

Demographic context

The population of Mozambique progressively increased from 28M to 32M between 2017 to 2022. Infants less than 12 months and children under five years old accounted for less than 7% and 17% of the entire population respectively.

Economic context

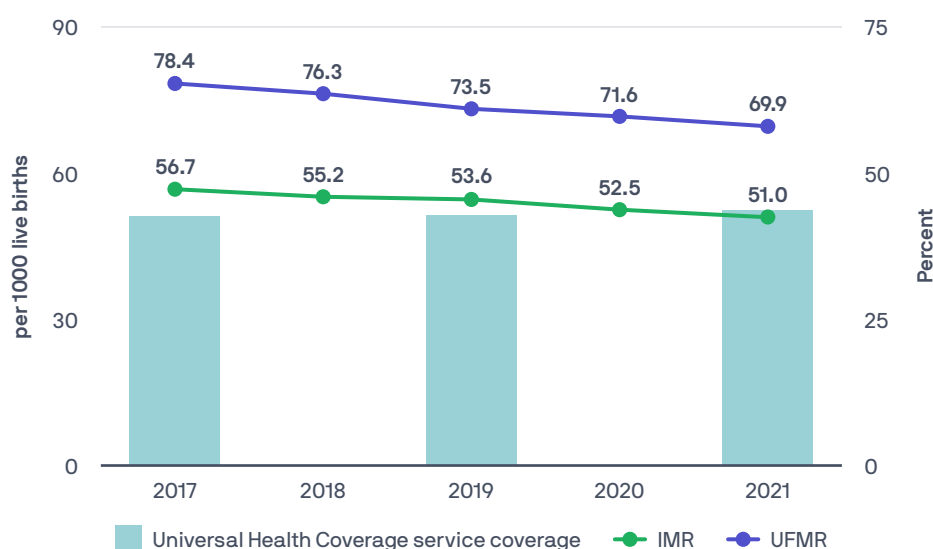
The Gross National Income per capita increased from USD 449 to USD 519 during the period of analysis. This matched the initial self-financing phase for Gavi eligibility (Gavi, 2022). The tax to GDP ratio ranged between 21% and 27%, one of the highest within this cohort of countries. It thus met the regional 15% threshold for adequacy of financing public services.

Health system context

The top three causes of death in Mozambique were HIV related infections, neonatal conditions and stroke. Malaria, HIV related infections, diarrhea, and pneumonia were the main causes of under-five mortalities.

There was a steady decline in the Infant Mortality Rate (IMR) and Under-five Mortality Rate (UFMR) over the period of analysis. IMR declined from 57 to 51 deaths per 1000 live births, while UFMR declined from 78 to 70 deaths per 1000 live births as shown in figure 1.

FIGURE 1. Health system performance in Mozambique



Source: World Bank, WHO, Analysis by Consultant. Database, Analysis by Consultant

HIGHLIGHT

The significantly high debt levels in Mozambique beyond the regional threshold highlights potential risk of debt repayments crowding out expenditures on other essential public services including health and immunization.

The relatively high Tax to GDP ratio in Mozambique point to a fairly reliable tax administration system that ought to be strengthened to ensure fair, predictable and improved revenue mobilization to finance public services including health and immunization.

