

# **SURVEY REPORT 2015**

## **Household**

### **Out-of-Pocket Expenditure on Health**

## Contents

List of Tables	II
List of Figures	III
List of Acronyms	IV
Acknowledgements	V
Mauritius at a Glance	VI
1. Executive Summary	1
2. Background	8
3. Objectives	15
4. Methodology	16
5. General Findings of the 2015 OOP Survey from Financing Perspective	21
6. Estimates on Household OOP Expenditure on Health FY 2014 (The Integrative Approach)	32
7. Catastrophic Expenditure on Health	40
8. Conclusion	48
9. Recommendations	50
10. Limitations	53
11. References	54
12. Annexes	55

## List of Tables

	<b>Pages</b>
TABLE I : Private and OOP Health Expenditure 2012, Country Income Groups	10
TABLE II: Expenditure on Health for Mauritius, 2013	10
TABLE III: Legislative Environment and Functions	14
TABLE IV: 2015 Household OOP Survey Team	18
TABLE V: Distribution of Respondents by Gender, OOP Survey 2015	21
TABLE VI: Distribution of Sampled Households By Household Size, OOP Survey 2015	22
TABLE VII: Distribution of Household Members by Age Group & Gender, OOP Survey 2015, Republic of Mauritius	22
TABLE VIII: Distribution of Household Members by Age Group and Gender, OOP Survey 2015, Island of Mauritius	23
TABLE IX: Distribution of Household Members by Age Group and Sex, OOP Survey 2015, Island of Rodrigues	23
TABLE X: Distribution of Sampled Households by Monthly Income, OOP Survey 2015	24
TABLE XI: Distribution of Households with Members Suffering from Specific Diseases, OOP Survey 2015	25
TABLE XII: Health Service Utilization Rate, OOP Survey 2015	27
TABLE XIII: Average Household Monthly Expenditure on Health Items based on Expenditure incurred from January to July 2015, OOP Survey 2015, Republic of Mauritius	28
TABLE XIV: Average Monthly Expenditure on Health Items by Household Size, OOP Survey 2015, Republic of Mauritius	28
TABLE XV: Average Monthly Expenditure on Health Items by Household Monthly Income Group, OOP Survey 2015, Republic of Mauritius	30
TABLE XVI: Estimated Household OOP Expenditure on Health, FY 2014	33
TABLE XVII: Estimated Household OOP Expenditure on Overseas Treatment, FY 2014	37
TABLE XVIII: Poverty Indicators Based on \$ 1.25 a Day Poverty Line	40
TABLE XIX: Poverty Indicators Based on Relative Poverty Line	40
TABLE XX: Financial Sources for Health Payments by Households, OOP Survey 2015	43
TABLE XXI: Percentage of Households Covered by Private Health Insurance, OOP Survey 2015	45
TABLE XXII: Share of Premium Paid by Households or Company/Employer, OOP Survey 2015	46
TABLE XXIII: Average Monthly Health Insurance Premium Paid Per Individual, OOP Survey 2015	46

## List of Figures

	<b>Pages</b>
FIGURE I : Households' Health Expenditure Map for the Republic of Mauritius	11
FIGURE II : Distribution of Households with Members Suffering from Specific Diseases, OOP Survey 2015, Island of Mauritius and Island of Rodrigues	26
FIGURE III : Average Monthly Health Expenditure per Household and per Person, OOP Survey 2015, Republic of Mauritius	29
FIGURE IV : Average Monthly Health Expenditure per Household and per Person by Household Income Group, OOP Survey 2015, Republic of Mauritius	30
FIGURE V : Distribution of Estimated OOP Expenditure on Health by Households, Republic of Mauritius, FY 2014	39
FIGURE VI : Financial Sources for Health Payments by Households, OOP Survey 2015, Republic of Mauritius	43
FIGURE VII : Percentage of Households Experiencing Catastrophic Expenditure on Health in the Island of Mauritius in 2003 and 2015	44
FIGURE VIII : Graphical Representation of SHA 2011 Financing Framework	51

## List of Acronyms

CAT	- Computer-Assisted Tomography
CIHI	- Canadian Institute for Health Information
CT	- Computed Tomography
EAs	- Enumeration Areas
FY	- Financial Year
GDP	- Gross Domestic Product
HBS	- Household Budget Survey
IHME	- Institute for Health Metrics and Evaluation
IHME	- Institute for Health Metrics and Evaluation
MFSGIR	- Ministry of Financial Services, Good Governance and Institutional Reforms
MOFED	- Ministry of Finance and Economic Development
MOH and QL	- Ministry of Health and Quality of Life
MRA	- Mauritius Revenue Authority
MRI	- Magnetic Resonance Imaging
NGOs	- Non-Governmental Organizations
NHA	- National Health Accounts
OECD	- Organization for Economic Cooperation and Development
OOP	- Out-of-Pocket
OTC	- Over-the-Counter
PHC	- Primary Health Care
PIM	- Private Insurance Model
PPP	- Purchasing Power Parity
RDI	- Relative Development Index
RPL	- Relative Poverty Line
RRA	- Rodrigues Regional Assembly
SAMU	- Service d'Aide Medicale Urgence
SBEH	- Subramania Bharati Eye Hospital
SHA	- System of Health Accounts
TGE	- Total Government Expenditure
UHC	- Universal Health Coverage
WHO	- World Health Organization

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## Mauritius at a Glance

### Map of Mauritius



Source: CSAR

## Country Fact Sheet

<b>Geographic location</b>	The Republic of Mauritius is located in the Indian Ocean about 890 km off the east coast of Madagascar
<b>Surface area</b>	Land: 2,040 km <sup>2</sup> (Mauritius, Rodrigues, Agalega, Cargados Carajos, Chagos Archipelago and Tromelin)
<b>Total Population (2014)</b>	1,261,447
<b>Capital</b>	Port Louis
<b>Population by Geographical District (31 December 2014)*</b>	Port Louis (120,098) Pamplemousses (139,415) Riviere du Rempart (107,975) Flacq (138,366) Grand Port (112,906) Savanne (68,676) Plaines Wilhems (368,985) Moka (83,125) Black River (80,113) Island of Rodrigues (41,788)
<b>Land use (Percentage in 2005)**</b>	Agriculture: 43.3%, including sugar cane at 38.6% Built-up areas: 24.9% Roads: 2.4% Forests: 25.3% Others: 4.1%
<b>Climate</b>	Maritime subtropical climate with mean temperature of 24.7°C during summer (November to April), and 20.4 °C during winter (May to October). The topography of Mauritius makes the central plateau cooler and more humid than other regions.
<b>Independence</b>	12 March 1968 (from the United Kingdom)
<b>Legal system</b>	Based on English common law and French civil law
<b>Political governance</b>	Westminster-type parliamentary system of government Head of State: Her Excellency Dr. (Mrs.) Bibi Ameenah Firdaus Gurib-Fakim, GCSK, CSK (President) Head of Government: The Right Honourable Sir Anerood Jugnauth, GCSK, KCMG, QC, MP, PC (Prime Minister since December 2014) General Election: last held on December 11 2014

\* Statistics Mauritius, Annual Digest of Statistics, 2014

\*\* Statistics Mauritius, Digest of Agricultural Statistics, 2014



### Key Economic and Health Indicators

Indicators	2011	2012	2013	2014	2015*
<b>Total population</b>	1,253,865	1,257,216	1,259,564	1,261,447	1,262,588
<b>Gross Domestic Product (GDP) (Rs billion)</b>	323.3	343.9	366.3	386.6	406.6
<b>GDP Per Capita</b>	257,843	273,541	290,815	306,473	322,037
<b>Income Per Capita</b>	258,500	274,400	291,300	299,300	316,000
<b>Economic growth rate</b>	3.6	3.4	3.2	3.4	3.4
<b>Inflation rate</b>	6.5	3.9	3.5	3.2	1.3
<b>Unemployment rate</b>	7.8	8.0	8.0	7.8	8.0
<b>Number of live births</b>	14,701	14,494	13,688	13,415	12,738
<b>Number of deaths</b>	9,170	9,343	9,440	9,682	9,747
<b>Population growth rate</b>	0.2	0.3	0.2	0.1	0.1
<b>Life expectancy (Both sexes)</b>	73.9	74.1	74.2	74.3	74.5
<b>Life expectancy (Male)</b>	70.4	70.7	71.0	71.1	71.2
<b>Life expectancy (Female)</b>	77.5	77.7	77.6	77.7	77.8
<b>Infant mortality rate (Per 1,000 live births)</b>	12.9	13.7	12.1	14.5	13.6
<b>Under five mortality rate (Per 1,000 live births)</b>	15.9	15.7	14.5	16.0	15.5
<b>Maternal mortality rate (Per 1,000 live births)</b>	0.34	0.62	0.66	0.52	0.47
<b>Doctor per population (Per 10,000 population)</b>	12.4	13.7	16.2	19.3	20.2
<b>Nurse per Population (Per 10,000 population)</b>	29.3	29.7	31.5	32.7	33.7

\*Provisional figures

## 1. Executive Summary

### 1.1 Definition of OOP Expenditure on Health

**1.1.1** The World Health Organization (WHO) defines out-of-pocket (OOP) spending on health as the direct outlays of households, including gratuities made to health practitioners and suppliers of pharmaceuticals, therapeutic appliances, and other goods and services, whose primary intent is to contribute to the restoration or to the enhancement of the health status of individuals or population groups. It also includes non-reimbursable cost sharing, deductibles, co-payments and fee-for service.

### 1.2 Objectives of Survey

**1.2.1** The main objective of the 2015 Survey was to obtain the most accurate and reliable data on out-of-pocket spending on health from a nationally representative sample of households, in the main island of Mauritius and island of Rodrigues, for informing the second round of National Health Accounts.

**1.2.2** The specific objectives of the survey, amongst others, were to determine the extent of catastrophic expenditure on health among the population and understand the role of households' spending on health in a broader macroeconomic context.

### 1.3 Methodology

**1.3.1** In line with the recommendations of the WHO and the Institute for Health Metrics and Evaluation (IHME), United States of America, the Integrative Approach which is based on the compilation and analysis of data from three different perspectives, was used to obtain data on OOP spending on health by households.

**1.3.2** These three approaches are, namely, the funding side perspective (outputs of the survey itself and primary data collection from private stakeholders), the provider side perspective (other primary and secondary data sources) and the consumption side perspective from private providers of health services on the consumption of health services by households.

### 1.4. Major Findings of the OOP Expenditure on Health Survey 2015

The major findings of the 2015 Survey on Households' OOP Expenditure on Health, based on the Integrative Approach are as follows:-

### 1.4.1 Health Service Utilization Rate

**1.4.1.1** State-owned health institutions, both hospitals and primary health care facilities, remain the main providers of health care services to the population.

**1.4.1.2** The Survey on Households OOP Expenditure on Health indicates that, in 2015, approximately 72.8% of the population attended State-Owned health care delivery institutions for outpatient and inpatient services, while 27.2% of the population sought out care and treatment from private health care providers.

### 1.4.2 Household Out-of-Pocket Health Expenditure for FY 2014

**1.4.2.1** Households' OOP expenditures on health in the Republic of Mauritius were estimated at Rs 10.81 billion in FY 2014, representing an amount of US\$ 347.85 million. Out of this amount, households in the main island of Mauritius spent around Rs 10.71 billion (US\$ 344.82 million), whereas households in Rodrigues paid out approximately Rs 94.14 million or US\$ 3.03 million for health services purchased in the private sector.

**1.4.2.2** In 2014, total OOP spending on health was around 2.8% of the Gross Domestic Product (GDP) and per capita OOP spending on health was around Rs 8,568.54 (US\$ 275.75) in the Republic of Mauritius. Per capita OOP expenditure on health was estimated at Rs 8,784.93 (US\$ 282.72) in the main island of Mauritius and Rs 2,252.80 (US\$ 72.50) in the island of Rodrigues.

**1.4.2.3** Households' OOP spending on health in the island of Mauritius outsized the budget of the Ministry of Health and Quality of Life which was Rs 9.21 billion (US\$ 296.40 million) in 2014 by almost 16.34%.

### 1.4.3 Where was most of the money spent by households in 2014?

**1.4.3.1** Pharmaceutical products (27.07%), medical supplies and disposables (20.28%), doctors' consultation fees (11.20%) and private hospitals (8.58%) accounted for the largest shares of Mauritian rupees spent on health by households in 2014.

**1.4.3.2** In line with the functional classifications of "A System of Health Accounts 2011" produced by the Organization for Economic Cooperation and Development (OECD), Eurostat and WHO, the rundown of the main categories of health spending by households in the Republic of Mauritius during the FY 2014 was as follows:-

- **Pharmaceutical Products:** An estimated amount of Rs 2.93 billion (US\$ 94.15 million) was spent on these items, out of which, households in the main island of Mauritius, disbursed approximately Rs 2.90 billion (US\$ 93.48 million) and health consumers in Rodrigues spent some Rs 20.90 million (US\$ 0.67 million).
- **Medical Supplies and Disposables:** These items constituted the second-largest category of total OOP expenditure on health at approximately Rs 2.19 billion (US\$ 70.55 million). A significant percentage of this amount formed part of user fees claimed by private hospitals.
- **Medical Consultation Fees:** Fees paid to medical practitioners, including specialists, for the purchase of both outpatient and inpatient services, amounted to approximately Rs 1.21 billion (US\$ 38.96 million). Out of this amount, Rs 3.5 million (US\$ 0.11 million) were spent by patients from Rodrigues who travelled to the main island of Mauritius to seek treatment in the private sector.
- **User Fees-Private Hospitals:** To avoid double counting, spending on pharmaceutical products, medical supplies and disposables and consultation fees have been excluded in the computation of user fees paid to private hospitals. Estimated OOP spending by households on user fees claimed by private hospitals amounted to Rs 927.20 million (US\$ 29.84 million), out of which, patients from Rodrigues travelling to Mauritius for health care services in the private sector spent some Rs 200,000 (US\$ 0.01 million).
- **Fees for Dentists and Opticians:** User fees paid by households for dental care services amounted to Rs 390.10 million (US\$ 12.55 million), whereas fees paid to opticians were estimated at Rs 456.70 million (US\$ 14.70 million).
- **Glasses and Other Vision Products:** These items have a direct health purpose. Estimated OOP spending by households on glasses and other vision products amounted to Rs 453.00 million (US\$ 14.58 million), out of which, an approximate amount of Rs 6.0 million (US\$ 0.19 million) was spent by households in Rodrigues.
- **Laboratory Services:** An estimated amount of Rs 294.30 million (US\$ 9.47 million) was spent on laboratory services which form an integral part of health care services.
- **Imaging Diagnostics:** Estimated OOP spending by households on imaging diagnostic services, including plain X-Rays, Computer-Assisted Tomography (CAT) and Magnetic

Resonance Imaging (MRI) amounted to some Rs 233.50 million (US\$ 7.51 million), including Rs 2.5 million (US\$ 0.08 million) by households in Rodrigues.

- **Health-Related Transport:** Estimated OOP spending on inland transportation of patients to both the public and private health sectors amounted to Rs 423.00 million (US\$ 13.61 million).

The amount spent by health consumers in the main island of Mauritius on this item was around Rs 398.00 million (US\$ 12.81 million). Health consumers in Rodrigues spent some Rs 25.00 million (US\$ 0.80 million) on this item, including costs of return air fare tickets for domestic flights.

- **Overseas treatment:** OOP spending on overseas treatment was estimated at Rs 423.50 million (US\$ 13.63 million). Out of this amount, Rs 419.00 million (US\$ 13.48 million) were spent by patients of the main island of Mauritius and Rs 4.50 million (US\$ 0.14 million) by patients in the island of Rodrigues. Foreign countries visited for medical care, include amongst others, South Africa, Reunion Island, India and France.
- **Fortifying/Restorative Health Products:** Estimated OOP spending by households on these items amounted to Rs 280.10 million (US\$ 9.01 million). This amount includes Rs 1.1 million (US\$0.04 million) spent by households in Rodrigues
- **Reimbursable cost-sharing:** Reimbursable cost-sharing applies to households having private health insurance policies. It is a percentage of the total cost of a health service which is being paid by the patient and later refunded by the insurer.

OOP payments for this item amounted to Rs 370.20 million (US\$ 11.91 million), out of which, approximately Rs 2.3 million (US\$ 0.07 million) were paid by households in Rodrigues.

- **Immunization:** Estimated OOP spending by households on immunization amounted to Rs 16.40 million (US\$ 0.53 million), including an approximate amount of Rs 1.4 million (US\$0.05 million) spent by inhabitants of Rodrigues.
- **Reproductive Health Services:** Around Rs 7.20 million (US\$ 0.23 million) were spent on reproductive health services, out of which Rs 200,000 (US\$ 0.01 million) were spent in the island of Rodrigues.

- **User Fees – NGOs:** User fees paid to the NGOs was estimated at Rs 4.90 million (US\$ 0.16 million).
- **Others:** Estimated OOP spending by households on other miscellaneous items such as services for home-based rehabilitative care, purchase of hearing aids, wheelchairs and other orthopedic appliances and other expenses related to disability, amounted to some Rs 177.30 million (US\$ 5.71 million). It is also estimated that households spent some Rs 3.00 million (US\$ 0.10 million) on dialysis.

**1.4.4 Catastrophic Expenditure on Health:** According to the WHO, health expenditure is viewed as catastrophic whenever it is greater than or equal to 40% of a household's non-subsistence income, i.e. income available after basic needs have been met.

**1.4.4.1** The Survey on Household OOP Expenditure on Health revealed that 3.6% of households in the Republic of Mauritius experienced catastrophic expenditure on health in 2015. In the main island of Mauritius, the percentage of households having experienced catastrophic expenditure on health in 2015 was 3.7% and in Rodrigues it was 1.2%.

**1.4.4.2** In the Republic of Mauritius, 3.0% of households had to borrow from banks and other financial institutions to pay for their health bills in 2015. 8.1% of households borrowed from friends and relatives and 0.3% of them resorted to the sale of their properties, including land and buildings to meet health care expenditures in 2015.

#### **1.4.5 Private Health Insurance**

**1.4.5.1** In 2015, around 15 private health insurance companies were operating in the country and some 185,000 lives were insured.

**1.4.5.2** During FY 2014, the total amount of premiums collected by private insurance companies through the contributions of individuals and corporates, including employees' contributions, amounted to approximately Rs 1.51 billion (US\$ 48.59 million), compared to Rs 565.50 million (US\$ 18.34 million) in FY 2008/09.

**1.4.5.3** Total claims settled by insurers, in 2014, amounted to approximately Rs 1.07 billion (US\$ 34.43 million), out of which, claims settled directly to policyholders amounted to some Rs 367.90 million (US\$ 11.84 million).

## 1.5 Other Findings

**1.5.1** The 2015 Survey on Household OOP Expenditure on Health revealed that hypertension and diabetes, with their related conditions, were at the top of the list of the most commonly diseases reported in 2015.

**1.5.2** In the Republic of Mauritius, 42.2% of the households interviewed reported having at least one member suffering from hypertension and related diseases, followed by 34.3% of households with medical conditions of diabetes and related diseases.

**1.5.3** In the main island of Mauritius, 42.2% of the households reported having at least one family member suffering from hypertension and related diseases and 34.8% reported having members inflicted with diabetes and their related complications.

**1.5.4** In Rodrigues, 42.7% of the households reported having at least one member suffering from hypertension and related diseases, and 19.7% of households reported having members suffering from diabetes and related conditions.

## 1.6 Recommendations

**1.6.1** The main results of the 2015 Survey on households OOP expenditures on health will be used to inform the second round of National Health Accounts (NHA) 2015. NHA 2015 will be developed in line with “A System of Health Accounts 2011” produced by the Organization for Economic Cooperation and Development (OECD), Eurostat and WHO.

