

## Budget Brief - Equity Special Health Sector in Mozambique



### Special Breakout on Equity in Health

We understand equity as social justice or fairness. Equity in health is the absence of socially unjust or unfair health disparities.<sup>1</sup> To bring this concept closer: for each group of 1,000 children born in Zambezia 142 (DHS-2011) were likely to die before completing the age of 5. In Inhambane this number was 58. Said differently a child born in Zambezia in 2011 was almost two and half times more likely to die before the age of 5 than a child born in Inhambane. Global figures only tell part of the history.

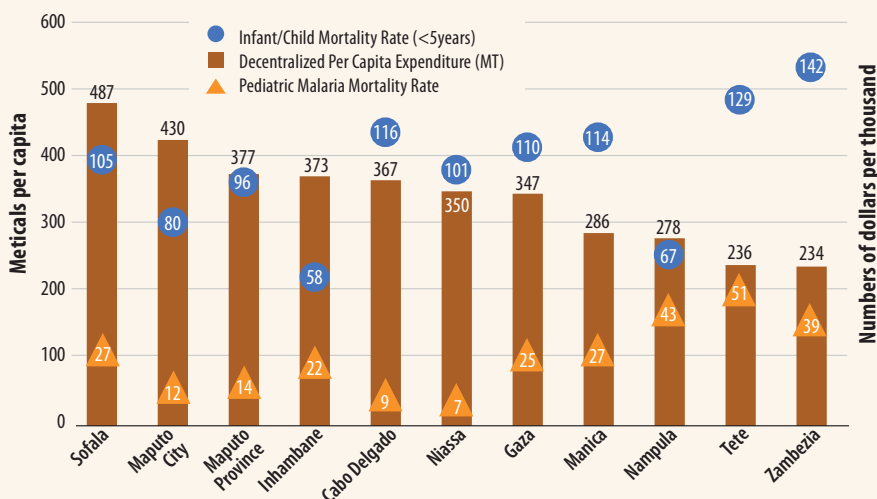
Overall State budget allocation or resources per Province varies from MT 1,357,179 to Nampula, followed by MT 1,095,345 to Zambezia to MT 482,357 to Gaza. As Nampula and Zambezia are also the most populated Provinces in the country when we look at per capita allocations these two provinces together with Tete are the same three provinces with the lowest health spending per Mozambican (Figure A).

Moreover, per capita allocations vary significantly, from MT 487 (USD \$ 16) in Sofala to MT 234 (USD \$ 8) in Zambezia.

### EQUITY FACTS:

- ▶ Nampula, Zambezia, and Tete are the three provinces with the lowest health spending per Mozambican.
- ▶ Zambezia and Tete are the neediest provinces based on the child health indicators.

**FIGURE A** Provincial/District Allocations for 2014 relative to the Infant/Child Mortality Rate & Pediatric Malaria Mortality Rate



Source: Mortalidade infanto-juvenil (<5 anos) Moçambique IDS 2011. Taxa de letalidade por Malaria Pediatria INE 2009, [www.ine.gov.mz/en/dataanalysis](http://www.ine.gov.mz/en/dataanalysis)

This report attempts to further measure equity by comparing the provinces with the most need (defined by five basic health indicators related to children) with their 2014 per capita budget allocations, using a simple scoring method. The five health indicators, measured by province, are: Infant/Child Mortality Rate, Paediatric Malaria Mortality Rate, Paediatric Chronic Malnutrition, Basic Immunization Coverage for Children, and HIV/AIDS Prevalence (see Figures A & B). A numeric score of 1 to 11 is given to the province depending upon its ranking from first to worst performer by statistic, with a larger score signifying a poorer performance.

<sup>1</sup> Whitehead M. The concepts and principles of equity in health. Int J. Health Serv 1992;22:429-445. (first published with the same title from: Copenhagen: World Health Organisation Regional Office for Europe, 1990 (EUR/ICP/RPD 414).)

