

# **Health Systems Development and Reproductive Health Experience of Mozambique**

Honorable Professor Andrew Green  
Honorable Professor John Cleland  
Distinguished participants  
Dear Colleagues and friends

First of all I would like to convey to you the warm regards of Dr. Pascoal Mocumbi, the Honorable Prime Minister of Mozambique, who was invited to participate in this meeting, but due to other commitments could not be present.

It is a great pleasure and honor for me to participate in this important event and to share with you some of the Mozambican experiences in the field of Reproductive Health and Health Systems Reforms (HSR).

## **I. Introduction**

Although we are gathered here to discuss Health Systems Development and Reproductive Health, I would like to focus my presentation on HS Development and Safe Motherhood.

Safe Motherhood is one of the most important areas of Reproductive Health (RH), with a huge impact in the health care in developing countries particularly in sub-Saharan countries, including my own country, Mozambique.

I can't forget to mention HIV/AIDS that is one of the components of RH and is being assuming and increasingly importance and seriousness, affecting almost all HS.

In the last two decades, some important global meetings and conferences, in the field of RH, took place, where very important decisions influenced the government and country RH programmes.

The International Conference for Population and Development, held in Cairo, 1984, was an important landmark, because the majority of states and governments came to a consensus on concepts, approaches in regard to a sensitive issue as the Human Reproductive Health. At that conference the Safe Motherhood was included as a key component of Reproductive Health.

In 1987, a global initiative, Safe Motherhood Initiative, was launched in response to the persistently high maternal and perinatal mortality.

Ten years later, in Colombo, it was agreed that all pregnancy carries a risk and besides the all efforts done aiming at reduction of Maternal Mortality, was still unacceptably high.

In 1999, the Director General of WHO, Dr. Gro Brutland, launched, in Maputo, the Making Pregnancy Safer Initiative.

On the other end, in 2001, the WHO Macroeconomics and Health Commission, call our attention to the importance of investing on Health. According to this report, out of 10.7 millions deaths occurred in Africa region, AIDS and maternal and perinatal diseases were the 1<sup>st</sup> and 5<sup>th</sup> cause of death respectively.

This report demonstrates the close relationship between the investment on Health and the Economic Development and Poverty Reduction, recommending the minimum annual health expenditure per capita as 34 USD.

Currently the Health expenditure ranges between \$1 and \$9 USD per capita in 29 African countries, including Mozambique.

## **II. Strategic linking of RH programmes with Health Systems Development**

The Health Systems Development has to do with reforms and sometimes-profound changes within the Health Sector.

The need for reduction of absolute poverty has conduced the developing countries to implement public reforms.

The Health sector reform (HSR) is part of those reforms and has been taking place in developing countries, since early 80s, in a systematic way.

Some factors, also dictated governments of those countries to develop second thoughts on the different ways of playing an effective role in the health sector.

In Mozambique, factors such as absolute poverty; the democratisation process; increasing demand on public budgets and decreasing revenue; change of people's perception of quality of health care services provided and consequent pressure for its improvement; and the increasing of HIV/AIDS prevalence, were critical to trigger the process of HSR.

HSR is a key condition for improvement of efficiency, equity and effectiveness of the health sector and changes must be introduced in the health policy, health systems and structures.

**In our case the main elements of Health Systems Reform, which could have an impact on RH are:**

**1. Political will:**

**2. Improvement of health sector management systems:**

**Human resources:** changing the curriculum, delegation of some functions to the lower levels of personnel (MCH nurses, midwives, surgical technicians), incentives.

**Financing mechanisms:** decentralisation of finance management to the provincial level.

**Infrastructure:** Refurbishment and building of HUs, particularly those that have maternities and theatres.

**Essential Drugs Policy:** taking into account the pathological pattern costs/funds available and cost-effective markets.

**Appropriate technology:** medical equipment, emergency transport and communication equipment (two-way radio communication or telephone).

**Health Information System:** selection of appropriate indicators and improvement of communication mechanisms within the sector, to expedite adequate decisions and changes within the system or in regard to the patients/client management.

### **3. Changes in roles and functions of national MoH:**

Currently we are in process of revising the structure and functions of the MoH, because we think that it should only be devoted to definition of policies, strategies, regulations, guidelines and supervision.

### **4. Decentralisation and accountability to the communities:**

In Mozambique we are implementing the main form types of decentralisation:

**Devolution** of some of administrative decisions to local governments (municipalities), such as environment and cemeteries management.

