

República de Moçambique
Ministério da Saúde

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GATES foundation

Mozambique Health Accounts 2015

Methodology Report and Health Accounts Tables



Preface

The National Health Accounts (NHA) are a fundamental tool to describe and measure the flow of health expenditure resulting from public and private institutions, as well as from households. The tool follows the System Health Accounts (SHA) 2011 methodology, a standard that has been tested and accepted internationally.

In Mozambique, the first use of the NHA was in 1999, and covered the period of 1997-1998. The second was in 2008 covering the period 2004 to 2006, the third in 2013, covering the period 2007 to 2011 (MEGAS), the fourth in 2015, covering the period 2012, the fifth in 2017, covering the period 2015. The sixth will be for analyzing the NHA results of 2016 and 2017.

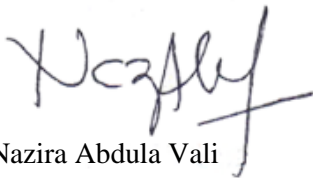
The production of the NHA reports has challenged the country to institutionalize National Health Accounts as a routine health planning activity. The report has three main content approaches: the National Health Accounts Methodology in 2015, the Policy Implications for National Health Accounts, and the Immunization Policy in Mozambique. Its four chapters are the following: I. Introduction on Financing Health in Mozambique, II. Methodology of preparation of National Health Accounts, III. Results of National Health Accounts 2015 and IV. Consideration for the Institutionalization of National Health Accounts in Mozambique.

This report allows us to measure and characterize the country's health expenditures, thus allowing for more effective planning and improving the provision of health services in Mozambique. The Government of Mozambique remains committed to quality health care, and we hope that this analytical exercise can contribute to making decisions for better health services in the country.

Thus, we express our warm thanks to singular and collective entities that directly or indirectly devoted a considerable part of their time and energy in the finalization of this report.

Maputo, 26 October 2018

Minister of Health



Nazira Abdula Vali

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The results of NHA illustrated in this report are based on data collected by the Directorate of Planning and Cooperation (DPC) of the Ministry of Health (MOH) - Department of Planning and Health Economy (DPES), along with the involvement of other central and provincial bodies of the MOH, development donors and partners, non-governmental organizations (NGOs), public-private companies, ministries, educational and research institutions, public institutions, tutored bodies, and other Government agencies.

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Technical Sheet

Management and Coordination

- Dr. Marina Karagianis, Director of Planning and Cooperation
- Prof. Doctor João Carlos Mavimbe, former Deputy Director of Planning and Cooperation
- Dr. Sãozinha Agostinho, Deputy Director of Planning and Cooperation

Facilitation Service and Technical Guidance

- Dr. Karishmah Bhuwanee, Dr. Shipra Srihari, and Dr. Daniel Aran, Abt Associates
- Dr. Eva Pascoal, World Health Organization in Mozambique

Compilation and Writing

- Dr. Karishmah Bhuwanee and Dr. Daniel Aran, Abt Associates

Technical Group of the National Health Accounts (GTCNS)

- Daniel Simone Nhachengo, Coordinator of GTCNS
(Head of the Department of Planning and Health Economy)
- Amosse Ubisse (Mozambican counterpart to Abt Associates and DPC)
- Kádira Kará (Technician of the Department of Planning and Health Economy)
- Nelita Nassone (Technician of the Department of Monitoring & Evaluation)
- Madina Issagy (Technician of the National Directorate Medical Care)
- Rabeça Ligia Vilanculos (Technician of Directorate of Administration and Finance)
- Salomão Lourenço (Advisor to the Directorate of Administration and Finance)
- Sábito Racide (Technician of Maputo Provincial Health Directorate)
- Eunice Bauhofer
(Administrative Assistant of the Department of Planning and Health Economy)
- Ofélia Carlos Maimela (Department of Information for Health)
- Fidel André João (Zambézia Provincial Technician of Health Directorate)
- José Fanso Fernando (Technician Nampula Provincial Health Directorate)

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Acronyms

DPC	<i>Direção de Planeamento e Cooperação</i> (Directorate of Planning and Cooperation)
INE	<i>Instituto Nacional de Estatística</i> (National Statistics Institute)
INSS	Instituto Nacional de Segurança Social de Moçambique (National Social Security Institute)
OECD	Organization for Economic Co-operation and Development
SHA	System of Health Accounts
SISTAFE	<i>Sistema de Administração Financeira do Estado</i> (Government Financial Administration System)
WHO	World Health Organization

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1. Health Accounts Methodology

This section provides an overview of the methodology used to produce the 2015 Health Accounts. It is intended for technicians who would like to understand the methodology in more detail. This document also serves as a record for the Health Accounts technical team to ensure consistency for future Health Accounts exercises.

1.1 Framework used for Health Accounts

The Health Accounts were produced using the System of Health Accounts (SHA) 2011 framework (Box 1). The SHA 2011 framework disaggregates total health spending by three dimensions (financing, production and consumption) to understand how health spending flows through the health system. It captures all spending (current and capital) for the final consumption of health goods and services. The criteria for “health” in the SHA 2011 is defined as: “all activities with the primary purpose of improving, maintaining and preventing the deterioration of the health status of persons and mitigating the consequences of ill-health through the application of qualified health knowledge [medical, paramedical and nursing knowledge, including technology, and traditional, complementary and alternative medicine]” (Organization for Economic Co-operation and Development (OECD), World Health Organization (WHO), Eurostat 2011).

Box 1. The System of Health Accounts framework

- Developed by OECD, WHO and Eurostat
- Has been used by over 75 countries to track the magnitude and flow of spending
- SHA 2011 is an update to the original SHA framework developed by OECD in 2000
- Internationally standardized framework used by countries of all income levels

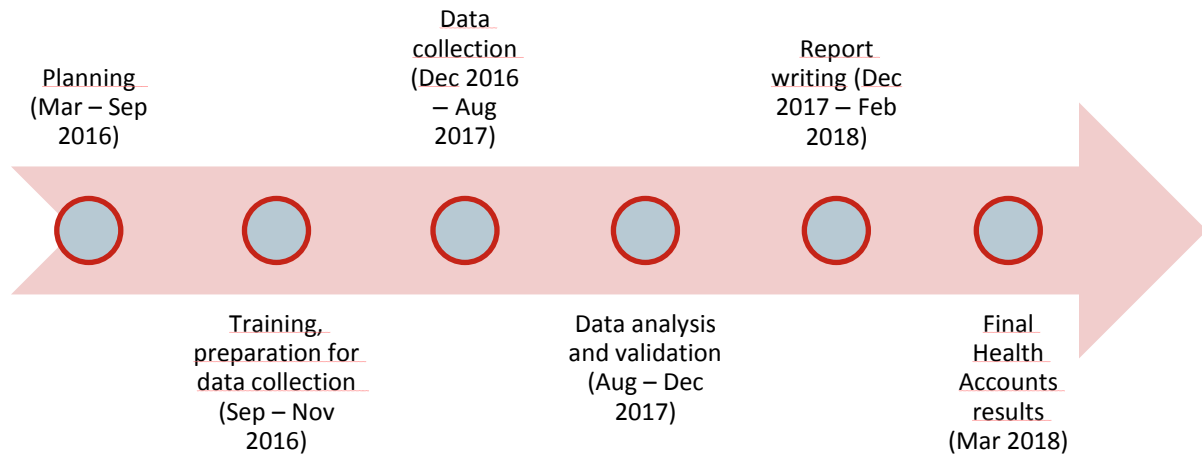
1.2 Health Accounts Process

Broadly speaking, Mozambique has six main financing flows in the health system. The Health Accounts team started the 2015 Health Accounts exercise by identifying these flows, to ensure that they were tracked through the Health Accounts:

