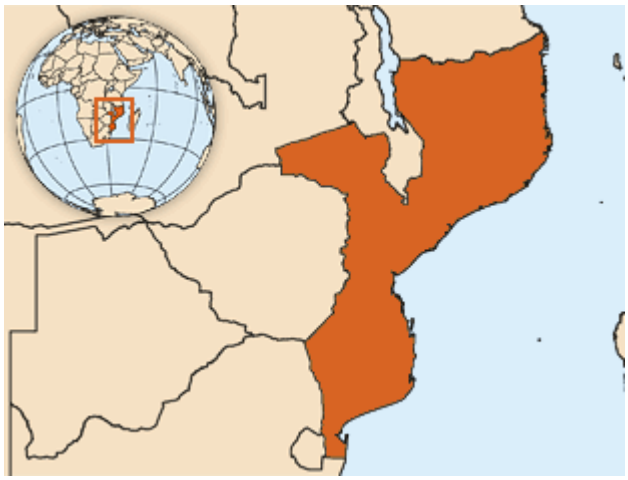
World Health Organization

Country Cooperation Strategy at a glance

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 (%) (2013)	41.0
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2016)	80
Demographic and socioeconomic statistics	
Life expectancy at birth (years) (2015)	57.6 (Both sexes) 55.7 (Male) 59.4 (Female)
Population (in thousands) total (2015)	27977.9
% 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) (2013)	0.055
Nursing and midwifery personnel density (per 1000 population) (2013)	0.401
Mortality and global health estimates	
Neonatal mortality rate (per 1000 live births) (2016)	27.1 [19.6-37.9]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2016)	71.3 [52.7-96.9]
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 safely managed sanitation services (%) (2015)	12 (Rural)
Population using safely managed drinking water services (%) ()	

Sources of data:
Global Health Observatory May 2017
http://apps.who.int/gho/data/node.cco

HEALTH SITUATION

Mozambique is a low income country in Southern Africa with about 46% of the population living below poverty. The Poverty Reduction Strategies have contributed substantially to reducing the number of poors in Mozambique, but access to basic social services remains low.

The maternal mortality ratio and neonatal mortality, which represent almost 40% of infant mortality rate, is mainly due to low quality of care, poor organization of service delivery and weak health system (information and midwifery workforce).

Mozambique is one of the 30 fast-track countries with 13.2% HIV prevalence due to delayed diagnosis, poor prevention, insufficient treatment coverage and low adherence. Every year there are more than 120.000 new HIV infections. The number of Malaria cases is the highest in Southern Africa (8 520 376 in 2016) mainly due to poor coverage and quality of preventive interventions.

This is a country prone to disasters and outbreaks. There are repeated cholera outbreaks in different parts of the country and has been hit by cyclone and flooding. The country has limited capacity on Emergency Preparedness and Response as evidenced in the recent conducted Joint External Evaluation.

After a long process the country has ratified the Framework Convention for Tobacco Control in 2017.

Violence against women and girls is on the rise with almost half of women having experienced a violent episode in their life, 80% of them by intimate partner.

Mozambique was certified polio free in 2016.

HEALTH POLICIES AND SYSTEMS

Mozambique has 1,596 health facilities, of which 96% deliver primary health care and they are distributed in 11 provinces, 30 municipalities and 157 districts. The latest survey (Family Budget Survey, 2014-15) reported that 68.3% of population had access to health facilities within 30 minutes walking distance with large inequalities amongst different provinces. Most of the population is accessing secondary and tertiary levels of care compared to previous surveys while primary health care attendance has decreased (78.1% in 2008 vs. 67.6% in 2015).

The planning framework for Mozambique is articulated in the following documents: the Five-Year Government Program (2015-2019) that is operationalized with the Annual Plan and budget.

The Health Sector Strategic Plan 2014-2019 is in the mid-term review phase. It comprises of 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. The Strategic Plan has also two pillars: (i) more and better health services; (ii) health sector reforms.