**1.6.2** Estimates on household OOP spending on health will be critical inputs for the development of the NHA 2015 Matrices which will include the following:

- MATRIX I: Health Expenditure by Financing Agents and by Financing Schemes
- MATRIX II: Health Expenditure by Financing Schemes and by Health Care Providers
- MATRIX III: Health Expenditure by Financing Schemes and by Functions of Care
- MATRIX IV: Health Expenditure by Health Care Providers and by Functions of Care

**1.6.3** The findings of the Survey, which provide evidence-based information on the total estimated amount of OOP spending by households, set the platform for revisiting the health care financing mechanisms in the country, if needs arise.

**1.6.4** One among the objectives of Universal Health Coverage is that there should be financial-risk protection in place to ensure that the cost of using care does not put people at risk of financial hardship. The report provides evidence-based information to private health insurance companies to further promote ‘financial risk protection’ schemes among people who prefer to seek care and treatment in the private sector.

**1.6.5** In order to promote ‘financial risk protection’ schemes, Government may wish to consider the possibility of increasing the relief on medical insurance premium for tax payers.

**1.6.6** Estimated data on households’ OOP expenditures on health will be used to make comparisons of the national country’s health system, including the general health status and health care financing indicators with other countries.



## 2. Background

### 2.1 Health Care Financing

**2.1.1** Financial resources are critical inputs for any national health system to effectively respond to peoples' legitimate demands for quality health care services and to improve health outcomes.

**2.1.2** The World Health Organization (WHO) defines health financing as the “*function of a health system concerned with the mobilization, accumulation and allocation of money to cover the health needs of the people, individually and collectively, in the health system. The purpose of health financing is to make funding available, as well as to set the right financial incentives to providers, to ensure that all individuals have access to effective public health and personal health care*”. (WHO 2000)

**2.1.3** It is estimated, that in 2013, the world spent US\$ 6.6 trillion on health. This amount represented some 8.7% of global Gross Domestic Product (GDP). Around 57.7% of the estimated global expenditure on health was incurred by Governments. The share of Out-of-Pocket (OOP) spending on health in low income countries was nearly 50% of total health care expenditure in 2013.

### 2.2 Health Care Financing- The Country Context

**2.2.1** The national health care financing system in the Republic of Mauritius is based on a combined model of financing, a mix of the Beveridge Model, the Private Insurance Model and the Out-of- Pocket Spending Model.

**2.2.2** The Beveridge model of health care financing drives the public health sector. Under this model, Government, through the Ministry of Finance and Economic Development (MOFED) in its capacity as financing source, raises revenue through taxes and other means, to finance the provision of social services, including affordable free health and care services to all residents of the country.

**2.2.3** For the current financial year (FY 2015-2016), the budget allocated to the Ministry of Health and Quality of Life is Rs 9.72 billion or US\$ 267.67 million, representing some 2.39% of Gross Domestic Product (GDP) and 8.06% of Total Government Expenditure (TGE). Per capita public expenditure on health is Rs 7,963.75 or US\$ 223.33.

**2.2.4** The Private Insurance Model (PIM) is characterized by individual or employment-based purchase of private health insurance policies.

**2.2.5** Employment-based insurance policies include health insurance schemes covering employees of a company and are usually financed by the individual and employer contributions. Private voluntary health insurance schemes are financed by individuals and usually cover the individual and household members.

**2.2.6** Around 15 private health insurance companies were operating in Mauritius in 2015. For the FY 2014, the turnover of health insurers in respect to premiums paid by individuals, corporates (including employees' contributions), amounted to approximately Rs 1.51 billion (US\$ 48.66 million).

**2.2.7** Out-of-pocket health care expenditure, where households and individuals pay for health care out of their own resources, is an important characteristic of health care financing systems around the globe.

**2.2.8** The World Bank defines Out-of-Pocket expenditure on health as follows:

*“Out-of-pocket expenditure on health refers to any direct outlay by households, including gratuities and in-kind payments, to health practitioners and suppliers of pharmaceuticals, therapeutic appliances, and other goods and services whose primary intent is to contribute to the restoration or enhancement of the health status of individuals or population groups.”*

**2.2.9** In many developing countries, household out-of-pocket (OOP) spending on health constitutes a significant share of total health care expenditure. The WHO estimates, that globally, private expenditure on health in most countries is approximately 1.5 to 3.0 per cent of their Gross Domestic Product (GDP). In 2013, it was estimated, that, globally, out-of-pocket expenditure as a percentage of private expenditure on health, was 51.6%.

**2.2.10** In 2012, the World Health Organization estimated that private health expenditure as a % of total health expenditure was 62.5% for low income countries, and, 44.4% and 38.5% for upper middle income and high income countries respectively.

**2.2.11** **TABLE I** gives an indication of the level and share of private health expenditure by country income groups.

**TABLE I: Private and OOP Health Expenditure 2012, Country Income Groups**

Country Group World Bank Classification	Private Health Expenditure as a % of Total Health Expenditure	Out-of-Pocket Health Expenditure as a % of Private Health Expenditure	Out-of-Pocket Health Expenditure as a % of Total Health Expenditure
Low income	62.5	76.7	47.9
Lower middle income	61.6	86.7	53.4
Upper middle income	44.4	72.5	32.2
High income	38.5	35.8	13.8
All	40.1	44.5	17.8

Source: WHO. 2014. Global Health Expenditure Database

**2.2.12** **TABLE I** above indicates that Out-of-Pocket expenditure on health as a % of private health expenditure was estimated at 76.7% for low income countries, 72.5% for upper middle income countries and 35.8% for high income countries. Besides, Out-of-Pocket health expenditure as a % of total health expenditure for low income countries was estimated at 47.9%, 32.2% for upper middle income countries and 13.8% for high income countries.

**TABLE II: Expenditure on Health for Mauritius, 2013**

Total Health Expenditure (THE) as % of GDP	General Government Expenditure on Health as % of THE	Private Expenditure on Health (PEH) as % of THE	Out of Pocket Payment as % of PEH
4.8	49.1	50.9	91.4

Source: WHO, Global Health Observatory data repository

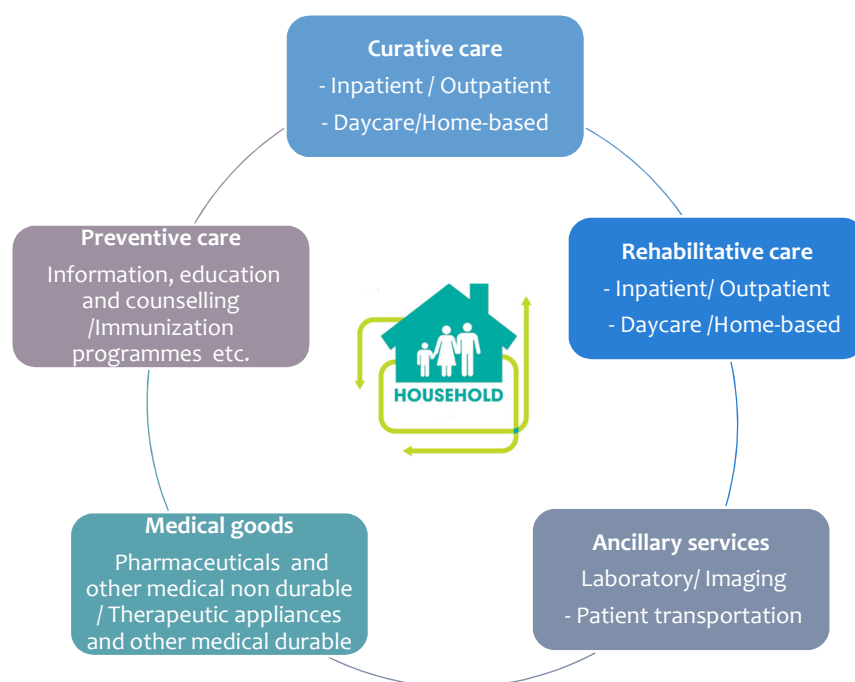
**2.2.13** According to WHO estimates, as illustrated in **TABLE II**, total health expenditure, which includes public and private spending, as a percentage of GDP in the Republic of Mauritius was 4.8% in 2013. Out of total health expenditure, the share of the State was 49.1%, whilst that of private entities, including households, was 50.9%. OOP expenditure on health as a percentage of total private expenditure on health in the Republic of Mauritius was estimated at 91.4%.

**2.2.14** The first NHA Study undertaken in 2006 indicated that for FY 2001/02, Total Health Expenditure (THE) for the Republic of Mauritius was Rs 6.12 billion (US\$ 211.01 million), representing 4.5% of GDP. Out of this total amount, the State spent Rs 3.16 billion (US\$ 109.06 million). OOP spending on health by households was estimated at Rs 2.32

billion (US\$ 79.86 million) in FY2001/02. Households spent Rs 119.3 million (US\$ 4.11 million) on private insurance.

**2.2.15** **FIGURE I** below displays the Households' Health Expenditure Map for the Republic of Mauritius, including the island of Rodrigues.

**FIGURE I: Households' Health Expenditure Map for the Republic of Mauritius**



## 2.3 Health Service Delivery System

**2.3.1** The national health care delivery network in Mauritius incorporates both not-for profit and profit making sectors. The not-for profit sector is mainly represented by the State which intervenes in the national health care market through direct involvement in the funding and provision of affordable and free health services to all residents.

**2.3.2** Other not-for profit stakeholders operating in the country include local government institutions, not-for profit non-governmental and faith based organizations, civil society organizations and not-for profit multilateral agencies.

**2.3.3** Profit-making stakeholders and other entities in the national health care system include, amongst others, private hospitals, private medical practitioners and other health

care workers, including dentists providing ambulatory services, health insurance companies, private pharmacies and medical imaging facilities, medical laboratories, non-allopathic medical practitioners and for-profit non-governmental organizations. Payments for health care services in the private sector are effected through direct out-of-pocket payments by users or through voluntary private health insurance.

## 2.4 Public Health Sector

**2.4.1** Mauritius provides free affordable health care services to all its citizens. As the frontline entry point to the national health system, Primary Health Care (PHC) institutions act as “gatekeepers” for patients’ access to hospitals.

**2.4.2** A comprehensive package of primary care services is provided through a network of 18 Area Health Centres, 116 Community Health Centres , 5 Medi-Clinics, 2 Community Hospitals and other satellite PHC institutions. General curative and specialized health services are provided at five Regional Hospitals, two district hospitals and five specialized hospitals with a total bed capacity of 3,560.

**2.4.3** In 2014, 4,468,324 attendances were recorded at the 141 primary health care institutions for the treatment of common diseases and minor injuries. Around 40% of patients attending public health institutions were seen by doctors at primary health care centres. 217,007 attendances were recorded at dental clinics in 2014.

**2.4.4** The five regional hospitals admitted 171,751 in-patients in 2014 and the number of operations performed was 31,745. A total of 2.7 million out-patient cases were attended by doctors at the Regional and district hospitals. The number of outpatient attendances at the Subramania Bharati Eye Hospital (SBEH), the Ear/Nose/Throat Centre, the Mental Care Centre and Poudre d’Or Hospital/ Chest Clinic was 120,273 during the same year. In-patient admissions to these institutions were 24,088.

**2.4.5** In 2014, the Cardiac Centre catered for 22,831 out-patient visits, performed 1,480 surgeries, including neurosurgeries and 2,214 angioplasties and angiographies. For the year 2014, a total number of 247 complicated cases were referred for treatment abroad by Government.

**2.4.6** The main institutions providing support services include the following: Central Health Laboratory (CHL) and regional laboratories, the Mauritius Blood Service, imaging and rehabilitative services, the Service d’Aide Medicale Urgence (SAMU), and hotel services.

**2.4.7** In 2014, the public health sector employed approximately 12,765 of the national health workforce. There were 2,429 doctors in the country, out of which 1,077, including 300 specialists, were working in the public sector in 2014.

**2.4.8** Out of the total number of 366 dentists, 58 were employed by the State. 494 pharmacists were registered in 2014, out of which only 27 were working in the public sector.

**2.4.9** Qualified nurses and midwives working in the public sector in 2014 numbered 3,331 out of the total number of 4,125 employed in the country. Other paramedical personnel in the public sector included 1,809 Hospital Attendants, 999 Health Care Assistants (General), 206 Medical Laboratory Technicians, 218 Pharmacy Technicians (including Store Manager) and 388 Health Records personnel.

## 2.5 Private Health Sector

**2.5.1** In 2014, 17 private hospitals with some 656 beds were operating in the country. Besides, there were 20 private medical laboratories and 324 private pharmacies. In addition, 114 NGOs in the island of Mauritius and 16 NGOs in Rodrigues were involved in health and health related activities.

**2.5.2** The private health sector employed around 2,000 employees in 2014. During the same year, 1,352 doctors, 308 dentists and 467 pharmacists were practising in the private sector.

**2.5.3** Private hospitals in the country catered for 227,954 admissions and other attendances in 2014. In the same year, there were a total number of 3,446 births in private hospitals, out of which, 1,265 were normal deliveries, 1,950 were caesarean deliveries and 231 were instrumental deliveries.

**2.5.4** The private sector in Rodrigues comprised only two pharmacies and a few Non-Governmental Organizations (NGOs). A few number of inhabitants travelled to the main island of Mauritius and other foreign countries to seek care and treatment in the private sector.

**2.5.5 Legislation:** **TABLE III** indicates some of the legislations governing the health sector, with their respective objectives.

**TABLE III: Legislative Environment and Functions**

Legislation	Objective
Public Health Act 1925	To regulate practices for the prevention of morbidity and mortality due to communicable diseases and for ensuring an environment free of health hazards
The Food Act 1998	To provide for the modernization and consolidation of the law relating to the quality of food
The Medical Council Act 1999	To regulate the practice of medicine
Dental Council Act 1999	To regulate the practice of dentistry
The Nursing Council Act 2003	To regulate and control the nursing and midwifery professions
Pharmacy Act 1983	To regulate the manufacture, import and sale of pharmaceutical products
The Dangerous Chemicals Control Act 2004	To provide for the prevention of damage to health and to the environment caused by dangerous chemicals
Mental Health Care Act 1988	To regulate the management of mental health care services
Mauritius Institute of Health Act 1989	To organize training of health professionals and to conduct health systems research.
Ayurvedic & Other Traditional Medicine Act 1989	To regulate the practice of ayurvedic and traditional medicine
Mauritius Blood Service Act 2010	To promote blood donation and ensure a safe and adequate supply of blood and blood products
Opticians (Registration Act) 1962	To regulate the profession of opticians in Mauritius
Private Health Institutions Act 1989	To regulate and license private health institutions

## 3. Objectives

### 3.1 Main Objective

**3.1.1** The main objective of the survey aimed at acquiring accurate and reliable data on out-of-pocket (OOP) spending on health from a nationally representative sample of households, in the main island of Mauritius and Rodrigues, to inform the second round of National Health Accounts 2015.

### 3.2 Specific Objectives

**3.2.1** The specific objectives of the survey, *inter-alia*, aimed at:-

- determining the extent of catastrophic expenditure on health,
- understanding the role of household spending on health in a broader macroeconomic context,
- quantifying out-of-pocket spending in accordance with the International Classification of Health Care Functions (ICHA-HC),
- determining the extent and pattern of health care spending in the private sector by households,
- assessing health service utilization rate by households in both the public and private sectors,
- assessing the health profile, including morbidity related to major non-communicable diseases,
- estimating the magnitude of financial risk protection mechanisms among households seeking care and treatment in the private sector and,
- providing reliable data for evidence-based policy making to both the public and private sectors.



## 4. Methodology

### 4.1 Integrative Approach

**4.1.1** A central activity in developing National Health Accounts (NHA) is the generation and the use of data collected through surveys. Surveys remain an important source of primary data for the analytical dimensions of health accounts.

**4.1.2** Surveys of a random sample of the universe are familiar ones. In this type of survey, a certain number of respondents are chosen and the results are used for estimating the universe surveyed.

**4.1.3** In line with the recommendations of the World Health Organization (WHO) and the Institute for Health Metrics and Evaluation (IHME), United States of America, the Integrative Approach was used for the 2015 Survey on Household OOP Expenditure on Health to obtain the most accurate and reliable data on households spending on health in the Republic of Mauritius, including Rodrigues.

**4.1.4** The Integrative Approach combines the following three methodologies with necessary adjustments,

- **Financing side perspective:** estimations using primary data from financing sources which include findings of the 2015 National Survey on Households OOP Expenditure on Health and primary data from private health insurers and the Mauritius Revenue Authority (MRA)
- **Provider side perspective:** estimations using primary data from providers of health care services in the private sector through the undertaking of non-stochastic surveys, and
- **Consumption side perspective:** estimations using data on the consumption of services e.g. composition of household spending on particular goods or services. Non-stochastic surveys on private health entities provided the necessary information.

## 4.2 Financing Perspective - 2015 Survey on Household OOP Expenditure on Health

**4.2.1 Survey Coverage:** For the purpose of the 2015 Survey on Household out-of-pocket (OOP) Expenditure on Health, the concept of household is based on arrangements made by individual persons or in groups for the provision of food and other essentials for living.

**4.2.2** The survey covered 3,375 households in the Republic of Mauritius, which included 2,700 households in the island of Mauritius and 675 households in Rodrigues. The coverage was representative of all regions, both urban and rural, across the two islands. Households' coverage comprised 12,099 persons with 5,859 or 48.4% male and 6,240 or 51.6% female.

**4.2.3** In the main island of Mauritius, surveyed households comprised 9,648 persons, with 4,678 or 48.5% male and 4,970 or 51.5% female. In Rodrigues, surveyed households included 2,450 persons, with 1,180 or 48.2% male and 1,270 or 51.8% female.

**4.2.4 Sampling Design:** A stratified two stage sampling design, with probability proportional to size, was adopted to ensure representativeness and a reasonable degree of precision. At the first stage, 50 Enumeration Areas (EAs) were selected from a total of 3,615. At the second stage, 40 households were selected from each selected EA.

**4.2.5** To ensure an even geographical distribution and sufficient representation of all socio-economic groups of the population, EAs were first classified into strata using geographical districts and the Relative Development Index (RDI) as criteria. RDI is a composite indicator developed to categorize EAs according to their socio-economic levels. The number of EAs selected from the strata was proportional to their sizes, that is, the number of the population RDI level in each district.

**4.2.6** At the second stage, households were randomly selected within each EA. The first household to be interviewed was chosen by the supervisory staff and the next 39 households were then chosen in a systematic manner to avoid bias.

**4.2.7 Survey Data Collection Instrument:** The questionnaire was designed using categorization that would produce general information and the necessary data as per the requirements of the National Health Accounts (NHA) 2015 Study. The questionnaire, a copy of which is at **ANNEX 12.1**, had five main sections, namely,

- Section A: Socio-Demographic Profile of the Interviewee
- Section B: Household Health Profile

- Section C: Private Health Insurance
- Section D: Health Expenditure (January to July 2015)
- Section E: Health Expenditure for July 2015 to determine the extent of catastrophic expenditure on health.

**4.2.8 Survey Team:** For the successful and timely implementation of the project, a Survey Team was constituted and it comprised officers of the Ministry of Health and Quality of Life (MOH and QL), Statistics Mauritius, the Ministry of Financial Services, Good Governance and Institutional Reforms (MFSGIR) and the Rodrigues Regional Assembly (RRA). The Team was responsible to ensure that the survey would meet both the main and specific objectives of the study. Composition of the Survey Team is indicated in **TABLE IV** below,

**TABLE IV: 2015 Household OOP Survey Team**

Manpower	Number
Chief Investigator	1
Administrator	1
Investigator	2
Chief Supervisor	1
Senior Supervisor	2
Supervisor	13
Data Analyst	2
Data Manager	1
Data-Entry Clerk	5
Report Writing/Editor	1
Support Staff	2

**4.2.9 Field Work:** The field work team comprised one Chief Supervisor, 2 Senior Supervisors (one for North Region and one for South Region in the Island of Mauritius), 13 Supervisors and 75 Interviewers (including 3 Supervisors and 15 Interviewers for the Island of Rodrigues).

**4.2.10** The Chief Supervisor, the Senior Supervisors and the Supervisors, who were responsible to the Chief Investigator and the Investigators, were assigned the tasks of selecting and training the interviewers. The Supervisors and the Senior Supervisors were also attributed the tasks of monitoring field work and ensuring collection of standard and quality data. The Chief Supervisor was responsible for the overall management of field work.

