



**Mining Health Initiative**

**Proceedings of the Mozambique Consultation**

**Tete & Maputo, Mozambique**

**10-12 December 2012**

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## CONSORTIUM

The Mining Health Initiative is implemented by a consortium comprising the following organisations and institutions.



# Mining Health Initiative: Mozambique Consultation

## Summary

This report summarises key matters arising from the Mining Health Initiative Mozambique Consultation, held in Tete & Maputo, Mozambique on 10-12 December 2012. The consultation marked a critical stage in the Mining Health Initiative's drive to capture practical aspects of good practice in mining health programming and facilitate the expansion of good programming.

Funded under the aegis of HANSHEP\* by UKAid, the World Bank International Finance Corporation (IFC), AusAid and Rockefeller Foundation, the Mining Health Initiative (MHI) aims to examine how mining health programming can contribute to better health in low-income countries.

The objectives for the Consultation were:

- to test insights gained from case studies, literature, and earlier consultations, and gather input to inform the good practice guidelines; and,
- to assess interest in, and potential for, the development of new mining health partnerships and how UKAid and/or the IFC Public Private Partnership Mining Health Facility can best support this.

The Consultation brought together more than 12 key opinion leaders from industry, government and other stakeholder groups and gathered feedback on the work of the Mining Health Initiative. It also included presentation and discussion with the National AIDS Commission as well as individuals who were unable to attend the consultation sessions. Discussion centred particularly on good practice guidelines for mining health programming Public Private Partners<sup>†</sup> (PPPs) and how potential funding from HANSHEP, UKAid and/or IFC might be configured.

For the Mining Health Initiative, Mozambique was notable for the sense of urgency in getting a handle on how to manage public and private interests in mining in general and its health PPPs in particular among state as well as non-state actors. While, the mining sector in Mozambique, and relevant policy and organisational framework in the public sector, are relatively underdeveloped, in comparison with countries such as Ghana or Zambia, it is poised to become an increasingly important driver of Mozambique's economic growth and development. Stakeholders at the national as well as provincial levels see a real window of opportunity.

Consideration of mining health PPPs takes place in the context of a larger policy discussion. Basic aims, strategies for achieving them and the institutional/organisation framework implementing those strategies are changing. Nevertheless, non-state and state stakeholders alike saw both a need and a real opportunity in health *per se* in building the capacity in the public sector to more effectively manage these new sorts of service delivery arrangements and exercise effective sectoral stewardship.

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\* Harnessing Non-State Actor for Better Health for the Poor (HANSHEP) is a group of development agencies and countries established by its members in 2010 with the aim of seeking to work with the non-state sector in delivering better healthcare to the poor. Current HANSHEP members include the Rockefeller Foundation, Bill & Melinda Gates Foundation, AusAID, DFID, IFC, KfW, USAID, the World Bank and the Government of Rwanda.

† In this context, PPPs refer to cooperative arrangements between public and private actors toward a common public good, rather than the more narrowly construed understanding of PPPs whereby public agencies contract private entities for service provision.

## Overview

The Mozambique consultation was noteworthy for the level of political will expressed at both the provincial and national levels in exploring how Mozambique could adapt best practices in mining health PPPs.

In Tete, the province with both the most mature and the highly concentrated level of mining, the Provincial Governor, His Excellency Ratxide Abdala Ackyamungo Gogo, indicated his commitment to creating stronger partnerships that served both private and public interests. This commitment was reflected in the engagement of Tete's provincial directors of health, transport, natural resources, labour and environmental coordination in the consultation.

Similarly, at the Federal level, the Deputy Minister of Health, Her Excellency Dr. Nazira Abdula, indicated her Ministry's interest in getting a handle on how the experience of other African countries might be adapted to the Mozambique context. This view was strongly reiterated by the Director of Public Health in the Maputo meeting.

Unique in Mozambique, Tete has a costed provincial health plan and framework for the transparent management of public, ODA and other sources of funding. Developed in conjunction with 20 years of sectoral support from DANIDA, the plan and framework are locally owned, with buy-in and formal participation from an increasing number of relevant agencies and organisations, e.g., UNICEF. It also is explicitly framed with the promulgation of recent decentralisation policy, including how public financial flows are administered by the Ministry of Finance. The implementation of an earmarked budget support mechanism occurs within the context of a broader debate about local versus national interests, and how social investments from the private sector in general and the mining industry in particular should be managed fairly.

It was also worth noting as well that the mining sector in Mozambique is not very mature relative to that of Ghana and Zambia. In several provinces beyond Tete, geoscience and exploration have moved discovery and development. These developments have promise to move Mozambique from a low to a lower-middle income country over a relatively short period of time. Because it is poised to become an ever increasing contribution to economic growth, employment and tax revenue, mining is an effective cornerstone and engine for national development. These developments heighten the imperative to leverage social investment effectively with public policy and programming managed in the public interest. A similar set of consideration apply to the burgeoning energy, oil and gas sectors as well as related growth in supportive infrastructure.