1. Government tax revenues used to provide health goods and services via government line ministries (Ministry of Health, Ministry of Women’s Affairs, Ministry of Education, etc.)
2. The health basket fund (known as the Common Fund of Support for the Health Sector, or PROSAUDE), financed by donors and the Government of Mozambique; also used to provide health goods and services via government line ministries
3. Medical services provided via Social Security, e.g., for workplace accidents
4. Household out-of-pocket spending for health goods and services, paid directly to health providers
5. Health goods and services reimbursed through private insurance firms (individual or employer-based insurance policies)
6. Workplace programs provided by employers to their employees

The exercise was conducted between March 2016 and March 2018. The key steps undertaken are outlined in Figure 1.

Figure 1: Key Steps for Producing 2015 Health Accounts



1.3 Stakeholder Engagement

The 2015 Health Accounts were led by the Ministry of Health's *Direção de Planeamento e Cooperação* (DPC, Directorate of Planning and Cooperation). The DPC worked with multiple stakeholders, who provided valuable data to produce the Health Accounts (Figure 2). The Health Accounts were overseen by a multi-sector Steering Committee consisting of representatives from government (Ministry of Health, Ministry of Finance, Statistics Institute), technical and financial partners, private corporations, insurance firms, and NGOs.

Figure 2: Stakeholders involved in the 2015 Health Accounts



1.4 Data Collection

The Health Accounts collected both primary and secondary data on health spending. Primary data collection was conducted via Health Accounts surveys sent to three stakeholder groups: NGOs, private employers and insurance companies. A full list of the organizations surveyed is provided in the Annex. Data on spending by government and donors were obtained through secondary sources. Complete data on disbursements for health projects by donors were obtained through the Government of Mozambique's *Inquérito de Fundos Externos* (IFE, Database of External Funds). Government spending was obtained from the electronic *Sistema de Administração Financeira do Estado* (e-SISTAFE, Government Financial Administration System).

Table 1 shows the secondary data collected.

Table 1: Secondary Data for 2015 Health Accounts

Data Obtained from Government

Government of Mozambique expenditure report (e-SISTAFE)
Official Development Assistance to Mozambique Database
IFE database
Sistema de Informação de Saúde para Monitoria e Avaliação
(Health Information System)
Direcção de Planificação e Cooperação do Ministério da Saúde
(Human Resource Information System)
Inquerito Ao Orcamento Familiar 2014/15
(2014/15 Family Budget Survey)
Instituto Nacional de Segurança Social
(INSS, National Institute of Social Security) 2015 Annual Report
Anuário Estatístico de Saúde 2015
(2015 Health Statistics Report)

Data Obtained from Non-Government Agencies

Associação Industrial de Moçambique
(Mozambique Association of Industry) member list
2015 National AIDS Spending Assessment

The Health Accounts team attempted to collect data for the known universe of donors (23) and NGOs (63) working in the health sector, insurance firms (18) providing health insurance, and private corporations (103) providing health benefits. The response rate for NGOs increased slightly for the 2015 Health Accounts from 2012, to 42%, and more than doubled for employers, to 19%. The number of insurance companies who responded to the Health Accounts survey fell slightly from 18% for the 2012 Health Accounts to 16% for the 2015 exercise.

In order to account for nonresponses, spending data received by private corporations were stratified by sector¹. Spending per employee for each sector was calculated, and weighted by the total number of employees per sector to estimate health spending for all employers. The team attempted to weight for non-response from insurance companies by using health spending by policy-holder as the weighting criterion. However, this was not possible because of a lack of data on the total number of health insurance policy-holders served by the insurance companies.

¹ Sector categories: Agriculture, Food and Beverage, IT and Telecoms, Construction, and Services.

1.5 Estimation of Household Health Spending

Household spending for health was calculated using the 2014/15 household survey conducted by the *Instituto Nacional de Estatística* (INE, National Statistics Institute). INE provided the Health Accounts team with raw data from the monthly Consumption module, which describes monthly consumption by households for health and other goods. The team also requested raw data from the Family-Health module, which provided details on which goods and services were purchased by households and at which type of provider, but did not receive a response from INE.

The household survey was planned to be administered during four quarters to cover a 12-month period during 2014 and 2015. However, the survey was not administered in the third quarter (February to May 2015). The Health Accounts team consulted with INE about how to handle this missing quarter. Spending for the missing quarter was estimated by calculating the average of the three quarters when the survey was administered. The team preferred this approach, which maximized the amount of real data from the survey, instead of estimating the third quarter via another method. However, the team recognizes that this approach does not fully represent seasonality.

The data that the Health Accounts team received showed the type of provider for some services (e.g., consultations), but not for other spending, such as drugs. For the latter, it was therefore not clear whether households purchased drugs as part of an outpatient or inpatient visit at a health provider, or whether they self-medicated or filled their prescriptions at a private pharmacy. For this type of spending, the team preferred to leave the provider type unclassified because of lack of information with which to make assumptions. The type of provider where households incurred health spending was in the Family-Health module, which the team requested from INE but did not receive.

The team also attempted to classify household health spending by disease: some consultations were pre-defined by disease (e.g., malaria consultations). Drugs that could be classified to a primary disease that they treated were also classified to a disease, using expert opinion. Other spending, such as antibiotics, was left unclassified by disease in this exercise.

Because household survey data for the same period as the Health Accounts were available, the 2015 exercise improves the estimation of household health spending from previous Health Accounts exercises. This estimation could be further refined during future Health Accounts by sharing more raw data with the Health Accounts team, or by providing the analysis from the Family-Health module. In addition, the quality of household health estimation could be significantly improved by clarifying some questions. For example, the Family-Health module asks households which type of facility they sought care in in the last two weeks (health centers, hospitals, traditional practitioners, pharmacy etc.) However, the questions relating to *spending* are aggregated for all public, and for all private, providers. Therefore, it is not possible to tell whether households are incurring out-of-pocket spending at health centers, hospitals, traditional practitioners or pharmacies. A detailed review of the survey questions may be required to ensure that questions are asked in a way that accurately reflect real spending by households.

Since the methodologies used to calculate household health spending in the 2015 and 2012 Health Accounts differ, household health spending between these two exercises are not directly comparable.

