78	3.11
HP.8.1	Households as providers of home health care	86.97	0.36	0.18	0.04	87.15	0.35
HP.8.2	All Other industries as secondary providers of health care	673.16	2.76	11.47	2.57	684.63	2.76
HP.9	Rest of the world	380.77	1.56	14.40	3.23	395.18	1.59
HP.nec	Unspecified health care providers (n.e.c.)	231.30	0.95	-	-	231.30	0.93
	Current Health Expenditure	24,364.99	-	446.11	-	24,811.11	-
	Capital Formation	456.77	-	32.00	-	488.76	-
	Total Health Expenditure	24,821.76	-	478.11	-	25,299.87	-

6.4.3 In 2016, the largest share of Government Schemes, up to an estimated amount of Rs 8.27 billion, was utilized for the funding of current health expenditures of public hospitals. Out of this estimated amount, Rs 8.05 billion were used up by public hospitals, including specialized health institutions, in the main island of Mauritius and the Queen Elizabeth Hospital in Rodrigues spent Rs 218.03 million.

6.4.4 An estimated amount of Rs 673.14 million (Rs 630.75 million for the island of Mauritius and Rs 42.40 million for Rodrigues) was spent by State-owned primary healthcare institutions. From 2014 to 2016, there has been an increase of 2.35% in expenditures for the provision of primary care services to the community at the peripheral level.

6.4.5 Healthcare expenditure incurred by private hospitals was approximately Rs 3.26 billion in 2016. Spending by private hospital in favour of patients from Rodrigues declined from Rs 21.57 million in 2014 to Rs 11.11 million in 2016. The value of pharmaceutical products and consumables delivered by the private sector, including private pharmacies, in the Republic of Mauritius, increased from Rs 3.26 billion in 2014 to Rs 3.99 billion in 2016.

6.5 Healthcare Functions (HC)

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

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

6.5.2 **TABLE XIV** indicates the distribution of health expenditure by healthcare functions in the Republic of Mauritius, including the island of Rodrigues, for the year 2016.

TABLE XIV: Expenditure by Healthcare Functions (HC), 2016

Healthcare Functions		Island of Mauritius		Island of Rodrigues		Republic of Mauritius	
		Rs M	%	Rs M	%	Rs M	%
HC.1	Curative care	13,905.11	57.07	293.52	65.80	14,198.63	57.23
HC.1.1	Inpatient curative care	8,524.74	34.99	198.75	44.55	8,723.49	35.16
	HC.1.1.2 Specialized inpatient curative care	1,051.53	4.32	5.61	1.26	1,057.13	4.26
	HC.1.1.nec Unspecified inpatient curative care	7,473.21	30.67	193.14	43.29	7,666.36	30.90
HC.1.2	Day curative care	520.16	2.13	10.92	2.45	531.07	2.14
	HC.1.2.2 Specialized day curative care	60.44	0.25	-	-	60.44	0.24
	HC.1.2.nec Unspecified day curative care	459.72	1.89	10.92	2.45	470.63	1.90
HC.1.3	Outpatient curative care	4,860.21	19.95	78.87	17.68	4,939.08	19.91
	HC.1.3.2 Dental outpatient curative care	561.95	2.31	0.28	0.06	562.23	2.27
	HC.1.3.3 Specialized outpatient curative care	201.57	0.83	0.49	0.11	202.06	0.81
	HC.1.3.nec Unspecified outpatient curative	4,096.70	16.81	78.09	17.50	4,174.79	16.83
HC.1.4	Home-based curative care	-	-	4.99	1.12	4.99	0.02
HC.2	Rehabilitative care	243.72	1.00	0.75	0.17	244.46	0.99
HC.2.1	Inpatient rehabilitative care	73.59	0.30	-	-	73.59	0.30
HC.2.2	Day rehabilitative care	66.57	0.27	<0.01	<0.01	66.58	0.27
HC.2.3	Outpatient rehabilitative care	70.08	0.29	0.57	0.13	70.64	0.28
HC.2.4	Home-based rehabilitative care	33.48	0.14	0.18	0.04	33.65	0.14
HC.3	Long-term care (health)	309.01	1.27	0.06	0.01	309.08	1.25
HC.3.1	Inpatient long-term care	242.73	1.00	0.06	0.01	242.79	0.98
HC.3.2	Day long-term care	8.69	0.04	<0.01	<0.01	8.69	0.04
HC.3.3	Outpatient long-term care	1.64	0.01	<0.01	<0.01	1.64	0.01
HC.3.4	Home-based long-term care	55.95	0.23	-	-	55.95	0.23
HC.4	Ancillary services (non-specified)	957.07	3.93	39.07	8.76	996.14	4.01
HC.4.1	Laboratory services	274.82	1.13	0.42	0.09	275.24	1.11
HC.4.2	Imaging services	289.30	1.19	0.32	0.07	289.62	1.17
HC.4.3	Patient transportation	391.72	1.61	38.33	8.59	430.05	1.73
HC.4.nec	Unspecified ancillary services	1.24	0.01	-	-	1.24	0.01
HC.5	Medical goods (non-specified)	6,043.63	24.80	50.52	11.32	6,094.15	24.56
HC.5.1	Pharmaceuticals and Other medical non-durable goods	4,900.61	20.11	45.24	10.14	4,945.86	19.93
HC.5.1.1	Prescribed medicines	2,982.47	12.24	9.81	2.20	2,992.28	12.06

Healthcare Functions		Island of Mauritius		Island of Rodrigues		Republic of Mauritius	
		Rs M	%	Rs M	%	Rs M	%
HC.5.1.2	Over-the-counter medicines	1,381.50	5.67	32.08	7.19	1,413.58	5.70
HC.5.1.3	Other medical non-durable goods	536.45	2.20	3.32	0.74	539.77	2.18
HC.5.1.4	Prescribed and Over-the-counter medicines	0.20	<0.01	0.03	0.01	0.23	<0.01
HC.5.2	Therapeutic appliances and Other medical goods	1,143.02	4.69	5.27	1.18	1,148.29	4.63
HC.5.2.1	Glasses and Other vision products	574.63	2.36	3.57	0.80	578.20	2.33
HC.5.2.2	Hearing aids	41.62	0.17	0.39	0.09	42.01	0.17
HC.5.2.3	Other orthopaedic appliances and prosthetics (excluding glasses and hearing aids)	140.60	0.58	0.14	0.03	140.74	0.57
HC.5.2.9	All Other medical durables, including medical technical devices	386.17	1.58	1.17	0.26	387.34	1.56
HC.6	Preventive care	845.18	3.47	25.53	5.72	870.72	3.51
HC.6.1	Information, education and counseling (IEC) programs	31.16	0.13	3.17	0.71	34.33	0.14
HC.6.1.1	Addictive substances IEC programs	13.21	0.05	1.64	0.37	14.85	0.06
HC.6.1.3	Safe sex IEC programs	2.18	0.01	0.15	0.03	2.33	0.01
HC.6.1.nec	Other and unspecified IEC programs	15.77	0.06	1.37	0.31	17.14	0.07
HC.6.2	Immunization programs	187.62	0.77	2.34	0.52	189.96	0.77
HC.6.2.1	Maternal and child health - Vaccination	140.22	0.58	1.87	0.42	142.09	0.57
HC.6.2.nec	Other Immunization programs	47.40	0.19	0.47	0.10	47.87	0.19
HC.6.3	Early disease detection programs	46.68	0.19	1.16	0.26	47.84	0.19
HC.6.4	Healthy condition monitoring programs	73.06	0.30	0.36	0.08	73.42	0.30
HC.6.5	Epidemiological surveillance and risk and disease control programs	74.63	0.31	4.84	1.09	79.47	0.32
HC.6.5.nec	Unspecified epidemiological surveillance and risk and disease control programs	74.63	0.31	4.84	1.09	79.47	0.32
HC.6.nec	Unspecified preventive care	432.03	1.77	13.67	3.06	445.70	1.80
HC.7	Governance, and health system and financing administration	1,016.73	4.17	31.69	7.10	1,048.42	4.23
HC.7.1	Governance and Health system administration	792.61	3.25	31.69	7.10	824.30	3.32
HC.7.1.nec	Other governance and Health system administration	792.61	3.25	31.69	7.10	824.30	3.32
HC.7.2	Administration of health financing	224.12	0.92	-	-	224.12	0.90
HC.9	Other health care services n.e.c	1,044.54	4.29	4.97	1.11	1,049.51	4.23
HC.9.1	Traditional, Complementary and Alternative Medicines	95.60	0.39	0.45	0.10	96.05	0.39
HC.9.nec	Remaining Other healthcare services n.e.c	948.94	3.89	4.52	1.01	953.45	3.84
	Current Health Expenditure	24,364.99	-	446.11	-	24,811.11	-
	Gross Capital Formation	456.77	-	32.00	-	488.76	-
	Total Health Expenditure	24,821.76	-	478.11	-	25,299.87	-

6.5.3 Curative Care: Curative services, provided in both public and private hospitals, continue to use the largest share of healthcare spending, accounting for Rs 14.2 billion and representing 57.23% of total spending in 2016. A significant increase of 32.06 % in expenditure on curative services has been noted from 2014 to 2016.

6.5.4 In 2016, expenditure on curative care was estimated at Rs 13.91 billion, representing 57.07 % of current health expenditure, in the main island of Mauritius, and Rs 293.52 million, that is, 65.80% of current health expenditure in Rodrigues.

6.5.5 Pharmaceuticals, including traditional medicine: Total spending on medications, in 2016, amounted to approximately, Rs 5.06 billion in the Republic of Mauritius, out of which, public sector spending was Rs 1.03 billion and households' spending amounted to some Rs 4.03 billion. In 2016, Mauritius spent Rs 4,008 (US\$ 112) per person on medication. That's very much less than the United States with a per capita spending of around US\$ 1,457 on pharmaceutical products.

6.5.6 Laboratory Services: Laboratory services form an integral part of the consumption of healthcare services and constitute a critical guide for diagnosis and effective treatment. These items comprise a variety of tests of clinical specimens aimed at obtaining information on the health of the patient. Total estimated spending on these items amounted to Rs 275.24 million in 2016.

6.5.7 Imaging Diagnostics: These items comprise a variety of services that make use of imaging technology, such as x-rays and radiation for the diagnosis and monitoring of patients. The SHA classification includes an array of imaging technologies to diagnose and treat diseases, which, include amongst others, plain x-ray, bone and soft tissue imaging, contrast x-rays or photo-imaging, diagnostic ultrasound, Computer-assisted Tomography (CAT) and Magnetic Resonance Imaging (MRI). Estimated total expenditure on imaging diagnostic services amounted to approximately Rs 289.62 million in 2016.

6.5.8 Glasses and Other Vision Products: Glasses and other vision products have a direct health purpose. These items comprise corrective eye-glasses and contact lenses as well as the corresponding cleansing fluid and the fittings by opticians. An estimated amount of Rs 578.20 million was spent on glasses and other vision products in 2016.

6.5.9 Health-Related Transport: This item comprises the cost of inland transportation of patients to a private or public health care facility. Estimated spending on this item amounted to Rs 430.05 million in 2016. The amount spent by Mauritians on health-related transport was Rs 391.7 million, while inhabitants in Rodrigues spent some Rs 38.33 million, which include both inland and air transportation costs.

