Revenue-raising potential for universal health coverage in Benin, Mali, Mozambique and Togo

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Abstract Increasing overall fiscal space is important for the health sector due to the centrality of public financing to make progress towards universal health coverage. One strategy is to mobilize additional government revenues through new taxes or increased tax rates on goods and services. We illustrate how countries can assess the feasibility and quantitative potential of different revenue-raising mechanisms. We review and synthesize the processes and results from country assessments in Benin, Mali, Mozambique and Togo. The studies analysed new taxes or increased taxes on airplane tickets, phone calls, alcoholic drinks, tourism services, financial transactions, lottery tickets, vehicles and the extractive industries. Study teams in each country assessed the feasibility of new revenue-raising mechanisms using six qualitative criteria. The quantitative potential of these mechanisms was estimated by defining different scenarios and setting assumptions. Consultations with stakeholders at the start of the process served to select the revenue-raising mechanisms to study and later to discuss findings and options. Exploring feasibility was essential, as this helped rule out options that appeared promising from the quantitative assessment. Stakeholders rated stability and sustainability positive for most mechanisms, but political feasibility was a key issue throughout. The estimated additional revenues through new revenue-raising mechanisms ranged from 0.47–1.62% as a share of general government expenditure in the four countries. Overall, the revenue raised through these mechanisms was small. Countries are advised to consider multiple strategies to expand fiscal space for health.

Introduction

Countries may need to raise additional funds to progress towards universal health coverage (UHC). This implies increasing the fiscal space for health. Fiscal space has been defined as “the ability of governments to increase spending for the sector without jeopardizing the government’s long-term solvency or crowding out expenditure in other sectors needed to achieve other development objectives.”

Fiscal space for health can be expanded in several ways: general economic growth in a country; increased state or tax revenues and improved tax collection; an increased proportion of government spending on health; and improved efficiency in the use of funds.1,2 Mobilizing additional tax revenues can be done by introducing new taxes or increasing existing tax levels. Imposing taxes on specific products and services to increase general government revenue has also gained attention through the World Health Report 2010.3 Countries’ interest in resource expansion for health is increasingly important in the light of decreasing levels of funding by global health initiatives to low- and middle-income countries.4 Importantly, raising additional revenue for health needs to be examined within the context of overall government revenues, of which health is only one component. The objective to increase fiscal space for health does not necessarily require new revenues to be earmarked for the health sector, although some countries do so. Instead, the aim is to increase overall government revenues and augment the share going to health.2

While a mix of strategies may be needed to expand fiscal space, we focus in this paper on mechanisms for raising additional government revenue. We illustrate how countries can assess the feasibility and quantitative potential of the mechanisms. To do this, we review and synthesize such processes and results from four country studies in Benin, Mali, Mozambique and Togo.5–8 The studies were part of the countries’ efforts to develop strategies to expand UHC.

Context of country studies

Table 1 summarizes key demographic, health and health coverage indicators of the four countries. The data show that there is still a long way to go towards UHC. For example, the UHC service index which measures coverage of essential health services ranged from 32 to 42 across the four countries, compared with above 70 in Organisation for Economic Co-operation and Development countries.11

The share of the population working in the informal sector is high (Table 1). Currently, people rely largely on underfunded, government health services. Benin has begun to build up a national insurance scheme in which funds from the government budget would be used to finance the health coverage of the very poorest people and to partially subsidize poor people, while higher economic groups would make contributions.13 In Mali, the parliament approved a law in 2018 on a national universal health insurance scheme, but implementation has not yet started. The idea is to use state budget transfers to subsidize the contributions of vulnerable

620 Bull World Health Organ 2019;97:620–630 doi: http://dx.doi.org/10.2471/BLT.18.222638
and poor population groups in the informal economy. The health ministry has projected the funds needed to provide these subsidies, with a core assumption being an increased budget for the health sector. However, the precise source of revenue and which additional revenue-raising mechanisms will be applied has not yet been decided. In Togo, the health ministry is in the process of finalizing a national health financing strategy. The existing mandatory health insurance scheme is still limited to current and retired civil servants and their family members, and covers 4% of the population in 2019. Contributions are paid by the civil servants and their employer (government agencies). Hence, a core question is how to expand coverage to the whole population. Technical debates currently focus around the idea of using budget transfers to cover people in the informal economy. Benin, Mali and Togo are members of the West African Economic and Monetary Community. The Community provides a harmonized tax framework, which sets a limit on specific taxes (tobacco products and alcoholic drinks, for instance) and has harmonized taxation rules for certain sectors, such as banking and aviation.