**4.2.11 Training:** Training workshops were organized for all senior supervisors, supervisors, interviewers and data entry clerks. The main objective of the training was to ensure control and smooth running of fieldwork in order to collect quality data. During the training, participants were also trained on the filling of the questionnaires, interview techniques and their responsibilities towards the interviewees.

**4.2.12 Pre-Testing and Data Collection:** The questionnaire was pre-tested and all issues which came across during the pre-testing exercises were addressed to. Data were collected by face to face interviews of the heads of households. Each Interviewer was responsible for collecting data from the 40 selected households in the selected EA.

**4.2.13 Data Processing:** Questionnaires were verified for completeness and accuracy by the Supervisors. The data were then entered and processed in EXCEL. Tabulation and further analysis were performed using the statistical package STATA.

**4.2.14** Primary data were also collected from the Mauritius Revenue Authority (MRA) and the private health insurers through the undertaking of non-stochastic surveys. Non-stochastic surveys generate a fairly large amount of relevant information and provide in-depth understanding and information with regard to expenditure on health. Questionnaires sent to these entities are in **ANNEX 12.4 and ANNEX 12.5.**

### **4.3 Provider and Consumption Sides Perspectives**

**4.3.1** On the provider and consumption sides' methodologies, non-stochastic surveys were carried out to obtain data from health service providers operating in the private sector.

**4.3.2** Specific questionnaires, in line with the functional classifications of the System of Health Accounts (SHA) 2011, were designed and sent to providers. A desk follow-up was made to ensure that the questionnaires were being properly filled in by the respondents.

**4.3.3** Non-stochastic surveys to obtain data on the provider and consumption sides' approaches were carried out for private hospitals, private laboratories, NGOs and Pharmacies in Rodrigues. The following questionnaires, annexed to the Report are as follows:-

- Questionnaire - Private Hospitals: **ANNEX 12.2**
- Questionnaire - Private Laboratories: **ANNEX 12.3**
- Questionnaire - NGOs: **ANNEX 12.6**
- Questionnaire - Pharmacies in Rodrigues : **ANNEX 12.7**

**4.3.4** In addition to the non-stochastic surveys, other non-random surveys were carried out and which included, key informant interviews, focus group discussions and exit direct interviews.

#### **4.4 Linear Interpolation**

**4.4.1** Linear interpolation refers to making estimates between two observed points in the variable of interest using a linear model. In order to calculate the estimates, the aggregate change in the variable is divided into the corresponding number of equally valued pieces and those pieces are added sequentially starting with the earlier value of the variable.

**4.4.2** With the richness of data collected from the 2015 survey, data for FY 2014 were derived through the appropriate process of linear interpolation and use of the appropriate indicator for inflation relating to health items. This process was necessary to inform the development of NHA 2015 which track actual and audited expenditures incurred during one financial year.

#### **4.5 Quality Assurance**

**4.5.1** To ensure quality assurance of the Report on the 2015 Survey on OOP Expenditure on Health by Households, the draft findings were validated by the National Health Accounts (NHA) Committee. The NHA Committee comprising representatives of both public and private institutions has for main responsibilities the following:

- Coordination of the process of capturing financial data from different stakeholders;
- Ensuring the timely and successful implementation of the survey on household OOP expenditure on health;
- Development of the NHA matrices and
- Validation of final NHA Reports.

## 5. General Findings of the 2015 OOP Survey from the Financing Perspective

### 5.1 Households' Characteristics

**5.1.1 Household Coverage:** The concept of household is based on arrangements made by persons, individually or in groups, for the provision of food and other essentials needed for living. A household may consist of only one person or a group of related or unrelated persons.

**5.1.2** The 2015 Survey on Household out-of-pocket (OOP) Expenditure on Health covered 3,375 households in the Republic of Mauritius, with 2,700 households in the main island of Mauritius and 675 households in the island of Rodrigues. Out of the total number of 372,000 households in the Republic of Mauritius, 359,350 households resided in the island of Mauritius and 12,650 in the island of Rodrigues in 2015.

**5.1.3** Households surveyed in the Republic of Mauritius comprised 12,099 persons, with 5,859 or 48.4% male and 6,240 or 51.6% female. **TABLE V** below indicates the distribution of respondents by gender for the 2015 Survey on Household OOP Expenditure on Health.

**TABLE V: Distribution of Respondents by Gender, OOP Survey 2015**

Gender	Island of Mauritius	Island of Rodrigues	Republic of Mauritius	
	Number	Number	Number	%
Male	4,679	1,180	5,859	48.4
Female	4,970	1,270	6,240	51.6
Total	9,649	2,450	12,099	100.0

**5.1.4** The distribution of households by gender, as illustrated in **TABLE V** above, indicates that the survey covered 9,649 persons in the main island of Mauritius with 4,679 or 48.5% male and 4,970 female or 51.5% female. For Rodrigues, the 675 households embraced 2,450 persons, comprising 1,180 male (48.2%) and 1,270 female (51.8%).

**5.1.5 Household Size:** The size of a household is defined as the number of persons living in the household. The average size of the households surveyed was 3.6. In the Republic of

Mauritius, households of size 4 were most common (25.5%), followed by those of size 3 (22.1%). The distribution of sampled households by household size is indicated in **TABLE VI** below.

**TABLE VI: Distribution of Sampled Households by Household Size,  
OOP Survey 2015**

Household Size	Island of Mauritius (%)	Island of Rodrigues (%)	Republic of Mauritius (%)
1	8.3	7.9	8.2
2	19.3	18.1	19.1
3	22.0	22.8	22.1
4	25.6	25.0	25.5
5	14.4	15.9	14.7
6 or more	10.4	10.4	10.4
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

**5.1.6 Household Members:** **TABLE VII** below indicates the distribution of household members classified by age group and gender in the Republic of Mauritius.

**TABLE VII: Distribution of Household Members by Age Group & Gender,  
OOP Survey 2015, Republic of Mauritius**

Age Group (Years)	Male (%)	Female (%)	Total (%)
Below 18	26.6	24.5	25.5
18 to 59	59.3	58.3	58.8
60 and above	14.1	17.2	15.7
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

**5.1.7** As displayed in **TABLE VII** above, the survey covered around 25.5% children aged less than eighteen years and 15.7% elderly people, that is, those aged 60 years or more in the Republic of Mauritius. Analysis by sex shows a higher proportion of elderly among female (17.2%) than among male (14.1%). Household members aged between 18 years and 59 years constituted 58.8% of the population surveyed.

**5.1.8** The distribution of household members classified by age group and sex for the Island of Mauritius is illustrated in **TABLE VIII**.

**TABLE VIII: Distribution of Household Members by Age Group and Gender,  
OOP Survey 2015, Island of Mauritius**

Age Group (Years)	Male (%)	Female (%)	Total (%)
Below 18	23.9	22.1	23.0
18 to 59	61.1	59.6	60.4
60 and above	14.9	18.2	16.6
Total	100.0	100.0	100.0

**5.1.9** **TABLE VIII** above indicates that, in the island of Mauritius, the survey covered around 23.0% children aged less than eighteen years, 60.4% of household members aged between 18 years and 59 years and 16.6% elderly people, that is, those aged 60 years or more. Analysis by gender shows that there was a higher proportion of elderly among female (18.2%) than among male (14.9%).

**5.1.10** The distribution of household members for the survey in Rodrigues, classified by age group and sex is shown in **TABLE IX**.

**TABLE IX: Distribution of Household Members by Age Group and Sex,  
OOP Survey 2015, Island of Rodrigues**

Age group (Years)	Male (%)	Female (%)	Total (%)
Below 18	37.2	33.7	35.4
18 to 59	52.0	53.1	52.6
60 and above	10.8	13.1	12.0
Total	100.0	100.0	100.0

**5.1.11** **TABLE IX** above discloses, that in the island of Rodrigues, around 35.4% were children aged less than 18 years and 12.0% were elderly people, that is, those aged 60 years or more. Analysis by sex shows a higher proportion of elderly among female (13.1%) than among male



(10.8%) were surveyed. Household members aged between 18 years and 59 years constituted 52.6% of the population surveyed.

**5.1.12 Household Income:** Households surveyed in the Republic of Mauritius have been classified into five broad income groups according to their average monthly income.

**5.1.13 TABLE X** below illustrates the distribution of sampled households by their monthly income for the Republic of Mauritius, including the main island of Mauritius and the island of Rodrigues.

**TABLE X: Distribution of Sampled Households by Monthly Income,  
OOP Survey 2015**

Household Monthly Income (Rs)	Distribution of Households 2015 (%)		
	Island of Mauritius	Island of Rodrigues	Republic of Mauritius
Up to 5,000	3	10	5
5,001 – 10,000	12	27	15
10,001 – 15,000	16	18	16
15,001 – 20,000	17	14	16
20,001 and above	52	31	48
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

**5.1.14** As indicated in **TABLE X** above, in the Republic of Mauritius, around 15% of households surveyed had a monthly income ranging from Rs 5,001 to Rs 10,000 and 16% were in the income group of Rs 10,001 to Rs 15,000. Those drawing a monthly income above Rs 20,000 represented 48%. Low income households, that is, those with up to Rs 5,000 per month, made up 5% of the total number of households surveyed.

## 5.2 Health Profile

**5.2.1** The 2015 Survey on Household OOP Expenditure on Health gives an indication of the extent of specific cases of morbidity among households.

**5.2.2 TABLE XI** indicates the percentage of households who reported having at least one family member suffering from one or more of the non-communicable diseases in the

country. Hypertension and diabetes, with their related conditions, were at the top of the list of the most commonly reported diseases in 2015.

**TABLE XI: Distribution of Households with Members Suffering from Specific Diseases, OOP Survey 2015**

Disease	% of Households		
	Island of Mauritius	Island of Rodrigues	Republic of Mauritius
Hypertension & Related conditions	42.2	42.7	42.2
Diabetes & Related conditions	34.8	19.7	34.3
Eye Disease	18.7	20.9	18.8
Asthma/chronic respiratory disease	13.3	15.3	13.4
Heart Diseases	14.3	8.4	14.1
Mental and Behavioral disorders	5.5	6.7	5.5
Cancer/Tumor	1.8	1.5	1.8

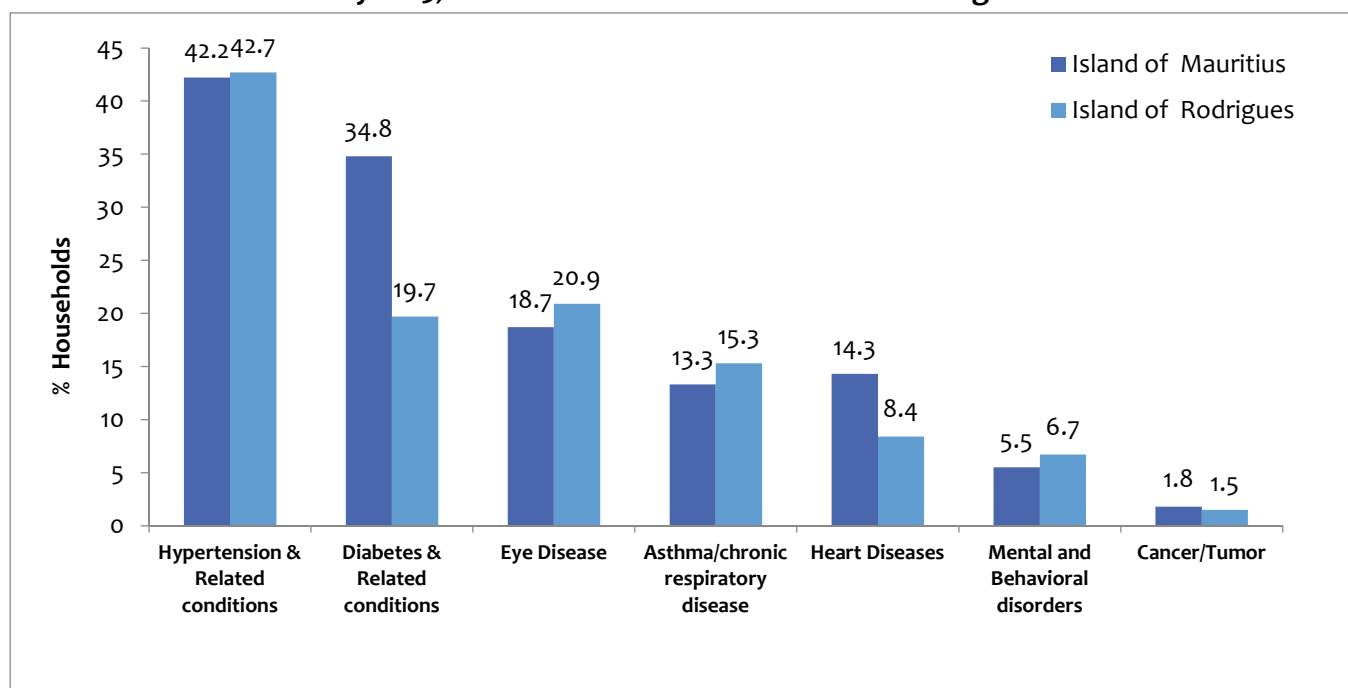
**5.2.3** In the main island of Mauritius, 42.2% of the households reported having at least one family member suffering from hypertension and related diseases. 34.8% of households reported having members inflicted with diabetes and their related complications.

**5.2.4** In the island of Rodrigues, 42.7% of the households reported having at least one member suffering from hypertension and related diseases, and 19.7% of households reported having members affected by diabetes and related conditions.

**5.2.5** In the Republic of Mauritius, 42.2% of the households interviewed reported having at least one member suffering from hypertension and related diseases, followed by diabetes and related conditions with 34.3% of households reporting having members affected by the disease.

**5.2.6** The disease burden among the population in the island of Mauritius and in the island of Rodrigues disclosed by the 2015 OOP Survey is illustrated in **FIGURE II**.

**FIGURE II: Distribution of Households with Members Suffering from Specific Diseases, OOP Survey 2015, Island of Mauritius and Island of Rodrigues**



### 5.3 Health Service Utilization Rate

**5.3.1** In the Republic of Mauritius, out of all patients seeking care and treatment in 2015, 66.1% of outpatient cases were treated in the public sector and 26.2% in the private sector. 4.3% of inpatient cases were cared for in the public sector while the private sector catered for 0.8% of inpatient cases. 2.4% of households received day care treatment in the public sector and 0.2% in the private sector.

**5.3.2** Public-owned health institutions, both hospitals and primary health care facilities remain the main providers of care and treatment to the population. It is estimated that in 2015, 72.8% of patients sought care in the public sector while 27.2% of patients resorted for care and treatment in the private sector.

**5.3.3** **TABLE XII** indicates the health service utilization rate, in the public and private sector, classified by the type of treatment such as outpatient, inpatient and day care.

**TABLE XII: Health Service Utilization Rate, OOP Survey 2015**

Type of treatment	Island of Mauritius (%)	Island of Rodrigues (%)	Republic of Mauritius (%)
<b>Public sector</b>	<b>71.9</b>	<b>98.9</b>	<b>72.8</b>
Outpatient	65.5	82.1	66.1
Inpatient	4.1	9.5	4.3
Day care	2.3	7.3	2.4
<b>Private sector</b>	<b>28.1</b>	<b>1.1</b>	<b>27.2</b>
Outpatient	27.1	1.1	26.2
Inpatient	0.8	0	0.8
Day Care	0.2	0	0.2
<b>Total (Public + Private)</b>	<b>100</b>	<b>100</b>	<b>100</b>

#### 5.4 Health Expenditure in the Republic of Mauritius, 2015

**5.4.1 Health expenditure items:** Expenditure on health items covers all expenses incurred directly or indirectly for health purposes. For the 2015 OOP Expenditure Survey, households in the Republic of Mauritius were requested to report on all amounts spent during the period January to July 2015 on specific goods and services purchased from the private sector. **TABLE XIII** indicates the average monthly expenditure on health per household, incurred from January to July 2015.

**5.4.2** From **TABLE XIII**, expenditure incurred by a household in the Republic of Mauritius on pharmaceutical products, averaged at Rs 495 per month, was the most important item of expenditure. More than a quarter (27.2%) of the total expenditure on health items was on pharmaceutical products.

**5.4.3** Besides expenditure on pharmaceutical products, the main percentage share of the total health expenditure incurred per month per household during 2015 is as follows:

- Fees to private doctors including dentists and opticians – 23.2%
- Payment to private clinics – 7.9%
- Health insurance premiums – 11.7%

**TABLE XIII: Average Household Monthly Expenditure on Health Items based on Expenditure incurred from January to July 2015, OOP Survey 2015, Republic of Mauritius**

Expenditure item	Average Monthly Expenditure per Household (Rs) January to July 2015	% of Total Monthly Expenditure on Health Year 2015
Pharmaceutical Products	495	27.2
Payment to private clinics	143	7.9
Health insurance premiums	213	11.7
Private doctor's consultation fee	301	16.5
Purchase of Spectacles and contact lenses	110	6.0
Fees to dentists and opticians	121	6.7
Purchase of Fortifying/Restorative Health Products	67	3.7
Health Related transport	106	5.8
Anti-mosquito commodities	-	-
Overseas treatment	109	6.0
Laboratory test and Screening	109	6.0
Other health related expenses	45	2.5
<b>Total</b>	<b>1,819</b>	<b>100</b>

**5.4.4 Health expenditure by household size:** TABLE XIV below shows average monthly expenditure incurred by households of different sizes, in the Republic of Mauritius, as well as the per capita expenditure, which gives a better indication of how expenditure varies as household size increases.

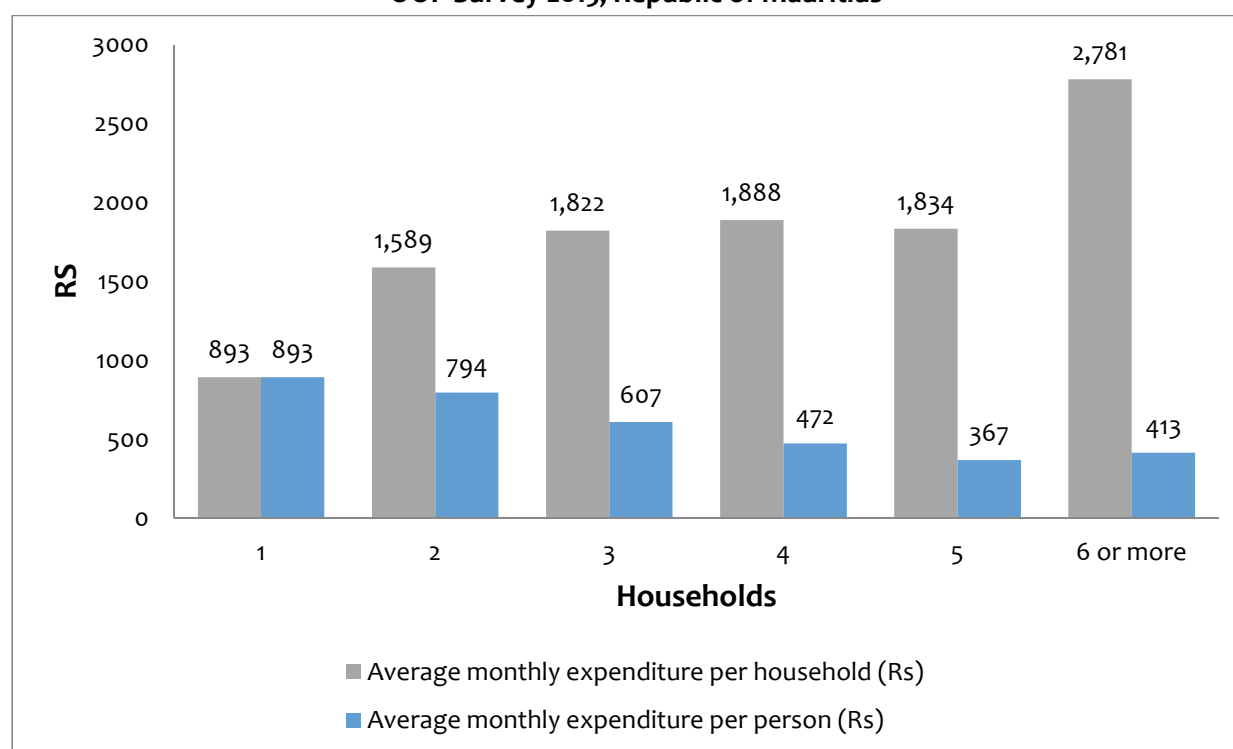
**TABLE XIV – Average Monthly Expenditure on Health Items by Household Size, OOP Survey 2015, Republic of Mauritius**

Household Size	Average Monthly Expenditure per Household (Rs)	Average Monthly Expenditure per Person (Rs)
1	893	893
2	1,589	794
3	1,822	607
4	1,888	472
5	1,834	367
6 or more	2,781	413
<b>All households</b>	<b>1,819</b>	<b>509</b>

**5.4.5** From **TABLE XIV**, it is noted that per capita expenditure on health items decreases with increasing size of households. In 2015, in the Republic of Mauritius, households with only one member, comprising mainly elderly persons, spent an average of Rs 893 per month. The average monthly expenditure for all households worked out to Rs 1,819 per household while the average monthly expenditure per person for all households is estimated at Rs 509 per person.

