EXEMPLARS SERIES

AFRICAN RENAISSANCE

eSISTAFE and the Digitalization of Health Systems

Mozambique

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Mozambique's exemplar examines how public financial management reform and digitalization are being used to improve efficiency, accountability, and evidence-based planning in one of Africa's most resource-constrained health systems. It analyses how the integration of eSISTAFE, DHIS2, community-health digital platforms, and procurement reform is reshaping health-sector governance despite severe fiscal and external shocks.

Core exemplar

Integration of public financial management reform and digital health systems through eSISTAFE and a multi-layered digital health architecture.

Why it matters for ALM: It shows how integrated financial-management systems, digitalization, and evidence-based planning can strengthen efficiency, transparency, and accountability in low-resource settings with high donor dependency.

Primary ALM contribution: More health for the money, governance and accountability, and operational strengthening through digital public financial management and health-information systems.

Replicability potential: High for countries seeking to connect health data, planning, procurement, and budgeting into a unified public financial management framework.

1. Context: Public Financial Management as the Foundation for Health System Efficiency

Mozambique's health system operates in a context of extreme resource scarcity, high donor dependency (external sources historically financing over 50 % of total health expenditure), and compounding structural challenges including armed conflict in Cabo Delgado province, cyclone exposure (Cyclones Idai 2019, Filipo 2025, Jude 2025), and the January 2025 US foreign-assistance freeze. With per-capita health spending below USD 25, the imperative is not merely to mobilise more resources but to extract maximum health value from every dollar spent. Mozambique's distinctive ALM-relevant contribution is its systematic approach to public financial management (PFM) reform in the health sector — centred on the eSISTAFE system and an increasingly integrated digital health architecture.

The Electronic State Financial Administration System (e-SISTAFE — Sistema Eletrónico de Administração Financeira do Estado) is Mozambique's integrated financial management information system, developed with IMF technical assistance and operational since the early 2000s. It manages budget preparation, execution, treasury, accounting, and procurement across all government ministries. Critically for health financing, the Ministry of Health (MISAU) has been progressively integrating its planning and budgeting functions into eSISTAFE.

2. Mechanism: Six-Layer Digital Health Architecture

Mozambique's approach to evidence-based health planning rests on a six-layer digital architecture, each layer feeding into eSISTAFE's planning and budgeting module:

- DHIS2 (Routine Health Information System): The backbone for facility-level service delivery data — reporting on consultations, immunisations, maternal health indicators, and disease surveillance. Mozambique has progressively expanded DHIS2 coverage and data quality through the High Burden to High Impact initiative, moving from paper-based reporting to digital data entry at the facility level.
- SALAMA Digital Campaign Platform: Introduced in 2023/24 for seasonal malaria chemoprevention (SMC) delivery in Nampula province, reaching 1.5 million children. A Lancet Regional Health – Africa study (2026) found that digitalization saved an estimated 37,450 person-days (approximately USD 240,000 in economic gains) compared to the paper-based 2022/23 campaign. In 2024, three malaria campaigns were implemented digitally, extending to comprehensive disease-burden mapping.
- upSCALE Community Health Digital Platform: Operational since 2016, upSCALE equips community health workers (Agentes Polivalentes Elementares / APEs) with mobile tools for household visits, case management, referral, and reporting. It integrates community-level data into the national HMIS, addressing the historical blind spot where community data was invisible at the national level.
- GFF Investment Case for RMNCAH: The Global Financing Facility Investment Case provides the evidence base for reproductive, maternal, neonatal, child, and adolescent health priorities. It is operationalised at the provincial level, linking health needs assessment to budget allocation through eSISTAFE.
- PEFA Health Action Plan: The 2020 Public Expenditure and Financial Accountability (PEFA) assessment for the health sector identified specific PFM weaknesses and produced an Action Plan that the Ministry of Health is implementing to strengthen budget execution, internal controls, and expenditure reporting. The PEFA Health was launched alongside the National PEFA, creating a cross-ministerial dialogue between the Ministry of Economy and Finance and the Ministry of Health.
- e-Procurement System: Launched in April 2025, the electronic government procurement platform (e-GP) aims to make public procurement processes more transparent, efficient, and traceable — directly relevant to health commodity procurement where leakage and inefficiency have historically been significant.

Mozambique: eSISTAFE Integration with Health Sector Digitalization Architecture

Source: IMF SISTAFE TA Reports; ThinkWell HP+ Mozambique; Enabel PFM4SD; Malaria Consortium; WHO Mozambique (2025); Globesolute Group.

Figure MZ-new. Mozambique: eSISTAFE integration with the six-layer digital health architecture. The Electronic State Financial Administration System (centre) connects programme data (DHIS2, SALAMA, upSCALE), planning data (GFF Investment Case, PEFA Health Action Plan), and procurement data (e-GP system) into a single public financial management framework.