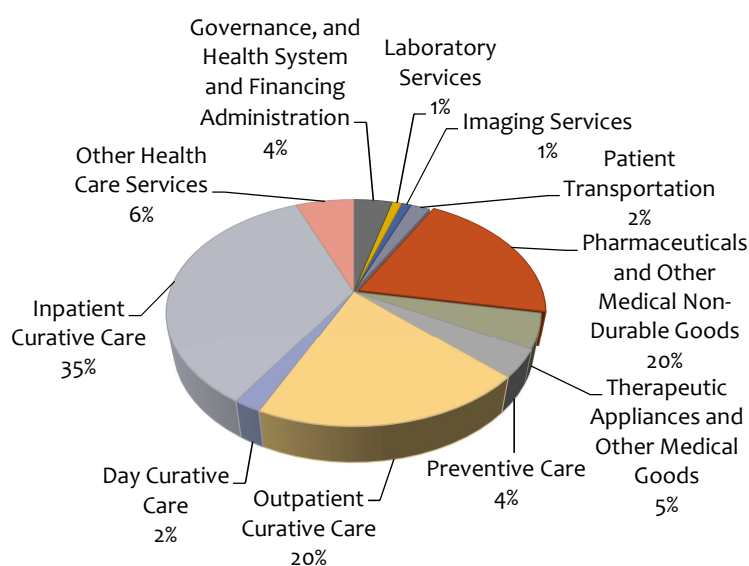
6.5.10 Preventive Care: Prevention is any measure that aims to avoid or reduce the number or the severity of injuries and diseases, their sequels and complications. In 2016, Rs 870.72 million were spent on preventive care in the Republic of Mauritius, out of which Rs 845.18 million were spent in the main island of Mauritius and Rs 25.53 million in Rodrigues. From 2014 to 2016, expenditure on preventive care as a percentage of current health expenditure has improved slightly by 0.21%.

6.5.11 Information, Education and Communication (IEC): IEC combines strategies, approaches and methods to enable individuals, families, groups and communities to play active roles in achieving, protecting and sustaining their own health. There has been a decline of 0.03% in expenditure on IEC over the period 2014 to 2016. Mauritius spent around Rs 31.16 million on IEC, while spending in Rodrigues was Rs 3.17 million in 2016.

6.5.12 Early Disease Detection Programmes: This item concerns the active search for a disease early in its course, before symptoms appear, within the risk groups, as organized programme activities. This can involve screening, diagnostic tests and medical examinations. These are directed to specific diseases, including breast cancer, cervical cancer, colon rectal cancer, diabetes and HIV/AIDS. Spending on early disease detection programmes has substantially increased from Rs 2.80 million in 2014 to Rs 47.84 million in 2016.

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

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



6.5.14 Immunization Programmes: This item includes expenditures incurred on the prevention of the development of a disease, before or after exposure, through the use of pharmaceutical products such as vaccines. Estimated spending by Government and households on this item amounted to Rs 189.96 million in 2016. Spending on immunization in Mauritius amounted to approximately Rs 187.62 million, while the island of Rodrigues spent around Rs 770,000.

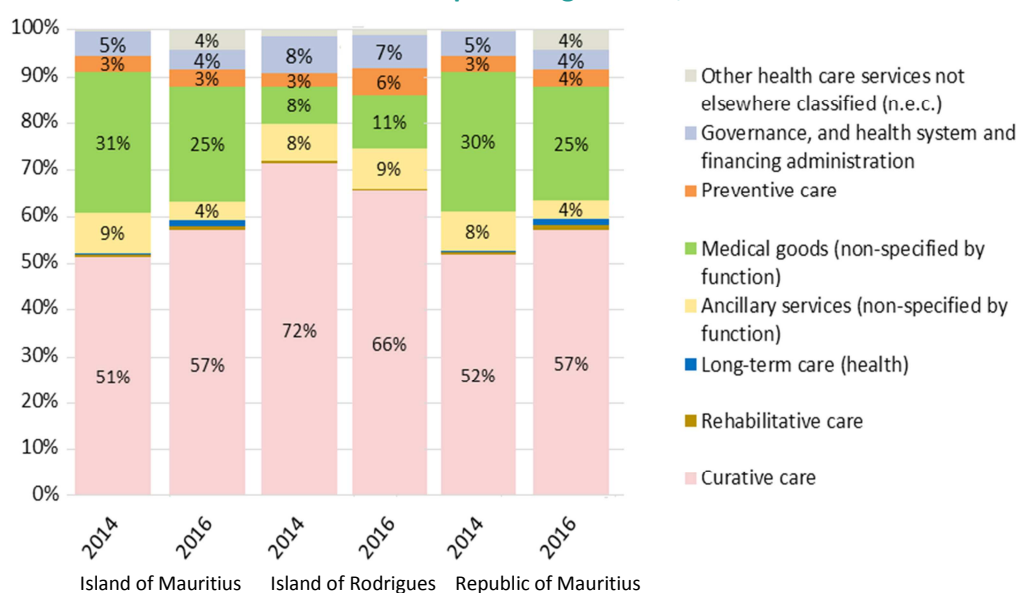
6.5.15 Traditional, Complementary and Alternative Medicines (TCAM): TCAM has been identified as policy relevant in many countries. In Mauritius TCAM, both in the public and private sectors are gaining importance. In 2016, the country spent Rs 96.05 million on TCAM, out of which spending in Rodrigues was estimated at Rs 450,000.

6.5.16 Healthy Condition Monitoring Programmes: This item concerns the active monitoring of healthy conditions and is not focused on specific diseases and target specific conditions such as pregnancy (antenatal and postnatal care) or specific age groups such as children (e.g. child growth and development) or ageing groups, or specific health domains, such as dental and general health check-ups. In Mauritius, expenditure on healthy condition monitoring programmes increased from Rs 5.46 million in 2014 to Rs 73.42 million in 2016. Rs 360,000 were spent on this specific item in the island of Rodrigues.

6.5.17 Governance and health system and financing administration: These services direct and support health system functioning, aiming at increasing the effectiveness and efficiency of the health system. In 2016, Mauritius spent an estimated overall amount of Rs 1.048 billion on governance and health system and financing administration, out of which Rs 1.016 billion were spent in the main island of Mauritius and Rs 31.69 million in the island of Rodrigues.

6.5.18 FIGURE XII displays healthcare functions as a percentage of current health expenditure for 2014 and 2016.

FIGURE XII: Healthcare Functions as a percentage of CHE, 2014 and 2016



7. Expenditure by Type of Diseases (DIS)

7.1 NHA 2017 also tracks healthcare spending by diseases in the Republic of Mauritius, including the island of Rodrigues. It is the first time that such consistent international estimates are being produced for the country. These data have been developed under the frameworks of the System of Health Accounts (SHA 2011) and the classification of diseases/conditions by the Global Burden of Disease (GBD) category. Expenditures by type of diseases data provide valuable information for use in policy analysis and resource allocation.

7.2 Non-Communicable Diseases (NCDs), which include, amongst others, cardiovascular diseases, diabetes, hypertension and cancer constitute nearly 80% of the burden of diseases in the country. In 2016, Mauritius spent an estimated amount of Rs 16.5 billion on NCDs - the largest share of current health expenditure on diseases, that is, 66.52%.

7.3 In 2016, the lion's share of the current health expenditure of Rs 16.5 billion on NCDs was spent on the treatment of cardiovascular diseases, with an estimated paid out invoice of Rs 3.57 billion. Besides, the nation spent approximately Rs 1.2 billion on diabetes. Spending on cancer amounted to some Rs 955.3 million. Expenditures on mental and behavioral disorders and neurological conditions were estimated at Rs 1.2 billion in 2016.

7.4 An estimated amount of Rs 987.28 million was spent on vision disorders, including cataract, in both the public and private sectors, in 2016 and constituted 3.98% of the current health expenditure. Spending on other sense organ disorders was to the order of Rs 855.78 million, that is, 3.45% of current health expenditure.

7.5 In 2016, spending on non-infective respiratory diseases, including asthma and bronchitis amounted to approximately Rs 1.99 billion and represented 8.0% of current health expenditure. In addition, Rs 1.40 billion were spent on injuries during the same year. Rodrigues spent some Rs 41.87 million on injuries.

7.6 Approximately, Rs 1.85 billion were spent on infectious and parasitic diseases in 2016 and represented 7.47% of current health expenditure, and out of which, spending on HIV/AIDS and Other Sexually Transmitted Diseases (STDs) amounted to Rs 129.33 million and expenditure on respiratory infections was approximately Rs 725.87 million, while spending on diarrheal diseases was Rs 565.77 million. During the same year, reproductive health services were provided at an estimated amount Rs 1.08 billion.

7.7 **TABLE XV** indicates the distribution of healthcare expenditure by diseases, in the Republic of Mauritius, including the island of Rodrigues for 2016.