In Mozambique, the government has developed a health financing strategy, which is currently subject to approval from ministries. In this strategy, the aim is to define various mechanisms to raise financial resources to enhance fiscal space. Mozambique is part of the Southern African Development Community, which also seeks to harmonize certain tax rates among member countries.

Table 2 presents some key health expenditure indicators and reveals that domestic general government health expenditure as a share of current health expenditure is low in the three west African countries (ranging from 20.0% to 31.1%). In Mozambique, the figure is higher (53.3%), but its per capita current health expenditure is also much lower than in the other three countries. The priority given to health and hence the budget allocation to health (which includes domestic general government health expenditure and the external funds flowing into the health budget) as a share of general government expenditure is still rather low. Likewise, general government expenditure as a share of gross domestic product (GDP) is still low for Benin and Mali (21.3% and 22.2% respectively, compared to 32.4% in Mozambique and 31.2% in Togo).

Table 1. Key demographic, health and health coverage indicators in Benin, Mali, Mozambique and Togo

| Variable | Benin | Mali | Mozambique | Togo |
|----------|-------|------|------------|------|
| Population in thousands | 10872 | 17995 | 28830 | 7606 |
| % of population in the informal economy (year) | 95 (2011) | 93 (2015) | NA | 93 (2011) |
| Maternal mortality ratioa in 2015 | 405 | 587 | 489 | 368 |
| Under-five mortality rateb in 2017 | 98 | 106 | 72 | 73 |
| % of 1-year-olds receiving DTP3 in 2017c | 82 | 66 | 80 | 90 |
| No. of medical doctors per 10'000 people in 2009–2018d | 1.6 | 1.4 | 0.7 | 0.5 |
| % of population with catastrophic health expenditurec (year of latest available data)e | 11.11 (2003) | 3.38 (2006) | 1.19 (2008) | 10.65 (2006) |
| % of births with skilled health personnel in 2009–2018 | 78 | 44 | 73 | 45 |
| UHC service coverage indexd in 2015 | 41 | 32 | 42 | 42 |

DTP3: third dose of diphtheria, tetanus and pertussis vaccine; NA: not available; UHC: universal health care.

a The maternal mortality ratio is the number of maternal deaths per 100,000 live births.
b The number of deaths of infants and children under five years of age per 1000 live births.
c Percentage of the population with household expenditure on health exceeding 10% of total household expenditure or income.
d The universal health coverage service coverage index (range 0–100) is a measure of sustainable development goal indicator 3.8.1, which is coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, noncommunicable diseases and service capacity and access, among the general population, and the most disadvantaged groups).

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Table 2. Health expenditure indicators for 2016 (latest data available) in Benin, Mali, Mozambique and Togo

| Variable | Benin | Mali | Mozambique | Togo |
|----------|-------|------|------------|------|
| GDP per capita, US$ | 788 | 780 | 379 | 586 |
| Current health expenditure per capita, US$ | 30 | 30 | 19 | 39 |
| General government expenditure as a share of GDP | 21.3 | 22.2 | 32.4 | 31.2 |
| Current health expenditure as a share of GDP | 3.9 | 3.8 | 5.1 | 6.6 |
| Domestic general government health expenditure as a share of general government expenditure | 3.7 | 5.3 | 8.3 | 4.3 |
| Domestic general government health expenditure as a share of GDP | 0.8 | 1.2 | 2.7 | 1.2 |
| Domestic general government health expenditure as a share of current health expenditure | 20.5 | 31.1 | 53.3 | 20.0 |
| External health expenditure as a share of current health expenditure | 30.5 | 32.7 | 38.1 | 20.7 |
| Out-of-pocket expenditure on health as a share of current health expenditure | 43.5 | 35.3 | 7.7 | 50.4 |

GDP: gross domestic product; US$: United States dollars.

Note: County populations are shown on Table 1.

Source: Based on World Health Organization global health expenditure database.9
and 22.2%, respectively), compared with 31% and 41% in upper-middle- and high-income countries. Global cross-country evidence shows that the absolute level of public spending matters and a systematic improvement in UHC performance, in particular a lower incidence of catastrophic health expenditure, is observed when public spending on health increases. Thus, the four countries’ UHC expansion efforts would benefit from more revenues through an overall increased government budget and a higher share of this going to health.

Illustrating the assessment approach

We outline a four-step method and process that was applied to assess new revenue-raising mechanisms in the four country studies. Each country study was part of the technical and policy advisory support process that was requested from the World Health Organization (WHO). Each country study team consisted of a national and international consultant, from among the authors with this specific expertise, accompanied by the country’s health ministry and WHO country office and headquarters staff.