3. Outcomes: Evidence-Based Planning for Efficiency

The progressive integration of these systems has produced measurable improvements in efficiency and evidence-based decision-making. The BMJ Global Health study (Augusto et al. 2025) found that in a sample of 36 facilities in Mozambique participating in a DHIS2 data-to-action strategy from 2016 to 2020, facilities implemented 64 % (1,567 of 2,462) of planned actions derived from routine health information system data — demonstrating that when data systems are functional and linked to planning processes, evidence-based management becomes operationally feasible even in low-income settings.

In April 2026, the Mozambican health authorities announced a plan to digitise 63 health facilities at a cost of 40 million meticais as part of a broader strategy to modernise and improve the health system. The creation of the new Ministry of Communications and Digital Transformation in 2025 unified all ICT-focused public institutions under one ministry, and the government is drafting a comprehensive Digital Transformation Strategy covering connectivity, e-government payment gateways, the e-procurement platform, and a citizen portal. The 'Internet for All' project (launched December 2024) aims to expand internet access from less than 25 % to 100 % of the population by 2030 — a prerequisite for the full realisation of the digital health architecture.

For health financing specifically, the consolidation of MISAU's planning and budget functions in eSISTAFE's planning and budgeting module — in collaboration with the Ministry of Finance — means that health resource allocation is increasingly driven by evidence from the DHIS2 data pipeline rather than by historical budgeting patterns. Provincial-level GFF Investment Case operationalisation ensures that RMNCAH priorities are reflected in budget submissions. The PEFA Health Action Plan addresses the specific PFM weaknesses (budget execution delays, weak internal controls, expenditure classification errors) that reduce the health system's absorptive capacity.

Key Vulnerability

Mozambique's digital health architecture is genuinely innovative, but it sits within a macro-fiscal context of extreme fragility. The 2016 hidden-debts scandal (USD 2 billion in undisclosed government-guaranteed loans) destroyed donor trust and froze international aid for years; rebuilding PFM credibility through eSISTAFE reform is as much about restoring external confidence as about internal efficiency. The January 2025 US foreign-assistance freeze — which cut 81.8 % of HIV-prevention financing and produced a 14 % reduction in ART initiations and a 38 % drop in adult viral load testing between February and May 2025 — threatens to overwhelm the efficiency gains from digitalization with a raw financing shortfall. Mozambique's per-capita health spending remains below USD 25; even a perfectly efficient system cannot deliver the BPHNS at that price point. The evidence-based planning architecture is a necessary but not sufficient condition for health system performance — it must be paired with the domestic resource mobilisation that the PEFA Health Action Plan and eSISTAFE integration are designed to enable.

4. Mozambique on the ALM Scorecard

Mozambique scores Partial on eight of the ten ALM commitments and Off Track on two (domestic resource mobilisation and PMPA/regulatory harmonisation). The scorecard reflects a system that is building the institutional infrastructure for evidence-based health financing — the eSISTAFE integration, the PEFA Health Action Plan, the digital health architecture — while operating under extreme fiscal constraint and acute external shocks. The Partial ratings capture genuine progress on operational undertakings (the six-layer digital architecture, GFF Investment Case, PFM reform) and partner leverage (World Bank, Global Fund, GFF, EU, Belgian PFM4SD support), constrained by the realities of per-capita spending below USD 25, over 50 % external financing dependency, no local pharmaceutical manufacturing, and the compounding effects of conflict, climate, and the 2025 US funding freeze.

ALM Scorecard Heat-Map	
Country	**Mozambique**
1. Political Agenda	
2. Leverage Partners	
3. Domestic Mobilization	
4. Private Sector	
5. PMPA Harmonization	
6. Operational Undertakings	
7. Monitoring & Reporting	
8. Accountability Framework	
9. Hosting Role	
10. Leveraging AU Support	

Legend: Green = On Track; Amber = Partial; Red = Off Track

5. Key Lessons and Policy Implications

- Integrate, Don't Isolate: Integrating health planning directly into the national financial system (eSISTAFE/ IFMIS) structurally links health data to actual budget execution. Parallel, siloed health-finance systems should be avoided. This is replicable in any country with an operational IFMIS — the key is embedding health ministry staff within the IFMIS architecture, not building a parallel system.
- Sector-Specific PEFA: Conducting a financial assessment (PEFA) specifically for the health sector identifies the specific PFM weaknesses that reduce absorptive capacity.
- The Mozambique model — launching the PEFA Health alongside the National PEFA to create a cross-ministerial dialogue — ensures that health-sector PFM reform is not isolated from broader fiscal governance.
- Digitalization Saves Money: The SALAMA digital campaign platform proves that replacing paper systems with digital tools yields immediate, measurable economic efficiency gains. The BMJ Global Health evidence (64 % action implementation rate across 36 facilities over four years) demonstrates that when routine health data is linked to planning cycles and management accountability, evidence-based decision-making is achievable even in low-income settings. The SALAMA digital campaign platform (37,450 person-days saved) shows that digitalization produces measurable economic efficiency gains.

