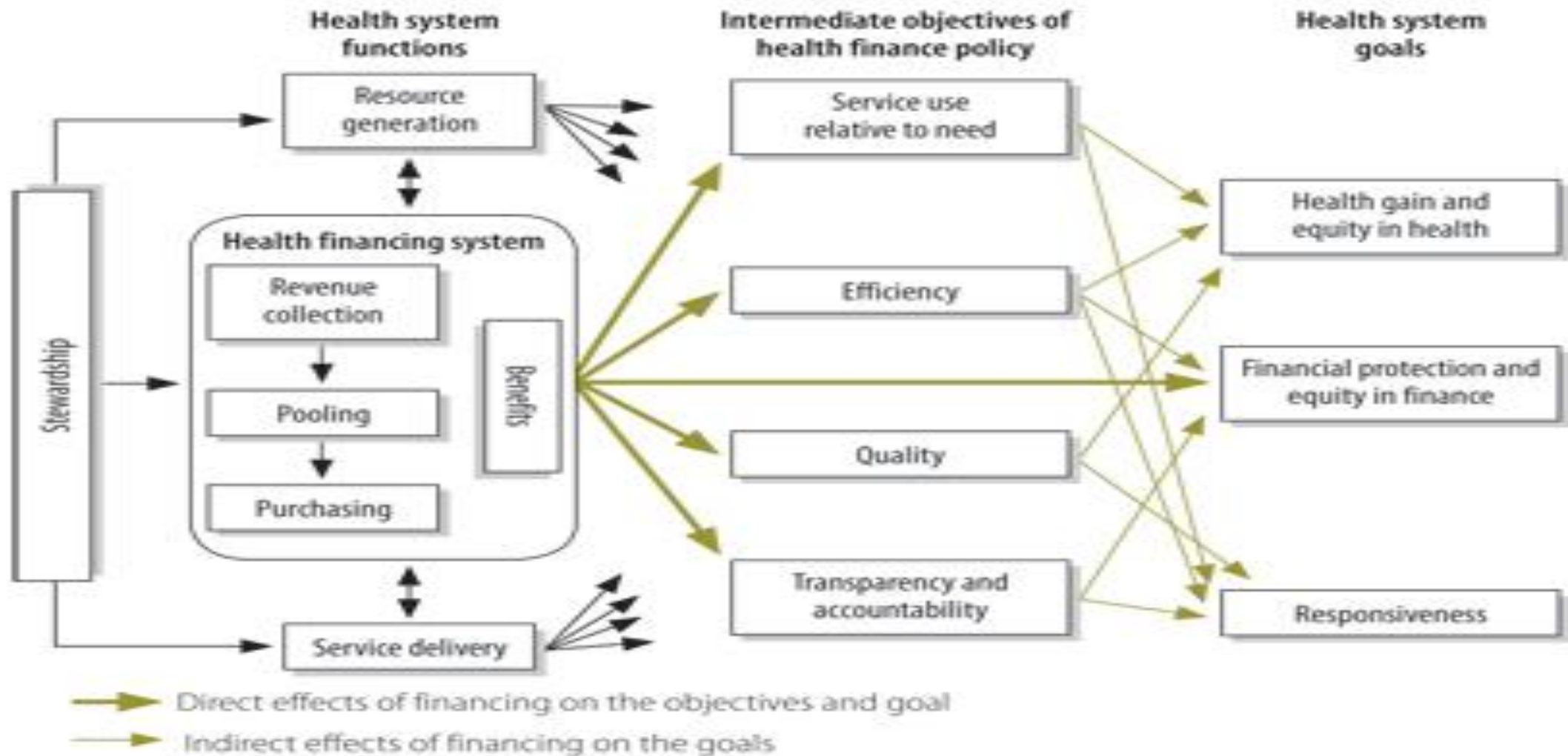


Health Financing Group

18th September, 2019

Updates in Health financing policy

- 1. Integration of recommended WHO Health financing functions towards Universal Health Coverage (UHC)