Multistakeholder consultation

The first step was a multistakeholder consultation in each country that served to pre-select the new revenue-raising mechanisms to be explored in detail. A wide range of stakeholders participated in a one-day meeting: representatives from ministries of health, finance, tourism services and infrastructure; civil society organizations; development partners; and the private sector. Following the same format and approach in each country, study teams presented a range of revenue-raising mechanisms, with their advantages and disadvantages, based on evidence from the literature. Small group and final plenary discussions of what stakeholders considered useful resulted in a shortlist. The list was screened for a final selection of four to five revenue-raising mechanisms to be explored in depth (Box 1).

Feasibility analysis

In the second step, each country team conducted a detailed qualitative analysis of the feasibility of the selected mechanisms. This started with a literature and document review, which informed the subsequent data collection process. A series of semi-structured interviews were held with key stakeholders from government agencies, the private sector and development partners. The interviews provided insights into current taxation mechanisms and rates in the respective sectors, the feasibility of the mechanisms explored, and potential challenges, such as whether stakeholders would support or resist the introduction of a new revenue-raising mechanism. This qualitative analysis was guided by six criteria looking at various aspects of feasibility (Box 2). The criteria were developed during the first country study in Togo and applied in the other three studies. We graded the criteria from very weak to very strong based on the data from stakeholders’ discussions and interviews.

Quantitative analysis

The third step was the quantitative analysis. The country teams collected data from country statistics and global databases, such as World Bank development indicators, the International Monetary Fund’s world economic outlook indicators and WHO global health expenditure data. This step also served to set assumptions and projection variables to estimate potential revenues for different scenarios, for a defined projection period which was determined at the stakeholder meetings. Box 3 illustrates the approach to estimating revenues, taking the example of a tax on airplane tickets in Togo.

Different high and low scenarios were specified for each mechanism to estimate potential revenues for the defined period (Table 3). For example, a high scenario was based on a higher tax rate or assumptions of higher increases in the consumption of a product or a higher growth rate over the projection period.
Stakeholder feedback discussions

In the fourth and last step of this process the country teams reported back the results of the qualitative and quantitative analysis to all stakeholders and decision-makers at a workshop to receive feedback on the suggestions. The workshop also served to build ownership on the conclusions and translate the analysis into an agreed way forward for policy discussions and decisions on next practical steps, also in relation to the development of the implementation of the health financing strategy.

Illustrations of country findings

The list of mechanisms selected for the in-depth studies and the feasibility issues expressed by stakeholders were similar in the three West African countries (Table 4). Stability and sustainability were rated positive for most mechanisms, except for a tax on the extractive industries and national lottery tickets. Stakeholders thought that a new tax on remittances might raise equity concerns due to potentially negative impacts on lower income groups. Tax differentiations between consumer goods (wines and spirits versus beer in the case of a tax on alcoholic drinks) and consumer groups (business versus economy passengers in the case of a tax on airplane tickets) can make the tax more progressive. Political feasibility seemed to be an issue for nearly all the mechanisms assessed. Taking all feasibility criteria into consideration, new taxes or increased tax levels on alcoholic drinks, airplane tickets and telephone calls received the most positive ratings in the feasibility assessment. Taxes on national lottery tickets, financial transactions and the extractive industries were rated as less acceptable. Stakeholders argued that the financial sector and extractive industries are emerging and need to attract investors and the political situation around the extractive industries was still unclear.

For Mozambique, stakeholders assessed most of the studied mechanisms positively regarding sustainability, progressivity and potential trade-offs, but rated political feasibility lower, due to the likely competing interests of different ministries (Table 5). Moreover, administrative efficiency was a concern for taxes on the extractive industries, since the set-up and running costs of the tax are expected to be high and technical capacity to be weak. Overall, stakeholders rated new taxes on alcoholic drinks and on tourism services as more promising.

The results from both the qualitative and quantitative assessments showed that the proposed new revenue-raising mechanisms could be feasible options for increasing domestic revenues. The estimated additional revenues as a share of general government expenditure, that could be mobilized from this suggested basket of revenue-raising mechanisms were 0.47–1.62% across the four countries, or 0.52–2.88% for the high-scenario case.1–4