## Stakeholder Views

### Views Expressed by Industry

Views expressed by industry focused on the purpose and organisation of company investment as well as risk management. There is general recognition of the need to support social programming including health. There is real appetite for working with a more coherent, less ad hoc set of arrangements. And in an era of financial uncertainty, it was noted that whether in terms of programmatic outcome, *per se*, or social licence, there was an imperative for generating apparent yield on company investments.

With purpose focussed primarily on "social licence to operate," "community relations" and good citizenship, concern was expressed about the pressure such programming puts on a company, which has a different core business. A certain frustration but recognition of

opportunity came with the recognition of capacity limitation in the public sector. As one participant put it *“I would prefer to just give the money for service to affected communities to government in the understanding that we would get our social licence, but I don’t see the government able to do that on their own anytime soon.”*

A related issue arose in the context of company participation in donor-supported programming. In this case the company felt it got “squeezed” when donor policy and government policy were incompletely reconciled. It was noted that companies will make the investment, but appetite to go beyond minimal investment will not increase when such investment lead to reputational risk or the need for management time in fire fighting.

#### Views Expressed by Government

Views expressed by government varied at the provincial and national levels only slightly. The overriding position was the recognition of an imperative within a window of opportunity to develop a framework for harmonising and coordinating public private health programming. Recognising Mozambique’s relative immaturity in this space, there was a desire to learn what has worked elsewhere in Africa and see how it might be adapted to Mozambique. Recent visits by the Global Business Council for Health among others underscored the national governments recognition of the need to get in place a framework to help aligning the actions of different initiatives and actors..

In Tete *per se*, there was real interest expressed in seeing how any public private partnership could be aligned with the larger health plan and framework. Moreover, the governor was extremely keen to demonstrate his political will to make these mining health PPPs work.

#### Views Expressed by Other non-state Actors

The principle views of other non-state actors, especially from the NGO sector and civil society centred on both their role in programme delivery as well as their accountability function. It was noted that mistakes had been made in the past, and that though there had been better performance by both companies and government of late, there was still room for improvement.

#### Points Expressed by World Bank IFC

At the Maputo meeting, Word Bank IFC presented an overview of its health PPP advisory services in Africa. It was noted that experience to date had largely focused on infrastructure, service delivery partnership were increasing. It was noted that models developed for PPP programming focused on infrastructure required significant revision to accommodate the differentiated requirements of service oriented programming. In addition, while the model of third party contracting was appropriate in many facility-oriented PPPs, other models of partnership required development in the delivery of community-oriented services.

## **Good Practice Guidelines and Clarity of PPP**

In both the Tete and Maputo sessions, there was general validation that the considerations outlined in the Good Practice Guidelines.

### **1. Needs Assessment**

- a. Important to address sanitation, identify relevant stakeholders and strengthen PPP integration across sectors and how larger infrastructure planning may impact on health
- b. Need to negotiate the area of interest—just around the mine site or beyond
- c. Recognition that health is not just about pathogens but about systems.

### **2. Stakeholder Engagement**

- a. The political dimension as well as formal/informal and civil service/traditional leadership power structures should be considered
- b. Because of how health works, civil servants can help an “outsider” navigate power/leadership complexity.

### **3. Shared Definition of success**

- a. In addition to “shared definition of success” it is important to develop a “shared definition of failure;” and create an environment where stakeholders can safely recognise and learn from failure.

### **4. Programme Design and Planning**

- a. From inception, partners should plan for sustainability.

### **5. Policy and Programme Alignment**

- a. With the right mechanism/platform one can also support streamlining data collection to address the needs of various stakeholders from donors to the general public and public sector.

### **6. Relationship management**

- a. There is a need to work to establish balance between all actors in PPP relationships.

### **7. Monitoring and Evaluation**

- a. Stakeholder mapping should inform the communications plan
- b. Secondary data sources, such as PRSP, DHS, MICS, economic census and other surveys, can assist with M&E as well as planning in general.

## **PPPs & PPP Coordination**

In current circumstances, the general immaturity of the sector defines the relative immaturity in relevant policy and regulatory, institutional and organisational arrangements. In general, this provides an opening for developing new models and demonstration projects. The absence of closure on the larger policy questions that frame the Mining Health PPP space means that some instability will be a feature for some time to come.

## **Conclusion**

There was a general view expressed that there was a tremendous untapped potential for PPPs in general and in mining health in particular to make real contribution to the realisation of Mozambique’s national goals. For most every weakness or threat identified, there was apparent opportunity for achieving greater shared value and impact in terms of improved

efficiency and effectiveness. While capacity constraints among all potential partners remains a major challenge, greater harmonisation through more effective “brokering” was seen as the way forward. The meeting concluded with the recognition that there were certainly risks going forward, but the potential benefit of some measure of success certainly outweighed the risk of inaction.

**Mozambique Consultation Participants: 10 - 12 December 2012: Tete & Maputo**

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