Country Focus Areas

- Improve coverage of RMNCAH-N services.
- Support the government’s commitment to keep the share of government health expenditures in total expenditure stable initially (at 79 percent) and increase it to 9-5 percent by 2021.
- Increase the number of technical health staff and community health workers, the availability of essential drugs in primary care facilities, and spending in underserved provinces and districts.
- Reduce fragmentation through Multi Donor Trust Fund support of the investment case.
- Incentivize death registration, certification, and coding of the cause of death for deaths in health facilities and the release of statistical reports.
- Implement reforms of the private sector supply chain.

RMNCAH-N
Core Indicators

Maternal mortality ratio: 408 per 100,000 live births
Neonatal mortality ratio: 30 per 1,000 live births
Under-five mortality rate: 97 per 1,000 live births
Adolescent birth rate: 194 per 1,000 women
Percent of births <24 months after the preceding birth: 18.8%
Stunting among children under 5 years of age: 42.6%
Moderate to severe wasting among children under 5 years of age: 5.0%

Health Financing
Core Indicators

Health expenditure per capita financed from domestic sources: US$10.25
Ratio of government health expenditure to total government expenditures: 8.33%
Percent of current health expenditures on primary/outpatient health care: Not available
Incidence of catastrophic and impoverishing health expenditures: 1.61% catastrophic; 0.3% impoverishing

Monitoring the Country-Led Process

Investment Case

Investment Case for RMNCAH-N or equivalent (e.g., national health plan)

Set of evidence

Based on priorities financed

Country-led multi-stakeholder platform (e.g., new or established from an existing platform)

Government focal point

Priorities determined, but financial gap remains

Country platform for all country led entity cases result framework to review progress on a regular basis

Country platform holds regular country meetings to discuss results arising from implementing the IC, and corrective action

Government focal point identified with contact available online (GFF website)

Civil society representation on initiative country platform meetings is critical IC implementation and results

Health financing reforms identified

COS not included in the process

World Bank-funded project in support of the IC

Private sector engagement

Private sector engagement not identified at this time

Civil registration and vital statistics (CRVS) made a priority

Management of medicines and supplies / supply chain interventions

Supply chain / commodity management not identified as a priority

World Bank-funded project (e.g., new or established from an existing platform)

Resource Mapping

Total
US$1,233,100,000

100%

WORLD BANK

G7F TRUST FUND

NETHERLANDS

MULTI-DONOR TRUST FUND

UNITED KINGDOM

MULTI-DONOR TRUST FUND

PROSADIE

USAID (MULTI-DONOR TRUST FUND)

Core Indicators

5.9% children under 5 years of age:

Moderate to severe wasting among children under 5 years of age:

Stunting among children under 24 months after preceding birth:

18.8%

194 per 1,000 women

Adolescent birth rate:

97 per 1,000 live births

Under-five mortality ratio:

Maternal mortality ratio:

8.35% to total government expenditures:

1.61%

Incidence of catastrophic and impoverishing health expenditures:

Identification of catastrophic and impoverishing health expenditures:

Government focal point

Not considered at this time

Project under preparation

GFF identified with contact available online

COS identified as a priority

Civil society identified as a priority

Country has either included or identified a private sector intervention

Management of medicines and supplies / supply chain interventions

Supply chain / commodity management identified as a priority

Country platform holds regular country meetings to discuss results arising from implementing the IC, and corrective action

Government focal point identified with contact available online (GFF website)

Health financing reforms identified

COS not included in the process

World Bank-funded project in support of the IC

Private sector engagement

Private sector engagement not identified at this time

Civil registration and vital statistics (CRVS) made a priority

Management of medicines and supplies / supply chain interventions

Supply chain / commodity management not identified as a priority

World Bank-funded project (e.g., new or established from an existing platform)

Resource mapping was conducted as part of the development of the Investment Case. Mozambique has committed to developing a fully funded investment case with prioritized investments to secure financing gap.

These budgets are indicative commitments for 2019 and beyond. All contributions in the chart are channelized through government systems. In addition, there may be parallel financing (e.g., GOF) but contribution to the investment Case was channelized through GOF organization. There are two multi-donor trust funds: One with financing from IDA, Netherlands, Canada, USAID through a single-donor trust fund managed by the World Bank, the World Bank, and GFF.

The second one, PROSADE, is the health sector common fund that provides budget support to the Ministry of Health. Several partners, including the Global Fund, Gavi, and the Government of Sweden, contribute to the IC but channel their funding through other mechanisms.

* Both included in the IC document or a separate document
** Meaning that funding was allocated, disbursed and released – payment done
*** AHC = antenatal care visits
**** ART = antiretroviral therapy; AFV = antiretroviral; ORF = orpheline; CRVS = Civil registration and vital statistics; PMTCT = prevention of mother-to-child transmission; PNC = postnatal care.