TABLE XV: Expenditure by Diseases (DIS), 2016

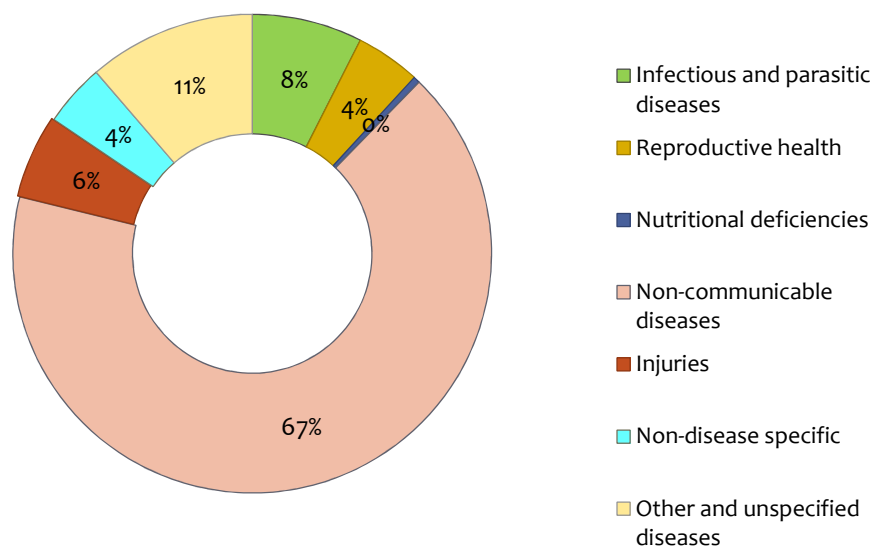
Diseases		Island of Mauritius		Island of Rodrigues		Republic of Mauritius	
		Rs M	%	Rs M	%	Rs M	%
DIS.1	Infectious and parasitic diseases	1,811.48	7.43	41.83	9.38	1,853.31	7.47
DIS.1.1	HIV/AIDS and Other Sexually Transmitted Diseases (STDs)	125.95	0.52	3.38	0.76	129.33	0.52
DIS.1.1.1	HIV/AIDS and Opportunistic Infections (OIs)	120.13	0.49	3.32	0.74	123.45	0.50
DIS.1.1.1.1	HIV/AIDS	120.13	0.49	3.32	0.74	123.45	0.50
DIS.1.1.2	STDs Other than HIV/AIDS	0.78	<0.01	0.04	0.01	0.81	<0.01
DIS.1.1.nec	Unspecified HIV/AIDS and Other STDs (n.e.c.)	5.04	0.02	0.02	0.01	5.06	0.02
DIS.1.2	Tuberculosis (TB)	0.03	<0.01	<0.01	<0.01	0.03	<0.01
DIS.1.2.nec	Unspecified tuberculosis (n.e.c.)	0.03	<0.01	<0.01	<0.01	0.03	<0.01
DIS.1.4	Respiratory infections	700.62	2.88	25.25	5.66	725.87	2.93
DIS.1.5	Diarrheal diseases	562.77	2.31	3.01	0.67	565.77	2.28
DIS.1.nec	Other and unspecified infectious and parasitic diseases (n.e.c.)	422.13	1.73	10.19	2.28	432.32	1.74
DIS.2	Reproductive health	1,056.33	4.34	26.64	5.97	1,082.98	4.36
DIS.2.1	Maternal conditions	520.53	2.14	10.97	2.46	531.50	2.14
DIS.2.2	Perinatal conditions	74.17	0.30	2.20	0.49	76.38	0.31
DIS.2.3	Contraceptive management (family planning)	58.77	0.24	3.73	0.84	62.50	0.25
DIS.2.nec	Unspecified reproductive health conditions (n.e.c.)	402.86	1.65	9.74	2.18	412.60	1.66
DIS.3	Nutritional deficiencies	109.26	0.45	3.28	0.74	112.54	0.45
DIS.4	Non-communicable diseases	16,243.42	66.67	261.10	58.53	16,504.52	66.52
DIS.4.1	Neoplasms	927.32	3.81	27.94	6.26	955.26	3.85
DIS.4.2	Endocrine and metabolic disorders	1,651.77	6.78	26.06	5.84	1,677.83	6.76
DIS.4.2.1	Diabetes	1,202.88	4.94	17.95	4.02	1,220.84	4.92
DIS.4.2.nec	Other and unspecified endocrine and metabolic disorders (n.e.c.)	448.89	1.84	8.11	1.82	456.99	1.84
DIS.4.3	Cardiovascular diseases	3,522.04	14.46	48.70	10.92	3,570.74	14.39
DIS.4.3.1	Hypertensive diseases	941.47	3.86	13.48	3.02	954.95	3.85
DIS.4.3.nec	Other and unspecified cardiovascular diseases (n.e.c.)	2,580.57	10.59	35.22	7.90	2,615.79	10.54
DIS.4.4	Mental & behavioural disorders, and Neurological conditions	1,193.91	4.90	13.21	2.96	1,207.12	4.87
DIS.4.4.1	Mental (psychiatric) disorders	906.55	3.72	10.24	2.30	916.79	3.70
DIS.4.4.2	Behavioural disorders	0.15	<0.01	-	-	0.15	<0.01
DIS.4.4.3	Neurological conditions	26.02	0.11	2.53	0.57	28.55	0.12
DIS.4.4.nec	Unspecified mental & behavioural disorders and neurological conditions (n.e.c.)	261.19	1.07	0.44	0.10	261.63	1.05
DIS.4.5	Respiratory diseases	1,958.62	8.04	26.43	5.93	1,985.05	8.00
DIS.4.6	Diseases of the digestive	848.13	3.48	20.33	4.56	868.46	3.50

Table cont.

Diseases		Island of Mauritius		Island of Rodrigues		Republic of Mauritius	
		Rs M	%	Rs M	%	Rs M	%
DIS.4.7	Diseases of the genito-urinary system	1,715.94	7.04	33.77	7.57	1,749.71	7.05
DIS.4.8	Sense organ disorders	1,829.70	7.51	13.36	2.99	1,843.06	7.43
DIS.4.8.1	Vision disorders, including cataract	978.50	4.02	8.78	1.97	987.28	3.98
DIS.4.8.nec	Other Sense organ disorders	851.20	3.49	4.58	1.03	855.78	3.45
DIS.4.9	Oral diseases	869.72	3.57	10.96	2.46	880.68	3.55
DIS.4.nec	Other and unspecified noncommunicable diseases (n.e.c.)	1,726.27	7.09	40.33	9.04	1,766.60	7.12
DIS.5	Injuries	1,362.50	5.59	41.87	9.39	1,404.37	5.66
DIS.6	Non-disease specific	1,017.15	4.17	31.70	7.10	1,048.85	4.23
DIS.nec	Other and unspecified diseases / conditions (n.e.c.)	2,764.85	11.35	39.70	8.90	2,804.55	11.30
	Current Health Expenditure	24,364.99	-	446.11	-	24,811.11	-
	Capital Formation	456.77	-	32.00	-	488.76	-
	Total Health Expenditure	24,821.76	-	478.11	-	25,299.87	-

7.8 FIGURE XIII displays the distribution of current health expenditure by disease categories in the Republic of Mauritius for the year 2016.

FIGURE XIII: Breakdown of Disease Categories, 2016



8. Capital Formation (HK)

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

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

8.3 **TABLE XVI** presents the types of assets that healthcare providers have acquired from 01 January to 31 December 2016.

TABLE XVI: Capital Formation (HK), 2016

Capital Formation		Island of Mauritius		Island of Rodrigues		Republic of Mauritius	
		Rs M	%	Rs M	%	Rs M	%
HK.1	Gross capital formation	351.72	77.00	32.00	100.00	383.72	78.51
HK.1.1	Gross fixed capital formation	346.88	75.94	9.53	29.78	356.41	72.92
HK.1.1.1	Infrastructure	135.62	29.69	9.42	29.44	145.04	29.68
HK.1.1.1.1	Residential and non-residential buildings	135.62	29.69	9.42	29.44	145.04	29.68
HK.1.1.2	Machinery and equipment	209.88	45.95	0.11	0.34	209.99	42.96
HK.1.1.2.1	Medical equipment	140.28	30.71	-	-	140.28	28.70
HK.1.1.2.2	Transport equipment	38.04	8.33	-	-	38.04	7.78
HK.1.1.2.3	ICT equipment	10.42	2.28	-	-	10.42	2.13
HK.1.1.2.4	Machinery and equipment n.e.c.	14.73	3.22	0.11	0.34	14.84	3.04
HK.1.1.2.5	Other machinery and equipment	6.40	1.40	-	-	6.40	1.31
HK.1.1.3	Intellectual property products	1.38	0.30	-	-	1.38	0.28
HK.1.1.3.1	Computer software and databases	1.38	0.30	-	-	1.38	0.28
HK.1.nec	Unspecified gross capital formation (n.e.c.)	4.84	1.06	22.47	70.22	27.31	5.59
HK.nec	Unspecified gross fixed capital formation (n.e.c.)	105.05	23.00	-	-	105.05	21.49
	Total Capital Formation	456.77	-	32.00	-	488.77	-

8.4 In 2016, capital investment, in the Republic of Mauritius, amounted to approximately Rs 488.77 million, which represents a decrease of 37.30% from 2014. Out of the Rs 488.77 million, Government financed Rs 386.62 million while corporations and NGOs financed Rs 99.76 million and Rs 2.39 million respectively.

9. International Comparison

9.1 NHA 2017 has been developed in line with SHA 2011 which provides the required standard framework for producing internationally comparable health accounts. Making cross-national comparisons provides a benchmark for judging the levels and structure of spending, the general health status of the population and progress made in attaining universal health coverage, in a country and for taking corrective measures to address weaknesses, if any.

9.2 NHA 2017 substantiates the high correlation between per capita spending on health and life expectancy across countries. For example, in countries, where per capita expenditure on health ranges between US\$ 2,200 and US\$ 4,000+, life expectancy is over 80 years. On the other hand, in countries like Mauritius, and Seychelles, where per capita spending on health is between US\$ 490 to US\$ 580, life expectancy is in the range of 74 to 75 years.

9.3 **FIGURE XIV** displays some selected countries with their respective current health expenditure per capita for the year 2015.

FIGURE XIV: Selected Countries' Per-Capita Healthcare Spending (US\$), 2015



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

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

TABLE XVII: Comparison of NHA Indicators and Key Health Indicators, 2015

Indicators	Mauritius (2016)	Seychelles	Botswana	Singapore	South Africa	United Kingdom
Population (000)	1,263.55	93.74	2,209.20	5,535.26	55,291.23	64,875.17
GDP per Capita (US \$)	9,611.26	14,508.22	6,520.48	53,815.16	5740.14	44,409.88
CHE (US\$ million)	693.05	46.10	860.2	12,601.95	26,031.11	282,583.90
CHE per Capita (US \$)	548.49	491.82	389.37	2,280.28	470.80	4,355.81
CHE as a % of GDP	5.71%	3.39%	5.97%	4.25%	8.20%	9.88%
GGHE as % of GGE	8.56%	10.03%	8.82%	12.04%	14.06%	18.51%
GGHE as % of CHE	43.87%	96.99%	55.10%	51.88%	53.55%	80.35%
Life expectancy at birth (years) (2016)	74.60	74.31	66.80	82.80	62.77	81.2
Infant Mortality Rate per 1000 live births (2016)	11.80	12.30	32.60	2.40	34.00	3.90
Under-Five Mortality Rate per 1000 live births (2016)	13.30	14.30	40.60	2.80	42.00	4.30
Maternal Deaths per 100,000 live births (2016)	46.00	57.00	156.60	4.80	138.00	9.00 (2015)

Source: Global Health Expenditure Database, Global Health Observatory Data Repository and Health Statistics Report 2016.

9.5 TABLE XVII indicates that, in 2015, CHE per capita in Singapore was US\$ 2,280 with an average life expectancy at birth of 82.8 years, whereas Mauritius with a CHE per capita of US\$ 548 had a life expectancy at birth of 74.6 years in 2016.

9.6 The above matrix also testifies that there is a high correlation between per capita spending on health and other key health indicators, other than life expectancy. Infant mortality rate and under-five mortality rate per thousand live births in Singapore, in 2016, were 2.40 and 2.80 respectively, while infant mortality rate and under-five mortality rate per thousand live births, in Mauritius, were 11.80 and 13.30 respectively. In 2016, Singapore recorded only 4.8 maternal deaths per 100,000 live births, whereas in Mauritius, maternal deaths per 100,000 live births were 46.

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

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

TABLE XVIII: Comparison of NHA and Key Health Indicators, SIDS (WHO African Region) 2015

Indicators	Mauritius (2016)	Seychelles	Cabo Verde Republic of	Comoros	Guinea-Bissau	São Tome and Príncipe
Population (000)	1,263.55	93.74	532.913	777.42	1770.53	195.55
GDP per Capita (current US \$)	9,611.26	14,508.22	3,008.62	727.55	573.82	1624.60
CHE (US\$ million)	693.05	46.10	77.71	45.51	69.90	31.27
CHE per Capita (US \$)	548.49	491.82	145.83	58.54	39.48	159.91
CHE as a % of GDP	5.71%	3.39%	4.85%	8.05%	6.88%	9.84%
GGHE as % of GGE	8.56%	10.03%	10.82%	3.80%	9.51%	10.68%
GGHE as % of CHE	43.87%	96.99%	67.81%	13.4%	31.26%	37.19%
Life expectancy at birth (years) (2016)	74.60	74.31	72.8	63.7	60.02	66.62
Infant Mortality Rate per 1000 live births (2016)	11.80	12.30	18.2	55.0	60.3	26.2
Under-5 mortality rate per 1000 live births (2016)	13.30	14.30	21.4	73.3	88.1	33.8
Maternal deaths per 100,000 live births (2016)	46.00	57.00	N.A	172.00	N.A	N.A

Source: Global Health Expenditure Database, Global Health Observatory Data Repository and Health Statistics Report 2016

N.A – Not available

10. Conclusion

10.1 NHA 2017 tracks national healthcare spending for the period 01 January to 31 December 2016 in the Republic of Mauritius, including the island of Rodrigues. Similar to NHA 2015, the current health accounts have been developed in line with SHA 2011, including the use of the Health Accounts Production Tool.