Policy lessons and key issues

The results from both the qualitative and quantitative assessments showed that the proposed new revenue-raising mechanisms could be feasible options for increasing domestic revenues. The estimated additional revenues as a share of general government expenditure from the suggested basket of revenue-raising
| Country and tax to be considered | Low scenario | High scenario | Options proposed for consideration |
|---------------------------------|--------------|--------------|-----------------------------------|
| Benin                            |              |              |                                   |
| Alcoholic drinks                 | NA           | Increase in tax rate by 15%; currently 15% on beers and ciders; 35% on wine; 40% on spirits & champagne<sup>a</sup> | High scenario |
| Airplane tickets                 | NA           | New levy of US$ 20 on airplane tickets | High scenario |
| Telephone (mobile)               | NA           | New tax of 2% on airtime or mobile phone credits | High scenario |
| Financial transactions           | NA           | New tax of 5% on official remittances | NA |
| National lottery                 | NA           | New tax of FCFA 200 per ticket, based on the average price of a lottery ticket | High scenario |
| Mali                             |              |              |                                   |
| Alcoholic drinks                 | Increase in tax rate by 5% on imported alcoholic drinks | Increase in tax rate by 15% on imported alcoholic drinks | High scenario | New levy of US$ 20 on airplane tickets |
| Airplane tickets                 | Increased taxes on tickets for passengers going abroad: economic class FCFA 15, business class FCFA 150; arriving: FCFA 15; in transit: FCFA 15 | Increased taxes on tickets for passengers going abroad: economic class FCFA 25, business class FCFA 250; arriving: FCFA 150; in transit: FCFA 25 | High scenario | New tax of 2% on operators’ revenues |
| Telephone (mobile and fixed)     | New tax of 1% tax on operators’ revenues | New tax of 3% tax on operators’ revenues | High scenario |
| Financial transactions           | New tax of 0.01% on diaspora remittances | New tax of 1% on diaspora remittances | NA |
| Extractive industries            | No scenarios defined<sup>b</sup> | No scenarios defined<sup>b</sup> | NA |
| Extractive industries            | No scenarios defined<sup>b</sup> | No scenarios defined<sup>b</sup> | NA |
| Mozambique                       |              |              |                                   |
| Alcoholic drinks                 | New tax of 1% on retail price of beer, 2% on wine and 5% on spirits | New tax of 1% on retail price of beer, 2% on wine and 10% on spirits | Low scenario | Same as low scenario<sup>c</sup> |
| Tourism services                 | New tax of 1% on cost of accommodation | Increase in statutory tax rates by 10% once every 3 years | Low scenario | Increase in statutory tax rates by 20% once every 3 years |
| Vehicles, cars                   | Increase in statutory tax rates by 10% once every 3 years | Increase in statutory tax rates by 10% once every 3 years | Low scenario | Increase in statutory tax rates by 20% once every 3 years |
| Extractive industries            | 10% minimum statutory rate of hypothecation; annual growth rate of tax revenues equal to a minimum of 5% (earmarking) | 10% minimum statutory rate of hypothecation; annual growth rate of tax revenues equal to a minimum of 15% (earmarking) | Low scenario | |
| Togo                             |              |              |                                   |
| Alcoholic drinks                 | Increase in tax rate by 15% on all imported alcoholic drinks | Increase in tax rate by 15% on all imported alcoholic drinks | High scenario | |
| Airplane tickets                 | Increased taxes on tickets for passengers going abroad: economy class FCFA 10, business class FCFA 100; arriving: FCFA 10; in transit: FCFA 10 | Increased taxes on tickets for passengers going abroad: economy class FCFA 20, business class FCFA 200; arriving: FCFA 20; in transit: FCFA 20 | High scenario | |
| Telephone (mobile and fixed)     | New tax on calls of 1 FCFA per minute | New tax on calls of 5 FCFA per minute | Low scenario | |
| Financial transactions           | New tax of 0.01% on diaspora remittances | New tax of 1% on diaspora remittances | NA | |
| Extractive industries            | No scenarios defined<sup>b</sup> | No scenarios defined<sup>b</sup> | NA | |

FCFA: West African CFA franc; NA: not assessed and/or not proposed for consideration; US$: United States dollars.

<sup>a</sup> No data on alcoholic drinks taxes, prices and consumption were available in Benin. Instead, average revenues of other countries were used as an approximation. West African Economic and Monetary Union tax ceiling of alcoholic drinks beverages of 50% needed to be considered.

<sup>b</sup> No scenario defined due to lack of data.

<sup>c</sup> Due to lack of accurate data and simplicity, it was assumed that circumstances would remain the same as under the low scenario.

Notes: A new tax refers to introducing a new type of tax, independent of whether another type of tax (for example a value added tax) existed on the same product or service. An increased tax rate refers to an existing tax that is raised.