1.5.1 Successes

The 2015 Health Accounts exercise was coordinated by the DPC. In addition to the training that the DPC received on the SHA 2011 framework, this activity has provided the DPC with the **technical knowledge and experience to produce Health Accounts** in the future.

A **large amount of secondary data** on health spending, and complementary data for Health Accounts, is available in Mozambique. This includes spending by households through INE's household survey, government spending through e-SISTAFE, donor spending through the IFE and Official Development Assistance to Mozambique Database, and Social Security spending through INSS's Annual Report. Complementary data to disaggregate health spending was available through the *Sistema de Informação de Saúde para Monitoria e Avaliação*, the Ministry of Health's Human Resource Information System. The existence of this secondary data provides a significant advantage for Mozambique, and helps to make the Health Accounts exercise quicker and more cost-effective.

During the Health Accounts exercise, the DPC engaged with many stakeholders to explain the importance of monitoring health spending, and the vital role that these stakeholders play in providing health data (for example, INE, INSS, Mozambique Association of Industry, Ministry of Finance). This continued **engagement with key stakeholders** will not only help to improve coordination within the sector, but will also help to produce more accurate Health Accounts in future rounds, by helping to improve response rates during data collection and strengthen the data validation process.

1.5.2 Challenges

The **rate of response for private sector stakeholder** groups was quite low, which affects the accuracy of data on health spending by these groups. Certain estimation methods (e.g. weighting health spending for private employers by spending per employee, and insurance firms by spending per insurance policy holder) can be used, but this does not compensate for the shortfall in raw data. In order to capture spending by NGOs, the team attempted to use responses from their respective donors to estimate spending for health to the extent possible. NGO data was not weighted, due to the lack of reasonable weighting criteria. Therefore low response rates are likely to lead to underestimation of spending for this group. However, the Health Accounts team is confident that the spending by the largest NGOs in the health sector were captured, which helps to get a more accurate picture of total health spending by NGOs.

The abundance of secondary data is a valuable foundation for conducting future Health Accounts. However, the data's quality and completeness could be refined to be more useful for health expenditure tracking. For example, the IFE database should be updated for all donors that support the health sector, and the household survey questions could be refined to more accurately capture out-of-pocket spending. In addition, some data appears not to be compiled at the national level—e.g., drug distribution data by type of provider was not available at the Central Medical Stores, and is recorded at the provincial level instead. This prevented the Health Accounts team from doing detailed analysis on drug spending. A lack of compiled health information at the national level not only makes data collection difficult for Health Accounts, but renders central planning more difficult.

Utilization data for this exercise was compiled through a combination of program-level data and data provided through the new District Health Information System 2. The **lack of integration of utilization data that is currently housed in multiple systems** slowed the process of compiling national-level data, but this challenge should hopefully disappear as DHIS2 becomes the country's primary health information system.

Health Accounts data are most useful when they are sufficiently recent to inform decision-making, e.g., by being able to feed into annual planning and budgeting cycles. This requires effort to produce the Health Accounts results quickly following the end of the fiscal year. The 2015 Health Accounts production took approximately two years, partly because other responsibilities of the DPC team made them unavailable for Health Accounts. Expenditure tracking is an important decision-making tool for the Ministry, and it is important for the team to **allocate sufficient time to produce and analyze Health Accounts** on a regular basis.

2. 2015 Health Accounts Tables

Table 2: Source of Health Spending vs. Health Financing Scheme

Financing schemes <i>New Metical (MZM), Million</i>	Revenues of health care financing schemes	FS.1	FS.2	FS.5	FS.5.1	FS.5.2	FS.6	FS.6.1	FS.6.2	FS.6.3	FS.7	FS.7.1	FS.7.2	All FS
		Transfers from government domestic revenue (allocated to health purposes)	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.	Direct foreign transfers	Direct foreign financial transfers	Direct foreign aid in kind	
HF.1	Government schemes and compulsory contributory health care financing schemes	11,578.67	10,327.73				1.46		1.46		55.89	55.89		21,963.76
HF.1.1	Government schemes	11,578.67	10,327.73				1.46	1.46			55.89	55.89		21,963.76
HF.1.1.1	Central government schemes	5,136.72	7,835.13				1.46	1.46			0.74	0.74		12,974.06
HF.1.1.2	State/regional/local government schemes	6,441.95	2,487.64								55.16	55.16		8,984.75
HF.1.1.nec	Unspecified government schemes (n.e.c.)		4.96											4.96

2015 HEALTH ACCOUNTS TABLES

Financing schemes	Revenues of health care financing schemes <i>New Metical (MZM), Million</i>	FS.1	FS.2	FS.5	FS.5.1	FS.5.2	FS.6	FS.6.1	FS.6.2	FS.6.3	FS.7	FS.7.1	FS.7.2	All FS
		Transfers from government domestic revenue (allocated to health purposes)	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.	Direct foreign transfers	Direct foreign financial transfers	Direct foreign aid in kind	
HF.2	Voluntary health care payment schemes			187.93	0.19	187.74	2,826.42		2,821.05	5.37	5,570.53	4,837.15	733.38	8,584.88
HF.2.1	Voluntary health insurance schemes			187.93	0.19	187.74								187.93

2015 HEALTH ACCOUNTS TABLES

Financing schemes	Revenues of health care financing schemes <i>New Metical (MZM), Million</i>	FS.1	FS.2	FS.5	FS.5.1	FS.5.2	FS.6	FS.6.1	FS.6.2	FS.6.3	FS.7	FS.7.1	FS.7.2	All FS
		Transfers from government domestic revenue (allocated to health purposes)	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.	Direct foreign transfers	Direct foreign financial transfers	Direct foreign aid in kind	
HF.2.2	NPISH financing schemes (including development agencies)						5.37			5.37	5,539.10	4,805.72	733.38	5,544.46
HF.2.3	Enterprise financing schemes						2,821.05	2,821.05			31.43	31.43		2,852.49
HF.3	Household out-of-pocket payment						4,823.97	4,823.97						4,823.97
HF.4	Rest of the world financing schemes (non-resident)										7,470.22	7,390.09	80.13	7,470.22
All HF		11,578.67	10,327.73	187.93	0.19	187.74	7,651.85	4,823.97	2,822.52	5.37	13,096.65	12,283.14	813.51	42,842.83

