

Mozambique



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Mozambique is a low income country in Southern Africa with about 54% of the population living below the poverty line. It is divided in 11 provinces, 128 districts and 44 municipalities. The government has embarked on a decentralization process with increasing autonomy for local authorities.

The average economic growth rate is 6-7 % and mainly benefits urban areas while 82 percent of the poor live in the rural areas. Agriculture, fishing, mining and tourism and services are the main contributors to GDP. The country is enjoying an economic recovery with an inflation rate around 10% following sound implementation macroeconomic policies. The Poverty Strategic Plans has contributed substantially to poverty reduction however the level of access to basic social services remains low.

Since the signing of peace agreement in 1992 the country has enjoyed peace and stability backed by a democratic elections every five years.

The country is prone to various natural disasters including epidemics, floods, storms and droughts.

HEALTH & DEVELOPMENT

The health policy framework for Mozambique is articulated in several documents, namely the Five-Year Government Program (2005 – 2009), the Action Plan for the Reduction of Absolute Poverty (PARPA II), the Economic and Social Plan (*Plano Económico e Social - P.E.S.*), the Health Sector Strategic Plan, 2007-12 (*Plano Estratégico do Sector Saúde - P.E.S.S.*) and the Medium Term Expenditure Framework (MTEF). The National Health policy is based on principles of primary Health Care, equity and better quality of care. The health System is composed of public, private for profit and non profit private sector, the public sector being the main provider however with a network covering only about 60% of the population. Despite promising progress towards the achievement of the health MDG targets, health outcomes are still unsatisfactory. Malaria continues to claim too many lives. HIV prevention activities have been inadequate to curb the HIV prevalence trend. Dual infections of TB and HIV and the threat of increasing multi drug TB resistance complicate the national TB program response. The high maternal and child mortality reflects the status of women and children, their ability to access essential services given the health system bottlenecks.

The individual and public health consequences of chronic noncommunicable diseases, neglected tropical diseases, road traffic injuries and the hidden tragedy of domestic violence need to be addressed more adequately through the public health system. Frequent outbreaks of cholera and the risk of newly emerging epidemic prone diseases underline the importance of institutionalizing rapid emergency and preparedness responses, including the re-enforcement of surveillance systems and implementation of the International Health Regulations.

Mozambique needs more investment in its health systems structures and functions. Stronger support for the primary health care approach is essential for the success and sustainability of disease specific programs. This should be followed by improvements in quality of care in every aspect of service delivery and at every level. Scaling up the health workforce and expansion of the health facility network precede increased coverage and access to services

The determinants of health related to nutrition and food security, access to safe water and sanitation, gender inequality, illiteracy and poverty reduction require recognition by decision makers and planners of the holistic nature of health issues and the importance of cross-sectoral cooperation. The human right to health envisages a more active involvement of local communities and requires reorientation in the approach of health professionals towards care seekers. Health promotion should be stepped up to inform and encourage communities to adopt healthy lifestyles.

Total population (2007)*	20.530.714
% Under 15 (2007)*	45
Life expectancy at birth(2007)*	47.4
Under-5 mortality rate per 1000 (2005)**	145
Maternal mortality rate per 100 000 live births(2005)***	520
HIV/AIDS prevalence 15-49 (2007)**	16.0
Total expenditure on health as % of GDP (2009)****	5.2%
General government expenditure on health as % of general government expenditure (2009)****	6.2
Human Development Index Rank, out of 177 countries (2007)***** UNDP	172
Adult (15+) illiteracy rate (2007)*	60
Adult male (15+) illiteracy rate (2007)*	39.4
Adult female (15+) illiteracy rate (2007)*	71.3
% Population with access to improved drinking water source (2007)*	44
% population with access to improved to sanitation (2007)*	36

Sources:

- *INE, National Statistics Bureau
- **Ministry of Health data
- ***UN estimates
- ****NHA preliminary report 2009
- ***** UNDP