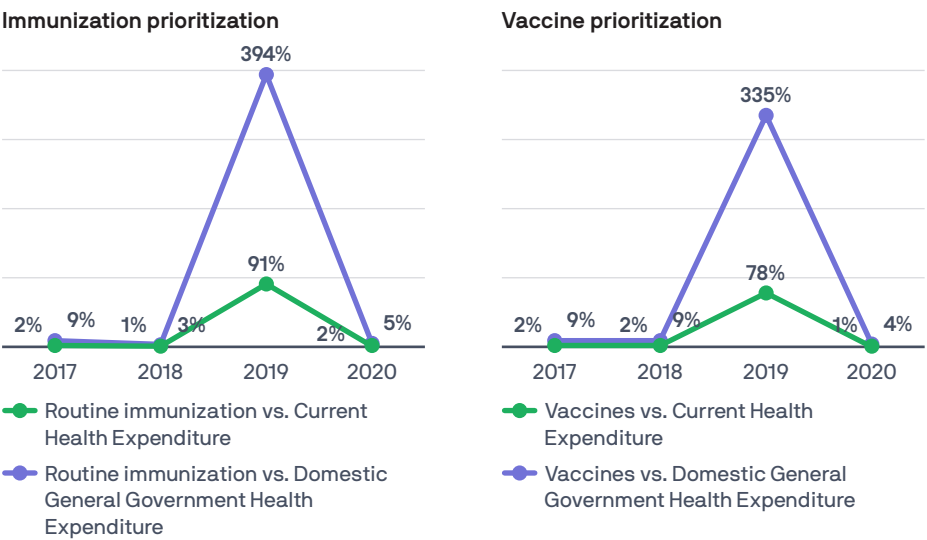
Immunization coverage

Immunization coverage for all the selected vaccines declined between 2019 and 2022. The least affected vaccine was Measles 1. This indicated challenges in access and utilization of immunization services possibly due to COVID-related restrictions, the aftermath of Cyclones, supply chain disruptions for the vaccine products.

Immunization financing

Expenditures on Routine Immunization in Mozambique were unpredictable during the period of analysis. Routine immunization accounted for between 1% and 91% (2019) of the Current Health Expenditure (CHE); and between 3% and 400% of the Domestic General Government Health Expenditures between 2017 and 2020. Vaccine related expenditures also had a similar trend accounting for between 2% and 78% of the CHE, and between 9% to 335% of the Domestic General Government Expenditures (Figure 2).

FIGURE 2. Prioritization of immunization and vaccines in Mozambique



Source: WHO/UNICEF, Joint reporting forms, Analysis by Consultant

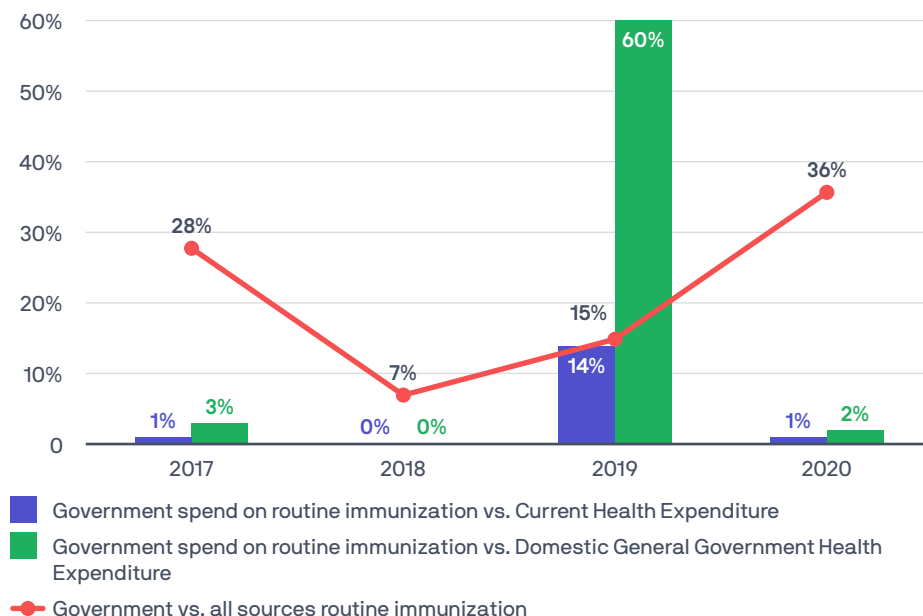
The high donor contributions and relatively low government spend on health in 2019 may be attributed to the impact of humanitarian emergencies such as Tropical Cyclone Idai and Cyclone Kenneth.

HIGHLIGHT

There is significant donor dependence in financing of health and immunization services in Mozambique. This significantly peaked in 2019 due to the humanitarian emergencies occasioned by Cyclone Idai and Kenneth. This donor dependence is also compounded by the unpredictable nature of the financing available for immunization services.

Government funding as a source of immunization financing fluctuated between 7% to 36% between 2017 and 2020. This accounted for between less than 1% and 14% (2019) of Current Health Expenditures and below 1% and 60% (2019) of the Domestic General Government Health Expenditure. The highest allocations were at the peak of Cyclone Idai and Kenneth in 2019 (Figure 3).

