



Financing Health in Africa: Challenges & Opportunities

*Universal Health
Coverage
in
Mauritius*



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REPUBLIC OF MAURITIUS

Mauritius inherited a frail National Health System (NHS) from the British. Over the years, the NHS has been re-engineered and consolidated and, at present, provides high quality services of international standards.

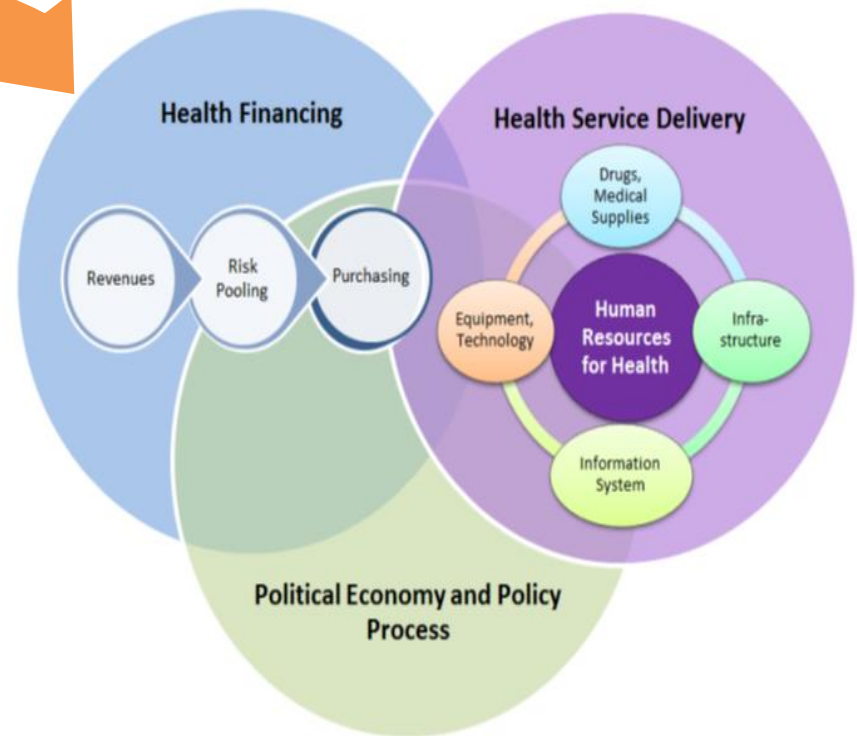


Geographic Location	Located in the Indian Ocean about 890 km off the east coast of Madagascar, and consists of the main island of Mauritius and three island dependencies.
Total area	2,040 sq. km
Independence Date	12 March 1968
Political System	Parliamentary Democratic Republic
Population, 2014	1,261,447
Main Languages	English, French and Mauritian Creole
GDP Annual Growth Rate (%)	3.5
Per Capita Income	Rs 341,705 (US\$ 9,763)
Unemployment rate	7.8%
Life expectancy at birth, (Male)	71 years
Life expectancy at birth, (Female)	78 years
Infant Mortality Rate, 2014	14.1 per 1,000 live births
Maternal Mortality Rate	0.55 per 1,000 live births
Incidence of HIV in the population	< 1%



"I regard universal health coverage as the single most powerful concept that public health has to offer. It is inclusive. It unifies services and delivers them in a comprehensive and integrated way, based on primary health care." Dr Margaret Chan, WHO Director-General.

Components of the Health System Impacting on Universal Health Coverage





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“Government is committed to providing universal, accessible and quality health services, free of any user cost, with emphasis on customer satisfaction.” (Government Programme 2015-2019).

Political Economy & Policy Process

Governance for Health

Government in Mauritius

- Recognizes, that health and well-being drive economic growth and prosperity.
- Acknowledges health as a human right.
- Places health high on the socio-economic agenda.
- Sustains the provision of free health services in the public sector to the entire population.
- Promotes joint action of health and non-health sectors to promote health and well-being.
- Steers all sectors to prevent communicable and non-communicable diseases, promote healthy lifestyles and sustain an environment free of health hazards

Ministry of Health & Quality of Life

Prime Minister’s Office

Ministry of Social Security, National Solidarity and Reform Institutions

Ministry of Education and Human Resources, Tertiary Education and Scientific Research

Ministry of Youth & Sports

Ministry of Local Government (Municipalities and District Councils)

Ministry of Gender Equality, Child Development & Family Welfare

Commission for Health (Rodrigues)

Private entities , including NGOs and private firms

Private Health Institutions

Multilateral Agencies



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Hospitals represent the main concentration of health resources, professional skills, drugs, infrastructure and equipment. Public Hospital Services constitute the largest item of total public health expenditure, representing around 82.1% of the annual budget of the Ministry of Health and Quality of Life.