**Delegation** (mentioned in the point 2).

**Deconcentration:** some managerial functions, such as hiring of personnel, planning and finance are deconcentrated to provincial level

**Privatisation:** the law permits the private activity, which is increasing significantly, in the country.

### **5. Partnerships with key stakeholders:**

NGOs, religious leaders, and other community-based organisations are playing an important role in advocacy and implementation of some activities, for improvement of maternal and child health.

### **6. Focus in community:**

We have a Policy on Community Participation for health promotion.

One example is the community involvement in building and management of waiting homes for the expecting mothers living far from the maternity.

In some districts there are health community committees.

### **7. Cost effectiveness of interventions:**

The process of change towards an improvement of RH care services, should utilise cost-effective technology.

### **8. Reform of financing mechanisms, containment of expenditures:**

We are prioritising some aspects of RH within the national and provincial budget (infrastructure, human resources) at same time decentralising and expediting the financial mechanisms.

Having said that it is clear how beneficial is the Health System Reform for improvement of accessibility and quality of Reproductive Health Care.

Those benefits include:

- Improvement of cost effectiveness and efficiency, taking into account the shortage of resources, comparing to the increased needs.
- Improvement of quality of care in response to increased populations expectations.

- Increase of level of coverage of HCS.
- Reduction of inequity, related to geographic region, social or gender differences.

### **III. Identifying Priorities for Health Systems to respond to the needs of RH services and appropriate approaches for addressing them**

Operational Research and HIS are the adequate tools for identification of RH priorities.

In a large number of African countries, including Mozambique the Reproductive Health or/and Safe Motherhood Needs Assessment took place, for identification of the main gaps, inequalities and problems within the Health System, which could have an impact on RH.

Problems identified in Mozambican Safe Motherhood Needs Assessment and in the Emergency Obstetric Care Needs Assessment, were mainly in the following areas:

- Human resources: usually lack of skilled personnel some behavioral problems were also referred.
- Inadequate infrastructure: lack of water, electricity to attend properly a delivery at night, or the theatre had no aseptic condition to undertake safe surgery.
- Insufficient medical and surgical equipment.
- Lack of emergency transport.
- Health Information inadequately collected or not being used for decision making at the health unit/district or provincial level.
- Poor relationship and dialog between client/patient and health care provider.
- Very low community participation.

Those results lead to the definition of national policies and strategies on Reproductive Health or in Safe Motherhood, and profound changes have had to be introduced within the Health Systems. Some of them are the following:

- Delegation of functions.
- Revision of training curriculum.
- Production of standardized clinical guidelines and protocols.
- Definition of the minimum team as well as the minimum standard of services to be provided at each level of Health Unit (HU).

- Allocation of financial resources for Safe Motherhood activities.
- Decentralization of the planning process to the provincial and district level.
- Improving the communication systems between the remote rural HUs and the referral level (radios, telephones).
- Strategically allocation of ambulances.
- Community participation: building waiting homes for expecting mothers; use of locally conceived traditional ambulances; creation of community health committees to deal with all health issues occurring at community level, including the identification of life threatening conditions.

#### **IV. Promoting Dialogue and collaboration between RH personnel and HS managers**

The process of Needs Assessment, problems identification, setting strategies and policies should involve all stakeholders, particularly the health care providers, the RH and HSD actors.

They all should be part of the process and have a sense of ownership.

The interaction and collaboration should be continuous and permanent, through regular planning and evaluation exercises. Also the HIS should be an active way of communication and exchange of information, bottom-top-bottom.

The consideration for revising strategies should be done with involvement of all SRH and HSD actors and the health care providers.

Ladies and Gentlemen,

I would like to stress some of the challenges that we need to take into account in order to improve the RH programmes.

#### **V. Challenges**

- Peace political stability and Sustained Socioeconomic growth.
- are also key conditions for success of RH programmes.
- Political will is a key aspect on promoting RH programmes through HS development.

- Permanent advocacy to all stakeholders, including the Ministries of Finance, Infrastructure, Telecommunication, Energy, etc.
- National and external increased financial resources should be allocated to RH programmes, particularly the Safe Motherhood activities, as well the HS development. The provincial and district levels should be privileged.
- Promotion of Operational Research to increase the capacity of HS.
- Improvement of South-South and North-South Partnerships.
- Decentralization is also an important condition for successful implementation of RH programmes. Community participation is another important element in this process.
- The dialog and close collaboration between the health care providers, the RH and HSD actors, should be promoted through implementation of cross cutting operational research, joint analysis of results and outcomes of RH programme.

Finally I would like to say that we should work all together, the politicians, the managers, the researchers, the scientists, the health care providers, the communities, the public sector, the private sector and NGOs, for improvement of Reproductive Health indicators and reduce the current gaps between the developed and underdeveloped regions in the world. It is possible to make a CHANGE.