10.2 Total Health Expenditure incurred, in the Republic of Mauritius, for the period 01 January to 31 December 2016, was estimated at Rs 25.30 billion, out of which, current health spending was Rs 24.81 billion and capital formation amounted to Rs 488.76 million. From 2014 to 2016, total health spending, in the country increased by 17.60% while per capita on health has improved by 17.41%.

10.3 In 2016, Total Health Expenditure in the island of Mauritius amounted to some Rs 24.82 billion, representing a growth of 17.64% from 2014. Total Health Expenditure in the island of Rodrigues increased from Rs 414.18 million in 2014 to Rs 478.11 million in 2016. Private health expenditure, in the Republic of Mauritius, consumed the lion's share of Total Health Expenditure, in 2016, with Rs 13.98 billion (55.27%).

10.4 The largest share of Government Schemes, up to an estimated amount of Rs 8.27 billion, was utilized for the funding of current health expenditures of public hospitals in 2016. Out of this estimated amount, Rs 8.05 billion were used up by public hospitals, including specialized health institutions, in the main island of Mauritius and the Queen Elizabeth Hospital in Rodrigues spent Rs 218.03 million.

10.5 Healthcare expenditure incurred by private hospitals was approximately Rs 3.26 billion in 2016. The value of pharmaceutical products and consumables delivered by the private sector, including private pharmacies, in the Republic of Mauritius, increased from Rs 3.26 billion in 2014 to Rs 3.99 billion in 2016.

10.6 Curative services, provided in both public and private hospitals, continue to use the largest share of healthcare spending, accounting for Rs 14.2 billion and representing 57.23% of total spending in 2016. A significant increase of 32.06 % in expenditure on curative services has been noted from 2014 to 2016.

10.7 In addition to the tracking of healthcare spending by Revenues of Healthcare Financing Schemes, Healthcare Financing Schemes, Financing Agents, Healthcare Providers and Healthcare Functions, NHA 2017 also tracks healthcare expenditure by diseases.

10.8 In 2016, non-communicable diseases accounted for the largest share of current health expenditure, that is, 66.52%, in the Republic of Mauritius, while infectious and parasitic diseases, reproductive health, injuries and non-disease specific, as a percentage of CHE, was 7.47%, 4.36%, 5.66% and 4.23% respectively.

10.9 During the period under review, Rs 16.5 billion were spent on the treatment of non-communicable diseases. Out of this amount, spending on the treatment of cardiovascular diseases amounted to some

Rs 3.57 billion. Besides, the nation spent approximately Rs 1.2 billion on diabetes. Spending on cancer amounted to some Rs 955.3 million. Expenditures on mental and behavioral disorders and neurological conditions were estimated at Rs 1.2 billion in 2016.

10.10 In 2016, capital investment, in the Republic of Mauritius, amounted to approximately Rs 488.76 million. Out of this estimated amount, Government financed Rs 386.62 million while corporations and NGOs financed Rs 99.76 million and Rs 2.39 million respectively.

10.11 The NHA Report 2017 recommends, amongst others, that,

- the fiscal space of the Ministry of Health and Quality of Life be gradually increased, so that, by 2030, the target of Government Expenditure on Health of 5% of GDP, as recommended by the WHO is attained,
- Government invests more on health promotion programmes in order to contain increasing costs of NCDs in the long run and to attain Targets 3.4 and 3.6 of the health-related Sustainable Development Goals,
- Government considers the possibility of regulating user fees in the private sector,
- the Government Medical Insurance Scheme (GMIS), as advocated in the Pay Research Bureau Report 2016, be implemented in order to strengthen financial risk protection for people seeking care in the private sector, and
- Government considers the possibility of increasing the allowable reliefs for income tax purposes in respect to private health insurance policies.

11. Recommendations

11.1 The growing financial dimension of the national healthcare system in Mauritius calls for a better understanding of the ways in which healthcare services are financed and for identifying cost-effective measures which can contribute to further improve the health gains already achieved.

11.2 NHA 2017 gives an insight on the estimated amount of money spent for healthcare services, the various ways these funds are collected, organized and used by healthcare providers, the amount spent on the various clinical and non-clinical interventions and diseases. Based on the findings of the current study, the following recommendations are being made:-

RECOMMENDATION 1: In its 2010 World Health Report, the World Health Organization supports a target of Government Expenditure on Health of at least 5% of GDP to achieve universal health coverage, one among the health-related Sustainable Development Goals. It is recommended that the fiscal space of the Ministry of Health and Quality of Life be gradually increased, so that, by the year 2030, the target of Government Expenditure on Health of 5% of GDP is attained.

RECOMMENDATION 2: NCDs are costly to treat and they are a drag on the economy. Investments in health promotion bring in rewarding dividends. However, the current study reveals, that, in 2016, Mauritius dedicated less than 1.0% of total health spending to health promotion. It is recommended that Government invests more on health promotion programmes in order to contain increasing costs of NCDs in the long run, and to support the attainment of Targets 3.4 and 3.6 of the health-related Sustainable Development Goals.

RECOMMENDATION 3: Taking into account the increasing trend of out of pocket spending on health over the period 2014 to 2016, and in line with Target 3.8 of the health-related Sustainable Development Goals on financial risk protection, it is recommended that the Government Medical Insurance Scheme (GMIS), as advocated in the Pay Research Bureau Report 2016, be implemented.

RECOMMENDATION 4: To ensure financial risk protection for households and individuals seeking care in the private sector, it is recommended that Government considers the possibility of regulating user fees in the private sector.

RECOMMENDATION 5: High levels of spending by households in the private sector calls for more financial risk protection. In order to protect households and individuals from catastrophic expenditure on health, it is recommended that the allowable reliefs on health insurance policies for income tax purposes be increased.

RECOMMENDATION 6: The development of NHA inextricably depends on inputs from private stakeholders. It is recommended to either bring amendments to the Private Health Institutions of

1989 or introduce a new legislation on National Health Accounts, for the collection of data and other relevant information from private health stakeholders.

RECOMMENDATION 7: Taking into account increasing out of pocket spending on health in the country, it is recommended that, a national survey on the extent of catastrophic expenditure on health and its determinants, be undertaken in the Republic of Mauritius, including the island of Rodrigues.

RECOMMENDATION 8: In line with the recommendations of the Fifth Meeting of Ministers of Health of Small Island Developing States, it is recommended that WHO disseminates the NHA Report 2017 in the Region.

RECOMMENDATION 9: In line with its institutionalization policy, it is recommended that the Ministry of Health and Quality of Life embarks on its 4th Round of NHA, which will cover healthcare spending for 2017.

RECOMMENDATION 10: Refresher courses, on the System of Health Accounts 2011 and the Health Accounts Production Tool, should be provided to officers involved in the development of NHA. The technical expertise of the WHO and the ECSA-HC may be solicited for the purpose.

References

- Achieving the second Economic Miracle and Vision 2030*. [online] Available from: <http://www.orange.mu/Magic/Speech_%20PM%20Vision%202030%20.pdf> [Accessed 26 June 2017].
- Chief Commissioner, Rodrigues, 2016. *Rodrigues Estimates 2016*.
- Government Programme 2015 - 2019: Achieving Meaningful Change. [online] Available from: <<http://www.investmauritius.com/media/228214/govprog2015.pdf>> [Accessed 15 June 2017].
- Heather, C., Connor, C., Dereje, T., Kaplan, A. and Nakhimovsky, S., 2013. System of Health Accounts 2011: What is SHA 2011 and How Are SHA 2011 Data Produced and Used?. Bethesda, MD: Health Finance and Governance project, Abt Associates inc. [online] Available from: <<https://www.hfgproject.org/wp-content/uploads/2014/03/SHA-Brief.pdf>> [Accessed 10 October 2017].
- Ministry of Finance and Economic Development, 2016. *Budget Speech 2016-2017: A New Era of Development*. [online] Available from: <<http://budget.mof.govmu.org/budget2017/budgetspeech2016-17.pdf>> [Accessed 31 August 2017].
- Ministry of Health and Quality of life. *Government Health Service-statistics, Annual Report 2016*.
- Ministry of Health and Quality of Life. *Health Statistics Report 2016*. [online] Available from: <<http://health.govmu.org/English/Statistics/Health/Mauritius/Documents/annual%20report%202014.pdf>> [Accessed: 25 May 2017].
- Ministry of Health and Quality of Life. *Health Statistics Report 2016*. [online] Available from: <<http://health.govmu.org/English/Statistics/Health/Mauritius/Documents/national%20report%202015.pdf>> [Accessed: 13 January 2017].
- Ministry of Health and Quality of life. *Household Out-of-Pocket Expenditure on Health, Survey Report 2016*.
- Ministry of Health and Quality of Life. *National Health Accounts, Financial Year 2001/02*.
- Ministry of Health and Quality of Life. *National Health Accounts, 2015*
- Ministry of Health and Quality of Life. *Team-Based Hospital Efficiency Project: Victoria Hospital Database 2015*.
- Ministry of Health and Quality of Life. *The Mauritius Non-Communicable Diseases Survey 2015*. [online] Available from: <<http://health.govmu.org/English/Statistics/Documents/Mauritius%20NCD%20Survey%202015%20Report.pdf>> [Accessed: 14 May 2017].

- Organization for Economic Cooperation and Development (OECD) and World Health Organization, 2013, Guidelines for the Implementation of the System Health Accounts 2011. Framework for Accounting Health Care Financing. [online] Available from: <http://www.who.int/health-accounts/documentation/1.1aGuidelines_FinancingFramework.pdf> [Accessed: 14 May 2017].
- Organization for Economic Cooperation and Development (OECD), Eurostat, and World Health Organization (WHO), 2011. *A System of Health Accounts*, OECD Publishing. [online] Available from: <<http://www.who.int/health-accounts/methodology/sha2011.pdf>> [Accessed: 8 February 2017].
- Pouiller, J.P, Hernandez, P. and Kawabata, K., 2002. *National Health Accounts: Concepts, Data, Sources and Methodology*.
- R. Rannan -Eliya, 2010. *Estimating out of pocket spending for national health accounts*. World Health Organisation, Geneva.
- Statistics Mauritius. "Tableau de Bord 2013-2016". [online] Available from: <<http://statsmauritius.govmu.org/English/Tableau%20de%20Bord/Pages/default.aspx>> [Accessed 10 February 2017].
- The Treasury. *Annual Report of the Accountant-General and the accounts of the Government of the Republic of Mauritius for the fiscal year ended 31 December 2016*. [online] Available from: <<http://treasury.mof.govmu.org/English/publications/Documents/annual%20report%202014/Full%20Report%202014.pdf>> [Accessed 10 January 2017].
- World Bank, World Health Organisation, and the United States Agency for International Development, 2003. *Guide to producing national health accounts: with special application for low income and middle-income countries*. WHO, [online] Available from: <http://www.who.int/health-accounts/documentation/English_PG.pdf?ua=1> [Accessed: 30 March 2017].
- World Health Organization, 2014. *Global Health Expenditure Database*. [online] Available from: <http://apps.who.int/nha/database/Country_Profile/Index/en> [Accessed: 18 January 2017].
- World Health Organization, 2015. *Global Health Observatory data repository*. [online] Available from: <<http://apps.who.int/gho/data/node.main.525?lang=en>> [Accessed: 18 January 2017].
- World Health Organization. *Health Accounts Analysis Tool*. [online] Available from: <<http://www.who.int/health-accounts/tools/HAAT/en/>> [Accessed 20 January 2017].
- World Health Organization. *Health Accounts Production Tool*. [online] Available from: <<http://www.who.int/health-accounts/tools/HAPT/en/>> [Accessed 20 January 2017].
- World Health Organization. *NHA Production Tool: User Guide, Version 1.0*. [online] Available from: <http://www.who.int/health-accounts/tools/NHAPT_User_Guide_2.5.12.pdf?ua=1> [Accessed 25 January 2017].