Source: Based on country studies.5–8
Table 4. Illustrated feasible considerations on revenue-raising mechanisms in Benin, Mali and Togo

| Criterion                  | Increased tax on (imported) alcoholic drinks | New or increased\(^a\) tax on airplane tickets | New tax on telephone communications | New tax on remittances in financial transactions | New tax on the extractive industries\(^c\) | New tax on national lottery tickets\(^d\) |
|----------------------------|---------------------------------------------|------------------------------------------------|-------------------------------------|-----------------------------------------------|------------------------------------------|------------------------------------------|
| Political feasibility      | Resistance from the population would be expected, especially for a tax on beer (–) | Unitaid airline tax was previously rejected by parliament in Togo but is already in force in Mali. Tax for the purpose of UHC may gain more acceptance (+ –) | Competing interests of ministries (–) | Resistance from the population would be expected (–) | Competing interests of ministries. Uncertain political situation (– –) | Popularity of gambling may be an advantage to advocate for UHC. Tax on national lottery tickets already exists to fund social, cultural and sport events (+) |
| Sustainability             | No high consumption rates so far, but increase would be expected (+) | Growing industry (+ +) | Growing industry (+ +) | Growing amount of remittance from migrants (+) | Growing industry (+) | Revenues may be unreliable due to irregular consumers (–) |
| Stability                  | Stable market (+)                          | Stable market (+)                              | Stable market (+)                  | Stable market (+)                              | Revenues would fluctuate due to varying commodity prices (–) | No stable market (–) |
| Progressivity              | Taxes could be higher for wine and spirits which are consumed by more affluent population groups (compared with beer) to be more progressive (+ +) | Affects more affluent population groups. Distinction between economic and business class passengers would enhance progressivity (+ –) | A flat tax rate is more progressive. The tax would be more progressive if differentiated in terms of volume and services (+ –) | Potential negative impact for people who depend on remittances, as those who receive remittances spend the highest proportion of their income on consumption (– –) | Not enough information to assess this | Potential negative impact for low-income groups (–) |
| Administrative efficiency  | Mechanism to collect taxes already in place (+ +) | Mechanism to collect taxes already in place (+ +) | Mechanism to collect taxes already in place (+ +) | No information available | No effective collection mechanism in place. Lack of data on how much is collected (Togo) (– –) | Mechanism to collect taxes already in place (+ +) |
| Other possible effects and trade-offs | Has the potential to reduce alcoholic drinks consumption, which increases health status of the population (+) | Marginal risk that national airports would lose competitiveness (+ –) | Investments may slow down, which would affect the rural poor who depend on telephone services (–) | Informal transactions would benefit. (– –) | Extractive industries already highly taxed (Mali). This emerging sector still needs to attract investors (– –) | Current market is competitive, with diverse gambling options. Existing lottery already in place (–) |

Note: We graded the criteria from very weak to very strong based on the data from stakeholders’ discussions and interviews: (– –) = very weak; (–) = rather weak; (+ –) = neutral; (+) = strong; (+ +) = very strong.

Sources: Based on country studies.\(^a\)^\(^b\)^\(^c\)^\(^d\)

UHC: universal health coverage.

\(^a\) Only in Benin and Togo.
\(^b\) Only in Mali.
\(^c\) Only in Mali and Togo.
\(^d\) Only in Benin.
options are rather small. Nevertheless, even a small increase in revenue is valuable. This finding is in line with the evidence from a recent WHO review that reiterated the importance of increasing fiscal space through new general revenue-raising mechanisms in combination with other strategies to expand the fiscal space for health.2

Consideration of various limitations and implementation issues is important. Unavailable or inaccurate data made it impossible to adequately estimate potential revenues for a few mechanisms, particularly for a tax on the extractive industries. There also remains uncertainty about how realistic the assumptions are. These factors affect the strength of the projections. Moreover, it is unlikely that countries would implement the full basket of mechanisms under consideration. Also, the estimates do not consider existing shortcomings in tax administration and collection (including tax evasion, smuggling and the informal economy), which would reduce the estimates of revenues raised.

The stakeholder consultations and interviews revealed that some sectors seemed more attractive than others for the introduction of new revenue-raising mechanisms. This was the case for a new or an increased tax on airplane tickets, telephone calls and (imported) alcoholic beverages in Benin, Mali and Togo. In Mozambique, new taxes on tourism services, alcoholic drinks and the extractive industries and an increased tax on vehicles were considered as possible options. This attractiveness may also relate to the fact that some of these taxes are already in place in other countries in the region and worldwide, and will be paid by a large share of people. For example, Gabon is well known for collecting a tax on the turnover of mobile phone companies.26 More than half of the funding for the international drug purchasing facility Unitaid comes from a tax on airline tickets levied by 10 countries.27 Also, nearly all countries globally already have an excise tax on alcoholic drinks, although few adjust this for inflation.28 Moreover, most countries worldwide have a tax on tobacco products and although these taxes are mostly rather low, 106 countries have increased their tobacco excise taxes since 2007, after the Framework Convention for Tobacco Control was ratified.29

