CHOLERA COUNTRY PROFILE: MOZAMBIQUE

General Country Information:
The Republic of Mozambique is located in southeastern Africa and borders Tanzania, Malawi, Zambia, Zimbabwe, Swaziland and South Africa with an east coast along the Indian Ocean. Its capital and largest city is Maputo. Beira, in Sofala province, is the second largest town. Mozambique is a former Portuguese colony and became independent in 1975.

Civil war and economic collapse characterized the first decade of Mozambican independence. It is now a multi-party republic ruled by a president and a prime minister. Mozambique is divided into 10 provinces which are subdivided into 129 districts. The majority of its 18 million people live in rural areas with an urban population of only 29%.

Its economy is based on industry products (such as cement, cigarettes and alcoholic beverages) and agriculture products (such as sugar, cashews, oil-bearing seeds and tea). Mozambique is vulnerable to climatic hazards such as floods, droughts and cyclones. Malaria is the first cause of mortality among children and the tuberculosis rate is 138 per 100'000 (2002), ranking 11th on the high-burden Tuberculosis countries.

Cholera Background History:
Since 1973, cholera has always been present in Mozambique. During the years 1992, 1993, 1998, 1999 and 2004 notified cholera cases from Mozambique represented between one third and one fifth of all African cases. Beira, a port city in the Sofala province, has been affected by cholera outbreaks since early 90s.

In 1998 a cholera outbreak in Mozambique, which started in Beira City, reported 42,672 cases and 1,353 deaths with a Case Fatality Rate (CFR) of 3.2%. The already poor sanitary conditions in Beira had deteriorated following a storm that affected the central region of the country.

In 1999, an outbreak occurred in Tete Province, with 4,725 registered cases and 148 deaths (CFR 3.1%). In late September a resurgence occurred in Macanga.

In 2004, the Ministry of Health reported a total of 9,391 cases and 61 deaths from 20 December 2003 to 16 February 2004 in 6 provinces. Maputo City was the most affected area, reporting 65% of all cases. Typically, the number of cases started to decrease only with the diminishment of the rain falls. Cholera epidemics mainly occur during the period from December to May/June, therefore coinciding with the rainy season.

Cholera Situation in 2006:
From January to June 2006, the areas with the most cases were Beira City, Dondo, Quelimane City, Ilha de Mozambique and Nampula City. The areas with the highest CFR (more than 1%) are Quelimane City, Monapo, Malema and Meconta.

Cholera Vaccine Use:
In 2003, the Ministry of Health decided to engage in the first demonstration project using oral cholera vaccines in Beira City which involved with the different partners, such as WHO, IVI and MSF/Epicentre.

References:
[2] Feasibility of a mass vaccination campaign using a two-dose oral cholera vaccine in an urban cholera-endemic setting in Mozambique
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Demographic and Socio-Economic Data:

- **Geography**
  - Total surface: 801 590 km² (coastline of 2 470km)
  - Capital: Maputo (population in Maputo: 966 837)
  - Provinces: 10
  - Official language: Portuguese

- **Environment**
  - Climate: Tropical-subtropical, rainy season from January to March
  - Floods and droughts: From April to September, the coast has warm, mainly dry weather, 10 degrees cooler in the western mountains
  - Devastating floods in 2000-2001

- **Demographics**
  - Population: 19 792 000 (annual population growth rate: 1.38%)
  - Religions: 23.8% Christian, 17.8% Muslims, 17.5% Zionist Christian, 17.8% other, 23.1% none
  - Ethnic groups: 11 including Shangaan, Chokwe, Manyika, Sena, and Makua
  - Migrants: Not representative

- **Economy**
  - Industry: Most of the postwar industry is located near Maputo, which produces cement, cigarettes, alcoholic beverages and seafood
  - Farming: Sugar, cashews, and a wide range of oil-bearing seeds. Tea, in the highlands near the Malawi border.

- **Health Indicators**
  - Per capita total expenditure on health (2003): 45$
  - Life expectancy at birth (yrs): Males: 44   Females: 46
  - Child mortality rate (per 1000): Males: 154   Females: 150
  - More than 50% of doctors concentrated in Maputo

- **Communicable Diseases**
  - Malaria (15-30% of all under-five death), tuberculosis, HIV prevalence (15-49 yrs): 12.2%

- **Risk Factors for Cholera**
  - Population with access to improved water source: 42% (24% in rural areas)
  - Population with access to proper sanitation facilities: 27%
  - Population undernourished: 47%

**WHO Support Actions:**
- 2002: Consultancy for the support of food safety (exportation of seafood)
- Feb. 2002: WHO/Mozambique Assessment mission of the outbreak response
- June 2003: WHO/HQ Assessment mission of the outbreak response
- Feb. 2004: AFRO/Cholera Epidemic Response
- 2003-2004: First demonstration project using oral cholera vaccines in Beira City

Sources: WHO, UN (MDG), UNHCR, UNICEF, UNDP

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