Table 3: Health Financing Scheme vs. Health Provider

Health care providers	Financing schemes	HF.1	HF.1.1			HF.2	HF.2.1	HF.2.2	HF.2.3	HF.3	HF.4	All HF
		Government schemes and compulsory contributory health care financing schemes	Government schemes	HF.1.1.1	HF.1.1.2	HF.1.1.nec	Voluntary health care payment schemes	Voluntary health insurance schemes	NPISH financing schemes (including development agencies)	Enterprise financing schemes	Household out-of-pocket payment	Rest of the world financing schemes (non-resident)
HP.1	Hospitals	4,380.34	4,380.34	2,026.32	2,354.02	613.81	64.56	418.17	131.08	4.50	816.47	5,815.11
	HP.1.1 General hospitals	3,688.16	3,688.16	1,367.32	2,320.84	482.71	64.30	410.37	8.03		6.11	4,176.98
	HP.1.1.1 Hospital Central	796.77	796.77	582.17	214.59	7.95		1.53	6.42			804.72
	HP.1.1.2 Hospital gerale Hospital Provincial	611.54	611.54	2.79	608.75	12.57		12.57				624.10
	HP.1.1.3 Hospital Distrital	1,721.31	1,721.31	223.81	1,497.50	396.28		396.28				2,117.59
	HP.1.1.nec Other General hospitals	558.55	558.55	558.55		65.91	64.30		1.61		6.11	630.57
	HP.1.2 Mental health hospitals	33.18	33.18		33.18							33.18
	HP.1.3 Specialised hospitals (Other than mental health hospitals)					0.26	0.26					0.26
	HP.1.nec Unspecified hospitals (n.e.c.)	659.00	659.00	659.00		130.85		7.79	123.06	4.50	810.35	1,604.70
HP.3	Providers of ambulatory health care	6,284.82	6,284.82	3,826.12	2,458.71	3,507.26	0.43	3,234.37	272.47	770.41	2,923.64	13,486.13

2015 HEALTH ACCOUNTS TABLES

Health care providers		Financing schemes <i>New Metical (MZM), Million</i>	HF.1	HF.1.1			HF.2	HF.2.1	HF.2.2	HF.2.3	HF.3	HF.4	All HF	
			Government schemes and compulsory contributory health care financing schemes	Government schemes	Central government schemes	State/regional/local government schemes	Unspecified government schemes (n.e.c.)	Voluntary health care payment schemes	Voluntary health insurance schemes	NPISH financing schemes (including development agencies)	Enterprise financing schemes	Household out-of-pocket payment	Rest of the world financing schemes (non-resident)	
HP.3.1	Medical practices					80.21	0.43	0.08	79.71	127.60			207.81	
HP.3.3	Other health care practitioners	8.34	8.34	8.34		408.53		408.53		642.81			1,059.68	
HP.3.4	Ambulatory health care centres	6,276.48	6,276.48	3,817.78	2,458.71	3,017.87		2,825.11	192.76		2,923.64		12,217.99	
HP.3.4.1	Family planning centres					60.16		60.16					60.16	
HP.3.4.5	Non-specialised ambulatory health care centres	3,551.75	3,551.75	1,093.04	2,458.71	2,677.48		2,491.58	185.90		941.74		7,170.97	
HP.3.4.9	All Other ambulatory centres	2,724.74	2,724.74	2,724.74		280.22		273.36	6.86		1,981.90		4,986.86	
HP.3.nec	Unspecified providers of ambulatory health care (n.e.c.)					0.65		0.65					0.65	
HP.5	Retailers and Other providers of medical goods					4.10	0.04		4.06				4.10	

2015 HEALTH ACCOUNTS TABLES

Health care providers	Financing schemes <i>New Metical (MZM), Million</i>	HF.1	HF.1.1				HF.2	HF.2.1	HF.2.2	HF.2.3	HF.3	HF.4	All HF
		Government schemes and compulsory contributory health care financing schemes	Government schemes	Central government schemes	State/regional/local government schemes	Unspecified government schemes (n.e.c.)	Voluntary health care payment schemes	Voluntary health insurance schemes	NPISH financing schemes (including development agencies)	Enterprise financing schemes	Household out-of-pocket payment	Rest of the world financing schemes (non-resident)	
HP.6	Providers of preventive care	2,320.14	2,320.14	1,889.59	425.60	4.96	1,817.73	1,679.25	138.48		13.13	4,151.00	
HP.7	Providers of health care system administration and financing	8,423.41	8,423.41	5,069.03	3,354.38		20.47	10.96	9.52		1,965.06	10,408.94	
HP.8	Rest of economy	419.97	419.97	45.33	374.64		202.99	194.70	8.28		582.94	1,205.90	
HP.8.1	Households as providers of home health care						3.16	3.16			1.99	5.14	
HP.8.2	All Other industries as secondary providers of health care	383.41	383.41	8.77	374.64		19.47	19.16	0.31			402.88	
HP.8.3	Community health workers	36.56	36.56	36.56			180.36	172.39	7.97		580.95	797.87	
HP.9	Rest of the world	1.23	1.23	1.23								1.23	
HP.nec	Unspecified health care providers (n.e.c.)	133.85	133.85	116.44	17.41		2,418.52	122.91	7.02	2,288.59	4,049.06	1,169.00	7,770.42
All HP		21,963.76	21,963.76	12,974.06	8,984.75	4.96	8,584.88	187.93	5,544.46	2,852.49	4,823.97	7,470.22	42,842.83

Table 4: Health Financing Scheme vs. Health Activity

Health care functions	Financing schemes <i>New Metical (MZM), Million</i>	HF.1	HF.1.1				HF.2	HF.2.1	HF.2.2	HF.2.3	HF.3	HF.4	All HF
		Government schemes and compulsory contributory health care financing schemes	Government schemes	Central government schemes	State/regional/local government schemes	Unspecified government schemes (n.e.c.)	Voluntary health care payment schemes	Voluntary health insurance schemes	NPISH financing schemes (including development agencies)	Enterprise financing schemes	Household out-of-pocket payment	Rest of the world financing schemes (non-resident)	
HC.1	Curative care	8,321.77	8,321.77	4,522.77	3,799.00	3,636.44	81.15	875.28	2,680.01	4,619.81	1,972.99	18,551.01	
HC.1.1	Inpatient curative care	2,363.86	2,363.86	687.46	1,676.40	405.27	0.69	89.06	315.53	16.61		2,785.74	
HC.1.2	Day curative care					1,380.38		0.77	1,379.61			1,380.38	
HC.1.3	Outpatient curative care	5,614.15	5,614.15	3,495.61	2,118.54	1,665.46	0.18	727.67	937.61	4,058.46	1,713.05	13,051.11	
HC.1.4	Home-based curative care					59.19		52.49	6.71		259.94	319.14	
HC.1.nec	Unspecified curative care (n.e.c.)	343.76	343.76	339.70	4.06	126.14	80.28	5.30	40.56	544.74		1,014.64	
HC.2	Rehabilitative care					106.75	106.75			62.49		169.24	
HC.3	Long-term care (health)					359.62		359.62				359.62	
HC.5	Medical goods (non-specified by function)					4.10	0.04		4.06			4.10	
HC.6	Preventive care	4,682.36	4,682.36	3,221.32	1,456.09	4.96	4,420.76	4,266.56	154.20	7.73	1,922.43	11,033.28	