**5.4.6** The bar chart below (**FIGURE III**) illustrates the average monthly expenditure on health per household and per person of households of different sizes.

**FIGURE III: Average Monthly Health Expenditure per Household and per Person, OOP Survey 2015, Republic of Mauritius**



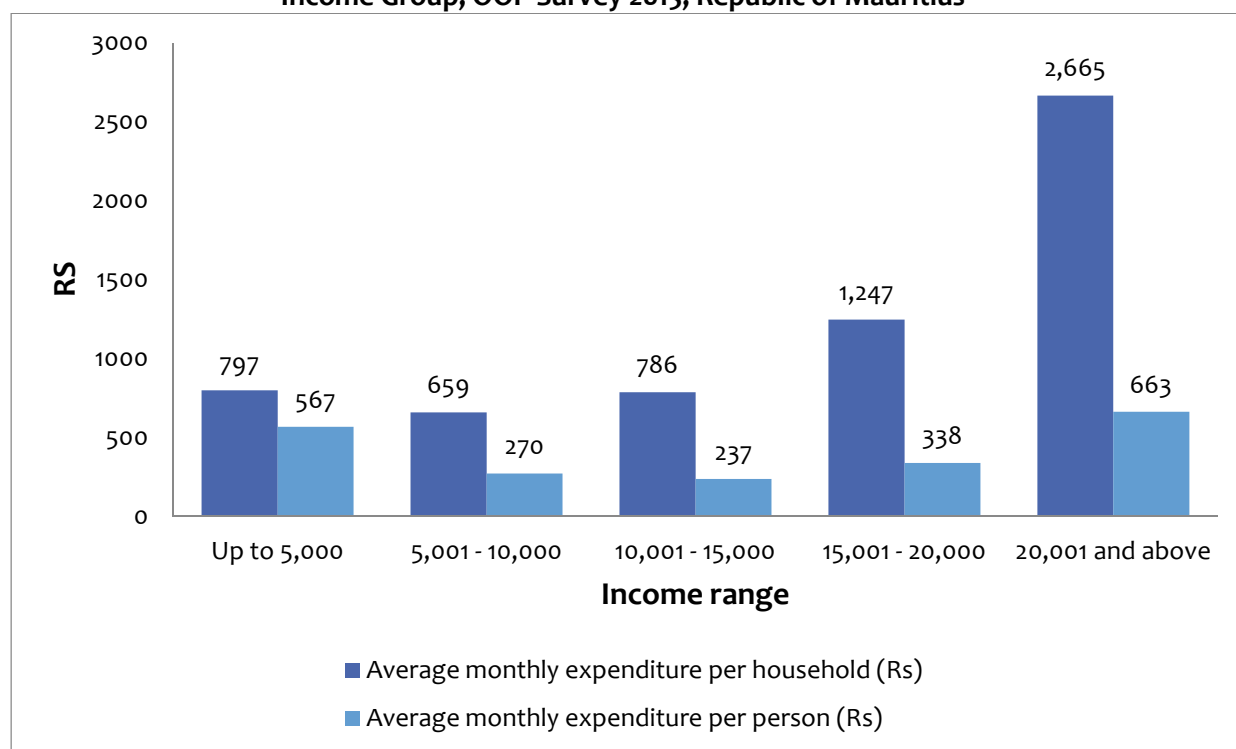
**5.4.7 Health expenditure by household income:** The survey data show that average household expenditure on health items increased with increasing income of the households.

**5.4.8** **TABLE XV** and **FIGURE IV** illustrate average monthly expenditure on health per household in respect to their income and also expenditure per individual, in the Republic of Mauritius.

**TABLE XV – Average Monthly Expenditure on Health Items by Household**  
**Monthly Income Group, OOP Survey 2015, Republic of Mauritius**

Average Household Monthly Income (Rs)	Average Monthly Expenditure per Household (Rs)	Average Monthly Expenditure per Person (Rs)
Up to 5,000	797	567
5,001 – 10,000	659	270
10,001 – 15,000	786	237
15,001 – 20,000	1,247	338
20,001 and above	2,665	663
All Income Groups	1,819	509

**FIGURE IV: Average Monthly Health Expenditure per Household and per Person by Household Income Group, OOP Survey 2015, Republic of Mauritius**



**5.4.9** As shown in **TABLE XV** and **FIGURE IV**, in 2015, average monthly expenditure on health incurred by a household in the Republic of Mauritius having an average monthly income of up to Rs 5,000 was estimated at around Rs 797. That amount rose to approximately Rs

2,665 for households with income of more than Rs 20,000 per month. Average monthly health expenditure per household varied from around Rs 659 to Rs 1,247 for households in the income bracket '5,001 – 10,000 rupees' per month to households with income ranging from Rs 15,001 to Rs 20,000 per month. It is noted, however, that average monthly health expenditure per household among the first three income brackets, 'Up to 5,000 rupees', '5,001 – 10,000 rupees' and '10,001 – 15,000 rupees' did not differ much.

**5.4.10** In the first category i.e. households drawing income up to Rs 5,000, the average monthly amount spent per person for health purposes was estimated at Rs 567. The amount increased from Rs 270 per month in the category '5,001 – 10,000 rupees' to Rs 237 per month in the category '10,001 – 15,000 rupees' and to Rs 338 per month in the category '15,000 – 20,000 rupees'. In the highest income bracket i.e. '20,001 and above rupees', the average amount calculated was Rs 663.



## 6. Estimates on Household OOP Expenditure on Health for FY2014 (The Integrative Approach)

### 6.1 Integrative Approach

**6.1.1** Mauritius is one among the few countries in the world and the first country in the African Region to use the integrative methodology to track down data on households' Out-of-Pocket (OOP) expenditure on health. The integrative methodology is recommended by the World Health Organization (WHO) and the Institute for Health Metrics and Evaluation (IHME), United States of America to obtain the most reliable estimates on health expenditures incurred by households.

**6.1.2** Data collected from this survey will be primarily used to inform the second round of National Health Accounts (NHA) 2015. NHA 2015 will be developed in line with the classifications of "A System of Health Accounts 2011" produced by the Organization for Economic Cooperation and Development (OECD), Eurostat and WHO which recommends the tracking down of actual and audited expenditures incurred during one financial year. As such, with the richness of data collected from the 2015 Survey, data for the FY 2014 were computed through the appropriate process of linear interpolation and the use of appropriate indicator for inflation relating to spending on health items.

**6.1.3** The estimated expenditures on health items as indicated in **TABLE XVI** are in line with the functional classifications of the System of Health Accounts 2011.

**6.1.4** **ANNEX 12.8** and **ANNEX 12.9** display data on household OOP spending on health collected from the Financing, Provider and Consumption perspectives and computation of these data to obtain the final integrative estimates.

### 6.2 Estimated Household OOP Expenditure on Health, Republic of Mauritius, FY 2014

**6.2.1** As indicated in **TABLE XVI**, households' OOP expenditure on health in the Republic of Mauritius during FY 2014 was estimated at Rs 10.81 billion, representing US\$ 347.85 million. Out of this amount, households in the main island of Mauritius spent around Rs 10.71 billion (US\$ 344.82 million), whereas households in Rodrigues paid out approximately Rs 94.14 million or US\$ 3.03 million.

TABLE XVI: Estimated Household OOP Expenditure on Health, FY 2014

INTEGRATIVE OOP EXPENDITURE ON HEALTH, FY 2014							
Functional Classifications (System of Health Accounts 2011)		Island of Mauritius		Island of Rodrigues		Republic of Mauritius	
		Rs (M)	US\$ (M)	Rs (M)	US\$(M)	Rs (M)	US (M)
I	Pharmaceutical Products	2,904.60	93.48	20.90	0.67	2,925.50	94.15
II	Medical Supplies and Disposables	2,191.60	70.53	0.66	0.02	2,192.26	70.55
III	Doctors' Consultation Fees	1,207.00	38.84	3.50	0.11	1,210.50	38.96
IV	Dentists' Fees	390.00	12.55	0.10	0.00	390.10	12.55
V	Opticians' Fees	456.00	14.68	0.70	0.02	456.70	14.70
VI	Laboratory Services	293.00	9.43	1.30	0.04	294.30	9.47
VII	Imaging Diagnostics	231.00	7.43	2.50	0.08	233.50	7.51
VIII	Users' Fees - Private Hospitals	927.00	29.83	0.20	0.01	927.20	29.84
IX	Users' Fees - NGOs	4.52	0.15	0.38	0.01	4.90	0.16
X	Glasses and other Vision Products	447.00	14.39	6.00	0.19	453.00	14.58
XI	Health-Related Transport	398.00	12.81	25.00	0.80	423.00	13.61
XII	Overseas Treatment	419.00	13.48	4.50	0.14	423.50	13.63
XIII	Treatment of Rodriguan patients in Mauritius	0.00	0.00	20.10	0.65	20.10	0.65
XIV	Fortifying/Restorative Health Products	279.00	8.98	1.10	0.04	280.10	9.01
XV	Reimbursable cost sharing*	367.90	11.84	2.30	0.07	370.20	11.91
XVI	Immunization	15.00	0.48	1.40	0.05	16.40	0.53
XVII	Family Planning	7.00	0.23	0.20	0.01	7.20	0.23
XVIII	Dialysis	3.00	0.10	0.00	0.00	3.00	0.10
XIX	Others	174.00	5.60	3.30	0.11	177.30	5.71
	<b>TOTAL</b>	<b>10,714.62</b>	<b>344.82</b>	<b>94.14</b>	<b>3.03</b>	<b>10,808.76</b>	<b>347.85</b>

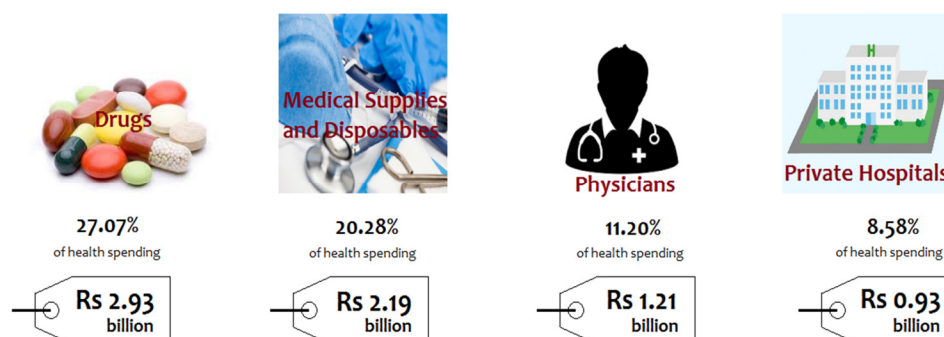
\*private health insurance

**6.2.2** Households' OOP spending on health in the island of Mauritius outsized the budget of the Ministry of Health and Quality of Life which was Rs 9.21 billion (US\$ 296.40 million) in 2014 by almost 16.34%. Total OOP spending on health in the Republic of Mauritius was around 2.8% of the Gross Domestic Product (GDP) in 2014.

**6.2.3** In 2014, per capita OOP expenditure on health was estimated at Rs 8,784.93 (US\$ 282.72) in the main island of Mauritius and Rs 2,252.80 (US\$ 72.50) in the island of Rodrigues. For the Republic of Mauritius, per capita OOP spending on health was around Rs 8,568.54 (US\$ 275.75) in 2014.

## 6.3 OOP Expenditure on Health by Functional Classifications in the Republic of Mauritius

### 6.3.1 Where was most of the money spent by households in 2014?



**6.3.2** Pharmaceutical Products made up the largest component of health care spending by households, in 2014, accounting for 27.07% of total OOP health expenditure. Medical supplies and disposables represented the second-largest share (20.28%), while fees paid to medical practitioners, including specialists made up the third-largest share (11.20%). Fees paid to private hospitals represented 8.58% of total health spending by households.

**6.3.3 Pharmaceutical Products:** Pharmaceutical products are used in the diagnosis, cure, mitigation or treatment of diseases. These products are either retailed to health consumers in response to a prescription issued by a licensed medical practitioner or traded as non-prescribed medicines or Over-the-Counter drugs (OTC). Costs of pharmaceutical products also share out user fees claimed to patients seeking care and treatment in the private sector.

**6.3.3.1** OOP spending on drugs by households in the Republic of Mauritius constituted the largest category of private health expenditure at Rs 2.93 billion (US\$ 94.15 million) in FY 2014, representing 27.07% of total OOP expenditure on health.

**6.3.3.2** Households, in the main island of Mauritius, disbursed approximately Rs 2.90 billion (US\$ 93.48 million) on the purchase of pharmaceutical products, whereas, health consumers in Rodrigues spent some Rs 20.90 million (US\$ 0.67 million) in FY 2014. Per capita spending on pharmaceuticals in the private sector amounted to approximately Rs 2,319.16 (US\$ 74.64) in the Republic of Mauritius during FY 2014.

**6.3.4 Medical Supplies and Disposables:** These items include all medical non-durable goods purchased either directly by health consumers or included in the bills of patients seeking services in the private sector.

**6.3.4.1** Medical supplies and disposables constituted the second-largest category of total OOP expenditure on health at Rs 2.19 billion (US\$ 70.55 million) in FY 2014, representing 20.28% of total spending by households.

**6.3.5 Doctors' Consultation Fees:** Fees paid to medical practitioners, including specialists and surgeons constituted the third-largest category of total OOP health expenditure at Rs 1.21 billion (US\$ 38.96 million), representing 11.20% of total private health expenditure in FY 2014,. This amount represented fees paid to doctors/ specialists working exclusively in the private sector and to State-employed physicians who also undertake private practice after normal working hours.

**6.3.6 Private Hospitals:** In 2014, there were 17 private hospitals operating in the country. Estimated OOP spending by households, in the form of user fees paid to the private hospitals were to the order of Rs 927.20 million ( US\$ 29.84 million) in FY 2014.

**6.3.6.1** The abovementioned amount of Rs 927.20 million (US\$ 29.84 million) excludes doctors' consultation fees and costs of pharmaceutical products, medical supplies and disposables. The deducted amounts were added to their respective health expenditure categories. The rationale was to avoid double counting. Besides, amounts paid by foreigners were also deducted from the total revenue of private hospitals in view of the fact that the boundary of the survey was limited to OOP spending by residents only.

**6.3.7 Dentists' and Opticians' Fees:** Dental care and vision care are the major discrete categories of OOP expenditure in the private sector. User fees paid by households for dental care services amounted to Rs 390.10 million (US\$ 12.55 million), whereas fees paid to opticians were estimated at Rs 456.70 million (US\$ 14.70 million) in FY 2014.

**6.3.8 Glasses and Other Vision Products:** Glasses and other vision products have a direct health purpose. These items comprise corrective eye-glasses and contact lenses as well as the corresponding cleansing fluid and the fitting by opticians. Estimated OOP spending by households on these items amounted to Rs 453.00 million (US\$ 14.58 million) in FY 2014.

**6.3.9 Laboratory Services:** Laboratory services form an integral part of the consumption of any patient, and constitute a guide for diagnosis and treatment choice. These items comprise a variety of tests of clinical specimens aimed at obtaining information about the health of the patient. Estimated OOP spending by households on these items amounted to Rs 294.30 million (US\$ 9.47 million) in FY 2014.

**6.3.10 Imaging Diagnostics:** These items comprise a variety of services that make use of imaging technology, such as x-rays and radiation for the diagnosis and monitoring of patients. The SHA classification includes an array of imaging technologies to diagnose and treat diseases, which, include amongst others, plain x-ray, bone and soft tissue imaging, contrast x-rays or photo-imaging, diagnostic ultrasound, Computed Tomography (CT), Computer-assisted Tomography (CAT) and Magnetic resonance imaging (MRI).

**6.3.10.1** Estimated OOP spending by households on imaging diagnostic services in the private sector amounted to some Rs 233.50 million (US\$ 7.51 million) in FY 2014.

**6.3.11 Users' Fees, NGOs:** A few for-profit non-governmental organizations operate in the country and charge user fees for the sale of medical goods and services. During FY 2014, households in Mauritius and in the island of Rodrigues disbursed an approximate amount of Rs 4.90 million (US\$ 0.16 million) to these NGOs.

**6.3.12 Health-Related Transport:** This item comprises the cost of inland transportation of patients to a private or public health care facility. Estimated OOP spending by households on this item in the Republic of Mauritius amounted to Rs 423.00 million (US\$ 13.61 million) in FY 2014.

**6.3.12.1** The amount spent by Mauritian on health-related transport was approximately Rs 398.00 million (US\$ 12.81 million), while health consumers in Rodrigues spent some Rs 25.00 million (US\$ 0.80 million). It is to be noted that the amount spent on health-related transport by health consumers in Rodrigues relates mostly to the airfare of patients from Rodrigues travelling to the main island of Mauritius for health care services.

**6.3.13 Overseas Treatment:** Expenditure on this item includes, cost of clinical treatment, cost of air ticket, and cost of accommodation, incurred by patients' relatives travelling to foreign countries for care and treatment.

**6.3.13.1** Estimated OOP spending on health by households to foreign countries amounted to Rs 423.50 million (US\$ 13.63 million) in FY 2014, out of which Rs 419.00 million (US\$ 13.48 million) were spent by Mauritians, and Rs 4.50 million (US\$ 0.14 million) were spent by households in Rodrigues.

**6.3.13.2** **TABLE XVII** displays the breakdown of the estimated OOP expenditure by households on Overseas Treatment for FY 2014.

TABLE XVII: Estimated Household OOP Expenditure on Overseas Treatment, FY 2014

ITEMS	Island of Mauritius		Island of Rodrigues		Republic of Mauritius	
	Rs (M)	US\$ (M)	Rs (M)	US\$ (M)	Rs (M)	US\$ (M)
Cost of Clinical Treatment	259.00	8.34	2.40	0.08	261.40	8.41
Cost of Air Ticket	75.00	2.41	1.40	0.05	76.40	2.46
Cost of Accommodation	85.00	2.74	0.70	0.02	85.70	2.76
Overseas Treatment (excl. from ROD to MTS)	419.00	13.48	4.50	0.14	423.50	13.63

**6.3.13.3 Treatment of Patients from Rodrigues to Mauritius:** This item pertains to the cost incurred by patients from Rodrigues seeking treatment in the main island of Mauritius. It includes the cost of clinical treatment and the cost of accommodation only, since the airfare incurred by patients travelling from Rodrigues to Mauritius is regarded as the cost of inland health-related transport and is already included in item 7.3.9 above.

**6.3.13.4** Estimated OOP spending by households in Rodrigues on this item amounted to Rs 20.10 million (US\$ 0.65 million) in FY 2014.

**6.3.14 Fortifying/Restorative Health Products:** Estimated OOP spending by households on these items amounted to Rs 280.10 million (US\$ 9.01 million) in FY 2014.