Annexes

ANNEX I: Members of the NHA Working Team

Name	Designation	Assignment for NHA Report 2017
Mr Y. Ramful	Lead Health Analyst	Team Leader
Mr R. K. Bunjun	Deputy Permanent Secretary	Administrator
Dr Mrs M. Timol	Ag Director General Health Services	Technical Support for tracking expenditure on diseases
Mr Y. Seeruttun	Assistant Permanent Secretary	Report Writing/Editing
Mr S. Ramphul	Director Pharmaceutical Services	Report Writing/Editing
Mrs N. J-Dulhunsing	Analyst/Senior Analyst (Health)	Analysis of data / Report Writing
Mrs H. B-Kassee	Analyst/Senior Analyst (Health)	Analysis of data / Report Writing
Mr A.K.S. Seeburn	Management Support Officer	Support Staff

ANNEX II: Integrative Approach for Estimating Household OOP Expenditure on Health, Republic of Mauritius, 2016, (Rs Million)

Description	Funding Perspective		Provider Perspective	Integrative Approach
	Household OOP Survey	Other Primary Data		
Doctors' consultation fees - Private hospitals	21.27		275.96	275.96
Day curative care	28.28			28.28
Doctors' consultation fees - Ambulatory care (Mauritius)	743.94		1,986.36	1,986.36
Doctors' consultation fees - Ambulatory care (Rodrigues)	0.36			0.36
Opticians' fees	78.76		46.13	78.76
Traditional medicine practitioners' consultation fees	5.82			5.82
Dentists' fees (Mauritius)	218.80		427.20	427.20
Dentists' fees (Rodrigues)	0.22			0.22
Users' fees - Private hospitals	1,449.32		2,139.56	2,139.56
Overseas treatment	441.56			441.56
Treatment of Rodriguan patients in Mauritius	20.25			20.25
Day rehabilitative care	21.77			21.77
Outpatient rehabilitative care	6.87			6.87
Home-based rehabilitative care	31.58			31.58
Inpatient long-term care (health)	3.97			3.97
Day long-term care (health)	8.69			8.69
Outpatient long-term care (health)	1.26			1.26
Home-based long-term care (health)	55.57			55.57
Laboratory services (Mauritius)	136.84	-	262.81	262.81
Laboratory services (Rodrigues)	0.42			0.42
Imaging services (Mauritius)	182.08	-	281.14	281.14
Imaging services (Rodrigues)	0.32			0.32
Patient transportation	263.96	-	2.45	263.96
Other ancillary services			1.24	1.24
Prescribed medicines	1,553.47	2,525.04		2,525.04
Traditional, Complementary and Alternative Medicines (Mts.)	15.55		75.99	75.99
Traditional, Complementary and Alternative Medicines (Rod.)	0.45			0.45
Other over-the-counter medicines	835.45	1,413.58		1,413.58
Other medical non-durable goods	92.37	223.00		223.00
Glasses and other vision products	479.65	34.70		479.65
Hearing aids	40.63	21.30		40.63
Other orthopaedic appliances and prosthetics (excluding glasses and hearing aids) (Mauritius)	59.56	131.95		131.95
Other orthopaedic appliances and prosthetics (excluding glasses and hearing aids) (Rodrigues)	0.14			0.14
All other medical durables, including medical technical devices	33.52	16.70		33.52
Other medical goods and products		345.08		345.08
Immunisation programmes (Mauritius)	7.24		36.33	36.33
Immunisation programmes (Rodrigues)	0.03			0.03
Users' fees - NGOs			14.97	14.97
Other health care services not elsewhere classified (n.e.c.)	284.93			284.93
TOTAL				11,949.22

ANNEX III

REPUBLIC OF MAURITIUS

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

Revenues of health care financing schemes		FS.1	FS.1.1	FS.1.4	FS.2	FS.5	FS.5.1	FS.5.2	FS.6	FS.6.1	FS.6.2	FS.6.3	FS.6.3.1	FS.6.3.nec	FS.7	FS.7.1	FS.7.1.2	FS.7.1.3	All FS
Mauritius rupees (MUR), Million		Transfers from government domestic revenue (allocated to health purposes)	Internal transfers and grants	Other transfers from government domestic revenue	Transfers distributed by government from foreign origin	Voluntary prepayment	Voluntary prepayment from individuals/households	Voluntary prepayment from employers	Other domestic revenues n.e.c.	Other revenues from households n.e.c.	Other revenues from corporations n.e.c.	Other revenues from NPISH n.e.c.	Sale of goods and services and through self-raising fund activities	Other Other revenues from NPISH n.e.c.	Direct foreign transfers	Direct foreign financial transfers	Direct multilateral financial transfers	Other direct foreign financial transfers	
HF.1	Government schemes and compulsory contributory health care financing schemes	10,920.99	10,920.99		9.48														10,930.47
HF.1.1	Government schemes	10,920.99	10,920.99		9.48														10,930.47
HF.1.1.1	Central government schemes	10,246.29	10,246.29		9.48														10,255.76
HF.1.1.2	State/regional/local government schemes	674.70	674.70																674.70
HF.2	Voluntary health care payment schemes	23.80		23.80		1,496.61	140.84	1,355.77	364.41		321.12	43.28	15.00	28.28	46.60	46.60	13.09	33.50	1,931.42
HF.2.1	Voluntary health insurance schemes					1,496.61	140.84	1,355.77											1,496.61
HF.2.1.1	Primary/substitutory health insurance schemes					1,496.61	140.84	1,355.77											1,496.61
HF.2.1.1.1	Employer-based insurance (Other than enterprises schemes)					1,347.66		1,347.66											1,347.66
HF.2.1.1.3	Other primary coverage schemes					148.95	140.84	8.11											148.95
HF.2.2	NPISH financing schemes (including development agencies)	23.80		23.80					80.57		37.29	43.28	15.00	28.28	46.60	46.60	13.09	33.50	150.97
HF.2.2.2	Resident foreign agencies schemes														6.45	6.45	6.45		6.45
HF.2.2.nec	Unspecified NPISH financing schemes (n.e.c.)	23.80		23.80					80.57		37.29	43.28	15.00	28.28	40.15	40.15	6.64	33.50	144.52
HF.2.3	Enterprise financing schemes								283.83		283.83								283.83
HF.2.3.1	Enterprises (except health care providers) financing schemes								283.83		283.83								283.83
HF.3	Household out-of-pocket payment								11,949.22	11,949.22									11,949.22
HF.3.1	Out-of-pocket excluding cost-sharing								11,949.22	11,949.22									11,949.22
All HF		10,944.79	10,920.99	23.80	9.48	1,496.61	140.84	1,355.77	12,313.63	11,949.22	321.12	43.28	15.00	28.28	46.60	46.60	13.09	33.50	24,811.11

ANNEX IV

REPUBLIC OF MAURITIUS

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

Financing agents		FA.1	FA.1.1	FA.1.1.1	FA.1.1.2	FA.2	FA.2.1	FA.3	FA.3.2	FA.4	FA.5	All FA	
Mauritius rupees (MUR), Million		General government	Central government	Ministry of Health and Quality of Life	Other ministries and public units (belonging to central government)	State/Regional/Local government	Insurance corporations	Commercial insurance companies	Corporations (Other than insurance corporations) (part of HF. RI. 1.2)	Corporations (Other than providers of health services)	Non-profit institutions serving households (NPISH)	Households	
HF.1	Government schemes and compulsory contributory health care financing schemes	10,930.47	10,255.76	9,769.78	485.98	674.70							10,930.47
HF.1.1	Government schemes	10,930.47	10,255.76	9,769.78	485.98	674.70							10,930.47
HF.1.1.1	Central government schemes	10,255.76	10,255.76	9,769.78	485.98								10,255.76
HF.1.1.2	State/regional/local government schemes	674.70				674.70							674.70
HF.2	Voluntary health care payment schemes						1,496.61	1,496.61	283.83	283.83	150.97		1,931.42
HF.2.1	Voluntary health insurance schemes						1,496.61	1,496.61					1,496.61
HF.2.1.1	Primary/substitutory health insurance schemes						1,496.61	1,496.61					1,496.61
HF.2.1.1.1	Employer-based insurance (Other than enterprises schemes)						1,347.66	1,347.66					1,347.66
HF.2.1.1.3	Other primary coverage schemes						148.95	148.95					148.95
HF.2.2	NPISH financing schemes (including development agencies)									150.97			150.97
HF.2.2.2	Resident foreign agencies schemes									6.45			6.45
HF.2.2.nec	Unspecified NPISH financing schemes (n.e.c.)									144.52			144.52

Cont.