1. Health financing functions – Content of the HFS

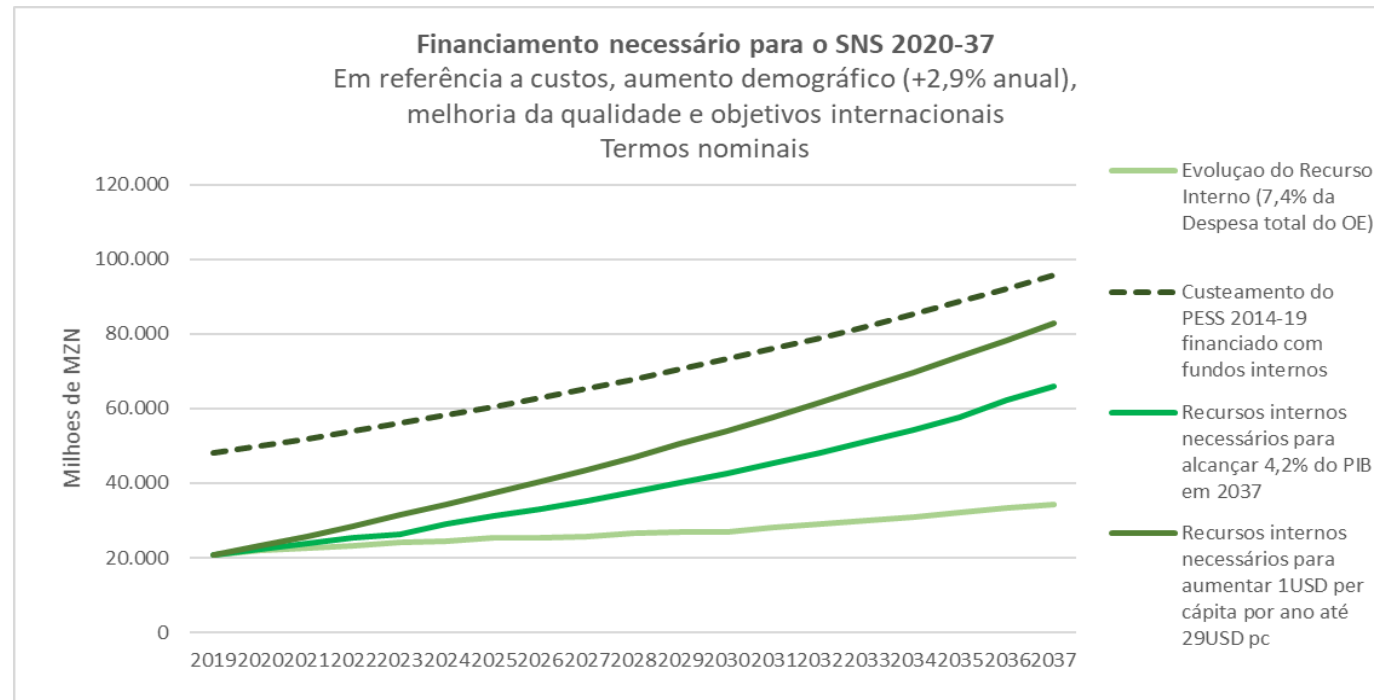
- **Revenue raising**

Compulsory, pooled, pre-paid, diversified, progressive and with simple collection.
Priority will be given to State Budget.

Forecast: From 2,5% of GDP to **4,5%** 2035 (Domestic funding/GDP)

Costed needs calculated upon: i) PESS costing, ii) Demographic trends, iii) Epidemiological adaptation and quality

Alignment of external funding with the service provision at SNS (now 63%)



1. Health financing functions – Content of the HFS

- **Pooling**

Objective:

Aggregating funds in “one pot” to redistribute risks and costs amongst citizens.

Avoid fragmented approaches and “scheme” views (for segmented parts of the population and leading to unequal distribution of health resources).

>> Reduce fragmented financing:

Catastrophic expenditure at hospital level

Informal payments

>> “Social” Health Insurance: Study of options of pre-payment (long-term)

1. Health financing functions – Content of the HFS

- **Purchasing / Allocation**

Cost-effective allocation – Costing training and future exercise

Strategic payment mechanisms

Impact of decentralization

Autonomy of health centers

- **Benefit package design and entry forms**

One Benefit package for the whole society

Universal access (or other forms of access?)

Explicit and implicit rationing

Updates

2. Activities in 2019

- **Joint Group MISAU-MEF on Health Financing (DPC-DEEF) started Jan.2019**

Main topics on the agenda: State Budget for Health, Taxation, User fees simplification and unification.

- **Taxation for Health**

Joint work with Tax Authority- MISAU (DNSP Nutrição e Saúde Mental) - Imposto de Consumos Específicos (ICE) on alcohol, tobacco, sugar and transformed fats.

Taxation as not the only way of changing life habits. Crucial role for MISAU.

Revision of ICE in 2020 for the period 2021-23, in collaboration with MISAU.

No earmarking expected: It introduces rigidity in the allocation process and funds are fungible (can be detracted from the Health Budget). Negotiation of global budgets based on costed needs.

P4H and its evolution

- Providing for Health (P4H) is a **Network of development partners in the area of health financing.**
- It was created in 2007 in the G-7 meeting. First members: WHO, ILO, WB, SDC, GIZ, USAID.
- Based in WHO and WB HQ. Active in around 20 countries in Africa and Asia. Co-funded by GIZ, WHO, SDC, WB, ILO.
- Main goal: **Co-ordinate efforts in the area of Health Financing**, with all relevant stakeholders involved. **Impulse sustainable health financing.**
- **P4H in Mozambique** initially formed by WHO, SDC, ILO, WB. To be opened to interested partners. Proposal: **Health Financing Group**. ToR to be discussed.

ToR of the Health Financing Group - Proposal

- **Objectives**

- Share information on Health Financing in Mozambique: HF policy, Financial protection, equity in resource use
- Coordinate actions in Health Financing and related areas in Mozambique

- **Placement in the SWAp structure:** Subgroup of PIMA

- **Actions**

- Information sharing
- Shared organization of actions (studies) and events (meetings, seminars)

- **Membership**

- International development partners and NGO interested in the area of health financing, including local stakeholders (civil society)

- **Chair**

- TBD. Initially P4H can assume this function.

- **Facilitation**

- P4H Focal Point, with a specific role of partner coordination