**6.3.15 Reimbursable cost-sharing (Private Health Insurance):** According to the definition of OOP expenditure on health, reimbursable cost-sharing relating to private health insurance is a form of direct payment for a health service and is therefore considered as an out-of-pocket payment for health. It is a percentage of the total cost of a health service which is being paid by the patient and later refunded by the insurer. OOP payments for this item amounted to Rs 370.20 million (US\$ 11.91 million) in FY 2014.

**6.3.16 Immunization:** This item includes expenditures incurred on the prevention of the development of a disease, before or after exposure, through the use of pharmaceutical products such as vaccines. This involves consumption both as a control program and upon individual demand. Estimated OOP spending by households on this item amounted to Rs 16.40 million (US\$ 0.53 million) in FY 2014.

**6.3.17 Reproductive Health:** This item includes expenditure incurred in relation to reproductive health, including family planning/preventive services, maternity/ reproductive and routine diagnosis and follow-up of reproductive health that can be part of an initial medical consultation or check-up, or part of a follow-up inpatient or outpatient contact. Estimated OOP spending by households on these item amounted to Rs 7.20 million (US\$ 0.23 million) in FY 2014.

**6.3.18 Dialysis:** A few patients seek dialysis treatment in the private sector. It is estimated that households spent some Rs 3.00 million (US\$ 0.10 million) on dialysis during in FY 2014.

**6.3.19 Others:** This item includes OOP payments incurred for the following,

- home-based rehabilitative care,
- purchase of hearing aids,
- purchase of wheelchairs and other orthopedic appliances and
- other expenses related to disability.

Estimated OOP spending by households on these items amounted to Rs 177.30 million (US\$ 5.71 million) in FY 2014.

## 6.4 Distribution of Estimated OOP Expenditure on Health by Households

**6.4.1** As indicated in **FIGURE V**, in FY2014, in the Republic of Mauritius, 27.07% of the estimated total OOP expenditure of Rs 10.81 billion on health was incurred on pharmaceutical products in the private sector, 20.28% on medical supplies and disposables, and 11.20% on medical consultation fees.

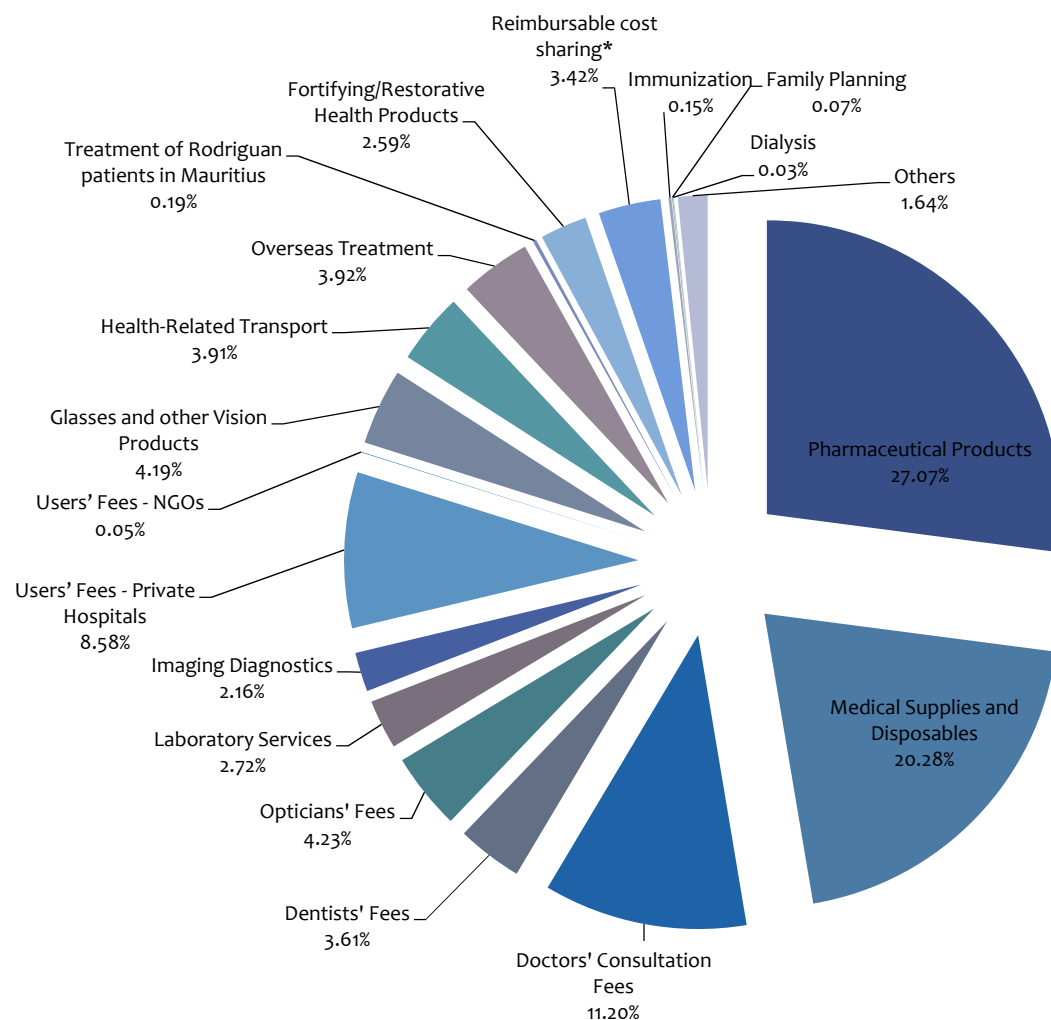
**6.4.2** In FY 2014, the share of user fees effected by households to private hospitals out of the estimated total OOP expenditure on health was 8.58%, while that effected to NGOs was 0.05%. The shares disbursed to dentists and opticians were 3.61% and 4.23% respectively. Expenditures effected on glasses and other vision products made up 4.19% of the total OOP. Share of expenditures on imaging services and laboratory tests out of the estimated total OOP expenditure on health was 2.16% and 2.72% respectively.

**6.4.3** **FIGURE V** also indicates that in FY 2014, inland health-related transportation accounted for 3.91% of total OOP expenditure on health, overseas treatment to 3.92%, treatment of Rodriguans in Mauritius to 0.19% and reimbursable cost-sharing to 3.42% of total OOP expenditure on health. Spending on fortifying/restorative health products by households accounted for 2.59% of total OOP expenditure. Moreover, immunization, family



planning, dialysis and ‘others’ (i.e. home-based rehabilitative care, hearing aids, wheelchair & other orthopedic appliances and other expenses related to disability), made up 1.89% of total household OOP expenditure on health.

**Figure V: Distribution of Estimated OOP Expenditure on Health by Households, Republic of Mauritius, FY 2014**





## 7. Catastrophic Expenditure on Health

### 7.1 Poverty in Mauritius

**7.1.1** There is no extreme poverty in Mauritius. The proportion of people living below the international poverty line of US\$ 1.25 (PPP) a day is negligible at less than 1 percent. Based on US\$ 1.25 (PPP) per day, the poverty gap, which measures the depth of poverty, is also less than 1 percent. (Source: *Statistics Mauritius/ Millennium Development Goals Report 2014*)

**7.1.2** **TABLE XVIII** below illustrates the poverty indicators based on \$ 1.25 a day poverty line with data from the four Household Budget Surveys (HBS 1996/97, 2001/02, 2006/07 and 2012) undertaken by Statistics Mauritius.

**TABLE XVIII: Poverty Indicators Based on \$ 1.25 a Day Poverty Line**

	1996-97	2001-02	2006-07	2012
<b>Proportion of Population Below \$ 1.25 (PPP) per day (%)</b>	<1	<1	<1	<1
<b>Poverty Gap Based on \$ 1.25 (PPP) a day (%)</b>	<1	<1	<1	<1

Source: *Statistics Mauritius/MDG Report 2014*

### 7.2 Relative Poverty

**7.2.1** Based on Household Budget Surveys (HBS) data, Relative Poverty Line (RPL) is calculated to assess poverty situation in the country. It is set at half median monthly household income per adult equivalent. Since 1996/97 to 2012, poverty level in relative terms has been increasing in terms of both households and persons as indicated in **TABLE XIX** below.

**TABLE XIX: Poverty Indicators Based on Relative Poverty Line**

	1996/97	2001/02	2006/07	2012
<b>Relative Poverty Line Half Median Monthly Income per Adult Equivalent (Rs)</b>	2,004	2,804	3,821	5,652
<b>Proportion of Households in Relative Poverty (%)</b>	8.7	7.7	7.9	9.4
<b>Proportion of Persons in Relative Poverty (%)</b>	8.2	7.8	8.5	9.8

Source: *Statistics Mauritius*

### 7.3 Universal Health Coverage

**7.3.1** According to the World Health Organization, Universal Health Coverage (UHC) is defined as access to key promotive, preventive, curative and rehabilitative health interventions with the main objective to achieving equity in access to care and services, while also ensuring that people do not suffer financial hardship when paying for these services. UHC embodies three related objectives:

- Equity in access to health services - people who need the services should get them, not only people who can pay for them;
- Good quality of health services to improve the health of those receiving services and
- Financial-risk protection to ensure that the cost of using care does not put people at risk of catastrophic expenditure.

### 7.4 Catastrophic Expenditure on Health

**7.4.1** Out-of-pockets (OOP) financing of health care leave households exposed to the risk of unforeseen expenditures that absorb a large share of the household budget. 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.

**7.4.2** When people have to pay fees or co-payments for health care, the amount can be so high in relation to income that it results in “financial catastrophe” for the individual or the household. Such high expenditure may lead to people cutting down on necessities such as food and clothing, or are unable to pay for their children's education.

**7.4.3** Generally, out-of-pocket (OOP) health payments are viewed as catastrophic when a household must reduce its basic expenses over a period of time in order to cope with medical bills of one or more of its members.

**7.4.4** The World Health Organization recommends that health expenditure be viewed as catastrophic whenever it is greater than or equal to 40% of a household's non-subsistence income, i.e. income available after basic needs have been met.

## 7.5 Catastrophic Expenditure on Health – Republic of Mauritius

**7.5.1** The 2015 Survey on Household OOP Expenditure on Health covered 3,375 households in the Republic of Mauritius, which included 2,700 households in the island of Mauritius and 675 households in Rodrigues. This corresponds to an average household size of 3.6 persons. The coverage was representative of all regions, both urban and rural, across the two islands. Households' coverage comprised 12,099 persons with 5,859 or 48.4% male and 6,240 or 51.6% female.

**7.5.2** In the main island of Mauritius, surveyed households comprised 9,648 persons, with 4,678 or 48.5% male and 4,970 or 51.5% female. In Rodrigues, surveyed households covered 2,450 persons, with 1,180 or 48.2% male and 1,270 or 51.8% female.

**7.5.3** Sections E and F of the survey questionnaire aimed at capturing data on catastrophic expenditure on health in the Republic of Mauritius, including the island of Rodrigues. Data for this purpose was purposely collected for the month of July 2015 in the island of Mauritius and that of September 2015 in Rodrigues in order to compute accurate and reliable estimates on catastrophic expenditure on health.

**7.5.4** According to the WHO definition on catastrophic expenditure on health which signifies that health expenditure be viewed as catastrophic whenever it is greater than or equal to 40% of a household's non-subsistence income, i.e. income available after basic needs have been met, the 2015 Survey on Household OOP Expenditure on Health revealed that,

- 3.6% of households in the Republic of Mauritius experienced catastrophic expenditure on health, i.e. their health expenditure was greater than or equal to 40% of their non-subsistence income for the month of July 2015 in the main island of Mauritius and for the month of September 2015 in Rodrigues.
- 3.7% of households in the main island of Mauritius experienced catastrophic expenditure on health i.e. their out-of-pocket health expenditure was greater than or equal to 40% of a household's non-subsistence income for the month of July 2015.
- 1.2% of households in the island of Rodrigues experienced catastrophic expenditure on health i.e. their health expenditure was greater than or equal to 40% of a household's non-subsistence income for the month of September 2015.

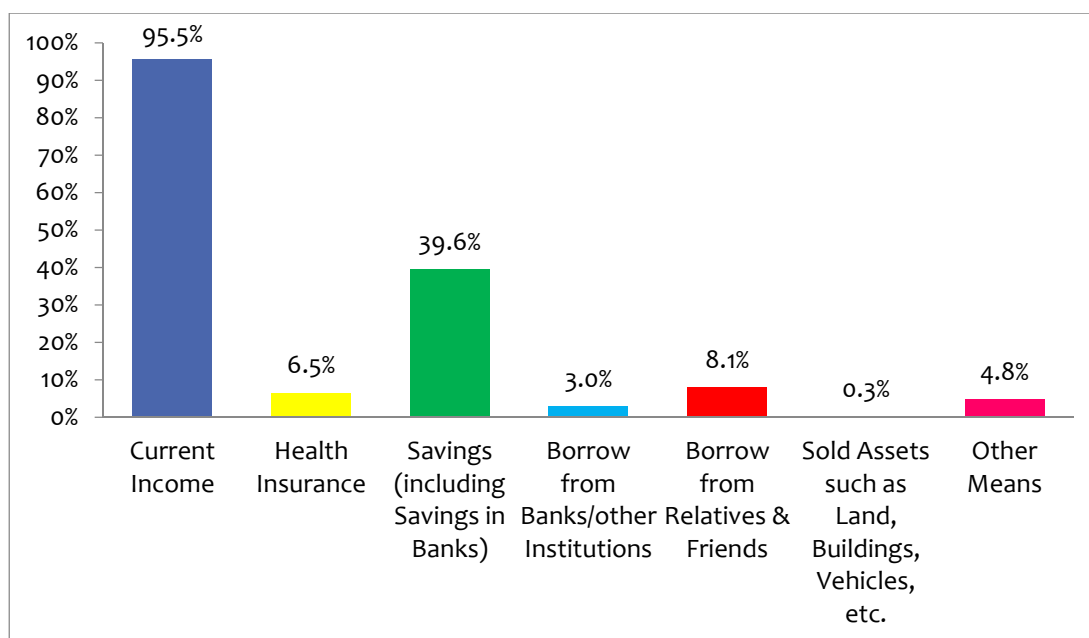
## 7.6 Financial Sources for Health Payments by Households

**7.6.1** TABLE XX and FIGURE VI below illustrate the different financial sources of payments for health services by households in the Republic of Mauritius, including the island of Rodrigues in 2015.

**TABLE XX: Financial Sources for Health Payments by Households, OOP Survey 2015**

Financial Sources	% No. of Households		
	Island of Mauritius	Island of Rodrigues	Republic of Mauritius
Current Income	95.8	87.3	95.5
Health Insurance	6.7	0.4	6.5
Savings (including Savings in Banks)	40.6	12.1	39.6
Borrow from Banks/other Institutions	3.1	0.4	3.0
Borrow from Relatives & Friends	8.4	0.9	8.1
Sold Assets such as Land, Buildings, Vehicles, etc.	0.3	0.1	0.3
Other Means	4.9	2.4	4.8

**FIGURE VI: Financial Sources for Health Payments by Households, OOP Survey 2015, Republic of Mauritius**



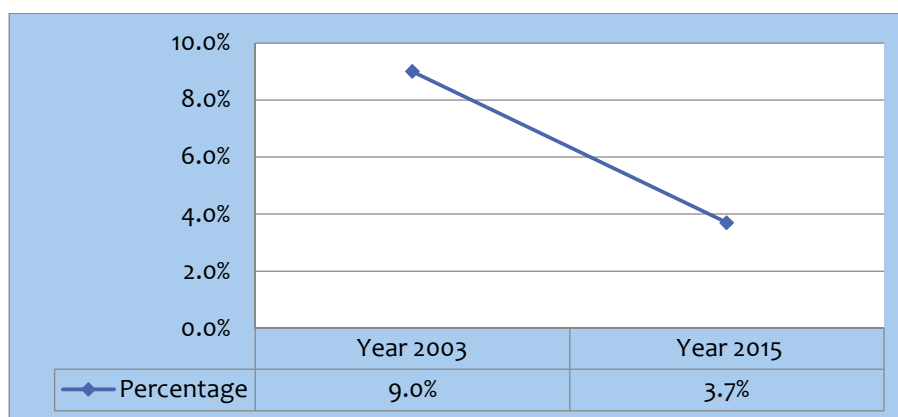
**7.6.2** As indicated in **TABLE XX** and **FIGURE VI**, the Survey on Household OOP Expenditure on Health revealed that the majority of households in the Republic of Mauritius, i.e. 95.5% used their current income for effecting health care payments in 2015. During the same year, 39.6% of households had to withdraw from their savings, including savings in banks and 3.0% had to borrow from banks and other financial institutions to pay for their health bills.

**7.6.3** The Survey also revealed that in 2015, 8.1% of households in the Republic of Mauritius had to borrow from friends and relatives in order to effect payments related to the purchase of health services in the private sector. 0.3% of households resorted to the sale of their properties, including land, buildings and vehicles to meet health care expenditures in 2015.

### 7.7 World Health Survey 2003

**7.7.1** The World Health Survey (WHS) 2003 reported that 9.0% of households in the Island of Mauritius experienced catastrophic expenditure on health in 2003. **FIGURE VII** below shows the sharp decline of the percentage of households experiencing catastrophic expenditure on health from year 2003 (WHS 2003) to year 2015 (Household OOP Expenditure on Health Survey 2015).

**FIGURE VII: Percentage of Households Experiencing Catastrophic Expenditure on Health in the Island of Mauritius in 2003 and 2015**



**7.7.2** The main reasons attributed to the sharp decline in catastrophic expenditure on health are the following:

- An increase in GDP per capita from Rs 132,687 (US\$ 4,647) in 2003 to Rs 321,991 (US\$ 9,030) in 2015;

- Government's continued efforts to sustain the provision of affordable free health care services, including a wider range of specialized health care services;
- An increase in the number of lives covered by voluntary private health insurance with 185,000 lives covered in 2015 and
- An increase in the allocation of public funds for the treatment of complicated medical cases abroad which proliferated from Rs 31.0 million (US\$ 1.09 million) in 2003 to Rs 58.3 million (US\$ 1.88 million) in 2014, representing a percentage increase of 88%.

## 7.8 Financial-Risk Protection - Private Health Insurance

**7.8.1** Health insurance is defined as a way to distribute the financial risks associated with the variation of individuals' health care expenditures by pooling costs over time (pre-payment) and over people (pooling). Pooling refers to collection and management of revenues in such a way to ensure that the risk of having to pay for health care is borne by all members of the pool.

**7.8.2** Employment group health insurance includes health insurance schemes covering employees of a company whereas voluntary private health insurance schemes are financed by individuals and may cover household members. In 2015, an average of two members per household was covered by a private health insurance policy.

**TABLE XXI: Percentage of Households Covered by Private Health Insurance, OOP Survey 2015**

	No. of Households in Sample Survey	No. Households Covered by Health Insurance	Percentage of Households Covered by Health Insurance (%)
Island of Mauritius	2,700	519	19.2
Rodrigues	675	27	4.0
Republic of Mauritius	3,375	546	18.7

**7.8.3** As indicated in **TABLE XXI** above, a low proportion of households surveyed were covered by private health insurance. In 2015, 18.7% of households in the Republic of Mauritius reported having members covered by voluntary private health insurance policies.

**7.8.4** **TABLE XXII** displays the share of premium paid by households or company/employer in 2015. Among those households having members covered by health insurance employer in

the Republic of Mauritius, 19% stated that the insurance premiums were being paid by the company or employer.

**7.8.5** Percentage of households who were paying their premiums themselves was estimated at 33%. For the remaining 48% of households, payments were made by both the household and the employer.

**TABLE XXII: Share of Premium Paid by Households or Company/Employer, OOP Survey 2015**

	% No. of Households		
	Island of Mauritius	Rodrigues	Republic of Mauritius
Household	33	41	33
Company/Employer	19	15	19
Both household and Company/Employer	48	44	48
Total	100	100	100

**7.8.6** TABLE XXIII indicates that average monthly health insurance premium paid per individual was estimated at Rs 607 in those households in the Republic of Mauritius.