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Health care functions	Financing schemes <i>New Metical (MZM), Million</i>	HF.1	HF.1.1				HF.2	HF.2.1	HF.2.2	HF.2.3	HF.3	HF.4	All HF
		Government schemes and compulsory contributory health care financing schemes	Government schemes	HF.1.1.1	HF.1.1.2	HF.1.1.nec	Voluntary health care payment schemes	Voluntary health insurance schemes	NPISH financing schemes (including development agencies)	Enterprise financing schemes	Household out-of-pocket payment	Rest of the world financing schemes (non-resident)	
				Central government schemes	State/regional/local government schemes	Unspecified government schemes (n.e.c.)							
HC.6.1	Information, education and counseling (IEC) programmes	1,160.50	1,160.50	668.36	492.14		1,286.41		1,167.08	119.34		339.26	2,786.17
HC.6.2	Immunisation programmes	1,155.44	1,155.44	925.17	230.27		0.09		0.09		5.40		1,160.93
HC.6.3	Early disease detection programmes	1,164.53	1,164.53	813.68	350.85		324.65		318.68	5.96		544.67	2,033.85
HC.6.4	Healthy condition monitoring programmes	89.06	89.06	13.90	75.16		4.42		0.36	4.06			93.49
HC.6.5	Epidemiological surveillance and risk and disease control programmes	89.66	89.66	20.47	69.19		2,143.60		2,141.37	2.23		936.85	3,170.11
HC.6.6	Preparing for disaster and emergency response programmes	163.21	163.21	163.21									163.21
HC.6.nec	Unspecified preventive care (n.e.c.)	859.96	859.96	616.53	238.47	4.96	661.58		638.97	22.61	2.33	101.65	1,625.51

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Health care functions	Financing schemes <i>New Metical (MZM), Million</i>	HF.1	HF.1.1			HF.2	HF.2.1	HF.2.2	HF.2.3	HF.3	HF.4	All HF	
		Government schemes and compulsory contributory health care financing schemes	Government schemes	HF.1.1.1	HF.1.1.2	HF.1.1.nec	Voluntary health care payment schemes	Voluntary health insurance schemes	NPISH financing schemes (including development agencies)	Enterprise financing schemes	Household out-of-pocket payment	Rest of the world financing schemes (non-resident)	
				Central government schemes	State/regional/local government schemes	Unspecified government schemes (n.e.c.)							
HC.7	Governance, and health system and financing administration	8,423.41	8,423.41	5,069.03	3,354.38	46.39		36.87	9.52		1,965.06	10,434.85	
HC.9	Other health care services not elsewhere classified (n.e.c.)	536.23	536.23	160.93	375.29	10.82		6.13	4.69	133.94	1,609.74	2,290.73	
All HC		21,963.76	21,963.76	12,974.06	8,984.75	4.96	8,584.88	187.93	5,544.46	2,852.49	4,823.97	7,470.22	42,842.83

Table 5: Health Provider vs. Health Activity

Health care providers		HP.1	HP.3	HP.5	HP.6	HP.7	HP.8	HP.8.1	HP.8.2	HP.8.3	HP.9	HP.nec	All HP
<i>New Metical (MZM), Million</i>		Hospitals	Providers of ambulatory health care	Retailers and Other providers of medical goods	Providers of preventive care	Providers of health care system administration and financing	Rest of economy	Households as providers of home health care	All Other industries as secondary providers of health care	Community health workers (or village health worker, community health aide, etc.)	Rest of the world	Unspecified health care providers (n.e.c.)	
Health care functions													
HC.1	Curative care	3,822.01	8,159.01				314.23			314.23	1.23	6,254.54	18,551.01
HC.1.1	Inpatient curative care	1,907.94	774.25									103.55	2,785.74
HC.1.2	Day curative care		0.77									1,379.61	1,380.38
HC.1.3	Outpatient curative care	1,503.40	7,375.97				1.09			1.09		4,170.66	13,051.11
HC.1.4	Home-based curative care		6.00				313.14			313.14			319.14
HC.1.nec	Unspecified curative care (n.e.c.)	410.67	2.01								1.23	600.72	1,014.64
HC.2	Rehabilitative care											169.24	169.24
HC.3	Long-term care (health)		359.62										359.62
HC.5	Medical goods (non-specified by function)			4.10									4.10
HC.6	Preventive care	1,514.37	4,841.55		4,151.00		507.46	5.14	44.59	457.73		18.89	11,033.28

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HC.6.1	Information, education and counseling (IEC) programmes	278.35	17.78		2,004.26		485.67	5.14	43.60	436.92		0.11	2,786.17
HC.6.2	Immunisation programmes	248.99	873.04		33.50							5.40	1,160.93
HC.6.3	Early disease detection programmes	457.88	1,055.54		517.36		3.07			3.07			2,033.85
HC.6.4	Healthy condition monitoring programmes	14.18	75.24		4.06								93.49
HC.6.5	Epidemiological surveillance and risk and disease control programmes	393.55	2,460.35		297.50		18.72		0.99	17.74			3,170.11
HC.6.6	Preparing for disaster and emergency response programmes				163.21								163.21
HC.6.nec	Unspecified preventive care (n.e.c.)	121.42	359.60		1,131.11							13.38	1,625.51
HC.7	Governance, and health system and financing administration					10,408.94	25.91			25.91			10,434.85
HC.9	Other health care services not elsewhere classified (n.e.c.)	478.73	125.95				358.29		358.29			1,327.76	2,290.73
All HC		5,815.11	13,486.13	4.10	4,151.00	10,408.94	1,205.90	5.14	402.88	797.87	1.23	7,770.42	42,842.83

Table 6: Health Financing Scheme vs. Financing Agent

Financing schemes				FA.1	FA.1.1	FA.1.2	FA.1.9	FA.2	FA.3	FA.3.1	FA.3.2	FA.3.nec	FA.4	FA.5	FA.6	FA.6.1	FA.6.2	FA.6.3	All FA	
New Metical (MZM), Million				General government	Central government	State/Regional/Local government	All other general government units	Insurance corporations	Corporations (Other than insurance corporations)	Health management and provider corporations	Corporations (Other than providers of health services)	Unspecified corporations (n.e.c.)	Non-profit institutions serving households (NPISH)	Households	Rest of the world	International organisations	Foreign governments	Other foreign entities		
HF.1			Government schemes and compulsory contributory health care financing schemes	21,963.76	13,685.87	8,217.67	60.22													21,963.76
	HF.1.1		Government schemes	21,963.76	13,685.87	8,217.67	60.22													21,963.76
		HF.1.1.1	Central government schemes	12,974.06	12,912.07	46.90	15.09													12,974.06
		HF.1.1.2	State/regional/local government schemes	8,984.75	773.80	8,170.77	40.18													8,984.75
		HF.1.1.nec	Unspecified government schemes (n.e.c.)	4.96			4.96													4.96
HF.2			Voluntary health care payment schemes					187.93	2,850.75	0.15	2,844.82	5.78	5,546.20							8,584.88
	HF.2.1		Voluntary health insurance schemes					187.93												187.93
	HF.2.2		NPISH financing schemes (including development agencies)										5,544.46							5,544.46
	HF.2.3		Enterprise financing schemes					2,850.75	0.15	2,844.82	5.78	1.73								2,852.49
		HF.2.3.1	Enterprises (except health care providers) financing					2,850.75	0.15	2,844.82	5.78	1.73								2,852.49

