The Present Context

In spite of political stability and rapid economic growth, Mozambique still ranks low in the UNDP Human Development Index scale – 96 out of 103 – with 69% of the population living below the national poverty line. The majority of its 18 million people live in rural areas with an urban population of only 29%.

Mozambique is vulnerable to climatic hazards such as floods, droughts and cyclones. In 2000 and 2001, major floods led to the displacement of several hundred thousand people. Vulnerability is further exacerbated by the impact of HIV/AIDS.

In the past years, insufficient rains, particularly in the south, have resulted in reduced crop production. Recent findings from a national food and nutritional survey indicate that conditions in the drought-affected southern provinces, that also have the highest HIV/AIDS prevalence, have deteriorated. Assessments indicate that up to 800,000 people would be in need of food aid until March 2006.

Crisis involving: Part of the Population

Millennium Development Goals in Mozambique

<table>
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<tr>
<th>Eradicate extreme poverty &amp; hunger</th>
<th>Achieve universal primary education</th>
<th>Promote gender equality</th>
<th>Reduce child mortality</th>
<th>Improve maternal health</th>
<th>Combat HIV/AIDS, malaria etc.</th>
<th>Ensure environmental sustainability</th>
<th>Global partnership for development</th>
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<tbody>
<tr>
<td>On track</td>
<td>Slipping back</td>
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Note: Information is based on one to two specific targets for each major goal. The selection of goals and targets in the table is based principally on data availability.


Main Public Health Issues and Concerns

Health Status

- Between 1995 and 2003, infant mortality dropped from 145 to 109 per 1,000 live births per year. The under-five mortality rate is 163 per 1,000 live births per year. Children in rural areas are 1.4 times more likely to die during the first year of life than children in urban areas.
- Maternal mortality is estimated at 1,000 per 10,000 live births per year. The total fertility rate is 5.5, with 40% of all deliveries attended by skilled personnel.
- The HIV/AIDS epidemic is expanding with an estimated prevalence of 13%. The majority of new infections occur among those under 29 years of age. Life expectancy, estimated at 45 years in 2003, is expected to drop to around 38 years in 2010. Mozambique is on the list of countries for treatment scale-up under the WHO 3 by 5 Initiative.
- Tuberculosis case notification rate was 138 per 100,000 in 2002. Mozambique ranks 11th on WHO’s list of high-burden TB countries.
- With 41% of children under five stunted and 24% underweight, malnutrition remains a problem.

Disclaimer

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Health System

- The national health system is divided into three administrative levels: the MoH for policy and strategy formulation, the 11 provincial offices for policy implementation and regional coordination and the 144 health district divisions for health services provision. The health centres provide services at the first and most peripheral level and refer to the rural and district hospitals for medical emergencies, basic surgical and obstetrical interventions. Provincial and central hospitals ensure specialist care. Data from 2001 gives a total of 1,141 health posts and centres and 43 hospitals.

- The private sector (profit and non-profit) includes privately-owned clinics, particularly in the main towns, and health centres set up by international NGOs, bilateral agencies and religious organizations. Traditional healers cover about 60% of the population. Although not officially recognized by the MoH, they are acknowledged and regulated for the protection of the population.

- A June 2003 survey indicated that 56% of the population is over an hour away from the nearest health centre and that this figure is higher for rural populations (72%) than for urban populations (14%). There are important variations in health coverage between regions and within each province. In some provinces, there are poorly serviced districts requiring special attention.

- There is an overall lack of health staff especially in rural areas. More than half of the country’s 712 doctors work in Maputo, with an estimated doctor to patient ratio of 1:4,000 compared to 1:60,000 in the North. 2001/2002 figures indicate that 60% of the districts’ health personnel worked in the district’s capitals. In 2000, there were 2.4 doctors and 20.5 nurses per 100,000 population.

- Low yearly output of medical graduates, insufficient academic level and inadequate salaries (many practitioners combine their public sector practice with private medical work) all contribute to a general lack of efficiency of health staff.

- Drug availability continues to be problematic due to weaknesses in planning starting from calculations of actual needs at the various levels of care. The national capacities for drug quality control need are still scarce.

- In 2000, donors contributed to as much as 68.5% of the total health expenditures. In per capita terms, health spending has grown from USD 4.9 in 1997 to USD 7.4 in 2000. There are no clear guidelines on the allocation of funds to provinces.

- In terms of equity, uneven distribution of facilities, staff and other inputs among the provinces as well as uneven application of user fees and exemption policy still penalize the poorest sections of the population and reduce their use of health services.

Main Sector Priorities

The overall priority is to address the most pressing determinants of excess morbidity and mortality resulting from the combined impact of drought, poverty and HIV/AIDS, by 1) providing emergency relief to the most vulnerable communities and 2) strengthening the coordination of disaster prevention and mitigation to promote recovery and risk reduction. The most immediate interventions relate to food relief and nutrition, agriculture, capacity building, access to education, child protection, gender empowerment and health.

WHO’s main aims to respond to the current crisis are twofold:

- Filling the gaps in surveillance, early warning of and capacity to respond to health threats though:
  - Further development of assessment tools and annual health sector assessments to monitor the impact of the crisis;
  - Continued support to the implementation of the Integrated Disease Surveillance and Response (IDSR) strategy and responses to disease outbreaks;

- Enhancing Capacity for Emergency Preparedness through:
  - Monitoring of the capacity of the health sector to manage crisis situations;
  - Support to vulnerability assessments and development of emergency preparedness plans;
  - Capacity building for assessment and response to crises by ensuring the presence of adequately trained and appropriately skilled staff.