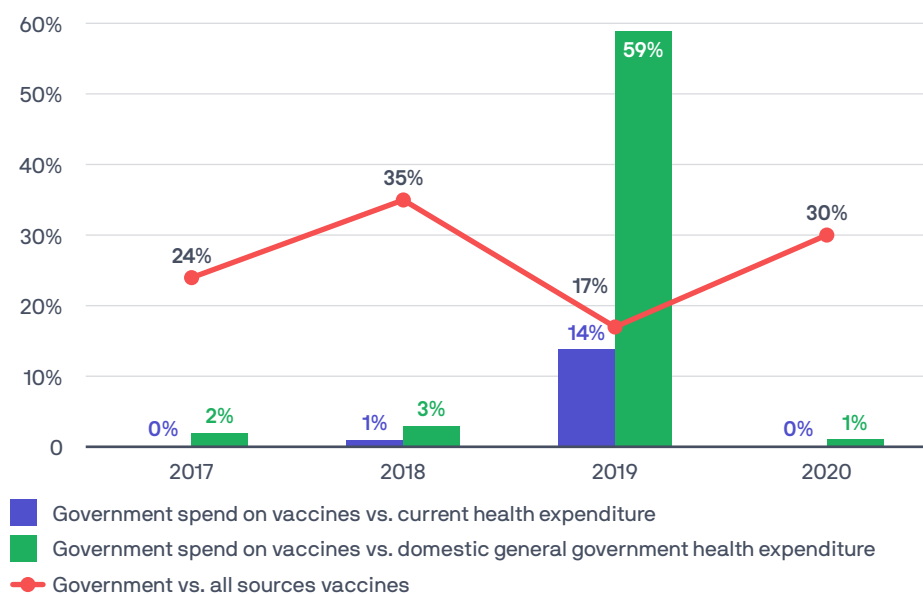
FIGURE 3. Government prioritization of immunization in Mozambique



Source: WHO/UNICEF, Joint reporting forms, Analysis by Consultant

During the period of analysis, Government financing as a source of vaccination financing varied between 17% (2019) to 35% (2018). This accounted for less than 1% of Current Health Expenditures except for 2019 (14%) and less than 3% of the Domestic General Government Health Expenditure except for 2019 (59%). See figure 4.

FIGURE 4. Government prioritization of vaccines in Mozambique



Source: WHO/UNICEF, Joint reporting forms, Analysis by Consultant

HIGHLIGHT

There is still significant donor dependence for immunization financing in Mozambique. This threatens sustainability of immunization services. Progressive increments in government financing of health and immunization will help mitigate against donor dependence and financial hardship among households as they seek for immunization services.

Recommendations towards improving immunization services

- **Access to healthcare services:** Establish more healthcare facilities and mobile vaccination clinics in underserved areas.
- **Geographic barriers:** Invest in strengthening transportation infrastructure and consider innovative vaccine delivery methods such as drones.
- **Vaccine hesitancy and cultural factors:** Launch public awareness campaigns and engage community leaders and trusted figures. Target outreach efforts to address specific challenges, promote female education and facilitate dialogue with community and religious leaders.
- **Vaccine funding and health system weaknesses:** Advocate for consistent and increased government funding and explore sustainable funding models in partnerships with international organizations and donors.
- **Civil unrest and conflict:** Collaborate with security and humanitarian agencies and implement strategies to maintain healthcare services during conflicts.

Recommendations towards improving immunization financing

1. Government funding

- Advocate for increased budget allocation for health and immunization with the executive and legislative teams.
- Advocacy for economic stability and strong Public Finance Systems to boost public funding capacity and efficiency.

2. External donor dependency

- Advocacy for donor transition planning by the government to ensure sustainability of previously donor funded interventions, including immunization.
- Build domestic resource mobilization capacity through strengthened Public Finance Management (PFM) systems

- Advocacy for on-budget channeling of donor financing to improve visibility and accountability for donor funding; and strengthen country PFM systems.

3. Vaccine costs and supply chain

- Increase investments in cold chain infrastructure.

4. Health insurance coverage

- Expand health insurance for immunization.
- Provide subsidies or free vaccines for the uninsured.

References

GAVI. (2022). *Gavi Alliance Eligibility and Transition Policy Version 4*. <https://www.gavi.org/types-support/sustainability/eligibility>

McIntyre, D., Meheus, F., & Rottingen, J. A. (2017). What level of domestic government health expenditure should we aspire to for universal health coverage? *Health Economics, Policy and Law*, 12(2), 125–137. <https://doi.org/10.1017/S1744133116000414>