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			schemes																
HF.3			Household out-of-pocket payment											4,823.97					4,823.97
HF.4			Rest of the world financing schemes (non-resident)										195.20		7,275.02	67.44	7,183.14	24.44	7,470.22
				21,963.76	13,685.87	8,217.67	60.22	187.93	2,850.75	0.15	2,844.82	5.78	5,741.39	4,823.97	7,275.02	67.44	7,183.14	24.44	42,842.83

Table 7: Health Provider vs. Input

Health care providers <i>New Metical (MZM), Million</i>				FP.1	FP.3											FP.5	FP.nec	All FP		
				Compensation of employees	Materials and services used	FP.3.1	FP.3.2	FP.3.2.1			FP.3.2.2				FP.3.3	FP.3.4	FP.3.nec	Other items of spending on inputs	Unspecified factors of health care provision (n.e.c.)	
						Health care services	Health care goods	Pharmaceuticals	ARV	Antimalarial medicines	Vaccines	Contraceptives	Other pharmaceuticals (n.e.c.)	Other health care goods	Non-health care services	Non-health care goods	Other materials and services used (n.e.c.)			
HP.1 Hospitals				2,189.87	2,795.76	239.84	1,659.99	863.17	360.67	214.27			288.23	796.81	895.94				829.48	5,815.11
	HP.1.1	General hospitals	2,185.55	1,991.08	112.64	991.89	214.48			214.27		0.20	777.41	886.56				0.35	4,176.98	
	HP.1.2	Mental health hospitals	4.33	28.85	0.98	18.49							18.49	9.38					33.18	
	HP.1.3	Specialised hospitals (Other than mental health hospitals)		0.26	0.26														0.26	
	HP.1.nec	Unspecified hospitals (n.e.c.)		775.57	125.96	649.61	648.69	360.67				288.02	0.91					829.13	1,604.70	
HP.3 Providers of ambulatory health care				3,346.15	7,078.90	1,043.10	4,276.97	3,879.19	2,767.44	336.13	642.82	132.79		397.78	1,758.79		0.04	97.03	2,964.05	13,486.13
	HP.3.1	Medical practices	0.04	207.77	207.73											0.04			207.81	
	HP.3.3	Other health care practitioners	259.09	791.18	606.87	41.10							41.10	143.21				9.40	1,059.68	

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Health care providers <i>New Metical (MZM), Million</i>				FP.1	FP.3	Factors of health care provision											FP.5	FP.nec	All FP
				Compensation of employees	Materials and services used	FP.3.1	FP.3.2		FP.3.2.1					FP.3.2.2		FP.3.3	FP.3.4	FP.3.nec	Other items of spending on inputs
Health care services	Health care goods	Pharmaceuticals	ARV			Antimalarial medicines	Vaccines	Contraceptives	Other pharmaceuticals (n.e.c.)	Other health care goods	Non-health care services	Non-health care goods	Other materials and services used (n.e.c.)						
HP.3.4		Ambulatory health care centres	3,086.64	6,079.67	228.49	4,235.60	3,879.19	2,767.44	336.13	642.82	132.79		356.41	1,615.58			97.03	2,954.65	12,217.99
HP.3.nec		Unspecified providers of ambulatory health care (n.e.c.)	0.38	0.27		0.27							0.27						0.65
HP.5		Retailers and Other providers of medical goods		4.10	4.06	0.04	0.04					0.04							4.10
HP.6		Providers of preventive care	353.75	3,348.87	174.43	1,123.62	409.42				1.66	407.76	714.20	1,946.79		104.03	69.62	378.77	4,151.00
HP.7		Providers of health care system administration and financing	2,618.25	5,719.82		3,648.70	144.28	144.28					3,504.42	2,071.12			1.18	2,069.69	10,408.94
HP.8		Rest of economy	418.53	90.92	4.27	13.71							13.71	72.94			33.47	662.97	1,205.90

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Health care providers <i>New Metical (MZM), Million</i>				FP.1	FP.3	FP.3.1	FP.3.2	FP.3.2.1	FP.3.2.1.1	FP.3.2.1.3	FP.3.2.1.4	FP.3.2.1.5	FP.3.2.1.nec	FP.3.2.2	FP.3.3	FP.3.4	FP.3.nec	FP.5	FP.nec	All FP
				Compensation of employees	Materials and services used	Health care services	Health care goods	Pharmaceuticals	ARV	Antimalarial medicines	Vaccines	Contraceptives	Other pharmaceuticals (n.e.c.)	Other health care goods	Non-health care services	Non-health care goods	Other materials and services used (n.e.c.)	Other items of spending on inputs	Unspecified factors of health care provision (n.e.c.)	
HP.9			Rest of the world		1.23	1.23														1.23
HP.nec			Unspecified health care providers (n.e.c.)	1.78	6,357.71	5,753.61	600.74	552.47		52.53	5.40	2.33	492.21	48.27	3.08	0.29			1,410.94	7,770.42
All HP				8,928.34	25,397.30	7,220.53	11,323.76	5,848.57	3,272.39	388.67	862.50	136.78	1,188.23	5,475.19	6,748.65	0.29	104.07	201.29	8,315.90	42,842.83

Table 8: Institutions Funding Health Spending vs. Disease/Health Priority Area

Institutional units providing revenues to financing schemes		FS.RI.1.1	FS.RI.1.2	FS.RI.1.3	FS.RI.1.4	FS.RI.1.5	FS.RI.1.5.1	FS.RI.1.5.2	FS.RI.1.5.3	FS.RI.1.5.nec	All FS.RI
Classification of diseases / conditions		<i>New Metical (MZM), Million</i>									
DIS.1	Infectious and parasitic diseases	2,048.38	1,492.31	253.98	2.05	16,062.32	11,286.66	4,219.81	520.25	35.60	19,859.04
	DIS.1.1 HIV/AIDS and Other Sexually Transmitted Diseases (STDs)	1,275.37	1,215.13			12,581.98	9,148.98	2,949.40	448.03	35.56	15,072.49
	DIS.1.2 Tuberculosis (TB)	1.47				209.77	184.57	3.73	21.47		211.24
	DIS.1.3 Malaria	476.32	277.18	104.87	2.05	2,167.35	1,916.67	202.27	48.42		3,027.78
	DIS.1.4 Respiratory infections			24.49							24.49
	DIS.1.6 Neglected tropical diseases					2.10			2.06	0.04	2.10
	DIS.1.7 Vaccine preventable diseases	295.22		5.40		1,076.32	28.85	1,047.46			1,376.94
	DIS.1.nec Other and unspecified infectious and parasitic diseases (n.e.c.)			119.21		24.79	7.58	16.95	0.27		144.00
DIS.2	Reproductive health	508.78		3.24	3.32	2,142.84	733.40	33.06	1,376.39		2,658.18
	DIS.2.1 Maternal conditions	410.91		0.91		259.18	241.32	11.15	6.71		671.00
	DIS.2.2 Perinatal conditions					589.75	2.41		587.34		589.75
	DIS.2.3 Contraceptive management (family planning)	97.87		2.33	3.32	319.96	291.74	21.82	6.40		423.47
	DIS.2.nec Unspecified reproductive health conditions (n.e.c.)					973.95	197.92	0.09	775.94		973.95
DIS.3	Nutritional deficiencies	184.69				1,711.09	53.45	1,620.60	33.89	3.16	1,895.77
DIS.4	Noncommunicable diseases	75.28		270.49		30.42	21.13	0.56	8.73		376.18
	DIS.4.1 Neoplasms	3.74				7.06	6.91	0.15			10.80
	DIS.4.2 Endocrine and metabolic disorders			27.10							27.10
	DIS.4.3 Cardiovascular diseases			8.34							8.34