REPUBLIC OF MAURITIUS

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

Financing agents		FA.1	FA.1.1	FA.1.1.1	FA.1.1.2	FA.2	FA.2.1	FA.3	FA.3.2	FA.4	FA.5	All FA	
Mauritius rupees (MUR), Million		General government	Central government	Ministry of Health and Quality of Life	Other ministries and public units (belonging to central government)	State/Regional/Local government	Insurance corporations	Commercial insurance companies	Corporations (Other than insurance corporations) (part of HF.RI.1.2)	Corporations (Other than providers of health services)	Non-profit institutions serving households (NPISH)	Households	
Financing schemes													
HF.2.3	Enterprise financing schemes							283.83	283.83				283.83
HF.2.3.1	Enterprises (except health care providers) financing schemes							283.83	283.83				283.83
HF.3	Household out-of-pocket payment										11,949.22		11,949.22
HF.3.1	Out-of-pocket excluding cost-sharing										11,949.22		11,949.22
All HF		10,930.47	10,255.76	9,769.78	485.98	674.70	1,496.61	1,496.61	283.83	283.83	150.97	11,949.22	24,811.11

ANNEX V

REPUBLIC OF MAURITIUS

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

Financing schemes		HF.1	HF.1.1	HF.1.1.1	HF.1.1.2	HF.2	HF.2.1	HF.2.1.1	HF.2.1.1.1	HF.2.1.1.3	HF.2.2	HF.2.2.2	HF.2.2.nec	HF.2.3	HF.2.3.1	HF.3	HF.3.1	All HF
Mauritius rupees (MUR), Million		Government schemes and compulsory contributory health care financing schemes	Government schemes	Central government schemes	State/regional/local government schemes	Voluntary health care payment schemes	Voluntary health insurance schemes	Primary/subsidiary health insurance schemes	Employer-based insurance (Other than enterprises schemes)	Other primary coverage schemes	NPISH financing schemes (including development agencies)	Resident foreign agencies schemes	Unspecified NPISH financing schemes (n.e.c.)	Enterprise financing schemes	Enterprises (except health care providers) financing schemes	Household out-of-pocket payment	Out-of-pocket excluding cost-sharing	
Health care providers																		
HP.1	Hospitals	8,265.30	8,265.30	8,265.30		777.01	775.80	775.80	666.78	109.01	1.22	1.22				2,497.41	2,497.41	11,539.72
HP.1.1	General hospitals	7,183.21	7,183.21	7,183.21		777.01	775.80	775.80	666.78	109.01	1.22	1.22				2,497.41	2,497.41	10,457.64
HP.1.1.1	General hospitals (Public sector)	7,183.05	7,183.05	7,183.05		1.22					1.22	1.22						7,184.27
HP.1.1.2	General hospitals (Private sector)	0.16	0.16	0.16		775.80	775.80	775.80	666.78	109.01						2,497.41	2,497.41	3,273.37
HP.1.2	Mental health hospitals	412.80	412.80	412.80														412.80
HP.1.3	Specialised hospitals (Other than mental health hospitals)	669.29	669.29	669.29														669.29
HP.1.3.1	Ear, nose and throat hospital	157.11	157.11	157.11														157.11
HP.1.3.2	Ophthalmology hospital	204.24	204.24	204.24														204.24
HP.1.3.3	Cardiac centre	237.24	237.24	237.24														237.24
HP.1.3.4	Chest clinic	70.70	70.70	70.70														70.70
HP.2	Residential long-term care facilities					11.47					11.47		11.47					11.47
HP.2.1	Long-term nursing care facilities					4.93					4.93		4.93					4.93
HP.2.2	Mental health and substance abuse facilities					6.54					6.54		6.54					6.54
HP.3	Providers of ambulatory health care	724.97	724.97	724.97		87.99	62.94	62.94	58.43	4.51	25.06		25.06			2,496.40	2,496.40	3,309.36
HP.3.1	Medical practices					39.51	39.51	39.51	36.70	2.81						1,986.72	1,986.72	2,026.23
HP.3.1.nec	Unspecified medical practices (n.e.c.)					39.51	39.51	39.51	36.70	2.81						1,986.72	1,986.72	2,026.23
HP.3.2	Dental practice					23.43	23.43	23.43	21.73	1.70						427.42	427.42	450.85
HP.3.4	Ambulatory health care centres	694.64	694.64	694.64		25.06					25.06		25.06					719.69
HP.3.4.5	Non-specialised ambulatory health care centres	673.14	673.14	673.14														673.14
HP.3.4.9	All Other ambulatory centres	21.49	21.49	21.49		25.06					25.06		25.06					46.55
HP.3.5	Providers of home health care services	7.21	7.21	7.21														7.21
HP.3.6	Providers of Traditional, Complementary and Alternative Medicines (TCAM)															82.26	82.26	82.26
HP.3.nec	Unspecified providers of ambulatory health care (n.e.c.)	23.12	23.12	23.12														23.12
HP.4	Providers of ancillary services	77.67	77.67	77.67		10.54	10.54	10.54	9.61	0.93						552.45	552.45	640.65
HP.4.1	Providers of patient transportation and emergency rescue	77.67	77.67	77.67												6.51	6.51	84.18

Cont.

REPUBLIC OF MAURITIUS

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

Financing schemes		HF.1	HF.1.1	HF.1.1.1	HF.1.1.2	HF.2	HF.2.1	HF.2.1.1	HF.2.1.1.1	HF.2.1.1.3	HF.2.2	HF.2.2.2	HF.2.2.nec	HF.2.3	HF.2.3.1	HF.3	HF.3.1	All HF
Mauritius rupees (MUR), Million		Government schemes and compulsory contributory health care financing schemes	Government schemes	Central government schemes	State/regional/local government schemes	Voluntary health care payment schemes	Voluntary health insurance schemes	Primary/subsidiary health insurance schemes	Employer-based insurance (Other than enterprises schemes)	Other primary coverage schemes	NPISH financing schemes (including development agencies)	Resident foreign agencies schemes	Unspecified NPISH financing schemes (n.e.c.)	Enterprise financing schemes	Enterprises (except health care providers) financing schemes	Household out-of-pocket payment	Out-of-pocket excluding cost-sharing	
Health care providers																		
HP.4.2	Medical and diagnostic laboratories					10.54	10.54	10.54	9.61	0.93						544.69	544.69	555.23
HP.4.2.1	Imaging centres					6.02	6.02	6.02	5.48	0.53						281.46	281.46	287.48
HP.4.2.nec	Other Medical and diagnostic laboratories					4.52	4.52	4.52	4.12	0.40						263.23	263.23	267.75
HP.4.9	Other providers of ancillary services															1.24	1.24	1.24
HP.5	Retailers and Other providers of medical goods	288.85	288.85	288.85		193.40	193.40	193.40	180.04	13.36						5,556.69	5,556.69	6,038.94
HP.5.1	Pharmacies	288.85	288.85	288.85		47.67	47.67	47.67	43.12	4.55						3,938.62	3,938.62	4,275.14
HP.5.2	Retail sellers and Other suppliers of durable medical goods and medical appliances					145.73	145.73	145.73	136.92	8.80						1,113.11	1,113.11	1,258.84
HP.5.2.1	Opticians					91.00	91.00	91.00	86.20	4.80						558.41	558.41	649.42
HP.5.2.nec	Other Retail sellers and Other suppliers of durable medical goods and medical appliances					54.72	54.72	54.72	50.73	4.00						554.69	554.69	609.42
HP.5.9	All Other miscellaneous sellers and Other suppliers of pharmaceuticals and medical goods															504.96	504.96	504.96
HP.6	Providers of preventive care	854.78	854.78	451.44	403.34	111.75					111.75	5.23	106.52			50.92	50.92	1,017.45
HP.7	Providers of health care system administration and financing	631.13	631.13	388.23	242.91	224.12	224.12	224.12	222.17	1.95								855.25
HP.7.1	Government health administration agencies	631.13	631.13	388.23	242.91													631.13
HP.7.3	Private health insurance administration agencies					224.12	224.12	224.12	222.17	1.95								224.12
HP.8	Rest of economy	28.46	28.46		28.46	283.83								283.83	283.83	459.49	459.49	771.78
HP.8.1	Households as providers of home health care															87.15	87.15	87.15
HP.8.2	All Other industries as secondary providers of health care	28.46	28.46		28.46	283.83								283.83	283.83	372.34	372.34	684.63
HP.9	Rest of the world	59.31	59.31	59.31												335.87	335.87	395.18
HP.nec	Unspecified health care providers (n.e.c.)					231.30	229.82	229.82	210.64	19.19	1.48		1.48					231.30
All HP		10,930.47	10,930.47	10,255.76	674.70	1,931.42	1,496.61	1,496.61	1,347.66	148.95	150.97	6.45	144.52	283.83	283.83	11,949.22	11,949.22	24,811.11

ANNEX VI

REPUBLIC OF MAURITIUS

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

Financing schemes		HF.1	HF.1.1	HF.1.1.1	HF.1.1.2	HF.2	HF.2.1	HF.2.1.1	HF.2.1.1.1	HF.2.1.1.3	HF.2.2	HF.2.2.2	HF.2.2.nec	HF.2.3	HF.2.3.1	HF.3	HF.3.1	All HF
Mauritius rupees (MUR), Million		Government schemes and compulsory contributory health care financing schemes	Government schemes	Central government schemes	State/regional/local government schemes	Voluntary health care payment schemes	Voluntary health insurance schemes	Primary/subsidiary health insurance schemes	Employer-based insurance (Other than enterprises schemes)	Other primary coverage schemes	NPISH financing schemes (including development agencies)	Resident foreign agencies schemes	Unspecified NPISH financing schemes (n.e.c.)	Enterprise financing schemes	Enterprises (except health care providers) financing schemes	Household out-of-pocket payment	Out-of-pocket excluding cost-sharing	
HC.1	Curative care	8,545.26	8,545.26	8,545.26		988.19	893.39	893.39	775.91	117.49	9.73	1.22	8.51	85.07	85.07	4,665.19	4,665.19	14,198.63
HC.1.1	Inpatient curative care	6,416.16	6,416.16	6,416.16		625.11	620.64	620.64	537.85	82.79	1.22	1.22		3.25	3.25	1,682.23	1,682.23	8,723.49
HC.1.1.2	Specialised inpatient curative care	690.34	690.34	690.34		2.37	2.37	2.37		2.37						364.42	364.42	1,057.13
HC.1.1.nec	Unspecified inpatient curative care (n.e.c.)	5,725.82	5,725.82	5,725.82		622.74	618.27	618.27	537.85	80.42	1.22	1.22		3.25	3.25	1,317.80	1,317.80	7,666.36
HC.1.2	Day curative care	349.58	349.58	349.58		40.86	38.79	38.79	27.70	11.09	2.07		2.07			140.64	140.64	531.07
HC.1.2.2	Specialised day curative care	33.36	33.36	33.36		6.95	6.95	6.95		6.95						20.13	20.13	60.44
HC.1.2.nec	Unspecified day curative care (n.e.c.)	316.21	316.21	316.21		33.91	31.84	31.84	27.70	4.14	2.07		2.07			120.51	120.51	470.63
HC.1.3	Outpatient curative care	1,774.53	1,774.53	1,774.53		322.22	233.97	233.97	210.36	23.61	6.44		6.44	81.81	81.81	2,842.33	2,842.33	4,939.08
HC.1.3.2	Dental outpatient curative care	3.32	3.32	3.32		78.63	78.08	78.08	72.43	5.66				0.54	0.54	480.28	480.28	562.23
HC.1.3.3	Specialised outpatient curative care	121.12	121.12	121.12		1.06	0.46	0.46	0.40	0.06	0.60		0.60			79.87	79.87	202.06
HC.1.3.nec	Unspecified outpatient curative care (n.e.c.)	1,650.09	1,650.09	1,650.09		242.53	155.42	155.42	137.53	17.89	5.84		5.84	81.27	81.27	2,282.17	2,282.17	4,174.79
HC.1.4	Home-based curative care	4.99	4.99	4.99														4.99
HC.2	Rehabilitative care	160.53	160.53	160.53		14.70					14.70		14.70			69.24	69.24	244.46
HC.2.1	Inpatient rehabilitative care	70.11	70.11	70.11		2.15					2.15		2.15			1.34	1.34	73.59
HC.2.2	Day rehabilitative care	29.25	29.25	29.25		7.87					7.87		7.87			29.45	29.45	66.58
HC.2.3	Outpatient rehabilitative care	59.49	59.49	59.49		4.28					4.28		4.28			6.87	6.87	70.64
HC.2.4	Home-based rehabilitative care	1.67	1.67	1.67		0.41					0.41		0.41			31.58	31.58	33.65
HC.1+HC.2	Curative care and rehabilitative care	8,705.78	8,705.78	8,705.78		1,002.88	893.39	893.39	775.91	117.49	24.43	1.22	23.21	85.07	85.07	4,734.43	4,734.43	14,443.10
HC.1.1+HC.2.1	Inpatient curative and rehabilitative care	6,486.26	6,486.26	6,486.26		627.25	620.64	620.64	537.85	82.79	3.36	1.22	2.15	3.25	3.25	1,683.56	1,683.56	8,797.08
HC.1.2+HC.2.2	Day curative and rehabilitative care	378.83	378.83	378.83		48.73	38.79	38.79	27.70	11.09	9.94		9.94			170.09	170.09	597.65
HC.1.3+HC.2.3	Outpatient curative and rehabilitative care	1,834.02	1,834.02	1,834.02		326.50	233.97	233.97	210.36	23.61	10.72		10.72	81.81	81.81	2,849.20	2,849.20	5,009.72
HC.1.4+HC.2.4	Home-based curative and rehabilitative care	6.66	6.66	6.66		0.41					0.41		0.41			31.58	31.58	38.64
HC.3	Long-term care (health)	238.82	238.82	238.82		0.77					0.77		0.77			69.49	69.49	309.08
HC.3.1	Inpatient long-term care (health)	238.82	238.82	238.82												3.97	3.97	242.79
HC.3.2	Day long-term care (health)					0.38					0.38		0.38			8.69	8.69	8.69
HC.3.3	Outpatient long-term care (health)															1.26	1.26	1.64

Cont.

