

Effects of temporary abolition of health user fees in Sofala Province, Mozambique

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Objective: To analyze the effects of the 9-month user fee abolition that followed the passage of cyclone Idai in Mozambique in 2019

Methods: Statistical data and qualitative information analysis (interviews to hospital and district administrators)

Results:

- **At the primary level and district and rural hospitals** user fees are low, close to zero, so the abolition had no major effects on demand for services. The increase in consultations is attributed to the cyclone itself.
- In the case of the **Central Hospital in Beira (HCB)**, a low and flat fee is charged to access services in case of not being referred from a lower level (2\$). It includes all services required once admitted in the ward. The abolition of this fee increased the demand for services of patients willing to skip the gatekeeping function of the underequipped primary level. Moreover, the hospital experienced a severe increase in demand due to the cyclone itself, being the only health unit operative in Beira city immediately after the cyclone. The increase in demand is attributed to these two factors, but not to unmet needs arisen after the user fee abolition.
- In general, **use of services does not depend on socioeconomic position**, which is a major asset of the Mozambican National Health Service reflected in the results of the Household Budget Survey of 2015: Wide consumption inequities do not match with much lower inequities in access and use of health services. Despite this relevant fact, health inequalities have been documented and costs other than user fees act as barriers for effective use of health services.
- Financial management in hospitals was slightly affected by lower user fee collection. Some rural hospitals received extra support from development partners (Common Fund and PHCSP/World Bank/GFF) and other reported a reduction in non-critical supplies.
- Framed in the debates about the possible increase of health user fees in Mozambique, it will be relevant to assess the impact of those on access and use of health services, on health population in general, and the effects on inequalities.