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Classification of diseases / conditions		Institutional units providing revenues to financing schemes <i>New Metical (MZM), Million</i>	FS.RI.1.1	FS.RI.1.2	FS.RI.1.3	FS.RI.1.4	FS.RI.1.5	FS.RI.1.5				All FS.RI
			Government	Corporations	Households	NPISH	Rest of the world	Bilateral donors	Multilateral donors	Private donors	Unspecified rest of the world (n.e.c.)	
DIS.4.4	Mental & behavioural disorders, and Neurological conditions		27.30		129.92		5.90	5.84	0.06			163.12
DIS.4.8	Sense organ disorders				76.07		7.56			7.56		83.63
DIS.4.9	Oral diseases		44.24		19.09		8.73	8.39	0.34			72.06
DIS.4.nec	Other and unspecified noncommunicable diseases (n.e.c.)				9.97		1.17			1.17		11.13
DIS.5	Injuries			107.25	67.46		0.05	0.05	0.00			174.76
DIS.6	Non-disease specific		5,796.63	192.31			2,577.36	2,249.29	311.52	16.54		8,566.29
DIS.nec	Other and unspecified diseases/conditions (n.e.c.)		2,964.92	1,218.39	4,228.99		900.30	633.29	266.24	0.78		9,312.60
All DIS			11,578.67	3,010.26	4,824.15	5.37	23,424.38	14,977.26	6,451.78	1,956.57	38.76	42,842.83

Table 9: Institutions Funding Health Spending vs. Health Activity

Health care functions	Institutional units providing revenues to financing schemes <i>New Metical (MZM), Million</i>	FS.RI.1.1	FS.RI.1.2	FS.RI.1.3	FS.RI.1.4	FS.RI.1.5	FS.RI.1.5.1		FS.RI.1.5.2		FS.RI.1.5.3	FS.RI.1.5.nec	All FS.RI
		Government	Corporations	Households	NPISH	Rest of the world	Bilateral donors	United States (USAID)	Multilateral donors	Other and Unspecified multilateral donors (n.e.c.)	Private donors	Unspecified rest of the world (n.e.c.)	
HC.1	Curative care	4,382.23	2,747.91	4,620.00		6,800.89	4,190.85	3,292.60	2,337.90		270.14	2.00	18,551.01
HC.2	Rehabilitative care		106.75	62.49									169.24
HC.3	Long-term care (health)					359.62	265.00				94.63		359.62
HC.5	Medical goods (non-specified by function)		4.10										4.10
HC.6	Preventive care	884.78	150.05	7.73	5.37	9,985.35	4,806.76	3,579.80	3,550.03		1,591.81	36.76	11,033.28
	HC.6.1	58.74	118.08			2,609.35	532.47	289.17	1,299.92		749.63	27.33	2,786.17
	HC.6.2	295.25		5.40		860.28	34.39		825.81			0.09	1,160.93
	HC.6.3	355.04	4.47		2.05	1,672.29	1,097.80	1,027.77	543.80		30.59	0.10	2,033.85
	HC.6.4	76.74	4.06			12.69	12.07		0.32		0.27	0.03	93.49
	HC.6.5	1.13	0.98			3,168.01	2,177.42	1,999.30	182.73		807.86		3,170.11

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Health care functions <i>New Medical (MZM), Million</i>			Institutional units providing revenues to financing schemes	FS.RI.1.1	FS.RI.1.2	FS.RI.1.3	FS.RI.1.4	FS.RI.1.5	FS.RI.1.5.1					All FS.RI
									FS.RI.1.5.1	FS.RI.1.5.2	FS.RI.1.5.3	FS.RI.1.5.nec	FS.RI.1.5.1.25	
			Government	Corporations	Households	NPISH	Rest of the world	Bilateral donors	United States (USAID)	Multilateral donors	Other and Unspecified multilateral donors (n.e.c.)	Private donors	Unspecified rest of the world (n.e.c.)	
HC.6.6	Preparing for disaster and emergency response programmes						163.21			163.21				163.21
HC.6.nec	Unspecified preventive care (n.e.c.)		97.88	22.46	2.33	3.32	1,499.53	952.61	263.56	534.24		3.47	9.21	1,625.51
HC.7	Governance, and health system and financing administration		5,922.82	1.46			4,510.56	3,986.48	2,213.04	524.08				10,434.85
HC.9	Other health care services not elsewhere classified (n.e.c.)		388.84		133.94		1,767.95	1,728.18	1,719.40	39.77	20.58			2,290.73
All HC			11,578.67	3,010.26	4,824.15	5.37	23,424.38	14,977.26	10,804.84	6,451.78	20.58	1,956.57	38.76	42,842.83

Table 10: Institutions Funding Health Spending vs. Capital Spending Categories

Institutional units providing revenues to financing schemes			HK.1	HK.1.1									HK.1.3	HK.1.nec	HK.nec	All HK				
Capital Account			Gross capital formation	Gross fixed capital formation	HK.1.1.1	HK.1.1.2	HK.1.1.2.1			HK.1.1.2.2		HK.1.1.2.3		HK.1.1.2.4		HK.1.1.3	Acquisitions less disposals of valuables	Unspecified gross capital formation (n.e.c.)	Unspecified gross fixed capital formation (n.e.c.)	
New Metical (MZM), Million					Infrastructure	Machinery and equipment	Medical equipment	Transport equipment	ICT equipment	Machinery and equipment n.e.c.	Intellectual property products									
FS.RI.1.1		Government	2,192.81	2,192.81	1,112.66	1,080.15	493.21	108.02			478.92							0.77		2,193.59
FS.RI.1.2		Corporations	0.25	0.25		0.25	0.25													0.25
FS.RI.1.5		Rest of the world	1,110.35	1,109.31	375.88	731.31	113.19	28.93	0.70	588.48	2.13	0.00	1.03							1,110.35
	FS.RI.1.5.1	Bilateral donors	781.46	780.43	250.47	527.83	43.02	21.54	0.57	462.69	2.13	0.00	1.03							781.46
	FS.RI.1.5.2	Multilateral donors	252.90	252.90	105.28	147.62	19.32	4.80		123.50										252.90
	FS.RI.1.5.3	Private donors	64.34	64.34	12.76	51.57	46.56	2.59	0.13	2.29										64.34
	FS.RI.1.5.nec	Unspecified rest of the world (n.e.c.)	11.65	11.65	7.36	4.29	4.29													11.65
All FS.RI			3,303.41	3,302.38	1,488.53	1,811.71	606.66	136.95	0.70	1,067.41	2.13	0.00	1.03	0.77						3,304.18