Health Service Delivery

Accessibility of Services in the Public Sector

Primary Health Care	130 Community Health Centres , 21 Area Health Centres, 5 Medi-Clinics, 2 Community Hospitals	<ul style="list-style-type: none"> • One PHC Institution for every 7,984 people. • 4,468,324 attendances • 100 % of the population has reasonable access to the first point of contact with the health system within a radius of three miles.
Hospitals	6 Regional Hospitals	<ul style="list-style-type: none"> • 3,781 beds • 1 bed for every 334 inhabitants.
Specialized Health Care Institutions	Ophthalmology Centre, ENT, Mental Health Care Institution, Vascular Centre, Cardiac Centre	
Mobile Clinics	3 Dental Mobile Clinics	96,400 adults, students screened or sensitized at worksites and localities.
	5 NCD Mobile Clinics	
PPP	Contractual Agreements with Private Sector. (Domestic & Foreign)	Patients sent abroad for treatment at the expense of Government.





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The Mauritian private healthcare sector boasts state-of-the-art facilities and highly-qualified personnel providing comprehensive high-end medical care which has enabled Mauritius to position itself as a leading destination for medical travel.

Health Service Delivery

Private Sector (User Fees & Private Health Insurance)

Hospitals	17	<ul style="list-style-type: none">• 656 beds• 227,954 admissions and other attendances in 2014
Pharmaceutical Retail Outlet	324	
Sugar Estate Dispensary	10	
Laboratories	33	
Ambulatory Care	1,342 doctors undertaking private practice	
NGOs	106	





The National Health System is the underlying foundation that supports the planning and delivery of quality health services and practices in Mauritius.

Health Service Delivery

Human Resources for Health (Public & Private Sectors)

- Doctors - 2,429 (Population: Doctor Ratio :- 519)
- Dentists – 366 (Population : Dentist Ratio :- 3,447)
- Pharmacists – 494 (Population : Pharmacists Ratio :- 2,554)
- Nurses (including midwives) – 4,125 (Population: Nurses ratio : - 306)

Infrastructure Equipment / Medical Technology

- Major investment made during the past ten years to set up new infrastructures and acquisition of modern equipment.
- New Projects in the public sector includes the setting up of a Cancer Centre, a new Cardiac Centre, a new ENT Centre, and a new Regional Hospital.

Drugs & Medical Supplies

- Total spending on drugs was US\$ 84 million, out of which Government spent some US\$ 19.4 million
- 750 different types of drugs are available in the public sector including very expensive ones like Herceptin Injection for breast cancer patients, Tenecteplase injection for the treatment of acute myocardial infarction and Erythropoietin Injections for renal dialysis.
- Mauritius promotes pharmacovigilance.

