



MEDICUSMUNDI IN MOZAMBIQUE

OUR PROPOSAL:

**“PRIMARY HEALTH CARE:
LET’S MAKE IT REAL!”**



Primary Health Care in Mozambique

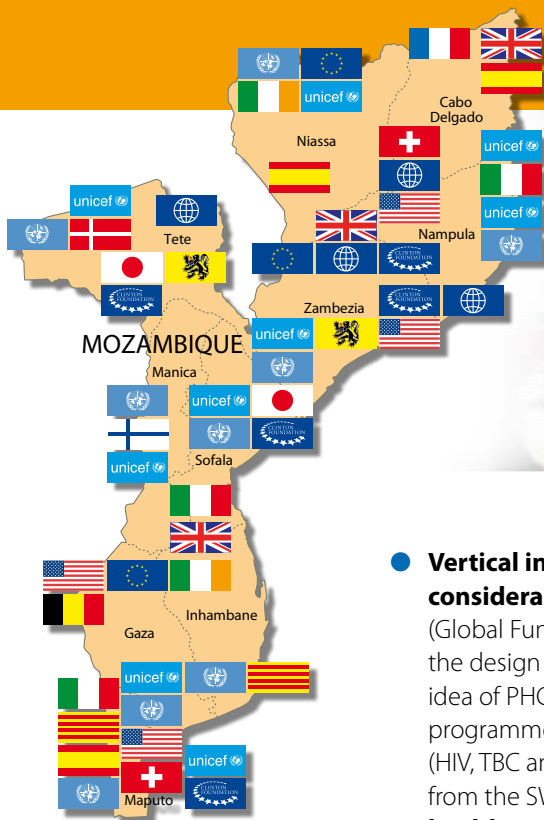
It's been more than 30 years since the dream to provide "Health for All" was launched in Alma Ata, and the strategy of Primary Health Care (PHC) was adopted, as the most effective and efficient approach in order to achieve that goal. Are we closer to that dream today? Has PHC become the international benchmark for **the strengthening of health systems** that ensure universal coverage? Is Mozambique an example to follow in this regard?

The government of Mozambique, through its Health Ministry, **has stood up for PHC as the country's main socio-sanitary strategy for the improvement of the health of the population.** This approach has guided, as a theoretical framework, all health policies, following the recommendations established by the **WHO itself, which considers that PHC may solve up to 80% of all the population's health problems.** In fact, the new Health Sector Strategic Plan 2014-2019 regards PHC as one of the main guiding principles of the country's health policies.

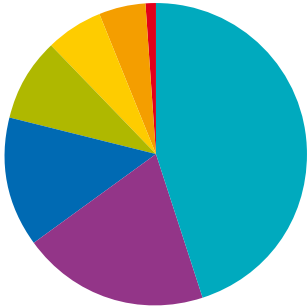
However, practical experience has shown that the government's financial, human and institutional resources and, above all, the resources coming from its international partners, are not always employed in this direction. **If evidence and international health policies show that this is the best option, if Mozambican national policies are based on this approach, why is PHC not prioritized in Mozambique? Are current approaches really working for the strengthening of the health system?**

The truth is that there have been circumstances and trends, both internal and external, which have relegated PHC to a mere dialectical resource, far from its original revolutionary content. In Mozambique, some of the most relevant ones are the following:

- The Health Sector is highly dependent on external resources. **Over the last five years, more than 90% of the investment budget for this sector came from foreign aid.**
- **Aid is highly fragmented.** In 2011, there were more than 26 donors in the SWAP (Sector Wide Approach, a coordination mechanism that brings together government and donors within the health sector), some 150 NGOs, and several coordination mechanisms with similar or complementary roles to that of the SWAP. Not all stakeholders share the same ideas. **In fact, there are multiple views on the health model the country should follow.**



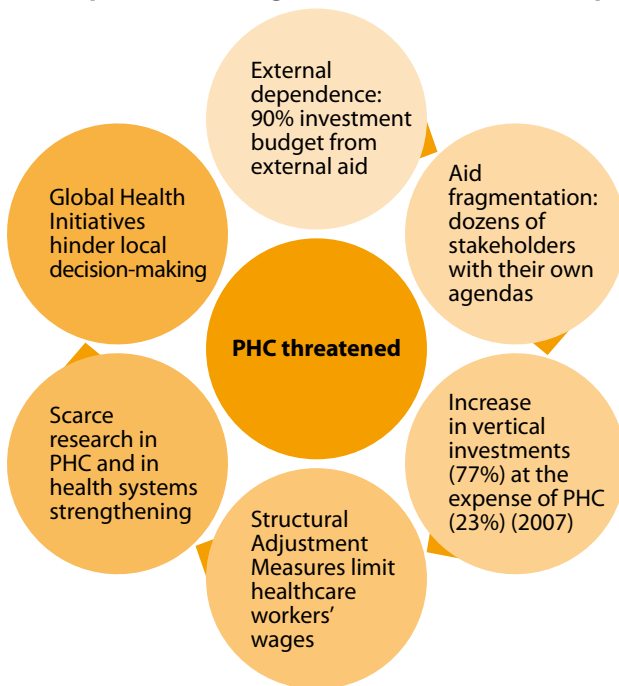
- **Vertical interventions have increased considerably.** The source of the funding (Global Fund, PEPFAR, etc.) is determining the design of health strategies. The original idea of PHC has been transformed into programmes to fight the three major diseases (HIV, TBC and malaria). According to data from the SWAP, in 2007, **only 23% of the health sector funding**, including funds from donors, **was allocated to Primary Health Care services**. In 2013, **only 19% of the budget for health was allocated to the district administrations, those in charge of the actual implementation of PHC.**
- **Structural Adjustment measures promoted by international financial institutions have a significant impact on the health sector**, especially due to budget cuts and its impact on investment and health workers' wages.
- **Research on PHC and health systems is still very scarce.** Most research to date has a marked biomedical approach. Research on how to **strengthen the health system** and how to design policies contributing to universal coverage and equity of access to healthcare services is still very limited.