National health programs are responsible for the development of specific strategies and guidelines, and implementation is undertaken by provincial and district entities. MoH revitalized the institutional reform unit in 2016, and the first reform action is the revision of health policy.

In general, the availability of health workers in the NHS, per 100,000 inhabitants, increased from 92.6 (2014) to 106.8 in 2016, corresponding to an increase of 15% in 3 years. In 2016, MISAU approved the Development Plan for the Health Workforce (2016-2025).

In Mozambique, the HIS is composed of a routine information system with data from all public health facilities. In 2016 was introduced DHIS2 (SISMA) software and in addition, there are health subsystems for specific areas and the Department of Health Information (DIS) intends to establish, where possible, interoperability among the different databases.

The pharmaceutical sector is supervised by the National Directorate of Pharmacy, with support from a new Medicine Law approved in September 2017. Procurement and supply of medical product is ensured by the Central Medical Store and the National Essential Medicine List was reviewed in 2016.

In 2016 the health sector allocation was approximately 9.8% of the State Budget (OE) (corresponding to US $ 178 million); the external financing is approximately US $ 247 million. Expenditures on the Health sector in 2015 were US $ 42 per capita. The trends of available resources in the years 2013-2016 showed a progressive increase in health sector financing by the OE, with a sharp fall from 2016, and a reduction in total volume of external financing, especially PROSAÚDE sector common fund.

COOPERATION FOR HEALTH

The health sector in Mozambique is characterized by a multiplicity and diversity of development partners (multilaterals and bilaterals). As a result of the International Monetary Fund (IMF)'s decision to suspend loans to the country due to the discovery of undeclared debts in 2016, all donors have frozen general budget support (GBS), having chosen to fund the system through projects and programs (through national or international NGOs and UN agencies). The Vertical funds (Global Fund, GAVI and Global Financing Mechanism for the "Every Woman and Each Child" initiative -GFF) are representing more weight in sector financing and introduce a new approach of disbursement based on results that represent on one hand an opportunity to accelerate the changes and on the other hand new challenges for the system management.

The UN in Mozambique carries out its mission through a cooperation program developed and agreed jointly with the Government of Mozambique, denominated UNDAF 2017-2020, with 10 Outcomes aligned with the SDGs and the objectives of the Government of Mozambique. WHO leads the result for the area of health, water and sanitation (Outcome 6).

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Country Cooperation Strategy *at a glance*

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2018 – 2022)	
Strategic Priorities	**Main Focus Areas for WHO Cooperation**
STRATEGIC PRIORITY 1: Strengthening health systems	• Leadership and Governance including reforms to universal health coverage • Strong systems for planning, budgeting, reporting, monitoring, evaluation and research to ensure more and better people-centered health services • Access and rational use of medicines and health technologies
STRATEGIC PRIORITY 2: Reducing morbidity and mortality rates in the area of Reproductive, Maternal, Neonatal, Child and Adolescent Health	• Access to SRMNIA and nutrition services • Responsiveness of quality maternal and neonatal health services • Vaccination coverage for populations, including communities living in remote and hard-to-reach areas
STRATEGIC PRIORITY 3: Reducing the burden of endemic diseases, namely TB, Malaria, HIV and AIDS and Neglected Tropical Diseases	• Policies, strategies and plans for the elimination of HIV / AIDS, TB, malaria and NTDs • Universal access to prevention, diagnosis and treatment of HIV, TB, malaria and NTDs • Ability to produce evidence on endemic diseases including on antimicrobial resistance and insecticides
STRATEGIC PRIORITY 4: Prevention and control of NCDs and addressing the social and environmental determinants of health	• Intersectoral and intrassectorial coordination to address social and environmental determinants of health • National capacity for the prevention of risk factors and response to NCD and trauma • Ability to respond to environmental risk factors and the effects of climate change on health
STRATEGIC PRIORITY 5: Public health emergency alert and response capacity	• Key Capabilities of the International Health Regulations • Integrated disease surveillance system • system resilience for public health emergencies, including cross-border control

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