Information Systems

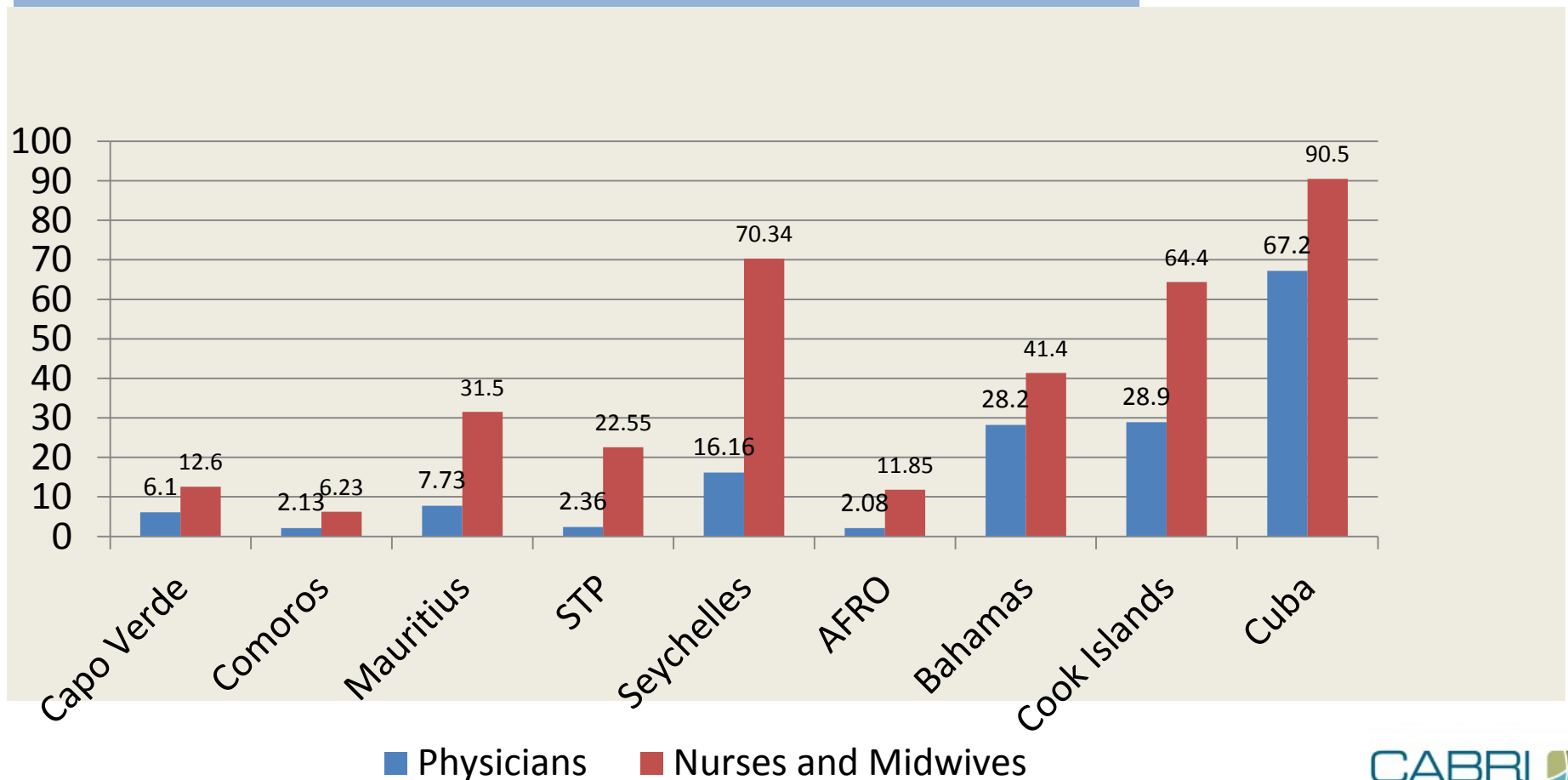
- Strong Health Information System, compliant with the WHO Health Metrics Network Framework.
- Implementation of E-Health Project underway.



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Objective in the public sector:- improving the mix of medical and paramedical personnel similar to the level of developed nations for the timely delivery of high quality services to the population.

Physicians, nurses and Midwives (per 10.000 populations)



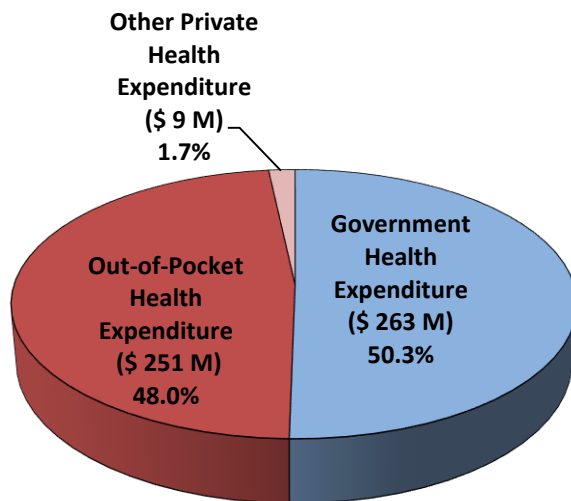


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Health financing is fundamental to the ability of health systems to respond to peoples' legitimate demands for quality health and care services and to improve health outcomes.

Health Financing

Total Health Expenditure (\$ M)



	FY 2014	
	MUR (Rs billion)	USD (\$ million)
Government Health Expenditure (GHE)	9.2	263
Private Health Expenditure (PvtHE)	9.1	260
Total Health Expenditure (THE)	18.3	523
Per capita Total Health Expenditure	15,004	429
Per capita Government Health Expenditure	7,063	202
Government Health Expenditure as a % of Total Government Expenditure	8.1%	
Government Health Expenditure as a % of GDP	2.4%	
Total Health Expenditure as a % of GDP	4.8%	
Private Health Expenditure as a % of Total Health Expenditure	49.7%	
Private prepaid plans as a % of Private Health Expenditure	2.0%	
Out-of-Pocket (OOP) Expenditure as a % of Total Health Expenditure	48.0%	



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Every year, more than 150 million individuals in 44 million households, across the globe, face financial catastrophe as a direct result of having to pay for health care.

