



EXPERIENCES FROM THE FIELD

RESEARCH ON THE COSTS OF NCDs IN MOZAMBIQUE

What are the costs of noncommunicable diseases (NCDs)? How do they impact health systems and households? These questions highlight a range of issues that demand answers; a clear understanding of these costs is, in fact, crucial to ensuring equitable access to care. A study in Mozambique analyzes the financial burden of NCDs on both the healthcare system and patients.

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MOZAMBIQUE AND NONCOMMUNICABLE DISEASES

In Mozambique, noncommunicable diseases (NCDs) are a leading cause of morbidity and mortality, with significant impacts on both the population and the national health system. The country is in the midst of an epidemiological transition where NCDs have begun to surpass infectious diseases as the primary cause of mortality, and now account for 28% of all deaths. Exacerbating this trend are factors including an ageing population, urbanization and changes in dietary and lifestyle habits¹: 33% of the population now has hypertension² and 14.1% of adults use tobacco (STEP data; WHO). In response to these statistics, CUAMM worked together with local authorities and Milan's Bocconi University to assess the costs of implementing an integrated health program in the country's Maputo and Sofala provinces, as well as the economic burden for patients affected by these diseases.

THE COSTS OF NCDs FOR MOZAMBIQUE'S HEALTH SYSTEM

The total cost of implementing the program was US\$1.2 million, equivalent to an average cost of US\$3.20 for each consultation. Personnel costs represented the largest cost item (42%), followed by durable goods (26%), drugs and consumables (23%) and service costs (9%).

The study's results also provided valuable insight into the disproportionate economic impact of illness across different income groups. Specifically, the average monthly cost incurred by an individual patient was \$49.80, with non-medical direct costs (i.e., a healthier diet and transportation) as the main cost drivers, accounting for 74% of total recurring costs. Patients from rural areas incurred higher direct costs, while their indirect costs, due to lost productivity, were lower than those experienced by patients from urban areas. For patients in the lowest income group, the average monthly cost (\$44.80) for managing their diseases represented a sizeable share (71%) of their reported monthly income. For 3% of our sample, the costs incurred proved catastrophic.

NOTES

¹ Nyirenda, M. (2020). Non-communicable diseases in sub-Saharan Africa: understanding the drivers of the epidemic to inform intervention strategies. *Lancet Global Health*, 8(7), e864-e865.

² Damasceno, A., et al. (2009). Hypertension prevalence, awareness, treatment,

A POLICY EFFORT

To address this growing challenge, the Mozambican Ministry of Health developed the *Plano Estratégico Nacional para as Doenças Não Transmissíveis* (National Strategic Plan for Noncommunicable Diseases) 2020-2029³, which outlines a series of targeted interventions. CUAMM actively contributed to drafting the plan, which is organized around key focus areas: i) primary prevention through awareness campaigns to address modifiable risk factors such as unhealthy dietary habits and physical inactivity; ii) expanding access to primary healthcare services and enhancing NCD diagnosis and treatment at first referral hospitals; and iii) strengthening the capacity of the epidemiological surveillance system to monitor and evaluate the patterns and trends of these diseases.

Other central measures include regulating and reducing tobacco and alcohol consumption through advertising restrictions and taxation, providing continuous training for healthcare workers, and adopting clinical protocols for the early detection and management of NCDs. However, the implementation of these measures faces significant challenges due to chronic and systemic underfunding of the healthcare system, which amounted to just US\$32 per capita in 2021⁴.

This financial shortfall results in the shortage of qualified healthcare personnel, inadequate infrastructure, and geographical disparities in access to health services.

The prevalence of NCDs underscores the urgent need to structurally increase healthcare system financing and to identify alternative risk-sharing mechanisms for out-of-pocket spending by patients. Approaches tested in other sub-Saharan countries, such as the introduction of universal basic health insurance, offer potential solutions.

In this context, partnership between Mozambique, international organizations like the WHO and development partners such as CUAMM will be essential in helping to achieve the objectives outlined in the country's national strategic plan, particularly the goal of reducing premature mortality from NCDs by 2030.

and control in Mozambique: Urban/rural gap during epidemiological transition. *Hypertension*, 54(1), 77-83.

³ Ministério da Saúde. (2020). *Plano Estratégico Nacional para as Doenças Não Transmissíveis 2020-2029*. Maputo, Moçambique.

⁴ WHO African Region Health Expenditure Atlas 2023. Brazzaville: WHO African Region, 2024.