**TABLE XXIII: Average Monthly Health Insurance Premium Paid Per Individual, OOP Survey 2015**

	Average Monthly Health Insurance Premium Paid per Individual (Rs)
Island of Mauritius	609
Rodrigues	402
Republic of Mauritius	607

**7.8.7** In 2014, some 15 private health insurance companies were operating in the country. During FY 2014, the total amount of premiums collected by private insurance companies through the contributions of individuals, corporates, including employees, amounted to approximately Rs 1.51 billion (US\$ 48.66 million), compared to Rs 565.50 million (US\$ 18.34 million) in FY 2008/09.

**7.8.8** Total claims settled by insurers, in 2014, amounted to approximately Rs 1.07 billion (US\$ 34.41 million), out of which, claims settled directly to policyholders amounted to some Rs 367.90 million (US\$ 11.84 million).



## 8. Conclusion

**8.1** The World Bank estimates that health care costs will rise by an average of 5.2 percent a year in 2014-2018, to \$9.3 trillion. This increase will be driven by the increasing health needs of the ageing populations, the rising prevalence of non-communicable diseases and chronic conditions associated with these diseases, needs to improve health systems, technology advances and procedural shifts in clinical interventions

**8.2** At the Meeting held on 12 June 2015, Cabinet took note of the proposal of the Ministry of Health and Quality of Life to develop National Health Accounts (NHA) 2015.

**8.3** NHA track the flow of all health and health related expenditures, incurred by both public and private sectors, including households out-of-pocket expenditures, spending by local authorities and parastatal bodies, employers' contributions, expenditures by non-governmental organizations, donors, multilateral and bilateral agencies and other partners. As an important diagnostic tool, NHA demonstrate the following:-

- What is the national health resource envelope?
- Where does the money come from?
- How are resources mobilized and managed for the health system?
- Who pays and how much is paid for health care?
- Who provides goods and services? and
- How are health care funds distributed across different services, interventions and activities that the health system provides?

**8.4** For the purpose of obtaining data on household OOP expenditure on health, the Ministry of Health and Quality of Life (MOH and QL) initiated the process to conduct a random sample survey on out-of-pocket expenditure (OOP) on health incurred by households in the Republic of Mauritius, including the island of Rodrigues.

**8.5** The main objective of the survey was to obtain the most accurate and reliable data on out-of-pocket (OOP) spending on health from a nationally representative sample of households, in the main island of Mauritius and Rodrigues in order to inform the second round of National Health Accounts (NHA) 2015.

**8.6** The specific objectives of the survey, amongst others, were to determine the extent of catastrophic expenditure on health among the population and understand the role of household spending on health in a broader macroeconomic context.

**8.7** In line with the recommendation of the WHO and the Institute for Health Metrics and Evaluation (IHME), United States of America, the Integrative Approach which is based on the compilation and analysis of data from three different perspectives, was used. These three approaches are the funding side perspective (outputs of the survey itself and primary data collection from private stakeholders), the provider side perspective (other primary and secondary data sources) and the consumption side perspective from private providers of health services on the consumption of health services by households.

**8.8** From the funding perspective, the survey covered 3,375 households in the Republic of Mauritius with 2,700 households in the main island of Mauritius and 675 households in Rodrigues. From the provider and consumption sides approaches, non-stochastic surveys were carried out to obtain primary data from private hospitals, private laboratories, private imaging centres and insurers.

**8.9** Households' OOP expenditure on health in the Republic of Mauritius was estimated at Rs 10.81 billion in FY 2014, representing an amount of US\$ 347.85 million. Out of this amount, households in the main island of Mauritius spent around Rs 10.71 billion (US\$ 344.82 million), whereas households in Rodrigues paid out approximately Rs 94.14 million or US\$ 3.08 million for health services purchased in the private sector.

**8.10** Pharmaceutical products (27.07%), medical supplies and disposables (20.28%), doctors' consultation fees (11.20%) and private hospitals (8.58%) accounted for the largest shares of Mauritian rupees spent on health by households in 2014.

**8.11** The findings of the Survey will be used to inform the second round of National Health Accounts (NHA) 2015.

## 9. Recommendations

### 9.1 Informing the Development of National Health Accounts (NHA) 2015

**9.1.1** NHAs are defined as a set of standardized matrices that describe total expenditure flows on health and health related activities within the health sector, both government and the private sector, including households' out-of-pocket expenditures, employers' contributions, inputs of non-governmental organizations, contributions from donors, multilateral and bilateral agencies and other partners.

**9.1.2** The main results of the 2015 Survey on households OOP expenditures on health will be used to inform the second round of National Health Accounts (NHA) 2015. NHA 2015 will be developed in line with "A System of Health Accounts 2011" produced by the Organization for Economic Cooperation and Development (OECD), Eurostat and WHO.

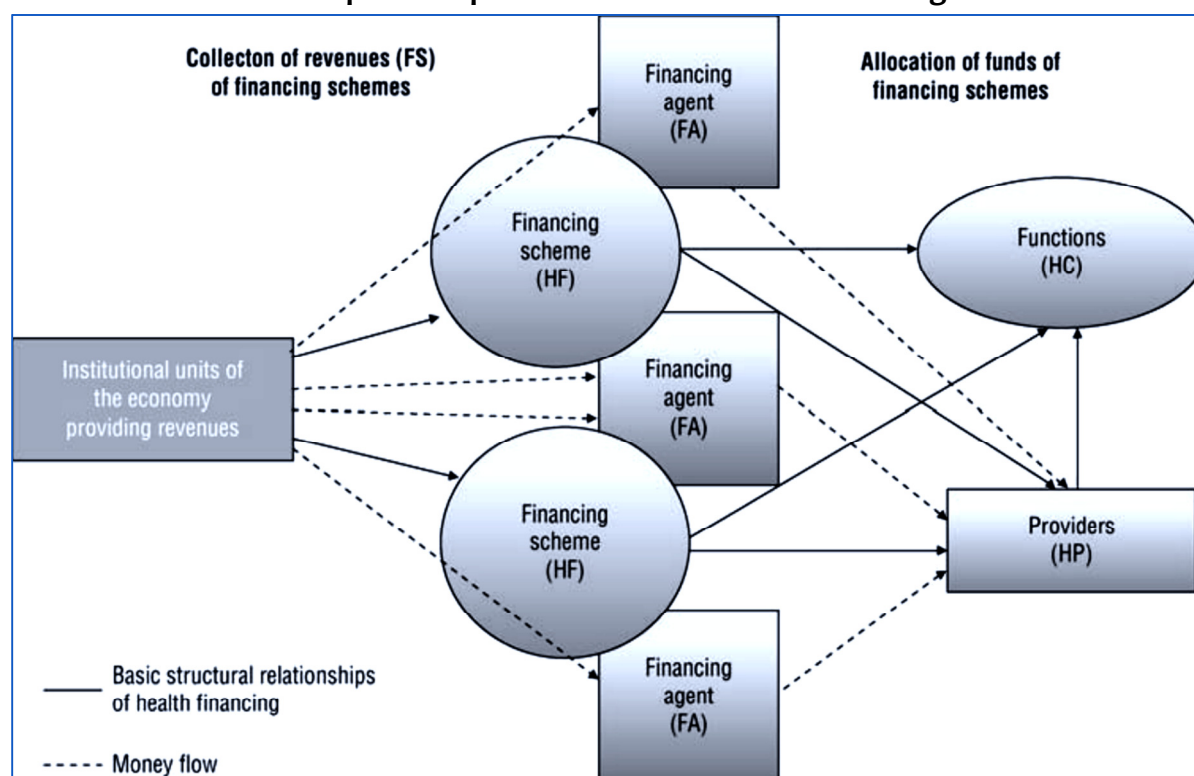
**9.1.3** The International Classifications for Health Accounts (ICHA) schemes of the "System of Health Accounts 2011", with their respective ICHA codes will be extensively used for the development of NHA 2015. The NHA dimensions will include the Financing Schemes, the Health Care Providers, the Financing Agents and the Functions of Care.

**9.1.4** Besides, the estimates on household OOP spending on health will be critical inputs for the development of the NHA 2015 Matrices, which will include the following:

- MATRIX I: Health Expenditure by Financing Agents and by Financing Schemes
- MATRIX II: Health Expenditure by Financing Schemes and by Health Care Providers
- MATRIX III: Health Expenditure by Financing Schemes and by Functions of Care
- MATRIX IV: Health Expenditure by Health Care Providers and by Functions of Care

**9.1.5** A graphical representation of SHA 2011 financing framework is displayed in **FIGURE VIII**.

FIGURE VIII: Graphical Representation of SHA 2011 Financing Framework



Source: OECD, Eurostat and WHO for SHA 2011.

## 9.2 Evidence-Based Information for Policy Decisions

**9.2.1** The findings of the Survey, which provide evidence-based information on the total estimated amount of OOP spending by households, set the platform for revisiting the health care financing mechanisms in the country, if needs arise.

## 9.3 Catastrophic Expenditure on Health

**9.3.1** Universal Health Coverage (UHC) ensures that people do not suffer financial hardship when paying for health services. One among the objectives of UHC is that there should be financial-risk protection in place to ensure that the cost of using care does not put people at risk of financial hardship.

**9.3.2** The report provides evidence-based information to private health insurance companies to further promote 'financial risk protection' schemes among people who prefer to seek care and treatment in the private sector.

## 9.4 Fiscal Measures

**9.4.1** In order to promote ‘financial risk protection’ schemes, Government may wish to consider the possibility of increasing the relief on medical insurance premium for tax payers.

## 9.5 International Comparisons

**9.5.1** Estimated data on households’ OOP expenditures on health will be used to make comparisons of the national country’s health system, including the general health status and health care financing indicators with other countries.

## 10. Limitations

**10.1** Household Out-of-Pocket (OOP) expenditures on health are among the most difficult data to collect and compile in the context of National Health Accounts (NHA). The incorrect measurement of household OOP expenditures on health can undermine the credibility of total health spending estimates and NHA data which are important tools for policymaking. Yet the collection and compilation of OOP expenditures on health are important because households' spending on health are typically the first or second largest source of health care financing in many countries.

**10.2** In line with the recommendations of the World Health Organization (WHO) and the Institute for Health Metrics and Evaluation (IHME), United States of America, the Integrative Approach was used for the 2015 Survey to obtain the most accurate and reliable data on OOP spending on health by households in the Republic of Mauritius, including Rodrigues. The Integrative Approach combines the following three methodologies with necessary adjustments,

- **Financing side perspective:** estimations using primary data from financing sources,
- **Provider side perspective:** estimations using data from providers of health care services in the private sector,
- **Consumption side perspective:** estimations using data, in line with the System of Health Accounts (SHA) 2011 functional classification, obtained from private providers of health services on the consumption of services by households.

**10.3** Paragraph 1.40 of Chapter 1 of the *“Guide to producing national health accounts, with special applications for low-income and middle-income countries”* mentions the following: “It is never possible to estimate health expenditures perfectly and without error. All countries, no matter how sophisticated their systems, combine “hard” financial figures with “soft” estimates and extrapolations of hard-to-measure items. Health accounting is both an art and a science. The team should be prepared for some uncertainties, and should focus their attention on the big items, without becoming bogged down in small items of inaccuracy”.

**10.4** The above limitations do not detract the reliance and usefulness of the findings of the 2015 Survey Report on Household OOP Expenditure on Health.

## 11. References

- OECD, Eurostat and WHO (2011), *A System of Health Accounts*.
- Guide to producing national health accounts: with special applications for low-income and middle-income countries. Geneva: World Health Organization, 2003.
- The World Health Report 2000: Health Systems: Improving Performance. Geneva: World Health Organization, 2000.
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- Rannan-Eliya R. 2007. National Health Accounts Estimation Methods: Household Out-of-pocket Spending in Private Expenditure. Monograph prepared for WHO/NHA Unit, Geneva, Switzerland.
- National Health Accounts Estimation Methods: Household Out-of-Pocket Spending in Private Expenditure, DR Ravi P. Rannan-Eliya, Institute for Health Policy/Asia-Pacific NHA Network, 2008
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- WHO PAYS? Out-of-Pocket Health Spending and Equity Implications in the Middle East and North Africa, November 2010, World Bank.
- Xu K, Evans DB, Kawabata K, Zeramdini R, Klavus J, Murray CJL. Household catastrophic health expenditure: a multi-country analysis. *Lancet* 2003; 362: 111-7.

## 12. Annexes

### 12.1 Questionnaire - Survey on Household Out-of-Pocket Expenditure on Health 2015



**REPUBLIC OF MAURITIUS**  
**MINISTRY OF HEALTH & QUALITY OF LIFE**  
**SURVEY ON HOUSEHOLD OUT-OF-POCKET EXPENDITURE ON HEALTH 2015**

<b>HOUSEHOLD IDENTIFICATION:</b>		Serial No
Locality No: _____		<div style="border: 1px solid black; width: 40px; height: 30px; display: inline-block;"></div>
Enumeration Area: _____		<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
Block No	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	Building
	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	Household No
	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	

<b>INTERVIEW:</b>	
Date of interview: _____	Signature of Interviewer: _____
Time start : _____	Time end: _____
Date checked & verified by Supervisor: _____	Signature: _____

<b>RE-INTERVIEW:</b>	
Face-to-face	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>
By phone	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>
Signature: _____	
Name: _____	
Date: _____	



## SECTION A: HOUSEHOLD PROFILE

A1: Household Size (all members of household sharing meals together including the Respondent)

Age	Male	Female	TOTAL
Below 18			
18 to 59			
60 and above			
HOUSEHOLD SIZE			

A2: How many members of your household earn salary, pension, alimony, rent or any other income?

-----

## SECTION B: HOUSEHOLD HEALTH PROFILE

B1: Has any member of your household ever been diagnosed with any of the following diseases?

SN	Disease	State number of members (put 0 if none)
a.	Diabetes & related conditions	
b.	Hypertension & related conditions	
c.	Heart diseases	
d.	Asthma /Chronic Respiratory disease	
e.	Cancer/Tumour	
f.	Eye disease	
g.	Mental and Behavioural disorders	
h.	Others (specify)	
	I. ....	
	II. ....	
	III. ....	

**B2: Has any member of your household suffered from any injury in the period January to July 2015?**

1. Yes, admitted ☐
2. Yes, not admitted ☐
3. No ☐

**B3: Is there any member of your household in need of constant care due to old age, chronic diseases, disability, mental problem, injury, or any other problems?**

1. Yes ☐
2. No ☐

**B4: Is any member of your household taking any medicine regularly?**

1. Yes ☐
2. No ☐

**B5: In the period January to July 2015, how many times yourself and other members of your household were admitted or seen by a doctor as follows:**

Service	Public Sector (January to July 2015)	Private Sector (January to July 2015)
Outpatient Care <sup>1</sup> (No. of attendances)		
Inpatient Care <sup>2</sup> (No. of admissions)		
Day Care <sup>3</sup> (No. of times)		

<sup>1</sup> Medical services delivered to a patient who is not admitted and does not stay overnight

<sup>2</sup> Admission into a facility for a day or more

<sup>3</sup> Patient is admitted and discharged on the same day

**B6:** For the period January to July 2015, have you or any member of your household travelled abroad for medical treatment? (including from Rodrigues to Mauritius)

1. Yes ☐

2. No ☐ (IF "NO", GO TO B7)

a. If yes, what was the total amount of expenses (excluding government support) incurred:

Rs -----

b. How much did you spend on the following:

Overseas Treatment Expenses	Rs
Medical treatment including admission and other clinical and non-clinical services	
Airfare for patient and accompanying relative(s)	
Accommodation and other expenses for accompanying relative(s)	

**B7:** Has your household incurred any significant non-regular health expenses from January to July 2015?

1. Yes ☐

2. No ☐

If yes, what was this significant amount? Rs -----

**B8:** For the period January to December 2014, what were your household estimated health expenses?

Rs -----

**B9:** For the period January to December 2014, has your household incurred any significant non-regular health expenses?

1. Yes ☐

2. No ☐

If yes, what was this significant amount spent in 2014? Rs -----

**B10:** On average, every month, what amount of money does your household disburse for the purchase of medicines, including medicines purchased over-the-counter?

Rs -----

## SECTION C: HEALTH INSURANCE

C1: How many persons in your household are covered by a health insurance? \_\_\_\_\_

(IF NONE, WRITE "0" AND GO TO SECTION D)

C2: Is the health insurance premium paid by the household or any company/employer?

- (a) Household ☐
- (b) Company/Employer ☐
- (c) Both household and company/employer ☐

C3: How much per month does your household contribute in terms of health insurance premium?

Rs \_\_\_\_\_

C4: In the period January to July 2015, what amount was refunded to your household by the health insurance company?

Rs \_\_\_\_\_

## SECTION D: HEALTH EXPENDITURE

D1: How much expenses you or any other member of your household have incurred on the below listed items during January to July 2015:

SN	Item	<u>January to July 2015</u> Expenses (Rs)
<b>1.</b>	<b><u>Outpatient Care</u></b>	
1.1	Consultation fees paid to General Medical Practitioners	
1.2	Consultation fees paid to Specialists	
1.3	Consultation fees paid to traditional medicine practitioners, <u>including ayurvedic practitioners</u>	
1.4	Consultation fees paid to other health practitioners (Psychologist, Acupuncturist, etc., <u>excluding dentists and opticians</u> )	
<b>2.</b>	<b><u>Inpatient Care</u></b>	
2.1	Total amount paid to Private Clinics	
	of which:	
2.1.1	Consultation fees for doctors/specialists	(       )
2.1.2	Drugs	(       )

2.1.3	Laboratory Tests	( )
2.1.4	Imaging (X-Rays, CT Scan ,MRI, Echography)	( )
2.1.5	Room facilities/Meals	( )
2.1.6	Others	( )
SN	Item	January to July 2015 Expenses (Rs)
<b>3.</b>	<b><u>Medicines (drugs, traditional medicines, ayurveda, Chinese, etc.)</u></b>	
3.1	Prescribed drugs	
3.2	Over the counter	
<b>4.</b>	<b><u>Dental Care</u></b>	
4.1	Fees to dentist	
4.2	Dental appliances	
<b>5.</b>	<b><u>Rehabilitative Care (including physiotherapy)</u></b>	
5.1	Inpatient Rehabilitative Care	
5.2	Outpatient Rehabilitative Care	
5.3	Home-based Rehabilitative Care	
<b>6.</b>	<b><u>Optician fees</u></b>	
<b>7.</b>	<b><u>Spectacles/contact lenses</u></b>	
<b>8.</b>	<b><u>Hearing aids</u></b>	
<b>9.</b>	<b><u>Screening/Check-up fees - outpatient</u></b>	
<b>10.</b>	<b><u>Lab tests (urine, blood) - outpatient</u></b>	
<b>11.</b>	<b><u>Imaging (X-ray, Scan, MRI, Echo) - outpatient</u></b>	
<b>12.</b>	<b><u>Vaccinations (baby &amp; other)</u></b>	
12.1	For babies	
12.2	Others ( including for travelling purposes)	
<b>13.</b>	<b><u>Family Planning contraceptive methods</u></b>	
<b>14.</b>	<b><u>Dialysis related costs</u></b>	
<b>15.</b>	<b><u>Transport (only for health)</u></b>	
<b>16.</b>	<b><u>Wheelchair &amp; other orthopedic appliances</u></b>	
<b>17.</b>	<b><u>Other expenses related to disability</u></b>	

18.	<u>Ampoules/'fortifiants'</u>	
19.	<u>Other medical non-durable (syringes, bandage, disinfectant, etc.)</u>	

**SECTION E: Household Total Expenditure****E1: Details of household expenses in July 2015:**

SN	Item	Amount (Rs)
1.	Consultation fees: (doctors/dentists/opticians/other health professionals)	
2.	Purchase of medicines	
3.	Other health expenses (excluding insurance premium) <sup>1</sup>	
4.	Health insurance premium	
5.	Food stuff (rice, meat, fish, pulses, vegetables, fruits, etc)	
6.	Transport (including education, excluding health)	
7.	Rent (residential purpose only)	
8.	Education (fees, tuitions, stationery, books)	
9.	Leisure/sports/newspaper	
10.	Alcohol	
11.	Cigarettes	
12.	Utilities (CEB, CWA, Telephone) , excluding Internet	
13.	Loan reimbursement (including hire purchase)	
14.	Pocket money	
15.	Mobile phone/tablet	
16.	Internet/Private TV	
17.	Premiums for life insurance policies	
18.	Others <sup>2</sup> (specify) I. .... II. .... III. ....	
	<b>TOTAL (by interviewer)</b>	

<sup>1</sup> Health Expenses such as lab tests/x-ray/imaging etc.<sup>2</sup> To exclude capital expenditure such as purchase of land, car, as well as construction of building, holidays abroad.