- Make Community Data Visible: The upSCALE platform solves a persistent continental problem by integrating community health worker data into national pipelines, providing granular intelligence that facility-based data misses. The persistent invisibility of community-level health data in national HMIS is a continental problem. Mozambique's upSCALE platform — operational since 2016 — demonstrates how APE (community health worker) data can be integrated into the national data pipeline, providing granular population-health intelligence that facility-based data alone cannot capture.
- PFM as a Trust-Building Tool: Following the 2016 hidden-debts crisis, Mozambique is using verifiable financial reform (eSISTAFE) not just for efficiency, but to actively restore international donor confidence. The 2016 hidden-debts crisis and subsequent aid freeze demonstrates that PFM reform is more than a technical exercise and can rebuilding trust with direct implications for aid architecture. Countries recovering from fiscal governance failures can draw on Mozambique's eSISTAFE reform pathway as a model for restoring donor confidence through verifiable system strengthening.
- Efficiency cannot replace increased domestic resources: Even Mozambique's best-in-class digital architecture cannot overcome a per-capita health spending level of USD 25. The eSISTAFE/DHIS2/SALAMA/upSCALE integration is the evidence base for demonstrating absorptive capacity to external funders and for making the case for increased domestic allocation — but the resource mobilisation itself requires the macro-fiscal policy changes that the PEFA Health Action Plan and eSISTAFE integration are designed to enable. Countries should increase health resources.

Editorial Oversight: Caroline Kwamboka N.
Technical review: Matthias Brucker
Technical writer: Chris Alando

Key words: More health for the money, Governance & accountability, Digitalization, Fragile state / humanitarian nexus, Mozambique, Southern Africa

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ALM score card sources: Mozambique (8/10 Partial, 2 Off Track)
C1: Political agenda — **Partial** Indicators: National Health Sector Strategic Plan; MISAU PFM reform via eSISTAFE; no HF legislation Sources: Mozambique NHSSP 2014-2024; IMF Article IV; Govt PFM Reform Strategy
C2: Leverage partners — **Partial** Indicators: WB, Global Fund, GFF, EU, Belgium PFM4SD, USAID HP+/ThinkWell; PEPFAR 81.8% HIV = overexposed Sources: GFF Mozambique (globalfinancingfacility.org); ThinkWell HP+; PEPFAR Spotlight (data.pepfar.gov/country/MOZ)
C3: Domestic mobilisation — **Off Track** Indicators: < $25 per capita; domestic govt < 40% THE; 2016 hidden-debts scandal; no earmarked taxes Sources: WHO GHED; IMF Article IV staff reports; DAI hidden-debts analysis
C4: Private sector — **Partial** Indicators: Limited formal investment; PBF pilots; PPP legislation exists; SALAMA + upSCALE digital partners Sources: Mozambique PPP law 2011; SALAMA platform; Malaria Consortium upSCALE
C5: PMPA — **Off Track** Indicators: No domestic pharma manufacturing; CMAM procurement; SADC SPPS pilot; lenacapavir conditionality Jul 2025 Sources: CMAM; SADC SPPS; IAS 2025 lenacapavir (iasociety.org)
C6: Operational — **Partial** Indicators: eSISTAFE planning module; GFF Investment Case; PEFA Health; DHIS2+SALAMA+upSCALE pipeline Sources: WB PFM4Results P124615; Enabel PFM4SD (open.enabel.be); Digital Transformation Strategy
C7: Monitoring — **Partial** Indicators: DHIS2 expanding; BMJ Glob Health (Augusto et al. 2025) 64% action rate; SALAMA data; PEFA completed Sources: Augusto et al. BMJ Glob Health 2025;10(11); Lancet Reg Health Africa 2026 SALAMA
C8: Accountability — **Partial** Indicators: eSISTAFE audit trail; PEFA Health internal controls; 2016 scandal demonstrated PFM failure consequences Sources: IMF TA Report on PFM CR 2023/013; Tribunal Administrativo audits
C9: Hosting role — **Partial** Indicators: SADC SPPS pilot; lenacapavir conditionality; AU cholera summit Feb 2024; not convener Sources: SADC SPPS pilot list; AU Cholera Summit 2 Feb 2024 (sadc.int)
C10: Leveraging AU — **Partial** Indicators: SADC RHFH active; AU ALM referenced; AUDA-NEPAD engaged; limited by fragility Sources: SADC RHFH; AUDA-NEPAD country reports

African Renaissance Trust
2nd Floor, Jumuia Place 1, Lenana Road
P.O. BOX 18332 Nairobi, Kenya 00100 GPO
dialogue@the-african-renaissance.org
www.the-african-renaissance.org