

# **MOZAMBIQUE**





With almost half of its population still living below the poverty line, Mozambique is burdened by a high prevalence of poverty-related diseases. Progress has however been made on child mortality indicators.



#### **HEALTH SECTOR STRATEGIC PLAN, 2014-2019**



28 829 476

**TOTAL POPULATION, (2016)** 



LIFE EXPECTANCY

AT BIRTH, (2015)

**58 YEARS** 

**\$\$**\$

79\$

TOTAL HEALTH EXPENDITURE



45%

TUBERCULOSIS TREATMENT COVERAGE, (2016)



9%

OUT OF POCKET EXPENDITURE AS % OF TOTAL HEALTH EXPENDITURE, (2014)



9%

GENERAL GOVERNMENT HEALTH EXPENDITURE AS % OF GENERAL GOVERNMENT EXPENDITURE, (2014)



PER CAPITA, (2014)

49%

EXTERNAL AID AS %
OF TOTAL HEALTH
EXPENDITURE, (2014)



**51%** 

ANTENATAL CARE COVERAGE, (2011)



7

HOSPITAL BEDS PER 10 000 POPULATION, (2011)



10%

RURAL POPULATION WITH ACCESS TO IMPROVED SANITATION FACILITIES, (2015)



80%

DTP3 IMMUNIZATION COVERAGE AMONG 1-YEAR-OLDS, (2016)



**54**%

BIRTHS ATTENDED BY SKILLED HEALTH PERSONNEL, (2011)

## **CURRENT PRIORITIES**

The health policy framework for Mozambique is articulated in the following documents: the Five-Year Government Program (2015-2019) and the National Economic and Social Plan (2017). The Health Sector Strategic Plan (PESS 2014-2019) was approved following a comprehensive Review of the previous 2007-2012 Strategic Plan.

The Sector Strategic Plan comprises 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 National Health policy is based on the principles of Primary Health Care, equity and better quality of services.

# **LINKAGE TO UHC**

The public sector is the main health provider, with a network covering about 60% of the population. Despite currently undergoing an economic upsurge, government health expenditure as a percentage of GGE was 8.8% in 2015, i.e. way below the Abuja target of 15%. The PESS 2014–2019 explains that the National Health Service has not yet adopted an integrated Essential Package of Health Services.

Nonetheless, according to the 2016 joint annual health sector review, the country was able to meet or even surpass most targets set for key UHC-related indicators, such as health worker density, for example. Moreover, the review mentions a series of steps taken in 2016 to reform the sector, with the aim of reaching UHC in the long-run, namely:

- Establishment of the Reforms Working Group (June 2016) involving senior staff from the MoH and representatives of the cooperation partners;
- Readjustment of the conceptual framework of the reforms and definition of their objectives and guidelines.

Moreover, an interministerial working group on health insurance was established, with support from WHO.on clean and safe delivery and efforts to ensure availability of FP commodities are expressions of these commitment.

# **WHO SUPPORT TO DATE**

- Health financing towards universal health coverage strengthened
- Support the interministerial group work on health insurance
- National Health Accounts exercise 2014-15
- Capacity building on program costing using ONEHEALTH

### Remaining gap: Slow progress on coverage of institutional deliveries

Recommendation: Assess the contribution of community interventions to improving coverage of institutional deliveries.

# Remaining gap: Regional health inequities

Recommendation: Review the criteria for allocating provincial goals and distribution of personnel to reduce inequities.

# Remaining gap: Follow-up of reforms

**Recommendation**: Establish a M & E System for monitoring reforms and their impact on the provision of services

# Stories from the field:

Health financing takes shape in Mozambique



A workshop on health financing was held in April 2014 in Mozambique, with technical inputs from the WHO, the World Bank and USAID. Participants and presenters included technicians from the Ministry of Health and focal points from the Ministry of Finance (MoF) and Ministry of Planning. The main objective was to share the basic concepts of health financing, and to spark partners' interest to participate in the process. A road map for a health financing strategy (HFS) development process was agreed upon.