## SECTION F: FINANCIAL SOURCES USED BY HOUSEHOLDS FOR EFFECTING PAYMENT RELATED TO HEALTH

**F1:** In the period January to July 2015, which of the following financial sources did your household use to pay for any health expenditure? (Read out and Circle 1 or 2 as appropriate)

SN	Source	1. Yes	2. No
1.	Current income	1	2
2.	Health insurance	1	2
3.	Savings (including in bank)	1	2
4.	Borrow from banks/other institutions	1	2
5.	Borrow from relatives & friends	1	2
6.	Sold assets such as land, building, vehicles, personal belongings, household commodities etc.	1	2
7.	Other means (specify) -----	1	2

**F2:** What was the Household Total Revenue, including salary, pension, alimony, rent or any other income in the month of July 2015? (REMIND INTERVIEWEE ABOUT CONFIDENTIALITY OF ALL INFORMATION)

(Insert exact amount after probing. The amount must include revenues of all members of the household in July 2015. Check for pensions of persons aged 60 years and above in the household)

Rs \_\_\_\_\_ (Check Total Expenditure in July 2015)

THANK YOU

MY SUPERVISOR MAY RECONTACT YOU FOR ANY CLARIFICATION

YOUR CONTACT DETAILS PLEASE:

NAME: \_\_\_\_\_

MOBILE NUMBER: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_

## 12.2 Questionnaire - Private Hospitals



REPUBLIC OF MAURITIUS

MINISTRY OF HEALTH AND QUALITY OF LIFE

NATIONAL HEALTH ACCOUNTS 2015

QUESTIONNAIRE: PRIVATE HOSPITALS

**SECTION A: NOTE**

1. At the Meeting held on **12 June 2015**, Cabinet took note of the proposal of the Ministry of Health and Quality of Life to develop National Health Accounts (NHA) 2015.

2. NHA track the flow of all health and health related expenditures, incurred by both public and private sectors, including households out-of-pocket expenditures, spending by local authorities and parastatal bodies, employers' contributions, expenditures by non-governmental organizations, donors, multilateral and bilateral agencies and other partners. As an important diagnostic tool, NHA demonstrate the following:-

- What is the national health resource envelope?
- Where does the money come from?
- How are resources mobilized and managed for the health system?
- Who pays and how much is paid for health care?
- Who provides goods and services? and
- How are health care funds distributed across different services, interventions and activities that the health system provides?

3. **Rationale behind NHA:** These accounts, *inter-alia*, provide evidence-based information to policy-makers and other partners, including the private sector, for stimulating policy decisions. Weaknesses as well as opportunities within the national health delivery system are revealed and the potentials for identifying possibilities for enhanced performance are explored and increased.

4. NHA 2015 are being developed in line with the International Classification of Health Accounts (ICHAs) produced by the World Bank, the World Health Organization and the United States Agency for International Development (USAID). NHA 2015 are being developed on actual expenditures incurred during **FY 2014, starting from 1<sup>st</sup> January to 31st December 2014**.

5. Please send filled in questionnaire through email address [yramful@govmu.org](mailto:yramful@govmu.org) or [n.budaloo@govmu.org](mailto:n.budaloo@govmu.org) or by fax on **Fax Number 208-9814** (Attn. Lead Health Analyst) or by post **by latest 01 October, 2015 to Ministry of Health and Quality of Life, Health Economics Unit, 7<sup>th</sup> Level, Emmanuel Anquetil Building, Port-Louis**.

**ALL INFORMATION PROVIDED WILL BE TREATED WITH STRICT CONFIDENTIALITY AND WILL BE EXCLUSIVELY USED FOR DEVELOPING NHA 2015.**



**SECTION B: PROFILE**

**B.1** Name of Private Hospital : \_\_\_\_\_

**B.2** Name of Respondent: \_\_\_\_\_

**B.3** Position of Respondent: \_\_\_\_\_

**B.4** Address: \_\_\_\_\_

**B.5** Email Address: \_\_\_\_\_

**B.6** Telephone Number: Office \_\_\_\_\_ Mobile \_\_\_\_\_

**B.7** Date information provided: \_\_\_\_\_

**B.8** Reporting Period: **FY 2014 (1<sup>st</sup> January -31<sup>st</sup> December 2014)** \_\_\_\_\_

**SECTION C: ATTENDANCES/ ADMISSIONS/ EXPENDITURE BY PATIENTS**

**C.1** Indicate the total amount of revenue raised by your institution through the sale of services to patients during **FY 2014 (1<sup>st</sup> January -31<sup>st</sup> December 2014)**.

RS.....

**C.2** In **TABLE I** below, indicate the number of attendances/ admissions and the corresponding amount paid by patients for the different services provided.

**TABLE I**

Service	Mauritian Citizens		Foreigners	
	Attendances/ Admissions	Amount Paid by Patients (RS)	Attendances/ Admissions	Amount Paid by Patients (RS)
<b>Outpatient Care</b>				
<b>Inpatient Care</b>				
<b>Day Care</b>				
<b>Total</b>				

**C.3** In respect to replies to **C.1** and **C.2**, indicate the amount paid by patients for each and every health and health-related activities as mentioned in **TABLE II** below:

TABLE II

Health and Health-Related Services	Amount spent by Mauritian Citizens (RS)	Amount spent by Foreigners (RS)
<b>C.2.1</b> Inpatient curative care		
<b>C.2.2</b> Day cases of curative care		
<b>C.2.3</b> Outpatient curative care		
<b>C.2.4</b> Outpatient dental care		
<b>C.2.5</b> All other specialized medical services		
<b>C.2.6</b> All other outpatient curative care		
<b>C.2.7</b> Services of rehabilitative care		
<b>C.2.8</b> Laboratory tests		
<b>C.2.9</b> Diagnostic Imaging (Xrays, CT Scan, MRI, Echography, etc)		
<b>C.2.10</b> Patient transport and emergency rescue		
<b>C.2.11</b> Renal Dialysis		
<b>C.2.12</b> Blood Transfusion		
<b>C.2.13</b> Other miscellaneous ancillary services		
<b>C.2.14</b> Pharmaceuticals		
<b>C.2.15</b> Orthopaedic appliances and other prosthetics		
<b>C.2.16</b> Medico-technical devices, including wheelchairs		
<b>C.2.17</b> Prevention of Communicable diseases		
<b>C.2.18</b> Prevention of Non- Communicable diseases		
<b>C.2.19</b> Health Promotion		
<b>C.2.20</b> Immunization		
<b>C.2.20.1</b> For Babies		
<b>C.2.20.2</b> Others ( including for travelling purposes)		

<b>C.2.21</b> Occupational Health Services		
<b>C.2.22</b> All other miscellaneous public health services		
<b>C.2.23</b> Other services		
<b>Total</b>		

(NOTE: The total amount specified in TABLE I should be the same amount as indicated to reply of C.1.)

#### SECTION D: MODE OF PAYMENT

**D.1** With respect to reply to **C.1**, please indicate in **TABLE III** the following:

**TABLE III**

Mode of payment	Mauritian Citizens Rs	Foreigners Rs
(i) Amount paid directly by patients through out-of-pocket payment (cash, cheques, credit cards etc.)		
(ii) Amount paid by health insurance companies		
(iii) Amount paid directly by employers in favor of their employees		
<b>Total</b>		

(NOTE: The total amount specified in TABLE III should be the same amount as indicated to replies of C.1 to C.3).

**SECTION E: CAPITAL INVESTMENT**

**E.1** Indicate the total amount invested for capital development, including construction or upgrading of infrastructure and acquisition of new equipment during **FY 2014**.

Capital Investment (FY 2014)	Rs
1.	
2.	
3.	
4.	
5.	
Total	

**SECTION F: ADMINISTRATIVE & OTHER OPERATING COSTS**

**F.1** Indicate the total amount spent by your institution on administration and management services out of total revenue collected and as mentioned in reply C.1 during **FY 2014**.

Rs.....

**F.2** Indicate the total amount paid by your institution to repay back loans (Capital & Interests) out of total revenue collected and as mentioned in reply C.1 during the **Reporting Period (1<sup>st</sup> January -31<sup>st</sup> December 2014)**.

Rs.....

**F.3** Please indicate any other additional information you think necessary for the current NHA exercise:

.....

.....

.....

.....

For any other information or clarification, please contact the Lead Health Analyst, Mr Y. Ramful on telephone number 201-2087 or mobile 52532131 or Health Analyst Mrs N. Budaloo on telephone number 201-1721

Thank you for your usual support and collaboration.

Date: 10 September, 2015

## 12.3 Questionnaire – Private Laboratories



REPUBLIC OF MAURITIUS

MINISTRY OF HEALTH AND QUALITY OF LIFE

NATIONAL HEALTH ACCOUNTS 2015

QUESTIONNAIRE: PRIVATE LABORATORIES

**SECTION A: NOTE**

1. At the Meeting held on **12 June 2015**, Cabinet took note of the proposal of the Ministry of Health and Quality of Life to develop National Health Accounts (NHA) 2015.

2. NHA track the flow of all health and health related expenditures, incurred by both public and private sectors, including households out-of-pocket expenditures, spending by local authorities and parastatal bodies, employers' contributions, expenditures by non-governmental organizations, donors, multilateral and bilateral agencies and other partners. As an important diagnostic tool, NHA demonstrate the following:-

- What is the national health resource envelope?
- Where does the money come from?
- How are resources mobilized and managed for the health system?
- Who pays and how much is paid for health care?
- Who provides goods and services? and
- How are health care funds distributed across different services, interventions and activities that the health system provides?

3. **Rationale behind NHA:** These accounts, *inter-alia*, provide evidence-based information to policy-makers and other partners, including the private sector, for stimulating policy decisions. Weaknesses as well as opportunities within the national health delivery system are revealed and the potentials for identifying possibilities for enhanced performance are explored and increased.

4. NHA 2015 are being developed in line with the International Classification of Health Accounts (ICHAs) produced by the World Bank, the World Health Organization and the United States Agency for International Development (USAID). NHA 2015 are being developed on actual expenditures incurred during **FY 2014, starting from 1<sup>st</sup> January to 31st December 2014**.

5. Please send filled in questionnaire through email address [yramful@govmu.org](mailto:yramful@govmu.org) or [n.budaloo@govmu.org](mailto:n.budaloo@govmu.org) or by fax on **Fax Number 208-9814** (Attn. Lead Health Analyst) or by post **by latest 15 September, 2015 to Ministry of Health and Quality of Life, Health Economics Unit, 7<sup>th</sup> Level, Emmanuel Anquetil Building, Port-Louis**.

**ALL INFORMATION PROVIDED WILL BE TREATED WITH STRICT CONFIDENTIALITY AND WILL BE EXCLUSIVELY USED FOR DEVELOPING NHA 2015.**

**SECTION B: PROFILE OF PRIVATE HEALTH INSTITUTION**

**B.1** Name of Private Health Institution: \_\_\_\_\_

**B.2** Name of Respondent: \_\_\_\_\_

**B.3** Position of Respondent: \_\_\_\_\_

**B.4** Address: \_\_\_\_\_

**B.5** Email Address: \_\_\_\_\_

**B.6** Telephone Number: Office \_\_\_\_\_ Mobile \_\_\_\_\_

**B.7** Date information provided: \_\_\_\_\_

**B.8** Reporting Period: FY 2014 (1<sup>st</sup> January -31<sup>st</sup> December 2014) \_\_\_\_\_

**SECTION C: SPECIFIC INFORMATION (FY 2014).**

**C.1** Indicate the total amount of revenue raised by your institution through the sale of laboratory investigation services to health consumers during FY 2014 (1<sup>st</sup> January -31<sup>st</sup> December 2014)

Rs.....

**C.2** In TABLE I below, indicate the amount paid to your institution by the corresponding mode of payment provided. (Total amount should correspond to sum indicated in C.1).

TABLE I

Mode of payment		Rs
(i)	Amount paid directly by health consumers through out-of-pocket payment(cash, cheques, credit cards etc)	
(ii)	Amount paid by health insurance companies	
(iii)	Amount paid directly by employers in favour of their employees	
Total		

**SECTION D: CAPITAL INVESTMENT**

**D.1** Indicate in TABLE II the total amount invested for capital development, including building or upgrading of infrastructure and acquisition of new equipment during FY 2014:

**TABLE II**

Capital Investment (FY 2014)	Rs
1.	
2.	
3.	
4.	
5.	
<b>Total</b>	

**D.2** Indicate the total amount spent by your institution on administration and management services out of total revenue collected and as mentioned in reply C.1 during FY 2014.

Rs.....

**D.3** Please indicate any other additional information you think necessary for the current NHA exercise:

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For any other information or clarification, please contact the Lead Health Analyst, Mr Y. Ramful on telephone number 201-2087 or mobile 52532131 or Health Analyst Mrs N. Budaloo on telephone number 201-1721

Thank you for your usual support and collaboration.

Date: 28 August, 2015

## 12.4 Questionnaire - MRA/Customs- Imports of Drugs, Medical Supplies and Equipment



REPUBLIC OF MAURITIUS

MINISTRY OF HEALTH AND QUALITY OF LIFE

NATIONAL HEALTH ACCOUNTS 2015

## QUESTIONNAIRE: MRA/CUSTOMS- IMPORTS OF DRUGS, MEDICAL SUPPLIES AND EQUIPMENT

## SECTION A: NOTE

1. At the Meeting held on **12 June 2015**, Cabinet took note of the proposal of the Ministry of Health and Quality of Life to develop National Health Accounts (NHA) 2015.
2. NHA track the flow of all health and health related expenditures, incurred by both public and private sectors, including households out-of-pocket expenditures, spending by local authorities and parastatal bodies, employers' contributions, expenditures by non-governmental organizations, donors, multilateral and bilateral agencies and other partners. As an important diagnostic tool, NHA demonstrate the following:-
  - What is the national health resource envelope?
  - Where does the money come from?
  - How are resources mobilized and managed for the health system?
  - Who pays and how much is paid for health care?
  - Who provides goods and services? and
  - How are health care funds distributed across different services, interventions and activities that the health system provides?
3. **Rationale behind NHA:** These accounts, *inter-alia*, provide evidence-based information to policy-makers and other partners, including the private sector, for stimulating policy decisions. Weaknesses as well as opportunities within the national health delivery system are revealed and the potentials for identifying possibilities for enhanced performance are explored and increased.
4. NHA 2015 are being developed in line with the International Classification of Health Accounts (ICHAs) produced by the World Bank, the World Health Organization and the United States Agency for International Development (USAID). NHA 2015 are being developed on actual expenditures incurred during **FY 2014, starting from 1<sup>st</sup> January to 31st December 2014**.
5. Please send filled in questionnaire through email address [yramful@govmu.org](mailto:yramful@govmu.org) copied to [n.budaloo@govmu.org](mailto:n.budaloo@govmu.org) or by fax on **Fax Number 208-9814** (Attn. Lead Health Analyst) or by post **by latest 09 October, 2015 to Ministry of Health and Quality of Life, Health Economics Unit, 7<sup>th</sup> Level, Emmanuel Anquetil Building, Port-Louis**.

**ALL INFORMATION PROVIDED WILL BE TREATED WITH STRICT CONFIDENTIALITY AND WILL BE EXCLUSIVELY USED FOR DEVELOPING NHA 2015.**



**SECTION B: PROFILE**

**B.1** Name of Institution/Department : \_\_\_\_\_

**B.2** Name of Respondent: \_\_\_\_\_

**B.3** Position of Respondent: \_\_\_\_\_

**B.4** Address: \_\_\_\_\_

**B.5** Email Address: \_\_\_\_\_

**B.6** Telephone Number: Office \_\_\_\_\_ Mobile \_\_\_\_\_

**B.7** Date information provided: \_\_\_\_\_

**B.8** Reporting Period: FY 2014 (1<sup>st</sup> January -31<sup>st</sup> December 2014) \_\_\_\_\_

**SECTION C: IMPORTS OF DRUGS AND MEDICAL PRODUCTS**

**C.1** Indicate the total value of imports to Mauritius in terms on Drugs, Medical Supplies and Medical Equipment during FY 2014 (1<sup>st</sup> January -31<sup>st</sup> December 2014).

Rs.....

**C.2** In **TABLE I** below, indicate the value of imports for the corresponding items

SN	Imports	Amount (Rs)
1.	The total value of drugs imported to Mauritius.	
2.	Out of this total value of drugs imported, how much was for Ayurvedic drugs?	
3.	The total value of medical supplies and disposables (bandages, syringes, etc) imported to Mauritius.	
4.	The total value of medical equipment imported to Mauritius.	

**TABLE I**

(NOTE: The total amount specified in TABLE I should be the same amount as indicated to reply of C.1.)

**C.3** In respect to reply to **C.2**, out of the total value of imports, indicate the amount of exports to Rodrigues for each item.

SN	Exports	Amount (Rs)
1.	The total value of drugs exported to Rodrigues.	
2.	Out of this total value of drugs exported, how much was for Ayurvedic drugs?	
3.	The total value of medical supplies and disposables (bandages, syringes, etc) exported to Rodrigues.	
4.	The total value of medical equipment exported to Rodrigues.	

**C.4** Please indicate any other additional information you think necessary for the current NHA exercise:

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.....

For any other information or clarification, please contact the Lead Health Analyst, Mr Y. Ramful on telephone number 201-2087 or mobile 52532131 or Health Analyst Mrs N. Budaloo on telephone number 201-1721

Thank you for your usual support and collaboration.

Date: 24 September, 2015

## 12.5 Questionnaire - Health Insurance Companies



## REPUBLIC OF MAURITIUS

## MINISTRY OF HEALTH AND QUALITY OF LIFE

## NATIONAL HEALTH ACCOUNTS 2015

## QUESTIONNAIRE: HEALTH INSURANCE COMPANIES

## SECTION A: NOTE

1. At the Meeting held on **12 June 2015**, Cabinet took note of the proposal of the Ministry of Health and Quality of Life to develop National Health Accounts (NHA) 2015.

2. NHA track the flow of all health and health related expenditures, incurred by both public and private sectors, including households out-of-pocket expenditures, spending by local authorities and parastatal bodies, employers' contributions, expenditures by non-governmental organizations, donors, multilateral and bilateral agencies and other partners. As an important diagnostic tool, NHA demonstrate the following:-

- What is the national health resource envelope?
- Where does the money come from?
- How are resources mobilized and managed for the health system?
- Who pays and how much is paid for health care?
- Who provides goods and services? and
- How are health care funds distributed across different services, interventions and activities that the health system provides?

**3. Rationale behind NHA:** These accounts, *inter-alia*, provide evidence-based information to policy-makers and other partners, including the private sector, for stimulating policy decisions. Weaknesses as well as opportunities within the national health delivery system are revealed and the potentials for identifying possibilities for enhanced performance are explored and increased.