Catastrophic Expenditure on Health

Poverty

- Extreme poverty is negligible in Mauritius with less than 1 percent of the population living on USD 1.25 a day (in PPP terms).
- The total number of poor individuals has declined from 108,000 people in 2007 to 89,000 people in 2012.
- *(Absolute poverty is defined as household living with less than 3,064 rupees per adult equivalent expressed in 2007 prices.)*

Catastrophic Expenditure on Health

- 9% of households exceeded 40% of their capacities to pay.
- The change in the number of households falling below the poverty line (i.e. additional poverty caused). The % impoverishment obtained from the survey data is 2.6%
- 11% of households with catastrophic expenditure were among the poor than the non-poor.
- Insured households (7.2%)had a slightly lower proportion of catastrophic expenditure than non-insured (9.2).

Threshold used is the out of pocket payments share of household's capacity to pay or non-subsistence spending equal to or above 40%.



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Mauritius is no longer in the first ten countries, worldwide, with the highest prevalence of diabetes.

Successes

- Almost 100%UHC for Primary Health Care
 - Improved MCH Indicators
 - Increase in life expectancy (Life expectancy at birth averages 74.2 years)
 - 100% Immunization Coverage
 - 100% of pregnant women have four antenatal care visits compared with the global average of 55%.
 - 100% of deliveries are attended by skilled attendants compared with the global average of 70%.
 - Prevalence of HIV/AIDS among the population is 0.86 percent.
 - Control of communicable diseases.
 - HDI :- Mauritius ranked 63rd out of 187 countries
 - Admissions in the Mental Health Care Centre) due to mental and behavioural disorders associated with the use of alcohol have continuously decreased from 50.7 % in 2009 to 40.0 %in 2014.
- Number of cigarette sticks smoked per person per year has fallen from 1071 in 2009 to 759 in 2012.
 - Alcohol consumption per person has fallen from 41 litres per year in 2009 to 38 litres in 2012.
 - Deaths due to heart diseases have decreased from 22.8% in 2005 to 17.7% in 2013



Challenges

- Limited Public Funds -Stagnant GEH as a % of TGE (8.0%)/ Abuja Declaration
 - Escalating costs of treatment
 - Fiscal space- Budget of Rs 9.7 billion for FY2015/16. Mauritius faces challenges on finding the “fiscal space” to finance UHC policies and programs, in respect to the provision of specialized services.
 - Demographic Transition:14% of the population aged 60 years and over. It is projected that this proportion will increase to 34.3 % in 2053. Birth rates in Mauritius have been below the population replacement level of 2.1 children per woman since the past thirty years.
 - Adverse impact of climate change
 - Limited support from multilateral agencies
 - Resurgence of past communicable diseases & emergence of new ones
 - New medical technology & Equipment & Drugs
 - Rising expectations of health consumers for improved quality of care
- In 2013, a total of 2,107 new cases of cancer were registered - 1,244 cases for female and for 863 male.
 - One out of every five Mauritians aged 25 years and above is afflicted with Type II diabetes.
 - It is estimated that NCDs constitute 80% of our disease burden.
 - Estimated prevalence of diabetes; 15.15 (IDF)
 - Deaths due to cardiovascular diseases: 50%
 - Deaths due to neoplasms: 13%
 - Visual and hearing impairment, dementia and osteoarthritis are the main causes of disability for the elderly.



Roadmap

Health System Development

- People-centered and integrated health services
- Primary Care Physician Scheme based on the General Practitioner Scheme of the UK
- New Infrastructures
- Enhancing MCH to reach indicators of a one digit figure
- Master Plan for Human Resources
- Institutionalization of NHA
- Enhancing Health Promotion
- Public Private Partnership
- E-Health
- Development of Monitoring & Evaluation of UHC (Tracer indicators already identified)
- New Population Policy
- Strengthening governance and accountability
- Reorienting the model of care
- Creating an enabling environment.

Health Care Financing

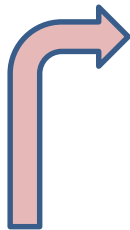
- Fiscal Space (public sector)
- User fees for foreigners (public sector)
- Private health insurance
- Bilateral/Multilateral Cooperation
- Survey OOP/ Catastrophic Expenditure





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The Second Economic Miracle And Vision 2030: Achieving an average growth rate of 5.5 per cent annually as from 2017 and developing Mauritius into a high income country.



Thank You