### Table 5. Illustrations of feasibility considerations on revenue-raising mechanisms in Mozambique

| Variable | New tax on alcoholic drinks | New tax on tourism services | Increased tax on vehicles | Earmarking of a share of revenues from the extractive industries |
|----------|-----------------------------|-----------------------------|---------------------------|---------------------------------------------------------------|
| **Political feasibility** | Competing interests among ministries. Local producers may claim high sector-specific taxes already exist (-) | Competing interests among ministries (-) | Competing interests among ministries. Revision of law could be complex and lengthy. Autonomy of municipalities might create friction with the central ministry if earmarked (or lead to eventual delays of transferring funds) (-) | Competing interests among ministries (-) |
| **Sustainability** | Levy needs to be high enough to deter abusive alcohol consumption or to represent a good source of revenue (+) | A 1–3% levy would probably not provoke shifts in the demand for different types of tourist accommodation (+) | Price elasticity of demand for cars is fairly rigid. No effective and efficient alternative means of (public) transport is in place (+) | Already annually collected and in place for the lifetime of natural resources (+) |
| **Stability** | Growing industry (+) | Growing industry and competitive environment (+) | No major fluctuations, at least for light and heavy vehicles in the short and medium term (+) | Revenues depend on fluctuations of international commodity prices, but industries overall are growing (+ –) |
| **Progressivity** | With a high level of current smuggling, the burden of a new levy would likely affect the formal sector (+ –) | The burden of the levy would increase with the price of accommodation (+ +) | The levy would be mostly incurred by vehicle owners who can afford to purchase and maintain a vehicle (+) | The tax burden of different income groups would not be affected through this earmarking |
| **Administrative efficiency** | Mechanisms to collect taxes are already in place (+ +) | No information available | Running costs would be high. Building technical capacity will be crucial (– –) | No mechanisms are in place. Running costs would be high. Inter-ministerial management committee is required (– –) |
| **Other possible effects and trade-offs** | Potential to reduce alcohol consumption, which increases the health status of the population (+) | Supply side will likely be challenged to provide better services (+) | No anticipated side-effects. Increase in the statutory vehicle tax is unlikely to substantially reduce demand for vehicles (+) | Calls for improved and transparent financial management (+ –) |

Note: (– –) very weak; (–) rather weak; (+ –) neutral; (+) strong; (+ +) very strong.
Source: Based on country study.7
The country studies further demonstrated that exploring the feasibility of new mechanisms is essential, as it may rule out some of the options that appear promising from the quantitative assessments. For example, country stakeholders considered taxing financial transactions and the extractive industries (in Togo and Mali) as not currently feasible. Also, the studies revealed that feasibility assessment needs to go beyond national borders to consider the role of sub-regional regulations, such as from the West African Economic and Monetary Community for the three West African countries. 17

In terms of the process, the country studies confirmed that a wide range of stakeholders and decision-makers need to be included from the very beginning, to create a mutual understanding of the role of new revenue-raising mechanisms, with an ultimate aim of increasing funds for the health sector for progress towards UHC. While finance ministries will lead such discussions, health ministries can contribute in a constructive way to this dialogue. A set of arguments for ministries of health to use in this dialogue have been suggested by other researchers. 30 The consultation process also allows for raising new considerations for the development of health financing strategies. Moreover, discussions around fiscal space enabled better exchange on health financing with the finance ministry and other ministries and fostered collaborations, as is found by other researchers. 2

Finally, it is important to carefully assess whether and if so, when, to bring up the issue of earmarking for health into these discussions in order not to affect the health financing and domestic revenue-raising policy dialogue. International evidence points to the fact that earmarking for health may raise additional resources, but this may be offset by reducing discretionary budget allocations, resulting in little if any overall increased fiscal space for health. 31,32 However, from the perspective of finance ministries, tying the messaging and advocacy for a specific tax increase to the health sector may be preferable, as it may increase acceptability by the public.

Conclusion

Discussions on health financing reforms for UHC are ongoing in the four studied countries and so is the process of reflection about new revenue-raising strategies. As in other countries, these are multi-year processes of political negotiations and decisions on new revenue-raising mechanisms remain to be reported. This type of work, however, can trigger or further inform such policy discussions.