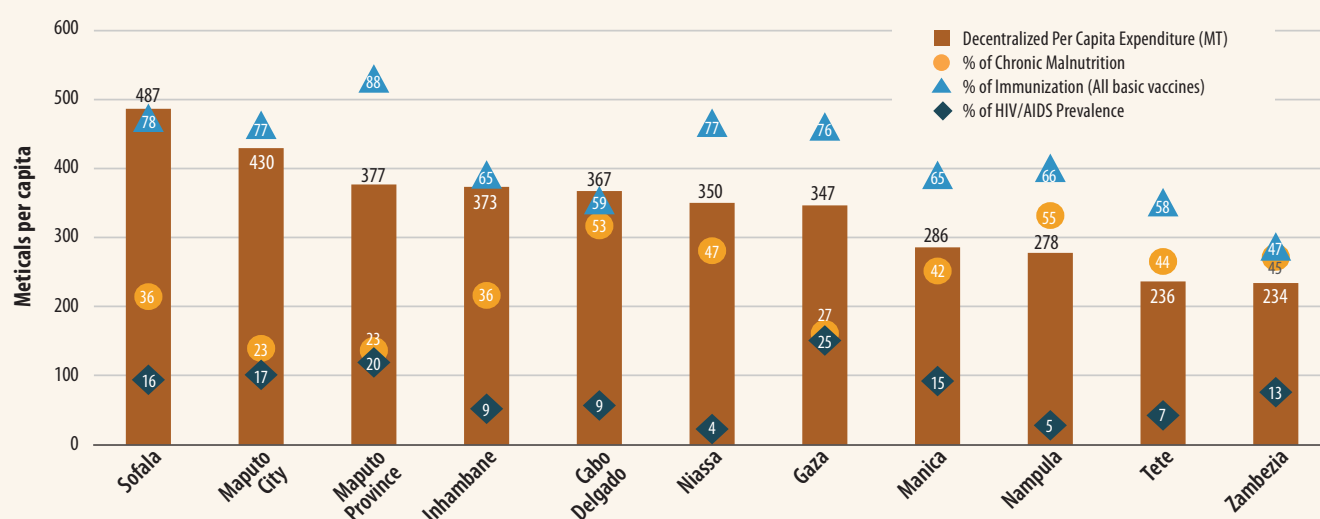
## Zambezia and Tete are the neediest provinces based on the child health indicators, but also the most marginalized in terms of health funding.

The results, summarized in Table A, reveal that the two poorest performing provinces according to the indicators are Zambezia (45pts) and Tete (41pts) and the two best performing provinces are Maputo City (17pts) and Maputo Province (18pts). The two provinces with the worst performance, thereby signalling the group of children with the greatest need for public funds, are the two least per capita-funded provinces, while the two best performing provinces are the second and third highest per capita-funded provinces.

Since 1990, the Health Sector has allocated non-Central recurrent funding based on a Resource Allocation Function considering the following weighted elements: number of health units (40%), total population (25%), number of hospital/clinic beds (20%), population density (10%), and the poverty index (5%). Based on the analysis of the five basic health statistics, the 2014 provincial/district initial budget allocations to the Provinces/Districts reflect significant inequalities, and reflect the limitations on the method of State resources. The Function needs to be revised responding to the Provinces/Districts that are in the most need.

As we approach 2015, intensive action to diminish disparities in these provinces can make a great contribution to Mozambique's capacity to reach the Millennium Development Goals related to children's health.

**FIGURE B** Scoring Summary for Analysis of Per Capita Budget Allocations relative to Basic Health Indicators



Source: Subnutricao Cronica: Percentagem abaixo de -2 Desvio Padrao. "Mocambique: Inquerito Demografico e de Saude 2011". (pg. 156, Quadro 11.1); Vacinacao: Percentagem da cobertura das todas vacinas basicas. "Mocambique: Inquerito Demografico e de Saude 2011". (pg. 140, Quadro 10.3); Prevalencia de SIDA. "INSIDA, 2009".

**TABLE A** Scoring Summary for Analysis of Per Capita Budget Allocations relative to Basic Health Indicators

	Per Capita Allocations (MT)	Infant/Child Mortality Rate	Pediatric Malaria Mortality Rate	Pediatric Chronic Malnutrition	Basic Immunization Coverage	HIV/AIDS Prevalence	TOTAL
Sofala	487	6	10	4	2	8	30
Maputo City	430	3	1	1	3	9	17
Maputo Province	377	4	2	1	1	10	18
Inhambane	373	1	4	4	7	4	20
Cabo Delgado	367	9	7	10	9	4	39
Niassa	350	5	7	9	3	1	25
Gaza	347	7	3	3	5	11	29
Manica	286	8	5	6	7	7	33
Nampula	278	2	6	11	6	2	27
Tete	236	10	11	7	10	3	41
Zambezia	234	11	9	8	11	6	45

2) From presentation entitled, "Resource Allocation" given at MISAU on the 24th of April, 2014.