Annex: Organizations Surveyed

Non-governmental organizations	
ABB	International Center for AIDS Care and Treatment Programs (ICAP)
Abt Associates	International Training & Education Center for Health
Action Aid	Jembi
AECOM Water	Jhpiego
Africare	John Hopkins Center for Communication Programs
AMODEFA (Associação Moçambicana Para o Desenvolvimento da Família.)	John Snow Incorporated (JSI) - M-SIP/Maputo
Arial Pediatrics Foundation (Fundação Ariel Glaser Contra o SIDA Pediátrico)	John Snow Incorporated (JSI) - SCMS and USAID DELIVER PROJECT/Maputo
Associação de Dadores de Sangue	Malária Consortium
CAFOD Just one world	Médecins Sans Frontières (MSF) –Bélgica
CARE	Médecins Sans Frontières (MSF) -Suíça
Centro de Investigação em Saúde da Manhica (CISM)	Medicos com Africa CUAMM
Centro Internacional para a Saúde Reprodutiva (ICRH)	Médicos del Mundo
Chemonics	Medicus Mundi Moçambique
Cidadania e Participação (CEP)	NLR - Project LEpra
Concern Universal	Olhos de Mundo
Consellho Interhospitalário de Cooperation (CIC)	Oxfam
Cruz Vermelha de Moçambique	Path
Deloitte Consulting LLP	Pathfinder
DKT International	Plan International
Douleurs Sans Frontieres (DSF)	Project Hope
DREAM Comunidade de Sant'Egídio	PSI population services international Population Services International
Family Health International (FHI) 360	Save The Children
Fh Association	Sociedade Civil - CIP (Centro de Integridade Pública)
Friends in Global Health (FGH)	SolidarMed
Fundação Aga Khan	TEBA Development
Global Alliance for Improved Nutrition (GAIN)	The Lutheran World Federation
HANDICAP International	Universidade Eduardo Mondlane (UEM)
Health Alliance International (HAI)	University of Washington (I-TECH)
Helen Keller International	Vanderbilt University Medical Center (Friends in Global Health FGH)
Help Age International	Village Reach
Ingreja Reformada de Mocambiue	Voluntary Service Overseas (VSO)
Instituto Superior de Ciências e Saúde (ISCISA)	World Vision

ANNEX: ORGANIZATIONS SURVEYED

Insurance Firms	
African Risk & Insurance Service	Liberty Blue Consultancy Lda
Diamond Companhia Seguros SA	Mais Vida Moçambique
EMOSE - Empresa Moçambicana de Seguros SARL	Maleseguros
Fidelidade - Companhia de Seguros SA	Mediplus
Fides Corretores de Seguro	Momentum Moçambique
Friends Health (Medical Aid) Lda	Mozre Moçambique Resseguros SA
Global Alliance Seguros - Insurance	Phoenix - Companhia de Seguros de Moçambique SA
Global Security Maputo	Real Companhia de Seguros de Moçambique SA
Hollard Moçambique Companhia de Seguros SARL	Sanlam
Ice Seguros SA	Tranquilidade Moçambique - Companhia Seguros SA
Impar Companhia de Seguros de Moçambique SARL	Vital Health Lda
Índico Seguros, SA	

Private Corporations	
A Forjadora	Kangela Comercial Comércio
Aberdare Intelec	Kawena SA
Açucareira de Maragra	Kenmare Moma Mining (Mauritius) Limited
Açucareira de Xinavane	Kudumba Investments
Administração Nacional de Estradas	Linhas Aéreas de Moçambique (LAM)
Aeroportos de Moçambique	Listas Telefónicas de Moçambique
Agrifocus	Manica Freight Services
Águas da Região de Maputo	Matola Cargo Terminal
Anardako	Mega - Distribuição de Moçambique
Astro Trading Lda	Millennium BIM
Banco ABC	Moçambique Celular SA (mCel)
Banco Africano de Desenvolvimento	Moçambique Expresso Turismo e Viagens (MEX)
Banco Comercial e de Investimentos (BCI)	Mota Engil Eng de Construção SA
Banco de Moçambique	Motola Gas Company
Banco Mais Moçambique	Motraco
Banco Nacional de Investimentos (BNI)	Movitel
Banco Terra BTM	Moza Banco
Banco Único	Mozal - Fundação de Alumínio
Barclays Bank Moçambique	Nestlé Moçambique
BP Moçambique	Olam Moçambique
British American Tobacco Mozambique	Osel-Odebrecht Servicos

ANNEX: ORGANIZATIONS SURVEYED

Private Corporations	
Camargo Correa Moçambique	Parmalat Produtos Alimentares Sarl-Mozambique
Capitalbank SA	Pescamar - Sociedade de Pescas de Mariscos
Cervejas de Moçambique	Pestana Rovuma Hotel
Cimentos de Moçambique	Petrogal Moçambique
Cimpor Betão Moçambique (CIMBETÃO)	Petróleos de Moçambique (Petromoc)
CMA CGM Mozambique	Polana Serena Hotel
Coca-Cola Sabco Moçambique	Portos e Caminhos de Ferro de Moçambique (CETA)
Companhia Agro-Pecuária de Moçambique (AGRIMO)	Portucel Moçambique
Companhia de Desenvolvimento Mineiro (CDM)	Rádio Moçambique
Companhia Industrial da Matola (CIM)	Radisson Blue Hotel
Companhia Moçambicana de Hidrocarbonetos	Rani International
Conduril - Construtora Durience Delegação de Moçambique	S.O.S
Constua	Silvafer MZB- Comércio Transformação Ferro Ltd
Construções e Serviços (CETA)	Soares da Costa
DP World Maputo	Sociedade de Desenvolvimento do Porto (MPDC)
Electricidade de Moçambique (EDM)	Socrema Banco e Microfinanças
Empresa de Gemas e Pedras Lapidadas	Standard Bank
Empresa do Vale do Zambeze	Tecnel Service
Empresa Nacional de Hidrocarbonetos	Teixeira Duarte Engenharia e Construções Moçambique
Entrepasto Comercial de Moçambique	Telecomunicações de Moçambique (TDM)
FIPAG	Televisa-Sociedade Técnica de Obras e Projectos
First National Bank Moçambique (FNB)	Total Moçambique
G4S Security Services Moçambique	Toyota de Moçambique
Grupo Visabeira	Transportes Lalgy
Hariche Group	Transportes Públicos de Maputo (TPM)
Hidroeléctrica de Cahora Bassa	Tropigalia
Highest Moçambique	Turvisa- Empreendimentos Turísticos
Hotel Avenida	TV Cabo - Comunicação Multimédia
Hotel Cardoso	Uniao Comercial de Bancos
Hotel Tivoli	United Bank for Africa Moçambique
Intelec Holdings SA	Vale Moçambique
Jindal Steel and Power Limited (JSPL)	Vodacom

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