In summary, new revenue-raising mechanisms remain a topical subject, as countries seek to estimate the potential of new revenue-raising mechanisms. With a rising burden of noncommunicable diseases, so-called health taxes (on products high in saturated fat, trans-fatty acids, sugar or salt) receive increasing attention, similar to so-called sin taxes (on tobacco products and alcoholic drinks). However, it needs to be emphasized that the primary rationale of such taxes is to reduce the consumption of products with harmful health consequences. Increasing general government revenues is only a secondary objective. 33

### Table 6. Illustrations of the estimates of revenues raised under various scenarios

| Scenario          | First projection year | Projected revenues, US$ | Last projection year | Projected revenues, US$ | Projected revenues as a share of general government expenditure in the first projection year, % | Projected revenues as a share of GDP, % |
|-------------------|-----------------------|-------------------------|----------------------|-------------------------|-------------------------------------------------------------------------------------------------|----------------------------------------|
| **Benin**         |                       |                         |                      |                         |                                                                                                |                                        |
| High scenario²    | 2015                  | 36 680 738              | 2025                 | 75 783 005              | 1.78                                                                              | 0.42                                    |
| Proposed for consideration³ | 2015                  | 33 444 464              | 2025                 | 70 493 807              | 1.62                                                                              | 0.38                                    |
| **Mali**          |                       |                         |                      |                         |                                                                                                |                                        |
| Low scenario¹     | 2016                  | 10 478 967              | 2024                 | 21 507 687              | 0.32                                                                              | 0.09                                    |
| High scenario⁴    | 2016                  | 40 796 954              | 2024                 | 86 115 765              | 1.23                                                                              | 0.34                                    |
| Proposed for consideration³ | 2016                  | 21 478 015              | 2024                 | 44 211 372              | 0.65                                                                              | 0.18                                    |
| **Mozambique**    |                       |                         |                      |                         |                                                                                                |                                        |
| Low scenario (same as Proposed for consideration³) | 2014                  | 34 557 600              | 2019                 | 38 267 000              | 0.47                                                                              | 0.21                                    |
| High scenario⁴    | 2014                  | 38 000 008              | 2019                 | 60 981 700              | 0.52                                                                              | 0.23                                    |
| **Togo**          |                       |                         |                      |                         |                                                                                                |                                        |
| Low scenario⁴     | 2014                  | 5 252 688               | 2024                 | 12 092 065              | 0.44                                                                              | 0.11                                    |
| High scenario⁴    | 2014                  | 34 029 351              | 2024                 | 77 772 288              | 2.88                                                                              | 0.74                                    |
| Proposed for consideration³ | 2014                  | 15 113 063              | 2024                 | 35 894 263              | 1.28                                                                              | 0.33                                    |

GDP: gross domestic product, US$: international United States dollars.

¹ Revenue as shares of general government expenditure and GDP were calculated based on 2014 data, using the World Health Organization global health expenditure database.²
² In Benin, only a high scenario was calculated.
³ Estimates of the basket of mechanisms proposed for policy consideration, listed in Table 3.
⁴ For Mali and Togo, no data were available to project revenues for a new tax on the extractive industries.
Sources: Based on the results of country studies. 14 Total amounts of revenues per high, low and proposed scenario cases were translated into shares as of general government expenditure and GDP.
For future initiatives and studies, there are several key messages. First, whatever the source of additional revenue, in principle such new revenue-raising mechanisms should flow into the general government budget rather than being ring-fenced for a specific sector or disease programme. Second, more attention is needed on how to improve tax collection, which is also part of increasing revenues. Importantly, various publications suggest that improved tax collection is one of the most effective strategies to increase government revenues. Finally, it is important to remember that new revenue-raising mechanisms represent only one of several strategies to expand fiscal space for health and a combination of strategies is needed. While a health financing strategy highlights the need for additional revenues going to health, overall government revenue-raising must be distinguished from the question of health financing for UHC.

Acknowledgements
The four country studies were undertaken by an Oxford Policy Management consultant together with a national consultant and in collaboration with the Ministry of Health and WHO in each country (see authors of the country studies: N. Brikci, N. Bitho, T. Lievens, M. Traore, S. Zita S and A. Murray-Zmijewski). In addition, we would like to acknowledge the inputs from country stakeholders attending the country workshops, the support from the ministries of health and WHO country offices, and from Alexis Bigeard, Mamadou Dravé, Salami Machiko, Barthélemy Semegna, Cissé Sarmoye and Eva Pascoal, Benoit Mathivet, Susan Sparkes, Julius Murke and Joe Kutzin.

