

## HEALTH



## MOZAMBIQUE

## **I. INTRODUCTION**

Health care in Mozambique is a right enshrined in the Constitution. The nationalisation and socialisation of medicine and the extension of the health care network have been the principal tools for guaranteeing greater popular access to the medical services.

The priority given to environmental hygiene, nutrition and mother and child health, with a special emphasis on vaccination programmes, contributed towards a general improvement in health and to national development.

Currently, the epidemiological profile and health indicators are typical of an underdeveloped country, aggravated by the economic and social deterioration caused by the war.

## **II. HEALTH: FOCUS FOR DISCRIMINATION**

The organisation of the medical services was one of the points at which the racial discrimination of colonialism in Mozambique was seen and felt most acutely. Medical care was given to civil servants, the military and employees of private companies. Mozambicans were considered "workers", i.e. excluded from health care, pension schemes, etc.

The health care offered by the authorities was practically nil outside the main towns, the then district capitals (now provincial capitals), which had state hospitals for civilians. In Cabo Delgado, in 1964 there was only one doctor for a population of over one million.

Sick people could die at the ward entrance if they did not have enough money to pay the nurse for treatment. Only in the final years of colonialism was a law published that gave workers the chance of collecting a poverty certificate at the local administration in order to be treated by a nurse.

There were four classes in Mozambican hospitals, with the bottom one reserved for Africans. The conditions for patients were such that most people preferred to stay at home and get treatment from relatives or traditional healers on whom they could count, as moral support and human warmth were often more efficient than hospital treatment.

### III. HEALTH IN THE LIBERATED AREAS

The democratisation of medicine was a FRELIMO policy from the beginning of the armed liberation struggle in 1964. In the areas freed from colonial domination the priority was preventive medicine for all, the opposite of the settlers' impracticable and expensive curative policy.

FRELIMO opened health posts inside the country, where the people were treated for illnesses and war wounds and received vaccinations. By 1966 over 100,000 people had already been vaccinated against smallpox. Serious cases were treated at the FRELIMO hospital at Mtwara in Tanzania; the training of nurses and the first Mozambican doctors was begun in the early years of the struggle.

The health post was a meeting place for people from every social background, and as such was considered by FRELIMO to be an important centre for teaching new sanitary, scientific and cultural values.



### IV. HEALTH, A RIGHT FOR EVERYONE

Independence in 1975 brought about a new relationship between the people and the health services.

The nationalisation of private clinics one month after independence was aimed at ending the discrimination on which the colonial health services were based. Complemented by the Law on Socialised Medicine, two years later, it was possible for everyone to have access to the health services as of right.

The expansion of the health network increased the number of citizens who could be treated, in spite of an exodus of Portuguese technicians after independence that left the country with a total of 80 Mozambican and foreign doctors.

National health policy, based on preventive medicine, gives priority to mother and child health, environmental hygiene and nutrition as well as to expanding the health network and training personnel.

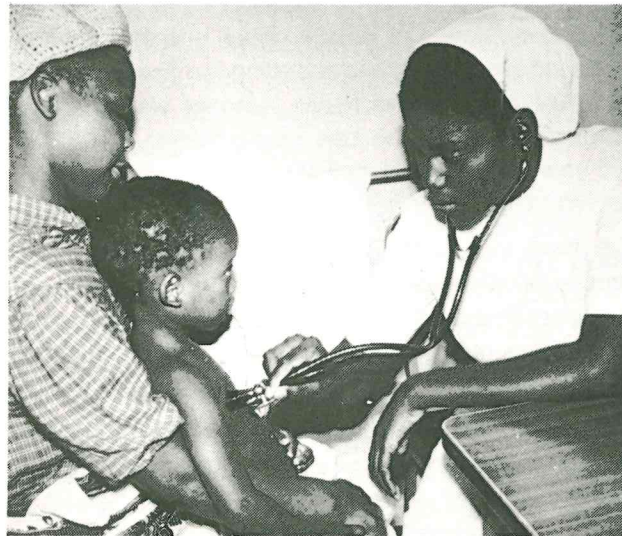
One of the first post-independence activities was a national vaccinations campaign against measles, tetanus, tuberculosis and smallpox.

Mozambique's new pharmaceutical policy cut imports of unnecessary drugs and established an essential drugs list. A new national formulary gave guidelines on the use of these drugs.

As traditional medicine is used by many people it is being studied in all its socio-cultural dimension. Medicinal plants are being researched, and their treatment and use in traditional medicine is being documented. Anthropological studies of their role in health education, and verification of their therapeutic and economic worth and the viability of developing local production, have been carried out.

In the face of enormous difficulties 9,065 health professionals were trained between 1976-88, among whom:

- 3,106 nurses
- 625 medical technicians and auxiliaries
- 1,052 midwives and MCH nurses



Since medicine was nationalised the country's health infrastructures and human resources have grown, enabling each post to serve a smaller radius.

### Number and type of health units

Type	1975	1982	1988
Health post	326	948	908
Health centre	120	223	210
Rural/general hospital	100	26	26
Provincial hospital	7	7	7
Central hospital	3	3	3
Psychiatric hospital	3	3	2
Clinical laboratory	31	28	139

### Hospital beds

In 1975 there were 12,835 beds (hospital and maternity) in the country, i.e. 0,28/1000 inhabitants.

By 1987 the ratio was:

Total	0,8 /1000 inhabitants
Rural areas	0,46/1000 inhabitants
Urban areas	2,90/1000 inhabitants

### Number of health professionals (1988):

Doctors and other higher-level personnel	360
Medical technicians and auxiliaries	440
Nurses	3,086
Midwives and MCH nurses	1,080
Preventive medicine professionals	401
Dental personnel	118
Pharmaceutical personnel	332
Laboratory personnel	444
Social welfare personnel	1,332
Other technicians	487



## V. HEALTH AND TODAY'S PROBLEMS

The war of external aggression is the major factor in undermining efforts to improve the peoples' general state of health. It is estimated to have already been the cause of 1,000,000 extra deaths, while 200,000 children are orphans or separated from their families. There are 3,400,000 displaced people living in Mozambique, and 1,100,000 in neighbouring countries. Mortality for children under five has reached one of the highest levels in the world, 350 per thousand.

Health infrastructures and personnel have been among the specific targets: by 1988, 304 primary health units had been destroyed and 695 pillaged. Between 1983 and 1988 alone 40 health professionals were murdered and 41 kidnapped, while 669 lost all their possessions.

Mozambique is facing economic problems that have

resulted in a reduction in the resources available for health care; the percentage of the state budget applied to health fell from 7.8% in 1986 to 5.4% in 1988. Medicines imported in 1985 were only 55% of the value of 1981 imports, and importations are now essentially dependent on international assistance.

The introduction of the Economic Rehabilitation Programme made new demands on hospital users. The cost of out-patient and in-patient care rose, though children under 18, the chronically ill, old people, the unemployed, blood donors, domestic servants and anyone who could not afford to pay continue to have free care. Although the state still subsidises medicines their prices also rose; in order to protect the most underprivileged groups a Social Fund for Medicines and Child Food Supplements was established.

### Sources:

Planning Department, Ministry of Health

Informação Estatística 1987, National Planning Commission  
Report to the Fifth Congress of the Frelimo Party, 1989

### Glossary:

MCH - Mother and Child Health

