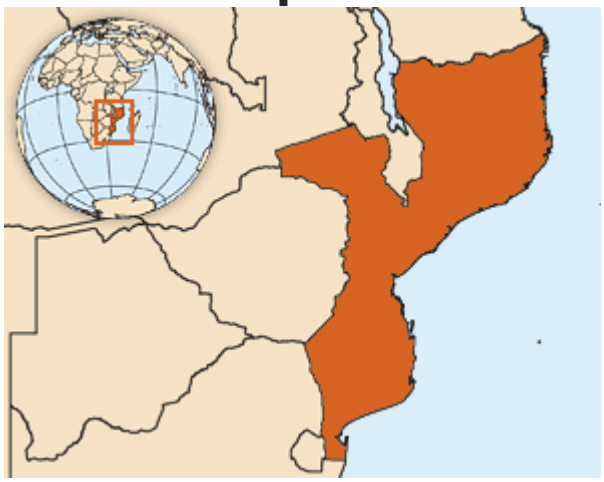
World Health Organization

Country Cooperation Strategy *at a glance*

Mozambique



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

WHO region	Africa
World Bank income group	Low-income
CURRENT HEALTH INDICATORS	
Total population in thousands (2012)	25203
% Population under 15 (2012)	45.38
% Population over 60 (2012)	5.01
Life expectancy at birth (2012) Total, Male, Female	54 (Female) 52 (Male) 53 (Both sexes)
Neonatal mortality rate per 1000 live births (2012)	30 [19-50] (Both sexes)
Under-5 mortality rate per 1000 live births (2012)	90 [77-106] (Both sexes)
Maternal mortality ratio per 100 000 live births (2010)	490 [300-850]
% DPT3 Immunization coverage among 1-year olds (2012)	76
% Births attended by skilled health workers (2011)	54.3
Density of physicians per 1000 population (2008)	0.03
Density of nurses and midwives per 1000 population (2008)	0.34
Total expenditure on health as % of GDP (2011)	6.6
General government expenditure on health as % of total government expenditure (2011)	7.7
Private expenditure on health as % of total expenditure on health (2011)	58.3
Adult (15+) literacy rate total (2010)	56.1
Population using improved drinking-water sources (%) (2011)	33 (Rural) 78 (Urban) 47 (Total)
Population using improved sanitation facilities (%) (2011)	41 (Urban) 19 (Total) 9 (Rural)
Poverty headcount ratio at $1.25 a day (PPP) (% of population) (2008)	59.6
Gender-related Development Index rank out of 148 countries (2012)	125
Human Development Index rank out of 186 countries (2012)	185

Sources of data:
Global Health Observatory April 2014
http://apps.who.int/gho/data/node.cco

HEALTH SITUATION

While approximately 54% of the population lives below the poverty line, the Poverty Reduction Strategies have contributed substantially to reducing the number of poor. However, access to basic social services remains low.

There has been promising progress in some of the health-related MDGs. Neonatal mortality has dropped to 30 deaths/1000 and the under-five mortality rate to 90/1000. However, 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 better 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 Regulations.

HEALTH POLICIES AND SYSTEMS

The health policy framework for Mozambique is articulated through: the Five-Year Government Program (2010-2014), the Action Plan for the Reduction of Poverty (PARP 2011-14) and the National Economic and Social Plan (2014).

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 seven strategic objectives and is based on principles of primary health care, equity and better quality of services: Increase access and utilization of health services; improve quality of service provision; reduce geographic inequities and between different population groups in accessing and utilizing health services; improve efficiency on service provision and resource utilization; strengthening partnerships for health; increase transparency and accountability on management of public goods; and strengthen the health system.

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 25 bilateral and multilateral development supporting the health sector, with the aim improving the health status of the population. The UN system in Mozambique is a pilot for Delivering as One. 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 the Commission of Information and Accountability for Maternal and Child Health. Mozambique 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 COUNTRY COOPERATION STRATEGIC AGENDA (2009-2013)

Strategic Priorities	Main Focus Areas for WHO Cooperation
STRATEGIC PRIORITY 1: Strengthening health systems and ensuring increasing equitable access to health services and building management capacity in the public health sector as well as expanding the coverage.	• 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 the disease burden of communicable and noncommunicable diseases.	• 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	• Improve access to and performance of the integrated mother, newborn and child health services and as such attain MDG 4 & 5 goals. • 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	• Ensure consideration of health issues in the multisectoral 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	• Assure the stewardship role of the Ministry of Health. • Strengthen country knowledge management and informed decision making. • Stimulating collaboration and partnership among all actors in health and support public sector reform processes. Through the UNDAF 2012-15 Action Plan, committing to operationalize a common strategy as part of Delivering as One, in response to the development needs of Mozambique.