Competing interests: None declared.
services touristiques, les transactions financières, les billets de loterie, les véhicules et les industries extractives. Les équipes chargées des études au sein de chaque pays ont évalué la faisabilité des nouveaux mécanismes de mobilisation de fonds à l'aide de six critères qualitatifs. Le potentiel quantitatif de ces mécanismes a été estimé en définissant différents scénarios et en formulant des hypothèses. Des consultations ont été menées auprès des parties prenantes au début du processus afin de sélectionner les mécanismes de mobilisation de fonds à étudier et de discuter des résultats et des options à un stade ultérieur. Il était essentiel d'étudier la faisabilité, car cela a permis d'écartier les options qui semblaient prometteuses à partir de l'évaluation quantitative. Les parties prenantes ont jugé la stabilité et la durabilité positives pour la plupart des mécanismes, mais la faisabilité politique a été une question clef tout au long du processus. Nous avons estimé que la part des fonds supplémentaires générés par les nouveaux mécanismes de mobilisation de fonds dans les dépenses générales de l'État allait de 0,47 à 1,62% dans les quatre pays. Dans l'ensemble, les fonds générés par ces mécanismes étaient de faible amplitude. Il est conseillé aux pays d'envisager plusieurs stratégies pour augmenter l'espace budgétaire alloué à la santé.

Резюме
Потенциал увеличения дохода для всеобщего охвата услугами здравоохранения в Бенине, Мали, Мозамбике и Того

Расширение фискальной сферы в целом важно для здравоохранения, так как централизованный характер общественного финансирования помогает добиваться целей, связанных со всеобщим охватом медицинскими услугами. Одной из стратегий является привлечение дополнительных источников госдохода путем введения новых налогов или увеличения ставок налогообложения товаров и услуг. Авторы на примере показывают, как страны могут оценить осуществимость и количественный потенциал различных механизмов повышения дохода. Авторы изучили и обобщили процессы и результаты, полученные в ходе оценки таких стран, как Бенин, Мали, Мозамбик и Того. В ходе исследований были проанализированы новые налоги или повышение налогов на авиабилеты, мобильную связь, алкогольные напитки, туристические услуги, финансовые транзакции, лотерейные билеты, автомобили и продукцию добывающей промышленности. Группы исследователей в каждой из стран оценили осуществимость новых механизмов повышения дохода с помощью шести качественных критериев.

Количественный потенциал этих механизмов оценивался с использованием различных сценариев и вариантов регулирования. Консультации с партнерами в начале процесса помогли выбрать изучаемые механизмы и обсудить результаты и возможности. Изучение осуществимости таких механизмов имело критически важное значение, поскольку помогло исключить варианты, которые казались многообещающими с точки зрения количественной оценки. Партнеры положительно оценили стабильность и возможность устойчивого развития для большинства механизмов, но во всех случаях ключевым фактором оказывалась политическая осуществимость. Оценка прироста доходов за счет новых механизмов их повышения оказывалась в пределах 0,47–1,62% доли общих правительственных расходов в четырех странах. В целом прирост дохода за счет таких мероприятий был малым. Странам рекомендуется рассмотреть несколько различных стратегий расширения фискальной сферы для поддержки здравоохранения.

Resumen
Potencial de recaudación de fondos para la cobertura sanitaria universal en Benín, Mali, Mozambique y Togo

El aumento del espacio fiscal general es importante para el sector de la salud debido el carácter central de la financiación pública para avanzar hacia una cobertura sanitaria universal. Una estrategia consiste en movilizar fondos públicos adicionales mediante nuevos impuestos o aumentar los tipos impositivos sobre los bienes y servicios. A continuación se ilustra cómo los países pueden evaluar la viabilidad y el potencial cuantitativo de los diferentes mecanismos de recaudación de fondos. Se han revisado y sintetizado los procesos y los resultados de las evaluaciones nacionales en Benín, Mali, Mozambique y Togo. Los estudios analizaron nuevos impuestos o la subida de los impuestos sobre los billetes de avión, las llamadas telefónicas, las bebidas alcoholizadas, los servicios turísticos, las transacciones financieras, los billetes de lotería, los vehículos y las industrias de extracción. Los equipos de estudio de cada país evaluaron la viabilidad de nuevos mecanismos de recaudación de fondos mediante seis criterios cualitativos. El potencial cuantitativo de estos mecanismos se estimó mediante la definición de diferentes escenarios y el establecimiento de supuestos. Las consultas con las partes interesadas al comienzo del proceso sirvieron para seleccionar los mecanismos de recaudación de fondos que se estudiarían y posteriormente examinar las conclusiones y las opciones. Era esencial explorar la viabilidad, ya que ayudaba a descartar opciones que parecían prometedoras de la evaluación cuantitativa. Las partes interesadas calificaron la estabilidad y la sostenibilidad como positivas para la mayoría de los mecanismos, pero la viabilidad política fue una cuestión clave en todo momento. Los fondos adicionales estimados por medio de los nuevos mecanismos de recaudación oscilaron entre el 0,47 % y el 1,62 % de los gastos de las administraciones públicas de los cuatro países. En general, los fondos recaudados mediante estos mecanismos fueron reducidos. Se aconseja a los países que consideren múltiples estrategias para ampliar el espacio fiscal para la salud.

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