Mozambique’s Commitment to the Right to Health

Although not a party to the International Covenant on Social, Economic and Cultural Rights, the Republic of Mozambique has ratified several major international and regional human rights treaties that address the right to health. Also, at national level, various key documents refer to this human right.

With regards to health care, the Mozambican Constitution (2004) provides for the right of all citizens to medical and health care. It also ensures that all citizens enjoy the same rights regardless of color, race, sex, ethnic origin, place of birth, religion, educational level, social position, or gender.

The second Poverty Reduction Strategy Paper (PARPA II) for 2006-2010, refers to human rights with regards to health and also tackles specific areas and cross-cutting topics such as education, health, water and sanitation, social action, HIV/AIDS, and housing.

As part of the 5-year Government program, the National Declaration of Health Policy (Declaração Nacional de Política da Saúde) has been developed in line with the PARPA. It stipulates that Mozambique endorses the right to health as recognized by UN documents, and highlights the general objective to improve human rights standards. It also focuses on key issues such as vulnerable groups, equity, and accessibility.

Finally, the Health Sector Strategic Plan 2007-2012 (PESS) is also guided by the some key principles such as equity, development of partnerships and community participation, transparency and accountability.

Other program specific strategies, such as the National Plan for the fight against HIV (PEN II) for 2005-2009 also acknowledge that human rights principles have to be taken into account in health strategies.

The Ministry of Health is taking concrete steps towards the right to health. Shortly after the Independence, Mozambique abolished the ethnic registry for identification of patients to ensure the absence of discrimination in public and private health units. It adopted in 2006 a Charter on Patients’ Rights and Obligations. This document reaffirms the importance of human rights in health services, and the need to protect human dignity and integrity. It also highlights patients’ responsibility to collaborate with the health professionals and respect the right of other patients. In line with the Millennium Development Goals, the President of the Republic launched in February 2008 the Presidential Initiative, advocating for greater involvement of various sectors in the improvement of maternal and child health. The President met with representatives of four groups (health professionals, women, community leaders, and religious leaders) who are expected to disseminate the information and elaborate concrete plans of action to achieve the objectives. Provincial Governors and Provincial Health Directors will also duplicate the Presidential Initiative in their respective geographic areas. Finally, other steps include free diagnosis and treatment for priority diseases such as STIs, HIV/AIDS, Malaria and Tuberculosis. The Ministry is also facilitating access to health care for vulnerable population groups by providing free health services to women and children under five.

Health Sciences Institutes, training centers linked to the Ministry of Health, and university courses in the area of health only cover human rights in a superficial manner. However, improvement of the curricula is expected, linking human rights with broader themes such as Professional Ethics and improved treatment of victims of violence.

Key Actors for the Implementation of the Right to Health

The Ministry of Health plays a leading role in realizing the right to health. It also works in conjunction with the 25 other Ministries to address the various underlying determinants of health, among others:

- Ministry of Interior
- Ministry of Women and Social Action
- Ministry of Labour
- Ministry of Education and Culture,
- Ministry of Public Works,

The Ministry of Health of Mozambique receives support from a large number of international development partners. In 2007, foreign aid contributed to 70% of the health sector’s budget.

A Sector Wide Approach (SWAp) in the health sector was adopted in 2000. It is envisioned to improve the performance of the sector, strengthen government leadership, putting greater emphasis on policy and strategy development and lowering the transaction costs of foreign assistance. It is also aiming at harmonizing and aligning partners to government systems, strategies and plans, and with the Paris Declaration on Aid Effectiveness. Currently, 26 partners use the SWAp structure to enhance strategic dialogue among partners, and between the Ministry of Health and partners. It focuses on sector policies, priorities and performance in line with the Poverty Reduction Strategic Plan (PARPA), and on the delivery of the sector strategic plan (PESS).

In Mozambique, Civil Society Organizations (CSOs) give important input to the promotion of human rights. They promote citizen participation, good governance, and human rights-based approach to development. CSOs are, at the same time, counterparts and counter-power, translating rights-based approaches from theory into practice. They are also lobbyists and watchdogs. Many key civil society actors are very new in Mozambique. Therefore, CSOs, NGOs and networks are still weak, in terms of institutional organization and coordination. However, their activities and voices are improving, for example to defend access to essential health care services (including antiretroviral treatment for HIV), gender equality, and the rights of minority groups (e.g. inmates, people living with HIV/AIDS, people with disabilities), as well as on domestic violence.
**Recommendations from Special Rapporteurs and Treaty Bodies**

The **UN Special Rapporteur on the right to the highest attainable standard of health** visited Mozambique in 2003. His objective was to understand how Mozambique is undertaking the implementation of the right to health, and to make recommendations for the Government and other key actors. The key recommendations were the following:

- establish accountability mechanisms that bear upon health-related human rights, including the creation of a national human rights institution, a charter for the protection of patients’ rights, and a statutory medical council responsible for regulating, registering, supporting and disciplining health professionals;
- ratify the ICESCR, which provides a form of international accountability;
- increase significantly the number of health professionals and improve their working terms and conditions, including levels of remuneration;
- develop an integrated and coordinated approach in the health sector that is as comprehensive, simple and as efficient as possible;
- actively enhance community participation in the health sector, including by way of close collaboration with NGOs.

In 2002, the **Committee on the Rights of the Child** made following recommendations:

- continue efforts to ensure the treatment and rehabilitation of children victims of violence, abuse, disabilities (landmines, …), trafficking and child prostitution;
- increase birth registration;
- develop policies and strategies integrating the rights of children infected and affected by HIV/Aids;
- increase the number of children completing secondary education;
- reduce the number of children working in the formal and informal sectors.

In 2007, The **Committee on the Elimination of Discrimination against Women** produced a list of issues with regards to the initial and 2nd report produced by Mozambique. It included:

- high level of maternal and infant mortality rates;
- limited access to sexual and reproductive health services;
- high impact of HIV/Aids on women;
- stigmatization and social exclusion of women with disabilities;
- lack of access to health services by rural women.

The same year, Mozambique provided answers to questions raised by the CEDAW, and highlighted the various programs and projects addressing some of the problems that the country is facing.

The table below presents the core International and Regional human rights Instruments and the status of Mozambique:

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<tr>
<td>ICCPR</td>
<td>International Covenant on Civil and Political Rights</td>
<td>1966</td>
<td>161</td>
<td>Human Rights Committee</td>
<td>1993</td>
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<td>ICESCR</td>
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<td>1966</td>
<td>158</td>
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<td>CAT</td>
<td>Convention against Torture, and other Cruel, Inhuman and Degrading Treatment or Punishment</td>
<td>1984</td>
<td>145</td>
<td>Committee Against Torture</td>
<td>1999</td>
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<td>ICRMW</td>
<td>International Convention on the Protection of the Rights of all Migrant Workers and members of their Families</td>
<td>1990</td>
<td>37</td>
<td>Committee on Migrant Workers</td>
<td>Not a member</td>
<td>-</td>
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<td>ICPPED</td>
<td>International Convention for the Protection of All Persons from Enforced Disappearances</td>
<td>2005</td>
<td>4</td>
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General fact sheet on the right to health and other country specific fact sheets available at: [http://www.who.int/hr](http://www.who.int/hr)

More information on treaty bodies: [http://www.ohchr.org](http://www.ohchr.org)


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