

Mozambique



<http://www.who.int/countries/en/>

WHO region	Africa
World Bank income group	Low-income
Child health	
Infants exclusively breastfed for the first six months of life (%) (2011)	43
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2015)	80
Demographic and socioeconomic statistics	
Life expectancy at birth (years) (2015)	59.4 (Female) 55.7 (Male) 57.6 (Both sexes)
Population (in thousands) total (2015)	27 977.9
% Population under 15 (2015)	45.3
% Population over 60 (2015)	5.1
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) (2008)	59.6
Literacy rate among adults aged >= 15 years (%) (2007-2012)	56
Gender Inequality Index rank (2014)	135
Human Development Index rank (2014)	180
Health systems	
Total expenditure on health as a percentage of gross domestic product (2014)	6.98
Private expenditure on health as a percentage of total expenditure on health (2014)	43.56
General government expenditure on health as a percentage of total government expenditure (2014)	8.81
Physicians density (per 1000 population) (2012)	0.04
Nursing and midwifery personnel density (per 1000 population) (2012)	0.412
Mortality and global health estimates	
Neonatal mortality rate (per 1000 live births) (2015)	27.1 [19.5-35.9]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2015)	78.5 [61.5-100.8]
Maternal mortality ratio (per 100 000 live births) (2015)	489 [360 - 686]
Births attended by skilled health personnel (%) (2011)	54.3
Public health and environment	
Population using improved drinking water sources (%) (2015)	51.1 (Total) 80.6 (Urban) 37.0 (Rural)
Population using improved sanitation facilities (%) (2015)	10.1 (Rural) 20.5 (Total) 42.4 (Urban)

Sources of data:
Global Health Observatory May 2016
<http://apps.who.int/gho/data/node.ccc>

HEALTH SITUATION

Mozambique is a low income country in Southern Africa with about 46% of the population living below the poverty. The Poverty Reduction Strategies have contributed substantially to reducing the number of poor in Mozambique, but access to basic social services remains low. Since 1994, the country organizes multi-party and democratic elections.

There has been promising progress in some of the health-related MDG – Infant mortality has dropped to 64 deaths/1000 and the under-five mortality rate to 79/1000 (2015)- while other health outcomes are still unsatisfactory. Malaria accounts for about 26% of hospital deaths. 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 inability of women and children to access essential services due to inadequate geographic coverage of health services, inadequate financing, shortage of health professionals and essential medicines. The individual and public health consequences of chronic non communicable 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. Recurrent natural disasters such as flooding, frequent outbreaks of cholera and the risk of newly emerging epidemic prone diseases require strengthened emergency preparedness and response, including stronger surveillance systems and implementation of the International Health Regulation.

HEALTH POLICIES AND SYSTEMS

The health policy framework for Mozambique is articulated in the following documents: the Five-Year Government Program (2015-2019) and the National Economic and Social Plan (2017).

A new Health Sector Strategic Plan 2014-2019 was approved following a comprehensive Review of the previous 2007-2012 Strategic Plan. The Sector Strategic Plan comprises 7 Strategic objectives 1: Increase access and utilization of health services 2: Improve quality of service provision; 3: Reduce geographic inequities and between different population groups in accessing and utilization of health services; 4: Improve efficiency on service provision and resource utilization; 5: Strengthening partnerships for Health 6: Increase transparency and accountability on management of public goods; 7: Strengthening Mozambican Health system. National Health policy is based on principles of Primary Health Care, equity and better quality of services.

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. 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.

COOPERATION FOR HEALTH

Mozambique has more than 20 development partners (bilateral and multilaterals) supporting the health sector aiming at attaining government ultimate objective of improving the health status of the population. The UN system in Mozambique operates under Delivering as One approach. In addition to implementation of a Joint Programme with UNICEF, UNFPA and WFP to address MDGs 4&5, WHO is supporting the implementation of recommendations of Commission of Information and Accountability for Maternal and Child Health. 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. This is supported by a common fund, called Prosaúde, where major donors pool their contribution together and that represents around 8% of the total health budget. The dynamics of the Health SWAp are evolving and new challenges emerge, such as the incorporation of global health financing initiatives and partnerships, and the current economic crisis, which has led to the embargo from main donors who are no longer releasing funds to the common basket. 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 COUNTRY COOPERATION STRATEGIC AGENDA (Ongoing)	
Strategic Priorities	Main Focus Areas for WHO Cooperation
STRATEGIC PRIORITY 1: Strengthening Health Systems ensuring increasing equitable access to health services and building management capacity in the public health sector as well as expanding the coverage.	<ul style="list-style-type: none"> • Support for development of strategies and plans addressing workforce education, recruitment, retention and motivation, performance and quality of service provision and facilitate the generation and dissemination of information on availability, distribution and performance of the health workforce. • Support improved access, quality and use of, medical products and technologies by strengthening the regulatory framework by supporting further implementation of existing and appropriate policies and regulations. • Strengthen national capacity in interpretation and use of data at all levels, also through the use of a unique M&E framework harmonizing the indicators of different vertical programs. • Promote evidence-based decision making at all levels of the health system through enhanced capacity to generate and use financial information and for development of health financing policies including alternative financing mechanisms.
STRATEGIC PRIORITY 2: Reducing Disease Burden of Communicable and Non communicable diseases.	<ul style="list-style-type: none"> • 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 and control the burden of heart disease, stroke, cancer, diabetes, obesity and chronic respiratory diseases and to promote healthy lifestyles.
STRATEGIC PRIORITY 3: Improving Mother, Newborn and Child Health	<ul style="list-style-type: none"> • Improve access to and performance of the integrated Mother, Newborn and Child health services. • Support implementation of integrated MNCH strategic plan at district level and addressing adolescent health problems in a more comprehensive manner by integrating adolescent health services into the health care delivery system. • Support efforts to the scaling up essential nutrition actions for mother, infant and child health, including adolescent and outreach, food-safety and food-security interventions, through technical and policy guidance/ support for development and implementation of plans, norms, standards & guidelines.
STRATEGIC PRIORITY 4: Addressing Health Determinants	<ul style="list-style-type: none"> • Ensure consideration of health issues in the multi-sectoral strategies and plans. • Advocate for mainstreaming of environmental health issues into development policies. • Strengthen the capacity to collect socioeconomic data relevant to health to support evidence-based policies on equity and health and build capacity on tools and methodologies for equity in health-based surveys.
STRATEGIC PRIORITY 5: Leadership, Governance and Partnership	<ul style="list-style-type: none"> • Assuring the stewardship role of the Ministry of Health. • Strengthening country knowledge management and informed decision making. • Stimulate collaboration and partnership among all actors in health and support public sector reform processes. Through UNDAF 2017-20 Action Plan commit to operationalize a common strategy as part of Delivering as One, in response to the development needs of Mozambique.