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> ▪ Government commitment towards health development agenda in the context of Reduction of Absolute Poverty. ▪ Existence of sound, costed, integrated Health Systems and programme specific plans ▪ Established coordination forums between Government and development partners. ▪ Government has identified Health a key priority sector along with education, agriculture, and water and sanitation. ▪ Budget Support approach provides new opportunities for improving equality of resource allocation ▪ Progress on immunization programmes, Malaria, ART services and leprosy countrywide. ▪ Service Availability Mapping completed 	<ul style="list-style-type: none"> ▪ Significant health inequalities across regions ▪ Low population coverage with unequal access to adequate health services, clean water and limited intersectoral collaboration for health ▪ Underinvestment in Human resources and infrastructure development. ▪ Dependency on external assistance vs Sustainable and adequate government funding for health ▪ Predictability of external funding and commitment of partners to support country priorities ▪ Low household knowledge about health in general ▪ Underutilization of community involvement in health

PARTNERS

Mozambique has more than 25 development partners (bilateral and multilaterals) supporting the health sectors aiming at attaining government ultimate objective of improving the health status of the population.

Mozambique has adopted a “Sector Wide Approach to the health” (SWAp) in 2000. The Health SWAp aims at improving coordination of external assistance towards improved performance of the sector, strengthening government leadership, putting greater emphasis on policy and strategy development and lowering the transaction costs of foreign assistance.

The dynamics of the Health SWAp are evolving and new challenges present, such as the incorporation of global health financing initiatives and partnerships. The signing of the Country Compact under the International Health Partnership was a significant step forward to improve the efficiency and the effectiveness of development Aid in line with the Paris Declaration.

WHO STRATEGIC AGENDA (2009-2013)

The Country Office will implement the Medium terms Strategic Plan with particular focus on 5 priorities:

Strengthening Health Systems-Priorities of the CCS are in line with WHO’s Framework for Action for Health Systems Strengthening and focus on (1) health workforce, (2) service delivery, (3) medical products, vaccines and technologies, (4) health information and (5) financing.

Reducing Disease Burden-The objectives are to strengthen national capacity to reduce malaria, tuberculosis and HIV/AIDS related morbidity and mortality; achieve high level immunization coverage for vaccine preventable diseases; eradicate polio and eliminate/control measles and neonatal tetanus; reduce morbidity due to helminthiasis, lymphatic filariasis and schistosomiasis and eliminate leprosy. On Noncommunicable diseases (NCD) the objective is to reduce and control the burden of Heart Disease, stroke, cancer, diabetes, obesity and chronic respiratory diseases and Promote Healthy Lifestyles.

Improving Mother Newborn and Child Health-The overall objective is to improve access to and performance of the integrated Mother, Newborn and Child health services and as such attaining MDG 4&5 goals in the context of growing partnership in this area.

Addressing Health Determinants – Remains a key element for comprehensive policies for health.

Leadership, Governance And Partnership-The government is faced with the challenge of safeguarding country ownership and stewardship and defining their role in health in relation to other actors. WHO will support in (1) assuring the stewardship role of the Ministry of Health, (2) strengthening country knowledge management and informed decision making, (3) stimulate collaboration and partnership among all actors in health and (4) support public sector reform processes.

Mozambique and the Ministry of Health have developed national policies and strategies to guide interventions in priority areas under the framework of the Health Sector Strategic Plan. During the Country Cooperation Strategy implementation major actions would be the on operationalization and implementation of most of the plans, supported by monitoring and information to assess its performance and trends so that bottlenecks may be addressed in the process. Above all, the operationalization of human resources deserves continuous and rigorous follow-up as it is vital for the scaling up of activities towards the achievement of health MDGs.

The CCS builds on ongoing reprofiling for an efficient country team centring on the following dimensions:

1. Focusing on a much broader sectoral results-based approach, supported by evidence.
2. Better skills matching of program officers to deliver the national health agenda.
3. Given the new aid environment and UN reform stronger brokerage, advocacy and resource mobilization skills will need to be developed /strengthened within the Country Office.
4. WCO has to strengthen its secretariat’s role and by doing so it will ensure institutional memory and create a stronger platform for providing leadership on matters critical to health in Mozambique



ADDITIONAL INFORMATION

WHO country page <http://www.who.int/countries/moz/en/>

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