HIV/AIDS	45 %
Other diseases (Schistosomiasis, cholera, etc.)	20 %
Cardiovascular diseases	14 %
Malaria	9 %
TBC	6 %
Vaccines	5 %
Health Systems	1 %

Articles published by Mozambique's National Institute of Health (INS) 2002-2014. Source: **medicumsmundi** (2014)

- **The democratic deficit generated by the current “global health governance”**, led by certain agencies, philanthropic foundations and other organisations and private public partnerships that, far from strengthening national health systems, **impose external agendas based on their own priorities.**



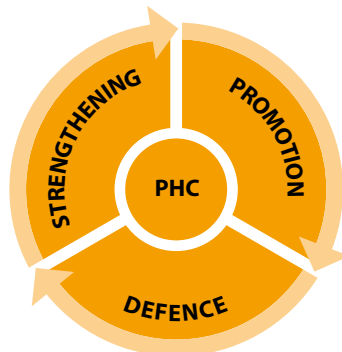
Because of the failure to apply the principles of PHC, the National Health System (NHS) is evolving in a direction which contributes poorly to equity and social justice and which does not obtain the best possible health outcomes for the resources invested.

OUR PROPOSAL

The strengthening, promotion and defence of PHC in Mozambique

medicumsmundi considers it essential to revitalise PHC principles in order to ensure better health for the entire population. We base our proposal on a conceptual framework that combines three areas of intervention, to be conducted in parallel and co-ordinately: **the strengthening, promotion and defence of PHC.**

Considering the low health coverage, scarce human resources, planning difficulties, the distant relationship between the NHS and the population in certain areas, among other issues, it is necessary to continue working towards **health system strengthening**, as one among many social determinants of health, **based on a PHC strategy.** However, this does not suffice. It is also needed, for the development of the sector, to promote PHC principles in two key areas: (1) Among all future health workers, currently studying in different academic institutions (training centres, institutes and universities). Nowadays, the academic curricula hardly include any reference to PHC, thus limiting its implementation and defence in future public practice. (2) **In the field of research and knowledge generation**, research on PHC is virtually non-existent, which makes it indispensable to contribute to a new research agenda based on Mozambique's priorities. Finally, it is vital that citizens participate in the construction of this new model of health system. **This involves actively defending PHC principles.** The entire civil society must take part in good governance practices and ensure that political commitments are fulfilled. It is thus necessary to inform citizens so that they can demand their right to health effectively.



How to achieve this?

The Institute for the Development of Primary Health Care

The sustainability and impact of our proposal of PHC strengthening, promotion and defence involves the creation of an inclusive, sustainable and independent national organisation: **the Institute for the Development of Primary Health Care**. This institute **should integrate the joint efforts of all national and international forces that defend the right to health of all citizens of Mozambique:**

- (1) The **Ministry of Health** and all the institutions collaborating in the improvement of PHC in order to strengthen its services.
- (2) The **Eduardo Mondlane University (UEM)**, the **ISCISA** (The Higher Institute of Health Sciences) , **training centres, research institutes (such as IESE, the Institute of Social and Economic Studies), as well as other national and international universities**, in order to ensure teaching and research on PHC, since advocacy in public health policies should be evidence based.
- (3) **Civil Society Organizations, grassroots organisations, social movements, etc.** – such as the Mechanism to Support the Civil Society (**MASC**), The Centre for Public Integrity (**CIP**) **and others** – that promote citizens' participation, the defence of the right to health through a public system that ensures universal coverage and that develop their proposals for monitoring the implementation of public health policies. A better-informed society about the benefits of a PHC-based system is a society with more ability to influence policymaking.



Interventions for the strengthening of PHC (coverage, human resources, planning, Health Information System (HIS), community, others).

Systematizing and disseminating good practice for replication at the national level.

Designing a research agenda based on PHC.

Influencing academic institutions curricula based on good practice.

Adapting research conclusions into messages for the massive information of the population.

Fostering national and international alliances (Ministry, Civil Society, NGO, University...) for the strengthening, promotion and defence of PHC.

PHC strengthening:
Ministry of Health and partners.

PHC Promotion:
Universities, Academic and Research institutes.

PHC Defence:
civil society.

Functions and actors of the Institute for the Development of Primary Health Care

Basing Health Care strategies and its massive application on PHC.

Building channels for dialogue and synergies between universities, government and civil society.

The academic institutions promote PHC among future health workers.

Generating knowledge to influence the design of health policies.

Citizens participate in health policies.


Citizens monitor and influence good governance.

We need your collaboration

“The support for a renewal of PHC stems from the growing realization among health policymakers that it can provide a stronger sense of direction and unity in the current context of fragmentation of health systems, and an alternative to the assorted quick fixes currently touted as cures for the health sector’s ills” (WHO, 2008)

medicusmundi has been working in Mozambique for over 20 years in the area of **health system strengthening based on PHC**. We have the experience, vision and partnerships needed to promote an inclusive, innovative and effective process that really contributes to structural changes in health policies and that ensures that Mozambican citizens can exercise their right to health.

The **Institute for the Development of Primary Health Care in Mozambique** is a **medicusmundi** initiative that aims at bringing together those institutions, universities, donors, research institutes and social movements who believe in quality public healthcare for all.



*Are you one of them?
Mozambique’s Primary
Health Care needs your
commitment.
Collaborate with us!*

www.medicusmundi.cat