**4.** NHA 2015 are being developed in line with the International Classification of Health Accounts (ICHAs) produced by the World Bank, the World Health Organization and the United States Agency for International Development (USAID). NHA 2015 are being developed on actual expenditures incurred during **FY 2014, starting from 1<sup>st</sup> January to 31st December 2014.**

**5.** Please send filled in questionnaire through email address [yramful@govmu.org](mailto:yramful@govmu.org) or [kdiop@govmu.org](mailto:kdiop@govmu.org) or by fax on **Fax Number 208-9814** (Attn. Lead Health Analyst) or by post **by latest 15 October, 2015 to Ministry of Health and Quality of Life, Health Economics Unit, 7<sup>th</sup> Level, Emmanuel Anquetil Building, Port-Louis.**

**ALL INFORMATION PROVIDED WILL BE TREATED WITH STRICT CONFIDENTIALITY AND WILL BE EXCLUSIVELY USED FOR DEVELOPING NHA 2015.**

**SECTION B: INSURERS' PROFILE**

B.1 Name of Insurance Company or Provident Fund: \_\_\_\_\_

B.2 Type of insurance company: (State-owned/Para-statal/ Private) \_\_\_\_\_

B.3 Name of Respondent: \_\_\_\_\_

B.4 Position of Respondent: \_\_\_\_\_

B.5 Address: \_\_\_\_\_

B.6 Email Address: \_\_\_\_\_

B.7 Telephone Number: Office \_\_\_\_\_ Mobile \_\_\_\_\_

B.8 Date information provided: \_\_\_\_\_

B.9 Reporting Period: FY 2014 ( 1<sup>st</sup> January – 31<sup>st</sup> December 2014 ) \_\_\_\_\_**SECTION C: SUBSCRIPTIONS/REVENUE**

C.1. In TABLE I below, please indicate the number of subscribers (**for health insurance only**) to your organization at the end of the Reporting Period. If health insurance is included as a part of other insurance, please include those subscribers in your figures.

**TABLE I: NUMBER OF SUBSCRIBERS FOR HEALTH INSURANCE ONLY**

	Group/Company	Individual/Family
Number of policies		
Number of lives covered		

## SECTION D: PREMIUM COLLECTED

D.1. In TABLE II below, indicate the total amount of premium invoiced clients for the period 1<sup>st</sup> January -31<sup>st</sup> December 2014.

TABLE II

Type of Revenue	Amount(in Rupees)			
	Total	Group/Company		Individual/Family (General Public)
		Employers' contribution	Employees' Contribution	
Premium (health business only)				
Less: Premium discounts and rebates (health business only)				
Grants from employers:				
-Cash				
Others (specify)				
Total (health business only)				

Reporting basis (circle one): Accrual

Cash

D.2. In TABLE III below, indicate your organization's total expenditures for the Reporting Period.

TABLE III

Type of Expense	Amount(in Rupees)		
	Total	In respect of Group/Company covers	In respect of Individual/Family covers
1.Claims Paid directly to:			
1.1 Private clinics			
1.2 Private laboratories			
1.3 Pharmacies			
1.4 Private Medical Practitioners			
1.5 Medical Supplies			
1.6 Private Imaging/Diagnostic Centres			
2. Reimbursement made directly to policy holders, out of which,			
2.1 Consultation fees			
2.2 Medicine purchased			
2.3 Laboratory Tests			
2.4 X Rays, CT Scan, MRI, Echography			
2.5 Private Clinics			
2.6 Dental Care & Appliances			
2.7 Optical appliances			
2.8 Hearing Aids etc)			
2.9 Wheelchairs/Orthopedics Appliances			
2.10 Others			
3. Total Benefits			
4. Additions to reserves (health business only)			
5. Administrative expenses (health business)			
6. Surplus or retained earnings (health business)			

Reporting basis (circle one): Accrual

Cash

**D.3. Do the revenue figures above include the health portion of premiums for combined life/health policies. (circle one)**

Not Applicable

Yes

No

**If yes, please enter total benefits paid under such combined policies in the reporting year.**

Life	Health

**D.4. Please indicate any other additional information you think necessary for the current NHA project:**

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**For any other information or clarification, please contact the Lead Health Analyst, Mr Y. Ramful on telephone number 201-2087 or mobile: 5253-2131 or Ms K. Diop on telephone number 201-1721.**

**Thank you for usual support and collaboration.**

**Date: 01 October 2015**

## 12.6 Questionnaire – Non-Governmental Organisations



REPUBLIC OF MAURITIUS

MINISTRY OF HEALTH AND QUALITY OF LIFE

NATIONAL HEALTH ACCOUNTS 2015

QUESTIONNAIRE: NON-GOVERNMENTAL ORGANISATIONS

### SECTION A: NOTE

1. At the Meeting held on **12 June 2015**, Cabinet took note of the proposal of the Ministry of Health and Quality of Life to develop National Health Accounts (NHA) 2015.
2. NHA track the flow of all health and health related expenditures, incurred by both public and private sectors, including households out-of-pocket expenditures, spending by local authorities and parastatal bodies, employers' contributions, expenditures by non-governmental organizations, donors, multilateral and bilateral agencies and other partners. As an important diagnostic tool, NHA demonstrate the following:-
  - What is the national health resource envelope?
  - Where does the money come from?
  - How are resources mobilized and managed for the health system?
  - Who pays and how much is paid for health care?
  - Who provides goods and services? and
  - How are health care funds distributed across different services, interventions and activities that the health system provides?
3. **Rationale behind NHA:** These accounts, *inter-alia*, provide evidence-based information to policy-makers and other partners, including the private sector, for stimulating policy decisions. Weaknesses as well as opportunities within the national health delivery system are revealed and the potentials for identifying possibilities for enhanced performance are explored and increased.
4. NHA 2015 are being developed in line with the International Classification of Health Accounts (ICHAs) produced by the World Bank, the World Health Organization and the United States Agency for International Development (USAID). NHA 2015 are being developed on actual expenditures incurred during **FY 2014, starting from 1<sup>st</sup> January to 31st December 2014**.
5. Please send filled in questionnaire through email addresses [nbudaloo@govmu.org](mailto:nbudaloo@govmu.org) or [kdiop@govmu.org](mailto:kdiop@govmu.org), or by fax on Fax Number 208-9814 (Attn. Lead Health Analyst) or by post by latest **3 December, 2015** to **Ministry of Health and Quality of Life, Health Economics Unit, 7th Level, Emmanuel Anquetil Building, Port-Louis**.

**ALL INFORMATION PROVIDED WILL BE TREATED WITH STRICT CONFIDENTIALITY AND WILL BE EXCLUSIVELY USED FOR DEVELOPING NHA 2015.**



**SECTION B: PROFILE OF NON- GOVERNMENT ORGANIZATION**

**B.1** Name of Non-Governmental Organization: \_\_\_\_\_

**B.2** Name of Respondent: \_\_\_\_\_

**B.3** Position of Respondent: \_\_\_\_\_

**B.4** Address: \_\_\_\_\_

**B.5** Email Address: \_\_\_\_\_

**B.6** Telephone Number:

Office: \_\_\_\_\_

Mobile: \_\_\_\_\_

**B.7** Indicate the various types of health and health-related activities your organization undertakes.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B.8** Reporting Period: **FY 2014 (1<sup>st</sup> January -31<sup>st</sup> December 2014)**

**B.9** Date information provided: \_\_\_\_\_

**SECTION C: FINANCING SOURCES.**

**C.1.**Indicate the Total Amount of Funds raised by your Organization during the Reporting Period.

**Rs.**.....

**C.2** In respect to C.1, indicate in **TABLE I** the Financing Sources, that is, where did the funds come from?

**TABLE I**

Financing Sources	Amount Received (Rs)
<b>C.2.1</b> Ministry of Health & Quality of Life	.....
<b>C.2.2</b> Other Ministries ( Pl. specify)	
(i).....	.....
(ii).....	.....
(iii).....	.....
<b>C.2.3</b> Local Authorities (Municipalities/District Councils)	.....
<b>C.2.4</b> Foreign Agencies/Donors (Exp. UNAIDS, UNFPA, UNDP, WHO etc.)and other multilateral agencies	
(i).....	.....
(ii).....	.....
(iii).....	.....
(iv) .....	.....
(v).....	.....
<b>C.2.5</b> Private Sector (commercial banks, firms, and other business organizations, etc.)	
(i).....	.....
(ii).....	.....
<b>C.2.6</b> International NGOs	
(i).....	.....
(ii).....	.....
(iii).....	.....
<b>C.2.7</b> Sale of Goods and Services	.....
<b>C.2.8</b> Self -Raising	.....
<b>C.2.9</b> Other Financing Sources (incl. accrued interests)	
(i).....	.....
(ii).....	.....
(iii).....	.....
<b>C.2.10</b> Total	.....

**NOTE:** The total in C.2.10 should be the same as total of C.1.

**SECTION D: FUNCTIONS**

*(Functions are described as the types of goods and services provided and activities performed within the health accounts boundary. Functions lead to the identification of transactions which take place within the health accounts boundary and also indicate which health transactions contribute to the various specific aggregate health expenditures.)*

**D.1** In respect to replies to **C.1** and **C.2.10**, give details of expenditures incurred on each and every health and health related activity as mentioned below:

Health and Health-Related Activities	Amount spent (Rs)
D.1 Outpatient care	
D.2 Day cases of curative care	
D.3 Services of rehabilitative care	
D.4 Rehabilitative home care	
D.5 Training for staff	
D.6 Environmental Health	
D.7 Capital formation (construction of infrastructure, acquisition of equipment etc)	
D.8 Laboratory tests	
D.9 Diagnostic imaging (Xrays, CT Scan, MRI, Echography, etc)	
D.10 Glasses and other vision products	
D.11 Orthopaedic appliances and other prosthetics	
D.12 Hearing aids	
D.13 All other medico-technical devices, incl. wheel chairs	
D.14 School health services	
D.15 Prevention of communicable diseases	
D.16 Prevention of non-communicable diseases	

D.17 Occupational health services	
D.18 All other miscellaneous public health services	
D.19 Programme management which include, salaries and operational costs to manage/supervise the health and health related activities undertaken by your organization)	
D.20 Health Promotion	
D.21 Others	
<b>Total (should be same as C.1)</b>	

**NOTE:** Please skip services not under the responsibility of your institution.

#### SECTION E: OTHER INFORMATION

**E.1** Please indicate any other additional information you think necessary for the current NHA exercise:

.....\*

.....\*

.....\*

**Thank you for your usual support and collaboration.**

**Date: 25 November, 2015**

## 12.7 Questionnaire - Pharmacies (Rodrigues)



REPUBLIC OF MAURITIUS

MINISTRY OF HEALTH AND QUALITY OF LIFE

NATIONAL HEALTH ACCOUNTS 2015

QUESTIONNAIRE: PHARMACIES (RODRIGUES)

**SECTION A: NOTE**

1. At the Meeting held on **12 June 2015**, Cabinet took note of the proposal of the Ministry of Health and Quality of Life to develop National Health Accounts (NHA) 2015.

2. NHA track the flow of all health and health related expenditures, incurred by both public and private sectors, including households out-of-pocket expenditures, spending by local authorities and parastatal bodies, employers' contributions, expenditures by non-governmental organizations, donors, multilateral and bilateral agencies and other partners. As an important diagnostic tool, NHA demonstrate the following:-

- What is the national health resource envelope?
- Where does the money come from?
- How are resources mobilized and managed for the health system?
- Who pays and how much is paid for health care?
- Who provides goods and services? and
- How are health care funds distributed across different services, interventions and activities that the health system provides?

3. **Rationale behind NHA:** These accounts, *inter-alia*, provide evidence-based information to policy-makers and other partners, including the private sector, for stimulating policy decisions. Weaknesses as well as opportunities within the national health delivery system are revealed and the potentials for identifying possibilities for enhanced performance are explored and increased.

4. NHA 2015 are being developed in line with the International Classification of Health Accounts (ICHAs) produced by the World Bank, the World Health Organization and the United States Agency for International Development (USAID). NHA 2015 are being developed on actual expenditures incurred during **FY 2014, starting from 1<sup>st</sup> January to 31st December 2014.**

5. Please send filled in questionnaire through email address [yramful@govmu.org](mailto:yramful@govmu.org) copied to [n.budaloo@govmu.org](mailto:n.budaloo@govmu.org) or by fax on **Fax Number 208-9814** (Attn. Lead Health Analyst) or by post **by latest 09 October, 2015 to Ministry of Health and Quality of Life, Health Economics Unit, 7<sup>th</sup> Level, Emmanuel Anquetil Building, Port-Louis.**

**ALL INFORMATION PROVIDED WILL BE TREATED WITH STRICT CONFIDENTIALITY AND WILL BE EXCLUSIVELY USED FOR DEVELOPING NHA 2015.**

**SECTION B: PROFILE OF PHARMACY**

**B.1** Name of Pharmacy : \_\_\_\_\_

**B.2** Name of Respondent: \_\_\_\_\_

**B.3** Position of Respondent: \_\_\_\_\_

**B.4** Address: \_\_\_\_\_

**B.5** Email Address: \_\_\_\_\_

**B.6** Telephone Number: Office: \_\_\_\_\_ Mobile: \_\_\_\_\_

**B.7** Date information provided: \_\_\_\_\_

**B.8 Reporting Period:** FY 2014 (1<sup>st</sup> January -31<sup>st</sup> December 2014) \_\_\_\_\_

**SECTION C: PURCHASE OF DRUGS AND MEDICAL PRODUCTS**

**C.1** Indicate the total value of purchases in terms on Drugs, Medical Supplies and Medical Equipment during **FY 2014 (1<sup>st</sup> January -31<sup>st</sup> December 2014)** of your pharmacy.

Rs.....

**C.2** In **TABLE 1** below, indicate the value of items purchased by your pharmacy.

**TABLE 1**

SN	Purchases	Amount (Rs)
1.	The total value of drugs purchased by your pharmacy.	
2.	Out of this total value of drugs purchased, how much was for Ayurvedic drugs?	
3.	The total value of medical supplies and disposables (bandages, syringes, etc) purchased by your pharmacy.	
4.	The total value of medical equipment purchased by your pharmacy.	

(NOTE: The total amount specified in TABLE I should be the same amount as indicated to reply of C.1.)

**C.3** In **TABLE 2** below, indicate the value of items sold by your pharmacy.

**TABLE 2**

SN	Sales	Amount (Rs)
1.	The total value of drugs sold by your pharmacy.	
2.	Out of this total value of drugs sold, how much was for Ayurvedic drugs?	
3.	The total value of medical supplies and disposables (bandages, syringes, etc) sold by your pharmacy.	
4.	The total value of medical equipment sold by your pharmacy.	

**C.4** Please indicate any other additional information you think necessary for the current NHA exercise:

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.....

.....

For any other information or clarification, please contact the Lead Health Analyst, Mr Y. Ramful on telephone number 201-2087 or mobile 52532131 or Health Analyst Mrs N. Budaloo on telephone number 201-1721

Thank you for your usual support and collaboration.

Date: 25 September, 2015

## 12.8 Expenditure Table, Republic of Mauritius (Rs million)

		Island of Mauritius				Rodrigues				Integrative Approach		
		Funding perspective		Provider perspective	Integrative Approach	Funding perspective		Provider perspective	Integrative Approach	Island of Mauritius	Rodrigues	Republic of Mauritius
		Household OOP Survey	Other Primary Data			Household OOP Survey	Other Primary Data					
I	Pharmaceutical Products	1,975.00	2,904.60	-	2,904.60	20.90	17.40	-	20.90	2,904.60	20.90	2,925.50
II	Medical Supplies and Disposables	45.00	2,191.60	-	2,191.60	0.40	0.66	-	0.66	2,191.60	0.66	2,192.26
III	Doctors' Consultation Fees	1,207.00	-	965.00	1,207.00	3.50	-	-	3.50	1,207.00	3.50	1,210.50
IV	Dentists' Fees	390.00	-	309.00	390.00	0.10	-	-	0.10	390.00	0.10	390.10
V	Opticians' Fees	99.00	-	456.00	456.00	0.70	-	-	0.70	456.00	0.70	456.70
VI	Laboratory Services	204.00	-	293.00	293.00	1.30	-	-	1.30	293.00	1.30	294.30
VII	Imaging Diagnostics	231.00	-	-	231.00	2.50	-	-	2.50	231.00	2.50	233.50
VIII	Users' Fees - Private Hospitals	556.00	-	927.00	927.00	0.20	-	-	0.20	927.00	0.20	927.20
IX	Users' Fees - NGOs	-	-	4.52	4.52	-	-	0.38	0.38	4.52	0.38	4.90
X	Glasses and other Vision Products	447.00	-	-	447.00	6.00	-	-	6.00	447.00	6.00	453.00
XI	Health-Related Transport	398.00	-	-	398.00	25.00	-	-	25.00	398.00	25.00	423.00
XII	Overseas Treatment	419.00	-	-	419.00	4.50	-	-	4.50	419.00	4.50	423.50
XIII	Treatment of Rodriguan patients in Mauritius	-	-	-	0.00	20.10	-	-	20.10	-	20.10	20.10
XIV	Fortifying/Restorative Health Products	279.00	-	-	279.00	1.10	-	-	1.10	279.00	1.10	280.10
XV	Reimbursable cost sharing	72.60	367.90	-	367.90	2.30	-	-	2.30	367.90	2.30	370.20
XVI	Immunization	15.00	-	-	15.00	1.40	-	-	1.40	15.00	1.40	16.40
XVII	Family Planning	7.00	-	-	7.00	0.20	-	-	0.20	7.00	0.20	7.20
XVIII	Dialysis	3.00	-	-	3.00	-	-	-	-	3.00	-	3.00
XIX	Others	174.00	-	-	174.00	3.30	-	-	3.30	174.00	3.30	177.30
TOTAL		6,521.60	-	-	10,714.62	93.50	-	-	94.14	10,714.62	94.14	10,808.76



## 12.9 Expenditure Table, Republic of Mauritius (US\$ million)

		Island of Mauritius				Rodrigues				INTEGRATIVE APPROACH		
		Funding perspective		Provider perspective	Integrative Approach	Funding perspective		Provider perspective	Integrative Approach	Island of Mauritius	Rodrigues	Republic of Mauritius
		Household OOP Survey	Other Primary Data			Household OOP Survey	Other Primary Data					
I	Pharmaceutical Products	63.56	93.48	-	93.48	0.67	0.56	-	0.67	93.48	0.67	94.15
II	Medical Supplies and Disposables	1.45	70.53	-	70.53	0.01	0.02	-	0.02	70.53	0.02	70.55
III	Doctors' Consultation Fees	38.84	-	31.06	38.84	0.11		-	0.11	38.84	0.11	38.96
IV	Dentists' Fees	12.55	-	9.94	12.55	-		-	-	12.55	-	12.55
V	Opticians' Fees	3.19	-	14.68	14.68	0.02		-	0.02	14.68	0.02	14.70
VI	Laboratory Services	6.57	-	9.43	9.43	0.04		-	0.04	9.43	0.04	9.47
VII	Imaging Diagnostics	7.43	-	-	7.43	0.08		-	0.08	7.43	0.08	7.51
VIII	Users' Fees - Private Hospitals	17.89	-	29.83	29.83	0.01		-	0.01	29.83	0.01	29.84
IX	Users' Fees - NGOs	-	-	0.15	0.15	-		0.01	0.01	0.15	0.01	0.16
X	Glasses and other Vision Products	14.39	-	-	14.39	0.19		-	0.19	14.39	0.19	14.58
XI	Health-Related Transport	12.81	-	-	12.81	0.80		-	0.80	12.81	0.80	13.61
XII	Overseas Treatment	13.48	-	-	13.48	0.14		-	0.14	13.48	0.14	13.63
XIII	Treatment of Rodriguan patients in Mauritius	-	-	-	-	0.65		-	0.65	-	0.65	0.65
XIV	Fortifying/Restorative Health Products	8.98	-	-	8.98	0.04		-	0.04	8.98	0.04	9.01
XV	Reimbursable cost sharing	2.34	11.84	11.84	11.84	0.07		-	0.07	11.84	0.07	11.91
XVI	Immunization	0.48	-	-	0.48	0.05		-	0.05	0.48	0.05	0.53
XVII	Family Planning	0.23	-	-	0.23	0.01		-	0.01	0.23	0.01	0.23
XVIII	Dialysis	0.10	-	-	0.10	-		-	-	0.10	-	0.10
XIX	Others	5.60	-	-	5.60	0.11		-	0.11	5.60	0.11	5.71
TOTAL		209.88	-	-	344.82	3.01	-	-	3.03	344.82	3.03	347.85