REPUBLIC OF MAURITIUS
MATRIX IV: HEALTHCARE FINANCING SCHEMES x HEALTHCARE FUNCTIONS (HCxHF)

Financing schemes		HF.1	HF.1.1	HF.1.1.1	HF.1.1.2	HF.2	HF.2.1	HF.2.1.1	HF.2.1.1.1	HF.2.1.1.3	HF.2.2	HF.2.2.2	HF.2.2.nec	HF.2.3	HF.2.3.1	HF.3	HF.3.1	All HF
Mauritius rupees (MUR), Million		Government schemes and compulsory contributory health care financing schemes	Government schemes	Central government schemes	State/regional/local government schemes	Voluntary health care payment schemes	Voluntary health insurance schemes	Primary/subsidiary health insurance schemes	Employer-based insurance (Other than enterprises schemes)	Other primary coverage schemes	NPIH financing schemes (including development agencies)	Resident foreign agencies schemes	Unspecified NPIH financing schemes (n.e.c.)	Enterprise financing schemes	Enterprises (except health care providers) financing schemes	Household out-of-pocket payment	Out-of-pocket excluding cost-sharing	
HC.3.4	Home-based long-term care (health)					0.38					0.38		0.38			55.57	55.57	55.95
HC.4	Ancillary services (non-specified by function)	85.15	85.15	85.15		14.98	10.54	10.54	9.61	0.93	4.44		4.44			896.01	896.01	996.14
HC.4.1	Laboratory services	7.49	7.49	7.49		4.52	4.52	4.52	4.12	0.40						263.23	263.23	275.24
HC.4.2	Imaging services					8.15	6.02	6.02	5.48	0.53	2.13		2.13			281.46	281.46	289.62
HC.4.3	Patient transportation	77.67	77.67	77.67		2.31					2.31		2.31			350.07	350.07	430.05
HC.4.nec	Unspecified ancillary services (n.e.c.)															1.24	1.24	1.24
HC.5	Medical goods (non-specified by function)	340.37	340.37	340.36	0.01	279.22	138.74	138.74	129.34	9.40	6.83		6.83	133.65	133.65	5,474.56	5,474.56	6,094.15
HC.5.1	Pharmaceuticals and Other medical non-durable goods	323.75	323.75	323.74	0.01	178.52	47.67	47.67	43.12	4.55	0.14		0.14	130.71	130.71	4,443.58	4,443.58	4,945.86
HC.5.1.1	Prescribed medicines	288.85	288.85	288.85		178.38	47.67	47.67	43.12	4.55			130.71	130.71		2,525.04	2,525.04	2,992.28
HC.5.1.2	Over-the-counter medicines															1,413.58	1,413.58	1,413.58
HC.5.1.3	Other medical non-durable goods	34.81	34.81	34.81												504.96	504.96	539.77
HC.5.1.4	Prescribed and Over-the-counter medicines	0.09	0.09	0.08	0.01	0.14					0.14		0.14					0.23
HC.5.2	Therapeutic appliances and Other medical goods	16.62	16.62	16.62		100.70	91.07	91.07	86.23	4.84	6.69		6.69	2.94	2.94	1,030.97	1,030.97	1,148.29
HC.5.2.1	Glasses and Other vision products	2.71	2.71	2.71		95.84	91.00	91.00	86.20	4.80	4.83		4.83			479.65	479.65	578.20
HC.5.2.2	Hearing aids	1.31	1.31	1.31		0.06	0.06	0.06	0.03	0.04						40.63	40.63	42.01
HC.5.2.3	Other orthopaedic appliances and prosthetics (excluding glasses and hearing aids)	8.52	8.52	8.52		0.13					0.08		0.08	0.05	0.05	132.09	132.09	140.74
HC.5.2.9	All Other medical durables, including medical technical devices	4.07	4.07	4.07		4.67					1.78		1.78	2.89	2.89	378.60	378.60	387.34
HC.6	Preventive care	671.45	671.45	461.30	210.16	146.64					81.52	5.23	76.29	65.12	65.12	52.62	52.62	870.72
HC.6.1	Information, education and counseling (IEC) programmes	5.44	5.44	5.30	0.14	24.22					24.22	0.43	23.79			4.67	4.67	34.33
HC.6.1.1	Addictive substances IEC programmes	5.37	5.37	5.30	0.07	5.68					5.68		5.68			3.80	3.80	14.85
HC.6.1.1.2	Alcohol IEC programmes					0.06					0.06		0.06					0.06
HC.6.1.1.3	Drugs IEC programmes					2.96					2.96		2.96					2.96
HC.6.1.1.nec	Other and unspecified addictive substances IEC programmes (n.e.c.)	5.37	5.37	5.30	0.07	2.67					2.67		2.67			3.80	3.80	11.84
HC.6.1.3	Safe sex IEC programmes					2.33					2.33		2.33					2.33

Cont.

REPUBLIC OF MAURITIUS
MATRIX IV: HEALTHCARE FINANCING SCHEMES x HEALTHCARE FUNCTIONS (HCxHF)

Financing schemes		HF.1	HF.1.1	HF.1.1.1	HF.1.1.2	HF.2	HF.2.1	HF.2.1.1	HF.2.1.1.1	HF.2.1.1.3	HF.2.2	HF.2.2.2	HF.2.2.nec	HF.2.3	HF.2.3.1	HF.3	HF.3.1	All HF
Mauritius rupees (MUR), Million		Government schemes and compulsory contributory health care financing schemes	Government schemes	Central government schemes	State/regional/local government schemes	Voluntary health care payment schemes	Voluntary health insurance schemes	Primary/subsidiary health insurance schemes	Employer-based insurance (Other than enterprises schemes)	Other primary coverage schemes	NPISH financing schemes (including development agencies)	Resident foreign agencies schemes	Unspecified NPISH financing schemes (n.e.c.)	Enterprise financing schemes	Enterprises (except health care providers) financing schemes	Household out-of-pocket payment	Out-of-pocket excluding cost-sharing	
Health care functions																		
HC.6.1.nec	Other and unspecified IEC programmes (n.e.c.)	0.07	0.07		0.07	16.21					16.21	0.43	15.78			0.87	0.87	17.14
HC.6.2	Immunisation programmes	152.12	152.12	152.07	0.05	1.48					1.45	0.38	1.07	0.02	0.02	36.36	36.36	189.96
HC.6.2.1	Maternal and child health - Vaccination	113.76	113.76	113.76		1.10					1.07		1.07	0.02	0.02	27.24	27.24	142.09
HC.6.2.nec	Other Immunisation programmes	38.37	38.37	38.32	0.05	0.38					0.38	0.38				9.12	9.12	47.87
HC.6.3	Early disease detection programmes	33.98	33.98	33.98		3.39					3.39	1.94	1.45			10.48	10.48	47.84
HC.6.4	Healthy condition monitoring programmes	0.80	0.80		0.80	71.50					6.41	0.40	6.01	65.09	65.09	1.12	1.12	73.42
HC.6.5	Epidemiological surveillance and risk and disease control programmes	77.37	77.37	76.27	1.10	2.09					2.09	2.09						79.47
HC.6.5.nec	Unspecified epidemiological surveillance and risk and disease control programmes (n.e.c.)	77.37	77.37	76.27	1.10	2.09					2.09	2.09						79.47
HC.6.nec	Unspecified preventive care (n.e.c.)	401.74	401.74	193.67	208.07	43.96					43.96		43.96					445.70
HC.7	Governance, and health system and financing administration	824.30	824.30	388.23	436.08	224.12	224.12	224.12	222.17	1.95								1,048.42
HC.7.1	Governance and Health system administration	824.30	824.30	388.23	436.08													824.30
HC.7.1.nec	Other governance and Health system administration (n.e.c.)	824.30	824.30	388.23	436.08													824.30
HC.7.2	Administration of health financing					224.12	224.12	224.12	222.17	1.95								224.12
HC.9	Other health care services not elsewhere classified (n.e.c.)	64.58	64.58	36.12	28.46	262.81	229.82	229.82	210.64	19.19	32.99		32.99			722.11	722.11	1,049.51
HC.9.1	Traditional, Complementary and Alternative Medicines (TCAM)	19.61	19.61	19.61												76.44	76.44	96.05
HC.9.nec	Remaining Other health care services not elsewhere classified (n.e.c.)	44.97	44.97	16.51	28.46	262.81	229.82	229.82	210.64	19.19	32.99		32.99			645.67	645.67	953.45
All HC		10,930.47	10,930.47	10,255.76	674.70	1,931.42	1,496.61	1,496.61	1,347.66	148.95	150.97	6.45	144.52	283.83	283.83	11,949.22	11,949.22	24,811.11

ANNEX VIII

REPUBLIC OF MAURITIUS

MATRIX VI: HEALTHCARE FINANCING SCHEMES x DISEASES (DISxHF)

Financing schemes		HF.1	HF.1.1	HF.1.1.1	HF.1.1.2	HF.2	HF.2.1	HF.2.1.1	HF.2.1.1.1	HF.2.1.1.3	HF.2.2	HF.2.2.2	HF.2.2.nec	HF.2.3	HF.2.3.1	HF.3	HF.3.1	All HF
Classification of diseases / conditions	Mauritius rupees (MUR), Million	Government schemes and compulsory contributory health care financing schemes	Government schemes	Central government schemes	State/regional/local government schemes	Voluntary health care payment schemes	Voluntary health insurance schemes	Primary/substitutory health insurance schemes	Employer-based insurance (Other than enterprises schemes)	Other primary coverage schemes	NPIH financing schemes (including development agencies)	Resident foreign agencies schemes	Unspecified NPIH financing schemes (n.e.c.)	Enterprise financing schemes	Enterprises (except health care providers) financing schemes	Household out-of-pocket payment	Out-of-pocket excluding cost-sharing	
	DIS.1	Infectious and parasitic diseases	1,036.75	1,036.75	936.42	100.33	173.66	120.34	120.34	104.19	16.14	44.72	2.32	42.40	8.60	8.60	642.90	642.90
DIS.1.1	HIV/AIDS and Other Sexually Transmitted Diseases (STDs)	81.51	81.51	81.44	0.07	43.03	0.15	0.15	0.13	0.02	42.75	0.35	42.40	0.13	0.13	4.78	4.78	129.33
DIS.1.1.1	HIV/AIDS and Opportunistic Infections (OIs)	80.70	80.70	80.63	0.07	42.75					42.75	0.35	42.40					123.45
DIS.1.1.1.1	HIV/AIDS	80.70	80.70	80.63	0.07	42.75					42.75	0.35	42.40					123.45
DIS.1.1.2	STDs Other than HIV/AIDS	0.81	0.81	0.81														0.81
DIS.1.1.nec	Unspecified HIV/AIDS and Other STDs (n.e.c.)					0.28	0.15	0.15	0.13	0.02				0.13	0.13	4.78	4.78	5.06
DIS.1.2	Tuberculosis (TB)	0.03	0.03	0.03		0.00					0.00	0.00						0.03
DIS.1.2.nec	Unspecified tuberculosis (n.e.c.)	0.03	0.03	0.03		0.00					0.00	0.00						0.03
DIS.1.4	Respiratory infections	504.65	504.65	504.65		15.02	7.30	7.30	6.31	0.99	1.69	1.69		6.03	6.03	206.19	206.19	725.87
DIS.1.5	Diarrheal diseases	44.02	44.02	44.02		115.33	112.89	112.89	97.75	15.13				2.44	2.44	406.42	406.42	565.77
DIS.1.nec	Other and unspecified infectious and parasitic diseases (n.e.c.)	406.53	406.53	306.27	100.27	0.28					0.28	0.28				25.50	25.50	432.32
DIS.2	Reproductive health	726.22	726.22	726.22		38.64	15.75	15.75	13.86	1.89	16.75	0.90	15.85	6.14	6.14	318.12	318.12	1,082.98
DIS.2.1	Maternal conditions	248.13	248.13	248.13		21.81	15.71	15.71	13.82	1.89	0.08	0.05	0.03	6.02	6.02	261.56	261.56	531.50
DIS.2.2	Perinatal conditions	68.89	68.89	68.89		0.18	0.04	0.04	0.04	0.00	0.02	0.02		0.12	0.12	7.32	7.32	76.38
DIS.2.3	Contraceptive management (family planning)	48.16	48.16	48.16		14.34					14.34		14.34					62.50
DIS.2.nec	Unspecified reproductive health conditions (n.e.c.)	361.05	361.05	361.05		2.31					2.31	0.83	1.48			49.24	49.24	412.60
DIS.3	Nutritional deficiencies	106.36	106.36	106.36		0.09					0.09	0.02	0.07			6.10	6.10	112.54
DIS.4	Noncommunicable diseases	6,531.29	6,531.29	6,531.26	0.03	1,049.41	811.92	811.92	713.75	98.17	72.38	2.85	69.53	165.10	165.10	8,923.82	8,923.82	16,504.52
DIS.4.1	Neoplasms	589.22	589.22	589.22		45.40	31.13	31.13	26.26	4.86	11.14	0.19	10.95	3.14	3.14	320.63	320.63	955.26
DIS.4.2	Endocrine and metabolic disorders	556.66	556.66	556.66		87.81	49.81	49.81	43.75	6.06	10.97	0.53	10.44	27.02	27.02	1,033.36	1,033.36	1,677.83

Cont.

REPUBLIC OF MAURITIUS

MATRIX VI: HEALTHCARE FINANCING SCHEMES x DISEASES (DISxHF)

Financing schemes		HF.1	HF.1.1	HF.1.1.1	HF.1.1.2	HF.2	HF.2.1	HF.2.1.1	HF.2.1.1.1	HF.2.1.1.3	HF.2.2	HF.2.2.2	HF.2.2.nec	HF.2.3	HF.2.3.1	HF.3	HF.3.1	All HF
Classification of diseases / conditions	Mauritius rupees (MUR), Million	Government schemes and compulsory contributory health care financing schemes	Government schemes	Central government schemes	State/regional/local government schemes	Voluntary health care payment schemes	Voluntary health insurance schemes	Primary/subsidiary health insurance schemes	Employer-based insurance (Other than enterprises schemes)	Other primary coverage schemes	NPISH financing schemes (including development agencies)	Resident foreign agencies schemes	Unspecified NPISH financing schemes (n.e.c.)	Enterprise financing schemes	Enterprises (except health care providers) financing schemes	Household out-of-pocket payment	Out-of-pocket excluding cost-sharing	
	DIS.4.2.1	Diabetes	335.53	335.53	335.53		76.00	43.89	43.89	38.48	5.41	10.92	0.48	10.44	21.18	21.18	809.31	809.31
DIS.4.2.nec	Other and unspecified endocrine and metabolic disorders (n.e.c.)	221.13	221.13	221.13		11.81	5.91	5.91	5.27	0.64	0.05	0.05		5.84	5.84	224.05	224.05	456.99
DIS.4.3	Cardiovascular diseases	901.63	901.63	901.63		185.85	123.45	123.45	107.50	15.96	1.16	0.55	0.61	61.24	61.24	2,483.26	2,483.26	3,570.74
DIS.4.3.1	Hypertensive diseases	215.88	215.88	215.88		33.48	15.69	15.69	13.97	1.72	0.47	0.47		17.31	17.31	705.60	705.60	954.95
DIS.4.3.nec	Other and unspecified cardiovascular diseases (n.e.c.)	685.76	685.76	685.76		152.38	107.76	107.76	93.53	14.24	0.68	0.08	0.61	43.93	43.93	1,777.66	1,777.66	2,615.79
DIS.4.4	Mental & behavioural disorders, and Neurological conditions	791.73	791.73	791.73		92.61	53.21	53.21	46.23	6.98	33.87	0.06	33.81	5.54	5.54	322.78	322.78	1,207.12
DIS.4.4.1	Mental (psychiatric) disorders	549.50	549.50	549.50		65.52	53.21	53.21	46.23	6.98	6.77		6.77	5.54	5.54	301.78	301.78	916.79
DIS.4.4.2	Behavioural disorders					0.15					0.15		0.15					0.15
DIS.4.4.3	Neurological conditions	13.76	13.76	13.76		14.80					14.80		14.80					28.55
DIS.4.4.nec	Unspecified mental & behavioural disorders and neurological conditions (n.e.c.)	228.47	228.47	228.47		12.15					12.15	0.06	12.09			21.01	21.01	261.63
DIS.4.5	Respiratory diseases	695.94	695.94	695.94		145.98	125.96	125.96	109.64	16.32	0.12	0.12		19.90	19.90	1,143.12	1,143.12	1,985.05
DIS.4.6	Diseases of the digestive	551.56	551.56	551.56		16.60	10.44	10.44	8.81	1.63	0.10	0.10		6.06	6.06	300.31	300.31	868.46
DIS.4.7	Diseases of the genito-urinary system	888.48	888.48	888.48		127.68	118.48	118.48	101.82	16.66	0.09	0.09		9.10	9.10	733.56	733.56	1,749.71
DIS.4.8	Sense organ disorders	573.97	573.97	573.97		181.53	167.20	167.20	150.03	17.17	6.79	0.47	6.32	7.54	7.54	1,087.56	1,087.56	1,843.06
DIS.4.8.1	Vision disorders, including cataract	329.81	329.81	329.81		96.93	91.00	91.00	86.20	4.80	5.93	0.47	5.46			560.53	560.53	987.28
DIS.4.8.nec	Other Sense organ disorders	244.16	244.16	244.16		84.60	76.19	76.19	63.83	12.37	0.86	0.00	0.86	7.54	7.54	527.02	527.02	855.78
DIS.4.9	Oral diseases	228.60	228.60	228.60		83.08	79.43	79.43	73.64	5.79	0.51	0.51		3.13	3.13	569.01	569.01	880.68
DIS.4.nec	Other and unspecified noncommunicable diseases (n.e.c.)	753.49	753.49	753.46	0.03	82.87	52.82	52.82	46.08	6.74	7.62	0.22	7.40	22.43	22.43	930.24	930.24	1,766.60
DIS.5	Injuries	1,023.24	1,023.24	1,023.24		13.49	10.21	10.21	9.02	1.19	0.18	0.18		3.10	3.10	367.63	367.63	1,404.37
DIS.6	Non-disease specific	824.30	824.30	388.23	436.08	224.54	224.12	224.12	222.17	1.95	0.43		0.43					1,048.85
DIS.nec	Other and unspecified diseases/conditions (n.e.c.)	682.31	682.31	544.04	138.26	431.59	314.27	314.27	284.67	29.61	16.43	0.19	16.24	100.89	100.89	1,690.65	1,690.65	2,804.55
All DIS		10,930.47	10,930.47	10,255.76	674.70	1,931.42	1,496.61	1,496.61	1,347.66	148.95	150.97	6.45	144.52	283.83	283.83	11,949.22	11,949.22	24,811.11

ANNEX IX

REPUBLIC OF MAURITIUS
MATRIX VII: FINANCING AGENTS x CAPITAL FORMATION (HKxFA)

Financing agents		FA.1	FA.1.1	FA.1.1.1	FA.1.1.2	FA.1.2	FA.3	FA.3.1	FA.3.2	FA.4	All FA
Mauritius rupees (MUR), Million											
Capital Account		General government	Central government	Ministry of Health and Quality of Life	Other ministries and public units (belonging to central government)	State/Regional/Local government	Corporations (Other than insurance corporations) (part of HF.RI.1.2)	Health management and provider corporations	Corporations (Other than providers of health services)	Non-profit institutions serving households (NPISH)	
HK.1	Gross capital formation	382.61	376.21	344.21	32.00	6.40	0.57		0.57	0.53	383.72
HK.1.1	Gross fixed capital formation	356.41	350.01	340.48	9.53	6.40					356.41
HK.1.1.1	Infrastructure	145.04	145.04	135.62	9.42						145.04
HK.1.1.1.1	Residential and non-residential buildings	145.04	145.04	135.62	9.42						145.04
HK.1.1.2	Machinery and equipment	209.99	203.58	203.48	0.11	6.40					209.99
HK.1.1.2.1	Medical equipment	140.28	140.28	140.28							140.28
HK.1.1.2.2	Transport equipment	38.04	38.04	38.04							38.04
HK.1.1.2.3	ICT equipment	10.42	10.42	10.42							10.42
HK.1.1.2.4	Machinery and equipment n.e.c.	14.84	14.84	14.73	0.11						14.84
HK.1.1.2.5	Other machinery and equipment	6.40				6.40					6.40
HK.1.1.3	Intellectual property products	1.38	1.38	1.38							1.38
HK.1.1.3.1	Computer software and databases	1.38	1.38	1.38							1.38
HK.1.nec	Unspecified gross capital formation (n.e.c.)	26.20	26.20	3.73	22.47		0.57		0.57	0.53	27.31
HK.nec	Unspecified gross fixed capital formation (n.e.c.)	4.01	0.33	0.33		3.68	99.19	99.19		1.85	105.05
All HK		386.62	376.54	344.54	32.00	10.08	99.76	99.19	0.57	2.39	488.76

